2013

Oregon Guide to

Medigap, Medicare Advantage, and Prescription Drug Plans

SHIBA

Senior Health Insurance Benefits Assistance

New to Medicare?

Medicare starts at 65, no matter where you are or what you're doing.
Find out how Medicare will affect you. Go to *http://medicarestartsat65.org*.

1-800-722-4134

E-mail: shiba.oregon@state.or.us

Medicare counselors in your area

Not from Oregon?

Home

SHIBA
Senior Health Insurance Benefits Assistance
www.oregonshiba.org

Turning 65 and need help with Medicare information?

Oregon provides this information to help you understand Medicare before you turn 65. Even if you continue to work or are not receiving Social Security, you need to know about Medicare to avoid penalties in your Medicare coverage.

Top questions to ask

- What is Medicare?
- What are Parts A, B, C, and D?
- How do I start Medicare?
- What is my timeline?
- What choices do I have to make?
- If I have employer insurance, do I also need Medicare?
- Where do I go for more information?

Answers

SSA.GOV

Retirement/Medicare Disability Benefits

APPLY ONLINE

It's so easy!

DID YOU KNOW . . .

If you are unable to afford the cost of Medicare, you may qualify for extra help.

"Your volunteer cut through a lot of the miscellaneous information we got in the mail and went directly to information we needed to make the decisions . . ."
~ John

SHIBA

Senior Health Insurance Benefits Assistance

The plan information in this guide was received in September 2012 from all companies authorized to sell Medicare-related health/prescription drug insurance in Oregon. If a company is not listed, it may not be authorized to sell insurance in Oregon or it did not submit information for this consumer guide.

The Senior Health Insurance Benefits Assistance program (SHIBA) produced this guide with assistance, in whole or in part, through a grant from the Centers for Medicare and Medicaid Services, the federal Medicare agency.

ship state health insurance assistance programs
NATIONAL NETWORK

LOCAL HELP FOR PEOPLE WITH MEDICARE

STATE OF OREGON 1859

SHIBA is a state volunteer network that helps all Oregonians make educated Medicare decisions.

To get help

Call SHIBA: 800-722-4134 (toll-free). You will be asked to use the phone keypad to enter your ***ZIP code***. Depending on where you live, your call may be routed to a local agency in your area or will be returned by one of the state SHIBA staff members.

If you need to talk to state SHIBA staff, *do not enter your ZIP code* and your call will be directed to the Salem office.

Learn more about SHIBA at *www.oregonshiba.org*.

New to Medicare? Check out *www.medicarestartsat65.org*

To give help

Become a SHIBA volunteer. Call SHIBA at 800-722-4134. Volunteers complete an application and training program and work with a SHIBA coordinator in their community.

To apply online, go to www.oregon.gov/DCBS/SHIBA/pages/volunteer.aspx

START HERE:

Click the boxes to navigate.

Original Medicare

If you want supplemental medical coverage

Medigap

If you also want drug coverage

Stand-alone prescription drug plans

If you just want to add drug coverage

Stand-alone prescription drug plans

If you have other coverage available and need more information, contact the source of your benefits

Medicare Advantage
(Private Medicare)

If you want other options for coverage

Medicare Advantage

Managed care (HMOs, PPOs, etc.)

With or without drug coverage

Private-Fee-for-Service plans (PFFS)

With or without drug coverage

May also choose

Stand-alone prescription drug plans

- **Employer or union group plan:** Plan customer service
- **Military benefits:** Your county Veterans Service Officer 800-828-8801
- **Medicaid:** Your case worker or DHS, 800-282-8096

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Your Medicare Options

You have Medicare Part A and Part B. It covers basic hospital and medical services but leaves part of the cost for you to share. Included in this guide are a range of options for health and prescription drug coverage, and where you can find the information you need to make the best choice.

Whichever Medicare path is best for you, please do all of these important things:

1. Make sure your providers, including hospitals, accept your insurance. Call their business office.
2. Make sure your plan covers your prescription drugs. Use the Medicare Health and Drug Plan Finder at *www.medicare.gov*.
3. Keep records. Document phone calls with the date, time, number you called from, name of person with whom you spoke, and the information you received.
4. To protect your equitable relief rights, call SSA for information on Parts A and B. For equitable relief rights protection on Part D, call 800-Medicare and ALWAYS document the date and name of Customer Service Representative.

The ABCs – and D – of Medicare

What is Medicare?

Medicare is health insurance for:

- People 65 years of age and older
- People under age 65 receiving Social Security Disability Insurance (SSDI) for more than 24 months
- People with end-stage renal disease (ESRD) or amyotrophic lateral sclerosis (ALS)

This guide contains information on the areas of Medicare coverage:

- Part A: Hospital insurance*
- Part B: Medical insurance*
- Medicare supplements, also called Medigap plans
- Part C: Medicare Advantage plans, private Medicare health insurance plans
- Part D: Prescription drug coverage

Because Medicare is health ***insurance***, you share the costs of your care.

*Some of the items ***not*** covered by Parts A or B

- Long-term care
- Dental care and dentures
- Outpatient prescription drugs
- Alternative care
- Hearing aids/exams for fitting hearing aids
- Routine vision and eyeglasses
- Routine annual physicals with lab tests
- Travel outside the U.S., with limited exceptions
- Alternative care (Acupuncture / Naturopathic)

Enrollment periods and deadlines

Plan	IEP	AEP/GEP	SEP/GI	MADP	Late penalty
Medicare Part A	The **7 months** that begin 3 months before age 65, or auto-enrolled after 24 months of receiving Social Security Disability Income (SSDI).	Anytime if for free premium; otherwise, GEP is **January, February, and March** each year; coverage effective July 1.	None.	If in MA plan, may switch to Original Medicare, **Jan. 1-Feb. 14**. See page 74.	None (unless premium is not free – penalty is 10% of premium per year of delay; lasts twice as long as enrollment was delayed.
Medicare Part B	The **7 months** that begin 3 months before age 65, or auto-enrolled after 24 months if already receiving SSDI.	GEP: **January, February, and March** each year; coverage effective July 1.	Up to **8 months** after active work (self or spouse) or if EGHP ends, whichever happens first.	If in MA plan, may switch to Original Medicare, **Jan. 1-Feb. 14**. See page 74.	Premium penalty is 10% of current Part B premium per year of delayed enrollment; continues for lifetime.
Medigap	May purchase as soon as you have both Part A and Part B. Open enrollment for first 6 months of Part B.	Anytime, but at plan's discretion; company may underwrite or deny for pre-existing health conditions.	**63-day GI period** from date previous plan ends through no fault of your own. 30-day period (starting on current policy-holder's birthday) to switch to a different company.		May cost more. If beyond OEP and GI periods, plan may refuse to insure due to health conditions.
Medicare Advantage	The **7-month period** that begins 3 months before turning age 65, or before the date of qualifying for Medicare due to Social Security Disability Income.	AEP: **Oct. 15-Dec. 7** GEP: If enrolling in Part A and B during GEP, then MA enrollment **April 1-June 30;** effective July 1.	**60 days** after moving out of a plan's service area or after EGHP ends; 31 days after plan is discontinued; **continuous** for those receiving Extra Help or Medicaid.	If in MA plan, may switch to Original Medicare, **Jan. 1-Feb. 14.** See page 74.	None for health coverage. Delayed drug enrollment may incur Part D penalty added to premium.
Medicare Part D	The **7-month** period that begins 3 months before age 65, or before the date of qualifying for Medicare due to Social Security Disability Income.	AEP: **Oct. 15-Dec. 7** GEP: If enrolling in Part A and B during GEP, then PDP enrollment **April 1-June 30;** effective July 1.	**60 days** after moving out of a plan's service area or plan is discontinued, or after EGHP ends. **Continuous** for those receiving Extra Help or Medicaid.	If in MA plan, may switch to Original Medicare and add a stand-alone Part D plan, **Jan. 1-Feb. 14**. See page 74.	Penalty for each month enrollment was delayed is 1% of National Base Beneficiary premium; 24 months of delay becomes 24% penalty; continues for lifetime unless you qualify for Extra Help.

AEP: Annual Enrollment Period, **EGHP:** Employer Group Health Plan, **GI:** Guaranteed Issue, **IEP:** Initial Enrollment Period, **GEP:** General Enrollment Period, **MA:** Medicare Advantage, **MADP:** Medicare Advantage Disenrollment Period, **MAPD:** Medicare Advantage with Prescription Drug, **OEP**: Open Enrollment Period, **SEP:** Special Enrollment Period

Part A – Original Medicare hospital insurance

Note: All deductible and co-pay amounts are for 2012; subject to change for 2013.

Service	Benefit	You pay
Hospitalization Inpatient, not observation; semiprivate room and board, general nursing, and miscellaneous hospital services and supplies.	First 60 days	$1,156 or more deductible per benefit period. You could pay multiple deductibles in a calendar year. A deductible is required if another hospitalization occurs after the beneficiary has been discharged from the hospital or skilled nursing facility for 60 consecutive days.
	Days 61-90	$283 a day
	Days 91-150	$566 a day
	Beyond 150 days	All costs
Skilled Nursing Facility (SNF) After three midnights of inpatient hospitalization, within 30 days of discharge, in a facility approved by Medicare.	Days 1-20	$0
	Days 21-100	Up to $144.50 a day
	Beyond 100 days	All costs
Home health care	Visits limited to part-time or intermittent skilled nursing care	Nothing for services
Hospice care Available only to the terminally ill.	As long as a doctor certifies medical need	Limited cost-sharing option for outpatient drugs and inpatient respite care.
Blood	Blood	You may meet this deductible under either Part A or Part B. You don't have to meet it twice.

Remember: Medicare pays only for Medicare-approved charges, not for all costs of medical services provided.

Part B – Original Medicare medical insurance

2012 Part B Premium	Most people will pay $99.90; premium varies according to income and penalties.
2012 Part B Annual deductible	After paying the annual deductible of $140, Medicare generally pays 80 percent of the Medicare allowed amount for covered services and you pay the other 20 percent. There is no out-of-pocket maximum.

Covered services	**You pay** monthly Part B premium plus:
• **Physician services** • **Emergency room, urgent care** • **Diagnostic tests; MRIs, CT scans, and X-rays** • **Diabetes supplies; test meters, strips, and lancets** • **Drugs administered in outpatient facility** • **Durable medical equipment, prosthetics/orthotics** • **Ambulance transportation**	20% of Medicare-allowed amount after annual deductible.
Hospital observation stay	Co-payment determined by Medicare payment formula, after annual deductible. The outpatient Prospective Payment System determines your share of the payment, which varies by region, hospital, and the services you receive.
Physical, occupational, and speech therapy	20% of Medicare-allowed amount after annual deductible; annual limit on amount Medicare covers.
Home health care (same as in Part A)	Nothing for covered services.
Preventative services, some clinical lab services (blood tests, urinalysis)	Nothing for most tests or procedures; fees for office visits or other costs may apply.

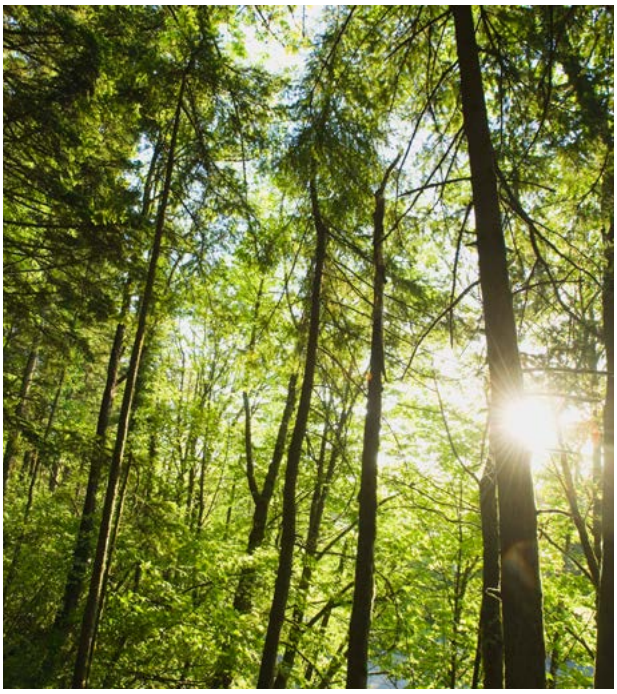
Part B Medicare preventive services

Medicare offers some preventive services at reduced cost if you get them from a provider who accepts assignment. Certain facilities' fees or office visit charges may apply to some benefits. Ask your doctor which services are right for you.

Before receiving any preventive service, ask your doctor's billing office if the service is a Medicare-covered expense for you. Restrictions apply to all benefits — be sure keep an accurate record of all preventative services received.

Tip: If you use Original Medicare, you can keep track of your preventive services with a *mymedicare.gov* account. Visit *www.medicare.gov* to set up your own account.

- **"Welcome to Medicare" visit**
- **Alcohol Misuse Counseling**
- **Annual wellness visit**
- **Abdominal aortic aneurysms (ultrasound screening)**
- **Bone mass measurements**
- **Cardiovascular screenings**
- **Colorectal cancer screening**
- **Depression Screening**
- **Diabetes screening**
- **Diabetes self-management training**
- **Flu shots**
- **Glaucoma tests**
- **Hepatitis B shots**
- **HIV screening**
- **Mammogram screening**
- **Medical nutrition therapy services**
- **Obesity screening and counseling**
- **Pap test / pelvic exam / breast exam**
- **Pneumonia vaccination**
- **Prostate cancer screening**
- **Sexually transmitted infections screening and counseling**
- **Stop-smoking counseling**



Veterans' benefits and Medicare

Veterans need to understand how Veterans' Affairs (VA) and Medicare work together in their case. Veterans who have Medicare and VA may receive services through either program. Some veterans receive their health care for free, including prescriptions. Others may be responsible for making co-payments. Medicare will not reimburse such co-payments.

VA drug coverage is considered Medicare "creditable," which protects against the penalty for delayed enrollment in Medicare Part D. Some veterans benefit from using both their VA drug benefit and enrolling in a Medicare plan for drugs the VA may not cover. When a Medicare drug plan is used, VA does not reimburse out-of-pocket expenses and VA is not a secondary payer.

Every county is assigned a veterans service officer to assist you with your VA benefits. To find your local service officer: *oregon.gov/ODVA/contact_us.shtml.*

Phone: 800-828-8801 (toll-free)

TRICARE for Life is for military retirees and their dependents. For eligibility information, call the Department of Defense at 866-773-0404 (toll-free), or visit *www.tricare4u.com*.

Part D prescription drug coverage

Medicare Part D

- Medicare offers prescription drug insurance to all Medicare beneficiaries, regardless of income or health. Medicare Part D plans cover generic and brand-name prescription drugs.
- Private insurance companies offer the plans, which may require monthly premiums, co-pays, co-insurance, and deductibles.
- Part D coverage is available through "stand-alone" prescription drug plans (PDPs) that cover only drugs, as well as from Medicare Advantage with Prescription Drug (MAPD) plans that combine health and drug coverage.

Do I need prescription drug coverage?

Medicare Part D is like all insurance. It covers you if you need it now, and it protects you against future prescription costs. If you do not enroll in Part D when you are first eligible, you may face a late-enrollment penalty later.

What if I have prescription coverage?

If you already have prescription coverage through an employer, a union, or a government agency (such as Veterans Affairs), you may want to stay with your existing plan if the drug benefits are "creditable" – as good as or better than Medicare's standard Part D benefit. If you do not have a letter telling you whether your coverage is creditable, contact your benefits administrator and request one. If you do have a letter, save it.

Where do I get help choosing a prescription drug plan?

- Visit www.medicare.gov
- Call Medicare at 800-633-4227
- Call SHIBA (Senior Health Insurance Benefits Assistance program) at 800-722-4134

The late penalty

You will face a penalty if you are eligible for Part D but not enrolled in creditable drug coverage. The penalty amount is 1 percent of the Part D National Base Beneficiary Premium for every month you did not have creditable prescription drug coverage. If you have other drug coverage, that plan's benefits administrator must issue a letter stating whether your coverage is as good as or better than Medicare's basic PDP benefit.

Part D prescription drug coverage, continued

Can I switch plans?

Yes. Plans change every year. Medicare recommends that you review your prescription drug plan each fall. You may join, drop, or switch plans during the Annual Enrollment Period from **Oct. 15 to Dec. 7**.

To switch plans:

- Enroll in a new PDP or MAPD. You will automatically be dropped from your previous plan when you enroll in a new one. *You do not need to take any other action to end your prior plan.*
- If you take more than one enrollment action during the fall Annual Enrollment Period (AEP), the last action received by Medicare before the period closes is the one that will become effective. Do not make more than one enrollment action on the same day.

If you move, you must enroll in a new plan in your new state, even if you are enrolled in a national plan.

Things to look for in a drug plan

Drug list: Also known as a "formulary." Each drug plan has a list of prescription drugs it covers. Plans differ by formularies, rules governing access, and costs.

Restrictions

All plans are allowed to apply restrictions to their drug formulary. Types of restrictions and limitations imposed:

- **Prior authorization:** Your doctor must contact the plan and request authorization to write the prescription for the drug or the plan will not cover its share of the cost. This usually applies to nonpreferred or very expensive drugs.
- **Quantity limits:** For cost, safety, or legal reasons, some plans limit the quantity of drugs that they cover over a period of time. If you require more than the allowed amount, your doctor must submit proof that it is medically necessary and the plan may grant an exception to the limit.
- **Step therapy:** The plan requires that you must first try certain less-expensive drugs on its formulary before you can get a more expensive brand-name drug covered. If you have previously tried the drug and it didn't work, or if your doctor believes because of your medical condition it is medically necessary for you to be on a specific drug, the doctor can contact the plan to request an exception. If the plan approves the request, then the drug will be covered.

Part D prescription drug coverage, continued

Picking a plan with the fewest or no restrictions — even if you end up paying a somewhat higher price overall — may be a good choice. It will lessen the amount of delay and paperwork to receive your preferred drugs.

What are the out-of-pocket costs for Part D?

Drug plan premiums have a wide range of cost. The higher cost premiums do not necessarily cover your medications better than the lower cost premiums. The real determining factor is the specific medications on your personal list. The Plan Finder on Medicare.gov is the best tool for doing a cost comparison and choosing the plan that works best for you.

There are two ways of determining the cost share that is paid for each medication: co-pay and co-insurance. Co-pays, a set dollar amount, tend to be on the lower tiered medications. Co-insurance, a percentage of cost, is often applied to the higher tiered drugs. Co-pays will be a consistent lower cost share throughout the year. Co-insurance cost share changes, usually increasing as often as every two weeks. Medicare.gov Plan Finder drug plan details, (View Drug Benefit Summary) provide the information whether your drug list requires co-pays or co-insurance.

Cost share is also greatly affected by whether the pharmacy you use is a “preferred” or network pharmacy. The savings at a preferred pharmacy can be as much as $500 to $1,000 per year.

Out-of-network pharmacies won’t help pay anything toward your medications. You pay the retail cost, as if you had no insurance. If you travel out of state, you may need to make sure you are enrolled in one of the national plans.

Can I have more than one prescription drug plan at a time?

It depends. If you are enrolled with Veterans’ Affairs drug benefits or Indian Health Services pharmacy, you are in a special group that has creditable coverage and you have either one or both types of coverage. Whether it will be a benefit to have both options depends on your drug list. However, people with creditable union, employee, or retiree coverage could end up canceling their benefits by signing up for a Medicare Part D plan.

Saving on Medicare costs: "Extra Help" and Medicaid

There are two savings programs to help people with Medicare stretch their health care dollars.

1. **Help with Part D:** The federal government's "Extra Help" program, also called the Low Income Subsidy (LIS), saves qualifying beneficiaries money on their Medicare Part D plans. "Extra Help":
   - Reduces the monthly premium, often to $0
   - Cuts the yearly deductible, often to $0
   - Greatly reduces pharmacy co-pays, even on expensive medications
   - Eliminates the coverage gap ("donut hole") for all participants

You must be enrolled in a Part D plan. Your level of assistance depends on your income and resources. Once approved for "Extra Help," you must choose a plan. If you do not choose a plan, you will be automatically enrolled in a random $0 premium plan that may not cover your specific needs.

You, or some other person such as a SHIBA counselor, may apply online at www.ssa.gov or call the Social Security Administration to apply by phone at 800-772-1213 (toll-free).

2. **Help with the Part B premium, other Medicare costs, *and* Part D**

   The Medicare Savings Programs (MSP) can help pay for the Medicare Part B premium, co-insurance, and deductible depending on your level of assistance. MSP automatically qualifies you for LIS.

   To see if you qualify, apply at your local office of Aging and People with Disabilities. This office is part of Oregon's Department of Human Services (DHS). To find your local office, call DHS at 800-282-8096 (toll-free) or go to http://www.oregon.gov/dhs/spwpd/Pages/offices.aspx.

   If you get Supplemental Security Income (SSI), you automatically receive this financial help.

In addition, you can find a variety of **patient assistance programs** online for help with drug costs or for specific diseases or conditions. One good place to start is *www.needymeds.org*.

About Estate Recovery, LIS, MSP, and Medicaid

- No estate recovery for MSP (Partial Medicaid)
- No estate recovery for LIS
- Estate recovery continues for Full Medicaid

For more information, call Estates Administration, 800-826-5675 (toll-free).

More ways to pay for prescription drugs

- **Drug manufacturers' discount programs or patient-assistance programs.** Some are available if you enrolled in Part D and still can't afford your drugs. For a list of programs and links to applications, visit *www.needymeds.org*.
- **Many employer group health plans cover prescription drugs.** Check with your benefits administrator for your coverage information.
- **Oregon Prescription Drug Program** (OPDP), a bulk-purchasing pool, is ***free*** to all residents in Oregon. Apply at *www.opdp.org*. All major pharmacy chains are included in the bulk-purchasing pool network. You may have both Part D and an OPDP discount card. The OPDP discount card is not insurance.

Part D Standard benefit terms:

1. **Monthly premium:** Plans have a premium. This is an amount you pay every month even if you don't buy any prescription drugs. Oregon stand-alone drug plan premiums in 2013 range from $15 to $122 monthly.
2. **Yearly deductible:** Some plans have a yearly deductible. You pay this amount before the insurance plan pays its part of your prescription drug costs. This amount can be up to $325. After you have paid your plan's deductible, the plan typically pays most of your drug costs up to a point.
3. **Co-pays or co-insurance:** When the insurance plan starts to pay for covered drugs, you still pay a percentage or a co-pay amount (such as a $15 co-pay at the pharmacy).
4. **Coverage gap:** Health-care reform is phasing out the "donut hole." In 2013, after your total drug costs reach $2,970, you will pay 47.5 percent of the cost of brand-name drugs and 79 percent of generic drug costs. All covered costs in the coverage gap count toward your true out-of-pocket (TrOOP).
5. **Catastrophic coverage:** The limit to how much you have to spend each year on drugs that are covered by your plan ($4,750 in 2013). When you reach catastrophic coverage, you pay only a small amount (5 percent or $2.65 for generic, or $6.60 for other drugs) for the rest of the year.

Part D Standard benefit, what you pay for drugs

Diagram shows typical prescription drug plan costs for a year. Coverage begins Jan. 1, 2013. The costs shown below are in addition to any monthly premium charged by the drug plan.

Yearly deductible	Initial Benefit Period[1]	Coverage Gap (donut hole)		Catastrophic Coverage[2]
		Brand-Name	Generic	
You may pay as much as $325 before your plan starts to pay (Not all plans have deductibles)	Insurance Pays 75%	Program Pays 52.5%	Program Pays 21%	Program Pays 95%
	You pay 25%	You pay 47.5%	You pay 79%	You pay 5% ***or*** $2.65 generic / $6.60 brand-name

[1] **Initial Benefit Period:** Once you and your plan pay $2,970 in total drug costs, you will be in the "donut hole" where you pay 47.5 percent of brand-name drugs and 79 percent of generic drug costs.

[2] **Catastrophic coverage:** When the amount you spend on drugs out of your own pocket reaches $4,750, you move into catastrophic coverage and the plan pays most costs of covered drugs.

2013 Stand-alone prescription drug plans

The plans may be purchased by Original Medicare beneficiaries, Medigap policyholders, and Medicare Advantage Private Fee-For-Service members. Be sure to find out which of these plans covers you best by entering your list of medications in the Medicare Plan Finder at www.Medicare.gov.

Parent company name, contract, and phone numbers	Plan name and plan number	Premium	Annual deductible	Generics gap coverage	$0 Plan premium with 100% LIS
Aetna Medicare — S5810 800-642-0013	Aetna Medicare Rx Essentials 064	$72.90	$325		
	Aetna Medicare Rx Premier 200	$107.60	$0	Many generics and some brands	
Asuris Northwest Health — S5609 888-734-3623	Asuris Medicare Script Basic 001	$82.00	$187		
	Asuris Medicare Script Enhanced 002	$116.50	$0	Many generics	
CIGNA Medicare Rx — S5617 800-735-1459	CIGNA Medicare Rx Plan One 148	$49.00	$325		
EnvisionRx Plus — S7694 866-250-2005	EnvisionRxPlus Silver 030	$32.70	$320		Yes
	EnvisionRxPlus Gold 100	$54.00	$150	Some generics	
Express Scripts Medicare — S5660 877-503-4073	Express Scripts Medicare - Value 132	$57.50	$325		
First Health Part D — S5674 877-988-3589	First Health Part D Premier Plus 047	$102.40	$0	Some generics some brands	
First Health Part D — S5768 877-988-3589	First Health Part D Premier 123	$39.70	$325		
	First Health Part D Value Plus 153	$28.80	$0		
HealthMarkets Medicare — S0128 888-630-9137	Reader's Digest Value Rx 031	$39.30	$325		Yes
HealthSpring Prescription Drug Plan — S5932 800-331-6293	HealthSpring Prescription Drug Plan-Reg 30 029	$37.30	$325		Yes
Humana Ins. Co. — S5884 800-866-8061	Humana Walmart-Preferred Rx Plan 113	$18.50	$325		Yes
	Humana Enhanced 028	$39.30	$0		
	Humana Complete 058	$122.40	$0	Some generics some brands	

2013 Stand-alone prescription drug plans, continued

Parent company name, contract, and phone numbers	Plan name and plan number	Premium	Annual deductible	Generics gap coverage	$0 Plan premium with 100% LIS
SilverScript Ins. Co. — S5601 866-552-6106	SilverScript Basic 060	$35.40	$325		Yes
	SilverScript Plus 061	$104.30	$0	Many Generics and some brands	
	SilverScript Choice 139	$29.10	$0		
SmartD Rx — S0064 855-976-2781	SmartD Rx Plus 065	$71.80	$0	Some generics	
	SmartD Rx Saver 030	$37.30	$325		Yes
UniCare — S5960 800-928-6201	MedicareRx Rewards Standard 136	$59.80	$325		
United American Ins. Co. — S5755 866-524-4169	United American - Enhanced 033	$57.30	$70		
	United American - Select 101	$38.90	$325		Yes
UnitedHealthcare — S5820 800-850-6807	AARP MedicareRx Preferred 029	$42.80	$0		
UnitedHealthcare — S5921 800-850-6807	AARP MedicareRx Enhanced 023	$94.70	$0	Some generics and some brands	
	AARP MedicareRx Saver Plus	$15.00	$325		Yes
WellCare — S5967 866-765-4390	WellCare Classic 167	$38.70	$0		Yes
	WellCare Extra 201	$49.00	$0	Many generics	
Windsor Rx — S4802 866-438-4991	Windsor Rx 020	$35.20	$325		Yes

About Medigap plans

What is Medigap?

Medicare beneficiaries must pay some of the costs (deductibles and co-insurance) of their medical care. Because of these "gaps" in Parts A and B coverage, private insurance companies sell Medicare supplement insurance policies, also known as Medigap plans. ***You must have Medicare Parts A and B to purchase Medigap plans.***

If you are in Original Medicare (Parts A and B) and buy a Medigap policy, Medicare will pay its portion of your medical costs first, then your Medigap policy will pay its portion.

The Medigap plans are named by letter, Plan A through Plan N. (These are not to be confused with Medicare Parts A, B, and D; they are different.) ***A Medigap policy cannot pay if you enroll in a Medicare Advantage plan.***

What do Medicare Supplement SELECT Plans offer?

These are essentially limited versions of standardized Medigap insurance that cost less.

SELECT plans are almost identical to regular Medigap policies, but they limit which clinics, doctors, and hospitals are covered for nonemergency and nonurgent care.

If you use only the in-network providers, a SELECT plan can give you Medigap coverage at a lower cost. If you need an out-of-network specialist, Medicare will still pay for 80 percent of its pre-determined amount, but your SELECT plan may not pay for all or any of the remaining 20 percent.

Plan costs differ

The monthly premium for the policy varies by insurance company. Other factors that affect your premium include age, gender, health history, tobacco use, ZIP code, and number of members in your pool. Medigap companies can offer a lower initial rate for the first 12 months and then rates can increase significantly. View a company's rate increase history at www.oregonhealthrates.org. See page 22.

When can I buy a Medigap policy?

You can apply for a Medigap policy at any time, but, sometimes, insurance companies may consider your medical history (underwrite) and may refuse your application. However, the companies must sell you a Medigap policy during your *Medigap open enrollment period and Guaranteed Issue periods*. Also, you can change companies once every year, starting on your birthday and ending 30 days later.

About Medigap plans, continued

- **Medigap open enrollment period**

Your open enrollment period for Medigap plans begins the day your Medicare Part B begins and ends six months later. During your open enrollment period, all Medigap insurers doing business in Oregon must accept you for any plan they offer in this state and cannot base your premium on your medical history.

- **Guaranteed Issue**

Certain special circumstances trigger Guaranteed Issue (GI) situations. At these times, you are entitled to purchase a Medigap plan with the same rights as during the six-month Medigap open enrollment period. These GI protections last for 63 days.

- **Medigap for enrollees younger than age 65**

People younger than 65 who receive Medicare due to a disability and those with ESRD (permanent kidney failure) have three opportunities for GI open enrollment rights for Medigap insurance:

1. During the six months after their Medicare Part B begins.
2. Again when they turn 65, for six months.
3. During the six-month period after a person receives notice of retroactive enrollment into Medicare. If a person younger than 65 applies for enrollment in Medicare Part B due to a disability – and is awarded Medicare retroactively – the initial six-month open enrollment period to elect a Medicare supplement without underwriting begins on the first day of the first month after receiving notice of retroactive enrollment. This change is effective Jan. 1, 2013.

Will I have to wait to use my Medigap?

Medigap policies can have pre-existing conditions look-back/waiting period of up to six months before the policy will pay certain benefits or before previously diagnosed conditions are covered by the policy. On the pages listing plan rates, this is what a 0/0, 6/6, or 2/6 refers to: how many months back the company looks for pre-existing conditions and how many months you must wait before the Medigap policy will cover those pre-existing conditions. Not all companies' policies have waiting periods.

About Medigap plans, continued

Medigap waiting periods

- **Can I get credit for my prior coverage?**

If you apply for a Medigap policy during your open enrollment period or replace a Medigap policy with a new policy that has a waiting period for pre-existing conditions, your previous insurance may qualify for credit for pre-existing conditions. The new Medicare supplement plan will accept month-for-month prior coverage as your waiting period if you submit written verification from your prior insurer that you have not had a break in coverage of more than 63 days.

Qualifying coverage must be from one of the following:

- Group or individual health care program, including an employer plan or COBRA policy
- Medicare or Medicaid
- Military-sponsored health care program
- Indian Health Service or tribal health care program
- State health benefits high-risk pool (OMIP)
- Certain public health plans
- Federal Employees Health Benefits Program (FEHB)
- Peace Corps health benefit plan

Medigap changes effective June 1, 2010

- All Medigap plans (A-N) now being sold contain changes that were made to standardized benefits effective June 1, 2010. These changes involved adding a hospice benefit to all plans and eliminating some other benefits that had become obsolete because of Medicare improvements.
- All “1990” plans sold before June 1, 2010, retain their benefits just as they were when they were first purchased. If you have one of these plans, you can keep it, but no new members will be enrolled.

Guaranteed-Issue situations

In these cases, the insurance company must sell you the plans listed here and cover your pre-existing conditions. See next page.

About Medigap plans, continued

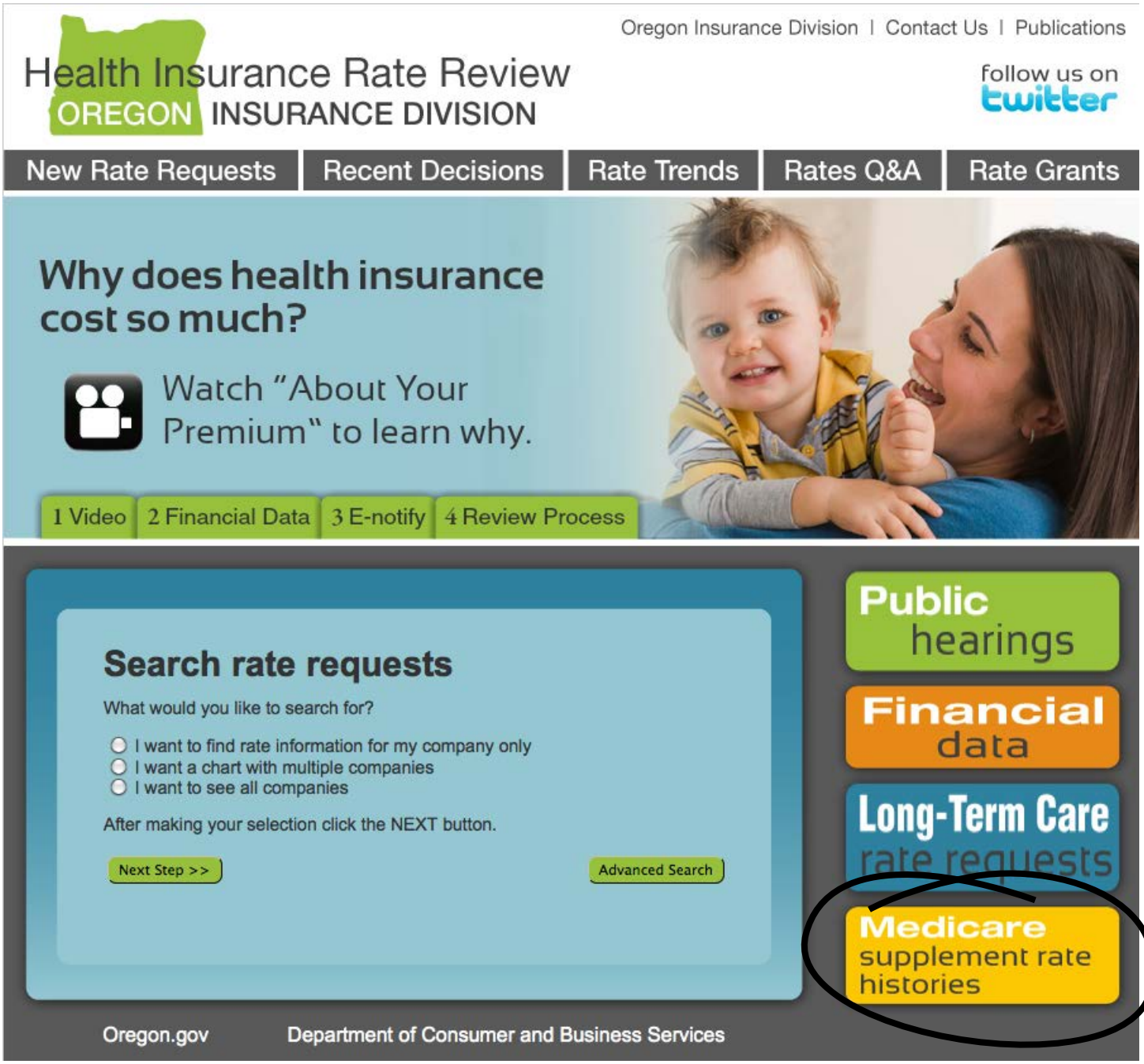
Guaranteed Issue	Medigap plan choices
You joined a Medicare Advantage plan or PACE program ***when you were first enrolled in Medicare, but within the first 12 months of joining the plan,*** you want to leave.	ALL PLANS
You terminated a Medigap policy to enroll in a Medicare Advantage (MA) plan, Medicare Select policy, or PACE program ***for the first time*** and now you want to terminate the MA plan ***after no more than 12 months of enrollment.***	Original plan. If not available then A, B, C, F, F High, K, or L
Your Medicare Advantage plan or PACE program coverage ends because the plan is leaving the Medicare program or stops giving care in your area.*	A, B, C, F, F High, K, or L
Your employer group health plan coverage, Medicaid, or your Medigap coverage ends through no fault of your own.*	A, B, C, F, F High, K, or L
Your employer group health plan, Medicare Advantage plan, PACE, Medigap, or Medicare Select health coverage ends because you move out of the plan's service area. *(Please see Glossary on "Medicare Select plans.")**	A, B, C, F, F High, K, or L
You leave any plan — Medicare Advantage plan, PACE, Medicare Select, or Medigap — because they have committed fraud. For example, marketing materials were misleading or quality standards were not met.*	A, B, C, F, F High, K, or L
Your Medicare Select insurer had its certification terminated, stopped offering the plan in your area, substantially violated a material provision of the organization's contract in relation to the individual, or misrepresented the plan's provisions.*	A, B, C, F, F High, K, or L
You are a current Medigap policyholder wanting to change to a different Medigap insurance company within 30 days following your birthday. *http://www.oregoninsurance.org/rules/oar/exhibits/div52-143_medicare-matrix.pdf*	Same plan as current policy or one with less benefits

63-day deadline

Medigap rate histories look-up

Medigap plans have standard benefits. It is important to understand monthly premium and rate history. The Oregon Insurance Division provides Medigap rate history information at *http://www.oregonhealthrates.org.*

SHIBA counselors can help you use this tool.



What do Medigaps cover?

Click the letters to navigate.

Medigap plans help pay the deductibles, co-payments, and co-insurance in Medicare Parts A and B. These standardized plans offer the same benefits from company to company. ***Costs may vary by ZIP code; call for a rate quote. Rate comparisons begin on page 25.***

Original Medicare Gaps	A	B	C	D	F❶	G	K	L	M	N
Hospital co-insurance Co-insurance for days 61-90 and days 91-150 in hospital; payment in full for 365 additional lifetime days.	X	X	X	X	X	X	X	X	X	X
Part B co-insurance Co-insurance for Part B services, such as doctors' services, laboratory and X-ray services, durable medical equipment, hospital outpatient services, and Medicare-covered preventive services.	X	X	X	X	X	X	50%	75%	X	X❷
First three pints of blood, per calendar year.	X	X	X	X	X	X	50%	75%	X	X
Hospice care — Co-insurance for respite care and other Part A-covered services.	X	X	X	X	X	X	50%	75%	X	X
Hospital (Part A) deductible — Covers deductible in each benefit period.		X	X	X	X	X	50%	75%	50%	X
Skilled Nursing Facility (SNF) daily co-insurance — Covers co-insurance for days 21-100 each benefit period.			X	X	X	X	50%	75%	X	X
Part B deductible — Covers the annual deductible.			X		X					
Part B excess charges — Covers the 15% excess charge when a physician or hospital does not accept Medicare's full charge as payment in full.					X	X				
Emergency care outside the United States — 80% of emergency care costs during the first 60 days of each trip, after an annual deductible of $250, up to a maximum lifetime benefit of $50,000.			X	X	X	X			X	X
Out-of-pocket maximum Pays 100% of Parts A and B co-insurance after annual maximum out-of-pocket has been spent.							$4,660 (2012)	$2,330 (2012)		

❶ Offers a high-deductible option; once you have paid $2,070 (2012) in cost sharing, the coverage will begin.
❷ Pays the Part B co-insurance, except you pay up to a $20 co-pay per physician visit and a $50 co-pay per emergency room visit.

Medicare Supplement policies by plan type

Insurer	Phone	A	B	C	D	F	F High	G	K	L	M	N
Aetna Life Ins Co	800-529-5586	X	X			X		X				X
American Republic Corp Ins Co	888-755-3065	X				X	X		X	X		
American Republic Ins Co	800-247-2190	X		X								
Central States Indemnity Co of Omaha	866-644-3988	X	X	X		X						X
Colonial Penn Life Ins Co.	800-800-2254	X	X			X	X	X	X	X	X	X
Columbian Mutual Life Ins Co	866-297-2372	X				X		X				
Combined Ins Co of America	800-544-5531	X				X						X
Continental General Ins Co	877-293-8499	X				X		X				X
Equitable Life Ins Co.	877-358-4060	X				X						X
Everence Association, Inc.	800-348-7468	X		X		X				X		X
Family Life Ins Co	800-877-7703	X	X	X	X	X		X			X	X
Genworth Life Ins Co	800-264-4000	X	X			X	X	X				X
Gerber Life Ins Co	877-778-0839	X				X		X				
Globe Life and Accident Ins Co	800-801-6831	X	X	X		X						
Government Personnel Mutual Life Ins Co	866-865-7631	X		X		X		X				X
Health Net Health Plan of Oregon	877-846-0774	X				X	X		X		X	
Humana Ins Co	800-866-0581	X	X	X		X	X		X	X		X
Humana Ins Co (Reader's Digest HL)	800-866-0581	X[I]				X[I]	X[I]		X[I]			X[I]
Liberty National Life Ins Co	800-331-2512	X	X			X	X					X
LifeWise Health Plan of Oregon Inc	800-290-1278	X				X	X					X
Loyal American Life Ins Co	800-633-6752	X	X	X	X	X		X				X
Marquette National Life Ins Co	800-934-8293	X			X	X		X				X
Medico Ins Co	800-228-6080	X			X	X						
ODS Health Plan, Inc.	877-277-7073	X				X	X					X
Regence BlueCross BlueShield of Oregon	888-734-3623	X		X		X			X			
Sentinel Security Life Ins Co	855-478-4037	X	X	X	X	X						X
Standard Life and Accident Ins Co	888-350-1488	X	X	X	X	X	X	X				X
State Farm Mutual Automobile Ins Co	866-855-1212	X		X		X						
State Mutual Ins Co	888-764-1936	X	X	X	X	X	X	X			X	X
Sterling Investors Life Ins Co	877-896-6434	X	X	X	X	X	X	X			X	X
Sterling Life Ins Co	877-906-0926	X[S]	X[S]	X[S]		X[I/S/IS]		X	X[S]			X[S]
Stonebridge Life Ins Co	800-797-2643	X				X		X				X
Thrivent Financial for Lutherans	800-847-4836	X	X	X	X	X	X	X		X	X	
United American Ins Co	800-331-2512	X	X	X	X	X	X	X	X	X		X
United Commercial Travelers of America (The Order of)	800-848-0123x304	X				X		X				X
United of Omaha Life Ins Co	800-931-8908	X				X		X			X	
UnitedHealthcare Ins Co (AARP)	800-523-5801	X	X	X[S]		X[S]			X	X		X
UnitedHealthcare Ins Co (SecureHorizons)	800-768-1479	X				X	X	X	X	X		X
USAA Life Ins Co	800-515-8687	X				X						
Woodman of the World	877-223-3666	X	X	X	X	X		X				X
World Corp Ins Co	866-891-9365	X				X	X					

Key: I - Innovative S - SELECT IS - Innovative SELECT

Medigap policies: Plan A

Note: Rates are for FEMALE NONSMOKERS, when applicable

Important Information to Know

Plans have "rated types," meaning your insurance premium is determined in one of three ways:

Attained age – Premium increases as your age increases. It may also increase for rising medical costs.

Community – Premium is based on the entire community of policy holders. It may increase for other factors such as rising costs or inflation.

Issue age – Premium is determined by age at time of purchase. Premium increases for rising medical costs but not for increased age.

Pre-existing, look-back/waiting period: How many months back the company looks for pre-existing conditions / how many months you must wait until the Medigap policy will cover those pre-existing conditions. Waived if you had continuous creditable coverage.

Crossover – All plans participate in "crossover," unless otherwise indicated. Crossover means that claims processed by Medicare are automatically forwarded to the secondary insurer for payment.

Area factors: Companies may apply "area factors" to rates. Area factors limit the size of the "pool" of members in a given product, which may affect rates. Company area factors are indicated by (_).

Company							
AARP	See UnitedHealthcare Ins. Co. (AARP)						
Aetna Life Ins. Co. Phone: 800-529-5586 Website: www.aetnamedicare.com Home state: Connecticut	Age	0-65	70	75	80	85	
	Cost	$90	$107	$123	$132	$139	
	Pre-existing look-back / waiting period: 6/6 Plan rating type: Attained age						
American Republic Corp Ins. Co. Phone: 866-705-9100 Website: www.americanrepublic.com Home state: Nebraska	Age	0-65	70	75	80	85	
	Cost	$118	$132	$157	$176	$195	
	Pre-existing look-back / waiting period: 0/0 Plan rating type: Attained age Rates vary by ZIP code (7).						
American Republic Ins. Co. Phone: 800-247-2190 Website: www.americanrepublic.com Home state: Nebraska	Age	0-65	70	75	80	85	
	Cost	$120	$135	$160	$180	$199	
	Pre-existing look-back / waiting period: 0/0 Plan rating type: Attained age Rates vary by ZIP code (7).						
Central States Indemnity Co. of Omaha Phone: 866-644-3988 Website: www.csi-omaha.com Home state: Nebraska	Age	0-65	70	75	80	85	
	Cost	$79	$94	$112	$127	$138	
	Pre-existing look-back / waiting period: 0/0 Plan rating type: Attained age Plan application fee: One-time $25 policy fee Rates vary by ZIP code (2).						

