### Medicare Advantage Plans

<table>
<thead>
<tr>
<th>Plan</th>
<th>In-Network</th>
<th>Out-Of-Network</th>
</tr>
</thead>
<tbody>
<tr>
<td>Kaiser Permanente</td>
<td>Plan Physicians and Hospitals</td>
<td>Any licensed Medicare Provider</td>
</tr>
<tr>
<td>Providence – Medicare Flex Group Plan + Rx</td>
<td>Plan Physicians and Hospitals</td>
<td>Any licensed Medicare Provider</td>
</tr>
<tr>
<td>Providence – Medicare Advantage Group Plan + Rx</td>
<td>Plan Physicians and Hospitals</td>
<td>Medicare Advantage Network Providers</td>
</tr>
<tr>
<td>UnitedHealthcare Group Medicare Advantage (PPO)</td>
<td>Medicare Advantage Network Providers</td>
<td>Any licensed Medicare Provider</td>
</tr>
</tbody>
</table>

### Eligible Providers

Any licensed Medicare Provider

### Covered in full

- Physician Office Visits
- Specialist Office Visits
- Outpatient Surgery
- Ambulance
- Emergency Services
- Urgent Care
- DME
- Lab Test
- X-ray
- Diagnostic Imaging (CT/MRI/PET)
- PT/ST/Treatment

### Covered in full with 10%

- Inpatient Hospital Care
- Skilled Nursing Facility

### Covered in full with 20%

- Physician Office Visits
- Specialist Office Visits
- Outpatient Surgery
- Ambulance
- Emergency Services
- Urgent Care
- DME
- Lab Test
- X-ray
- Diagnostic Imaging (CT/MRI/PET)
- PT/ST/Treatment

### Covered in full with 30%

- Inpatient Hospital Care
- Skilled Nursing Facility

### Covered in full with 40%

- Physician Office Visits
- Specialist Office Visits
- Outpatient Surgery
- Ambulance
- Emergency Services
- Urgent Care
- DME
- Lab Test
- X-ray
- Diagnostic Imaging (CT/MRI/PET)
- PT/ST/Treatment

### Covered in full with 60%

- Physician Office Visits
- Specialist Office Visits
- Outpatient Surgery
- Ambulance
- Emergency Services
- Urgent Care
- DME
- Lab Test
- X-ray
- Diagnostic Imaging (CT/MRI/PET)
- PT/ST/Treatment

### Skilled Nursing Facility

### Inpatient Care

- 2019 Part B deductible; 2020 Part B deductible was not available at this time.
- Any licensed provider.
- Must use TruHearing providers. One exam and two aids per calendar year.

### Outpatient Rehab

- OT= Occupational Therapy
- PT= Physical Therapy
- ST= Speech Therapy

### Outpatient Surgery

- Physician Office Visits
- Specialist Office Visits
- Outpatient Surgery
- Ambulance
- Emergency Services
- Urgent Care
- DME
- Lab Test
- X-ray
- Diagnostic Imaging (CT/MRI/PET)
- PT/ST/Treatment

### Preventive Care

- Annual Wellness Exam
- Women’s Preventive Screening
- Prostate Cancer Screening
- Immunoizations

### Other Services

- Chiropractic Care
- Routine Hearing Exam
- Hearing Aids
- Vision Routine Eye Exam
- Vision Hardware

### Prescription Drugs

### Covered in full with 15%

- Physician Office Visits
- Specialist Office Visits
- Outpatient Surgery
- Ambulance
- Emergency Services
- Urgent Care
- DME
- Lab Test
- X-ray
- Diagnostic Imaging (CT/MRI/PET)
- PT/ST/Treatment

### Covered in full with 20%

- Physician Office Visits
- Specialist Office Visits
- Outpatient Surgery
- Ambulance
- Emergency Services
- Urgent Care
- DME
- Lab Test
- X-ray
- Diagnostic Imaging (CT/MRI/PET)
- PT/ST/Treatment

### Covered in full with 25%

- Physician Office Visits
- Specialist Office Visits
- Outpatient Surgery
- Ambulance
- Emergency Services
- Urgent Care
- DME
- Lab Test
- X-ray
- Diagnostic Imaging (CT/MRI/PET)
- PT/ST/Treatment

### Covered in full with 30%

- Physician Office Visits
- Specialist Office Visits
- Outpatient Surgery
- Ambulance
- Emergency Services
- Urgent Care
- DME
- Lab Test
- X-ray
- Diagnostic Imaging (CT/MRI/PET)
- PT/ST/Treatment

### Covered in full with 40%

- Physician Office Visits
- Specialist Office Visits
- Outpatient Surgery
- Ambulance
- Emergency Services
- Urgent Care
- DME
- Lab Test
- X-ray
- Diagnostic Imaging (CT/MRI/PET)
- PT/ST/Treatment

### Covered in full with 50%

- Physician Office Visits
- Specialist Office Visits
- Outpatient Surgery
- Ambulance
- Emergency Services
- Urgent Care
- DME
- Lab Test
- X-ray
- Diagnostic Imaging (CT/MRI/PET)
- PT/ST/Treatment

### Covered in full with 65%

- Physician Office Visits
- Specialist Office Visits
- Outpatient Surgery
- Ambulance
- Emergency Services
- Urgent Care
- DME
- Lab Test
- X-ray
- Diagnostic Imaging (CT/MRI/PET)
- PT/ST/Treatment

### Covered in full with 100%

- Physician Office Visits
- Specialist Office Visits
- Outpatient Surgery
- Ambulance
- Emergency Services
- Urgent Care
- DME
- Lab Test
- X-ray
- Diagnostic Imaging (CT/MRI/PET)
- PT/ST/Treatment

### Covered in full with 0%

- Physician Office Visits
- Specialist Office Visits
- Outpatient Surgery
- Ambulance
- Emergency Services
- Urgent Care
- DME
- Lab Test
- X-ray
- Diagnostic Imaging (CT/MRI/PET)
- PT/ST/Treatment

### Medicare Part D

- 40% of charge up to a $250 maximum per prescription for a 31-day supply
- 40% of charge up to a $250 maximum per prescription for a 30-day supply
- 40% of charge up to a $250 maximum per prescription for a 31-day supply
- 40% of charge up to a $250 maximum per prescription for a 30-day supply

### Coverage

- Oregon PERS
  - Any licensed Medicare Provider

### Benefits

- This is a summary of benefits only, for general comparison. Any errors or omissions are purely unintentional. Should any discrepancies be found between this comparison and the health plan document, the information in the health plan document shall prevail.