

2026 Medicare Plan Rate Comparison
January 1, 2026 through December 31, 2026

MEDICAL/RX PLAN	PARTICIPANT PAYMENT PER PERSON (\$135 Subsidy)	PARTICIPANT PAYMENT PER PERSON (Full Pay)
Kaiser Sr. Advantage	\$253.89	\$388.89
PacificSource Essentials Rx 14	\$0	\$108
Providence Align	\$298.38	\$433.38
Providence Discover HMO + Rx	\$130.66	\$265.66
United American Retiree Health Plan F	\$257	\$392
United American Retiree Health Plan G	\$257	\$392
Regence MedAdvantage – Classic	\$175	\$310
Regence MedAdvantage – Enhanced	\$245	\$380

DENTAL PLAN	PARTICIPANT PAYMENT (Per Person)
Kaiser Dental	\$43.40
Willamette Dental	\$41.00

Please note: You must be enrolled in a Harrison Trust Medicare Plan in order to enroll in the Harrison Trust Kaiser Dental Plan or Willamette Dental Plan. You do not need to be enrolled in Kaiser Medical in order to enroll in Kaiser Dental.