

2026 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	\$0 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 10% 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	Kaiser formulary: Generic: \$15 Name Brand: \$30 Non-Formulary Drugs: not covered Kaiser mail-order for maintenance medications: 90 days for 2 copays After \$2,100 out-of-pocket Costs: \$0 copay	From \$0 to \$2,100 \$199 Deductible for Tier 3, 4, 5 Total Costs 30-day Supply: Standard Retail Pharmacies \$0 Preferred Generic; \$10 Generic; 24% Preferred Brand; 28% Nonpreferred Brand; 30% Specialty Drugs 90-day Preferred Mail Order: \$0 Preferred Generic; \$10 Generic; 15% Preferred Brand; 28% Nonpreferred Brand After \$2,100 out-of-pocket costs: \$0 copay	Providence formulary: \$0 Deductible for all Tiers From \$0-\$2,100 Preferred Retail and Mail- Order Cost Sharing: 30-day supply: Generic: \$15 Brand Name: \$30 60-day supply: Generic: \$30 Brand Name: \$60 90-day supply: Generic: \$45 Brand Name: \$90 After \$2,100 out-of-pocket costs: \$0 copay	Providence formulary: \$100 Deductible for Tier 3, 4, 5 From \$0-\$2,100 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 After \$2,100 out-of-pocket costs: \$0 copay

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Plan → Benefits ↓	Regence MedAdvantage-Classic	Regence MedAdvantage-Enhanced	United American RetireeFirst Plan F or G
Primary Care Office Visits	\$0 copay (in-network) 50% (out-of-network) \$35 Specialist Visit copay (in-network) 50% (out-of-network)	\$0 copay (in-network) 50% (out-of-network) \$25 Specialist Visit copay (in-network) 50% (out-of-network)	Plan F Deductible: \$0 Plan G: CMS Standard Deductible \$0 copay \$0 Specialist Visit copay
Emergency Room Visits	\$130 copay (waived if admitted within 48 hours)	\$130 copay (waived if admitted within 48 hours)	\$0 copay
Hospitalization	\$395/day copay for days 1-5 Then, \$0 copay after day 5 (in-network) 50% per day (out-of-network)	\$325/day copay for days 1-5 Then, \$0 copay after day 5 (in-network) 50% per day (out-of-network)	\$0 copay, Days 1-100
Pharmacy Benefits	MedAdvantage Classic Rx: \$300 deductible \$3-10 Tier 1 and 2 23%-43% Tier 3, 4, and 5 From \$0 to \$2,100 total costs: Preferred Retail Pharmacies: Tier 1 – \$0 Tier 2 – \$5 Tier 3 – 20% Tier 4 – 40% Tier 5 – 29% After \$2,100 out-of pocket: \$0 copay	MedAdvantage Enhanced Rx: \$200 deductible \$3-6 Tier 1 and 2 \$47 Tier 3 30%-38% Tier 4 and 5 From \$0 to \$2,100 total costs: Preferred Retail Pharmacies: Tier 1 – \$0 Tier 2 – \$3 Tier 3 – \$40 Tier 4 – 35% Tier 5 – 30% After \$2,100 out-of pocket: \$0 copay	Asuris Medicare Script Enhanced: No deductible From \$0 to \$2,100 total costs: Preferred Retail Pharmacies: Tier 1 – \$2 Tier 2 – \$8 Tier 3 – \$42 Tier 4 – 40% Tier 5 – 33% After \$2,100 out-of pocket: \$0 copay