

## 2025 Harrison Trust Medicare Plan Comparison

All information provided here is in summary and intended to provide highlights of the plans. While every effort has been made for accuracy, we strongly recommend referring to each carrier's booklet for complete and accurate details before making any decisions related to benefits.

Plan →	Kaiser Medicare	PacificSource Medicare Essentials Rx 14	Providence Align	Providence Discover HMO + Rx
Benefits ↓				
Primary Care Office Visits	\$15 copay for primary and specialty care  No charge for Lab or X-ray	\$10 copay for primary care \$35 copay for specialty care (Contracted providers)  \$0-20 copay for Lab	\$15 copay for primary care \$20 copay for specialty care  No charge for Lab or Diagnostic Tests	\$0 copay for primary care \$25 copay for specialty care  No charge for Lab or X-ray
Emergency Room Visits	\$50 copay (waived if admitted)	\$120 copay (waived if admitted)	\$50 copay (waived if admitted within 24 hours)	\$90 copay (waived if admitted within 24 hours)
Hospitalization	Covered at 100%	\$375/day copay for days 1-7 Then, \$0/day copay after day 7	\$100/day copay for days 1-5 Then, \$0/day copay after day 5	\$325/day copay for days 1-5 Then, \$0/day copay after day 5
Pharmacy Benefits	<b>Kaiser formulary:</b> Generic: \$15 Name Brand: \$30  Non-Formulary Drugs: not covered  Kaiser mail-order for maintenance medications: 90 days for 2 copays	<b>From \$0 to \$2,000</b> total costs 30-day supply: <b>Standard Retail Pharmacies</b> \$8 Preferred Generic; \$17 Generic; \$47 Preferred Brand; 33% Nonpreferred Brand; 30% Specialty Drugs \$0 Select Care Drugs  <b>90-day Preferred Mail Order</b> \$0 Preferred Generic; \$24 Generic; \$84 Preferred Brand; 31% Nonpreferred Brand  <b>After \$8,000 out-of-pocket costs:</b> \$0 copay	<b>Providence formulary:</b> \$0 Deductible for all Tiers  <b>From \$0-\$2,000</b> Preferred Retail and Mail-Order Cost Sharing: 30-day supply: Generic: \$15 Name Brand: \$30 60-day supply: Generic: \$30 Brand Name: \$60 90-day supply: Generic: \$45 Brand Name: \$90  <b>After \$2,000 out-of-pocket costs:</b> \$0 copay	<b>Providence formulary:</b> \$100 Deductible, waived for Tier 1, & Tier 2  <b>From \$0-\$2,000</b> 30-day supply, Preferred Retail and Mail-Order Cost Sharing: Tier 1: \$0 Tier 2: \$10 Tier 3: \$47 Tier 4: \$100 Tier 5: 31% of total cost  <b>After \$2,000 out-of-pocket costs:</b> \$0 copay

## 2025 Harrison Trust Medicare Plan Comparison

All information provided here is in summary and intended to provide highlights of the plans. We strongly recommend referring to each carrier's booklet for complete and accurate details before making any decisions related to benefits and coverage.

Plan → Benefits ↓	Regence Companion & Bridge Plan F & Bridge Plan G	Regence MedAdvantage-Classic	Regence MedAdvantage-Enhanced	United Healthcare
<b>Primary Care Office Visits</b>	Covered at 100%	\$0 copay (in-network) 30% (out-of-network)  \$35 Specialist Visit copay (in-network) 30% (out-of-network)	\$0 copay (in-network) 30% (out-of-network)  \$25 Specialist Visit copay (in-network) 30% (out-of-network)	\$10 copay (United Healthcare network providers)  \$10 Specialist Visit copay
<b>Emergency Room Visits</b>	Covered at 100%	\$120 copay (waived if admitted within 48 hours)	\$120 copay (waived if admitted within 48 hours)	\$50 copay (waived if admitted)
<b>Hospitalization</b>	Covered at 100%	\$395/day copay for days 1-5  Then, \$0 copay after day 5 (in-network)  30% per day (out-of- network)	\$325/day copay for days 1-5  Then, \$0 copay after day 5 (in-network)  30% per day (out-of- network)	\$0 Per Admit
<b>Pharmacy Benefits</b>	<b>Asuris Medicare Script Enhanced:</b>  No deductible  <b>From \$0 to \$2,000 total costs: Preferred Retail Pharmacies:</b> Tier 1 - \$2 Tier 2 - \$8 Tier 3 - \$42 Tier 4 - 40% Tier 5 - 33%  <b>After \$2,000 out-of pocket:</b> \$0 copay	<b>MedAdvantage Classic Rx:</b>  \$0 Tier 1 and 2 \$150 Tier 3, 4, and 5  <b>From \$0 to \$2,000 total costs: Preferred Retail Pharmacies:</b> Tier 1 - \$0 Tier 2 - \$13 Tier 3 - \$40 Tier 4 - 40% Tier 5 - 31%	<b>MedAdvantage Enhanced Rx:</b>  No deductible  <b>From \$0 to \$2,000 total costs: Preferred Retail Pharmacies:</b> Tier 1 - \$0 Tier 2 - \$8 Tier 3 - \$40 Tier 4 - 40% Tier 5 - 33%	<b>From \$0 to \$2,000 total costs pharmacy 30-day supply:</b> Tier 1 - \$10 Tier 2 - \$20 Tier 3 - \$35 Tier 4 - \$35  <b>90-day supply via mail order:</b> Tier 1 - \$20 Tier 2 - \$40 Tier 3 - \$70 Tier 4 - \$70