Medigap policies: Plan A, continued

Note: Rates are for FEMALE NONSMOKERS, when applicable

Colonial Penn Life Ins. Phone: 800-800-2254 Website: www.colonialpenn.com Home state: Pennsylvania	Age	0-65	70	75	80	85	
	Cost	$98	$119	$145	$169	$192	
	Pre-existing look-back / waiting period: 0/0 Plan rating type: Attained age						
Columbian Mutual Life Ins. Co. Phone: 866-297-2372 Home state: New York	Age	18-65	70	75	80	85	
	Cost	$80	$93	$106	$116	$124	
	Pre-existing look-back / waiting period: 0/0 Plan rating type: Attained age Rates vary by ZIP code (2).						
Combined Ins. Co. of America Phone: 800-544-5531 Website: www.combinedinsurance.com Home state: Illinois	Age	0-65	70	75	80	85	
	Cost	$99	$129	$157	$178	$187	
	Pre-existing look-back / waiting period: 0/0 Plan rating type: Attained age						
Continental General Ins. Co. Phone: 877-293-8499* Website: www.continentalgeneral.com Home state: Ohio	Age	0-65	70	75	80	85	
	Cost	$97	$108	$120	$127	$127	
	Pre-existing look-back / waiting period: 6/6 Plan rating type: Attained age Plan application fee: $25 Rates vary by ZIP code (2).						
Equitable Life & Casualty Ins. Co. Phone: 877-358-4060 Website: www.equilife.com Home state: Utah	Age	0-65	70	75	80	85	
	Cost	$125	$134	$147	$156	$161	
	Pre-existing look-back / waiting period: 0/0 Plan rating type: Attained age Plan application fee: $20						
Everence Association, Inc. Phone: 800-348-7468 Website: www.everence.com Home state: Indiana	Age	0-65	70	75	80	85	
	Cost	$98	$106	$111	$118	$123	
	Pre-existing look-back / waiting period: 0/0 Plan rating type: Attained age for Plans C and N, issue age for Plans A, F, and L Membership requirements: Includes a membership to a Christian fraternal organization						

Medigap policies: Plan A, continued

Note: Rates are for FEMALE NONSMOKERS, when applicable

Family Life Ins. Co. Phone: 800-877-7703 Website: www.familylifeins.com Home state: Texas	Age	0-65	70	75	80	85	
	Cost	$136	$161	$191	$217	$236	
	Pre-existing look-back / waiting period: 0/0 Plan rating type: Attained age Plan application fee: $25 policy fee Rates vary by ZIP code (2).						
Genworth Life and Annuity Ins. Co. Phone: 800-264-4000 Website: www.aetnaseniorproducts.com Home state: Virginia	Age	0-65	70	75	80	85	
	Cost	$121	$137	$161	$177	$189	
	Pre-existing look-back / waiting period: 0/0 Plan rating type: Attained age Plan application fee: $20 policy fee Rates vary by ZIP code (2).						
Gerber Life Ins. Co. Phone: 877-778-0839 Website: www.gerberlifegroup.com Home state: New York	Age	0-65	70	75	80	85	
	Cost	$84	$99	$112	$126	$136	
	Pre-existing look-back / waiting period: 0/0 Plan rating type: Attained age						
Globe Life and Accident Ins. Co. Phone: 800-801-6831 Website: www.globecaremedsupp.com Home state: Nebraska	Age	0-65	70	75	80	85	
	Cost	$67	$91	$97	$98	$98	
	Pre-existing look-back / waiting period: 2/2 Plan rating type: Attained age						
Government Personnel Mutual Life Ins. Co. Phone: 866-865-7631 Website: www.gpmlifemedsupp.com Home state: Texas	Age	0-65	70	75	80	85	
	Cost	$83	$90	$107	$123	$138	
	Pre-existing look-back / waiting period: 0/0 Plan rating type: Attained age Rates vary by ZIP code (2).						
Health Net Health Plan of Oregon Phone: 877-846-0774 Website: www.healthnet.com Home state: Oregon	Age	0-65	70	75	80	85	
	Cost	$83	$101	$117	$140	$168	
	Does not crossover Pre-existing look-back / waiting period: 0/0 Plan rating type: Attained age Rates vary by ZIP code (4).						

Medigap policies: Plan A, continued

Note: Rates are for FEMALE NONSMOKERS, when applicable

Humana Ins. Co. Phone: 800-866-0581 Website: www.humana-medicare.com/index.asp Home state: Wisconsin	Age	0-65	70	75	80	85	
	Cost	$105	$125	$144	$164	$181	
	Pre-existing look-back / waiting period: 3/3 Plan rating type: Attained age						
Humana Reader's Digest Healthy Living Phone: 800-866-0581 Website: www.humana-medicare.com/index.asp Home state: Wisconsin	Age	0-65	70	75	80	85	
	Cost	$122	$142	$163	$184	$202	Innovative
	Pre-existing look-back / waiting period: 6/3 Plan rating type: Attained age						
Liberty National Life Ins. Co. Phone: 800-331-2512 Website: www.libertynational.com Home state: Nebraska	Age	0-65	70	75	80	85	
	Cost	$106	$128	$136	$136	$136	
	Pre-existing look-back / waiting period: 2/6 Plan rating type: Attained age						
LifeWise Health Plan of Oregon Phone: 800-290-1278 Website: https://www.lifewisemedsupor.com Home state: Oregon	Age	0-65	70	75	80	85	
	Cost	$145	$184	$215	$215	$215	
	Pre-existing look-back / waiting period: 6/6 Plan rating type: Attained age						
Loyal American Life Ins. Co. Phone: 800-633-6752 Website: www.loyalamerican.com Home state: Ohio	Age	0-65	70	75	80	85	
	Cost	$96	$109	$129	$147	$160	
	Pre-existing look-back / waiting period: 6/6 Plan rating type: Attained age Rates vary by ZIP code (2).						
Marquette National Life Ins. Co. Phone: 800-934-8293 Website: www.universalamericaninsuranceplans.com Home state: Texas	Age	0-65	70	75	80	85	
	Cost	$122	$153	$169	$171	$171	
	Pre-existing look-back / waiting period: 6/6 Plan rating type: Attained age Rates vary by ZIP code (3).						
Medico Ins. Co. Phone: 800-228-6080 Website: www.gomedico.com/OR.htm Home state: Nebraska	Age	0-65	70	75	80	85	
	Cost	$84	$94	$110	$118	$126	
	Pre-existing look-back / waiting period: 0/0 Plan rating type: Attained age Rates vary by ZIP code (2).						

Medigap policies: Plan A, continued

Note: Rates are for FEMALE NONSMOKERS, when applicable

ODS Health Plan Inc. Phone: 877-277-7073 or 503-243-3973 Website: www.odscompanies.com Home state: Oregon	Age	0-65	70	75	80	85	
	Cost	$103	$118	$134	$135	$135	
	Pre-existing look-back / waiting period: 6/6 Plan rating type: Attained age						
Regence BlueCross BlueShield of Oregon Phone: 888-734-3623 Website: www.or.regence.com Home state: Oregon	Age	0-65	70	75	80	85	
	Cost	$119	$145	$166	$175	$178	
	Pre-existing look-back / waiting period: 0/0 Plan rating type: Attained age						
Sentinel Security Life Ins. Co. Phone: 855-478-4037 Website: www.sslo.com Home state: Utah	Age	0-65	70	75	80	85	
	Cost	$81	$96	$107	$117	$125	
	Pre-existing look-back / waiting period: 0/0 Plan rating type: Attained age Plan application fee: $25 enrollment fee						
Standard Life & Accident Ins. Co. Phone: 888-350-1488 Website: www.slaico.com Home state: Texas	Age	0-65	70	75	80	85	
	Cost	$185	$189	$203	$241	$307	
	Pre-existing look-back / waiting period: 6/6 Plan rating type: Attained age Rates vary by ZIP code (2).						
State Farm Mutual Automobile Ins. Co. Phone: 866-855-1212 Website: www.statefarm.com/insurance/health/medsupp.asp Home state: Illinois	Age	0-65	70	75	80	85	
	Cost	$90	$113	$131	$147	$153	
	Pre-existing look-back / waiting period: 0/0 Plan rating type: Attained age Rates vary by ZIP code (2).						
State Mutual Ins. Co. Phone: 888-764-1936 Website: www.statemutualinsurance.com Home state: Georgia	Age	0-65	70	75	80	85	
	Cost	$67	$79	$94	$107	$116	
	Pre-existing look-back / waiting period: 0/0 Plan rating type: Attained age Plan application fee: one time $20 policy fee Rates vary by ZIP code (2).						

Medigap policies: Plan A, continued

Note: Rates are for FEMALE NONSMOKERS, when applicable

Sterling Investors Life Ins. Co. Phone: 877-896-6434 Website: www.sterlinginvestors.com Home state: Georgia	Age	0-65	70	75	80	85	
	Cost	$72	$85	$101	$115	$125	
	Pre-existing look-back / waiting period: 0/0 Plan rating type: Attained age Plan application fee: $20 policy fee Rates vary by ZIP code (2).						
Sterling Life Ins. Co. Phone: 877-906-0926 Website: www.sterlinginsurance.com Home state: Illinois	Age	0-65	70	75	80	85	
	Cost	$118	$134	$149	$157	$162	
	Cost	$109	$124	$137	$144	$148	SELECT
	Pre-existing look-back / waiting period: 0/0 Plan rating type: Attained age Rates vary by ZIP code (2).						
Stonebridge Life Ins. Co. Phone: 800-797-2643 Website: www.transamerica.com Home state: Vermont	Age	0-65	70	75	80	85	
	Cost	$64	$73	$84	$92	$102	
	Does not crossover Pre-existing look-back / waiting period: 0/0 Plan rating type: Attained age Plan application fee: $25						
Thrivent Financial for Lutherans Phone: 800-847-4836 Website: www.thrivent.com/insurance/medsupp Home state: Wisconsin	Age	0-65	70	75	80	85	
	Cost	$90	$103	$118	$130	$141	
	Pre-existing look-back / waiting period: 0/0 Plan rating type: Attained age Rates vary by ZIP code (2). Membership requirements: *						*Must be eligible to apply for membership in Thrivent Financial for Lutherans if you meet one of the following: • You profess to be Lutheran and are a current or former member of a Lutheran congregation. • You are a family member of a Lutheran, or a person serving or associated with Lutherans, or Lutheran organizations or their family members. • You are associated with and provide support for strengthening the membership efforts of Thrivent Financial for Lutherans to meet its mission.
United American Ins. Co. Phone: 800-331-2512 Website: www.unitedamerican.com Home state: Nebraska	Age	0-65	70	75	80	85	
	Cost	$93	$113	$120	$120	$120	
	Pre-existing look-back / waiting period: 2/6 Plan rating type: Attained age						
United Commercial Travelers of America (The Order of) Phone: 800-848-0123 x304 Website: www.uct.org Home state: Ohio	Age	0-65	70	75	80	85	
	Cost	$144	$181	$211	$232	$248	
	Pre-existing look-back / waiting period: 0/0 Plan rating type: Attained age Membership requirements: * Rates vary by ZIP code (2).						*Must be a member of the fraternal benefit society to purchase insurance products from the society. The dues are $1.50 per month.

Medigap policies: Plan A, continued

Note: Rates are for FEMALE NONSMOKERS, when applicable

UnitedHealthcare Ins. Co. (AARP) Phone: 800-523-5800 Website: www.aarphealthcare.com Home state: Connecticut	Age	50-65	70	75	80	85	
	Cost	$63	$76	$112	$112	$112	
	Pre-existing look-back / waiting period: 3/3 Plan rating type: Community age Membership requirements: Must be a member of AARP; minimum age is 50. The dues are $16 per year. The dues are $16 per year.						
UnitedHealthcare Ins. Co. SecureHorizons Phone: 800-768-1479 Home state: Connecticut	Age	0-65	70	75	80	85	
	Cost	$98	$114	$128	$129	$135	
	Pre-existing look-back / waiting period: 0/0 Plan rating type: Attained age						
United of Omaha Life Ins. Co. Phone: 800-931-8908 Website: www.mutualofomaha.com Home state: Nebraska	Age	0-65	70	75	80	85	
	Cost	$111	$130	$156	$180	$210	
	Pre-existing look-back / waiting period: 0/0 Plan rating type: Attained age Rates vary by ZIP code (2).						
USAA Life Ins. Co. Phone: 800-515-8687 Website: www.usaa.com Home state: Texas	Age	0-65	70	75	80	85	
	Cost	$129	$151	$181	$210	$232	
	Pre-existing look-back / waiting period: 0/0 Plan rating type: Attained age						
Woodman of the World Phone: 877-223-3666 Website: www.woodmen.org Home state: Colorado	Age	0-65	70	75	80	85	
	Cost	$97	$114	$127	$135	$141	
	Pre-existing look-back / waiting period: 0/0 Plan rating type: Attained age						
World Corp Ins. Co. Phone: 866-891-9365 Website: www.completeplus.com Home state: Nebraska	Age	0-65	70	75	80	85	
	Cost	$112	$126	$150	$168	$186	
	Pre-existing look-back / waiting period: 0/0 Plan rating type: Attained age Rates vary by ZIP code (7).						

Medigap policies: Plan B

Note: Rates are for FEMALE NONSMOKERS, when applicable

Important Information to Know

Plans have "rated types," meaning your insurance premium is determined in one of three ways:

Attained age – Premium increases as your age increases. It may also increase for rising medical costs.

Community – Premium is based on the entire community of policy holders. It may increase for other factors such as rising costs or inflation.

Issue age – Premium is determined by age at time of purchase. Premium increases for rising medical costs but not for increased age.

Pre-existing, look-back/waiting period: How many months back the company looks for pre-existing conditions / how many months you must wait until the Medigap policy will cover those pre-existing conditions. Waived if you had continuous creditable coverage.

Crossover – All plans participate in "crossover," unless otherwise indicated. Crossover means that claims processed by Medicare are automatically forwarded to the secondary insurer for payment.

Area factors: Companies may apply "area factors" to rates. Area factors limit the size of the "pool" of members in a given product, which may affect rates. Company area factors are indicated by (_).

Company							
AARP	See UnitedHealthcare Ins. Co. (AARP)						
Aetna Life Ins. Co. Phone: 800-529-5586 Website: www.aetnamedicare.com Home state: Connecticut	Age	0-65	70	75	80	85	
	Cost	$99	$120	$143	$162	$185	
	Pre-existing look-back / waiting period: 6/6 Plan rating type: Attained age						
Central States Indemnity Co. of Omaha Phone: 866-644-3988 Website: www.csi-omaha.com Home state: Nebraska	Age	0-65	70	75	80	85	
	Cost	$93	$110	$131	$149	$162	
	Pre-existing look-back / waiting period: 0/0 Plan rating type: Attained age Plan application fee: One-time $25 policy fee Rates vary by ZIP code (2).						
Colonial Penn Life Ins. Phone: 800-800-2254 Website: www.colonialpenn.com Home state: Pennsylvania	Age	0-65	70	75	80	85	
	Cost	$124	$150	$182	$212	$242	
	Pre-existing look-back / waiting period: 0/0 Plan rating type: Attained age						
Family Life Ins. Co. Phone: 800-877-7703 Website: www.familylifeins.com Home state: Texas	Age	0-65	70	75	80	85	
	Cost	$165	$196	$233	$264	$287	
	Pre-existing look-back / waiting period: 0/0 Plan rating type: Attained age Plan application fee: $25 policy fee Rates vary by ZIP code (2).						

Medigap policies: Plan B, continued

Note: Rates are for FEMALE NONSMOKERS, when applicable

Genworth Life and Annuity Ins. Co. Phone: 800-264-4000 Website: www.aetnaseniorproducts.com Home state: Virginia	Age	0-65	70	75	80	85	
	Cost	$153	$173	$202	$223	$238	
	Pre-existing look-back / waiting period: 0/0 Plan rating type: Attained age Plan application fee: $20 policy fee Rates vary by ZIP code (2).						
Globe Life and Accident Ins. Co. Phone: 800-801-6831 Website: www.globecaremedsupp.com Home state: Nebraska	Age	0-65	70	75	80	85	
	Cost	$100	$132	$146	$149	$149	
	Pre-existing look-back / waiting period: 2/2 Plan rating type: Attained age						
Humana Ins. Co. Phone: 800-866-0581 Website: www.humana-medicare.com/index.asp Home state: Wisconsin	Age	0-65	70	75	80	85	
	Cost	$115	$136	$157	$179	$197	
	Pre-existing look-back / waiting period: 3/3 Plan rating type: Attained age						
Liberty National Life Ins. Co. Phone: 800-331-2512 Website: www.libertynational.com Home state: Nebraska	Age	0-65	70	75	80	85	
	Cost	$148	$183	$201	$204	$204	
	Pre-existing look-back / waiting period: 2/6 Plan rating type: Attained age						
Loyal American Life Ins. Co. Phone: 800-633-6752 Website: www.loyalamerican.com Home state: Ohio	Age	0-65	70	75	80	85	
	Cost	$112	$127	$151	$172	$187	
	Pre-existing look-back / waiting period: 6/6 Plan rating type: Attained age Rates vary by ZIP code (2).						
Sentinel Security Life Ins. Co. Phone: 855-478-4037 Website: www.sslo.com Home state: Utah	Age	0-65	70	75	80	85	
	Cost	$90	$106	$120	$134	$144	
	Pre-existing look-back / waiting period: 0/0 Plan rating type: Attained age Plan application fee: $25 enrollment fee						
Standard Life & Accident Ins. Co. Phone: 888-350-1488 Website: www.slaico.com Home state: Texas	Age	0-65	70	75	80	85	
	Cost	$210	$216	$231	$274	$349	
	Pre-existing look-back / waiting period: 6/6 Plan rating type: Attained age Rates vary by ZIP code (2).						

Medigap policies: Plan B, continued

Note: Rates are for FEMALE NONSMOKERS, when applicable

State Mutual Ins. Co. Phone: 888-764-1936 Website: www.statemutualinsurance.com Home state: Georgia	Age	0-65	70	75	80	85	
	Cost	$78	$92	$110	$125	$136	
	Pre-existing look-back / waiting period: 0/0 Plan rating type: Attained age Plan application fee: One-time $20 policy fee Rates vary by ZIP code (2).						
Sterling Investors Life Ins. Co. Phone: 877-896-6434 Website: www.sterlinginvestors.com Home state: Georgia	Age	0-65	70	75	80	85	
	Cost	$84	$99	$118	$134	$146	
	Pre-existing look-back / waiting period: 0/0 Plan rating type: Attained age Plan application fee: $20 policy fee Rates vary by ZIP code (2).						
Sterling Life Ins. Co. Phone: 877-906-0926 Website: www.sterlinginsurance.com Home state: Illinois	Age	0-65	70	75	80	85	
	Cost	$134	$156	$177	$192	$203	
	Cost	$118	$135	$151	$160	$166	SELECT
	Pre-existing look-back / waiting period: 0/0 Plan rating type: Attained age Rates vary by ZIP code (2).						
Thrivent Financial for Lutherans Phone: 800-847-4836 Website: www.thrivent.com/insurance/medsupp Home state: Wisconsin	Age	0-65	70	75	80	85	
	Cost	$107	$122	$139	$154	$167	
	Pre-existing look-back / waiting period: 0/0 Plan rating type: Attained age Membership requirements: * Rates vary by ZIP code (2).						*Must be eligible to apply for membership in Thrivent Financial for Lutherans if you meet one of the following: • You profess to be Lutheran and are a current or former member of a Lutheran congregation. • You are a family member of a Lutheran, or a person serving or associated with Lutherans, or Lutheran organizations or their family members. • You are associated with and provide support for strengthening the membership efforts of Thrivent Financial for Lutherans to meet its mission.
United American Ins. Co. Phone: 800-331-2512 Website: www.unitedamerican.com Home state: Nebraska	Age	0-65	70	75	80	85	
	Cost	$131	$162	$178	$180	$180	
	Pre-existing look-back / waiting period: 2/6 Plan rating type: Attained age						
UnitedHealthcare Ins. Co. (AARP) Phone: 800-523-5800 Website: www.aarphealthcare.com Home state: Connecticut	Age	50-65	70	75	80	85	
	Cost	$104	$126	$186	$186	$186	
	Pre-existing look-back / waiting period: 3/3 Plan rating type: Community age Membership requirements: Must be a member of AARP; minimum age is 50. The dues are $16 per year.						

Medigap policies: Plan B, continued

Note: Rates are for FEMALE NONSMOKERS, when applicable

Woodman of the World Phone: 877-223-3666 Website: www.woodmen.org Home state: Colorado	Age	0-65	70	75	80	85	
	Cost	$105	$124	$139	$150	$159	
	Pre-existing look-back / waiting period: 0/0 Plan rating type: Attained age						

VOLUNTEER PRAISE

Volunteer name: Rachel Larive
County: Hood River

Rachel is a new volunteer this year for SHIBA. She is a retired RN and has been working with the seniors in Hood River County. She has spent many hours of her time at the senior center and also at the homes of those who were unable to come in to the center. With her help we were able to reach many more people in a timely manner.

Medigap policies: Plan C

Note: Rates are for FEMALE NONSMOKERS, when applicable

Important Information to Know

Plans have "rated types," meaning your insurance premium is determined in one of three ways:

Attained age – Premium increases as your age increases. It may also increase for rising medical costs.

Community – Premium is based on the entire community of policy holders. It may increase for other factors such as rising costs or inflation.

Issue age – Premium is determined by age at time of purchase. Premium increases for rising medical costs but not for increased age.

Pre-existing, look-back/waiting period: How many months back the company looks for pre-existing conditions / how many months you must wait until the Medigap policy will cover those pre-existing conditions. Waived if you had continuous creditable coverage.

Crossover – All plans participate in "crossover," unless otherwise indicated. Crossover means that claims processed by Medicare are automatically forwarded to the secondary insurer for payment.

Area factors: Companies may apply "area factors" to rates. Area factors limit the size of the "pool" of members in a given product, which may affect rates. Company area factors are indicated by (_).

Company							
AARP	See UnitedHealthcare Ins. Co. (AARP)						
American Republic Ins. Co. Phone: 800-247-2190 Website: www.americanrepublic.com Home state: Nebraska	Age	0-65	70	75	80	85	
	Cost	$156	$174	$208	$233	$258	
	Pre-existing look-back / waiting period: 0/0 Plan rating type: Attained age Rates vary by ZIP code (7).						
Central States Indemnity Co. of Omaha Phone: 866-644-3988 Website: www.csi-omaha.com Home state: Nebraska	Age	0-65	70	75	80	85	
	Cost	$111	$132	$159	$180	$197	
	Pre-existing look-back / waiting period: 0/0 Plan rating type: Attained age Plan application fee: One-time $25 policy fee Rates vary by ZIP code (2).						
Everence Association, Inc. Phone: 800-348-7468 Website: www.everence.com Home state: Indiana	Age	0-65	70	75	80	85	
	Cost	$134	$159	$178	$192	$204	
	Pre-existing look-back / waiting period: 0/0 Plan rating type: Attained age for Plans C and N, issue age for Plans A, F, and L Membership requirements: Includes a membership in a Christian fraternal organization						

Medigap policies: Plan C, continued

Note: Rates are for FEMALE NONSMOKERS, when applicable

Family Life Ins. Co. Phone: 800-877-7703 Website: www.familylifeins.com Home state: Texas	Age	0-65	70	75	80	85	
	Cost	$189	$225	$271	$308	$336	
	Pre-existing look-back / waiting period: 0/0 Plan rating type: Attained age Plan application fee: $25 policy fee Rates vary by ZIP code (2).						
Globe Life and Accident Ins. Co. Phone: 800-801-6831 Website: www.globecaremedsupp.com Home state: Nebraska	Age	0-65	70	75	80	85	
	Cost	$115	$147	$169	$179	$179	
	Pre-existing look-back / waiting period: 2/2 Plan rating type: Attained age						
Government Personnel Mutual Life Ins. Co. Phone: 866-865-7631 Website: www.gpmlifemedsupp.com Home state: Texas	Age	0-65	70	75	80	85	
	Cost	$109	$120	$145	$171	$195	
	Pre-existing look-back / waiting period: 0/0 Plan rating type: Attained age Rates vary by ZIP code (2).						
Humana Ins. Co. Phone: 800-866-0581 Website: www.humana-medicare.com/index.asp Home state: Wisconsin	Age	0-65	70	75	80	85	
	Cost	$132	$156	$181	$206	$227	
	Pre-existing look-back / waiting period: 3/3 Plan rating type: Attained age						
Loyal American Life Ins. Co. Phone: 800-633-6752 Website: www.loyalamerican.com Home state: Ohio	Age	0-65	70	75	80	85	
	Cost	$134	$152	$183	$208	$227	
	Pre-existing look-back / waiting period: 6/6 Plan rating type: Attained age Rates vary by ZIP code (2).						
Regence BlueCross BlueShield of Oregon Phone: 888-734-3623 Website: www.or.regence.com Home state: Oregon	Age	0-65	70	75	80	85	
	Cost	$145	$183	$218	$245	$265	
	Pre-existing look-back / waiting period: 0/0 Plan rating type: Attained age						

Medigap policies: Plan C, continued

Note: Rates are for FEMALE NONSMOKERS, when applicable

Sentinel Security Life Ins. Co. Phone: 855-478-4037 Website: www.sslo.com Home state: Utah	Age	0-65	70	75	80	85	
	Cost	$110	$131	$149	$166	$181	
	Pre-existing look-back / waiting period: 0/0 Plan rating type: Attained age Plan application fee: $25 enrollment fee						
Standard Life & Accident Ins. Co. Phone: 888-350-1488 Website: www.slaico.com Home state: Texas	Age	0-65	70	75	80	85	
	Cost	$239	$245	$263	$312	$397	
	Pre-existing look-back / waiting period: 6/6 Plan rating type: Attained age Rates vary by ZIP code (2).						
State Farm Mutual Automobile Ins. Co. Phone: 866-855-1212 Website: www.statefarm.com/insurance/health/medsupp.asp Home state: Illinois	Age	0-65	70	75	80	85	
	Cost	$135	$170	$197	$221	$231	
	Pre-existing look-back / waiting period: 0/0 Plan rating type: Attained age Rates vary by ZIP code (2).						
State Mutual Ins. Co. Phone: 888-764-1936 Website: www.statemutualinsurance.com Home state: Georgia	Age	0-65	70	75	80	85	
	Cost	$93	$111	$133	$151	$165	
	Pre-existing look-back / waiting period: 0/0 Plan rating type: Attained age Plan application fee: One-time $20 policy fee Rates vary by ZIP code (2).						
Sterling Investors Life Ins. Co. Phone: 877-896-6434 Website: www.sterlinginvestors.com Home state: Georgia	Age	0-65	70	75	80	85	
	Cost	$100	$119	$143	$163	$177	
	Pre-existing look-back / waiting period: 0/0 Plan rating type: Attained age Plan application fee: $20 policy fee Rates vary by ZIP code (2).						
Sterling Life Ins. Co. Phone: 877-906-0926 Website: www.sterlinginsurance.com Home state: Illinois	Age	0-65	70	75	80	85	
	Cost	$138	$159	$180	$194	$206	
	Cost	$123	$140	$156	$166	$173	SELECT
	Pre-existing look-back / waiting period: 0/0 Plan rating type: Attained age Rates vary by ZIP code (2).						

Medigap policies: Plan C, continued

Note: Rates are for FEMALE NONSMOKERS, when applicable

Thrivent Financial for Lutherans Phone: 800-847-4836 Website: www.thrivent.com/insurance/medsupp Home state: Wisconsin	Age	0-65	70	75	80	85	
	Cost	$138	$158	$180	$200	$216	
	Pre-existing look-back / waiting period: 0/0 Plan rating type: Attained age Membership requirements: * Rates vary by ZIP code (2).						*Must be eligible to apply for membership in Thrivent Financial for Lutherans if you meet one of the following: • You profess to be Lutheran and are a current or former member of a Lutheran congregation. • You are a family member of a Lutheran, or a person serving or associated with Lutherans, or Lutheran organizations or their family members. • You are associated with and provide support for strengthening the membership efforts of Thrivent Financial for Lutherans to meet its mission.
United American Ins. Co. Phone: 800-331-2512 Website: www.unitedamerican.com Home state: Nebraska	Age	0-65	70	75	80	85	
	Cost	$148	$185	$209	$229	$229	
	Pre-existing look-back / waiting period: 2/6 Plan rating type: Attained age						
UnitedHealthcare Ins. Co. (AARP) Phone: 800-523-5800 Website: www.aarphealthcare.com Home state: Connecticut	Age	50-65	70	75	80	85	
	Cost	$120	$146	$214	$214	$214	
	Cost	$93	$113	$166	$166	$166	SELECT
	Pre-existing look-back / waiting period: 3/3 Plan rating type: Community age Membership requirements: Must be a member of AARP; minimum age is 50. The dues are $16 per year.						
Woodman of the World Phone: 877-223-3666 Website: www.woodmen.org Home state: Colorado	Age	0-65	70	75	80	85	
	Cost	$130	$154	$175	$187	$199	
	Pre-existing look-back / waiting period: 0/0 Plan rating type: Attained age						

Medigap policies: Plan D

Note: Rates are for FEMALE NONSMOKERS, when applicable

Important Information to Know

Plans have "rated types," meaning your insurance premium is determined in one of three ways:

Attained age – Premium increases as your age increases. It may also increase for rising medical costs.

Community – Premium is based on the entire community of policy holders. It may increase for other factors such as rising costs or inflation.

Issue age – Premium is determined by age at time of purchase. Premium increases for rising medical costs but not for increased age.

Pre-existing, look-back/waiting period: How many months back the company looks for pre-existing conditions / how many months you must wait until the Medigap policy will cover those pre-existing conditions. Waived if you had continuous creditable coverage.

Crossover – All plans participate in "crossover," unless otherwise indicated. Crossover means that claims processed by Medicare are automatically forwarded to the secondary insurer for payment.

Area factors: Companies may apply "area factors" to rates. Area factors limit the size of the "pool" of members in a given product, which may affect rates. Company area factors are indicated by (_).

Company							
Family Life Ins. Co. Phone: 800-877-7703 Website: www.familylifeins.com Home state: Texas	Age	0-65	70	75	80	85	
	Cost	$173	$205	$244	$277	$301	
	Pre-existing look-back / waiting period: 0/0 Plan rating type: Attained age Plan application fee: $25 policy fee Rates vary by ZIP code (2).						
Loyal American Life Ins. Co. Phone: 800-633-6752 Website: www.loyalamerican.com Home state: Ohio	Age	0-65	70	75	80	85	
	Cost	$118	$133	$158	$180	$196	
	Pre-existing look-back / waiting period: 6/6 Plan rating type: Attained age Rates vary by ZIP code (2).						
Marquette National Life Ins. Co. Phone: 800-934-8293 Website: www.universalamericaninsuranceplans.com Home state: Texas	Age	0-65	70	75	80	85	
	Cost	$137	$176	$207	$232	$249	
	Pre-existing look-back / waiting period: 6/6 Plan rating type: Attained age Rates vary by ZIP code (3).						
Medico Ins. Co. Phone: 800-228-6080 Website: www.gomedico.com/OR.htm Home state: Nebraska	Age	0-65	70	75	80	85	
	Cost	$112	$129	$155	$175	$194	
	Pre-existing look-back / waiting period: 0/0 Plan rating type: Attained age Rates vary by ZIP code (2).						

Medigap policies: Plan D, continued

Note: Rates are for FEMALE NONSMOKERS, when applicable

Sentinel Security Life Ins. Co. Phone: 855-478-4037 Website: www.sslo.com Home state: Utah	Age	0-65	70	75	80	85	
	Cost	$93	$110	$126	$141	$154	
	Pre-existing look-back / waiting period: 0/0 Plan rating type: Attained age Plan application fee: $25 enrollment fee						
Standard Life & Accident Ins. Co. Phone: 888-350-1488 Website: www.slaico.com Home state: Texas	Age	0-65	70	75	80	85	
	Cost	$144	$148	$158	$188	$239	
	Pre-existing look-back / waiting period: 6/6 Plan rating type: Attained age Rates vary by ZIP code (2).						
State Mutual Ins. Co. Phone: 888-764-1936 Website: www.statemutualinsurance.com Home state: Georgia	Age	0-65	70	75	80	85	
	Cost	$81	$97	$115	$131	$142	
	Pre-existing look-back / waiting period: 0/0 Plan rating type: Attained age Plan application fee: One-time $20 policy fee Rates vary by ZIP code (2).						
Sterling Investors Life Ins. Co. Phone: 877-896-6434 Website: www.sterlinginvestors.com Home state: Georgia	Age	0-65	70	75	80	85	
	Cost	$88	$104	$124	$141	$153	
	Pre-existing look-back / waiting period: 0/0 Plan rating type: Attained age Plan application fee: $20 policy fee Rates vary by ZIP code (2).						
Thrivent Financial for Lutherans Phone: 800-847-4836 Website: www.thrivent.com/insurance/medsupp Home state: Wisconsin	Age	0-65	70	75	80	85	
	Cost	$119	$136	$155	$172	$186	
	Pre-existing look-back / waiting period: 0/0 Plan rating type: Attained age Membership requirements: * Rates vary by ZIP code (2).						*Must be eligible to apply for membership in Thrivent Financial for Lutherans if you meet one of the following: • You profess to be Lutheran and are a current or former member of a Lutheran congregation. • You are a family member of a Lutheran, or a person serving or associated with Lutherans, or Lutheran organizations or their family members. • You are associated with and provide support for strengthening the membership efforts of Thrivent Financial for Lutherans to meet its mission.
United American Ins. Co. Phone: 800-331-2512 Website: www.unitedamerican.com Home state: Nebraska	Age	0-65	70	75	80	85	
	Cost	$136	$174	$198	$218	$218	
	Pre-existing look-back / waiting period: 2/6 Plan rating type: Attained age						

Medigap policies: Plan D, continued

Note: Rates are for FEMALE NONSMOKERS, when applicable

Woodman of the World Phone: 877-223-3666 Website: www.woodmen.org Home state: Colorado	Age	0-65	70	75	80	85	
	Cost	$112	$132	$149	$162	$174	
	Pre-existing look-back / waiting period: 0/0 Plan rating type: Attained age						

VOLUNTEER PRAISE

County: Jackson

The volunteer that assisted me – Richard Heintz at Rogue Valley Manor in Medford – really knew his stuff!! He is to be commended!! If all your volunteers are half as helpful, you have a smashin' organization!!

Medigap policies: Plan F

Note: Rates are for FEMALE NONSMOKERS, when applicable

Important Information to Know

Plans have "rated types," meaning your insurance premium is determined in one of three ways:

Attained age – Premium increases as your age increases. It may also increase for rising medical costs.

Community – Premium is based on the entire community of policy holders. It may increase for other factors such as rising costs or inflation.

Issue age – Premium is determined by age at time of purchase. Premium increases for rising medical costs but not for increased age.

Pre-existing, look-back/waiting period: How many months back the company looks for pre-existing conditions / how many months you must wait until the Medigap policy will cover those pre-existing conditions. Waived if you had continuous creditable coverage.

Crossover – All plans participate in "crossover," unless otherwise indicated. Crossover means that claims processed by Medicare are automatically forwarded to the secondary insurer for payment.

Area factors: Companies may apply "area factors" to rates. Area factors limit the size of the "pool" of members in a given product, which may affect rates. Company area factors are indicated by (_).

Company							
AARP	See UnitedHealthcare Ins. Co. (AARP)						
Aetna Life Ins. Co. Phone: 800-529-5586 Website: www.aetnamedicare.com Home state: Connecticut	Age	0-65	70	75	80	85	
	Cost	$113	$139	$167	$191	$224	
	Pre-existing look-back / waiting period: 6/6 Plan rating type: Attained age						
American Republic Corp Ins. Co. Phone: 866-705-9100 Website: www.americanrepublic.com Home state: Nebraska	Age	0-65	70	75	80	85	
	Cost	$157	$176	$210	$236	$261	
	Pre-existing look-back / waiting period: 0/0 Plan rating type: Attained age Rates vary by ZIP code (7).						
Central States Indemnity Co. of Omaha Phone: 866-644-3988 Website: www.csi-omaha.com Home state: Nebraska	Age	0-65	70	75	80	85	
	Cost	$115	$135	$162	$183	$198	
	Pre-existing look-back / waiting period: 0/0 Plan rating type: Attained age Plan application fee: One time $25 policy fee Rates vary by ZIP code (2).						
Colonial Penn Life Ins. Phone: 800-800-2254 Website: www.colonialpenn.com Home state: Pennsylvania	Age	0-65	70	75	80	85	
	Cost	$141	$170	$206	$246	$289	
	Pre-existing look-back / waiting period: 0/0 Plan rating type: Attained age						

Medigap policies: Plan F, continued

Note: Rates are for FEMALE NONSMOKERS, when applicable

Columbian Mutual Life Ins. Co. Phone: 866-297-2372 Home state: New York	Age	18-65	70	75	80	85	
	Cost	$113	$133	$154	$176	$190	
	Pre-existing look-back / waiting period: 0/0 Plan rating type: Attained age Rates vary by ZIP code (2).						
Combined Ins. Co. of America Phone: 800-544-5531 Website: www.combinedinsurance.com Home state: Illinois	Age	0-65	70	75	80	85	
	Cost	$141	$185	$225	$254	$267	
	Pre-existing look-back / waiting period: 0/0 Plan rating type: Attained age						
Continental General Ins. Co. Phone: 877-293-8499 Website: www.continentalgeneral.com Home state: Ohio	Age	0-65	70	75	80	85	
	Cost	$119	$139	$157	$176	$190	
	Pre-existing look-back / waiting period: 6/6 Plan rating type: Attained age Plan application fee: $25 Rates vary by ZIP code (2).						
Equitable Life & Casualty Ins. Co. Phone: 877-358-4060 Website: www.equilife.com Home state: Utah	Age	0-65	70	75	80	85	
	Cost	$177	$191	$210	$224	$233	
	Pre-existing look-back / waiting period: 0/0 Plan rating type: Attained age Plan application fee: $20						
Everence Association, Inc. Phone: 800-348-7468 Website: www.everence.com Home state: Indiana	Age	0-65	70	75	80	85	
	Cost	$164	$178	$188	$204	$220	
	Pre-existing look-back / waiting period: 0/0 Plan rating type: Attained age for Plans C and N, issue age for Plans A, F, and L Membership requirements: Includes a membership in a Christian fraternal organization						
Family Life Ins. Co. Phone: 800-877-7703 Website: www.familylifeins.com Home state: Texas	Age	0-65	70	75	80	85	
	Cost	$197	$231	$277	$312	$338	
	Pre-existing look-back / waiting period: 0/0 Plan rating type: Attained age Plan application fee: $25 policy fee Rates vary by ZIP code (2).						

Medigap policies: Plan F, continued

Note: Rates are for FEMALE NONSMOKERS, when applicable

Genworth Life and Annuity Ins. Co. Phone: 800-264-4000 Website: www.aetnaseniorproducts.com Home state: Virginia	Age	0-65	70	75	80	85	
	Cost	$178	$199	$229	$248	$263	
	Pre-existing look-back / waiting period: 0/0 Plan rating type: Attained age Plan application fee: $20 policy fee Rates vary by ZIP code (2).						
Gerber Life Ins. Co. Phone: 877-778-0839 Website: www.gerberlifegroup.com Home state: New York	Age	0-65	70	75	80	85	
	Cost	$116	$138	$158	$182	$202	
	Pre-existing look-back / waiting period: 0/0 Plan rating type: Attained age						
Globe Life and Accident Ins. Co. Phone: 800-801-6831 Website: www.globecaremedsupp.com Home state: Nebraska	Age	0-65	70	75	80	85	
	Cost	$116	$148	$170	$180	$180	
	Pre-existing look-back / waiting period: 2/2 Plan rating type: Attained age						
Government Personnel Mutual Life Ins. Co. Phone: 866-865-7631 Website: www.gpmlifemedsupp.com Home state: Texas	Age	0-65	70	75	80	85	
	Cost	$112	$123	$149	$175	$199	
	Pre-existing look-back / waiting period: 0/0 Plan rating type: Attained age Rates vary by ZIP code (2).						
Health Net Health Plan of Oregon Phone: 877-846-0774 Website: www.healthnet.com Home state: Oregon	Age	0-65	70	75	80	85	
	Cost	$119	$145	$167	$200	$237	
	Does not crossover Pre-existing look-back / waiting period: 0/0 Plan rating type: Attained age Rates vary by ZIP code (4).						
Humana Ins. Co. Phone: 800-866-0581 Website: www.humana-medicare.com/index.asp Home state: Wisconsin	Age	0-65	70	75	80	85	
	Cost	$135	$159	$185	$210	$232	
	Pre-existing look-back / waiting period: 3/3 Plan rating type: Attained age						

Medigap policies: Plan F, continued

Note: Rates are for FEMALE NONSMOKERS, when applicable

Humana Reader's Digest Healthy Living Phone: 800-866-0581 Website: www.humana-medicare.com/index.asp Home state: Wisconsin	Age	0-65	70	75	80	85	
	Cost	$148	$173	$198	$224	$246	Innovative
	Pre-existing look-back / waiting period: 6/3 Plan rating type: Attained age						
Liberty National Life Ins. Co. Phone: 800-331-2512 Website: www.libertynational.com Home state: Nebraska	Age	0-65	70	75	80	85	
	Cost	$167	$209	$237	$260	$260	
	Pre-existing look-back / waiting period: 2/6 Plan rating type: Attained age						
LifeWise Health Plan of Oregon Phone: 800-290-1278 Website: https://www.lifewisemedsupor.com/ Home state: Oregon	Age	0-65	70	75	80	85	
	Cost	$190	$241	$283	$283	$283	
	Pre-existing look-back / waiting period: 6/6 Plan rating type: Attained age						
Loyal American Life Ins. Co. Phone: 800-633-6752 Website: www.loyalamerican.com Home state: Ohio	Age	0-65	70	75	80	85	
	Cost	$139	$156	$187	$211	$229	
	Pre-existing look-back / waiting period: 6/6 Plan rating type: Attained age Rates vary by ZIP code (2).						
Marquette National Life Ins. Co. Phone: 800-934-8293 Website: www.universalamericaninsuranceplans.com Home state: Texas	Age	0-65	70	75	80	85	
	Cost	$161	$201	$234	$260	$278	
	Pre-existing look-back / waiting period: 6/6 Plan rating type: Attained age Rates vary by ZIP code (3).						
Medico Ins. Co. Phone: 800-228-6080 Website: www.gomedico.com/OR.htm Home state: Nebraska	Age	0-65	70	75	80	85	
	Cost	$123	$139	$166	$186	$205	
	Pre-existing look-back / waiting period: 0/0 Plan rating type: Attained age Rates vary by ZIP code (2).						

Medigap policies: Plan F, continued

Note: Rates are for FEMALE NONSMOKERS, when applicable

ODS Health Plan Inc. Phone: 877-277-7073 or 503-243-3973 Website: www.odscompanies.com Home state: Oregon	Age	0-65	70	75	80	85	
	Cost	$166	$189	$216	$217	$217	
	Pre-existing look-back / waiting period: 6/6 Plan rating type: Attained age						
Regence BlueCross BlueShield of Oregon Phone: 888-734-3623 Website: www.or.regence.com Home state: Oregon	Age	0-65	70	75	80	85	
	Cost	$146	$185	$219	$246	$266	
	Pre-existing look-back / waiting period: 0/0 Plan rating type: Attained age						
Sentinel Security Life Ins. Co. Phone: 855-478-4037 Website: www.sslo.com Home state: Utah	Age	0-65	70	75	80	85	
	Cost	$113	$134	$152	$170	$185	
	Pre-existing look-back / waiting period: 0/0 Plan rating type: Attained age Plan application fee: $25 enrollment fee						
Standard Life & Accident Ins. Co. Phone: 888-350-1488 Website: www.slaico.com Home state: Texas	Age	0-65	70	75	80	85	
	Cost	$197	$202	$216	$256	$327	
	Pre-existing look-back / waiting period: 6/6 Plan rating type: Attained age Rates vary by ZIP code (2).						
State Farm Mutual Automobile Ins. Co. Phone: 866-855-1212 Website: www.statefarm.com/insurance/health/medsupp.asp Home state: Illinois	Age	0-65	70	75	80	85	
	Cost	$136	$172	$199	$223	$153	
	Pre-existing look-back / waiting period: 0/0 Plan rating type: Attained age Rates vary by ZIP code (2).						
State Mutual Ins. Co. Phone: 888-764-1936 Website: www.statemutualinsurance.com Home state: Georgia	Age	0-65	70	75	80	85	
	Cost	$97	$114	$136	$154	$166	
	Pre-existing look-back / waiting period: 0/0 Plan rating type: Attained age Plan application fee: One-time $20 policy fee Rates vary by ZIP code (2).						

Medigap policies: Plan F, continued

Note: Rates are for FEMALE NONSMOKERS, when applicable

Sterling Investors Life Ins. Co. Phone: 877-896-6434 Website: www.sterlinginvestors.com Home state: Georgia	Age	0-65	70	75	80	85	
	Cost	$104	$122	$146	$165	$179	
	Pre-existing look-back / waiting period: 0/0 Plan rating type: Attained age Plan application fee: $20 policy fee Rates vary by ZIP code (2).						
Sterling Life Ins. Co. Phone: 877-906-0926 Website: www.sterlinginsurance.com Home state: Illinois	Age	0-65	70	75	80	85	
	Cost	$132	$152	$172	$186	$197	
	Cost	$108	$124	$138	$146	$152	SELECT
	Cost	$137	$158	$178	$192	$203	Innovative
	Cost	$120	$136	$151	$161	$167	Innovative SELECT
	Pre-existing look-back / waiting period: 0/0 Plan rating type: Attained age Rates vary by ZIP code (2).						
Stonebridge Life Ins. Co. Phone: 800-797-2643 Website: www.transamerica.com Home state: Vermont	Age	0-65	70	75	80	85	
	Cost	$108	$122	$142	$155	$171	
	Does not crossover Pre-existing look-back / waiting period: 0/0 Plan rating type: Attained age Plan application fee: $25						
Thrivent Financial for Lutherans Phone: 800-847-4836 Website: www.thrivent.com/insurance/medsupp Home state: Wisconsin	Age	0-65	70	75	80	85	
	Cost	$139	$159	$181	$200	$217	
	Pre-existing look-back / waiting period: 0/0 Plan rating type: Attained age Rates vary by ZIP code (2). Membership requirements: *						*Must be eligible to apply for membership in Thrivent Financial for Lutherans if you meet one of the following: • You profess to be Lutheran and are a current or former member of a Lutheran congregation. • You are a family member of a Lutheran, or a person serving or associated with Lutherans, or Lutheran organizations or their family members. • You are associated with and provide support for strengthening the membership efforts of Thrivent Financial for Lutherans to meet its mission.
United American Ins. Co. Phone: 800-331-2512 Website: www.unitedamerican.com Home state: Nebraska	Age	0-65	70	75	80	85	
	Cost	$154	$192	$217	$238	$238	
	Pre-existing look-back / waiting period: 2/6 Plan rating type: Attained age						

Medigap policies: Plan F, continued

Note: Rates are for FEMALE NONSMOKERS, when applicable

United Commercial Travelers of America (The Order of) Phone: 800-848-0123 x304 Website: www.uct.org Home state: Ohio	Age	0-65	70	75	80	85	
	Cost	$211	$257	$296	$320	$340	
	Pre-existing look-back / waiting period: 0/0 Plan rating type: Attained age Membership requirements: * Rates vary by ZIP code (2).						*Must be a member of the fraternal benefit society to purchase insurance products from the society. The dues are $1.50 per month.
UnitedHealthcare Ins. Co. (AARP) Phone: 800-523-5800 Website: www.aarphealthcare.com Home state: Connecticut	Age	50-65	70	75	80	85	
	Cost	$121	$147	$215	$215	$215	
	Cost	$94	$114	$167	$167	$167	SELECT
	Pre-existing look-back / waiting period: 3/3 Plan rating type: Community age Membership requirements: Must be a member of AARP; minimum age is 50. The dues are $16 per year.						
UnitedHealthcare Ins. Co. SecureHorizons Phone: 800-768-1479 Home state: Connecticut	Age	0-65	70	75	80	85	
	Cost	$132	$158	$191	$218	$246	
	Pre-existing look-back / waiting period: 0/0 Plan rating type: Attained age						
United of Omaha Life Ins. Co. Phone: 800-931-8908 Website: www.mutualofomaha.com Home state: Nebraska	Age	0-65	70	75	80	85	
	Cost	$191	$222	$267	$308	$360	
	Pre-existing look-back / waiting period: 0/0 Plan rating type: Attained age Rates vary by ZIP code (2).						
USAA Life Ins. Co. Phone: 800-515-8687 Website: www.usaa.com Home state: Texas	Age	0-65	70	75	80	85	
	Cost	$120	$140	$167	$194	$214	
	Pre-existing look-back / waiting period: 0/0 Plan rating type: Attained age						
Woodman of the World Phone: 877-223-3666 Website: www.woodmen.org Home state: Colorado	Age	0-65	70	75	80	85	
	Cost	$138	$163	$184	$198	$211	
	Pre-existing look-back / waiting period: 0/0 Plan rating type: Attained age						
World Corp Ins. Co. Phone: 866-891-9365 Website: www.completeplus.com Home state: Nebraska	Age	0-65	70	75	80	85	
	Cost	$146	$164	$195	$219	$243	
	Pre-existing look-back / waiting period: 0/0 Plan rating type: Attained age Rates vary by ZIP code (7).						

