

## 2020 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 →	Regence Companion & Bridge Plan F	Regence MedAdvantage- Enhanced	Regence MedAdvantage- Classic	Kaiser Medicare	Providence Align	PacificSource Medicare Essentials Rx 14	United Healthcare
<b>Benefits ↓</b>							
<b>Primary Care Office Visits</b>	Covered at 100%	\$0 copay (in-network) 50% (out-of-network)	\$5 copay (in-network) 50% (out-of-network)	\$15 copay for primary and specialty care. No charge for lab and x-ray.	\$15 copay (primary and specialist providers)	\$10 copay (primary) \$35 copay (specialist) (Contracted providers)  \$20 copay for lab \$15 copay for x-ray	\$10 copay (United Healthcare network providers)
<b>Emergency Room Visits</b>	Covered at 100%	\$75 copay (waived if admitted within 48 hours)	\$75 copay (waived if admitted within 48 hours)	\$50 copay (waived if admitted)	\$50 copay (waived if admitted within 24 hrs.)	\$90 copay (waived if admitted)	\$75 copay (waived if admitted)
<b>Hospitalization</b>	Covered at 100%	\$315 copay per day for days 1-5 (in-network), \$0 copay after day 6, 50% per day (out- of-network)	\$395 copay per day for days 1-4 (in-network), \$0 copay after day 5, 50% per day (out- of-network)	Covered at 100%	\$100 copay per day, \$500 maximum per admission	\$295 copay per day for days 1-6 Then \$0 copay after day 6	\$0 per admit

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Benefits ↓	Asuris Enhanced Medicare Script:	MedAdvantage Enhanced Rx:	MedAdvantage Classic Rx:	Kaiser formulary:	Providence formulary:	From \$0 to \$4,020 total costs 30-day supply:	From \$0 to \$3,750 total costs – 30-day supply at the pharmacy:
Pharmacy Benefits	No deductible  From \$0 to \$4,020 total costs: <b>Preferred Retail Pharmacies:</b> Tier 1 - \$2 Tier 2 - \$8 Tier 3 - \$42 Tier 4 – 40% Tier 5 – 33%  After \$6,350 out-of-pocket: 5% copay or \$3.60 generic \$8.95 all other drugs	No deductible  From \$0 to \$4,020 total costs: <b>Preferred Retail Pharmacies:</b> Tier 1 - \$3 Tier 2 - \$8 Tier 3 - \$40 Tier 4 – 40% Tier 5 – 33%  After \$6,350 out-of-pocket: 5% copay or \$3.60 generic \$8.95 all other drugs	\$250 deductible  From \$0 to \$4,020 total costs: <b>Preferred Retail Pharmacies:</b> Tier 1 - \$3 Tier 2 - \$13 Tier 3 - \$40 Tier 4 – 40% Tier 5 – 28%  After \$6,350 out-of-pocket: 5% copay or \$3.60 generic \$8.95 all other drugs	Generic: \$15 Name Brand: \$30  Non-formulary drugs: not covered  Kaiser Mail order for maintenance medications: 90 days for 2 copays	Generic: \$15 Name Brand: \$30  Compounded: 50% copay for one-month's supply  90-day Mail order through Walgreens or Wellpartner (no copay reduction) Or 90-day at Providence, Fred Meyer or Walgreens Pharmacies	Standard Retail Pharmacies \$8 preferred generic \$17 generic \$47 preferred brand 33% non-preferred brand \$0 Select Care Drugs 29% specialty drugs  90-day Preferred Retail or Mail Order pharmacy, you pay: 3 x 30-day copay  After \$6,350 out-of-pocket costs: 5% coinsurance or \$3.60 generic drugs \$8.95 all other drugs	Tier 1 - \$10 Tier 2 - \$20 Tier 3 - \$35 Tier 4 - \$35  90-day supply via mail order: Tier 1 - \$20 Tier 2 - \$40 Tier 3 - \$70 Tier 4 - \$70  After \$5,000 out-of-pocket:  5% copay or \$3.35 generic 5% copay or \$8.35 all other drugs