Medigap policies: Plan F High

Note: Rates are for FEMALE NONSMOKERS, when applicable

Important Information to Know

Plans have "rated types," meaning your insurance premium is determined in one of three ways:

Attained age – Premium increases as your age increases. It may also increase for rising medical costs.

Community – Premium is based on the entire community of policy holders. It may increase for other factors such as rising costs or inflation.

Issue age – Premium is determined by age at time of purchase. Premium increases for rising medical costs but not for increased age.

Pre-existing, look-back/waiting period: How many months back the company looks for pre-existing conditions / how many months you must wait until the Medigap policy will cover those pre-existing conditions. Waived if you had continuous creditable coverage.

Crossover – All plans participate in "crossover," unless otherwise indicated. Crossover means that claims processed by Medicare are automatically forwarded to the secondary insurer for payment.

Area factors: Companies may apply "area factors" to rates. Area factors limit the size of the "pool" of members in a given product, which may affect rates. Company area factors are indicated by (_).

Company							
American Republic Corp Ins. Co. Phone: 866-705-9100 Website: www.americanrepublic.com Home state: Nebraska	Age	0-65	70	75	80	85	
	Cost	$66	$74	$88	$99	$110	
	Pre-existing look-back / waiting period: 0/0 Plan rating type: Attained age Rates vary by ZIP code (7).						
Colonial Penn Life Ins. Phone: 800-800-2254 Website: www.colonialpenn.com Home state: Pennsylvania	Age	0-65	70	75	80	85	
	Cost	$34	$42	$50	$60	$70	
	Pre-existing look-back / waiting period: 0/0 Plan rating type: Attained age						
Genworth Life and Annuity Ins. Co. Phone: 800-264-4000 Website: www.aetnaseniorproducts.com Home state: Virginia	Age	0-65	70	75	80	85	
	Cost	$70	$78	$90	$97	$104	
	Pre-existing look-back / waiting period: 0/0 Plan rating type: Attained age Plan application fee: $20 policy fee Rates vary by ZIP code (2).						
Health Net Health Plan of Oregon Phone: 877-846-0774 Website: www.healthnet.com Home state: Oregon	Age	0-65	70	75	80	85	
	Cost	$49	$60	$69	$83	$98	
	Does not crossover Pre-existing look-back / waiting period: 0/0 Plan rating type: Attained age Rates vary by ZIP code (4).						

Medigap policies: Plan F High, continued

Note: Rates are for FEMALE NONSMOKERS, when applicable

Humana Ins. Co. Phone: 800-866-0581 Website: www.humana-medicare.com/index.asp Home state: Wisconsin	Age	0-65	70	75	80	85	
	Cost	$51	$60	$69	$79	$87	
	Pre-existing look-back / waiting period: 3/3 Plan rating type: Attained age						
Humana Reader's Digest Healthy Living Phone: 800-866-0581 Website: www.humana-medicare.com/index.asp Home state: Wisconsin	Age	0-65	70	75	80	85	
	Cost	$67	$78	$88	$99	$108	Innovative
	Pre-existing look-back / waiting period: 6/3 Plan rating type: Attained age						
Liberty National Life Ins. Co. Phone: 800-331-2512 Website: www.libertynational.com Home state: Nebraska	Age	0-65	70	75	80	85	
	Cost	$35	$46	$58	$63	$63	
	Pre-existing look-back / waiting period: 2/6 Plan rating type: Attained age						
LifeWise Health Plan of Oregon Phone: 800-290-1278 Website: https://www.lifewisemedsupor.com/ Home state: Oregon	Age	0-65	70	75	80	85	
	Cost	$75	$94	$110	$110	$110	
	Pre-existing look-back / waiting period: 6/6 Plan rating type: Attained age						
ODS Health Plan Inc. Phone: 877-277-7073 or 503-243-3973 Website: www.odscompanies.com Home state: Oregon	Age	0-65	70	75	80	85	
	Cost	$38	$43	$49	$49	$49	
	Pre-existing look-back / waiting period: 6/6 Plan rating type: Attained age						
Standard Life & Accident Ins. Co. Phone: 888-350-1488 Website: www.slaico.com Home state: Texas	Age	0-65	70	75	80	85	
	Cost	$29	$29	$31	$37	$48	
	Pre-existing look-back / waiting period: 6/6 Plan rating type: Attained age Rates vary by ZIP code (2).						
State Mutual Ins. Co. Phone: 888-764-1936 Website: www.statemutualinsurance.com Home state: Georgia	Age	0-65	70	75	80	85	
	Cost	$38	$45	$54	$60	$65	
	Pre-existing look-back / waiting period: 0/0 Plan rating type: Attained age Plan application fee: One-time $20 policy fee Rates vary by ZIP code (2).						

Medigap policies: Plan F High, continued

Note: Rates are for FEMALE NONSMOKERS, when applicable

Sterling Investors Life Ins. Co. Phone: 877-896-6434 Website: www.sterlinginvestors.com Home state: Georgia	Age	0-65	70	75	80	85	
	Cost	$41	$48	$58	$65	$70	
	Pre-existing look-back / waiting period: 0/0 Plan rating type: Attained age Plan application fee: $20 policy fee Rates vary by ZIP code (2).						
Thrivent Financial for Lutherans Phone: 800-847-4836 Website: www.thrivent.com/insurance/medsupp Home state: Wisconsin	Age	0-65	70	75	80	85	
	Cost	$45	$52	$59	$66	$71	
	Pre-existing look-back / waiting period: 0/0 Plan rating type: Attained age Rates vary by ZIP code (2). Membership requirements: *						*Must be eligible to apply for membership in Thrivent Financial for Lutherans if you meet one of the following: • You profess to be Lutheran and are a current or former member of a Lutheran congregation. • You are a family member of a Lutheran, or a person serving or associated with Lutherans, or Lutheran organizations or their family members. • You are associated with and provide support for strengthening the membership efforts of Thrivent Financial for Lutherans to meet its mission.
United American Ins. Co. Phone: 800-331-2512 Website: www.unitedamerican.com Home state: Nebraska	Age	0-65	70	75	80	85	
	Cost	$33	$44	$55	$60	$60	
	Pre-existing look-back / waiting period: 2/6 Plan rating type: Attained age						
UnitedHealthcare Ins. Co. SecureHorizons Phone: 800-768-1479 Home state: Connecticut	Age	0-65	70	75	80	85	
	Cost	$42	$54	$69	$83	$96	
	Pre-existing look-back / waiting period: 0/0 Plan rating type: Attained age						
World Corp Ins. Co. Phone: 866-891-9365 Website: www.completeplus.com Home state: Nebraska	Age	0-65	70	75	80	85	
	Cost	$58	$65	$77	$87	$96	
	Pre-existing look-back / waiting period: 0/0 Plan rating type: Attained age Rates vary by ZIP code (7).						

Medigap policies: Plan G

Note: Rates are for FEMALE NONSMOKERS, when applicable

Important Information to Know

Plans have "rated types," meaning your insurance premium is determined in one of three ways:

Attained age – Premium increases as your age increases. It may also increase for rising medical costs.

Community – Premium is based on the entire community of policy holders. It may increase for other factors such as rising costs or inflation.

Issue age – Premium is determined by age at time of purchase. Premium increases for rising medical costs but not for increased age.

Pre-existing, look-back/waiting period: How many months back the company looks for pre-existing conditions / how many months you must wait until the Medigap policy will cover those pre-existing conditions. Waived if you had continuous creditable coverage.

Crossover – All plans participate in "crossover" unless otherwise indicated. Crossover means that claims processed by Medicare are automatically forwarded to the secondary insurer for payment.

Area factors: Companies may apply "area factors," to rates. Area factors limit the size of the "pool" of members in a given product, which may affect rates. Company area factors are indicated by (_).

Company							
Aetna Life Ins. Co. Phone: 800-529-5586 Website: www.aetnamedicare.com Home state: Connecticut	Age	0-65	70	75	80	85	
	Cost	$103	$127	$153	$177	$211	
	Pre-existing look-back / waiting period: 6/6 Plan rating type: Attained age						
Colonial Penn Life Ins. Phone: 800-800-2254 Website: www.colonialpenn.com Home state: Pennsylvania	Age	0-65	70	75	80	85	
	Cost	$126	$155	$191	$231	$274	
	Pre-existing look-back / waiting period: 0/0 Plan rating type: Attained age Plan application fee: None						
Columbian Mutual Life Ins. Co. Phone: 866-297-2372 Home state: New York	Age	18-65	70	75	80	85	
	Cost	$92	$107	$125	$140	$152	
	Pre-existing look-back / waiting period: 0/0 Plan rating type: Attained age Rates vary by ZIP code (2).						
Continental General Ins. Co. Phone: 877-293-8499 Website: www.continentalgeneral.com Home state: Ohio	Age	0-65	70	75	80	85	
	Cost	$103	$122	$140	$159	$172	
	Pre-existing look-back / waiting period: 6/6 Plan rating type: Attained age Plan application fee: $25 Rates vary by ZIP code (2).						

Medigap policies: Plan G, continued

Note: Rates are for FEMALE NONSMOKERS, when applicable

Family Life Ins. Co. Phone: 800-877-7703 Website: www.familylifeins.com Home state: Texas	Age	0-65	70	75	80	85	
	Cost	$174	$206	$245	$279	$303	
	Pre-existing look-back / waiting period: 0/0 Plan rating type: Attained age Plan application fee: $25 policy fee Rates vary by ZIP code (2).						
Genworth Life and Annuity Ins. Co. Phone: 800-264-4000 Website: www.aetnaseniorproducts.com Home state: Virginia	Age	0-65	70	75	80	85	
	Cost	$156	$175	$206	$227	$242	
	Pre-existing look-back / waiting period: 0/0 Plan rating type: Attained age Plan application fee: $20 policy fee Rates vary by ZIP code (2).						
Gerber Life Ins. Co. Phone: 877-778-0839 Website: www.gerberlifegroup.com Home state: New York	Age	0-65	70	75	80	85	
	Cost	$98	$117	$134	$155	$172	
	Pre-existing look-back / waiting period: 0/0 Plan rating type: Attained age						
Government Personnel Mutual Life Ins. Co. Phone: 866-865-7631 Website: www.gpmlifemedsupp.com Home state: Texas	Age	0-65	70	75	80	85	
	Cost	$85	$94	$113	$133	$152	
	Pre-existing look-back / waiting period: 0/0 Plan rating type: Attained age Rates vary by ZIP code (2).						
Loyal American Life Ins. Co. Phone: 800-633-6752 Website: www.loyalamerican.com Home state: Ohio	Age	0-65	70	75	80	85	
	Cost	$121	$137	$162	$185	$201	
	Pre-existing look-back / waiting period: 6/6 Plan rating type: Attained age Rates vary by ZIP code (2).						
Marquette National Life Ins. Co. Phone: 800-934-8293 Website: www.universalamericaninsuranceplans.com Home state: Texas	Age	0-65	70	75	80	85	
	Cost	$145	$186	$219	$246	$264	
	Pre-existing look-back / waiting period: 6/6 Plan rating type: Attained age Rates vary by ZIP code (3).						

Medigap policies: Plan G, continued

Note: Rates are for FEMALE NONSMOKERS, when applicable

Standard Life & Accident Ins. Co. Phone: 888-350-1488 Website: www.slaico.com Home state: Texas	Age	0-65	70	75	80	85	
	Cost	$145	$149	$159	$189	$241	
	Pre-existing look-back / waiting period: 6/6 Plan rating type: Attained age Rates vary by ZIP code (2).						
State Mutual Ins. Co. Phone: 888-764-1936 Website: www.statemutualinsurance.com Home state: Georgia	Age	0-65	70	75	80	85	
	Cost	$82	$97	$116	$131	$143	
	Pre-existing look-back / waiting period: 0/0 Plan rating type: Attained age Plan application fee: One-time $20 policy fee Rates vary by ZIP code (2).						
Sterling Investors Life Ins. Co. Phone: 877-896-6434 Website: www.sterlinginvestors.com Home state: Georgia	Age	0-65	70	75	80	85	
	Cost	$88	$105	$125	$141	$154	
	Pre-existing look-back / waiting period: 0/0 Plan rating type: Attained age Plan application fee: $20 policy fee Rates vary by ZIP code (2).						
Sterling Life Ins. Co. Phone: 877-906-0926 Website: www.sterlinginsurance.com Home state: Illinois	Age	0-65	70	75	80	85	
	Cost	$119	$138	$156	$169	$180	
	Pre-existing look-back / waiting period: 0/0 Plan rating type: Attained age Rates vary by ZIP code (2).						
Stonebridge Life Ins. Co. Phone: 800-797-2643 Website: www.transamerica.com Home state: Vermont	Age	0-65	70	75	80	85	
	Cost	$100	$113	$131	$143	$158	
	Does not crossover Pre-existing look-back / waiting period: 0/0 Plan rating type: Attained age Plan application fee: $25						
Thrivent Financial for Lutherans Phone: 800-847-4836 Website: www.thrivent.com/insurance/medsupp Home state: Wisconsin	Age	0-65	70	75	80	85	
	Cost	$122	$140	$159	$177	$191	
	Pre-existing look-back / waiting period: 0/0 Plan rating type: Attained age Rates vary by ZIP code (2). Membership requirements: *						*Must be eligible to apply for membership in Thrivent Financial for Lutherans if you meet one of the following: • You profess to be Lutheran and are a current or former member of a Lutheran congregation. • You are a family member of a Lutheran, or a person serving or associated with Lutherans, or Lutheran organizations or their family members. • You are associated with and provide support for strengthening the membership efforts of Thrivent Financial for Lutherans to meet its mission.

Medigap policies: Plan G, continued

Note: Rates are for FEMALE NONSMOKERS, when applicable

United American Ins. Co. Phone: 800-331-2512 Website: www.unitedamerican.com Home state: Nebraska	Age	0-65	70	75	80	85	
	Cost	$142	$181	$206	$226	$226	
	Pre-existing look-back / waiting period: 2/6 Plan rating type: Attained age						
United Commercial Travelers of America (The Order of) Phone: 800-848-0123 x304 Website: www.uct.org Home state: Ohio	Age	0-65	70	75	80	85	
	Cost	$176	$220	$257	$283	$302	
	Pre-existing look-back / waiting period: 0/0 Plan rating type: Attained age Rates vary by ZIP code (2). Membership requirements: *						*Must be a member of the fraternal benefit society to purchase insurance products from the society. The dues are $1.50 per month.
UnitedHealthcare Ins. Co. SecureHorizons Phone: 800-768-1479 Home state: Connecticut	Age	0-65	70	75	80	85	
	Cost	$119	$145	$176	$203	$229	
	Pre-existing look-back / waiting period: 0/0 Plan rating type: Attained age						
United of Omaha Life Ins. Co. Phone: 800-931-8908 Website: www.mutualofomaha.com Home state: Nebraska	Age	0-65	70	75	80	85	
	Cost	$147	$171	$206	$237	$277	
	Pre-existing look-back / waiting period: 0/0 Plan rating type: Attained age Rates vary by ZIP code (2).						
Woodman of the World Phone: 877-223-3666 Website: www.woodmen.org Home state: Colorado	Age	0-65	70	75	80	85	
	Cost	$113	$134	$151	$164	$175	
	Pre-existing look-back / waiting period: 0/0 Plan rating type: Attained age						

Medigap policies: Plan K

Note: Rates are for FEMALE NONSMOKERS, when applicable

Important Information to Know

Plans have "rated types," meaning your insurance premium is determined in one of three ways:

Attained age – Premium increases as your age increases. It may also increase for rising medical costs.

Community – Premium is based on the entire community of policy holders. It may increase for other factors such as rising costs or inflation.

Issue age – Premium is determined by age at time of purchase. Premium increases for rising medical costs but not for increased age.

Pre-existing, look-back/waiting period: How many months back the company looks for pre-existing conditions / how many months you must wait until the Medigap policy will cover those pre-existing conditions. Waived if you had continuous creditable coverage.

Crossover – All plans participate in "crossover," unless otherwise indicated. Crossover means that claims processed by Medicare are automatically forwarded to the secondary insurer for payment.

Area factors: Companies may apply "area factors" to rates. Area factors limit the size of the "pool" of members in a given product, which may affect rates. Company area factors are indicated by (_).

Company							
AARP	See UnitedHealthcare Ins. Co. (AARP)						
American Republic Corp Ins. Co. Phone: 866-705-9100 Website: www.americanrepublic.com Home state: Nebraska	Age	0-65	70	75	80	85	
	Cost	$81	$91	$108	$122	$135	
	Pre-existing look-back / waiting period: 0/0 Plan rating type: Attained age Rates vary by ZIP code (7).						
Colonial Penn Life Ins. Phone: 800-800-2254 Website: www.colonialpenn.com Home state: Pennsylvania	Age	0-65	70	75	80	85	
	Cost	$54	$65	$81	$98	$118	
	Pre-existing look-back / waiting period: 0/0 Plan rating type: Attained age						
Health Net Health Plan of Oregon Phone: 877-846-0774 Website: www.healthnet.com Home state: Oregon	Age	0-65	70	75	80	85	
	Cost	$63	$77	$89	$106	$126	
	Does not crossover Pre-existing look-back / waiting period: 0/0 Plan rating type: Attained age Rates vary by ZIP code (4).						
Humana Ins. Co. Phone: 800-866-0581 Website: www.humana-medicare.com/index.asp Home state: Wisconsin	Age	0-65	70	75	80	85	
	Cost	$62	$73	$85	$96	$106	
	Pre-existing look-back / waiting period: 3/3 Plan rating type: Attained age						

Medigap policies: Plan K, continued

Note: Rates are for FEMALE NONSMOKERS, when applicable

Humana Reader's Digest Healthy Living Phone: 800-866-0581 Website: www.humana-medicare.com/index.asp Home state: Wisconsin	Age	0-65	70	75	80	85	
	Cost	$78	$90	$103	$115	$126	Innovative
	Pre-existing look-back / waiting period: 6/3 Plan rating type: Attained age						
Regence BlueCross BlueShield of Oregon Phone: 888-734-3623 Website: www.or.regence.com Home state: Oregon	Age	0-65	70	75	80	85	
	Cost	$80	$100	$119	$133	$145	
	Pre-existing look-back / waiting period: 0/0 Plan rating type: Attained age						
Sterling Life Ins. Co. Phone: 877-906-0926 Website: www.sterlinginsurance.com Home state: Illinois	Age	0-65	70	75	80	85	
	Cost	$58	$67	$76	$83	$89	
	Cost	$45	$52	$58	$62	$65	SELECT
	Pre-existing look-back / waiting period: 0/0 Plan rating type: Attained age Rates vary by ZIP code (2).						
United American Ins. Co. Phone: 800-331-2512 Website: www.unitedamerican.com Home state: Nebraska	Age	0-65	70	75	80	85	
	Cost	$79	$105	$117	$123	$123	
	Pre-existing look-back / waiting period: 2/6 Plan rating type: Attained age						
UnitedHealthcare Ins. Co. (AARP) Phone: 800-523-5800 Website: www.aarphealthcare.com Home state: Connecticut	Age	50-65	70	75	80	85	
	Cost	$39	$47	$70	$70	$70	
	Pre-existing look-back / waiting period: 3/3 Plan rating type: Community age Membership requirements: Must be a member of AARP; minimum age is 50. The dues are $16 per year.						
UnitedHealthcare Ins. Co. SecureHorizons Phone: 800-768-1479 Home state: Connecticut	Age	0-65	70	75	80	85	
	Cost	$62	$74	$85	$89	$108	
	Pre-existing look-back / waiting period: 0/0 Plan rating type: Attained age						

Medigap policies: Plan L

Note: Rates are for FEMALE NONSMOKERS, when applicable

Important Information to Know

Plans have "rated types," meaning your insurance premium is determined in one of three ways:

Attained age – Premium increases as your age increases. It may also increase for rising medical costs.

Community – Premium is based on the entire community of policy holders. It may increase for other factors such as rising costs or inflation.

Issue age – Premium is determined by age at time of purchase. Premium increases for rising medical costs but not for increased age.

Pre-existing, look-back/waiting period: How many months back the company looks for pre-existing conditions / how many months you must wait until the Medigap policy will cover those pre-existing conditions. Waived if you had continuous creditable coverage.

Crossover – All plans participate in "crossover," unless otherwise indicated. Crossover means that claims processed by Medicare are automatically forwarded to the secondary insurer for payment.

Area factors: Companies may apply "area factors" to rates. Area factors limit the size of the "pool" of members in a given product, which may affect rates. Company area factors are indicated by (_).

Company							
AARP	See UnitedHealthcare Ins. Co. (AARP)						
American Republic Corp Ins. Co. Phone: 866-705-9100 Website: www.americanrepublic.com Home state: Nebraska	Age	0-65	70	75	80	85	
	Cost	$112	$125	$149	$168	$186	
	Pre-existing look-back / waiting period: 0/0 Plan rating type: Attained age Rates vary by ZIP code (7).						
Colonial Penn Life Ins. Phone: 800-800-2254 Website: www.colonialpenn.com Home state: Pennsylvania	Age	0-65	70	75	80	85	
	Cost	$88	$105	$127	$152	$179	
	Pre-existing look-back / waiting period: 0/0 Plan rating type: Attained age						
Everence Association, Inc. Phone: 800-348-7468 Website: www.everence.com Home state: Indiana	Age	0-65	70	75	80	85	
	Cost	$94	$103	$110	$119	$128	
	Pre-existing look-back / waiting period: 0/0 Plan rating type: Attained age for Plans C and N, issue age for Plans A, F, and L Membership requirements: Includes a membership in a Christian fraternal organization						
Humana Ins. Co. Phone: 800-866-0581 Website: www.humana-medicare.com/index.asp Home state: Wisconsin	Age	0-65	70	75	80	85	
	Cost	$88	$104	$120	$137	$151	
	Pre-existing look-back / waiting period: 3/3 Plan rating type: Attained age						

Medigap policies: Plan L, continued

Note: Rates are for FEMALE NONSMOKERS, when applicable

Thrivent Financial for Lutherans Phone: 800-847-4836 Website: www.thrivent.com/insurance/medsupp Home state: Wisconsin	Age	0-65	70	75	80	85	
	Cost	$85	$97	$111	$123	$133	
	Pre-existing look-back / waiting period: 0/0 Plan rating type: Attained age Rates vary by ZIP code (2). Membership requirements: *						*Must be eligible to apply for membership in Thrivent Financial for Lutherans if you meet one of the following: • You profess to be Lutheran and are a current or former member of a Lutheran congregation. • You are a family member of a Lutheran, or a person serving or associated with Lutherans, or Lutheran organizations or their family members. • You are associated with and provide support for strengthening the membership efforts of Thrivent Financial for Lutherans to meet its mission.
United American Ins. Co. Phone: 800-331-2512 Website: www.unitedamerican.com Home state: Nebraska	Age	0-65	70	75	80	85	
	Cost	$111	$148	$165	$173	$173	
	Pre-existing look-back / waiting period: 2/6 Plan rating type: Attained age						
UnitedHealthcare Ins. Co. (AARP) Phone: 800-523-5800 Website: www.aarphealthcare.com Home state: Connecticut	Age	50-65	70	75	80	85	
	Cost	$66	$80	$117	$117	$117	
	Pre-existing look-back / waiting period: 3/3 Plan rating type: Community age Membership requirements: Must be a member of AARP; minimum age is 50. The dues are $16 per year.						
UnitedHealthcare Ins. Co. SecureHorizons Phone: 800-768-1479 Home state: Connecticut	Age	0-65	70	75	80	85	
	Cost	$86	$103	$125	$144	$163	
	Pre-existing look-back / waiting period: 0/0 Plan rating type: Attained age						

Medigap policies: Plan M

Note: Rates are for FEMALE NONSMOKERS, when applicable

Important Information to Know

Plans have "rated types," meaning your insurance premium is determined in one of three ways:

Attained age – Premium increases as your age increases. It may also increase for rising medical costs.

Community – Premium is based on the entire community of policy holders. It may increase for other factors such as rising costs or inflation.

Issue age – Premium is determined by age at time of purchase. Premium increases for rising medical costs but not for increased age.

Pre-existing, look-back/waiting period: How many months back the company looks for pre-existing conditions / how many months you must wait until the Medigap policy will cover those pre-existing conditions. Waived if you had continuous creditable coverage.

Crossover – All plans participate in "crossover," unless otherwise indicated. Crossover means that claims processed by Medicare are automatically forwarded to the secondary insurer for payment.

Area factors: Companies may apply "area factors" to rates. Area factors limit the size of the "pool" of members in a given product, which may affect rates. Company area factors are indicated by (_).

Company							
Colonial Penn Life Ins. Phone: 800-800-2254 Website: www.colonialpenn.com Home state: Pennsylvania	Age	0-65	70	75	80	85	
	Cost	$108	$134	$166	$198	$231	
	Pre-existing look-back / waiting period: 0/0 Plan rating type: Attained age						
Family Life Ins. Co. Phone: 800-877-7703 Website: www.familylifeins.com Home state: Texas	Age	0-65	70	75	80	85	
	Cost	$155	$185	$220	$249	$271	
	Pre-existing look-back / waiting period: 0/0 Plan rating type: Attained age Plan application fee: $25 policy fee Rates vary by ZIP code (2).						
Health Net Health Plan of Oregon Phone: 877-846-0774 Website: www.healthnet.com Home state: Oregon	Age	0-65	70	75	80	85	
	Cost	$100	$122	$141	$158	$199	
	Does not crossover Pre-existing look-back / waiting period: 0/0 Plan rating type: Attained age Rates vary by ZIP code (4).						
State Mutual Ins. Co. Phone: 888-764-1936 Website: www.statemutualinsurance.com Home state: Georgia	Age	0-65	70	75	80	85	
	Cost	$73	$87	$104	$118	$128	
	Pre-existing look-back / waiting period: 0/0 Plan rating type: Attained age Plan application fee: one time $20 policy fee Rates vary by ZIP code (2).						

Medigap policies: Plan M, continued

Note: Rates are for FEMALE NONSMOKERS, when applicable

Sterling Investors Life Ins. Co. Phone: 877-896-6434 Website: www.sterlinginvestors.com Home state: Georgia	Age	0-65	70	75	80	85	
	Cost	$79	$94	$111	$127	$138	
	Pre-existing look-back / waiting period: 0/0 Plan rating type: Attained age Plan application fee: $20 policy fee Rates vary by ZIP code (2).						
Thrivent Financial for Lutherans Phone: 800-847-4836 Website: www.thrivent.com/insurance/medsupp Home state: Wisconsin	Age	0-65	70	75	80	85	
	Cost	$108	$123	$141	$156	$169	
	Pre-existing look-back / waiting period: 0/0 Plan rating type: Attained age Rates vary by ZIP code (2). Membership requirements: *						*Must be eligible to apply for membership in Thrivent Financial for Lutherans if you meet one of the following: • You profess to be Lutheran and are a current or former member of a Lutheran congregation. • You are a family member of a Lutheran, or a person serving or associated with Lutherans, or Lutheran organizations or their family members. • You are associated with and provide support for strengthening the membership efforts of Thrivent Financial for Lutherans to meet its mission.
United of Omaha Life Ins. Co. Phone: 800-931-8908 Website: www.mutualofomaha.com Home state: Nebraska	Age	0-65	70	75	80	85	
	Cost	$149	$173	$209	$241	$281	
	Pre-existing look-back / waiting period: 0/0 Plan rating type: Attained age Rates vary by ZIP code (2).						

Medigap policies: Plan N

Note: Rates are for FEMALE NONSMOKERS, when applicable

Important Information to Know

Plans have "rated types," meaning your insurance premium is determined in one of three ways:

Attained age – Premium increases as your age increases. It may also increase for rising medical costs.

Community – Premium is based on the entire community of policy holders. It may increase for other factors such as rising costs or inflation.

Issue age – Premium is determined by age at time of purchase. Premium increases for rising medical costs but not for increased age.

Pre-existing, look-back/waiting period: How many months back the company looks for pre-existing conditions / how many months you must wait until the Medigap policy will cover those pre-existing conditions. Waived if you had continuous creditable coverage.

Crossover – All plans participate in "crossover," unless otherwise indicated. Crossover means that claims processed by Medicare are automatically forwarded to the secondary insurer for payment.

Area factors: Companies may apply "area factors" to rates. Area factors limit the size of the "pool" of members in a given product, which may affect rates. Company area factors are indicated by (_).

Company							
AARP	See UnitedHealthcare Ins. Co. (AARP)						
Aetna Life Ins. Co. Phone: 800-529-5586 Website: www.aetnamedicare.com Home state: Connecticut	Age	0-65	70	75	80	85	
	Cost	$83	$102	$123	$144	$174	
	Pre-existing look-back / waiting period: 6/6 Plan rating type: Attained age						
Central States Indemnity Co. of Omaha Phone: 866-644-3988 Website: www.csi-omaha.com Home state: Nebraska	Age	0-65	70	75	80	85	
	Cost	$81	$95	$113	$128	$139	
	Pre-existing look-back / waiting period: 0/0 Plan rating type: Attained age Plan application fee: One-time $25 policy fee Rates vary by ZIP code (2).						
Colonial Penn Life Ins. Phone: 800-800-2254 Website: www.colonialpenn.com Home state: Pennsylvania	Age	0-65	70	75	80	85	
	Cost	$79	$102	$131	$163	$198	
	Pre-existing look-back / waiting period: 0/0 Plan rating type: Attained age						
Combined Ins. Co. of America Phone: 800-544-5531 Website: www.combinedinsurance.com Home state: Illinois	Age	0-65	70	75	80	85	
	Cost	$99	$129	$157	$178	$187	
	Pre-existing look-back / waiting period: 0/0 Plan rating type: Attained age						

Medigap policies: Plan N, continued

Note: Rates are for FEMALE NONSMOKERS, when applicable

Continental General Ins. Co. Phone: 877-293-8499 Website: www.continentalgeneral.com Home state: Ohio	Age	0-65	70	75	80	85	
	Cost	$97	$112	$128	$145	$161	
	Pre-existing look-back / waiting period: 6/6 Plan rating type: Attained age Plan application fee: $25 Rates vary by ZIP code (2).						
Equitable Life & Casualty Ins. Co. Phone: 877-358-4060 Website: www.equilife.com Home state: Utah	Age	0-65	70	75	80	85	
	Cost	$125	$134	$148	$158	$164	
	Pre-existing look-back / waiting period: 0/0 Plan rating type: Attained age Plan application fee: $20						
Everence Association, Inc. Phone: 800-348-7468 Website: www.everence.com Home state: Indiana	Age	0-65	70	75	80	85	
	Cost	$83	$100	$113	$123	$132	
	Pre-existing look-back / waiting period: 0/0 Plan rating type: Attained age for Plans C and N, issue age for Plans A, F, and L Membership requirements: Includes a membership in a Christian fraternal organization						
Family Life Ins. Co. Phone: 800-877-7703 Website: www.familylifeins.com Home state: Texas	Age	0-65	70	75	80	85	
	Cost	$138	$162	$194	$219	$237	
	Pre-existing look-back / waiting period: 0/0 Plan rating type: Attained age Plan application fee: $25 policy fee Rates vary by ZIP code (2).						
Genworth Life and Annuity Ins. Co. Phone: 800-264-4000 Website: www.Aetnaseniorproducts.com Home state: Virginia	Age	0-65	70	75	80	85	
	Cost	$124	$140	$163	$180	$192	
	Pre-existing look-back / waiting period: 0/0 Plan rating type: Attained age Plan application fee: $20 policy fee Rates vary by ZIP code (2).						
Government Personnel Mutual Life Ins. Co. Phone: 866-865-7631 Website: www.gpmlifemedsupp.com Home state: Texas	Age	0-65	70	75	80	85	
	Cost	$75	$83	$100	$118	$136	
	Pre-existing look-back / waiting period: 0/0 Plan rating type: Attained age Rates vary by ZIP code (2).						

Medigap policies: Plan N, continued

Note: Rates are for FEMALE NONSMOKERS, when applicable

Humana Ins. Co. Phone: 800-866-0581 Website: www.humana-medicare.com/index.asp Home state: Wisconsin	Age	0-65	70	75	80	85	
	Cost	$83	$98	$114	$130	$143	
	Pre-existing look-back / waiting period: 3/3 Plan rating type: Attained age						
Humana Reader's Digest Healthy Living Phone: 800-866-0581 Website: www.humana-medicare.com/index.asp Home state: Wisconsin	Age	0-65	70	75	80	85	
	Cost	$103	$120	$137	$155	$170	Innovative
	Pre-existing look-back / waiting period: 6/3 Plan rating type: Attained age						
Liberty National Life Ins. Co. Phone: 800-331-2512 Website: www.libertynational.com Home state: Nebraska	Age	0-65	70	75	80	85	
	Cost	$127	$163	$187	$210	$210	
	Pre-existing look-back / waiting period: 2/6 Plan rating type: Attained age						
LifeWise Health Plan of Oregon Phone: 800-290-1278 Website: https://www.lifewisemedsupor.com/ Home state: Oregon	Age	0-65	70	75	80	85	
	Cost	$143	$180	$213	$213	$213	
	Pre-existing look-back / waiting period: 6/6 Plan rating type: Attained age						
Loyal American Life Ins. Co. Phone: 800-633-6752 Website: www.loyalamerican.com Home state: Ohio	Age	0-65	70	75	80	85	
	Cost	$97	$109	$131	$148	$160	
	Pre-existing look-back / waiting period: 6/6 Plan rating type: Attained age Rates vary by ZIP code (2).						
Marquette National Life Ins. Co. Phone: 800-934-8293 Website: www.universalamericaninsuranceplans.com Home state: Texas	Age	0-65	70	75	80	85	
	Cost	$109	$142	$172	$198	$219	
	Pre-existing look-back / waiting period: 6/6 Plan rating type: Attained age Rates vary by ZIP code (3).						

Medigap policies: Plan N, continued

Note: Rates are for FEMALE NONSMOKERS, when applicable

ODS Health Plan Inc. Phone: 877-277-7073 or 503-243-3973 Website: www.odscompanies.com Home state: Oregon	Age	0-65	70	75	80	85	
	Cost	$116	$132	$151	$152	$152	
	Pre-existing look-back / waiting period: 6/6 Plan rating type: Attained age						
Sentinel Security Life Ins. Co. Phone: 855-478-4037 Website: www.sslo.com Home state: Utah	Age	0-65	70	75	80	85	
	Cost	$75	$89	$102	$115	$126	
	Pre-existing look-back / waiting period: 0/0 Plan rating type: Attained age Plan application fee: $25 enrollment fee						
Standard Life & Accident Ins. Co. Phone: 888-350-1488 Website: www.slaico.com Home state: Texas	Age	0-65	70	75	80	85	
	Cost	$95	$97	$104	$124	$158	
	Pre-existing look-back / waiting period: 6/6 Plan rating type: Attained age Rates vary by ZIP code (2).						
State Mutual Ins. Co. Phone: 888-764-1936 Website: www.statemutualinsurance.com Home state: Georgia	Age	0-65	70	75	80	85	
	Cost	$68	$80	$95	$108	$116	
	Pre-existing look-back / waiting period: 0/0 Plan rating type: Attained age Plan application fee: One-time $20 policy fee Rates vary by ZIP code (2).						
Sterling Investors Life Ins. Co. Phone: 877-896-6434 Website: www.sterlinginvestors.com Home state: Georgia	Age	0-65	70	75	80	85	
	Cost	$73	$86	$102	$116	$125	
	Pre-existing look-back / waiting period: 0/0 Plan rating type: Attained age Plan application fee: $20 policy fee Rates vary by ZIP code (2).						
Sterling Life Ins. Co. Phone: 877-906-0926 Website: www.sterlinginsurance.com Home state: Illinois	Age	0-65	70	75	80	85	
	Cost	$100	$116	$132	$144	$153	
	Cost	$80	$91	$102	$109	$114	SELECT
	Pre-existing look-back / waiting period: 0/0 Plan rating type: Attained age Rates vary by ZIP code (2).						

Medigap policies: Plan N, continued

Note: Rates are for FEMALE NONSMOKERS, when applicable

Stonebridge Life Ins. Co. Phone: 800-797-2643 Website: www.transamerica.com Home state: Vermont	Age	0-65	70	75	80	85	
	Cost	$84	$95	$109	$120	$132	
	Does not crossover Pre-existing look-back / waiting period: 0/0 Plan rating type: Attained age Plan application fee: $25						
United American Ins. Co. Phone: 800-331-2512 Website: www.unitedamerican.com Home state: Nebraska	Age	0-65	70	75	80	85	
	Cost	$121	$154	$177	$198	$198	
	Pre-existing look-back / waiting period: 2/6 Plan rating type: Attained age						
United Commercial Travelers of America (The Order of) Phone: 800-848-0123 x304 Website: www.uct.org Home state: Ohio	Age	0-65	70	75	80	85	
	Cost	$148	$180	$207	$224	$238	
	Pre-existing look-back / waiting period: 0/0 Plan rating type: Attained age Membership requirements: * Rates vary by ZIP code (2).						*Must be a member of the fraternal benefit society to purchase insurance products from the society. The dues are $1.50 per month.
UnitedHealthcare Ins. Co. (AARP) Phone: 800-523-5800 Website: www.aarphealthcare.com Home state: Connecticut	Age	50-65	70	75	80	85	
	Cost	$76	$92	$135	$135	$135	
	Pre-existing look-back / waiting period: 3/3 Plan rating type: Community age Membership requirements: Must be a member of AARP; minimum age is 50. The dues are $16 per year.						
UnitedHealthcare Ins. Co. SecureHorizons Phone: 800-768-1479 Home state: Connecticut	Age	0-65	70	75	80	85	
	Cost	$88	$111	$138	$161	$183	
	Pre-existing look-back / waiting period: 0/0 Plan rating type: Attained age						
Woodman of the World Phone: 877-223-3666 Website: www.woodmen.org Home state: Colorado	Age	0-65	70	75	80	85	
	Cost	$93	$110	$125	$136	$145	
	Pre-existing look-back / waiting period: 0/0 Plan rating type: Attained age						

Medigap vs. Medicare Advantage comparison chart

Original "Fee-for-Service" Medicare with a Medigap (Example: Plan F)	Comparison point:	Medicare Advantage: HMO, PPO, or PFFS (Private Medicare Plans)
Must have Parts A and B. Usually companies may deny, but must accept all applicants, all ages, during Medigap Open Enrollment and Guaranteed Issue periods.	*Eligibility*	Must have Parts A and B and live in service area. Takes all applicants except those with End Stage Renal Disease.
Premium varies with gender and health and goes up with age. Companies may underwrite (add to premium). No co-pay costs, with some exceptions, at time of service. No out-of-pocket maximum.	*Costs:* *Premiums, co-pay, co-insurance, and out-of-pocket max*	All plan members pay same premium, regardless of age, gender, or health. Cost sharing (co-pays) must be paid for most medical services. Many plans have an out-of-pocket annual maximum.
No network: Go to any provider that accepts Medicare. No referrals required for specialist visits. May be hard to find providers accepting Original Medicare in some areas. May be used for treatments at specialty medical facilities, such as Mayo Clinics, OHSU, etc.	*Provider choice and availability* *Always ask your providers what insurance they accept*	**HMOs**, **PPOs, and PFFSs:** Maintain provider networks; they must have available providers in order to accept new members. **HMOs:** Generally cover in-network only. Referrals may be required for specialist visits. **PPOs:** Cover out-of-network, but then costs may be higher. No referrals required. **PFFSs:** Set their own reimbursement rates with contracted doctors.
Not included. If you want Rx coverage, you may enroll in any stand-alone Medicare prescription drug plan available.	*Prescription drug coverage* *To make sure your plan covers your Rx, use www.medicare.gov*	If you want Rx coverage, you must enroll in the included Rx coverage if choosing an **HMO** or **PPO** (VA-eligible excepted). With **PFFS**, you may choose the plan's Rx coverage, if offered, or a stand-alone PDP.
Yes, guaranteed renewable as long as you pay the premium and the application was correct. Benefits never change. No election season for Medigaps. May change company each year on birthday with Guaranteed Issue.	*Is it renewable?*	No, benefits may change yearly. However, you usually remain in a plan unless you disenroll at election times or your plan terminates in your area.
Covers only same as Original Medicare. No routine dental, vision, except "innovative" plans; no alternative medicine.	*Extras*	Some plans include routine dental, hearing, or vision. Some offer additional alternative medicine package.
Good for travelers or "snow birds." May save money for people needing high-cost or frequent care. Customize elements of your Medicare picture – choose doctors and drug plan.	*For whom it may be best*	Network plans may be good for people who otherwise can't find a Medicare provider. May save money unless you need frequent appointments or treatments. Having a packaged plan may simplify choices.
Because Medigaps are standardized, price and customer service are the only difference. Try calling a few competitively priced plans. Regulated by Oregon Insurance Division. Use *www.oregonhealthrates.org* to view rate increase histories of companies.	*How to comparison shop* *Who regulates it?*	Plans are not standardized – use comparison pages in this guide or at *www.medicare.gov*. Plans are regulated by Medicare/CMS; sales agents are licensed by the Oregon Insurance Division.

About Medicare Advantage plans

Medicare Advantage

Private insurance companies contract with Medicare to offer coordinated care and private fee-for-service health insurance plans. Medicare pays these plans to provide all your Medicare-approved services. When you join a Medicare Advantage (MA) plan, you agree to that plan's terms and conditions.

- You will receive the same benefits as in Original Medicare, but not at the same payment rates.
- You will still pay the Part B premium, plus a premium to the plan (unless the plan has a $0 premium) and co-payments or co-insurance for certain services.
- Medicare Advantage plans may offer additional coverage, such as routine preventive vision or dental.

Medicare Advantage plans renew their contracts annually with the Centers for Medicare and Medicaid Services (CMS). This means the policies are not guaranteed renewable. However, if you join a plan and that plan decides to not renew its contract with CMS, you have protection under the law that enables you to join another plan or purchase a Medigap policy.

Where you live (based on your ZIP code) often determines which Medicare Advantage plans are available to you.

You can find out if a plan covers your area by calling the company or by reviewing the plan on Medicare's website, *www.medicare.gov*, or the chart on *pages 76-78.*

Who can join a Medicare Advantage plan?

Most people who have both Medicare Part A and Part B and live in the plan's service area can join a plan.

Beneficiaries with end-stage renal disease (ESRD) are not eligible to join a plan. However, if you are already in a plan and develop ESRD, you may stay in the plan. If you've had a successful kidney transplant, you may be able to join a plan. For more information on what is offered to beneficiaries with ESRD, see Medicare publication 10128, *Medicare Coverage of Kidney Dialysis and Kidney Transplant Services*.

Medicare Advantage enrollment and election periods are changing

You may join, leave, or switch Medicare Advantage plans during:

- Initial Enrollment Period (IEP) when you are new to Medicare
- Annual Enrollment Period (AEP), Oct. 15 to Dec. 7, also referred to as "Fall Open Enrollment."

About Medicare Advantage plans, **continued**

Important note about the disenrollment period:

The **Medicare Advantage Disenrollment Period (MADP)** happens from Jan. 1 to Feb. 14 every year. See more on page 74.

Special Enrollment Periods (SEP)

Special enrollment periods are opportunities to make plan changes outside of the standard enrollment periods.

- Moving permanently outside your plan's service area grants an SEP.
- Qualifying for any limited-income assistance creates a continuous SEP.

SEPs are generally 60 days, but may vary. At these times, you may use your SEP to:

- Join a different Medicare Advantage plan.
- Switch to using only Original Medicare.
- Switch to Original Medicare and purchase a Medigap. Insurance companies may require that you undergo underwriting unless you have Guaranteed Issue.

Help comparing plans

A SHIBA volunteer can help you understand plan options and plan rules, such as how and when you may disenroll.

For a SHIBA contact in your area:

- Call 800-722-4134
- Visit *www.oregonshiba.org*
- Call 800-MEDICARE (800-633-4227)

Enrollment actions during election periods

If you want to switch from one Medicare Advantage plan to another Medicare Advantage plan, simply enroll in your new plan during the AEP, Oct. 15 to Dec. 7. You will be automatically disenrolled from your old plan. Before taking any disenrollment action, we recommend you contact SHIBA for assistance in reviewing your options.

If you want to drop your Medicare Advantage plan and switch to Original Medicare, you may do so during these periods:

- Oct. 15 – Dec. 7, 2012
- Jan. 1 – Feb. 14, 2013

Medicare Advantage plan types

HMO: Health Maintenance Organization

HMO-POS: HMO with Point-of-Service option

PFFS: Private Fee-for-Service plan

PPO: Preferred Provider Organization

SNP: Special Needs Plan

(See Glossary for definitions)

Choosing a Medicare Advantage plan

How do I select a plan?

- ***What plans are offered in my area?***

  Refer to the *by-county charts* on pages 79-80 to see which plans are available to you.

- ***Will your doctor and hospital accept the plan?***

  Ask the business office of your doctors and hospital if they are in the network for a plan you are considering. Even though a plan may be offered in your area, providers ***do not*** have to participate. In some plans, if your doctor is not part of the preferred network, you will have to pay more to see that doctor. It is ***very important*** to know if the plan you're considering includes your doctors and hospital of choice.

  Call for the above information for yourself. Web pages and printed materials can be incorrect and an agent wanting to sell you a plan may be misinformed.

- ***Can I afford the plan?***

  Make sure you understand the coverage, including premiums and co-pays. The plan description pages list your share of the costs. Here are some of the words you'll want to understand:

  – Premiums: The amount you pay monthly for a plan. In a few cases there is a $0 premium.

  – Maximum out-of-pocket costs: This is the most you would have to pay in a year for covered services, *excluding Part D drugs*, before the plan starts paying 100 percent.

  Caution: Not all covered services may count toward the out-of-pocket maximum.

  – Co-pays: A fixed amount you pay for a service.

  – Co-insurance: A percentage of costs you pay for a service.

Choosing a Medicare Advantage plan, continued

Prescription drug coverage

- ***Do I want prescription drug coverage with my Medicare Advantage plan?***

  Most HMO/PPO plans include integrated prescription drug coverage (MAPD). Your drug coverage ***must*** be this "bundled" package.

  Exception: If you have VA drug coverage available, you can use it with the health-only MA plan, if the plan allows it.

  PFFS plans allow you to choose a stand-alone prescription drug plan or enroll in their bundled package.

About Medicare Advantage dental coverage

Original Medicare ***does not*** cover routine dental care. There are very limited dental services you may get when you are in the hospital, but these are rare.

Some Medicare Advantage plans may be like Original Medicare and not cover dental care. Other MA plans choose to cover preventive care, such as cleanings and X-rays, up to a capped limit.

For more information, contact the plan.

Medicare Advantage Plan Comparison Worksheet

	Plan 1	Plan 2	Plan 3
Plan Name			
Will my doctor and hospital bill this plan?	Yes/No	Yes/No	Yes/No
Monthly premium			
Covers prescriptions?	Yes/No	Yes/No	Yes/No
Out-of-pocket max*			
Co-pays			
Inpatient hospital care			
Skilled nursing facility			
Home health care			
Doctor visits			
Specialist visits			
Outpatient services			
Emergency care			
Urgent care			
Outpatient rehab			
Durable medical equipment			
Diagnostic tests, X-rays, and lab services			
End-stage renal disease			
Part B medication			

*Out-of-pocket maximum amount, and the medical services allowed to count towards the maximum, varies by plan. Contact plan for details.

Medicare Advantage Disenrollment Period: Jan. 1-Feb. 14

During the **Medicare Advantage Disenrollment Period (MADP)**, from Jan. 1 to Feb. 14, you may disenroll from a Medicare Advantage plan and switch to Original Medicare..

- The key to using this period is that you must enter January enrolled in a Medicare Advantage plan.
- You may disenroll from a Medicare Advantage plan and switch to Original Medicare.

  Note: This disenrollment won't, by itself, qualify you for Guaranteed Issue to purchase a Medigap supplement.

  Note: If you did not have prior creditable drug coverage, you may incur a late enrollment penalty.
- This period allows one election only:

  – May enroll into a stand-alone prescription drug plan (PDP), which automatically disenrolls member from MA/MAPD **–or –**

  – May disenroll in writing from MA/MAPD or by calling 1-800-MEDICARE (1-800-633-4227)
- You ***may not*** use this period to enroll in or switch Medicare Advantage plans.
- You ***may not*** use this period to enroll in a Part D plan if you enter the period already in Original Medicare.

Medicare Special Needs Plans (SNPs)

These are specially designed MA plans with membership limited to certain groups of people; those who have both Medicare and Medicaid (dual eligibles), those who reside in institutions such as nursing homes or have chronic and disabling conditions (cardiovascular disorders, chronic heart failure and diabetes).

Dual eligible (Medicaid*)			
Company/plan	**Contact**	**Type**	**Available counties**
ATRIO Health Plans ATRIOSpecial Needs Plan (HMO SNP) *www.atriohp.com*	877-672-8620 TTY: 800-735-2900	HMO	Douglas and Klamath
ATRIO Health Plans ATRIOSpecial Needs Plan (HMO SNP) *www.atriohp.com*	888-236-2496; TTY 800-735-2900	HMO	Marion and Polk
CareOregon Advantage CareOregon Advantage Plus (HMO-POS SNP) *www.careoregon.org*	888-712-3258; TTY 800-735-2900	HMO	Clackamas, Clatsop, Columbia, Jackson, Josephine, Marion, Multnomah, Polk, and Washington
CareSource CareSource - (HMO SNP) *www.caresourcehealthplans.com*	888-460-0185; TTY 800-735-2900	HMO	Josephine. Limited availability in Douglas. Contact plan for details.
FamilyCare Health Plans, Inc. PremierCare Plus (HMO SNP) *www.familycarehealthplans.org*	866-225-2273; TTY 800-735-2900	HMO	Clackamas, Clatsop, Morrow, Multnomah, Umatilla, and Washington
Samaritan Advantage Health Plan Samaritan Advantage Special Needs Plan (HMO SNP) *www.samaritanadvantage.com*	800-832-4580; TTY 800-735-2900	HMO	Benton, Lincoln, and Linn
Trillium Advantage Trillium Advantage Dual (HMO SNP) *www.trilliumchp.com*	800-910-3906; TTY 866-279-9750	HMO	Lane
Institutional (Nursing homes or skilled nursing facilities)			
Trillium Advantage Trillium Advantage TLC ISNP (HMO SNP) *www.trilliumchp.com*	800-910-3906; TTY 866-279-9750	PPO	Lane
Trillium Advantage Trillium Advantage TLC Community ISNP (HMO SNP) *www.trilliumchp.com*	800-910-3906; TTY 866-279-9750	HMO	Lane
UnitedHealthcare UnitedHealthcare Nursing Home Plan (PPO SNP) *www.uhccommunityplan.com*	800-905-8671; TTY 711	PPO	Clackamas, Lane, Multnomah, and Washington
Chronic or Disabling Condition (Cardiovascular Disorders, Chronic Heart Failure and Diabetes)			
Health Net Health Plan of Oregon, Inc. Health Net Jade (HMO SNP) *www.healthnet.com*	888-445-8913	HMO	Clackamas, Marion, Multnomah, Polk, Washington, and Yamhill
PACE (Program of All Inclusive Care for the Elderly)			
Providence Health Plans Providence ElderPlace *www.providence.org/elderplace*	503-215-6556	HMO	Multnomah (Portland)
Beneficiary must meet eligibility requirements. Premium is $3,500 unless the beneficiary qualifies for Medicaid and then the premium is paid by the state. Costs do not change if medical/social care needs increase. There are no out-of-pocket costs or deductibles. All necessary medical and social services are covered. Chiropractic, podiatry, prosthetic devices, and acupuncture are only covered if identified as beneficial/necessary.			

New enrollees to SNPs have a once-only special enrollment period (SEP) at any time during the year. After the once-only special enrollment, changes must be done during an annual enrollment period (AEP).

Medicare Advantage plans available by county

See company plan details in Medicare Advantage section pages 81-180.

Company name and types of plans Click text to navigate.	Baker	Benton	Clackamas	Clatsop	Columbia	Coos	Crook	Curry	Deschutes	Douglas	Gilliam	Grant
ATRIO PPO Pg. 81-88										PPO		
CareOregon HMO Pg. 89			HMO	HMO	HMO							
CareSource HMO Pg. 90-93										HMO*		
FamilyCare HMO Pg. 94-96			HMO	HMO								
Health Net HMO, SNP, PPO Pg. 97-116		PPO	HMO SNP PPO		PPO					PPO		
Humana HMO, PPO, PFFS Pg. 117-135		PPO	HMO PFFS		PPO							
Kaiser HMO Pg. 136-139		HMO*	HMO		HMO							
ODS PPO Pg. 140-149	PPO	PPO	PPO	PPO	PPO	PPO	PPO	PPO	PPO	PPO	PPO	PPO
PacificSource HMO, PPO Pg. 150-158						HMO PPO	HMO PPO	HMO PPO	HMO PPO			HMO PPO
Providence HMO, PPO Pg. 159-161			HMO PPO		HMO							
Regence PPO Pg. 162-164		PPO	PPO	PPO	PPO	PPO		PPO		PPO		
Samaritan HMO Pg. 165-167		HMO										
Trillium HMO Pg. 168-169												
UnitedHealthcare HMO, PPO Pg. 170-180		HMO	HMO PPO									

*This plan has a limited service area in this county. Contact the plan for more information, or go to www.Medicare.gov.

***Community HealthFirst** and **Sterling** also offer Medicare Advantage plans in Clark County, Wash., but not in Oregon.*

Company name and types of plans	Harney	Hood River	Jackson	Jefferson	Josephine	Klamath	Lake	Lane	Lincoln	Linn	Malheur	Marion
ATRIO PPO Pg. 81-88						PPO*						
CareOregon HMO Pg. 89			HMO		HMO							HMO
CareSource HMO Pg. 90-93			HMO		HMO							
FamilyCare HMO Pg. 94-96												
Health Net HMO, SNP, PPO Pg. 97-116		PPO	PPO		PPO			PPO		PPO		HMO SNP PPO
Humana HMO, PPO, PFFS Pg. 117-135		PPO							PPO	PPO	PPO	
Kaiser HMO Pg. 136-139										HMO*		HMO
ODS PPO Pg. 140-149	PPO	PPO	PPO	PPO	PPO	PPO	PPO	PPO	PPO	PPO	PPO	PPO
PacificSource HMO, PPO Pg. 150-158		HMO PPO		HMO PPO		HMO* PPO*	HMO* PPO*	HMO PPO				
Providence HMO, PPO Pg. 159-161								HMO				HMO PPO
Regence PPO Pg. 162-164		PPO	PPO		PPO			PPO	PPO	PPO		PPO
Samaritan HMO Pg. 165-167									HMO	HMO		
Trillium HMO Pg. 168-169								HMO				
UnitedHealthcare HMO, PPO Pg. 170-180								HMO		HMO		HMO PPO

*This plan has a limited service area in this county. Contact the plan for more information, or go to *www.Medicare.gov.*

***Community HealthFirst** and **Sterling** also offer Medicare Advantage plans in Clark County, Wash., but not in Oregon.*

Company name and types of plans	Morrow	Multnomah	Polk	Sherman	Tillamook	Umatilla	Union	Wallowa	Wasco	Washington	Wheeler	Yamhill	Clark, WA**
ATRIO PPO Pg. 81-88			PPO										
CareOregon HMO Pg. 89		HMO	HMO							HMO			
CareSource HMO Pg. 90-93													
FamilyCare HMO Pg. 94-96	HMO	HMO				HMO				HMO			
Health Net HMO, SNP, PPO Pg. 97-116		HMO SNP PPO	HMO SNP PPO							HMO SNP PPO		HMO SNP PPO	PPO
Humana HMO, PPO, PFFS Pg. 117-135		HMO PPO PFFS	PPO							HMO PPO PFFS			SNP
Kaiser HMO Pg. 136-139		HMO	HMO							HMO		HMO	HMO
ODS PPO Pg. 140-149	PPO	PPO	PPO	PPO	PPO	PPO	PPO	PPO	PPO	PPO	PPO	PPO	
PacificSource HMO, PPO Pg. 150-158				HMO PPO					HMO PPO		HMO PPO		
Providence HMO, PPO Pg. 159-161		HMO PPO	HMO PPO							HMO PPO		HMO PPO	HMO PPO
Regence PPO Pg. 162-164		PPO	PPO		PPO				PPO	PPO		PPO	PPO
Samaritan HMO Pg. 165-167													
Trillium HMO Pg. 168-169													
UnitedHealthcare HMO, PPO Pg. 170-180		HMO PPO	HMO							HMO PPO		PPO	HMO

*This plan has a limited service area in this county. Contact the plan for more information, or go to www.Medicare.gov.

***Community HealthFirst** and **Sterling** also offer Medicare Advantage plans in Clark County, Wash., but not in Oregon.*

Medicare Advantage plans by county list

Baker

ODS

Benton

Health Net
Humana
Kaiser
ODS
Regence
Samaritan
UnitedHealthcare

Clackamas

CareOregon
FamilyCare
Health Net
Humana
Kaiser
ODS
Providence
Regence
UnitedHealthcare

Clatsop

CareOregon
FamilyCare
ODS
Regence

Columbia

CareOregon
Health Net
Humana
Kaiser
ODS
Providence
Regence

Coos

ODS
PacificSource
Regence

Crook

ODS
PacificSource

Curry

ODS
PacificSource
Regence

Deschutes

ODS
PacificSource

Douglas

ATRIO
CareSource
Health Net
ODS
Regence

Gilliam

ODS

Grant

ODS
PacificSource

Harney

ODS

Hood River

Health Net
Humana
ODS
PacificSource
Regence

Jackson

CareOregon
CareSource
Health Net
ODS
Regence

Jefferson

ODS
PacificSource

Josephine

CareOregon
CareSource
Health Net
ODS
Regence

Klamath

ATRIO
ODS
PacificSource

Lake

ODS
PacificSource

Lane

Health Net
ODS
PacificSource
Providence
Regence
Trillium
UnitedHealthcare

Lincoln

Humana
ODS
Regence
Samaritan

Linn

Health Net
Humana
Kaiser
ODS
Regence
Samaritan
UnitedHealthcare

Malheur

Humana
ODS

Marion

ATRIO
CareOregon
Health Net
Kaiser
ODS
Providence
Regence
UnitedHealthcare

Morrow

FamilyCare
ODS

Multnomah

CareOregon
FamilyCare
Health Net
Humana
Kaiser
ODS
Providence
Regence
UnitedHealthcare

Polk

ATRIO
CareOregon
Health Net
Humana
Kaiser
ODS
Providence
Regence
UnitedHealthcare

Sherman

ODS
PacificSource

Tillamook

ODS
Regence

Umatilla

FamilyCare
ODS

Union

ODS

Wallowa

ODS

Wasco

ODS
PacificSource
Regence

Washington

CareOregon
FamilyCare
Health Net
Humana
Kaiser
ODS
Providence
Regence
UnitedHealthcare

Wheeler

ODS
PacificSource

Yamhill

Health Net
Kaiser
ODS
Providence
Regence
UnitedHealthcare

ATRIO Health Plan

877-672-8620 • www.atriohp.com

Plan Service Areas: Klamath County.

BRONZE RX (BASIN) (PPO)	YOUR COST
IMPORTANT INFORMATION	
Type of Plan/Plan No.	PPO/H6743-001
Monthly Premium with Rx	$20
Monthly Premium without Rx	
Annual out-of-pocket spending limit	In-network: $3,400; out-of-network: $5,100
Health Plan Deductible	$185
Part D Deductible	$0
100% LIS plan premium	$14.40
INPATIENT CARE PER DAY	
Inpatient hospital	In-network: $275 (days 1-7); out-of-network: $375 (days 1-7)
Inpatient Mental Health	In-network: $250 (days 1-7); out-of-network: $375 (days 1-7)
Skilled nursing facility	In-network: $65 (days 1-100); out-of-network: $100 (days 1-100)
Home health care	In-network: 10%; out-of-network: 15%
OUTPATIENT CARE	
Doctor visits/specialists	In-network: $35; out-of-network: $40/ in-network: $45; out-of-network: $50
Chiropractor and podiatry (Medicare covered)	50%; in-network: 20%; out-of-network: 30% (Routine not covered)
Outpatient mental health care	In-network: 20%; out-of-network: 30%
Outpatient substance abuse care	In-network: 20%; out-of-network: 30%
Outpatient services/surgery	In-network: 20%; out-of-network: 30%
Ambulance services	20%
Emergency care	$65
Urgently Needed Care	$35
Outpatient rehabilitation services	In-network: 20%; out-of-network: 30%
OUTPATIENT MEDICAL SERVICES/SUPPLIES	
Durable medical equipment	In-network: 20%; out-of-network: 30%
Prosthetic devices	In-network: 20%; out-of-network: 30%
Diabetes supplies	$0
Diagnostic X-rays and Therapeutic radiology services	In-network: 20%; out-of-network: 30%
Labs	In-network: 15%; out-of-network: 25%
PREVENTIVE SERVICES	
Cardiac and pulmonary rehabilitation services (including CORF)	In-network: 20%; out-of-network: 30%
Preventive services (Medicare Covered)	$0
Kidney disease and conditions	In-network: 20%; out-of-network: 30%
ADDITIONAL BENEFITS	
Not available	
NOT COVERED BY PLAN	
Acupuncture, over-the-counter items, and transportation	
OPTIONAL SUPPLEMENTAL BENEFITS	
Not available	

ATRIO Health Plan

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Plan Service Areas: Douglas and Klamath counties.

SILVER Rx (PPO)	YOUR COST
IMPORTANT INFORMATION	
Type of Plan/Plan No.	PPO/H6743-002; PPO/H6743-003 with Rx
Monthly Premium with Rx	$97
Monthly Premium without Rx	$52
Annual out-of-pocket spending limit	In-network: $3,400; out-of-network: $5,100
Health Plan Deductible	$100
Part D Deductible	$0
100% LIS plan premium	$75.10
INPATIENT CARE PER DAY	
Inpatient hospital	In-network: $225 (days 1-8); out-of-network: $325 day (days 1-8)
Inpatient mental health	In-network: $220 (days 1-8); out-of-network: $325 day (days 1-8)
Skilled nursing facility	In-network: $50 (days 1-100); out-of network: $75 (days 1-100)
Home health care	In-network: 10%; out-of-network: 15%
OUTPATIENT CARE	
Doctor visits/specialists	In-network: $15; out-of-network: $30/in-network: $15; out-of-network: $40
Chiropractor and Podiatry (Medicare covered)	In-network: $15; out-of-network: 50% (Routine not covered)
Outpatient mental health care	In-network: $30; out-of-network: $40
Outpatient substance abuse care	In-network: $30; out-of-network: $40
Outpatient services/surgery	In-network: $225; out-of-network: $325
Ambulance services	$200
Emergency care	$65
Urgently Needed Care	$15
Outpatient rehabilitation services	In-network: $30; out-of-network: $40
OUTPATIENT MEDICAL SERVICES/SUPPLIES	
Durable medical equipment	In-network: 20%; out-of-network: 30%
Prosthetic devices	In-network: 20%; out-of-network: 30%
Diabetes supplies	$0
Diagnostic X-rays and Therapeutic radiology services	In-network: 20%; out-of-network: 30%
Labs	$0
PREVENTIVE SERVICES	
Cardiac and pulmonary rehabilitation services (including CORF)	In-network: $30; out-of-network: $40
Preventive services (Medicare covered)	$0
Kidney disease and conditions	In-network: 20%; out-of-network: 30%
ADDITIONAL BENEFITS	
Vision exams	In-network: $15; out-of-network: $40
Silver & Fit Membership	$0
NOT COVERED BY PLAN	
Acupuncture, over-the-counter items, and transportation	
OPTIONAL SUPPLEMENTAL BENEFITS	
Not available	

ATRIO Health Plan

Plan Service Areas: Douglas and Klamath counties.

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GOLD RX (PPO)	YOUR COST
IMPORTANT INFORMATION	
Type of Plan/Plan No.	PPO/H6743-004
Monthly Premium with Rx	$152
Monthly Premium without Rx	
Annual out-of-pocket spending limit	In-network: $2,000; out-of-network: $3,500
Health Plan Deductible	$0
Part D Deductible	$0
100% LIS plan premium	$128
INPATIENT CARE PER DAY	
Inpatient hospital /mental health care	In-network: $200 (days 1-8); out-of-network: $325 (days 1-8)
Skilled nursing facility	In-network: $50 (days 1-100); out-of-network: $75 (days 1-100)
Home health care	In-network: 10%; out-of-network: 15%
OUTPATIENT CARE	
Doctor visits/specialists	In-network: $15; out-of-network: $25. Specialist in-network: $15; out-of-network: $30
Chiropractor Routine	$15
Podiatry (Medicare covered)	In-network: $15; out-of-network: $30 (Routine not covered)
Outpatient mental health care	In-network: $25; out-of-network: $30
Outpatient substance abuse care	In-network: $25; out-of-network: $30
Outpatient services/surgery	In-network: $200; out-of-network: $325
Ambulance services	$100
Emergency care	$65
Urgently Needed Care	$15
Outpatient rehabilitation services	In-network: $25; out-of-network: $30
OUTPATIENT MEDICAL SERVICES/SUPPLIES	
Durable medical equipment	In-network: 15%; out-of-network: 20%
Prosthetic devices	In-network: 15%; out-of-network: 20%
Diabetes supplies	$0
Diagnostic procedures & lab	$0
Diagnostic X-rays	In-network: 15%; out-of-network: 20%
Therapeutic Radiology	20%
PREVENTIVE SERVICES	
Cardiac and pulmonary rehabilitation services (including CORF)	In-network: $25; out-of-network: $30
Preventive services (Medicare covered)	$0
Kidney disease and conditions	In-network: 15%; out-of-network: 20%
ADDITIONAL BENEFITS	
Vision Exam	In-network: $15; out-of-network: $30
Silver and Fit Membership	$0
NOT COVERED BY PLAN	
Acupuncture, over-the-counter items, and transportation	
OPTIONAL SUPPLEMENTAL BENEFITS	
Not available	

ATRIO Health Plan

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Plan Service Areas: Douglas and Klamath counties.

PLATINUM RX (PPO)	YOUR COST
IMPORTANT INFORMATION	
Type of Plan/Plan No.	PPO/H6743-005
Monthly Premium with Rx	$192
Monthly Premium without Rx	
Annual out-of-pocket spending limit	In-network: $1,300; out-of-network: $3,000
Health Plan Deductible	$0
Part D Deductible	$0
100% LIS plan premium	$157.80
INPATIENT CARE PER DAY	
Inpatient hospital /mental health care	In-network: $175 (days 1-8); out-of-network: $275 (days 1-8)
Skilled nursing facility	In-network: $25 (days 1-100); out-of-network: $75 (days 1-100)
Home health care	In-network: 10%; out-of-network: 15%
OUTPATIENT CARE	
Doctor visits / specialists	In-network: $10; out-of-network: $20 /in-network: $15; out-of-network: $25
Chiropractor / Podiatry Routine	$15; in-network: $15; out-of-network: $25
Outpatient mental health care	In-network: $15; out-of-network: $25
Outpatient substance abuse care	In-network: $15; out-of-network: $25
Outpatient services/surgery	In-network: $175; out-of-network: $275
Ambulance services	$50
Emergency care	$65
Urgently Needed Care	$10
Outpatient rehabilitation services	In-network: $15; out-of-network: $25
OUTPATIENT MEDICAL SERVICES/SUPPLIES	
Durable medical equipment	In-network: 10%; out-of-network: 15%
Prosthetic devices	In-network: 10%; out-of-network: 15%
Diabetes supplies	$0
Diagnostic X-rays and Therapeutic radiology	In-network: 10%; out-of-network: 15%
Lab	$0
PREVENTIVE SERVICES	
Cardiac and pulmonary rehabilitation services (includes CORF)	In-network: $15; out-of-network: $25
Preventive services (Medicare covered)	$0
Kidney disease and conditions	In-network: 10%; out-of-network:15%
ADDITIONAL BENEFITS	
Vision exams routine	In-network: $15; out-of-network: $25 (plus $200 vision hardware coverage)
Silver and Fit Membership	$0
Dental services	In-network: $15; out-of-network: $25 preventive/routine
Hearing exams	$15 /$25 (plus $300 hearing aid coverage)
NOT COVERED BY PLAN	
Acupuncture, over-the-counter items, and transportation	
OPTIONAL SUPPLEMENTAL BENEFITS	
Not available	

ATRIO Health Plan

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Plan Service Areas: Douglas and Klamath counties.

BRONZE (PPO)	YOUR COST
IMPORTANT INFORMATION	
Type of Plan/Plan No.	PPO/H6743-006
Monthly Premium with Rx	
Monthly Premium without Rx	$0
Annual out-of-pocket spending limit	In-network: $3,400; out-of-network: $5,100
Medical Deductible	$150
Part D Deductible	
100% LIS plan premium	
INPATIENT CARE PER DAY	
Inpatient hospital	In-network: $275 (days 1-7); out-of-network: $375 (days 1-7)
Mental health care	In-network: $250 (days 1-7); out-of-network: $375 (days 1-7)
Skilled nursing facility	In-network: $65 (days 1-100); out-of-network: $100 (days 1-100)
Home health care	In-network: 10%; out-of-network: 20%
OUTPATIENT CARE	
Doctors visit /Specialist	In-network: $35; out-of-network: $40 /in-network: $45; out-of-network: $50
Chiropractor and Podiatry (Medicare covered)	50% (Routine not covered); In-network: 20%; out-of-network: 30% (Routine not covered)
Outpatient mental health care	In-network: 20%; out-of-network: 30%
Outpatient substance abuse care	In-network: 20%; out-of-network: 30%
Outpatient services/surgery	In-network: 20%; out-of-network: 30%
Ambulance	20%
Emergency	$65
Urgently needed care	$35
Outpatient rehabilitation services	In-network: 20%; out-of-network: 30%
OUTPATIENT MEDICAL SERVICES/SUPPLIES	
Durable medical equipment	In-network: 20%; out-of-network: 30%
Prosthetics	In-network: 20%; out-of-network: 30%
Diabetes supplies	$0
Diagnostic X-rays and Therapeutic radiology	20%
Labs	In-network: 15%; out-of-network: 25%
PREVENTIVE SERVICES	
Cardiac and pulmonary rehabilitation services (including CORF)	In-network: 20%; out-of-network: 30%
Preventive services	$0
Kidney disease and conditions	In-network: 20%; out-of-network: 30%
ADDITIONAL BENEFITS	
Not available	
NOT COVERED BY PLAN	
Acupuncture, over-the-counter items, and transportation	
OPTIONAL SUPPLEMENTAL BENEFITS	
Not available	

ATRIO Health Plan

877-672-8620 • www.atriohp.com

Plan Service Areas: Douglas County.

BRONZE RX (UMPQUA) (PPO)	YOUR COST
IMPORTANT INFORMATION	
Type of Plan/Plan No.	PPO/H6743-007
Monthly Premium with Rx	$0
Monthly Premium without Rx	
Annual out-of-pocket spending limit	In-network: $3,400; out-of-network:$5,100
Medical Deductible	$295
Part D Deductible	$0
100% LIS plan premium	$0
INPATIENT CARE PER DAY	
Inpatient hospital	In-network: $275 (days 1-4); out-of-network: $375 (days 1-7)
Inpatient mental health	In-network: $250 (days 1-7); out-of-network: $375 (days 1-7)
Skilled nursing facility	In-network: $65 (days 1-100); out-of-network: $100 (days 1-100)
Home health care	In-network: 10%; out-of-network:15%
OUTPATIENT CARE	
Doctors visit / Specialist	In-network: $15; out-of-network: $40 / specialist out-of-network: $50
Chiropractor / Podiatry (Medicare covered)	In-network: $15; out-of-network: 50% / in-network: 20%; out-of-network:30%
Outpatient mental health care	In-network: 20%; out-of-network: 30%
Outpatient substance abuse care	In-network: 20%; out-of-network: 30%
Outpatient services/surgery	In-network: 20%; out-of-network: 30%
Ambulance	20%
Emergency	$65
Urgently needed care	$15
Outpatient rehabilitation services	In-network: 20%; out-of-network: 30%
OUTPATIENT MEDICAL SERVICES/SUPPLIES	
Durable medical equipment	In-network: 20%; out-of-network: 30%
Prosthetics	In-network: 20%; out-of-network: 30%
Diabetes supplies	$0
Diagnostic X-rays and Therapeutic Radiology	In-network: 20%; out-of-network: 30%
Labs	In-network: 15%; out-of-network: 25%
PREVENTIVE SERVICES	
Cardiac and pulmonary rehabilitation services (including CORF)	In-network: 20%; out-of-network: 30%
Preventive services	$0
Kidney disease and conditions	In-network: 20%; out-of-network: 30%
NOT COVERED BY PLAN	
Acupuncture, over-the-counter items, and transportation	
OPTIONAL SUPPLEMENTAL BENEFITS	
Not available	

ATRIO Health Plan

877-672-8620 • www.atriohp.com

Plan Service Areas: Marion and Polk counties.

SILVER (WILLAMETTE) (PPO)	YOUR COST
IMPORTANT INFORMATION	
Type of Plan/Plan No.	PPO/H7006-004, PPO/H7006-003 with Rx
Monthly Premium with Rx	$81
Monthly Premium without Rx	$48
Annual out-of-pocket spending limit	In-network: $3,400; out-of-network: $5,100
Health Plan Deductible	$50
Part D Deductible	$0
100% LIS plan premium	$49.40
INPATIENT CARE PER DAY	
Inpatient hospital /mental health care	In-network: $200 (days 1-5); out-of-network: $300 (days 1-5)
Skilled nursing facility	In-network: $10/$35/$0; out-of-network: $30/$50/$0
Home health care	In-network: 10%; out-of-network: 20%
OUTPATIENT CARE	
Doctors visits / specialists	In-network: $15; out-of-network: $35 / $35
Chiropractor / Podiatry (Medicare covered)	In-network: $15; out-of-network: $35
Outpatient mental health care	$35
Outpatient substance abuse care	In-network: $15; out-of-network: $35
Outpatient services/surgery	In-network: $175; out-of-network: $225
Ambulance services	$100
Emergency care	$65
Urgently Needed Care	$15
Outpatient rehabilitation services	$35
OUTPATIENT MEDICAL SERVICES/SUPPLIES	
Durable medical equipment	In-network: 20%; out-of-network: 30%
Prosthetic devices	In-network: 20%; out-of-network: 30%
Diabetes supplies	$0
Diagnostic X-rays and lab services	$0
Therapeutic radiology services	In-network: 10%; out-of-network: 30%
PREVENTIVE SERVICES	
Cardiac and pulmonary rehabilitation services (including CORF)	$35
Preventive services and wellness/education programs	Health club membership $500 limit
Kidney disease and conditions	In-network: 10%; out-of-network: 20%
ADDITIONAL BENEFITS	
Vision exam	$35
NOT COVERED BY PLAN	
Acupuncture, over-the-counter items, and transportation	
OPTIONAL SUPPLEMENTAL BENEFITS	
Not available	

ATRIO Health Plan

877-672-8620 • www.atriohp.com

Plan Service Areas: Marion and Polk counties.

GOLD (WILLAMETTE) (PPO)	YOUR COST
IMPORTANT INFORMATION	
Type of Plan/Plan No.	PPO/H7006-002, PPO/H7006-001 with Rx
Monthly Premium with Rx	$112.70
Monthly Premium without Rx	$75
Annual out-of-pocket spending limit	In-network: $2,500; out-of-network: $5,100
Health Plan Deductible	$0
Part D Deductible	$0
100% LIS plan premium	$84
INPATIENT CARE PER DAY	
Inpatient hospital /mental health care	In-network: $150 (days 1-5); out-of-network: $250 (days 1-5)
Skilled nursing facility	In-network: $0; out-of-network: $50 (days 1-100)
Home health care	In-network: 0%; out-of-network: $30
OUTPATIENT CARE	
Doctor visits/specialists	In-network: $15; out-of-network: $30
Chiropractor / Podiatry (Medicare covered)	In-network: $15; out-of-network: $30
Outpatient mental health care	In-network: $15; out-of-network: $30
Outpatient substance abuse care	In-network: $15; out-of-network: $30
Outpatient services/surgery	In-network: $100; out-of-network: $200
Ambulance services	In-network: $100
Emergency care	In-network: $65
Urgently Needed Care	In-network: $15
Outpatient rehabilitation services	In-network: $15; out-of-network: $30
OUTPATIENT MEDICAL SERVICES/SUPPLIES	
Durable medical equipment	In-network: 10%; out-of-network: 20%
Prosthetic devices	In-network: 10%; out-of-network: 20%
Diabetes programs and supplies	$0
Diagnostic X-rays and therapeutic radiology services	$0
Lab	$0
PREVENTIVE SERVICES	
Cardiac and pulmonary rehabilitation services	In-network: $15; out-of-network: $30
Preventive services and wellness/education programs	Health club membership $500 limit
Kidney disease and conditions	$0
ADDITIONAL BENEFITS	
Not available	
NOT COVERED BY PLAN	
Acupuncture, over-the-counter items, and transportation	
OPTIONAL SUPPLEMENTAL BENEFITS	
Not available	

CareOregon Advantage

888-712-3258; TTY 800-735-2900
www.careoregonadvantage.org

Plan Service Areas: Clackamas, Clatsop, Columbia, Jackson, Josephine, Marion, Multnomah, Polk, and Washington counties.

STAR (HMO-POS)	YOUR COST
IMPORTANT INFORMATION	
Type of Plan/Plan No.	HMO-POS/H5859-003
Monthly Premium with Rx	$37.50
Monthly Premium without Rx	
Annual out-of-pocket spending limit	$6,700
Health Plan Deductible	$0
Part D Deductible	$325 (applies to tier 2 only)
100% LIS plan premium	$0
INPATIENT CARE PER DAY	
Inpatient hospital /mental health care	$300 (days 1-5), inpatient psychiatric hospital $275 (days 1-5)
Skilled nursing facility	$0 (days 1-20); $100 (days 21-100)
Home health care	$0
OUTPATIENT CARE	
Doctor visits / specialists	In- and out-of-network: $10 primary care physician; $30 specialist
Chiropractor and Podiatry	In- and out-of-network: 20%; in- and out-of-network: $30
Outpatient mental health care	$30
Outpatient substance abuse care	20%
Outpatient services/surgery	20%
Ambulance services	$200
Emergency care	$65
Urgently Needed Care	$25
Outpatient rehabilitation services	$30
OUTPATIENT MEDICAL SERVICES/SUPPLIES	
Durable medical equipment	20%
Prosthetic devices	20%
Diabetes programs and supplies	$0 for Medicare-covered diabetes self-management training, supplies and therapeutic shoes or inserts
Diagnostic tests, X-rays, lab services, and radiology services	$0 for Medicare-covered lab tests, diagnostic procedures and tests; 20% of the cost for Medicare-covered X-rays and radiology services. $20 annual eye exam
PREVENTIVE SERVICES	
Cardiac and pulmonary rehabilitation services	$0
Preventive services and wellness/education programs	$0, $0 for nurse advice line.
Kidney disease and conditions	20% for renal dialysis
ADDITIONAL BENEFITS	
Vision	$0 on annual eye exam; $0 on basic lenses plus $75 allowance towards frames (every 2 years)
NOT COVERED BY PLAN	
Not available	
OPTIONAL SUPPLEMENTAL BENEFITS	
Not available	

CareSource

888-460-0185; TTY 800-735-2900
www.caresourcehealthplans.com

Plan Service Areas: Josephine, Jackson, and Douglas counties (Glendale and Azalea only).

GOLD (HMO) & GOLD PLUS RX (HMO)	YOUR COST
IMPORTANT INFORMATION	
Type of Plan/Plan No.	HMO/H3810-001,HMO/H3810-003 (with Rx)
Monthly Premium with Rx	$138.20
Monthly Premium without Rx	$74.00
Annual out-of-pocket spending limit	$2,000 (excludes Part D costs)
Health Plan Deductible	$0
Part D Deductible	$0
100% LIS plan premium	$113.30
INPATIENT CARE PER DAY	
Inpatient hospital /mental health care	$200 (days 1-10) / $175 (days 1-10)
Skilled nursing facility	$0 (days 1-13), $100 (days 14-27), $0 (28-100)
Home health care	$0
OUTPATIENT CARE	
Doctor visits/specialists	$20
Chiropractor and Podiatry	$20
Outpatient mental health care	$20
Outpatient substance abuse care	$20
Outpatient services/surgery	$50 ambulatory surgical center visit, $150 outpatient hospital facility visit
Ambulance services	$150
Emergency care	$65 (waived if hospitalized for same cause within 48 hours)
Urgently Needed Care	$25 (waived if hospitalized for same cause within 48 hours)
Outpatient rehabilitation services	$20
OUTPATIENT MEDICAL SERVICES/SUPPLIES	
Durable medical equipment	$0
Prosthetic devices	$0
Diabetes programs and supplies	$0
Diagnostic tests, X-rays, lab services, and radiology services	$0 for Medicare-covered lab services; X-rays. $60 for Medicare-covered diagnostic radiology services (not including X-rays).
PREVENTIVE SERVICES	
Cardiac and pulmonary rehabilitation services	$20
Preventive services & wellness/education programs	$0
Kidney disease and conditions	$0
Dental services	Contact plan for details
Hearing services	$20
ADDITIONAL BENEFITS	
Vision	$100 allowance & $20 routine eye exam
Over-the-counter items	Contact plan for details
Acupuncture	$20
Naturopathic	$20
Part B covered medications	10%
NOT COVERED BY PLAN	
Transportation	
OPTIONAL SUPPLEMENTAL BENEFITS	
Not available	

CareSource

888-460-0185; TTY 800-735-2900
www.caresourcehealthplans.com

Plan Service Areas: Josephine, Jackson, and Douglas counties (Glendale and Azalea only).

PLATINUM (HMO-POS) & PLATINUM PLUS RX (HMO-POS)	YOUR COST
IMPORTANT INFORMATION	
Type of Plan/Plan No.	HMO-POS/H3810-004, HMO-POS/H3810-005 (with Rx)
Monthly Premium with Rx	$221.90
Monthly Premium without Rx	$132.90
Annual out-of-pocket spending limit	$1,000 (excludes Part D costs)
Health Plan Deductible	$0
Part D Deductible	$0
100% LIS plan premium	$188.30
INPATIENT CARE PER DAY	
Inpatient hospital /mental health care	$150 (days 1-3)
Skilled nursing facility	$0 (days 1-13), $100 (days 14-20), $0 (21-100)
Home health care	$0
OUTPATIENT CARE	
Doctor visits/specialists	$10
Chiropractor and Podiatry	$10
Outpatient mental health care	$10
Outpatient substance abuse care	$10
Outpatient services/surgery	$50 ambulatory surgical center visit, $150 outpatient hospital facility visit
Ambulance services	$150
Emergency care	$65 (waived if hospitalized for same cause within 48 hours)
Urgently Needed Care	$25 (waived if hospitalized for same cause within 48 hours)
Outpatient rehabilitation services	$10
OUTPATIENT MEDICAL SERVICES/SUPPLIES	
Durable medical equipment	$0
Prosthetic devices	$0
Diabetes programs and supplies	$0
Diagnostic tests, X-rays, lab services, and radiology services	$0 for Medicare-covered lab services; X-rays. $0-$60 for Medicare-covered diagnostic radiology services (not including X-rays).
PREVENTIVE SERVICES	
Cardiac and pulmonary rehabilitation services	$10
Preventive services & wellness/education programs	$0
Kidney disease and conditions	$0
Dental services	Contact plan for details
Hearing services	$10
ADDITIONAL BENEFITS	
Vision	$200 allowance & $10 routine eye exam
Over-the-counter items	Contact plan for details
Acupuncture	$10
Naturopathic	$10
Part B covered medications	10%
NOT COVERED BY PLAN	
Transportation	
OPTIONAL SUPPLEMENTAL BENEFITS	
Not available	

CareSource

888-460-0185; TTY 800-735-2900
www.caresourcehealthplans.com

Plan Service Areas: Josephine, Jackson, and Douglas counties (Glendale and Azalea only).

SILVER (HMO) & SILVER PLUS RX (HMO)	YOUR COST
IMPORTANT INFORMATION	
Type of Plan/Plan No.	HMO/H3810-006, HMO /H3810-007 (with Rx)
Monthly Premium with Rx	$83.50
Monthly Premium without Rx	$0
Annual out-of-pocket spending limit	$3,400 (excludes Part D costs)
Health Plan Deductible	$0
Part D Deductible	$0
100% LIS plan premium	$52.60
INPATIENT CARE PER DAY	
Inpatient hospital /mental health care	$300 (days 1-7) / $200 (days 1-7)
Skilled nursing facility	$0 (days 1-13), $100 (days 14-40)
Home health care	$0
OUTPATIENT CARE	
Doctor visits / specialists	$20/$30
Chiropractor / Podiatry	$20/$30
Outpatient mental health care	$20/$30
Outpatient substance abuse care	$20
Outpatient services/surgery	$200 ambulatory surgical center visit, $200 outpatient hospital facility visit
Ambulance services	$150
Emergency care	$65 (waived if hospitalized for same cause within 48 hours)
Urgently Needed Care	$25 (waived if hospitalized for same cause within 48 hours)
Outpatient rehabilitation services	$20
OUTPATIENT MEDICAL SERVICES/SUPPLIES	
Durable medical equipment	20%
Prosthetic devices	20%
Diabetes programs and supplies	$0
Diagnostic tests, X-rays, lab services, and radiology services	$0 for Medicare-covered lab services; X rays. $60 for Medicare-covered diagnostic radiology services (not including X-rays).
PREVENTIVE SERVICES	
Cardiac and pulmonary rehabilitation services	$20
Preventive services and wellness/education programs	$0
Kidney disease and conditions	20%
ADDITIONAL BENEFITS	
Vision	$100 allowance & $30 routine eye exam
Over-the-counter items	Contact plan for details
Acupuncture	$20
Naturopathic	$20
Part B covered medication	10%
NOT COVERED BY PLAN	
Transportation	
OPTIONAL SUPPLEMENTAL BENEFITS	
Not available	

CareSource

888-460-0185; TTY 800-735-2900
www.caresourcehealthplans.com

Plan Service Areas: Josephine, Jackson, and Douglas counties (Glendale and Azalea only).

BRONZE RX (HMO)	YOUR COST
IMPORTANT INFORMATION	
Type of Plan/Plan No.	HMO/H3810-019
Monthly Premium with Rx	$37.40
Monthly Premium without Rx	
Annual out-of-pocket spending limit	$3,400 (excludes Part D costs)
Health Plan Deductible	2013 Part A and Part B deductible applies
Part D Deductible	$325
100% LIS plan premium	$0
INPATIENT CARE PER DAY	
Inpatient hospital /mental health care	20%
Skilled nursing facility	20%
Home health care	20%
OUTPATIENT CARE	
Doctor visits/specialists	$0/20%
Chiropractor and Podiatry	$0/20%
Outpatient mental health care	20%
Outpatient substance abuse care	20%
Outpatient services/surgery	20%
Ambulance services	20%
Emergency care	20% up to $65 (waived if hospitalized for same cause within 48 hours)
Urgently Needed Care	20% (waived if hospitalized for same cause within 48 hours)
Outpatient rehabilitation services	20%
OUTPATIENT MEDICAL SERVICES/SUPPLIES	
Durable medical equipment	20%
Prosthetic devices	20%
Diabetes programs and supplies	$0
Diagnostic tests, X-rays, lab services, and radiology services	20%
PREVENTIVE SERVICES	
Cardiac and pulmonary rehabilitation services	20%
Preventive services & wellness/education programs	$0
Kidney disease and conditions	20%
ADDITIONAL BENEFITS	
Vision	$200 allowance & 20% routine eye exam
Over-the-counter items	Contact plan for details
Transportation	$0; up to 12 round trips to plan-approved locations
Acupuncture	$0
Naturopathic	$0
Part B covered medication	20%
OPTIONAL SUPPLEMENTAL BENEFITS	
Not available	

FamilyCare Health Plans

866-798-2273; TTY 800-735-2900
www.familycarehealthplans.org

Plan Service Areas: Clackamas, Clatsop, Morrow, Multnomah, Umatilla, and Washington counties.

MY PLAN A (HMO)	YOUR COST
IMPORTANT INFORMATION	
Type of Plan/Plan No.	HMO/H3818-003
Monthly Premium with Rx	$74
Monthly Premium without Rx	
Annual out-of-pocket spending limit	$3,400
Health Plan Deductible	$50
Part D Deductible	$190
100% LIS plan premium	$38.40
INPATIENT CARE PER DAY	
Inpatient hospital /mental health care	$335 (days 1-6) / $299 (days 1-6)
Skilled nursing facility	$100 (days 1-100)
Home health care	$20 per visit
OUTPATIENT CARE	
Doctor visits/specialists	$25 primary care / $40 specialist
Chiropractor and Podiatry	$20; $40
Outpatient mental health care	$40 per visit; $0 for partial hospitalization program
Outpatient substance abuse care	20%
Outpatient services/surgery	20%
Ambulance services	$100 ($0 if admitted)
Emergency care	$65 ($0 if admitted)
Urgently Needed Care	$35 ($0 if admitted)
Outpatient rehabilitation services	$35 occupational therapy, physical therapy, or speech/language pathology
OUTPATIENT MEDICAL SERVICES/SUPPLIES	
Durable medical equipment	20%
Prosthetic devices	20%
Diabetes programs and supplies	20% self-management training; $0 monitoring supplies & therapeutic footwear
Diagnostic tests, X-rays, lab services, and radiology services	$20 lab services and diagnostic tests; 20% X-rays, diagnostic radiology, and therapeutic radiology
PREVENTIVE SERVICES	
Cardiac and pulmonary rehabilitation services	20%
Preventive services and wellness/education programs	$0
Kidney disease and conditions	20% dialysis; $0 kidney disease education
ADDITIONAL BENEFITS	
Vision	$0 eyeglasses or contact lenses after cataract surgery; $20 Medicare-covered diagnostic & treatment visits, $20 for one routine eye exam each year; $100 credit for prescription glasses or $65 credit for contacts every two years
NOT COVERED BY PLAN	
Over-the-counter items, transportation, and acupuncture.	
OPTIONAL SUPPLEMENTAL BENEFITS	
Not available	

FamilyCare Health Plans

866-798-2273; TTY 800-735-2900
www.familycarehealthplans.org

Plan Service Areas: Clackamas, Clatsop, Morrow, Multnomah, Umatilla, and Washington counties.

MY PLAN R (HMO)	YOUR COST
IMPORTANT INFORMATION	
Type of Plan/Plan No.	HMO/H3818-004
Monthly Premium with Rx	
Monthly Premium without Rx	$55
Annual out-of-pocket spending limit	$3,400
Health Plan Deductible	$50
Part D Deductible	
100% LIS plan premium	
INPATIENT CARE PER DAY	
Inpatient hospital /mental health care	$335 (days 1-6) / $299 (days 1-6)
Skilled nursing facility	$100 (days 1-100)
Home health care	$20 per visit
OUTPATIENT CARE	
Doctor visits/specialists	$20 primary care / $35 specialist
Chiropractor and Podiatry	$20; $35
Outpatient mental health care	$35 per visit ($40 for visit with psychiatrist); $0 for partial hospitalization program
Outpatient substance abuse care	20%
Outpatient services/surgery	20%
Ambulance services	$100 ($0 if admitted)
Emergency care	$65 ($0 if admitted)
Urgently Needed Care	$35 ($0 if admitted)
Outpatient rehabilitation services	20% occupational therapy; $25 physical therapy or speech/language pathology
OUTPATIENT MEDICAL SERVICES/SUPPLIES	
Durable medical equipment	20%
Prosthetic devices	20%
Diabetes programs and supplies	20% self-management training, monitoring supplies, & therapeutic footwear
Diagnostic tests, X-rays, lab services, and radiology services	$20 lab services and diagnostic tests; 20% X-rays, diagnostic radiology, and therapeutic radiology
PREVENTIVE SERVICES	
Cardiac and pulmonary rehabilitation services	20%
Preventive services and wellness/education programs	$0
Kidney disease and conditions	20% dialysis; $0 kidney disease education
ADDITIONAL BENEFITS	
Vision	$0 eyeglasses or contact lenses after cataract surgery; $20 Medicare-covered diagnostic & treatment visits; $20 for one routine eye exam each year; $100 credit for prescription glasses or $65 credit for contacts every two years
NOT COVERED BY PLAN	
Over-the-counter items, transportation, and acupuncture.	
OPTIONAL SUPPLEMENTAL BENEFITS	
Not available	

FamilyCare Health Plans

866-798-2273; TTY 800-735-2900
www.familycarehealthplans.org

Plan Service Areas: Clatsop, Morrow, Multnomah, Umatilla, and Washington counties.

MY PLAN E (HMO)	YOUR COST
IMPORTANT INFORMATION	
Type of Plan/Plan No.	HMO/H3818-014
Monthly Premium with Rx	$136
Monthly Premium without Rx	
Annual out-of-pocket spending limit	$3,400
Health Plan Deductible	$50
Part D Deductible	$100
100% LIS plan premium	$101.50
INPATIENT CARE PER DAY	
Inpatient hospital /mental health care	$225 (days 1-6)
Skilled nursing facility	$0 (100 days)
Home health care	$20 per visit
OUTPATIENT CARE	
Doctor visits/specialists	$15 primary care / $40 specialist
Chiropractor and Podiatry	$20; $30
Outpatient mental health care	$30 per visit; $0 for partial hospitalization program
Outpatient substance abuse care	$30
Outpatient services/surgery	10%
Ambulance services	$100 ($0 if admitted)
Emergency care	$65 ($0 if admitted)
Urgently Needed Care	$65 ($0 if admitted)
Outpatient rehabilitation services	$30 occupational therapy, physical therapy, or speech/language pathology
OUTPATIENT MEDICAL SERVICES/SUPPLIES	
Durable medical equipment	20%
Prosthetic devices	20%
Diabetes programs and supplies	20% self-management training; $0 monitoring supplies & therapeutic footwear
Diagnostic tests, X-rays, lab services, and radiology services	$10 lab services & diagnostic tests; 10% X-rays; 10% diagnostic radiology; 10% therapeutic radiology
PREVENTIVE SERVICES	
Cardiac and pulmonary rehabilitation services	$0
Preventive services and wellness/education programs	$0
Kidney disease and conditions	20% dialysis; $0 kidney disease education
ADDITIONAL BENEFITS	
Vision	$0 eyeglasses or contact lenses after cataract surgery; $20 Medicare-covered diagnostic & treatment visits' $20 for one routine eye exam each year; $100 credit for prescription glasses or $65 credit for contacts every two years
NOT COVERED BY PLAN	
Over-the-counter items, transportation, and acupuncture.	
OPTIONAL SUPPLEMENTAL BENEFITS	
Not available	

Health Net

800-949-6165; TTY 800-929-9955
www.healthnet.com

Plan Service Areas: Benton, Clackamas, Columbia, Hood River, Lane, Linn, Marion, Multnomah, Polk, Washington, and Yamhill counties.

AQUA NORTH (PPO)	YOUR COST
IMPORTANT INFORMATION	
Type of Plan/Plan No.	PPO/H5520-001
Monthly Premium with Rx	
Monthly Premium without Rx	$45
Annual out-of-pocket spending limit	In-network: $2,500; in- and out-of-network: $5,100
Health Plan Deductible	$125
Part D Deductible	
100% LIS plan premium	
INPATIENT CARE PER DAY	
Inpatient hospital /mental health care	In-network: $175 (days 1-8); out-of-network: $200 (days 1-8)
Skilled nursing facility	In-network: $0 (days 1-20); $100 (days 21-100); out-of-network: $150 (days 21-100)
Home health care	$0
OUTPATIENT CARE	
Doctor visits/specialists	In-network: $12; out-of-network: $20
Chiropractor / Podiatry (Medicare covered)	In-network: $15; out-of-network: $15 / in-network: $12; out-of-network: $20
Outpatient mental health care	In-network: $25; out-of-network: $50
Outpatient substance abuse care	In-network: $25; out-of-network: $50
Outpatient services/surgery	Ambulatory surgical center in-network: $150; out-of-network: $175. Hospital in-network: $175; out-of-network: $200
Ambulance services	$100
Emergency care	$65 (waived if admitted within 24 hours)
Urgently Needed Care	In-network: $25; out-of-network: $50 (waived if admitted within 24 hours)
Outpatient rehabilitation services	In-network: $25; out-of-network: $35
OUTPATIENT MEDICAL SERVICES/SUPPLIES	
Durable medical equipment	In-network: 15%; out-of-network: 20%
Prosthetic devices	In-network: 15%; out-of-network: 20%
Diabetes programs and supplies	In-network: $0 self-management training, monitoring supplies, 15% therapeutic shoes or inserts; out-of-network: $0 self-management training, monitoring supplies, 20% therapeutic shoes or inserts
Diagnostic tests, X-rays, lab services, and radiology services	In-network: $0 lab services, 0%-15% diagnostic tests, $12 X-rays, 15% radiology services; out-of-network: $0 lab services, 0%-20% diagnostic tests, $20 X-rays, 20% radiology services
PREVENTIVE SERVICES	
Cardiac and pulmonary rehabilitation services	In-network: $25; out-of-network: $35
Preventive services and wellness/education programs	$0
Kidney disease and conditions	In- and out-of-network: 20% dialysis, $0 kidney disease education services.

ADDITIONAL BENEFITS	
Vision	$0: eyeglasses or contact lenses after cataract surgery, one pair of glasses every two years, one pair of contacts every two years, one pair of lenses every two years, one frame every two years ($100 allowance for eye wear every two years) In-network: $12 diagnostic and treatment exams, $10 one routine eye exam a year; out-of-network: $20 diagnostic and treatment exams, up to $45 for one routine eye exam a year
Acupuncture	In-network: $15; out-of-network: $15
NOT COVERED BY PLAN	
Over-the-counter items and transportation.	
OPTIONAL SUPPLEMENTAL BENEFITS	
Package No. 1 name	Preventive Dental Plus
Premium	$31
Covers	Dental
Dental Costs	In- and out-of-network: $0 two oral exams a year, $0 two cleanings a year, $0 one dental X-ray a year, $0 panoramic X-rays every 36 months, $0 preventive dental services, 20% basic dental services, 50% major dental services
Additional information	$35 dental deductible; $1,250 coverage limit for both in-network and out-of-network

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Plan Service Areas: Benton, Clackamas, Columbia, Hood River, Lane, Linn, Marion, Multnomah, Polk, Washington, and Yamhill counties.

VIOLET OPTION 1 NORTH (PPO)	YOUR COST
IMPORTANT INFORMATION	
Type of Plan/Plan No.	PPO/H5520-002
Monthly Premium with Rx	$99
Monthly Premium without Rx	
Annual out-of-pocket spending limit	In-network: $2,500; in- and out-of-network: $4,000
Health Plan Deductible	$255
Part D Deductible	$0
100% LIS plan premium	$72
INPATIENT CARE PER DAY	
Inpatient hospital /mental health care	In-network: $200 (days 1-7); out-of-network: $225 (days 1-7)
Skilled nursing facility	In-network: $0 (days 1-20); $100 (days 21-100); out-of-network: $150 (days 21-100)
Home health care	$0
OUTPATIENT CARE	
Doctor visits/specialists	In-network: $12; out-of-network: $20
Chiropractor / Podiatry (Medicare covered)	In-and out-of-network: $15 / in-network: $12; out-of-network: $20; in-network: $25; out-of-network: $35 (routine, up to 6 visits per year)
Outpatient mental health care	In-network: $25; out-of-network: $50
Outpatient substance abuse care	In-network: $25; out-of-network: $50
Outpatient services/surgery	Ambulatory surgical center in-network: $150; out-of-network: $175; hospital in-network: $175; out-of-network: $200
Ambulance services	$175
Emergency care	$65 (waived if admitted within 24 hours)
Urgently Needed Care	In-network: $35; out-of-network: $50 (waived if admitted within 24 hours)
Outpatient rehabilitation services	In-network: $25; out-of-network: $35
OUTPATIENT MEDICAL SERVICES/SUPPLIES	
Durable medical equipment	In-network: 15%; out-of-network: 18%
Prosthetic devices	In-network: 15%; out-of-network: 18%
Diabetes programs and supplies	In-network: $0 self-management training, $0 monitoring supplies, 15% therapeutic shoes or inserts; out-of-network: $0 self-management training, $0 monitoring supplies, 18% therapeutic shoes or inserts
Diagnostic tests, X-rays, lab services, and radiology services	In-network: $12 lab services, 0%-15% diagnostic tests, $12 X-rays, 15% radiology services; out-of-network: $20 lab services, 0%-18% diagnostic tests, $20 X-rays, 18% radiology services
PREVENTIVE SERVICES	
Cardiac and pulmonary rehabilitation services	In-network: $25; out-of-network: $35
Preventive services and wellness/education programs	$0

Kidney disease and conditions	In-and out-of-network: 20% dialysis, $0 kidney disease education services
ADDITIONAL BENEFITS	
Vision	$0 eyeglasses or contact lenses after cataract surgery, $0 one pair of glasses every two years, $0 one pair of contacts every two years, $0 one pair of lenses every two years, $0 one frame every two years ($100 allowance for eye wear every two years) In-network: $12 diagnostic and treatment exams, $10 one routine eye exam a year; out-of-network: $20 diagnostic and treatment exams, up to $45 for one routine eye exam a year
Acupuncture	In-network: $15; out-of-network: $15
NOT COVERED BY PLAN	
Over-the-counter items and transportation.	
OPTIONAL SUPPLEMENTAL BENEFITS	
Package No. 1 name	Preventive Dental Plus
Premium	$31
Covers	Dental
Dental Costs	In- and out-of-network: $0 two oral exams a year, $0 two cleanings a year, $0 one dental X-ray a year, $0 panoramic X-rays every 36 months, $0 preventive dental services, 20% basic dental services, 50% major dental services
Additional information	$35 dental deductible; $1,250 coverage limit for both in-network and out-of-network

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Plan Service Areas: Douglas, Jackson, and Josephine counties.

AQUA SOUTH (PPO)	YOUR COST
IMPORTANT INFORMATION	
Type of Plan/Plan No.	PPO/H5520-003
Monthly Premium with Rx	
Monthly Premium without Rx	$49
Annual out-of-pocket spending limit	In-network: $2,500; in- and out-of-network: $5,100
Health Plan Deductible	$150
Part D Deductible	
100% LIS plan premium	
INPATIENT CARE PER DAY	
Inpatient hospital /mental health care	In-network: $175 (days 1-8); out-of-network: $200 (days 1-8)
Skilled nursing facility	In-network: $0 (days 1-20); $100 (days 21-100); out-of-network: $150 (days 21-100)
Home health care	$0
OUTPATIENT CARE	
Doctor visits/specialists	In-network: $12; out-of-network: $20
Chiropractor and Podiatry (Medicare covered)	In-network: $15; out-of-network: $15 /in-network: $12; out-of-network: $20
Outpatient mental health care	In-network: $25; out-of-network: $50
Outpatient substance abuse care	In-network: $25; out-of-network: $50
Outpatient services/surgery	Ambulatory surgical center in-network: $150; out-of-network: $175; Hospital in-network: $175; out-of-network: $200
Ambulance services	$100
Emergency care	$65 (waived if admitted within 24 hours) (includes worldwide emergency coverage)
Urgently Needed Care	In-network: $25; out-of-network: $50 (waived if admitted within 24 hours)
Outpatient rehabilitation services	In-network: $25; out-of-network: $35
OUTPATIENT MEDICAL SERVICES/SUPPLIES	
Durable medical equipment	In-network: 15%; out-of-network: 20%
Prosthetic devices	In-network: 15%; out-of-network: 20%
Diabetes programs and supplies	In-network: $0 self-management training, $0 monitoring supplies, 15% therapeutic shoes or inserts; out-of-network: $0 self-management training, $0 monitoring supplies, 20% therapeutic shoes or inserts
Diagnostic tests, X-rays, lab services, and radiology services	In-network: $0 lab services, 0%-15% diagnostic tests, $12 X-rays, 15% radiology services; out-of-network: $0 lab services, 0%-20% diagnostic tests, $20 X-rays, 20% radiology services
PREVENTIVE SERVICES	
Cardiac and pulmonary rehabilitation services	In-network: $25; out-of-network: $35
Preventive services and wellness/education programs	$0
Kidney disease and conditions	In-network: 20% dialysis, $0 kidney disease education services; out-of-network: 20% dialysis, $0 kidney disease education services

ADDITIONAL BENEFITS	
Vision	$0 eyeglasses or contact lenses after cataract surgery, $0 one pair of glasses every two years, $0 one pair of contacts every two years, $0 one pair of lenses every two years, $0 one frame every two years ($100 allowance for eye wear every two years) In-network: $12 diagnostic and treatment exams, $10 one routine eye exam a year; out-of-network: $20 diagnostic and treatment exams, up to $45 for one routine eye exam a year
Acupuncture	In-network: $15; out-of-network: $15
NOT COVERED BY PLAN	
Over-the-counter items transportation, foreign travel.	
OPTIONAL SUPPLEMENTAL BENEFITS	
Package No. 1 name	Preventive Dental Plus
Premium	$31
Covers	Dental
Dental Costs	In- and out-of-network: $0 two oral exams a year, $0 two cleanings a year, $0 one dental X-ray a year, $0 panoramic X-rays every 36 months, $0 preventive dental services, 20% basic dental services, 50% major dental services
Additional information	$35 dental deductible; $1,250 coverage limit for both in-network and out-of-network

VOLUNTEER PRAISE

Volunteer name: Toni Rudolph, Bill Schnautz, Dona Brewer, and Diana Circle
County: Douglas

Douglas County SHIBA Program extends huge kudos to the following certified SHIBA counselors for their dedication, compassion, leadership and ability to disseminate unbiased information to our community: Toni Rudolph, Bill Schnautz, Dona Brewer, and Diana Circle. Thank you for ensuring our Open Enrollment event was a success in my absence. You are truly an extraordinary team.

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Plan Service Areas: Douglas, Jackson, and Josephine counties.

VIOLET OPTION 1 SOUTH (PPO)	YOUR COST
IMPORTANT INFORMATION	
Type of Plan/Plan No.	PPO/H5520-004
Monthly Premium with Rx	$95
Monthly Premium without Rx	
Annual out-of-pocket spending limit	In-network: $2,500; in- and out-of-network: $4,000
Health Plan Deductible	$255
Part D Deductible	$0
100% LIS plan premium	$81.90
INPATIENT CARE PER DAY	
Inpatient hospital /mental health care	In-network: $200 (days 1-8); out-of-network: $225 (days 1-8)
Skilled nursing facility	In-network: $0 (days 1-20); $100 (days 21-100); out-of-network: $150 (days 21-100)
Home health care	$0
OUTPATIENT CARE	
Doctor visits/specialists	In-network: $12; out-of-network: $20
Chiropractor / Podiatry	(Medicare covered) In-network: $15; out-of-network: $15 / In-network: $12; out-of-network: $20; (Routine, up to 6 visits per year) In-network: $25; out-of-network: $35
Outpatient mental health care	In-network: $25; out-of-network: $50
Outpatient substance abuse care	In-network: $25; out-of-network: $50
Outpatient services/surgery	Ambulatory surgical center: in-network: $150; out-of-network: $175. Hospital: in-network: $175; out-of-network: $200
Ambulance services	$175
Emergency care	$65 (waived if admitted within 24 hours) (includes worldwide emergency coverage)
Urgently Needed Care	In-network: $35; out-of-network: $50 (waived if admitted within 24 hours)
Outpatient rehabilitation services	In-network: $25; out-of-network: $35
OUTPATIENT MEDICAL SERVICES/SUPPLIES	
Durable medical equipment	In-network: 15%; out-of-network: 18%
Prosthetic devices	In-network: 15%; out-of-network: 18%
Diabetes programs and supplies	In-network: $0 self-management training, $0 monitoring supplies, 15% therapeutic shoes or inserts; out-of-network: $0 self-management training, $0 monitoring supplies, 18% therapeutic shoes or inserts
Diagnostic tests, X-rays, lab services, and radiology services	In-network: $12 lab services, 0%-15% diagnostic tests, $12 X-rays, 15% radiology services; out-of-network: $20 lab services, 0%-18% diagnostic tests, $20 X-rays, 18% radiology services
PREVENTIVE SERVICES	
Cardiac and pulmonary rehabilitation services	In-network: $25; out-of-network: $35
Preventive services and wellness/education programs	$0
Kidney disease and conditions	In-and out-of-network: 20% dialysis, $0 kidney disease education services.

ADDITIONAL BENEFITS	
Vision	$0 eyeglasses or contact lenses after cataract surgery, $0 one pair of glasses every two years, $0 one pair of contacts every two years, $0 one pair of lenses every two years, $0 one frame every two years ($100 allowance for eye wear every two years) In-network: $12 diagnostic and treatment exams, $10 one routine eye exam a year; out-of-network: $20 diagnostic and treatment exams, up to $45 for one routine eye exam a year
Acupuncture	In-network: $15; out-of-network: $15
NOT COVERED BY PLAN	
Over-the-counter items and transportation.	
OPTIONAL SUPPLEMENTAL BENEFITS	
Package No. 1 name	Preventive Dental Plus
Premium	$31
Covers	Dental
Dental Costs	In- and out-of-network: $0 two oral exams a year, $0 two cleanings a year, $0 one dental X-ray a year, $0 panoramic X-rays every 36 months, $0 preventive dental services, 20% basic dental services, 50% major dental services
Additional information	$35 dental deductible; $1,250 coverage limit for both in-network and out-of-network

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Plan Service Areas: Benton, Clackamas, Columbia, Hood River, Lane, Linn, Marion, Multnomah, Polk, Washington, and Yamhill counties.

VIOLET OPTION 2 NORTH (PPO)	YOUR COST
IMPORTANT INFORMATION	
Type of Plan/Plan No.	PPO/H5520-005
Monthly Premium with Rx	$0
Monthly Premium without Rx	
Annual out-of-pocket spending limit	In-network: $3,400; in- and out-of-network $4,500
Health Plan Deductible	$345
Part D Deductible	$0
100% LIS plan premium	$0
INPATIENT CARE PER DAY	
Inpatient hospital /mental health care	In-network: $250 (days 1-7); out-of-network: $275 (days 1-7)
Skilled nursing facility	In-network: $0 (days 1-20); $100 (days 21-100); out-of-network: $150 (days 21-100)
Home health care	$0
OUTPATIENT CARE	
Doctor visits/specialists	In-network: $15; out-of-network: $20
Chiropractor and Podiatry (Medicare covered)	In- and out- of-network: $15 / in-network: $15; out-of-network: $20
Outpatient mental health care	In-network: $25; out-of-network: $50
Outpatient substance abuse care	In-network: $25; out-of-network: $50
Outpatient services/surgery	Ambulatory surgical center and hospital in-network: 18%; out-of-network: 20%.
Ambulance services	$250
Emergency care	$65 (waived if admitted within 24 hours) (includes worldwide emergency coverage)
Urgently Needed Care	In-network: $35; out-of-network: $50 (waived if admitted within 24 hours)
Outpatient rehabilitation services	In-network: $25; out-of-network: $35
OUTPATIENT MEDICAL SERVICES/SUPPLIES	
Durable medical equipment	In-network: 15%; out-of-network: 20%
Prosthetic devices	In-network: 15%; out-of-network: 20%
Diabetes programs and supplies	In-network: $0 self-management training, $0 monitoring supplies, 15% therapeutic shoes or inserts; out-of-network: $0 self-management training, $0 monitoring supplies, 20% therapeutic shoes or inserts
Diagnostic tests, X-rays, lab services, and radiology services	In-network: $15 lab services, 0%-15% diagnostic tests, $15 X-rays, 15% radiology services; out-of-network: $20 lab services, 0%-20% diagnostic tests, $20 X-rays, 20% radiology services
PREVENTIVE SERVICES	
Cardiac and pulmonary rehabilitation services	In-network: $25; out-of-network: $35
Preventive services and wellness/education programs	$0
Kidney disease and conditions	In- or out-of-network: 20% dialysis, $0 kidney disease education services

ADDITIONAL BENEFITS	
Vision	In-network: $15 diagnostic and treatment exams; out-of-network: $20 diagnostic and treatment exams
Acupuncture	In-network: $15; out-of-network: $15
NOT COVERED BY PLAN	
Over-the-counter items and transportation.	
OPTIONAL SUPPLEMENTAL BENEFITS	
Package No. 1 name	Preventive Dental Plus
Premium	$31
Covers	Dental
Dental Costs	In- and out-of-network: $0 two oral exams a year, $0 two cleanings a year, $0 one dental X-ray a year, $0 panoramic X-rays every 36 months, $0 preventive dental services, 20% basic dental services, 50% major dental services
Additional information	$35 dental deductible; $1,250 coverage limit for both in-network and out-of-network
Package No. 2 name	Routine Vision
Premium	$6
Covers	Vision
Vision Costs	$0 eyeglasses or contact lenses after cataract surgery, $0 one pair of glasses every two years, $0 one pair of contacts every two years, $0 one pair of lenses every two years, $0 one frame every two years In-network: $10 one routine eye exam a year; out-of-network: up to $45 for one routine eye exam a year
Additional information	$100 allowance for eye wear every two years

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Plan Service Areas: Douglas, Jackson, and Josephine counties.

VIOLET OPTION 2 SOUTH (PPO)	YOUR COST
IMPORTANT INFORMATION	
Type of Plan/Plan No.	PPO/H5520-006
Monthly Premium with Rx	$0
Monthly Premium without Rx	
Annual out-of-pocket spending limit	In-network: $3,400; in- and out-of-network $4,500
Health Plan Deductible	$345
Part D Deductible	$0
100% LIS plan premium	$0
INPATIENT CARE PER DAY	
Inpatient hospital /mental health care	In-network: $250 (days 1-6); out-of-network: $275 (days 1-6)
Skilled nursing facility	In-network: $0 (days 1-20); $100 (days 21-100); out-of-network: $150 (days 21-100)
Home health care	$0
OUTPATIENT CARE	
Doctor visits/specialists	In-network: $15; out-of-network: $20
Chiropractor and Podiatry (Medicare covered)	In- and out-of-network: $15 / in-network: $15; out-of-network: $20
Outpatient mental health care	In-network: $25; out-of-network: $50
Outpatient substance abuse care	In-network: $25; out-of-network: $50
Outpatient services/surgery	Ambulatory surgical center and hospital in-network: 18%; out-of-network: 20%.
Ambulance services	$250
Emergency care	$65 (waived if admitted within 24 hours)
Urgently Needed Care	In-network: $35; out-of-network: $50 (waived if admitted within 24 hours)
Outpatient rehabilitation services	In-network: $25; out-of-network: $35
OUTPATIENT MEDICAL SERVICES/SUPPLIES	
Durable medical equipment	In-network: 15%; out-of-network: 20%
Prosthetic devices	In-network: 15%; out-of-network: 20%
Diabetes programs and supplies	In-network: $0 self-management training, $0 monitoring supplies, 15% therapeutic shoes or inserts; out-of-network: $0 self-management training, $0 monitoring supplies, 20% therapeutic shoes or inserts
Diagnostic tests, X-rays, lab services, and radiology services	In-network: $15 lab services, 0%-15% diagnostic tests, $15 X-rays, 15% radiology services; out-of-network: $20 lab services, 0%-20% diagnostic tests, $20 X-rays, 20% radiology services
PREVENTIVE SERVICES	
Cardiac and pulmonary rehabilitation services	In-network: $25; out-of-network: $35
Preventive services and wellness/education programs	$0
Kidney disease and conditions	In-and out-of-network: 20% dialysis, $0 kidney disease education services.
ADDITIONAL BENEFITS	
Vision	In-network: $15 diagnostic and treatment exams; out-of-network: $20 diagnostic and treatment exams
Acupuncture	In-network: $15; out-of-network: $15

NOT COVERED BY PLAN	
Over-the-counter items and transportation.	
OPTIONAL SUPPLEMENTAL BENEFITS	
Package No. 1 name	Preventive Dental Plus
Premium	$31
Covers	Dental
Dental Costs	In- and out-of-network: $0 two oral exams a year, $0 two cleanings a year, $0 one dental X-ray a year, $0 panoramic X-rays every 36 months, $0 preventive dental services, 20% basic dental services, 50% major dental services
Additional information	$35 dental deductible; $1,250 coverage limit for both in-network and out-of-network
Package No. 2 name	Routine Vision
Premium	$6
Covers	Vision
Vision Costs	$0 eyeglasses or contact lenses after cataract surgery, $0 one pair of glasses every two years, $0 one pair of contacts every two years, $0 one pair of lenses every two years, $0 one frame every two years In-network: $10 one routine eye exam a year; out-of-network: up to $45 for one routine eye exam a year
Additional information	$100 allowance for eye wear every two years

VOLUNTEER PRAISE

Volunteer name: Karen Burrell
County: Linn

Karen was an awesome volunteer! She walked us through all of our options and made a difficult subject understandable. We felt comfortable with our choice for Medicare and an insurance supplement plan when we left. Karen was wonderful!

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Plan Service Areas: Benton, Clackamas, Columbia, Hood River, Lane, Linn, Marion, Multnomah, Polk, Washington, and Yamhill counties.

HEALTHY HEART NORTH (PPO)	YOUR COST
IMPORTANT INFORMATION	
Type of Plan/Plan No.	PPO/H5520-009
Monthly Premium with Rx	$159
Monthly Premium without Rx	
Annual out-of-pocket spending limit	In-network: $2,000; in- and out-of-network: $3,500
Health Plan Deductible	$145
Part D Deductible	$0
100% LIS plan premium	$123.80
INPATIENT CARE PER DAY	
Inpatient hospital /mental health care	In-network: $175 (days 1-6); out-of-network: $200 (days 1-6)
Skilled nursing facility	In-network: $0 (days 1-20); $75 (days 21-100); out-of-network: $75 (days 21-100)
Home health care	$0
OUTPATIENT CARE	
Doctor visits/specialists	In-network: $10; out-of-network: $20
Chiropractor and Podiatry (Medicare covered)	In- and out-of-network: $15 / in-network: $10; out-of-network: $20
Outpatient mental health care	In-network: $25; out-of-network: $50
Outpatient substance abuse care	In-network: $25; out-of-network: $50
Outpatient services/surgery	Ambulatory surgical center: In-network: $50; out-of-network: $100. Hospital: in-network: $100; out-of-network: $200
Ambulance services	$150
Emergency care	$65 (waived if admitted within 24 hours) (includes worldwide emergency coverage)
Urgently Needed Care	In-network: $25; out-of-network: $50 (waived if admitted within 24 hours)
Outpatient rehabilitation services	In-network: $25; out-of-network: $35
OUTPATIENT MEDICAL SERVICES/SUPPLIES	
Durable medical equipment	In-network: 12%; out-of-network: 12%
Prosthetic devices	In-network: 12%; out-of-network: 12%
Diabetes programs and supplies	In-network: $0 self-management training, $0 monitoring supplies, 12% therapeutic shoes or inserts; out-of-network: $0 self-management training, $0 monitoring supplies, 12% therapeutic shoes or inserts
Diagnostic tests, X-rays, lab services, and radiology services	In-network: $0 lab services, 0%-12% diagnostic tests, $0 X-rays, 12% radiology services; out-of-network: $0 lab services, 0%-12% diagnostic tests, $0 X-rays, 12% radiology services

PREVENTIVE SERVICES	
Cardiac and pulmonary rehabilitation services	In-network: $25; out-of-network: $35
Preventive services and wellness/education programs	$0
Kidney disease and conditions	In-network: 20% dialysis, $0 kidney disease education services; out-of-network: 20% dialysis, $0 kidney disease education services
Dental services	In- or out-of-network: $0 two oral exams a year, $0 two cleanings a year, $0 one dental X-ray a year, $0 panoramic X-rays every 36 months, $0 preventive dental services; ($35 deductible, $500 coverage limit)
Hearing services	$250 allowance for hearing aids every three years
ADDITIONAL BENEFITS	
Vision	$0 eyeglasses or contact lenses after cataract surgery, $0 one pair of glasses every two years, $0 one pair of contacts every two years, $0 one pair of lenses every two years, $0 one frame every two years ($100 allowance for eye wear every two years) In-network: $10 diagnostic and treatment exams, $10 one routine eye exam a year; out-of-network: $20 diagnostic and treatment exams, up to $45 for one routine eye exam a year
Acupuncture	In-network: $15; out-of-network: $15
NOT COVERED BY PLAN	
Over-the-counter items and transportation.	
OPTIONAL SUPPLEMENTAL BENEFITS	
Package No. 1 name	Extended Dental
Premium	$23
Covers	Dental
Dental Costs	In- and out-of-network: 20% basic dental services, 50% major dental services
Additional information	$35 dental deductible if not met for preventive benefits; $750 coverage limit for both in-network and out-of-network

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Plan Service Areas: Douglas, Jackson, and Josephine counties.

HEALTHY HEART SOUTH (PPO)	YOUR COST
IMPORTANT INFORMATION	
Type of Plan/Plan No.	PPO/H5520-010
Monthly Premium with Rx	$139
Monthly Premium without Rx	
Annual out-of-pocket spending limit	In-network: $2,000; in- and out-of-network: $3,500
Health Plan Deductible	$120
Part D Deductible	$0
100% LIS plan premium	$120.70
INPATIENT CARE PER DAY	
Inpatient hospital /mental health care	In- and out-of-network: $175 (days 1-6)
Skilled nursing facility	In- and out-of-network: $0 (days 1-20); $100 (days 21-100)
Home health care	$0
OUTPATIENT CARE	
Doctor visits/specialists	In-and out-of-network: $10
Chiropractor / Podiatry (Medicare covered)	In-and out-of-network: $15 / in-and out-of-network: $10
Outpatient mental health care	In-network: $25; out-of-network: $50
Outpatient substance abuse care	In-network: $25; out-of-network: $50
Outpatient services/surgery	Ambulatory surgical center in-network: $100; out-of-network: $100. Hospital in-network: $125; out-of-network: $125
Ambulance services	$175
Emergency care	$65 (waived if admitted within 24 hours) (includes worldwide emergency coverage)
Urgently Needed Care	In-network: $25; out-of-network: $50 (waived if admitted within 24 hours)
Outpatient rehabilitation services	In-network: $25; out-of-network: $35
OUTPATIENT MEDICAL SERVICES/SUPPLIES	
Durable medical equipment	In-and out-of-network: 12%
Prosthetic devices	In-and out-of-network: 12%
Diabetes programs and supplies	In-network: $0 self-management training, $0 monitoring supplies, 12% therapeutic shoes or inserts; out-of-network: $0 self-management training, $0 monitoring supplies, 12% therapeutic shoes or inserts
Diagnostic tests, X-rays, lab services, and radiology services	In-network: $0 lab services, 0%-12% diagnostic tests, $0 X-rays, 12% radiology services; out-of-network: $0 lab services, 0%-12% diagnostic tests, $0 X-rays, 12% radiology services

PREVENTIVE SERVICES	
Cardiac and pulmonary rehabilitation services	In-network: $25; out-of-network: $35
Preventive services and wellness/education programs	$0
Kidney disease and conditions	In-network: 20% dialysis, $0 kidney disease education services; out-of-network: 20% dialysis, $0 kidney disease education services
Dental services	$0 two oral exams a year, $0 two cleanings a year, $0 one dental X-ray a year, $0 panoramic X-rays every 36 months, $0 preventive dental services; ($35 deductible, $500 coverage limit)
Hearing services	$250 allowance for hearing aids every three years In-network: $10 Medicare-covered hearing exams; out-of-network: $10 Medicare-covered hearing exams
ADDITIONAL BENEFITS	
Vision	$0 eyeglasses or contact lenses after cataract surgery, $0 one pair of glasses every two years, $0 one pair of contacts every two years, $0 one pair of lenses every two years, $0 one frame every two years ($100 allowance for eye wear every two years) In-network: $10 diagnostic and treatment exams, $10 one routine eye exam a year; out-of-network: $10 diagnostic and treatment exams, up to $45 for one routine eye exam a year
Acupuncture	In-and out-of-network: $15
NOT COVERED BY PLAN	
Over-the-counter items and transportation.	
OPTIONAL SUPPLEMENTAL BENEFITS	
Package No. 1 name	Extended Dental
Premium	$23
Covers	Dental
Dental Costs	In-network: 20% basic dental services, 50% major dental services; out-of-network: 20% basic dental services, 50% major dental services
Additional information	$35 dental deductible if not met for preventive benefits; $750 coverage limit for both in-network and out-of-network

Health Net

800-949-6165; TTY 800-929-9955
www.healthnet.com

Plan Service Areas: Clackamas, Marion, Multnomah, Polk, Washington, and Yamhill counties.

RUBY (HMO)	YOUR COST
IMPORTANT INFORMATION	
Type of Plan/Plan No.	HMO/H6815-001
Monthly Premium with Rx	$23
Monthly Premium without Rx	
Annual out-of-pocket spending limit	$2,250
Health Plan Deductible	$0
Part D Deductible	$0
100% LIS plan premium	$6.80
INPATIENT CARE PER DAY	
Inpatient hospital /mental health care	$200 (days 1-8)
Skilled nursing facility	$0 (days 1-20); $100 (days 21-100)
Home health care	$0
OUTPATIENT CARE	
Doctor visits/specialists	Primary care physician: $8 / specialist: $20
Chiropractor and Podiatry	$15; $20
Outpatient mental health care	$25
Outpatient substance abuse care	$25
Outpatient services/surgery	Ambulatory surgical center: $150; hospital: $175
Ambulance services	$125
Emergency care	$65 (waived if admitted within 24 hours) (includes worldwide emergency coverage)
Urgently Needed Care	$25 (waived if admitted within 24 hours)
Outpatient rehabilitation services	$25
OUTPATIENT MEDICAL SERVICES/SUPPLIES	
Durable medical equipment	15%
Prosthetic devices	15%
Diabetes programs and supplies	$0 self-management training, $0 monitoring supplies, 15% therapeutic shoes or inserts
Diagnostic tests, X-rays, lab services, and radiology services	$0 lab services, 0%-15% diagnostic tests, $15 X-rays, 15% radiology services
PREVENTIVE SERVICES	
Cardiac and pulmonary rehabilitation services	$25
Preventive services and wellness/education programs	$0
Kidney disease and conditions	20% dialysis, $0 kidney disease education services
ADDITIONAL BENEFITS	
Vision	$20 diagnostic and treatment exams, $10 one routine eye exam a year, $0 eyeglasses or contact lenses after cataract surgery, $0 one pair of glasses every two years, $0 one pair of contacts every two years, $0 one pair of lenses every two years, $0 one frame every two years ($100 allowance for eye wear every two years)
Acupuncture	$15

NOT COVERED BY PLAN	
Over-the-counter items and transportation.	
OPTIONAL SUPPLEMENTAL BENEFITS	
Package No. 1 name	Preventive Dental Plus
Premium	$31
Covers	Dental
Dental Costs	In- or out-of-network: $0 two oral exams a year, $0 two cleanings a year, $0 one dental X-ray a year, $0 panoramic X-rays every 36 months, $0 preventive dental services, 20% basic dental services, 50% major dental services
Additional information	$35 dental deductible; $1,250 coverage limit for both in-network and out-of-network

VOLUNTEER PRAISE

Volunteer name: Prudence Amick
County: Wasco, Sherman

Our SHIBA program covers five counties. Prudence is always available to help out where needed. She also volunteers for several other organizations, such as CASA and MOW's. We are thankful for her help every year.

Health Net

800-949-6165; TTY 800-929-9955
www.healthnet.com

Plan Service Areas: Clackamas, Marion, Multnomah, Polk, Washington, and Yamhill counties.

JADE (HMO SNP)	YOUR COST
IMPORTANT INFORMATION	
Type of Plan/Plan No.	HMO-SNP/H6815-002
Monthly Premium with Rx	$0
Monthly Premium without Rx	
Annual out-of-pocket spending limit	$3,000
Health Plan Deductible	$335
Part D Deductible	$0
100% LIS plan premium	$0
INPATIENT CARE PER DAY	
Inpatient hospital /mental health care	$250 (days 1-6)
Skilled nursing facility	$0 (days 1-20); $100 (days 21-100)
Home health care	$0
OUTPATIENT CARE	
Doctor visits/specialists	Primary care physician: $0; specialist: $20
Chiropractor and Podiatry	$15; $20
Outpatient mental health care	$25
Outpatient substance abuse care	$25
Outpatient services/surgery	Ambulatory surgical center: $150. Hospital: $175
Ambulance services	$175
Emergency care	$65 (waived if admitted within 24 hours) (includes worldwide emergency coverage)
Urgently Needed Care	$35 (waived if admitted within 24 hours)
Outpatient rehabilitation services	$25
OUTPATIENT MEDICAL SERVICES/SUPPLIES	
Durable medical equipment	15%
Prosthetic devices	15%
Diabetes programs and supplies	$0 self-management training and monitoring supplies, 15% therapeutic shoes or inserts
Diagnostic tests, X-rays, lab services, and radiology services	$20 lab services, 0%-15% diagnostic tests, $20 X-rays, 15% radiology services
PREVENTIVE SERVICES	
Cardiac and pulmonary rehabilitation services	$25
Preventive services and wellness/education programs	$0
Kidney disease and conditions	20% dialysis, $0 kidney disease education services
ADDITIONAL BENEFITS	
Vision	$20 diagnostic and treatment exams, $10 one routine eye exam a year, $0 eyeglasses or contact lenses after cataract surgery, $0 one pair of glasses every two years, $0 one pair of contacts every two years, $0 one pair of lenses every two years, $0 one frame every two years ($100 allowance for eye wear every two years)
Acupuncture	$15

NOT COVERED BY PLAN	
Over-the-counter items and transportation.	
OPTIONAL SUPPLEMENTAL BENEFITS	
Package No. 1 name	Preventive Dental Plus
Premium	$31
Covers	Dental
Dental Costs	In- and out-of-network: $0 two oral exams a year, $0 two cleanings a year, $0 one dental X-ray a year, $0 panoramic X-rays every 36 months, $0 preventive dental services, 20% basic dental services, 50% major dental services
Additional information	$35 dental deductible; $1,250 coverage limit for both in-network and out-of-network

VOLUNTEER PRAISE

I went into this meeting extremely nervous and without any knowledge about the programs and came out laughing my head off due to the quick and comfortable bond I achieved with the volunteers. They were better than excellent! Again, I am so grateful for the help. Without it, I would be paying higher fees for services I do not need if it weren't for the volunteers, who are vital to this program.

Humana

800-372-2147; TTY 711
www.humana-medicare.com

Plan Service Areas: Clackamas, Multnomah, and Washington counties.

GOLD PLUS (HMO-POS)	YOUR COST
IMPORTANT INFORMATION	
Type of Plan/Plan No.	HMO-POS/H1036-149
Monthly Premium with Rx	$28
Monthly Premium without Rx	
Annual out-of-pocket spending limit	$3,900
Health Plan Deductible	$0
Part D Deductible	$0
100% LIS plan premium	$0
INPATIENT CARE PER DAY	
Inpatient hospital /mental health care	Hospital in-network: $265 (days 1-6); $0 (days 7-60); $100 (days 61-90); out-of-network: 30%. Mental health care in-network: $235 (days 1-6); out-of-network: 30%
Skilled nursing facility	In-network: $50 (days 1-20), $150 (days 21-100); out-of-network: 30%
Home health care	In-network: $0; out-of-network: not available
OUTPATIENT CARE	
Doctor visits/specialists	Primary care physician in-network: $10; out-of-network: 30%. Specialist in-network: $25; out-of-network: 30%
Chiropractor and Podiatry	In-network: $20/$25; out-of-network: 30%.
Outpatient mental health care	In-network: $25-$50; out-of-network: 30%
Outpatient substance abuse care	In-network: $25-$50; out-of-network: 30%
Outpatient services/surgery	In-network: $10-$265; out-of-network: 30%
Ambulance services	$200
Emergency care	$65 (waived if admitted within 24 hours)
Urgently Needed Care	In-network: $10-$25; out-of-network: 30%
Outpatient rehabilitation services	In-network: $25-$30; out-of-network: 30%
OUTPATIENT MEDICAL SERVICES/SUPPLIES	
Durable medical equipment	In-network: 20%; out-of-network: not available
Prosthetic devices	In-network: 20%; out-of-network: 30%
Diabetes programs and supplies	$0 self-management training, 0%-20% monitoring supplies, 0% therapeutic shoes and inserts
Diagnostic tests, X-rays, lab services, and radiology services	In-network: $10-$25 diagnostic tests, $10-$25 X-rays, $0-$25 lab services, $10-20% radiology services; out-of-network: 30%
PREVENTIVE SERVICES	
Cardiac and pulmonary rehabilitation services	In-network: $10-$30 cardiac rehabilitation, $25-$45 pulmonary rehabilitation; out-of-network: 30%
Preventive services and wellness/education programs	In-network: $0; out-of-network: 0%-30%
Kidney disease and conditions	In-network: 20% dialysis, $0 kidney disease education services; out-of-network: 20% dialysis, 30% kidney disease education services

ADDITIONAL BENEFITS	
Fitness program	$0 Silver Sneaker Fitness Program
Vision	In-network: $40 maximum benefit coverage amount per year for routine exam, which includes refraction, up to 1 per year. (Visit any in-network provider and your routine exam charge will not exceed the $40 maximum benefit coverage amount). Out-of-network: $40 maximum benefit coverage amount per year for routine exam, which includes refraction, up to 1 per year.
NOT COVERED BY PLAN	
Over-the-counter items, transportation, and acupuncture	
OPTIONAL SUPPLEMENTAL BENEFITS	
Package No. 1 name	MyOption Dental High
Premium	$23
Covers	Dental
Costs	In- and out-of-network: $50 deductible ($1,500 maximum benefit coverage) per year for bitewing X-rays, crown, dentures, extractions, filling, oral evaluation, and cleaning. In-network: 0% for bitewing X-rays up to one set per year. 0% for oral evaluation and cleaning, to two per year. 50% for extractions, fillings up to two per year. 70% for crowns up to one per year. 70% for dentures up to one every five years. Out-of-network: 30% for bitewing X-rays up to one set per year. 30% for oral evaluation and cleaning, to two per year. 55% for extractions, fillings up to two per year. 75% for crowns up to one per year. 75% for dentures up to one every five years.
Package No. 2 name	MyOption Dental Low
Premium	$15
Covers	Dental
Costs	In- and out-of-network: $50 deductible ($1,000 maximum benefit coverage) per year for bitewing X-rays, crown, dentures, extractions, filling, oral evaluation, and cleaning. In-network: 0% for bitewing X-rays up to one set per year. 0% for oral evaluation and cleaning, to two per year. 50% for extractions, fillings up to two per year. Out-of-network: 30% for bitewing X-rays up to one set per year. 30% for oral evaluation and cleaning, to two per year. 55% for extractions, fillings up to two per year.
Package No. 3 name	MyOption Plus
Premium	$24
Covers	Dental and Vision
Dental Costs	In- and out-of-network: $50 deductible ($1,000 maximum benefit coverage) per year for bitewing X-rays, crown, dentures, extractions, filling, oral evaluation, and cleaning. In-network: 0% for bitewing X-rays up to one set per year. 0% for oral evaluation and cleaning, to two per year. 50% for extractions, fillings up to two per year. Out-of-network: 30% for bitewing X-rays up to one set per year. 30% for oral evaluation and cleaning, to two per year. 55% for extractions, fillings up to two per year.
Vision Costs	In- and out-of-network: $40 maximum benefit coverage amount per year for routine exam up to one per year. $290 maximum benefit coverage amount per year for contact lenses, eyeglasses - lenses and frames.
Package No. 4 name	MyOption Vision
Premium	$10
Covers	Vision
Costs	In- and out-of-network: $40 maximum benefit coverage amount per year for routine exam up to one per year. $290 maximum benefit coverage amount per year for contact lenses, eyeglasses - lenses and frames.

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Plan Service Areas: Clackamas, Multnomah, and Washington counties.

GOLD PLUS (HMO)	YOUR COST
IMPORTANT INFORMATION	
Type of Plan/Plan No.	HMO/H1036-153
Monthly Premium with Rx	$0
Monthly Premium without Rx	
Annual out-of-pocket spending limit	$3,200
Health Plan Deductible	$0
Part D Deductible	$0
100% LIS plan premium	$0
INPATIENT CARE PER DAY	
Inpatient hospital /mental health care	$260 (days 1-6); $0 (days 7-60); $100 (days 61-90) / $260 (days 1-6)
Skilled nursing facility	$50 (days 1-7), $100 (days 8-20), $150 (days 21-100)
Home health care	$0
OUTPATIENT CARE	
Doctor visits/specialists	Primary care physician: $10 / $20
Chiropractor and Podiatry	$20
Outpatient mental health care	$20-$50
Outpatient substance abuse care	$20-$50
Outpatient services/surgery	$10-$20 / 15%-20%
Ambulance services	$200
Emergency care	$65 (waived if admitted within 24 hours)
Urgently Needed Care	$10-$20
Outpatient rehabilitation services	$20
OUTPATIENT MEDICAL SERVICES/SUPPLIES	
Durable medical equipment	20%
Prosthetic devices	20%
Diabetes programs and supplies	$0 self-management training, 0%-20% monitoring supplies, 0% therapeutic shoes and inserts
Diagnostic tests, X-rays, lab services, and radiology services	$10-$20 diagnostic tests, X-rays, and lab services, $10-20% radiology services
PREVENTIVE SERVICES	
Cardiac and pulmonary rehabilitation services	$10-$30; $20-$40
Preventive services and wellness/education programs	$0
Kidney disease and conditions	20% dialysis, $0 kidney disease education services
ADDITIONAL BENEFITS	
Fitness program	$0 Silver Sneaker Fitness Program
Vision	$0 for routine exam, which includes refraction, up to one per year.
NOT COVERED BY PLAN	
Over-the-counter items, transportation, and acupuncture	

OPTIONAL SUPPLEMENTAL BENEFITS	
Package No. 1 name	MyOption Dental High
Premium	$23
Covers	Dental
Costs	In- and out-of-network: $50 deductible ($1,500 maximum benefit coverage) per year for bitewing X-rays, crown, dentures, extractions, filling, oral evaluation, and cleaning. In-network: 0% for bitewing X-rays up to one set per year. 0% for oral evaluation and cleaning, to two per year. 50% for extractions, fillings up to two per year. 70% for crowns up to one per year. 70% for dentures up to one every five years. Out-of-network: 30% for bitewing X-rays up to one set per year. 30% for oral evaluation and cleaning, to two per year. 55% for extractions, fillings up to two per year. 75% for crowns up to one per year. 75% for dentures up to one every five years.
Package No. 2 name	MyOption Dental Low
Premium	$15
Covers	Dental
Costs	In- and out-of-network: $50 deductible ($1,000 maximum benefit coverage) per year for bitewing X-rays, crown, dentures, extractions, filling, oral evaluation, and cleaning. In-network: 0% for bitewing X-rays up to one set per year. 0% for oral evaluation and cleaning, to two per year. 50% for extractions, fillings up to two per year. Out-of-network: 30% for bitewing X-rays up to one set per year. 30% for oral evaluation and cleaning, to two per year. 55% for extractions, fillings up to two per year.
Package No. 3 name	MyOption Plus
Premium	$24
Covers	Dental and Vision
Dental Costs	In- and out-of-network: $50 deductible ($1,000 maximum benefit coverage) per year for bitewing X-rays, crown, dentures, extractions, filling, oral evaluation, and cleaning. In-network: 0% for bitewing X-rays up to one set per year. 0% for oral evaluation and cleaning, to two per year. 50% for extractions, fillings up to two per year. Out-of-network: 30% for bitewing X-rays up to one set per year. 30% for oral evaluation and cleaning, to two per year. 55% for extractions, fillings up to two per year.
Vision Costs	In- and out-of-network: $40 maximum benefit coverage amount per year for routine exam up to one per year. $290 maximum benefit coverage amount per year for contact lenses, eyeglasses - lenses and frames.
Package No. 4 name	MyOption Vision
Premium	$10
Covers	Vision
Costs	In- and out-of-network: $40 maximum benefit coverage amount per year for routine exam up to one per year. $290 maximum benefit coverage amount per year for contact lenses, eyeglasses - lenses and frames.

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Plan Service Areas: Malheur County.

PRIME CHOICE H6609-009 (PPO)	YOUR COST
IMPORTANT INFORMATION	
Type of Plan/Plan No.	PPO/H6609-009
Monthly Premium with Rx	$42
Monthly Premium without Rx	
Annual out-of-pocket spending limit	In-network: $4,000; combined: $4,500
Health Plan Deductible	$0
Part D Deductible	$0
100% LIS plan premium	$39
INPATIENT CARE PER DAY	
Inpatient hospital /mental health care	Hospital in-network: $250 (days 1-7), $0 (days 8-60); $100 (days 61-90); out-of-network: 30%. Mental health care in-network: $205 (days 1-7); out-of-network: 30%
Skilled nursing facility	In-network: $50 (days 1-20), $150 (days 21-100); Out-of-Network: 30%
Home health care	In-network: $0; out-of-network:50%
OUTPATIENT CARE	
Doctor visits/specialists	Primary care physician in-network: $15; out-of-network: 30%. Specialist in-network: $30; out-of-network:30%
Chiropractor and Podiatry	In-network: $20/$30; out-of-network: 30%
Outpatient mental health care	In-network: $30-$50; out-of-network: 30%
Outpatient substance abuse care	In-network: $30-$50; out-of-network: 30%
Outpatient services/surgery	In-network: $15-$225; out-of-network: 30%
Ambulance services	$200
Emergency care	$65 (waived if admitted within 24 hours)
Urgently Needed Care	In-network: $15-$30; out-of-network: 30%
Outpatient rehabilitation services	In-network: $30-$50; out-of-network: 30%
OUTPATIENT MEDICAL SERVICES/SUPPLIES	
Durable medical equipment	In-network: 20%; out-of-network: 40%
Prosthetic devices	In-network: 20%; out-of-network: 40%
Diabetes programs and supplies	$0 self-management training, 0%-20% monitoring supplies, 0% therapeutic shoes and inserts; out-of-network: 30%-40%
Diagnostic tests, X-rays, lab services, and radiology services	In-network: $15-$30 diagnostic tests, X-rays, and radiology services, $0-$30 lab services; out-of-network: 30%
PREVENTIVE SERVICES	
Cardiac and pulmonary rehabilitation services	In-network: $15-$50; $30-$50; out-of-network: 30%
Preventive services and wellness/education programs	In-network: $0; out-of-network: 0%-30%
Kidney disease and conditions	In-network: 20% dialysis, $0 kidney disease education services; out-of-network: 20% dialysis, 30% kidney disease education services

ADDITIONAL BENEFITS	
Fitness program	$0 Silver Sneaker Fitness Program
Vision	In-network: $40 maximum benefit coverage amount per year for routine exam, which includes refraction, up to 1 per year. (Visit any in-network provider and your routine exam charge will not exceed the $40 maximum benefit coverage amount). Out-of-network: $40 maximum benefit coverage amount per year for routine exam, which includes refraction, up to 1 per year.
Over-the-counter items	$10 maximum monthly benefit coverage
NOT COVERED BY PLAN	
Transportation and acupuncture.	
OPTIONAL SUPPLEMENTAL BENEFITS	
Package No. 1 name	MyOption Platinum Dental
Premium	$29
Covers	Dental
Costs	In- and out-of-network: $2000 combined maximum benefit coverage amount per year for amalgam or resin filling, bitewing X-rays, crown, denture reline, dentures, extractions, oral cancer screening, oral evaluation, cleaning, restoration implant, scaling and root planing (deep cleaning). In-network: 0% for bitewing X-rays up to one set per year. 0% for amalgam or resin filling, oral evaluation, cleaning up to two per year. 0% for oral cancer screening up to one per year. 50% for extractions up to two per year. 70% for crown, denture reline, restoration implant up to one per year. 70% for scaling and root planing (deep cleaning) up to one every three years. 70% for dentures up to one every five years. Out-of-network: 50% for bitewing X-rays up to one set per year. 50% for amalgam or resin filling, oral evaluation, cleaning up to two per year. 50% for oral cancer screening up to one per year. 55% for extractions up to two per year. 75% for crown, denture reline, restoration implant up to one per year. 75% for scaling and root planing (deep cleaning) up to one every three years. 75% for dentures up to one every five years.
Package No. 2 name	MyOption Plus
Premium	$25
Covers	Dental and Vision
Dental Costs	In- and out-of-network: $50 deductible ($1,000 maximum benefit coverage) per year for bitewing X-rays, crown, dentures, extractions, filling, oral evaluation, and cleaning. In-network: 0% for bitewing X-rays up to one set per year. 0% for oral evaluation and cleaning, to two per year. 50% for extractions, fillings up to two per year. Out-of-network: 30% for bitewing X-rays up to one set per year. 30% for oral evaluation and cleaning, to two per year. 55% for extractions, fillings up to two per year.
Vision Costs	In- and out-of-network: $40 maximum benefit coverage amount per year for routine exam up to one per year. $290 maximum benefit coverage amount per year for contact lenses, eyeglasses - lenses and frames.
Package No. 3 name	MyOption Vision
Premium	$10
Covers	Vision
Costs	In- and out-of-network: $40 maximum benefit coverage amount per year for routine exam up to one per year. $290 maximum benefit coverage amount per year for contact lenses, eyeglasses - lenses and frames.

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Plan Service Areas: Malheur County.

PRIME CHOICE H6609-012 (PPO)	YOUR COST
IMPORTANT INFORMATION	
Type of Plan/Plan No.	PPO/H6609-012
Monthly Premium with Rx	
Monthly Premium without Rx	$0
Annual out-of-pocket spending limit	In-network: $3,600; combined: $4,500
Health Plan Deductible	$0
Part D Deductible	
100% LIS plan premium	
INPATIENT CARE PER DAY	
Inpatient hospital /mental health care	Hospital in-network: $275 (days 1-5), $0 (days 6-60); $100 (days 61-90); out-of-network: 30%. Mental health care in-network: $275 (days 1-5); out-of-network 30%
Skilled nursing facility	In-network: $50 (days 1-20), $150 (days 21-100); out-of-network: 30%
Home health care	In-network: $0; out-of-network: 50%
OUTPATIENT CARE	
Doctor visits/specialists	Primary care physician in-network: $10; out-of-network: 30%. Specialist in-network: $25; out-of-network: 30%
Chiropractor and Podiatry	In-network: $20/$25; out-of-network: 30%
Outpatient mental health care	In-network: $25-$50; out-of-network: 30%
Outpatient substance abuse care	In-network: $25-$50; out-of-network: 30%
Outpatient services/surgery	In-network: $10-$250; out-of-network: 30%
Ambulance services	$200
Emergency care	$65 (waived if admitted within 24 hours)
Urgently Needed Care	In-network: $10-$25; out-of-network: 30%
Outpatient rehabilitation services	In-network: $25-$45; out-of-network: 30%
OUTPATIENT MEDICAL SERVICES/SUPPLIES	
Durable medical equipment	In-network: 20%; out-of-network: 40%
Prosthetic devices	In-network: 20%; out-of-network: 40%
Diabetes programs and supplies	$0 self-management training, 0%-20% monitoring supplies, 0% therapeutic shoes and inserts; out-of-network: 30%-40%
Diagnostic tests, X-rays, lab services, and radiology services	In-network: $10-$50 diagnostic tests, X-rays, $0-$50 lab services and $125-$275 or 20% radiology services; out-of-network: 30%
PREVENTIVE SERVICES	
Cardiac and pulmonary rehabilitation services	In-network: $10-$45; $25-$45; out-of-network: 30%
Preventive services and wellness/education programs	In-network: $0; out-of-network: 0%-30%
Kidney disease and conditions	In-network: 20% dialysis, $0 kidney disease education services; out-of-network: 20% dialysis, 30% kidney disease education services

ADDITIONAL BENEFITS	
Fitness program	$0 Silver Sneaker Fitness Program
Vision	In-network: $40 maximum benefit coverage amount per year for routine exam, which includes refraction, up to 1 per year. (Visit any in-network provider and your routine exam charge will not exceed the $40 maximum benefit coverage amount). Out-of-network: $40 maximum benefit coverage amount per year for routine exam, which includes refraction, up to 1 per year.
Over-the-counter items	$10 maximum monthly benefit
NOT COVERED BY PLAN	
Transportation and acupuncture.	
OPTIONAL SUPPLEMENTAL BENEFITS	
Package No. 1 name	MyOption Platinum Dental
Premium	$29
Covers	Dental
Costs	In- and out-of-network: $2,000 combined maximum benefit coverage amount per year for amalgam or resin filling, bitewing X-rays, crown, denture reline, dentures, extractions, oral cancer screening, oral evaluation, cleaning, restoration implant, scaling and root planing (deep cleaning). In-network: 0% for bitewing X-rays up to one set per year. 0% for amalgam or resin filling, oral evaluation, cleaning up to two per year. 0% for oral cancer screening up to one per year. 50% for extractions up to two per year. 70% for crown, denture reline, restoration implant up to one per year. 70% for scaling and root planing (deep cleaning) up to one every three years. 70% for dentures up to one every five years. Out-of-network: 50% for bitewing X-rays up to one set per year. 50% for amalgam or resin filling, oral evaluation, cleaning up to two per year. 50% for oral cancer screening up to one per year. 55% for extractions up to two per year. 75% for crown, denture reline, restoration implant up to one per year. 75% for scaling and root planing (deep cleaning) up to one every three years. 75% for dentures up to one every five years.
Package No. 2 name	MyOption Plus
Premium	$25
Covers	Dental and Vision
Dental Costs	In- and out-of-network: $50 deductible ($1,000 maximum benefit coverage) per year for bitewing X-rays, crown, dentures, extractions, filling, oral evaluation, and cleaning. In-network: 0% for bitewing X-rays up to one set per year. 0% for oral evaluation and cleaning, to two per year. 50% for extractions, fillings up to two per year. Out-of-network: 30% for bitewing X-rays up to one set per year. 30% for oral evaluation and cleaning, to two per year. 55% for extractions, fillings up to two per year.
Vision Costs	In- and out-of-network: $40 maximum benefit coverage amount per year for routine exam up to one per year. $290 maximum benefit coverage amount per year for contact lenses, eyeglasses - lenses and frames.
Package No. 3 name	MyOption Vision
Premium	$10
Covers	Vision
Costs	In- and out-of-network: $40 maximum benefit coverage amount per year for routine exam up to one per year. $290 maximum benefit coverage amount per year for contact lenses, eyeglasses - lenses and frames.

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Plan Service Areas: Columbia, Hood River, Multnomah, and Washington counties.

PRIME CHOICE H6609-067 (PPO)	YOUR COST
IMPORTANT INFORMATION	
Type of Plan/Plan No.	PPO/H6609-067
Monthly Premium with Rx	$62
Monthly Premium without Rx	
Annual out-of-pocket spending limit	In-network: $4,500; combined: $6,000
Health Plan Deductible	$0
Part D Deductible	$0
100% LIS plan premium	$38.40
INPATIENT CARE PER DAY	
Inpatient hospital /mental health care	Hospital in-network: $250 (days 1-6), $0 (days 7-60); $100 (days 61-90); out-of-network: 30%. Mental health care in-network: $235 (days 1-6); out-of-network: 30%
Skilled nursing facility	In-network: $50 (days 1-20), $150 (days 21-100); out-of-network: 30%
Home health care	In-network: $0; out-of-network:50%
OUTPATIENT CARE	
Doctor visits/specialists	Primary care physician in-network: $15; out-of-network: 30%. Specialist in-network: $25; out-of-network: 30%
Chiropractor and Podiatry	In-network: $20/$25; out-of-network: 30%
Outpatient mental health care	In-network: $25-25%; out-of-network: 30%
Outpatient substance abuse care	In-network: $25-25%; out-of-network: 30%
Outpatient services/surgery	In-network: $15-$25 and 20%-25%; out-of-network: 30%
Ambulance services	$200
Emergency care	$65 (waived if admitted within 24 hours)
Urgently Needed Care	In-network: $15-$30; out-of-network: 30%
Outpatient rehabilitation services	In-network: $25-25%; out-of-network: 30%
OUTPATIENT MEDICAL SERVICES/SUPPLIES	
Durable medical equipment	In-network: 20%; out-of-network: 30%
Prosthetic devices	In-network: 20%; out-of-network: 30%
Diabetes programs and supplies	$0 self-management training, 0%-20% monitoring supplies, 0% therapeutic shoes and inserts; out-of-network: 30%
Diagnostic tests, X-rays, lab services, and radiology services	In-network: $15-$30 or 25% diagnostic tests and X-rays, $0-$30 or 25% lab services, $15-$200 or 20%-25% radiology services; out-of-network: 30%
PREVENTIVE SERVICES	
Cardiac and pulmonary rehabilitation services	In-network: $15-$35/$25-$45;out-of-network: 30%
Preventive services and wellness/ education programs	In-network: $0; out-of-network: 0%-30%
Kidney disease and conditions	In-network: 20% dialysis, $0 kidney disease education services; out-of-network: 20% dialysis, 30% kidney disease education services

ADDITIONAL BENEFITS	
Fitness program	$0 Silver Sneaker Fitness Program
Vision	In-network: $130 maximum benefit coverage amount per year for routine exam, which includes refraction, up to 1 per year. (Visit any in-network provider and your routine exam charge will not exceed the $130 maximum benefit coverage amount). Out-of-network: $130 maximum benefit coverage amount per year for routine exam, which includes refraction, up to 1 per year.
Over-the-counter items	$25 maximum monthly benefit
NOT COVERED BY PLAN	
Transportation and acupuncture	
OPTIONAL SUPPLEMENTAL BENEFITS	
Package No. 1 name	MyOption Dental High
Premium	$23
Covers	Dental
Costs	In- and out-of-network: $50 deductible ($1,500 maximum benefit coverage) per year for bitewing X-rays, crown, dentures, extractions, filling, oral evaluation, and cleaning. In-network: 0% for bitewing X-rays up to one set per year. 0% for oral evaluation and cleaning, to two per year. 50% for extractions, fillings up to two per year. 70% for crowns up to one per year. 70% for dentures up to one every five years. Out-of-network: 30% for bitewing X-rays up to one set per year. 30% for oral evaluation and cleaning, to two per year. 55% for extractions, fillings up to two per year. 75% for crowns up to one per year. 75% for dentures up to one every five years.
Package No. 2 name	MyOption Dental Low
Premium	$15
Covers	Dental
Costs	In- and out-of-network: $50 deductible ($1,000 maximum benefit coverage) per year for bitewing X-rays, crown, dentures, extractions, filling, oral evaluation, and cleaning. In-network: 0% for bitewing X-rays up to one set per year. 0% for oral evaluation and cleaning, to two per year. 50% for extractions, fillings up to two per year. Out-of-network: 30% for bitewing X-rays up to one set per year. 30% for oral evaluation and cleaning, to two per year. 55% for extractions, fillings up to two per year.
Package No. 3 name	MyOption Plus
Premium	$24
Covers	Dental and Vision
Dental Costs	In- and out-of-network: $50 deductible ($1,000 maximum benefit coverage) per year for bitewing X-rays, crown, dentures, extractions, filling, oral evaluation, and cleaning. In-network: 0% for bitewing X-rays up to one set per year. 0% for oral evaluation and cleaning, to two per year. 50% for extractions, fillings up to two per year. Out-of-network: 30% for bitewing X-rays up to one set per year. 30% for oral evaluation and cleaning, to two per year. 55% for extractions, fillings up to two per year.
Vision Costs	In- and out-of-network: $40 maximum benefit coverage amount per year for routine exam up to one per year. $290 maximum benefit coverage amount per year for contact lenses, eyeglasses - lenses and frames.
Package No. 4 name	MyOption Vision
Premium	$10
Covers	Vision
Costs	In- and out-of-network: $40 maximum benefit coverage amount per year for routine exam up to one per year. $290 maximum benefit coverage amount per year for contact lenses, eyeglasses - lenses and frames.

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Plan Service Areas: Benton, Lincoln, Linn, and Polk counties.

PRIME CHOICE H6609-068 (PPO)	YOUR COST
IMPORTANT INFORMATION	
Type of Plan/Plan No.	PPO/H6609-068
Monthly Premium with Rx	$62
Monthly Premium without Rx	
Annual out-of-pocket spending limit	In-network: $4,500; combined: $6,000
Health Plan Deductible	$0
Part D Deductible	$0
100% LIS plan premium	$44.60
INPATIENT CARE PER DAY	
Inpatient hospital /mental health care	Hospital in-network: $250 (days 1-6), $0 (days 7-60); $100 (days 61-90); out-of-network: 30%. Mental health care in-network: $235 (days 1-6); out-of-network: 30%
Skilled nursing facility	In-network: $50 (days 1-20), $150 (days 21-100); out-of-network: 30%
Home health care	In-network: $0; out-of-network:50%
OUTPATIENT CARE	
Doctor visits/specialists	Primary care physician in-network: $15; out-of-network: 30%. Specialist in-network: $25; out-of-network: 30%
Chiropractor and Podiatry	In-network: $20/$25; out-of-network: 30%
Outpatient mental health care	In-network: $25-25%; out-of-network: 30%
Outpatient substance abuse care	In-network: $25-25%; out-of-network: 30%
Outpatient services/surgery	In-network: $15-$25 and 20%-25%; out-of-network: 30%
Ambulance services	$200
Emergency care	$65 (waived if admitted within 24 hours)
Urgently Needed Care	In-network: $15-$25; out-of-network: 30%
Outpatient rehabilitation services	In-network: $25-25%; out-of-network: 30%
OUTPATIENT MEDICAL SERVICES/SUPPLIES	
Durable medical equipment	In-network: 20%; out-of-network: 30%
Prosthetic devices	In-network: 20%; out-of-network: 30%
Diabetes programs and supplies	$0 self-management training, 0%-20% monitoring supplies, 0% therapeutic shoes and inserts; out-of-network: 30%
Diagnostic tests, X-rays, lab services, and radiology services	In-network: $15-$25 or 25% diagnostic tests or X-rays, $0-$25 or 25% lab services, $15-$200 or 20%-25% radiology services; out-of-network: 30%
PREVENTIVE SERVICES	
Cardiac and pulmonary rehabilitation services	In-network: $15-$35 / $25-$45; out-of-network: 30%
Preventive services and wellness/ education programs	In-network: $0; out-of-network: 0%-30%
Kidney disease and conditions	In-network: 20% dialysis, $0 kidney disease education services; out-of-network: 20% dialysis, 30% kidney disease education services
ADDITIONAL BENEFITS	
Fitness program	$0 Silver Sneaker Fitness Program
Vision	In-network: $130 maximum benefit coverage amount per year for routine exam, which includes refraction, up to 1 per year. (Visit any in-network provider and your routine exam charge will not exceed the $130 maximum benefit coverage amount). Out-of-network: $130 maximum benefit coverage amount per year for routine exam, which includes refraction, up to 1 per year.
Over-the-counter items	$25 maximum monthly benefit

NOT COVERED BY PLAN	
Transportation and acupuncture.	
OPTIONAL SUPPLEMENTAL BENEFITS	
Package No. 1 name	MyOption Dental High
Premium	$23
Covers	Dental
Costs	In- and out-of-network: $50 deductible ($1,500 maximum benefit coverage) per year for bitewing X-rays, crown, dentures, extractions, filling, oral evaluation, and cleaning. In-network: 0% for bitewing X-rays up to one set per year. 0% for oral evaluation and cleaning, to two per year. 50% for extractions, fillings up to two per year. 70% for crowns up to one per year. 70% for dentures up to one every five years. Out-of-network: 30% for bitewing X-rays up to one set per year. 30% for oral evaluation and cleaning, to two per year. 55% for extractions, fillings up to two per year. 75% for crowns up to one per year. 75% for dentures up to one every five years.
Package No. 2 name	MyOption Dental Low
Premium	$15
Covers	Dental
Costs	In- and out-of-network: $50 deductible ($1,000 maximum benefit coverage) per year for bitewing X-rays, crown, dentures, extractions, filling, oral evaluation, and cleaning. In-network: 0% for bitewing X-rays up to one set per year. 0% for oral evaluation and cleaning, to two per year. 50% for extractions, fillings up to two per year. Out-of-network: 30% for bitewing X-rays up to one set per year. 30% for oral evaluation and cleaning, to two per year. 55% for extractions, fillings up to two per year.
Package No. 3 name	MyOption Plus
Premium	$24
Covers	Dental and Vision
Dental Costs	In- and out-of-network: $50 deductible ($1,000 maximum benefit coverage) per year for bitewing X-rays, crown, dentures, extractions, filling, oral evaluation, and cleaning. In-network: 0% for bitewing X-rays up to one set per year. 0% for oral evaluation and cleaning, to two per year. 50% for extractions, fillings up to two per year. Out-of-network: 30% for bitewing X-rays up to one set per year. 30% for oral evaluation and cleaning, to two per year. 55% for extractions, fillings up to two per year.
Vision Costs	In- and out-of-network: $40 maximum benefit coverage amount per year for routine exam up to one per year. $290 maximum benefit coverage amount per year for contact lenses, eyeglasses - lenses and frames.
Package No. 4 name	MyOption Vision
Premium	$10
Covers	Vision
Costs	In- and out-of-network: $40 maximum benefit coverage amount per year for routine exam up to one per year. $290 maximum benefit coverage amount per year for contact lenses, eyeglasses - lenses and frames.

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Plan Service Areas: Benton, Columbia, Hood River, Lincoln, Linn, Malheur, Multnomah, Polk, and Washington counties.

PRIME CHOICE H66009-070 (PPO)	YOUR COST
IMPORTANT INFORMATION	
Type of Plan/Plan No.	PPO/H6609-070
Monthly Premium with Rx	
Monthly Premium without Rx	$0
Annual out-of-pocket spending limit	In-network: $3,400; combined: $4,000
Health Plan Deductible	$0
Part D Deductible	
100% LIS plan premium	
INPATIENT CARE PER DAY	
Inpatient hospital /mental health care	Hospital in-network: $220 (days 1-8), $0 (days 9-60); $100 (days 61-90); out-of-network: 30%. Mental health care in-network: $220 (days 1-8); out-of-network: 30%
Skilled nursing facility	In-network: $50 (days 1-20), $150 (days 21-100); out-of-network: 30%
Home health care	In-network: $0; out-of-network:50%
OUTPATIENT CARE	
Doctor visits/specialists	Primary care physician in-network: $20; out-of-network: 30%. Specialist in-network: $40; out-of-network: 30%
Chiropractor and Podiatry	In-network: $20/$40; out-of-network: 30%
Outpatient mental health care	In-network: $40-25%; out-of-network: 30%
Outpatient substance abuse care	In-network: $40-25%; out-of-network: 30%
Outpatient services/surgery	In-network: $20-$40/20%-25%; out-of-network: 30%
Ambulance services	$200
Emergency care	$65 (waived if admitted within 24 hours)
Urgently Needed Care	In-network: $20-$40; out-of-network: 30%
Outpatient rehabilitation services	In-network: $40-25%; out-of-network: 30%
OUTPATIENT MEDICAL SERVICES/SUPPLIES	
Durable medical equipment	In-network: 20%; out-of-network: 30%
Prosthetic devices	In-network: 20%; out-of-network: 30%
Diabetes programs and supplies	$0 self-management training, 0%-20% monitoring supplies, 0% therapeutic shoes and inserts; out-of-network: 30%
Diagnostic tests, X-rays, lab services, and radiology services	In-network: $20-$40 or 25% diagnostic tests and X-rays, $0-$40 or 25% lab services, $20-$170 or 20%-25% radiology services; out-of-network: 30%
PREVENTIVE SERVICES	
Cardiac and pulmonary rehabilitation services	In-network: $20-$40 / $40-$60;out-of-network: 30%
Preventive services and wellness/ education programs	In-network: $0; out-of-network: 0%-30%
Kidney disease and conditions	In-network: 20% dialysis, $0 kidney disease education services; out-of-network: 20% dialysis, 30% kidney disease education services
ADDITIONAL BENEFITS	
Fitness program	$0 Silver Sneaker Fitness Program
Vision	In-network: $40 maximum benefit coverage amount per year for routine exam, which includes refraction, up to 1 per year. (Visit any in-network provider and your routine exam charge will not exceed the $40 maximum benefit coverage amount). Out-of-network: $40 maximum benefit coverage amount per year for routine exam, which includes refraction, up to 1 per year.
Over-the-counter items	$10 maximum monthly benefit

NOT COVERED BY PLAN	
Transportation and acupuncture.	
OPTIONAL SUPPLEMENTAL BENEFITS	
Package No. 1 name	MyOption Dental High
Premium	$23
Covers	Dental
Costs	In- and out-of-network: $50 deductible ($1,500 maximum benefit coverage) per year for bitewing X-rays, crown, dentures, extractions, filling, oral evaluation, and cleaning. In-network: 0% for bitewing X-rays up to one set per year. 0% for oral evaluation and cleaning, to two per year. 50% for extractions, fillings up to two per year. 70% for crowns up to one per year. 70% for dentures up to one every five years. Out-of-network: 30% for bitewing X-rays up to one set per year. 30% for oral evaluation and cleaning, to two per year. 55% for extractions, fillings up to two per year. 75% for crowns up to one per year. 75% for dentures up to one every five years.
Package No. 2 name	MyOption Dental Low
Premium	$15
Covers	Dental
Costs	In- and out-of-network: $50 deductible ($1,000 maximum benefit coverage) per year for bitewing X-rays, crown, dentures, extractions, filling, oral evaluation, and cleaning. In-network: 0% for bitewing X-rays up to one set per year. 0% for oral evaluation and cleaning, to two per year. 50% for extractions, fillings up to two per year. Out-of-network: 30% for bitewing X-rays up to one set per year. 30% for oral evaluation and cleaning, to two per year. 55% for extractions, fillings up to two per year.
Package No. 3 name	MyOption Plus
Premium	$24
Covers	Dental and Vision
Dental Costs	In- and out-of-network: $50 deductible ($1,000 maximum benefit coverage) per year for bitewing X-rays, crown, dentures, extractions, filling, oral evaluation, and cleaning. In-network: 0% for bitewing X-rays up to one set per year. 0% for oral evaluation and cleaning, to two per year. 50% for extractions, fillings up to two per year. Out-of-network: 30% for bitewing X-rays up to one set per year. 30% for oral evaluation and cleaning, to two per year. 55% for extractions, fillings up to two per year.
Vision Costs	In- and out-of-network: $40 maximum benefit coverage amount per year for routine exam up to one per year. $290 maximum benefit coverage amount per year for contact lenses, eyeglasses - lenses and frames.
Package No. 4 name	MyOption Vision
Premium	$10
Covers	Vision
Costs	In- and out-of-network: $40 maximum benefit coverage amount per year for routine exam up to one per year. $290 maximum benefit coverage amount per year for contact lenses, eyeglasses - lenses and frames.

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Plan Service Areas: Benton, Columbia, Hood River, Lincoln, Linn, and Polk counties.

PRIME CHOICE H6609-073 (PPO)	YOUR COST
IMPORTANT INFORMATION	
Type of Plan/Plan No.	PPO/H6609-073
Monthly Premium with Rx	$202
Monthly Premium without Rx	
Annual out-of-pocket spending limit	In-network: $6,700; combined: $10,000
Health Plan Deductible	$0
Part D Deductible	$325
100% LIS plan premium	$174.20
INPATIENT CARE PER DAY	
Inpatient hospital /mental health care	In- and out-of-network: $500 per admission; out-of-network: 30%
Skilled nursing facility	In-network: $50 (days 1-20), $100 (days 21-100); out-of-network: 30%
Home health care	In-network: $0; out-of-network:30%
OUTPATIENT CARE	
Doctor visits/specialists	Primary care physician in-network: $0; out-of-network: 30%. Specialist in-network: $15; out-of-network: 30%
Chiropractor and Podiatry	In-network: $0/$15; out-of-network: 30%
Outpatient mental health care	In-network: $0-$15; out-of-network: 30%
Outpatient substance abuse care	In-network: $0-$15; out-of-network: 30%
Outpatient services/surgery	In-network: $0-$15; out-of-network: 30%
Ambulance services	$0
Emergency care	$65 (waived if admitted within 24 hours)
Urgently Needed Care	In-network: $0-$15; out-of-network: 30%
Outpatient rehabilitation services	In-network: $0-$15; out-of-network: 30%
OUTPATIENT MEDICAL SERVICES/SUPPLIES	
Durable medical equipment	In-network: 0%; out-of-network: 30%
Prosthetic devices	In-network: 0%; out-of-network: 30%
Diabetes programs and supplies	$0 self-management training, 0%-20% monitoring supplies, 0% therapeutic shoes and inserts; out-of-network: 30%
Diagnostic tests, X-rays, lab services, and radiology services	In-network: $0-$15 diagnostic tests, X-rays, lab services, and radiology services; out-of-network: 30%
PREVENTIVE SERVICES	
Cardiac and pulmonary rehabilitation services	In-network: $0-$15/$0-$15;out-of-network: 30%
Preventive services and wellness/education programs	In-network: $0; out-of-network: 0%-30%
Kidney disease and conditions	In-network: 20% dialysis, $0 kidney disease education services; out-of-network: 20% dialysis, 30% kidney disease education services
ADDITIONAL BENEFITS	
Fitness program	$0 Silver Sneaker Fitness Program
Vision	In-network and out-of-network: $75 maximum benefit coverage amount per year for routine exam, which includes refraction, up to 1 per year. (Visit any in-network provider and your routine exam charge will not exceed the $75 maximum benefit coverage amount). $200 maximum benefit coverage amount per year for contact lenses, eyeglasses – lenses and frames.
Over-the-counter items	$50 maximum monthly benefit
NOT COVERED BY PLAN	
Transportation and acupuncture.	

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Plan Service Areas: Clackamas, Multnomah, and Washington counties.

GOLD CHOICE H8145-093 (PFFS)	YOUR COST
IMPORTANT INFORMATION	
Type of Plan/Plan No.	PFFS/H8145-093
Monthly Premium with Rx	$70
Monthly Premium without Rx	
Annual out-of-pocket spending limit	In- and out-of-network combined: $3,400
Health Plan Deductible	$0
Part D Deductible	$0
100% LIS plan premium	$44.10
INPATIENT CARE PER DAY	
Inpatient hospital /mental health care	$250 (days 1-7), $0 (days 8-60); $100 (days 61-90) / $250 (days 1-7), $0 (days 8-90)
Skilled nursing facility	$50 (days 1-20), $150 (days 21-100)
Home health care	In-network: $0; out-of-network:50%
OUTPATIENT CARE	
Doctor visits/specialists	Primary care physician: $15; specialist: $35
Chiropractor and Podiatry (Medicare covered)	$20; $35
Outpatient mental health care	$35-$125
Outpatient substance abuse care	$35-$125
Outpatient services/surgery	$15-$225
Ambulance services	$200
Emergency care	$65 (waived if admitted within 24 hours)
Urgently Needed Care	$15-$35
Outpatient rehabilitation services	$35-$125; There may be limits on physical therapy, occupational therapy, and speech and language pathology visits. If so, there may be exceptions to these limits.
OUTPATIENT MEDICAL SERVICES/SUPPLIES	
Durable medical equipment	In-network: 20%; out-of-network: 50%
Prosthetic devices	In-network: 20%; out-of-network: 50%
Diabetes programs and supplies	$0 self-management training, 0%-20% monitoring supplies, 0% therapeutic shoes and inserts; out-of-network: $0 or 50%
Diagnostic tests, X-rays, lab services, and radiology services	$15-$125 diagnostic tests and X-rays, $0-$100 lab services, $15-$125 or 20% radiology services
PREVENTIVE SERVICES	
Cardiac and pulmonary rehabilitation services	$15-$35; $35-$55
Preventive services and wellness/education programs	$0
Kidney disease and conditions	20% dialysis, $0 kidney disease education services
ADDITIONAL BENEFITS	
Fitness program	$0 Silver Sneaker Fitness Program
Vision	In-network: $130 maximum benefit coverage amount per year for routine exam, which includes refraction, up to 1 per year. (Visit any in-network provider and your routine exam charge will not exceed the $130 maximum benefit coverage amount). Out-of-network: $130 maximum benefit coverage amount per year for routine exam, which includes refraction, up to 1 per year.
Over-the-counter items	$10 maximum monthly benefit

NOT COVERED BY PLAN	
Transportation and acupuncture.	
OPTIONAL SUPPLEMENTAL BENEFITS	
Package No. 1 name	MyOption Dental High
Premium	$23
Covers	Dental
Costs	In- and out-of-network: $50 deductible ($1,500 maximum benefit coverage) per year for bitewing X-rays, crown, dentures, extractions, filling, oral evaluation, and cleaning. In-network: 0% for bitewing X-rays up to one set per year. 0% for oral evaluation and cleaning, to two per year. 50% for extractions, fillings up to two per year. 70% for crowns up to one per year. 70% for dentures up to one every five years. Out-of-network: 30% for bitewing X-rays up to one set per year. 30% for oral evaluation and cleaning, to two per year. 55% for extractions, fillings up to two per year. 75% for crowns up to one per year. 75% for dentures up to one every five years.
Package No. 2 name	MyOption Dental Low
Premium	$15
Covers	Dental
Costs	In- and out-of-network: $50 deductible ($1,000 maximum benefit coverage) per year for bitewing X-rays, crown, dentures, extractions, filling, oral evaluation, and cleaning. In-network: 0% for bitewing X-rays up to one set per year. 0% for oral evaluation and cleaning, to two per year. 50% for extractions, fillings up to two per year. Out-of-network: 30% for bitewing X-rays up to one set per year. 30% for oral evaluation and cleaning, to two per year. 55% for extractions, fillings up to two per year.
Package No. 3 name	MyOption Plus
Premium	$24
Covers	Dental and Vision
Dental Costs	In- and out-of-network: $50 deductible ($1,000 maximum benefit coverage) per year for bitewing X-rays, crown, dentures, extractions, filling, oral evaluation, and cleaning. In-network: 0% for bitewing X-rays up to one set per year. 0% for oral evaluation and cleaning, to two per year. 50% for extractions, fillings up to two per year. Out-of-network: 30% for bitewing X-rays up to one set per year. 30% for oral evaluation and cleaning, to two per year. 55% for extractions, fillings up to two per year.
Vision Costs	In- and out-of-network: $40 maximum benefit coverage amount per year for routine exam up to one per year. $290 maximum benefit coverage amount per year for contact lenses, eyeglasses - lenses and frames.
Package No. 4 name	MyOption Vision
Premium	$10
Covers	Vision
Costs	In- and out-of-network: $40 maximum benefit coverage amount per year for routine exam up to one per year. $290 maximum benefit coverage amount per year for contact lenses, eyeglasses - lenses and frames.

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Plan Service Areas: Clackamas, Multnomah, and Washington counties.

GOLD CHOICE H8145-097 (PFFS)	YOUR COST
IMPORTANT INFORMATION	
Type of Plan/Plan No.	PFFS/H8145-097
Monthly Premium with Rx	
Monthly Premium without Rx	$0
Annual out-of-pocket spending limit	In- and out-of-network combined: $5,400
Health Plan Deductible	$0
Part D Deductible	
100% LIS plan premium	
INPATIENT CARE PER DAY	
Inpatient hospital /mental health care	Same as Original Medicare
Skilled nursing facility	Medicare Part A co-pay applies.
Home health care	$0
OUTPATIENT CARE	
Doctor visits/specialists	20%
Chiropractor and Podiatry (Medicare covered)	20%
Outpatient mental health care	20%
Outpatient substance abuse care	20%
Outpatient services/surgery	20%
Ambulance services	20%
Emergency care	$65 (waived if admitted within 24 hours)
Urgently Needed Care	20%
Outpatient rehabilitation services	20%; There may be limits on physical therapy, occupational therapy, and speech and language pathology visits. If so, there may be exceptions to these limits.
OUTPATIENT MEDICAL SERVICES/SUPPLIES	
Durable medical equipment	20%
Prosthetic devices	20%
Diabetes programs and supplies	$0 self-management training, 0%-20% monitoring supplies, 0% therapeutic shoes and inserts
Diagnostic tests, X-rays, lab services, and radiology services	20% diagnostic tests, X-rays, and radiology services, 0%-20% lab services
PREVENTIVE SERVICES	
Cardiac and pulmonary rehabilitation services	20%
Preventive services and wellness/education programs	$0
Kidney disease and conditions	20% dialysis, $0 kidney disease education services
ADDITIONAL BENEFITS	
Fitness program	$0 Silver Sneaker Fitness Program
Vision	In-network: $130 maximum benefit coverage amount per year for routine exam, which includes refraction, up to 1 per year. (Visit any in-network provider and your routine exam charge will not exceed the $130 maximum benefit coverage amount). Out-of-network: $130 maximum benefit coverage amount per year for routine exam, which includes refraction, up to 1 per year.
Over-the-counter items	$10 maximum monthly benefit

NOT COVERED BY PLAN	
Transportation and acupuncture.	
OPTIONAL SUPPLEMENTAL BENEFITS	
Package No. 1 name	MyOption Dental High
Premium	$33
Covers	Dental
Costs	In- and out-of-network: $50 deductible ($1,500 maximum benefit coverage) per year for bitewing X-rays, crown, dentures, extractions, filling, oral evaluation, and cleaning. In-network: 0% for bitewing X-rays up to one set per year. 0% for oral evaluation and cleaning, to two per year. 50% for extractions, fillings up to two per year. 70% for crowns up to one per year. 70% for dentures up to one every five years. Out-of-network: 30% for bitewing X-rays up to one set per year. 30% for oral evaluation and cleaning, to two per year. 55% for extractions, fillings up to two per year. 75% for crowns up to one per year. 75% for dentures up to one every five years.
Package No. 2 name	MyOption Dental Low
Premium	$20
Covers	Dental
Costs	In- and out-of-network: $50 deductible ($1,000 maximum benefit coverage) per year for bitewing X-rays, crown, dentures, extractions, filling, oral evaluation, and cleaning. In-network: 0% for bitewing X-rays up to one set per year. 0% for oral evaluation and cleaning, to two per year. 50% for extractions, fillings up to two per year. Out-of-network: 30% for bitewing X-rays up to one set per year. 30% for oral evaluation and cleaning, to two per year. 55% for extractions, fillings up to two per year.
Package No. 3 name	MyOption Plus
Premium	$28
Covers	Dental and Vision
Dental Costs	In- and out-of-network: $50 deductible ($1,000 maximum benefit coverage) per year for bitewing X-rays, crown, dentures, extractions, filling, oral evaluation, and cleaning. In-network: 0% for bitewing X-rays up to one set per year. 0% for oral evaluation and cleaning, to two per year. 50% for extractions, fillings up to two per year. Out-of-network: 30% for bitewing X-rays up to one set per year. 30% for oral evaluation and cleaning, to two per year. 55% for extractions, fillings up to two per year.
Vision Costs	In- and out-of-network: $40 maximum benefit coverage amount per year for routine exam up to one per year. $290 maximum benefit coverage amount per year for contact lenses, eyeglasses - lenses and frames.
Package No. 4 name	MyOption Vision
Premium	$10
Covers	Vision
Costs	In- and out-of-network: $40 maximum benefit coverage amount per year for routine exam up to one per year. $290 maximum benefit coverage amount per year for contact lenses, eyeglasses - lenses and frames.

Kaiser Permanente

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www.medicare.kaiserpermanente.org

Plan Service Areas: Benton (97330, 97331, 97333, 97339, 97370), Clackamas, Columbia, Linn (97321, 97322, 97335, 97355, 97358, 97360, 97374, 97389), Marion, Multnomah, Polk, Washington, and Yamhill counties.

SENIOR ADVANTAGE (HMO)	YOUR COST
IMPORTANT INFORMATION	
Type of Plan/Plan No.	HMO/H9003-001
Monthly Premium with Rx	$99
Monthly Premium without Rx	
Annual out-of-pocket spending limit	$2,500 (excludes part D costs)
Health Plan Deductible	$0
Part D Deductible	$0
100% LIS plan premium	$74.90
INPATIENT CARE PER DAY	
Inpatient hospital /mental health care	$200 (days 1-6)
Skilled nursing facility	$0, 100 days per benefit period
Home health care	$0
OUTPATIENT CARE	
Doctor visits/specialists	$20 / $25
Chiropractor and Podiatry	$20; $25
Outpatient mental health care	$20 individual therapy / $10 group therapy
Outpatient substance abuse care	$20 individual therapy / $10 group therapy
Outpatient services/surgery	$0-$150
Ambulance services	$100
Emergency care	$50
Urgently Needed Care	$25
Outpatient rehabilitation services	$25
OUTPATIENT MEDICAL SERVICES/SUPPLIES	
Durable medical equipment	0-20%
Prosthetic devices	20%
Diabetes programs and supplies	0-20%
Diagnostic tests, X-rays, lab services, and radiology services	$0 for lab services, X-rays and diagnostic procedures, $50 diagnostic radiology services, $25 therapeutic radiology services
PREVENTIVE SERVICES	
Cardiac and pulmonary rehabilitation services	$25
Preventive services and wellness/education programs	Contact plan for details
Kidney disease and conditions	$0
Dental services	See Optional Supplemental Benefits
Hearing services exams/routine tests; Hearing Aids	$25 exams/routine tests; hearing aids see optional Supplemental Benefits
ADDITIONAL BENEFITS	
Vision	$25 Medicare-covered exams/routine tests; hardware see Optional Supplemental Benefits
Health club	Silver&Fit®
Outside service area benefit	20% up to $1,000 annual benefit maximum for routine and follow-up care

NOT COVERED BY PLAN	
Acupuncture, over-the-counter items, and transportation	
OPTIONAL SUPPLEMENTAL BENEFITS	
Package No. 1 name	Advantage Plus
Premium	$39
Vision Eye Wear	$175 allowance for eyewear every two years.
Hearing Aids	$500 allowance per ear every three years.
Dental Services	$0 for the following preventive dental benefits: - up to two oral exams every year - up to two cleanings every year - up to two fluoride treatments every year - up to two dental X-rays every year $35 deductible comprehensive and restorative services $1,000 plan coverage limit for dental benefits every year

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www.medicare.kaiserpermanente.org

Benton (97330, 97331, 97333, 97339, 97370), Clackamas, Columbia, Linn (97321, 97322, 97335, 97355, 97358, 97360, 97374, 97389), Marion, Multnomah, Polk, Washington, and Yamhill counties.

SENIOR ADVANTAGE BASIC	YOUR COST
IMPORTANT INFORMATION	
Type of Plan/Plan No.	HMO/H9003-006
Monthly Premium with Rx	$39
Monthly Premium without Rx	
Annual out-of-pocket spending limit	$3,400 (excludes part D costs)
Health Plan Deductible	$0
Part D Deductible	$0
100% LIS plan premium	$39
INPATIENT CARE PER DAY	
Inpatient hospital /mental health care	$275 (days 1-6)
Skilled nursing facility	$0 (days 1-10); $50 (days 11-100), 100 days per benefit period
Home health care	$0
OUTPATIENT CARE	
Doctor visits/specialists	$30/$35
Chiropractor and Podiatry	$20; $35
Outpatient mental health care	$30 individual therapy; $15 group therapy
Outpatient substance abuse care	$30 individual therapy; $15 group therapy
Outpatient services/surgery	$0-$250
Ambulance services	$150
Emergency care	$65
Urgently Needed Care	$35
Outpatient rehabilitation services	$35
OUTPATIENT MEDICAL SERVICES/SUPPLIES	
Durable medical equipment	0-20%
Prosthetic devices	20%
Diabetes programs and supplies	$0
Diagnostic tests, X-rays, lab services, and radiology services	$0 lab services, $10 X-rays and diagnostic procedures, $150 diagnostic radiology services, $35 therapeutic radiology services
PREVENTIVE SERVICES	
Cardiac and pulmonary rehabilitation services	$35
Preventive services and wellness/education programs	Contact plan for details
Kidney disease and conditions	$0
Dental services	See Optional Supplemental Benefits
Hearing services exams/routine tests; Hearing Aids	$35; See Optional Supplemental Benefits
ADDITIONAL BENEFITS	
Vision	$35 Medicare covered exams/routine tests; vision hardware see Optional Supplemental Benefits
NOT COVERED BY PLAN	
Acupuncture, over-the-counter items, and transportation	

OPTIONAL SUPPLEMENTAL BENEFITS	
Package No. 1 name	Advantage Plus
Premium	$39
Vision Eye Wear	$175 allowance for eyewear every two years.
Hearing Aids	$500 allowance per ear every three years.
Dental Services	$0 for the following preventive dental benefits: - up to two oral exams every year - up to two cleanings every year - up to two fluoride treatments every year - up to two dental X-rays every year $35 deductible comprehensive and restorative services $1,000 plan coverage limit for dental benefits every year

VOLUNTEER PRAISE

Volunteer name: Dorothy Turner
County: Washington

Congratulations to the Washington County SHIBA program for attracting, and managing to retain, the incredible services of volunteer Dorothy Turner. Dorothy has displayed selfless and peerless professionalism, and empathy in walking me through the minefield of problems confronting my pursuit of the appropriate health plan to cope with my myriad medical concerns. Yes, Dorothy Turner is indeed peerless. Thank you, Dorothy, so very much from the bottom of my heart. Bless you. And thank you Washington County SHIBA for the likes of Dorothy Turner.

ODS Health Plan, Inc.

888-217-2375 • www.odscompanies.com/odsadvantage

Plan Service Areas: All counties in the state of Oregon.

ODS ADVANTAGE PPO (PPO)	YOUR COST
IMPORTANT INFORMATION	
Type of Plan/Plan No.	PPO/H3813-001
Monthly Premium with Rx	
Monthly Premium without Rx	$57
Annual out-of-pocket spending limit	$3,400
Health Plan Deductible	$50
Part D Deductible	
100% LIS plan premium	
INPATIENT CARE PER DAY	
Inpatient hospital /mental health care	In-network: $250 (days 1-5); out-of-network: $350 (days 1-5)
Skilled nursing facility	In-network: $0 (days 1-10); $50 (days 11-100); out-of-network: $50 (days 11-100)
Home health care	$0
OUTPATIENT CARE	
Doctor visits/specialists	In-network: $20/$35; out-of-network: $20/$35
Chiropractor and Podiatry	In-network: $20/$35; out-of-network: $20/$35
Outpatient mental health care	In-network: $20 to $30; out-of-network: $20 to $30
Outpatient substance abuse care	In-network: $20 to $30; out-of-network: $20 to $30
Outpatient services/surgery	In-network: $200; out-of-network: $300
Ambulance services	$100
Emergency care	$65 (waived if admitted within 24 hours) worldwide
Urgently Needed Care	$35
Outpatient rehabilitation services	In-network: $35; out-of-network: $35
OUTPATIENT MEDICAL SERVICES/SUPPLIES	
Durable medical equipment	20%
Prosthetic devices	20%
Diabetes programs and supplies	$0 self-management training, $10 monitoring supplies, 20% therapeutic shoes or inserts
Diagnostic tests, X-rays, lab services, and radiology services	In-network: $0 lab services, $0 diagnostic tests, 20% X-rays, 20% radiology services; out-of-network: $0 lab services, $0 diagnostic tests, 20% X-rays, 20% radiology services
PREVENTIVE SERVICES	
Cardiac and pulmonary rehabilitation services	In-network: $35; out-of-network: $35
Preventive services and wellness/education programs	$0
Kidney disease and conditions	In-network: 20% dialysis, $0 kidney disease education services; out-of-network: 20% dialysis, $0 kidney disease education services
ADDITIONAL BENEFITS	
Vision	$0 eyeglasses or contact lenses after cataract surgery, $0 diagnostic and treatment exams, $35 one routine eye exam every two years
NOT COVERED BY PLAN	
Acupuncture, over-the-counter items, and transportation	

OPTIONAL SUPPLEMENTAL BENEFITS	
Package No. 1 name	ODS Advantage Extra Care
Premium	$10
Covers	Chiropractic, acupuncture, eye wear, hearing exams and aids
Chiropractic Services	50% for supplemental routine chiropractic visits
Hearing Services	50% for supplemental hearing exams and hearing aids
Vision Services	50% for eyewear
Additional information	$500 coverage limit for both in-network and out-of-network

VOLUNTEER PRAISE

County: Clackamas

I am so grateful to have learned of this service. I was frustrated about finding a claim that Medicare denied that should have been accepted. My SHIBA person helped me organize the needed documents, made phone calls and prepared the papers so that I could mail my claim to the proper people. I had been trying to resolve this for six months. SHIBA got it ready for me in three days.

ODS Health Plan, Inc.

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Plan Service Areas: All counties in the state of Oregon.

ODS ADVANTAGE PPORX SELECT (PPO)	YOUR COST
IMPORTANT INFORMATION	
Type of Plan/Plan No.	PPO/H3813-003
Monthly Premium with Rx	$139
Monthly Premium without Rx	
Annual out-of-pocket spending limit	$3,400
Health Plan Deductible	$50
Part D Deductible	$120
100% LIS plan premium	$101.50
INPATIENT CARE PER DAY	
Inpatient hospital /mental health care	In-network: $250 (days 1-5); out-of-network: $350 (days 1-5)
Skilled nursing facility	In-network: $0 (days 1-10); $50 (days 11-100); out-of-network: $50 (days 11-100)
Home health care	$0
OUTPATIENT CARE	
Doctor visits/specialists	In-network: $20/$35; out-of-network: $20/$35
Chiropractor and Podiatry	In-network: $20/$35; out-of-network: $20/$35
Outpatient mental health care	In-network: $20 to $30; out-of-network: $20 to $30
Outpatient substance abuse care	In-network: $20 to $30; out-of-network: $20 to $30
Outpatient services/surgery	In-network: $200; out-of-network: $300
Ambulance services	$100
Emergency care	$65 (waived if admitted within 24 hours) worldwide
Urgently Needed Care	$35
Outpatient rehabilitation services	In-network: $35; out-of-network: $35
OUTPATIENT MEDICAL SERVICES/SUPPLIES	
Durable medical equipment	20%
Prosthetic devices	20%
Diabetes programs and supplies	$0 self-management training, $10 monitoring supplies, 20% therapeutic shoes or inserts
Diagnostic tests, X-rays, lab services, and radiology services	In-network: $0 lab services, $0 diagnostic tests, 20% X-rays, 20% radiology services; out-of-network: $0 lab services, $0 diagnostic tests, 20% X-rays, 20% radiology services
PREVENTIVE SERVICES	
Cardiac and pulmonary rehabilitation services	In-network: $35; out-of-network: $35
Preventive services and wellness/education programs	$0
Kidney disease and conditions	In-network: 20% dialysis, $0 kidney disease education services; out-of-network: 20% dialysis, $0 kidney disease education services
ADDITIONAL BENEFITS	
Vision	$0 eyeglasses or contact lenses after cataract surgery, $0 diagnostic and treatment exams, $35 one routine eye exam every two years
NOT COVERED BY PLAN	
Acupuncture, over-the-counter items, and transportation	

OPTIONAL SUPPLEMENTAL BENEFITS	
Package No. 1 name	ODS Advantage Extra Care
Premium	$10
Covers	Chiropractic, acupuncture, eye wear, hearing exams and aids
Chiropractic Services	50% for supplemental routine chiropractic visits
Hearing Services	50% for supplemental hearing exams and hearing aids
Vision Services	50% for eyewear
Additional information	$500 coverage limit for both in-network and out-of-network

ODS Health Plan, Inc.

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Plan Service Areas: All counties in the state of Oregon.

ODS ADVANTAGE PPORX (PPO)	YOUR COST
IMPORTANT INFORMATION	
Type of Plan/Plan No.	PPO/H3813-006
Monthly Premium with Rx	$68
Monthly Premium without Rx	
Annual out-of-pocket spending limit	$3,400
Health Plan Deductible	$150
Part D Deductible	$120
100% LIS plan premium	$30.50
INPATIENT CARE PER DAY	
Inpatient hospital /mental health care	In-network: $295 (days 1-5); out-of-network: $400 (days 1-5)
Skilled nursing facility	In-network: $0 (days 1-20); $100 (days 21-100); out-of-network: $100 (days 21-100)
Home health care	$0
OUTPATIENT CARE	
Doctor visits/specialists	In-network: $25/$50; out-of-network: $25/$50
Chiropractor and Podiatry	In-network: $20/$50; out-of-network: $20/$50
Outpatient mental health care	In-network: $20 to $30; out-of-network: $20 to $30
Outpatient substance abuse care	In-network: $20 to $30; out-of-network: $20 to $30
Outpatient services/surgery	In-network: $295; out-of-network: 25%
Ambulance services	$250
Emergency care	$65 (waived if admitted within 24 hours) worldwide
Urgently Needed Care	$35
Outpatient rehabilitation services	In-network: $35; out-of-network: $35
OUTPATIENT MEDICAL SERVICES/SUPPLIES	
Durable medical equipment	20%
Prosthetic devices	20%
Diabetes programs and supplies	$0 self-management training, $10 monitoring supplies, 20% therapeutic shoes or inserts
Diagnostic tests, X-rays, lab services, and radiology services	In-network: $0 lab services, $0 diagnostic tests, 20% X-rays, 20% radiology services; out-of-network: $0 lab services, $0 diagnostic tests, 20% X-rays, 20% radiology services
PREVENTIVE SERVICES	
Cardiac and pulmonary rehabilitation services	In-network: $35; out-of-network: $35
Preventive services and wellness/education programs	$0
Kidney disease and conditions	In-network: 20% dialysis, $0 kidney disease education services; out-of-network: 20% dialysis, $0 kidney disease education services
ADDITIONAL BENEFITS	
Vision	$0 eyeglasses or contact lenses after cataract surgery, $0 Medicare covered diagnostic and treatment exams
NOT COVERED BY PLAN	
Acupuncture, over-the-counter items, and transportation	

OPTIONAL SUPPLEMENTAL BENEFITS	
Package No. 1 name	ODS Advantage Extra Care
Premium	$10
Covers	Chiropractic, acupuncture, eye wear, hearing exams and aids
Chiropractic Services	50% for supplemental routine chiropractic visits
Hearing Services	50% for supplemental hearing exams and hearing aids
Vision Services	50% for eyewear
Additional information	$500 coverage limit for both in-network and out-of-network

VOLUNTEER PRAISE

Volunteer name: Alice Unger
County: Linn

I had an opportunity to speak with one of your volunteers this morning, and wanted to share what a great impression she gave!

She really went above and beyond in assisting her client. She asked great questions, and it was clear she has a sincere passion for what she does.

I don't know if her client will go with Regence, but I do know Alice Unger/Linn County is doing a great job in helping her make the best decision.

Kudos to her!

ODS Health Plan, Inc.

888-217-2375 • www.SalemODSMedicare.com

Plan Service Areas: Marion and Polk counties.

SALEM HEALTH MEDICARE, POWERED BY ODS (PPO)	YOUR COST
IMPORTANT INFORMATION	
Type of Plan/Plan No.	PPO/H3813-004
Monthly Premium with Rx	$70
Monthly Premium without Rx	
Annual out-of-pocket spending limit	$2,500 In-network; $5,100 In- and out-of-network
Health Plan Deductible	$0
Part D Deductible	$0
100% LIS plan premium	$32.50
INPATIENT CARE PER DAY	
Inpatient hospital /mental health care	In-network: $125 (days 1-5); out-of-network: $350 (days 1-90)
Skilled nursing facility	In-network: $0 (days 1-20); $50 (days 21-100); out-of-network: $50 (days 21-100)
Home health care	$0
OUTPATIENT CARE	
Doctor visits/specialists	In-network: $10/$20; out-of-network: $35
Chiropractor and Podiatry	In-network: $20; out-of-network: $20/$35 podiatry
Outpatient mental health care	In-network: $20 to $30; out-of-network: $20 to $30
Outpatient substance abuse care	In-network: $20 to $30; out-of-network: $20 to $30
Outpatient services/surgery	In-network: $100; out-of-network: 20%
Ambulance services	$100
Emergency care	$65 (waived if admitted within 24 hours) worldwide
Urgently Needed Care	$30
Outpatient rehabilitation services	In-network: $20; out-of-network: $35
OUTPATIENT MEDICAL SERVICES/SUPPLIES	
Durable medical equipment	20%
Prosthetic devices	20%
Diabetes programs and supplies	$0 self-management training, $10 monitoring supplies, 20% therapeutic shoes or inserts
Diagnostic tests, X-rays, lab services, and radiology services	In-network: $0 lab services, $0 diagnostic tests, 10% X-rays, 10% radiology services; out-of-network: $0 lab services, $0 diagnostic tests, 20% X-rays, 20% radiology services
PREVENTIVE SERVICES	
Cardiac and pulmonary rehabilitation services	In-network: $20; out-of-network: $35
Preventive services and wellness/education programs	$0
Kidney disease and conditions	In-network: 20% dialysis, $0 kidney disease education services; out-of-network: 20% dialysis, $0 kidney disease education services
ADDITIONAL BENEFITS	
Vision	$0 eyeglasses or contact lenses after cataract surgery, $0 Medicare-covered diagnostic and treatment exams; In-network: $20 one routine eye exam every two years; out-of-network: $35 one routine eye exam every two years
NOT COVERED BY PLAN	
Acupuncture, over-the-counter items, and transportation	

OPTIONAL SUPPLEMENTAL BENEFITS	
Package No. 1 name	ODS Advantage Extra Care
Premium	$10
Covers	Chiropractic, acupuncture, eye wear, hearing exams and aids
Chiropractic Services	50% for supplemental routine chiropractic visits
Hearing Services	50% for supplemental hearing exams and hearing aids
Vision Services	50% for eyewear
Additional information	$500 coverage limit for both in-network and out-of-network

ODS Health Plan, Inc.

888-217-2375 • www.LegacyODS.Medicare.com

Plan Service Areas: Multnomah, Clackamas, and Washington counties.

LEGACY HEALTH MEDICARE, POWERED BY ODS (PPO)	YOUR COST
IMPORTANT INFORMATION	
Type of Plan/Plan No.	PPO/H3813-005
Monthly Premium with Rx	$63
Monthly Premium without Rx	
Annual out-of-pocket spending limit	$2,500 In-network; $5,100 In- and out-of-network
Health Plan Deductible	$0
Part D Deductible	$0
100% LIS plan premium	$25.50
INPATIENT CARE PER DAY	
Inpatient hospital /mental health care	In-network: $0 (days 1-5); out-of-network: $ 350 (days 1-90) / In-network: $125 (days 1-5); out-of-network: $ 300 (days 1-90)
Skilled nursing facility	In-network: $0 (days 1-20); $50 (days 21-100); out-of-network: $50 (days 21-100)
Home health care	$0
OUTPATIENT CARE	
Doctor visits/specialists	In-network: $10/$20; out-of-network: $35
Chiropractor and Podiatry	In-network: $20; out-of-network: $20/$35 podiatry
Outpatient mental health care	In-network: $20 to $30; out-of-network: $20 to $30
Outpatient substance abuse care	In-network: $20 to $30; out-of-network: $20 to $30
Outpatient services/surgery	In-network: $100; out-of-network: 20%
Ambulance services	$100
Emergency care	$65 (waived if admitted within 24 hours) worldwide
Urgently Needed Care	$30
Outpatient rehabilitation services	In-network: $20; out-of-network: $35
OUTPATIENT MEDICAL SERVICES/SUPPLIES	
Durable medical equipment	20%
Prosthetic devices	20%
Diabetes programs and supplies	$0 self-management training, $10 monitoring supplies, 20% therapeutic shoes or inserts
Diagnostic tests, X-rays, lab services, and radiology services	In-network: $0 lab services, $0 diagnostic tests, 10% X-rays, 10% radiology services; out-of-network: $0 lab services, $0 diagnostic tests, 20% X-rays, 20% radiology services
PREVENTIVE SERVICES	
Cardiac and pulmonary rehabilitation services	In-network: $20; out-of-network: $35
Preventive services and wellness/education programs	$0
Kidney disease and conditions	In-network: 20% dialysis, $0 kidney disease education services; out-of-network: 20% dialysis, $0 kidney disease education services
ADDITIONAL BENEFITS	
Vision	$0 eyeglasses or contact lenses after cataract surgery, $0 Medicare-covered diagnostic and treatment exams; In-network: $20 one routine eye exam every two years; out-of-network: $35 one routine eye exam every two years

NOT COVERED BY PLAN	
Acupuncture, over-the-counter items, and transportation	
OPTIONAL SUPPLEMENTAL BENEFITS	
Package No. 1 name	ODS Advantage Extra Care
Premium	$10
Covers	Chiropractic, acupuncture, eye wear, hearing exams and aids
Chiropractic Services	50% for supplemental routine chiropractic visits
Hearing Services	50% for supplemental hearing exams and hearing aids
Vision Services	50% for eyewear
Additional information	$500 coverage limit for both in-network and out-of-network

VOLUNTEER PRAISE

County: Lane

Thank God for SHIBA! You are all so helpful and it makes trying to figure this maze of requirements and options SO much easier. I Love SHIBA! — Diane B

PacificSource Medicare
888-863-3637
www.medicare.pacificsource.com

Plan Service Areas: Crook, Deschutes, Grant, Hood River, Jefferson, Klamath* (97731, 97733, 97737, and 97739), Lake* (97638, 97641, 97735, and 97739), Sherman, Wasco, and Wheeler counties. * denotes partial county.

ESSENTIALS 2 (HMO)	YOUR COST
IMPORTANT INFORMATION	
Type of Plan/Plan No.	HMO/H3864-002
Monthly Premium with Rx	
Monthly Premium without Rx	$19
Annual out-of-pocket spending limit	$3,400
Health Plan Deductible	$0
Part D Deductible	
100% LIS plan premium	
INPATIENT CARE PER DAY	
Inpatient hospital /mental health care	$275 (days 1-6)
Skilled nursing facility	$25 (days 1-20), $75 (days 21-100)
Home health care	$0
OUTPATIENT CARE	
Doctor visits/specialists	$15 / $35
Chiropractor / Podiatry	$15 / $35
Outpatient mental health care	$35
Outpatient substance abuse care	$35
Outpatient services/surgery	20%
Ambulance services	$100
Emergency care	$65 (waived if admitted immediately)
Urgently Needed Care	$25
Outpatient rehabilitation services	$35
OUTPATIENT MEDICAL SERVICES/SUPPLIES	
Durable medical equipment	20% (up to $500 per year)
Prosthetic devices	20% (up to $500 per year)
Diabetes programs and supplies	$0
Diagnostic tests, X-rays, lab services, and radiology services	$10 lab services, $10 diagnostic tests, $10 X-rays, $125-$325 diagnostic radiology, 10% therapeutic radiology
PREVENTIVE SERVICES	
Cardiac and pulmonary rehabilitation services	$0
Preventive services and wellness/education programs	$0
Kidney disease and conditions	$0
ADDITIONAL BENEFITS	
Vision	$0 eyeglasses or contact lenses after cataract surgery, $100 benefit for eye wear every two years, $35 one routine eye exam every two years
NOT COVERED BY PLAN	
Acupuncture, over-the-counter items, and transportation	
OPTIONAL SUPPLEMENTAL BENEFITS	
Not available	

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Plan Service Areas: Crook, Deschutes, Grant, Hood River, Jefferson, Klamath* (97731, 97733, 97737, and 97739), Lake* (97638, 97641, 97735, and 97739), Sherman, Wasco, and Wheeler counties. * denotes partial county.

ESSENTIALS RX 6 (HMO)	YOUR COST
IMPORTANT INFORMATION	
Type of Plan/Plan No.	HMO/H3864-006
Monthly Premium with Rx	$99
Monthly Premium without Rx	
Annual out-of-pocket spending limit	$3,400
Health Plan Deductible	$0
Part D Deductible	$0
100% LIS plan premium	$68.40
INPATIENT CARE PER DAY	
Inpatient hospital /mental health care	$175 (days 1-5)
Skilled nursing facility	$25 (days 1-20), $50 (days 21-100)
Home health care	$0
OUTPATIENT CARE	
Doctor visits/specialists	$15 / $25
Chiropractor / Podiatry	$15 / $25
Outpatient mental health care	$35
Outpatient substance abuse care	$25
Outpatient services/surgery	$175
Ambulance services	$50
Emergency care	$65 (waived if admitted immediately)
Urgently Needed Care	$20
Outpatient rehabilitation services	$25
OUTPATIENT MEDICAL SERVICES/SUPPLIES	
Durable medical equipment	20% (up to $500 per year)
Prosthetic devices	20% (up to $500 per year)
Diabetes programs and supplies	$0
Diagnostic tests, X-rays, lab services, and radiology services	$10 lab services, $10 diagnostic tests, $10 X-rays, $100-$300 diagnostic radiology, $0 therapeutic radiology
PREVENTIVE SERVICES	
Cardiac and pulmonary rehabilitation services	$0
Preventive services and wellness/education programs	$0
Kidney disease and conditions	$0
ADDITIONAL BENEFITS	
Vision	$0 eyeglasses or contact lenses after cataract surgery, $100 benefit for eye wear every two years, $25 one routine eye exam every two years
Over-the-counter items	Contact plan for details
NOT COVERED BY PLAN	
Acupuncture and transportation	
OPTIONAL SUPPLEMENTAL BENEFITS	
Not available	

PacificSource Medicare
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Plan Service Areas: Crook, Deschutes, Grant, Hood River, Jefferson, Klamath* (97731, 97733, 97737, and 97739), Lake* (97638, 97641, 97735, and 97739), Sherman, Wasco, and Wheeler counties. * denotes partial county.

ESSENTIALS RX 14 (HMO)	YOUR COST
IMPORTANT INFORMATION	
Type of Plan/Plan No.	HMO/H3864-014
Monthly Premium with Rx	$55
Monthly Premium without Rx	
Annual out-of-pocket spending limit	$3,400
Health Plan Deductible	$0
Part D Deductible	$0
100% LIS plan premium	$20.50
INPATIENT CARE PER DAY	
Inpatient hospital /mental health care	$275 (days 1-6)
Skilled nursing facility	$25 (days 1-20), $75 (days 21-100)
Home health care	$0
OUTPATIENT CARE	
Doctor visits/specialists	$15 / $35
Chiropractor / Podiatry	$15 / $35
Outpatient mental health care	$40
Outpatient substance abuse care	$35
Outpatient services/surgery	20%
Ambulance services	$100
Emergency care	$65 (waived if admitted immediately)
Urgently Needed Care	$25
Outpatient rehabilitation services	$35
OUTPATIENT MEDICAL SERVICES/SUPPLIES	
Durable medical equipment	20% (up to $500 per year)
Prosthetic devices	20% (up to $500 per year)
Diabetes programs and supplies	$0
Diagnostic tests, X-rays, lab services, and radiology services	$15 lab services, $15 diagnostic tests, $15 X-rays, $125-$325 diagnostic radiology; 10% therapeutic radiology
PREVENTIVE SERVICES	
Cardiac and pulmonary rehabilitation services	$0
Preventive services and wellness/education programs	$0
Kidney disease and conditions	$0
ADDITIONAL BENEFITS	
Vision	$0 eyeglasses or contact lenses after cataract surgery, $100 benefit for eye wear every two years, $35 one routine eye exam every two years
Over-the-counter items	Contact plan for details
NOT COVERED BY PLAN	
Acupuncture and transportation	
OPTIONAL SUPPLEMENTAL BENEFITS	
Not available	

PacificSource Medicare

Plan Service Areas: Lane County.

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ESSENTIALS RX 15 (HMO)	YOUR COST
IMPORTANT INFORMATION	
Type of Plan/Plan No.	HMO/H3864-015
Monthly Premium with Rx	$0
Monthly Premium without Rx	
Annual out-of-pocket spending limit	$2,750
Health Plan Deductible	$0
Part D Deductible	$0
100% LIS plan premium	$0
INPATIENT CARE PER DAY	
Inpatient hospital /mental health care	$250 (days 1-7)
Skilled nursing facility	$50 (days 1-20) $125 (days 21-100)
Home health care	10%
OUTPATIENT CARE	
Doctor visits/specialists	$15 / $25
Chiropractor / Podiatry	$15 / $25
Outpatient mental health care	$40
Outpatient substance abuse care	$25
Outpatient services/surgery	10%
Ambulance services	$200
Emergency care	$65 (waived if admitted immediately)
Urgently Needed Care	$20
Outpatient rehabilitation services	$25
OUTPATIENT MEDICAL SERVICES/SUPPLIES	
Durable medical equipment	20% (up to $500 per year)
Prosthetic devices	20% (up to $500 per year)
Diabetes programs and supplies	$0
Diagnostic tests, X-rays, lab services, and radiology services	$15 lab services, $15 diagnostic tests, $15 X-rays, 15% diagnostic radiology, 15% therapeutic radiology
PREVENTIVE SERVICES	
Cardiac and pulmonary rehabilitation services	$0
Preventive services and wellness/education programs	$0
Kidney disease and conditions	$25 dialysis, $0 kidney disease education services
ADDITIONAL BENEFITS	
Vision	$0 eyeglasses or contact lenses after cataract surgery, $100 benefit for eye wear every two years, $25 one routine eye exam every two years
Over-the-counter items	Contact plan for details
NOT COVERED BY PLAN	
Acupuncture and transportation	
OPTIONAL SUPPLEMENTAL BENEFITS	
Not available	

PacificSource Medicare

Plan Service Areas: Coos and Curry counties.

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ESSENTIALS RX 19 (HMO)	YOUR COST
IMPORTANT INFORMATION	
Type of Plan/Plan No.	HMO/H3864-019
Monthly Premium with Rx	$55
Monthly Premium without Rx	
Annual out-of-pocket spending limit	$3,000
Health Plan Deductible	$0
Part D Deductible	$0
100% LIS plan premium	$25.60
INPATIENT CARE PER DAY	
Inpatient hospital /mental health care	$250 (days 1-7)
Skilled nursing facility	$50 (days 1-20), $125 (days 21-100)
Home health care	10%
OUTPATIENT CARE	
Doctor visits/specialists	$15 / $35
Chiropractor / Podiatry	$20 / $35
Outpatient mental health care	$40
Outpatient substance abuse care	$35
Outpatient services/surgery	$250
Ambulance services	$195
Emergency care	$65 (waived if admitted immediately)
Urgently Needed Care	$35
Outpatient rehabilitation services	$35
OUTPATIENT MEDICAL SERVICES/SUPPLIES	
Durable medical equipment	20% (up to $500 per year)
Prosthetic devices	20% (up to $500 per year)
Diabetes programs and supplies	$0
Diagnostic tests, X-rays, lab services, and radiology services	$15 lab services, $15 diagnostic tests, $15 X-rays, 20% diagnostic radiology, 20% therapeutic radiology
PREVENTIVE SERVICES	
Cardiac and pulmonary rehabilitation services	$0
Preventive services and wellness/education programs	$0
Kidney disease and conditions	$25 dialysis, $0 kidney disease education services
ADDITIONAL BENEFITS	
Vision	$0 eyeglasses or contact lenses after cataract surgery, $100 benefit for eye wear every two years, $35 one routine eye exam every two years
Over-the-counter items	Contact plan for details
NOT COVERED BY PLAN	
Acupuncture and transportation	
OPTIONAL SUPPLEMENTAL BENEFITS	
Not available	

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Plan Service Areas: Crook, Deschutes, Grant, Hood River, Jefferson, Klamath* (97731, 97733, 97737, and 97739), Lake* (97638, 97641, 97735, and 97739), Sherman, Wasco, and Wheeler counties. * denotes partial county.

EXPLORER RX 1 (PPO)	YOUR COST
IMPORTANT INFORMATION	
Type of Plan/Plan No.	PPO/H4754-001
Monthly Premium with Rx	$79
Monthly Premium without Rx	
Annual out-of-pocket spending limit	In- and out-of-network combined: $3,400
Health Plan Deductible	$0
Part D Deductible	$0
100% LIS plan premium	$42.10
INPATIENT CARE PER DAY	
Inpatient hospital /mental health care	In-network: $200 (days 1-5); out-of-network: $300 (days 1-5)
Skilled nursing facility	In-network: $50 (days 1-20), $100 (days 21-100); out-of-network: 20%
Home health care	In-network and out-of-network: $0
OUTPATIENT CARE	
Doctor visits/specialists	In-network: $15 / $30; out-of-network: $25 / $40
Chiropractor / Podiatry	In-network: $15 / $25; out-of-network: $30 / 20%
Outpatient mental health care	In-network: $30; out-of-network: 20%
Outpatient substance abuse care	In-network: $30; out-of-network: 20%
Outpatient services/surgery	In-network: $200; out-of-network: $300
Ambulance services	$100
Emergency care	$65 (waived if admitted immediately)
Urgently Needed Care	$30
Outpatient rehabilitation services	In-network: $30; out-of-network: 20%
OUTPATIENT MEDICAL SERVICES/SUPPLIES	
Durable medical equipment	20% (up to $500 per year); out-of-network: 20%
Prosthetic devices	20% (up to $500 per year); out-of-network: 20%
Diabetes programs and supplies	In-network: $0; out-of-network: 20%
Diagnostic tests, X-rays, lab services, and radiology services	In-network: $10 lab services, $10 diagnostic tests, $10 X-rays, 20% diagnostic radiology, 20% therapeutic radiology; out-of-network: 20%
PREVENTIVE SERVICES	
Cardiac and pulmonary rehabilitation services	In-network: $0; out-of-network: 20%
Preventive services & wellness/education programs	In-network: $0; out-of-network: 20%
Kidney disease and conditions	In-network: $15 dialysis, $0 kidney disease education; out-of-network: $15 dialysis, 20% kidney disease education
ADDITIONAL BENEFITS	
Vision	$0 eyeglasses or contact lenses after cataract surgery, $100 benefit for eye wear every two years. In-network: $30 one routine eye exam every two years; out-of-network: 20% one routine eye exam every two years
Acupuncture, over-the-counter items	Contact plan for details
NOT COVERED BY PLAN	
Transportation	
OPTIONAL SUPPLEMENTAL BENEFITS	
Not available	

PacificSource Medicare

Plan Service Areas: Lane County.

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EXPLORER RX 4 (PPO) AND EXPLORER 5 (PPO)	YOUR COST
IMPORTANT INFORMATION	
Type of Plan/Plan No.	Explorer Rx 4 PPO/H4754-004 Explorer 5 PPO/H4754-005
Monthly Premium with Rx	$73
Monthly Premium without Rx	$30
Annual out-of-pocket spending limit	In- and out-of-network combined: $2,500
Health Plan Deductible	$0
Part D Deductible	$0
100% LIS plan premium	$35.50
INPATIENT CARE PER DAY	
Inpatient hospital /mental health care	In-network: $200 (days 1-5); out-of network: $300 (days 1-5)
Skilled nursing facility	In-network: $0 (days 1-20), $50 (days 21-100); out-of-network: 20%
Home health care	In-network and out-of-network: $0
OUTPATIENT CARE	
Doctor visits/specialists	In-network: $10 / $20; out-of-network: $20 / $25
Chiropractor / Podiatry	In-network: $10 / $20; out-of-network: $25 / 20%
Outpatient mental health care	In-network: $20; out-of-network: 20%
Outpatient substance abuse care	In-network: $20; out-of-network: 20%
Outpatient services/surgery	In-network: $200; out-of-network: $300
Ambulance services	$100
Emergency care	$65 (waived if admitted immediately)
Urgently Needed Care	$25
Outpatient rehabilitation services	In-network: $20; out-of-network: 20%
OUTPATIENT MEDICAL SERVICES/SUPPLIES	
Durable medical equipment	20% (up to $500 per year); out-of-network: 20%
Prosthetic devices	20% (up to $500 per year); out-of-network: 20%
Diabetes programs and supplies	In-network: $0; out-of-network: 20%
Diagnostic tests, X-rays, lab services, and radiology services	In-network: $0 lab services, $0 diagnostic tests, $0 X-rays, 15% diagnostic radiology, $0 therapeutic radiology; out-of-network: $0 lab services, $0 diagnostic tests, 20% X-rays, 20% diagnostic radiology, 20% therapeutic radiology
PREVENTIVE SERVICES	
Cardiac and pulmonary rehabilitation services	In-network: $0; out-of-network: 20%
Preventive services and wellness/education programs	In-network: $0; out-of-network: 20%
Kidney disease and conditions	In-network: $10 dialysis, $0 kidney disease education; out-of-network: $10 dialysis, 20% kidney disease education
ADDITIONAL BENEFITS	
Vision	$0 eyeglasses or contact lenses after cataract surgery, $100 benefit for eye wear every two years. In-network: $20 one routine eye exam every two years; out-of-network: 20% one routine eye exam every two years
Over-the-counter items	Contact plan for details
NOT COVERED BY PLAN	
Acupuncture and transportation	
OPTIONAL SUPPLEMENTAL BENEFITS	
Not available	

PacificSource Medicare

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Plan Service Areas: Coos and Curry counties.

EXPLORER RX 7 (PPO)	YOUR COST
IMPORTANT INFORMATION	
Type of Plan/Plan No.	PPO/H4754-007
Monthly Premium with Rx	$80
Monthly Premium without Rx	
Annual out-of-pocket spending limit	In- and out-of-network combined: $3,000
Health Plan Deductible	$0
Part D Deductible	$0
100% LIS plan premium	$45.40
INPATIENT CARE PER DAY	
Inpatient hospital /mental health care	In-network: $200 (days 1-5); out-of-network: $300 (days 1-5)
Skilled nursing facility	In-network: $50 (days 1-20), $125 (days 21-100); out-of-network: 20%
Home health care	In-network and out-of-network: 10%
OUTPATIENT CARE	
Doctor visits/specialists	In-network: $15 / $30; out-of-network: $25 / $40
Chiropractor / Podiatry	In-network: $20 / $30; out-of-network: 20% / 20%
Outpatient mental health care	In-network: $40; out-of-network: 20%
Outpatient substance abuse care	In-network: $30; out-of-network: 20%
Outpatient services/surgery	In-network: $200; out-of-network: $300
Ambulance services	$150
Emergency care	$65 (waived if admitted immediately)
Urgently Needed Care	$30
Outpatient rehabilitation services	In-network: $30; out-of-network: 20%
OUTPATIENT MEDICAL SERVICES/SUPPLIES	
Durable medical equipment	20% (up to $500 per year); out-of-network: 20%
Prosthetic devices	20% (up to $500 per year); out-of-network: 20%
Diabetes programs and supplies	In-network: $0; out-of-network: 20%
Diagnostic tests, X-rays, lab services, and radiology services	In-network: $15 lab services, $15 diagnostic tests, $15 X-rays, 20% diagnostic radiology, 20% therapeutic radiology; out-of-network: 20%
PREVENTIVE SERVICES	
Cardiac and pulmonary rehabilitation services	In-network: $0; out-of-network: 20%
Preventive services and wellness/education programs	In-network: $0; out-of-network: 20%
Kidney disease and conditions	In-network: $25 dialysis, $0 kidney disease education; out-of-network: $25 dialysis, 20% kidney disease education
ADDITIONAL BENEFITS	
Vision	$0 eyeglasses or contact lenses after cataract surgery, $100 benefit for eye wear every two years. In-network: $30 one routine eye exam every two years; out-of-network: 20% one routine eye exam every two years
Over-the-counter items	Contact plan for details
NOT COVERED BY PLAN	
Acupuncture and transportation	
OPTIONAL SUPPLEMENTAL BENEFITS	
Not available	

PacificSource Medicare

Plan Service Areas: Coos and Curry counties.

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EXPLORER 8 (PPO)	YOUR COST
IMPORTANT INFORMATION	
Type of Plan/Plan No.	PPO/H4754-008
Monthly Premium with Rx	
Monthly Premium without Rx	$40
Annual out-of-pocket spending limit	In- and out-of-network combined: $3,000
Health Plan Deductible	$0
Part D Deductible	
100% LIS plan premium	
INPATIENT CARE PER DAY	
Inpatient hospital /mental health care	In-network: $200 (days 1-5); out-of-network: $300 (days 1-5)
Skilled nursing facility	In-network: $50 (days 1-20), $125 (days 21-100); out-of-network: 20%
Home health care	In-network and out-of-network: 10%
OUTPATIENT CARE	
Doctor visits/specialists	In-network: $15 / $30; out-of-network: $25 / $40
Chiropractor / Podiatry	In-network: $20 / $30; out-of-network: 20% / 20%
Outpatient mental health care	In-network: $30; out-of-network: 20%
Outpatient substance abuse care	In-network: $30; out-of-network: 20%
Outpatient services/surgery	In-network: $200; out-of-network: $300
Ambulance services	$150
Emergency care	$65 (waived if admitted immediately)
Urgently Needed Care	$30
Outpatient rehabilitation services	In-network: $30; out-of-network: 20%
OUTPATIENT MEDICAL SERVICES/SUPPLIES	
Durable medical equipment	20% (up to $500 per year); out-of-network: 20%
Prosthetic devices	20% (up to $500 per year); out-of-network: 20%
Diabetes programs and supplies	In-network: $0; out-of-network: 20%
Diagnostic tests, X-rays, lab services, and radiology services	In-network: $10 lab services, $10 diagnostic tests, $10 X-rays, 20% diagnostic radiology, 20% therapeutic radiology; out-of-network: 20%
PREVENTIVE SERVICES	
Cardiac and pulmonary rehabilitation services	In-network: $0; out-of-network: 20%
Preventive services and wellness/education programs	In-network: $0; out-of-network: 20%
Kidney disease and conditions	In-network: $25 dialysis, $0 kidney disease education; out-of-network: $25 dialysis, 20% kidney disease education
ADDITIONAL BENEFITS	
Vision	$0 eyeglasses or contact lenses after cataract surgery, $100 benefit for eye wear every two years. In-network: $30 one routine eye exam every two years; out-of-network: 20% one routine eye exam every two years
NOT COVERED BY PLAN	
Acupuncture, over-the-counter items, and transportation	
OPTIONAL SUPPLEMENTAL BENEFITS	
Not available	

Providence Health Plans

800-603-2340 • www.providencehealthplan.com

Plan Service Areas: Clackamas, Marion, Multnomah, Polk, Washington, and Yamhill counties.

OPEN (PPO)	YOUR COST
IMPORTANT INFORMATION	
Type of Plan/Plan No.	PPO/H5016-002 & H5016-001(with Rx)
Monthly Premium with Rx	$188
Monthly Premium without Rx	$133
Annual out-of-pocket spending limit	In- and out-of-network combined: $2,500
Health Plan Deductible	$0
Part D Deductible	$0
100% LIS plan premium	$150.50
INPATIENT CARE PER DAY	
Inpatient hospital /mental health care	In-network: $200 (days 1-6), out-of-network: $250 (days 1-6) / $250 (days 1-6)
Skilled nursing facility	In-network: $0 (days 1-10); $50 (days 11-100) ; out-of-network: $50 (days 11-100)
Home health care	In-network: 0%; out-of-network: 10%
OUTPATIENT CARE	
Doctor visits/specialists	In-network: $10; out-of-network: $25
Chiropractor and Podiatry	In-network: $10; out-of-network: $25
Outpatient mental health care	In-network: $10; out-of-network: $25
Outpatient substance abuse care	In-network: $10; out-of-network: $25
Outpatient services/surgery	In-network: $115; out-of-network: $215
Ambulance services	$100
Emergency care	$65
Urgently Needed Care	$25
Outpatient rehabilitation services	In-network: $10; out-of-network: $25
OUTPATIENT MEDICAL SERVICES/SUPPLIES	
Durable medical equipment	In-network: 10%; out-of-network: 20%
Prosthetic devices	In-network: 10%; out-of-network: 20%
Diabetes programs and supplies	In-network: $0; out-of-network: $0
Diagnostic tests, X-rays, lab services, and radiology services	In-network lab and diagnostic tests: $0, X-rays and radiology services 10%; out-of- lab and diagnostic tests: $0, X-rays and radiology services 10%
PREVENTIVE SERVICES	
Cardiac and pulmonary rehabilitation services	In-network: $10; out-of-network: $25
Preventive services and wellness/education programs	In-network: $0; out-of-network: $0 health club membership/fitness classes
Kidney disease and conditions	In-network: 10%; out-of-network: 10%
ADDITIONAL BENEFITS	
Vision	In-network annual routine eye exam: $10; out-of-network: $25
NOT COVERED BY PLAN	
Acupuncture, over-the-counter items, transportation	
OPTIONAL SUPPLEMENTAL BENEFITS	
Not available	

Providence Health Plans

800-603-2340 • www.providencehealthplan.com

Plan Service Areas: Clackamas, Columbia, Lane, Marion, Multnomah, Polk, Washington, and Yamhill counties.

EXTRA (HMO)	YOUR COST
IMPORTANT INFORMATION	
Type of Plan/Plan No.	HMO/H9047-033 & H9047-001 (with Rx)
Monthly Premium with Rx	$133
Monthly Premium without Rx	$87
Annual out-of-pocket spending limit	$2,500
Health Plan Deductible	$0
Part D Deductible	$0
100% LIS plan premium	$95.50
INPATIENT CARE PER DAY	
Inpatient hospital /mental health care	$125 (days 1-6)
Skilled nursing facility	$0 (days 1-20); $50 (days 21-100)
Home health care	$0
OUTPATIENT CARE	
Doctor visits/specialists	$15
Chiropractor and Podiatry	$15
Outpatient mental health care	$15
Outpatient substance abuse care	$15
Outpatient services/surgery	Outpatient surgery: $115
Ambulance services	$100
Emergency care	$65
Urgently Needed Care	$25
Outpatient rehabilitation services	$15
OUTPATIENT MEDICAL SERVICES/SUPPLIES	
Durable medical equipment	10%
Prosthetic devices	10%
Diabetes programs and supplies	$0
Diagnostic tests, X-rays, lab services, and radiology services	Lab and diagnostic tests $0 X-rays and radiology services 10%
PREVENTIVE SERVICES	
Cardiac and pulmonary rehabilitation services	$15
Preventive services and wellness/education programs	$0 health club membership/fitness classes
Kidney disease and conditions	$0
ADDITIONAL BENEFITS	
Vision	Annual routine eye exam $15
NOT COVERED BY PLAN	
Acupuncture, over-the-counter items, transportation	
OPTIONAL SUPPLEMENTAL BENEFITS	
Not available	

Providence Health Plans

800-603-2340 • www.providencehealthplan.com

Plan Service Areas: Clackamas, Columbia, Lane, Marion, Multnomah, Polk, Washington, and Yamhill counties.

CHOICE (HMO-POS)	YOUR COST
IMPORTANT INFORMATION	
Type of Plan/Plan No.	HMO-POS/H9047-035 & H9047-024 (with Rx)
Monthly Premium with Rx	$52
Monthly Premium without Rx	$20
Annual out-of-pocket spending limit	In- and out-of-network combined: $3,000
Health Plan Deductible	$0
Part D Deductible	$0
100% LIS plan premium	$22.40
INPATIENT CARE PER DAY	
Inpatient hospital /mental health care	In-network: $225 (days 1-6); out-of-network: 20%
Skilled nursing facility	In-network: $0 (days 1-10); $50 (days 11-100); out-of-network: 20% (days 1-100)
Home health care	In-network: 15%; out-of-network: 20%
OUTPATIENT CARE	
Doctor visits/specialists	In-network: $20; out-of-network: $30
Chiropractor and Podiatry	In-network: $20; out-of-network: 20%
Outpatient mental health care	In-network: $20; out-of-network: 20%
Outpatient substance abuse care	In-network: $20; out-of-network: 20%
Outpatient services/surgery	In-network: $200; out-of-network: 20%
Ambulance services	$150
Emergency care	$65
Urgently Needed Care	$25
Outpatient rehabilitation services	In-network: $20; out-of-network: 20%
OUTPATIENT MEDICAL SERVICES/SUPPLIES	
Durable medical equipment	20%
Prosthetic devices	20%
Diabetes programs and supplies	In-network: $0; out-of-network: 20%
Diagnostic tests, X-rays, lab services, and radiology services	In-network: lab and diagnostic tests $0; X-rays and radiology services 15%; out-of-network: 20%
PREVENTIVE SERVICES	
Cardiac and pulmonary rehabilitation services	In-network: $20; out-of-network: 20%
Preventive services and wellness/education programs	In-network: $0; out-of-network: 20% health club membership/fitness classes
Kidney disease and conditions	In-network: 15%; out-of-network: 20%
ADDITIONAL BENEFITS	
Vision	In-network annual routine eye exam: $20; out-of-network: $30
NOT COVERED BY PLAN	
Acupuncture, over-the-counter items, transportation	
OPTIONAL SUPPLEMENTAL BENEFITS	
Not available	

Regence BlueCross BlueShield of Oregon

888-734-3623 • www.regence.com

Plan Service Areas: Benton, Clackamas, Clatsop, Columbia, Coos, Curry, Douglas, Hood River, Jackson, Josephine, Lane, Lincoln, Linn, Marion, Multnomah, Polk, Tillamook, Wasco, Washington, and Yamhill counties.

MEDADVANTAGE BASIC (PPO)	YOUR COST
IMPORTANT INFORMATION	
Type of Plan/Plan No.	PPO/H3817-001
Monthly Premium with Rx	
Monthly Premium without Rx	$35
Annual out-of-pocket spending limit	$3,400
Health Plan Deductible	$0
Part D Deductible	
100% LIS plan premium	
INPATIENT CARE PER DAY	
Inpatient hospital /mental health care	In-network: $200 (days 1-7); out-of-network: $300 (days 1-7)
Skilled nursing facility	In-network: $40 (days 1-20), $80 (days 21-100); out-of-network: $60 (days 1-20), $100 (days 21-100)
Home health care	In-network: 10%; out-of network: 20%
OUTPATIENT CARE	
Doctor visits/specialists	In-network: $15; out-of-network: $35
Chiropractor and Podiatry	In-network: $15; out-of-network: $35
Outpatient mental health care	In-network: $15; out-of-network: $35
Outpatient substance abuse care	In-network: $15; out-of-network: $35
Outpatient surgery	In-network: $175; out-of-network: $225
Outpatient services	$0
Ambulance services	$100
Emergency care	$65 (waived if admitted within 24 hours)
Urgently Needed Care	In-network: $15; out-of-network: $35
Outpatient rehabilitation services	In-network: $15; out-of-network: $35
OUTPATIENT MEDICAL SERVICES/SUPPLIES	
Durable medical equipment	In-network: 20%; out-of network: 30%
Prosthetic devices	In-network: 20%; out-of network: 30%
Diabetes programs and supplies	$0 lancets, test strips, and glucometer (deductible does not apply); outreach program for diabetic members
Diagnostic tests, X-rays, lab services, and radiology services	0%-20%
PREVENTIVE SERVICES	
Cardiac and pulmonary rehabilitation services	In-network: $15; out-of-network: $35
Preventive services and wellness/education programs	$0
Kidney disease and conditions	$0 (deductible does not apply)
ADDITIONAL BENEFITS	
Vision	$35; $100 limit for hardware every calendar year
NOT COVERED BY PLAN	
Acupuncture, over-the-counter items, transportation, and clinical trials.	
OPTIONAL SUPPLEMENTAL BENEFITS	
Not available	

Regence BlueCross BlueShield of Oregon

888-734-3623 • www.regence.com

Plan Service Areas: Benton, Clackamas, Clatsop, Columbia, Coos, Curry, Douglas, Hood River, Jackson, Josephine, Lane, Lincoln, Linn, Marion, Multnomah, Polk, Tillamook, Wasco, Washington, and Yamhill counties.

MEDADVANTAGE + RX CLASSIC (PPO)	YOUR COST
IMPORTANT INFORMATION	
Type of Plan/Plan No.	PPO/H3817-002
Monthly Premium with Rx	$53
Monthly Premium without Rx	
Annual out-of-pocket spending limit	$3,400
Health Plan Deductible	$50
Part D Deductible	$165
100% LIS plan premium	$21.70
INPATIENT CARE PER DAY	
Inpatient hospital /mental health care	In-network: $200 (days 1-7); out-of-network: $300 (days 1-7)
Skilled nursing facility	In-network: $40 (days 1-20), $80 (days 21-100); out-of-network: $60 (days 1-20), $100 (days 21-100)
Home health care	In-network: 10%; out-of network: 20%
OUTPATIENT CARE	
Doctor visits/specialists	In-network: $15; out-of-network: $35
Chiropractor and Podiatry (Medicare covered)	In-network: $15; out-of-network: $35
Outpatient mental health care	In-network: $15; out-of-network: $35
Outpatient substance abuse care	In-network: $15; out-of-network: $35
Outpatient surgery	In-network: $175; out-of-network: $225
Outpatient services	$0
Ambulance services	$100
Emergency care	$65 (waived if admitted within 24 hours)
Urgently Needed Care	In-network: $15; out-of-network: $35
Outpatient rehabilitation services	In-network: $15; out-of-network: $35
OUTPATIENT MEDICAL SERVICES/SUPPLIES	
Durable medical equipment	In-network: 20%; out-of network: 30%
Prosthetic devices	In-network: 20%; out-of network: 30%
Diabetes programs and supplies	$0 lancets, test strips, and glucometer (deductible does not apply); outreach program for diabetic members
Diagnostic tests, X-rays, lab services, and radiology services	0%-20%
PREVENTIVE SERVICES	
Cardiac and pulmonary rehabilitation services	In-network: $15; out-of-network: $35
Preventive services and wellness/education programs	$0
Kidney disease and conditions	Covered under preventive benefit. No copay. Not subject to deductible.
ADDITIONAL BENEFITS	
Vision	$15- $35; $100 limit for routine hardware every calendar year
NOT COVERED BY PLAN	
Acupuncture, over-the-counter items, transportation, and clinical trials.	
OPTIONAL SUPPLEMENTAL BENEFITS	
$0 co-pay for Healthways SilverSneakers Fitness Program and Nurse Hotline	

Regence BlueCross BlueShield of Oregon

888-734-3623 • www.regence.com

Plan Service Areas: Benton, Clackamas, Clatsop, Columbia, Coos, Curry, Douglas, Hood River, Jackson, Josephine, Lane, Lincoln, Linn, Marion, Multnomah, Polk, Tillamook, Wasco, Washington, and Yamhill counties.

MEDADVANTAGE + RX ENHANCED (PPO)	YOUR COST
IMPORTANT INFORMATION	
Type of Plan/Plan No.	PPO/H3817-003
Monthly Premium with Rx	$143
Monthly Premium without Rx	
Annual out-of-pocket spending limit	$2,500
Health Plan Deductible	$0
Part D Deductible	$0
100% LIS plan premium	$109.20
INPATIENT CARE PER DAY	
Inpatient hospital /mental health care	In-network: $150 (days 1-7); out-of-network: $250 (days 1-7)
Skilled nursing facility	In-network: $40 (days 1-20); out-of-network: $60 (days 1-20)
Home health care	In-network: 0%; out-of network: 10%
OUTPATIENT CARE	
Doctor visits/specialists	In-network: $15; out-of-network: $25
Chiropractor and Podiatry (Medicare covered)	In-network: $10; out-of-network: $25
Outpatient mental health care	In-network: $15; out-of-network: $25
Outpatient substance abuse care	In-network: $15; out-of-network: $25
Outpatient surgery	In-network: $100; out-of-network: $200
Outpatient services	$0
Ambulance services	$100
Emergency care	$65 (waived if admitted within 24 hours)
Urgently Needed Care	In-network: $10; out-of-network: $25
Outpatient rehabilitation services	In-network: $15; out-of-network: $25
OUTPATIENT MEDICAL SERVICES/SUPPLIES	
Durable medical equipment	In-network: 10%; out-of network: 20%
Prosthetic devices	In-network: 10%; out-of network: 20%
Diabetes programs and supplies	$0 lancets, test strips, and glucometer (deductible does not apply); outreach program for diabetic members
Diagnostic tests, X-rays, lab services, and radiology services	0%-20%
PREVENTIVE SERVICES	
Cardiac and pulmonary rehabilitation services	In-network: $15; out-of-network: $25
Preventive services and wellness/education programs	$0
Kidney disease and conditions	Covered under preventive benefit. No copay. Not subject to deductible
ADDITIONAL BENEFITS	
Dental	30%, no deductible, of up to $500 preventive dental services
Vision	$25; $100 limit for hardware every calendar year
NOT COVERED BY PLAN	
Acupuncture, over-the-counter items, transportation, and clinical trials.	
OPTIONAL SUPPLEMENTAL BENEFITS	
$0 co-pay for Healthways SilverSneakers Fitness Program and Nurse Hotline	

Samaritan Advantage Health Plan

Plan Service Areas: Benton, Lincoln, and Linn counties.

800-832-4580 • www.samhealth.org/SHPlans

CONVENTIONAL PLAN (HMO)	YOUR COST
IMPORTANT INFORMATION	
Type of Plan/Plan No.	HMO/H3811-001
Monthly Premium with Rx	
Monthly Premium without Rx	$72
Annual out-of-pocket spending limit	$3,400
Health Plan Deductible	$0
Part D Deductible	
100% LIS plan premium	
INPATIENT CARE PER DAY	
Inpatient hospital /mental health care	$175 (days 1-5); $1,750 annual out-of-pocket max.
Skilled nursing facility	$40 (days 1-120), no prior hospital stay required.
Home health care	$0
OUTPATIENT CARE	
Doctor visits/specialists	$10 primary care; $20 specialists
Chiropractor and Podiatry	Chiropractor: $20 for Medicare-covered visit, $25 for up to 5 supplemental routine visits every year. Podiatry: $15 for Medicare-covered visit
Outpatient mental health care	$15 for individual or group therapy visit $20 for individual or group therapy visits with a psychiatrist
Outpatient substance abuse care	20% for each individual or group outpatient treatment visit
Outpatient services/surgery	$100
Ambulance services	$100
Emergency care	$50
Urgently Needed Care	$25
Outpatient rehabilitation services	$15
OUTPATIENT MEDICAL SERVICES/SUPPLIES	
Durable medical equipment	20%
Prosthetic devices	20%
Diabetes programs and supplies	$0
Diagnostic tests, X-rays, lab services, and radiology services	$0 lab, X-rays, diagnostic tests 20% radiology services
PREVENTIVE SERVICES	
Cardiac and pulmonary rehabilitation services	$0
Preventive services and wellness/education programs	$0
Kidney disease and conditions	$0 kidney disease education services 20% renal dialysis
ADDITIONAL BENEFITS	
Not available	
NOT COVERED BY PLAN	
Not available	
OPTIONAL SUPPLEMENTAL BENEFITS	
Not available	

Samaritan Advantage Health Plan

Plan Service Areas: Benton, Lincoln, and Linn counties.

800-832-4580 • www.samhealth.org/SHPlans

PREMIER PLAN (HMO)	YOUR COST
IMPORTANT INFORMATION	
Type of Plan/Plan No.	HMO/H3811-002
Monthly Premium with Rx	$105
Monthly Premium without Rx	
Annual out-of-pocket spending limit	$3,400
Health Plan Deductible	$0
Part D Deductible	$0
100% LIS plan premium	$79.20
INPATIENT CARE PER DAY	
Inpatient hospital /mental health care	$185 (days 1- 5); $1,750 annual out-of-pocket max; / plan covers 90 days each benefit period.
Skilled nursing facility	$40/day (days 1- 20), no prior hospital stay required.
Home health care	$0
OUTPATIENT CARE	
Doctor visits/specialists	$10 primary care; $20 specialists
Chiropractor and Podiatry	Chiropractor: $20 for Medicare-covered visit, $25 for up to 5 supplemental routine visit(s) every year. Podiatry: $15 for Medicare-covered visit
Outpatient mental health care	$20 for individual or group therapy visit. $20 for individual or group therapy visits with a psychiatrist
Outpatient substance abuse care	20% for each individual or group outpatient treatment visit
Outpatient services/surgery	$100
Ambulance services	$100
Emergency care	$50
Urgently Needed Care	$25
Outpatient rehabilitation services	$15
OUTPATIENT MEDICAL SERVICES/SUPPLIES	
Durable medical equipment	20%
Prosthetic devices	20%
Diabetes programs and supplies	$0
Diagnostic tests, X-rays, lab services, and radiology services	$0 lab, X-rays, diagnostic tests 20% radiology services
PREVENTIVE SERVICES	
Cardiac and pulmonary rehabilitation services	$0
Preventive services and wellness/education programs	$0
Kidney disease and conditions	$0 kidney disease education services 20% renal dialysis
ADDITIONAL BENEFITS	
Not available	
NOT COVERED BY PLAN	
Not available	
OPTIONAL SUPPLEMENTAL BENEFITS	
Not available	

Samaritan Advantage Health Plan

Plan Service Areas: Benton, Lincoln, and Linn counties.

800-832-4580 • www.samhealth.org/SHPlans

PREMIER PLAN PLUS (HMO)	YOUR COST
IMPORTANT INFORMATION	
Type of Plan/Plan No.	HMO/H3811-009
Monthly Premium with Rx	$135
Monthly Premium without Rx	
Annual out-of-pocket spending limit	$3,400
Health Plan Deductible	$0
Part D Deductible	$0
100% LIS plan premium	$102.70
INPATIENT CARE PER DAY	
Inpatient hospital /mental health care	$185 (days 1- 5); $1,750 annual out-of-pocket max; plan covers 90 days each benefit period.
Skilled nursing facility	$40/day (days 1- 20), no prior hospital stay required.
Home health care	$0
OUTPATIENT CARE	
Doctor visits/specialists	$10 primary care; $20 specialists
Chiropractor and Podiatry	Chiropractor: $20 for Medicare-covered visit, $25 for up to 5 supplemental routine visits every year. Podiatry: $15 for Medicare-covered visit
Outpatient mental health care	$20 for individual or group therapy visit $20 for individual or group therapy visits with a psychiatrist
Outpatient substance abuse care	20% for each individual or group outpatient treatment visit
Outpatient services/surgery	$100
Ambulance services	$100
Emergency care	$50
Urgently Needed Care	$25
Outpatient rehabilitation services	$15
OUTPATIENT MEDICAL SERVICES/SUPPLIES	
Durable medical equipment	20%, $2,000 yearly out-of-pocket maximum
Prosthetic devices	20%
Diabetes programs and supplies	$0
Diagnostic tests, X-rays, lab services, and radiology services	$0 lab, X-rays, diagnostic tests 20% radiology services
PREVENTIVE SERVICES	
Cardiac and pulmonary rehabilitation services	$0
Preventive services and wellness/education programs	$0
Kidney disease and conditions	$0 kidney disease education services 20% renal dialysis
Dental services	$15 for up to two oral exams and cleanings every year
Hearing services	$10 for up to 1 supplemental routine hearing exam every year $500 plan coverage limit for hearing aids every year
ADDITIONAL BENEFITS	
Not available	
NOT COVERED BY PLAN	
Not available	
OPTIONAL SUPPLEMENTAL BENEFITS	
Not available	

Trillium Community Health Plan

800-910-3906 • www.trilliumchp.com

Plan Service Areas: Lane County.

ADVANTAGE (HMO)	YOUR COST
IMPORTANT INFORMATION	
Type of Plan/Plan No.	HMO/H2174-004
Monthly Premium with Rx	
Monthly Premium without Rx	$25
Annual out-of-pocket spending limit	$2,500
Health Plan Deductible	$0
Part D Deductible	
100% LIS plan premium	
INPATIENT CARE PER DAY	
Inpatient hospital /mental health care	$200 (days 1-5)
Skilled nursing facility	$0 (days 1-20); $50 (days 21-100)
Home health care	$0
OUTPATIENT CARE	
Doctor visits/specialists	$15 primary care physician / $20
Chiropractor and Podiatry	$10; $20
Outpatient mental health care	$20
Outpatient substance abuse care	$20
Outpatient services/surgery	$125 surgical center visit; $175 hospital visit
Ambulance services	$100
Emergency care	$65
Urgently Needed Care	$30
Outpatient rehabilitation services	$25
OUTPATIENT MEDICAL SERVICES/SUPPLIES	
Durable medical equipment	20%
Prosthetic devices	20%
Diabetes programs and supplies	$0
Diagnostic tests, X-rays, lab services, and radiology services	$0 labs, X-ray, therapeutic radiology $100 MRI and CT scan
PREVENTIVE SERVICES	
Cardiac and pulmonary rehabilitation services	$25
Preventive services and wellness/education programs	$0
Kidney disease and conditions	20%
ADDITIONAL BENEFITS	
Vision	$25 for up to one routine eye exam every two years. $100 coverage limit for eye wear every two years.
NOT COVERED BY PLAN	
Acupuncture, over-the-counter items, and transportation.	
OPTIONAL SUPPLEMENTAL BENEFITS	
Package No. 1 name	Preventive Dental
Premium	$11.80
Covers	Dental cleanings, exams, X-rays ($1,000 coverage limit)
Costs	$0 - $25 each for dental cleanings, exams, X-rays ($1,000 coverage limit)

Trillium Community Health Plan

Plan Service Areas: Lane County

800-910-3906 • www.trilliumchp.com

ADVANTAGE RX SMART (HMO)	YOUR COST
IMPORTANT INFORMATION	
Type of Plan/Plan No.	HMO/H2174-008
Monthly Premium with Rx	$49
Monthly Premium without Rx	
Annual out-of-pocket spending limit	$3,400
Health Plan Deductible	$0
Part D Deductible	$0
100% LIS plan premium	$11.54
INPATIENT CARE PER DAY	
Inpatient hospital /mental health care	$300 (days 1-7) / $250 (day 1-7)
Skilled nursing facility	$0 (days 1-20); $100 (days 21-100)
Home health care	$0
OUTPATIENT CARE	
Doctor visits/specialists	$15 primary care physician / $25
Chiropractor and Podiatry	$20; $25
Outpatient mental health care	$35
Outpatient substance abuse care	$35
Outpatient services/surgery	15%
Ambulance services	$200
Emergency care	$65
Urgently Needed Care	$40
Outpatient rehabilitation services	$30
OUTPATIENT MEDICAL SERVICES/SUPPLIES	
Durable medical equipment	20%
Prosthetic devices	20%
Diabetes programs and supplies	$0
Diagnostic tests, X-rays, lab services, and radiology services	$0 - $15 X-ray, $10 lab services, 15% MRI and CT
PREVENTIVE SERVICES	
Cardiac and pulmonary rehabilitation services	$25
Preventive services and wellness/education programs	$0
Kidney disease and conditions	20%
ADDITIONAL BENEFITS	
Vision	$25 up to one routine eye exam every two years.
NOT COVERED BY PLAN	
Acupuncture, over-the-counter items, and transportation.	
OPTIONAL SUPPLEMENTAL BENEFITS	
Package No. 1 name	Preventive Dental and Eye Wear
Premium	$18.90
Covers	Dental cleanings, exams, X-rays - Glasses, contacts, lenses, frames
Costs	$0 - $25 each for dental cleanings, exams, X-rays ($1,000 limit); $0 for glasses, contacts, lenses, frames ($250 limit every two years)

UnitedHealthcare

800-547-5514 • www.aarpmedicareplans.com

Plan Service Areas: Clackamas, Marion, Multnomah, Polk, and Washington counties.

AARP MEDICARECOMPLETE PLAN 1 (HMO)	YOUR COST
IMPORTANT INFORMATION	
Type of Plan/Plan No.	HMO/H3805-001
Monthly Premium with Rx	$55
Monthly Premium without Rx	
Annual out-of-pocket spending limit	$3,500
Health Plan Deductible	$0
Part D Deductible	$0
100% LIS plan premium	$47.50
INPATIENT CARE PER DAY	
Inpatient hospital /mental health care	$250 (days 1-7)
Skilled nursing facility	$50 (days 1-20), $75 (days 21-54)
Home health care	$0
OUTPATIENT CARE	
Doctor visits/specialists	Primary care physician: $10 / specialist: $20
Chiropractor and Podiatry	Chiropractor: $20; podiatry: $20
Outpatient mental health care	Individual: $40; group: $30
Outpatient substance abuse care	Individual: $40; group: $30
Outpatient services/surgery	$225 per visit
Ambulance services	$200
Emergency care	$65 (waived if admitted within 24 hours)
Urgently Needed Care	Contracted: $20; noncontracted: $40
Outpatient rehabilitation services	$20
OUTPATIENT MEDICAL SERVICES/SUPPLIES	
Durable medical equipment	20%
Prosthetic devices	20%
Diabetes programs and supplies	$0
Diagnostic tests, X-rays, lab services, and radiology services	Diagnostic tests: 20%; X-rays: $15; lab: $12; radiology: 20%
PREVENTIVE SERVICES	
Cardiac and pulmonary rehabilitation services	$20
Preventive services and wellness/education programs	$0
Kidney disease and conditions	Dialysis: 20%; education services: $0
ADDITIONAL BENEFITS	
Vision	$0 eyeglasses or contact lenses after cataract surgery $30; credit of $105 towards contact lenses every two years OR $30; credit of $70 towards 1 eyeglass frames every two years
NOT COVERED BY PLAN	
Acupuncture, over-the-counter items, and transportation	

OPTIONAL SUPPLEMENTAL BENEFITS	
Package No. 1 name	Dental Platinum
Premium	$29
Covers	Dental
Costs	$0 preventive 1 oral exam every six months; $0 preventive 1 cleaning every six months; $0 preventive 1 fluoride treatment every six months; $0 preventive 1 dental X-ray frequency varies based on dentist recommendation; plan paid benefit of up to $1,000; $0 comprehensive for diagnostic services; 20%-50% comprehensive for restorative services; 50% comprehensive for endo/perio/extractions; 50% comprehensive for prostho, oral surgery, other services; $100 deductible applies
Package No. 2 name	Fitness Rider
Premium	$13
Covers	Fitness
Costs	$0; Silver Sneakers benefits (including Steps)

VOLUNTEER PRAISE

County: Marion

My experience with SHIBA was wonderful, from my initial phone call with Jesse to make the appointment to my meeting with Craig Parker. Craig was very professional, well informed about health plans available to me. I spent an hour with him, had all my questions answered and left with a comfortable feeling that he had helped me make the right decision regarding my choice of health insurance coverage. Thanks to all of you at SHIBA and particularly Craig Parker. — Jo M.

UnitedHealthcare

Plan Service Areas: Benton, Lane, and Linn counties.

800-547-5514 • www.aarpmedicareplans.com

AARP MEDICARE COMPLETE PLAN 1 (HMO)	YOUR COST
IMPORTANT INFORMATION	
Type of Plan/Plan No.	HMO/H3805-007
Monthly Premium with Rx	$49
Monthly Premium without Rx	
Annual out-of-pocket spending limit	$3,750
Health Plan Deductible	$0
Part D Deductible	$0
100% LIS plan premium	$38.70
INPATIENT CARE PER DAY	
Inpatient hospital /mental health care	$195 (days 1-7)
Skilled nursing facility	$50 (days 1-20); $75 (days 21-57)
Home health care	$0
OUTPATIENT CARE	
Doctor visits / specialists	Primary care physician: $15 / specialist: $30
Chiropractor / Podiatry	Chiropractor: $20 / podiatry: $30
Outpatient mental health care	Individual: $40; group: $30
Outpatient substance abuse care	Individual: $40; group: $30
Outpatient services/surgery	$175 per visit
Ambulance services	$200
Emergency care	$65 (waived if admitted within 24 hours)
Urgently Needed Care	Contracted: $30; noncontracted: $40
Outpatient rehabilitation services	$30
OUTPATIENT MEDICAL SERVICES/SUPPLIES	
Durable medical equipment	20%
Prosthetic devices	20%
Diabetes programs and supplies	$0
Diagnostic tests, X-rays, lab services, and radiology services	Diagnostic tests: 20%; X-rays; $15; lab: $12; radiology: 20%
PREVENTIVE SERVICES	
Cardiac and pulmonary rehabilitation services	$30
Preventive services and wellness/education programs	$0
Kidney disease and conditions	Dialysis: 20%; education services: $0
ADDITIONAL BENEFITS	
Vision	$0 eyeglasses or contact lenses after cataract surgery $30; credit of $105 towards contact lenses every two years OR $30.00; credit of $70 towards 1 eyeglass frames every two years
NOT COVERED BY PLAN	
Acupuncture, over-the-counter items, and transportation	

OPTIONAL SUPPLEMENTAL BENEFITS	
Package No. 1 name	Dental Platinum
Premium	$29
Covers	Dental
Costs	$0 preventive 1 oral exam every six months; $0 preventive 1 cleaning every six months; $0 preventive 1 fluoride treatment every six months; $0 preventive 1 dental X-ray frequency varies based on dentist recommendation; plan paid benefit of up to $1,000; $0 comprehensive for diagnostic services; 20%-50% comprehensive for restorative services; 50% comprehensive for endo/perio/extractions; 50% comprehensive for prostho, oral surgery, other services; $100 deductible applies
Package No. 2 name	Fitness Rider
Premium	$13
Covers	Fitness
Costs	$0; Silver Sneakers benefits (including Steps)

UnitedHealthcare

800-547-5514 • www.aarpmedicareplans.com

Plan Service Areas: Clackamas, Marion, Multnomah, Polk, and Washington counties.

AARP MEDICARECOMPLETE PLAN 2 (HMO)	YOUR COST
IMPORTANT INFORMATION	
Type of Plan/Plan No.	HMO/H3805-012
Monthly Premium with Rx	$0
Monthly Premium without Rx	
Annual out-of-pocket spending limit	$3,900
Health Plan Deductible	$0
Part D Deductible	$0
100% LIS plan premium	$0
INPATIENT CARE PER DAY	
Inpatient hospital /mental health care	$265 (days 1-6)
Skilled nursing facility	$50 (days 1-20); $150 (days 21-40)
Home health care	$0
OUTPATIENT CARE	
Doctor visits / specialists	Primary care physician: $15 / specialist: $20
Chiropractor / Podiatry	Chiropractor: $20 / podiatry: $20
Outpatient mental health care	Individual: $40; group: $30
Outpatient substance abuse care	Individual: $40; group: $30
Outpatient services/surgery	$265 per visit
Ambulance services	$200
Emergency care	$65 (waived if admitted within 24 hours)
Urgently Needed Care	Contracted: $20; noncontracted: $40
Outpatient rehabilitation services	$20
OUTPATIENT MEDICAL SERVICES/SUPPLIES	
Durable medical equipment	20%
Prosthetic devices	20%
Diabetes programs and supplies	$0
Diagnostic tests, X-rays, lab services, and radiology services	Diagnostic tests: 20%; X-rays; $15; lab: $12; radiology: 20%
PREVENTIVE SERVICES	
Cardiac and pulmonary rehabilitation services	$20
Preventive services and wellness/education programs	$0
Kidney disease and conditions	Dialysis: 20%; education services: $0
ADDITIONAL BENEFITS	
Vision	$0 eyeglasses or contact lenses after cataract surgery $30; credit of $105 towards contact lenses every two years OR $30; credit of $70 towards 1 eyeglass frames every two years
NOT COVERED BY PLAN	
Acupuncture, over-the-counter items, and transportation	

OPTIONAL SUPPLEMENTAL BENEFITS	
Package No. 1 name	Dental Platinum
Premium	$29
Covers	Dental
Costs	$0 preventive 1 oral exam every six months; $0 preventive 1 cleaning every six months; $0 preventive 1 fluoride treatment every six months; $0 preventive 1 dental X-ray frequency varies based on dentist recommendation; plan paid benefit of up to $1000; $0 comprehensive for diagnostic services; 20%-50% comprehensive for restorative services; 50% comprehensive for endo/perio/extractions; 50% comprehensive for prostho, oral surgery, other services; $100 deductible applies.
Package No. 2 name	Fitness Rider
Premium	$13
Covers	Fitness
Costs	$0; Silver Sneakers benefits (including Steps)

VOLUNTEER PRAISE

Volunteer name: Bob Earnest
County: Multnomah

Went to a class on Medicare at MHCC. Bob was great! He was very patient and clear; great role model.

UnitedHealthcare

Plan Service Areas: Benton, Lane, and Linn counties.

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AARP MEDICARECOMPLETE PLAN 2 (HMO)	YOUR COST
IMPORTANT INFORMATION	
Type of Plan/Plan No.	HMO/H3805-013
Monthly Premium with Rx	$0
Monthly Premium without Rx	
Annual out-of-pocket spending limit	$4,200
Health Plan Deductible	$0
Part D Deductible	$0
100% LIS plan premium	$0
INPATIENT CARE PER DAY	
Inpatient hospital /mental health care	$265 (days 1-7)
Skilled nursing facility	$50 (days 1-20); $150 (days 21-42)
Home health care	$0
OUTPATIENT CARE	
Doctor visits / specialists	Primary care physician: $15 / specialist: $30
Chiropractor / Podiatry	Chiropractor: $20 / podiatry: $30
Outpatient mental health care	Individual: $40; group: $30
Outpatient substance abuse care	Individual: $40; group: $30
Outpatient services/surgery	$265 per visit
Ambulance services	$200
Emergency care	$65 (waived if admitted within 24 hours)
Urgently Needed Care	Contracted: $30; noncontracted: $40
Outpatient rehabilitation services	$30
OUTPATIENT MEDICAL SERVICES/SUPPLIES	
Durable medical equipment	20%
Prosthetic devices	20%
Diabetes programs and supplies	$0
Diagnostic tests, X-rays, lab services, and radiology services	Diagnostic tests: 20%; X-rays: $15; lab: $12; radiology: 20%
PREVENTIVE SERVICES	
Cardiac and pulmonary rehabilitation services	$30
Preventive services and wellness/education programs	$0
Kidney disease and conditions	Dialysis: 20%; education services: $0
ADDITIONAL BENEFITS	
Vision	$0 eyeglasses or contact lenses after cataract surgery; $30; credit of $105 towards contact lenses every two years OR $30; credit of $70 towards 1 eyeglass frames every two years
NOT COVERED BY PLAN	
Acupuncture, over-the-counter items, and transportation	

OPTIONAL SUPPLEMENTAL BENEFITS	
Package No. 1 name	Dental Platinum
Premium	$29
Covers	Dental
Costs	$0 preventive 1 oral exam every six months; $0 preventive 1 cleaning every six months; $0 preventive 1 fluoride treatment every six months; $0 preventive 1 dental X-ray frequency varies based on dentist recommendation; plan paid benefit of up to $1,000; $0 comprehensive for diagnostic services; 20%-50% comprehensive for restorative services; 50% comprehensive for endo/perio/extractions; 50% comprehensive for prostho, oral surgery, other services; $100 deductible applies
Package No. 2 name	Fitness Rider
Premium	$13
Covers	Fitness
Costs	$0; Silver Sneakers benefits (including Steps)

UnitedHealthcare

800-547-5514 • www.aarpmedicareplans.com

Plan Service Areas: Clackamas, Lane, Marion, Multnomah, Washington, and Yamhill counties.

AARP MEDICARECOMPLETE CHOICE (PPO)	YOUR COST
IMPORTANT INFORMATION	
Type of Plan/Plan No.	PPO/H3812-001
Monthly Premium with Rx	$0
Monthly Premium without Rx	
Annual out-of-pocket spending limit	In-network: $4,500; out-of-network: $8,400
Health Plan Deductible	$0
Part D Deductible	$0
100% LIS plan premium	$0
INPATIENT CARE PER DAY	
Inpatient hospital /mental health care	In-network: $295 (days 1-5); out-of-network: $390 (days 1-22)
Skilled nursing facility	In-network: $50 (days 1-20), $150 (days 21-40); out-of-network: $175 (days 1-40)
Home health care	In-network: $0; out-of-network: 50%
OUTPATIENT CARE	
Doctor visits / specialists	In-network: $15 / $30; out-of-network: $25 / $45
Chiropractor / Podiatry	In-network: $20; out-of-network: $45 / in-network: $30; out-of-network: $45
Outpatient mental health care	In-network: individual: $40; group: $30; out-of-network: individual: $45; group: $35
Outpatient substance abuse care	In-network: individual: $40, group: $30;out-of-network: individual: $45, group: $35
Outpatient services/surgery	In-network: 20%; out-of-network: 30%
Ambulance services	In- and out-of-network: $200
Emergency care	$65 (waived if admitted within 24 hours)
Urgently Needed Care	Contracted: $30; non-contracted: $40
Outpatient rehabilitation services	In-network: $30; out-of-network: $45
OUTPATIENT MEDICAL SERVICES/SUPPLIES	
Durable medical equipment	In-network: 20%; out-of-network: 50%
Prosthetic devices	In-network: 20%; out-of-network: 30%
Diabetes programs and supplies	In-network: $0; out-of-network: 30%
Diagnostic tests, X-rays, lab services, and radiology services	In-network: diagnostic tests: 20%; X-rays: $16; lab: $14; radiology: 20%; out-of-network: diagnostic tests: 30%; X-rays: $18; lab: $14; radiology: 30%
PREVENTIVE SERVICES	
Cardiac and pulmonary rehabilitation services	In-network: $30; out-of-network: $45
Preventive services and wellness/education programs	In-network: $0; $0 immunizations; out-of-network: 30%
Kidney disease and conditions	In-network dialysis: 20%, education services: $0; out-of-network: dialysis: 20%, education services: 30%
ADDITIONAL BENEFITS	
Vision	In-network: $0 eyeglasses or contact lenses after cataract surgery; out-of-network: 30% eyeglasses or contact lenses after cataract surgery
NOT COVERED BY PLAN	
Acupuncture, over-the-counter items, and transportation	

OPTIONAL SUPPLEMENTAL BENEFITS	
Package No. 1 name	Dental Platinum
Premium	$29
Covers	Dental
Costs	$0 preventive 1 oral exam every six months; $0 preventive 1 cleaning every six months; $0 preventive 1 fluoride treatment every six months; $0 preventive 1 dental X-ray frequency varies based on dentist recommendation; plan paid benefit of up to $1,000; $0.00 comprehensive for diagnostic services; 20%-50% comprehensive for restorative services; 50% comprehensive for endo/perio/extractions; 50% comprehensive for prostho, oral surgery, other services; $100 deductible applies
Package No. 2 name	Dental 467
Premium	$15
Covers	Dental
Costs	$0 preventive 1 oral exam every six months; $0 preventive 1 cleaning every six months; $0 preventive 1 dental X-ray frequency varies based on dentist recommendation
Package No. 3 name	Fitness Rider
Premium	$13
Covers	Fitness
Costs	$0 Silver Sneakers benefits (including Steps)

UnitedHealthcare

800-834-3721 • www.aarpmedicareplans.com

Plan Service Areas: Clackamas, Lane, Multnomah, and Washington counties.

AARP MEDICARECOMPLETE CHOICE (PPO)	YOUR COST
IMPORTANT INFORMATION	
Type of Plan/Plan No.	PPO/H3812-005
Monthly Premium with Rx	$37.50
Monthly Premium without Rx	
Annual out-of-pocket spending limit	In-network $5,000; $10,000 combined
Health Plan Deductible	$0
Part D Deductible	$325
100% LIS plan premium	$0
INPATIENT CARE PER DAY	
Inpatient hospital /mental health care	In-network: $1,188 deductible; out-of-network: 30%
Skilled nursing facility	In-network: $0 (days 1-100); out-of-network: 30%
Home health care	In-network: $0; out-of-network: 50%
OUTPATIENT CARE	
Doctor visits / specialists	In-network: $0 / $0 - 20%; out-of-network: 30% / 30%
Chiropractor / Podiatry	In-network: 20% / 20%; out-of-network: 30% / 30%
Outpatient mental health care	In-network: individual: 20%, group: 20%; out-of-network: individual: 30%, group: 30%
Outpatient substance abuse care	In-network: individual: 20%, group: 20%; out-of-network: individual: 30%, group: 30%
Outpatient services/surgery	In-network: 20% per visit; out-of-network: 30% per visit
Ambulance services	In-network: 20%; out-of-network: 30%
Emergency care	$65 (waived if admitted within 24 hours)
Urgently Needed Care	Contracted: 20%; non-contracted: 20%
Outpatient rehabilitation services	In-network: $0; out-of-network: 30%
OUTPATIENT MEDICAL SERVICES/SUPPLIES	
Durable medical equipment	In-network: 20%; out-of-network: 30%
Prosthetic devices	In-network: $0 - 20%; out-of-network: 30%
Diabetes programs and supplies	In-network: 20%; out-of-network: 30%
Diagnostic tests, X-rays, lab services, and radiology services	In-network: diagnostic tests: 20%; X-rays: $0; lab: $0; radiology: 20%; out-of-network: diagnostic tests: 30%; X-rays: 30%; lab: $0; radiology: 30%
PREVENTIVE SERVICES	
Cardiac and pulmonary rehabilitation services	In-network: 20%; out-of-network: 30%
Preventive services and wellness/education programs	In-network: $0; out-of-network: $0 immunizations; out-of-network: 30%
Kidney disease and conditions	In-network: dialysis: 20%: education services: $0; out-of-network: dialysis: 20%; education services: 30%
Dental services	In-network: 20%; out-of-network: 30%
Hearing services	In-network: 20%; out-of-network: 30%
ADDITIONAL BENEFITS	
Vision	In-network: $0 eyeglasses or contact lenses after cataract surgery; out-of-network:$0 eyeglasses or contact lenses after cataract surgery
Over-the-counter items	$0; $50 benefit per quarter. Credit amount expires at end of each quarter.
Transportation	$0; 36 one-way ground trips/plan-approved location per year
NOT COVERED BY PLAN	
Acupuncture	
OPTIONAL SUPPLEMENTAL BENEFITS	
Not available	

Glossary

ADL (activities of daily living) - Bathing, dressing, eating, toileting, transferring, or continence.

AEP (annual enrollment period) – A period of time from Oct. 15 to Dec. 7 in which Medicare beneficiaries may join or disenroll from Part D prescription drug coverage or a Medicare Advantage plan. Changes usually become effective Jan. 1. *Also known as Fall Open Enrollment.*

Activities of daily living – see ADL

ASC (ambulatory service center) – A health care facility that specializes in providing surgery, including certain pain management and diagnostic (e.g., colonoscopy) services in an outpatient setting.

Assignment – A method of payment under Medicare Part B. The doctor agrees to accept the amount of the Medicare-approved charge as full payment.

Attained age – Insurance policies with premiums that increase based on the age of the insured.

Beneficiary – Under Medicare, the person who is receiving payments for medical service.

Benefit period – The period for which benefits are payable. In Original Medicare Part A, for example, the benefit period begins on the first day of hospitalization and ends when the beneficiary has been out of the hospital or associated skilled nursing facility for 60 consecutive days.

Benefits – The items that are covered under an insurance plan. Also referred to as coverage.

Catastrophic coverage – The highest amount of money paid out of pocket before a health plan pays the majority of or all co-payment amounts.

Chronic – Being long-lasting and recurrent or characterized by long suffering. A chronically ill person is not expected to recover or get much better.

Claim – A request for payment of medical services under the terms of an insurance policy. A claim is usually made by either a provider or an insured person.

CMS (Centers for Medicare and Medicaid Services) – The division of the Department of Health and Human Services that administers the Medicare and Medicaid programs.

COB (coordination of benefits) – If a service is covered under more than one policy, the insurance companies determine which policy pays.

COBRA (Consolidated Omnibus Budget Reconciliation Act) – Rules that permit former employees to buy insurance at group rates from their former employers' insurance companies for a set period of time after they leave their jobs or retire.

Co-insurance – A fixed percentage paid per service received or prescription filled.

Community rating – A rating method that assigns a single rate to all ages and classes of individuals in the group, regardless of risk factors such as age or health.

Co-payment or co-pay – A fixed dollar amount paid per service received or prescription filled.

Coverage gap – The stage in Medicare prescription drug coverage when you have to pay a higher portion of your own drug costs. *Also known as the donut hole.*

Creditable coverage – An insurance policy that is determined to be as good as or better than Medicare coverage.

Crossover claim participant – A Medigap company that has claims submitted to it electronically, directly from Medicare. This eliminates the need for the beneficiary to submit claims to a secondary payer.

Deductible – A dollar amount determined by an individual's insurance policy (including Medicare) that must be paid by the insured individual for covered services before Medicare or the insurance policy begins paying.

DHS (Department of Human Services) – The state agency that houses Seniors and Peoples with Disabilities and other assistance programs.

Diagnostic tests – Tests ordered by a physician to provide information that assists in making a diagnosis when symptoms are present.

Disenrollment – Cancellation of an individual's enrollment in a health plan.

Donut hole – *See Coverage gap.*

DME (durable medical equipment) – Equipment that is medically necessary and prescribed by a doctor for use in the home, such as oxygen equipment, wheelchairs, and other medically necessary equipment.

Effective date – The date on which an insurance policy is in effect and its coverage begins.

EFT (electronic funds transfer) – The transfer of funds from one account to another by computer. *Also known as AFT (automatic funds transfer).*

EGHP (Employer Group Health Plan) – A health insurance or benefit plan that is offered through an employer with 20 or more employees.

Election period – The period during which an eligible person may join or leave Original Medicare, a Medicare Advantage plan or a Prescription Drug Plan.

Enrollee – A person eligible and receiving benefits from an insurance plan or managed care organization. Also called member when referring to Medicare Advantage plans.

EOB (Explanation of Benefits) – A form sent to the patient that explains which claims were paid at what level.

ESRD (end-stage renal disease) – A medical condition in which a person's kidneys no longer function, requiring dialysis or a kidney transplant to maintain life.

Excess charge – The difference between the Medicare-approved amount and cannot exceed 15 percent more than the provider's actual charge. *Also known as a limiting charge.*

Extra Help – A Medicare program to help people with limited income and resources pay Medicare prescription drug program costs, such as premiums, deductibles, and co-insurance. *Also known as LIS.*

Fall open enrollment period – Another name for annual enrollment period (Oct. 15 to Dec. 7). *See AEP.*

Fee-for-service – A method of reimbursement that presets the fee that will be paid for the service provided.

IEP (initial enrollment period) – A seven-month period of time that surrounds a Medicare beneficiary's 65th birthday (qualifying month); three months before, the month of, and three months after.

Inpatient care – Care given an admitted patient while in a hospital, nursing home, or other medical or post-acute institution.

Institutional care – Care provided in a hospital, skilled or intermediate nursing home, or other state facility certified or licensed by the state primarily affording diagnostic, preventive, therapeutic, rehabilitative, maintenance, or personal care services.

Issue age – Policies whose premiums are based on your age when purchased. Premiums will not increase due to an increase in age; however, premiums may increase for other reasons.

Late enrollment penalty – An amount added to your monthly premium for Medicare Part B or Part D if beneficiaries do not join when they are first eligible. The penalty remains in place as long as the beneficiary has Medicare, with a few exceptions.

Lifetime reserve days – The beneficiary is entitled to 60 additional reserve days after Medicare provides 90 days of benefits for hospitalization. These days are not renewable.

Limiting charge – *See Excess charge.*

LIS (Low or Limited Income Subsidy) – The LIS program is operated by the Social Security Administration and provides Extra Help with prescription drug costs for individuals who meet the income and asset requirements. *See Extra Help.*

Lookback – *See Waiting period.*

LTC (long-term care) – A general term that includes a wide range of services that address the health, medical, personal, and social needs of people with chronic or prolonged illnesses, disabilities, and cognitive disorders (such as Alzheimer's). The delivery of LTC services can include skilled nursing care in a nursing home, in-home health and personal care, assisted living, adult day care facilities, and other options. Medicare does not cover LTC.

MA (Medicare Advantage) – Any health care organization, including health care providers, insurers, health care services contractors, health maintenance organizations, or any combination thereof, that provides directly or by contract basic health care services on a prepaid capitated basis to patients enrolled in the plan and the managed health care system. The plan receives a premium from Medicare, plus additional out-of-pocket co-payments, co-insurance or deductibles, and/or monthly premiums from Medicare beneficiaries. *Also known as Managed Care, Part C, or Medicare+Choice.*

MAPD (Medicare Advantage with Prescription Drug Coverage) – Medicare Advantage plan that includes a Part D plan.

Medicaid – A federal-state partnership designed to ensure that America's aged, sick, and impoverished are cared for. This program is a safety net that provides aid in the form of medical services to poor people who fall below the state-established poverty line. There are strict income and asset guidelines used to qualify people for Medicaid. Administered in Oregon by DHS. *Also known as Medicare Savings Program, M.A. (Medical Assistance), or Title 19 (XIX).*

Medically necessary – Services or supplies that are needed for the diagnosis or treatment of a medical condition and that meet accepted standards of medical practice. *Also known as Reasonable and Necessary.*

OHP – Oregon Health Plan, the state Medicaid program in Oregon which covers those with financial need. Sometimes referred to as OSIPM.

OHP Plus – Oregon Health Plan with additional benefits.

OSIPM – Oregon Supplement Insurance Program Medical. *See OHP.*

POS (point of service) – An option that is available with some HMO plans that allow the beneficiary to use doctors and hospitals outside the plan for an additional cost.

PPO (preferred provider organization) – A type of Medicare Advantage Plan in which the beneficiaries pay less if they use doctors, hospitals, and providers that belong to the network. If they use doctors, hospitals, and providers outside of the network, there will be an additional cost.

Preauthorization – A practice that insurance plans use in order to require that providers receive authorization for certain services or prescriptions from the plan before a claim will be paid.

Pre-existing conditions – A medical condition diagnosed, treated, or needing treatment before the purchase of an insurance policy.

Preferred drug list – *See Formulary.*

Premium – The total of all sums charged, received, or deposited as consideration for a contract.

Prescription drug – A drug that must have a health care provider's written order (prescription) in order to be dispensed.

Preventive care – Health care that is intended to keep people from becoming ill (e.g., checkups, mammograms, immunizations, and screening tests).

Provider – The doctor, hospital, home health agency, hospice, nursing facility, or therapist that delivers health services.

Referral – A written order from your primary care doctor for you to see a specialist or get certain medical services. In many HMOs, the beneficiary needs to get a referral before he or she can get medical care from anyone except the primary care physician. If a referral is not obtained, the claim may not pay for the services.

Reserve days – Sixty extra days provided by Medicare hospital insurance that can be used in case of a long illness in which the stay in the hospital is more than 90 days. Reserve days are ***not*** renewable – they can only be used once.

Screening tests – Tests used to try to detect a disease when there is little or no evidence of a suspected disease.

SEP (special enrollment period) – Opportunity to join or leave a plan outside regular enrollment periods.

Service area – The specified area that an insurance plan has agreed to cover.

SHIBA (Senior Health Insurance Benefits Assistance) – A program that uses a statewide network of trained volunteers who educate, assist, and advocate for Medicare beneficiaries about their rights and options regarding health insurance so they can make informed choices.

SHIP (State Health Insurance Assistance Program) – A nationwide state-based program that offers local one-on-one counseling and assistance to people with Medicare and their families. Through CMS-funded grants directed to states, SHIPs provide free counseling and assistance via telephone and face-to-face interactive sessions, public education presentations and programs, and media activities. SHIBA is Oregon's SHIP.

Skilled care – Acute care for an illness or injury that requires the training and skills of a licensed professional nurse, is prescribed by a physician, and is medically necessary for the condition or illness of the patient.

SNF (skilled nursing facility) – A facility at which medically necessary (prescribed) care is provided by licensed health-care professionals.

SNP (special needs plan) – Private insurance plans that provide Medicare benefits, including drug coverage. People eligible for Medicare and Medicaid, those living in certain LTC facilities, and those with severe chronic or disabling conditions may qualify to join.

Specialist – The physician who provides expertise and care in a particular area (e.g., surgeon, oncologist, dermatologist, and allergist).

SSI (Supplemental Security Income) – Monthly amount paid by Social Security to people with limited income and resources who are disabled, blind, or age 65 or older.

SSA (Social Security Administration) – A government agency responsible for the Social Security system.

SSDI (Social Security Disability Insurance) – Determined by Social Security, a monthly benefit for eligible people who are unable to work for a year or more due to a disability.

Stand-alone drug plan – *See PDP.*

Supplement insurance – Private health insurance designed to fill some of the gaps in Medicare. *Also known as Medigap.*

Tier – Different levels of co-payment amounts depending on the type of drug. The lowest co-payment is for generics, followed by formulary brands, and a nonformulary co-payment is in the highest tier.

Total drug costs – The total amount paid for prescription medicines. It includes what the beneficiary pays and also what the drug plan pays.

TROOP (total out-of-pocket) costs – Total amount a beneficiary pays out of pocket in a Part D plan.

TRICARE – A health insurance program offered by the Department of Defense to military personnel.

TTY: (Teletypewriter) – Telecommunications relay service that provides voice telephone access to people who use TTYs. Specially trained relay agents complete calls and stay online to relay messages either by TTY or verbally to hearing parties. This service is available 24 hours a day with no restrictions to the length or number of calls placed. *Also known as TDD (telecommunications for the deaf).*

Underwriting – The process by which an insurer determines whether or not, and on what basis, it will accept an application for insurance.

UCR (usual, customary, and reasonable) – A method of paying providers by looking at what other providers are paid for that service.

Waiting period – The amount of time that must pass before benefits will be paid or before pre-existing conditions or specific illnesses are covered by a health insurance policy.

Waivered in-home services – Services to assist those who have difficulty with Activities of Daily Living (ADLs). The Oregon Aging and Persons with Disabilities Service offices determine eligibility.

Resources and publications

You can request a free copy of these and other publications or view them on one of the websites listed.

SHIBA's five favorite CMS publications

1. *Who Pays First*
2. *Medicare Basics: A Guide for Families and Friends of People With Medicare*
3. *Choosing a Medigap Policy: A Guide for People with Medicare*
4. *Medicare Coverage of Kidney Dialysis and Transplant Services*
5. *Medicare Coverage of Diabetes and Supplies*

To order Medicare publications:

- Call 1-800-MEDICARE (800-633-4227)
- **Website:** *www.medicare.gov*

Oregon Insurance Division publications

- *Consumer Alert: Senior Specialists*
- *Consumer Guide to Health Insurance*
- *Consumer Guide to Oregon Insurance Complaints*
- *Consumer Guide to Auto Insurance*
- *Consumer Guide to Homeowner and Tenant Insurance*
- *Insurance Advice for Oregon Consumers*
- *Long-Term Care Insurance: What You Should Know*
- *Medicare Insurance: Know What You're Buying*
- *Preneed Funeral Plans and So-Called "Funeral Insurance"*
- *Tips for Seniors and Their Families*
- *Your Rights When Purchasing Insurance and Annuities*
- *Do You Have Insurance Questions or Complaints? We Can Help*

To order insurance publications:

- Call 503-947-7984
  Toll-free in Oregon: 888-877-4894
  E-mail: dcbs.insmail@state.or.us
- Write to: **Publications**
  Oregon Insurance Division
  P.O. Box 14480, Salem, OR 97309-0405
- **Website:** *www.oregoninsurance.org*

SHIBA Senior Health Insurance Benefits Assistance

ship state health insurance assistance programs
LOCAL HELP FOR PEOPLE WITH MEDICARE

CMS CENTERS FOR MEDICARE & MEDICAID SERVICES

DEPARTMENT OF CONSUMER & BUSINESS SERVICES

About SHIBA

The Senior Health Insurance Benefits Assistance (SHIBA) program is part of the Oregon Department of Consumer and Business Services (DCBS) Insurance Division. SHIBA is a statewide network of trained volunteers who provide one-on-one assistance to people with Medicare. SHIBA's goal is to help people make better decisions about health insurance by providing confidential and objective counseling.

Contact the Senior Health Insurance Benefits Assistance (SHIBA) program:

- To order free brochures
  - *Are You Ready for Medicare?*
  - *Free Help with Medicare Information and Prescription Drug Plans*
- To get free help filing claims, comparing Medicare Advantage plans, Medigap policies, and Prescription Drug Plans, or understanding long-term care insurance
- To become a SHIBA volunteer

Contact information:

- Toll-free in Oregon: 800-722-4134
  E-mail: shiba.oregon@state.or.us
- **Website:** *oregonshiba.org*

About the Oregon Insurance Division

The Oregon Insurance Division provides the following services:

- Answers consumer questions about insurance
- Resolves consumer complaints about insurance companies or producers
- Investigates and penalizes companies and producers for violations of insurance law
- Monitors marketplace conduct of insurers
- Educates the public about insurance costs

Contact information:

- Toll-free in Oregon: 888-877-4894 or 503-947-7984
  E-mail: dcbs.insmail@state.or.us
- **Website:** *www.oregoninsurance.org*

Extra website resources

Aging and Disability Resource Connection of Oregon (ADRC): *adrcoforegon.org*

Medicare Rights Center: *medicarerights.org*

Benefits Checkup: *benefitscheckup.org*

Oregon SHIBA
350 Winter St. NE, Rm. 330
P.O. Box 14480
Salem, Oregon 97309-0405
Website: www.oregonshiba.org

440-2111 (10/12/COM)