



A Medicare Advantage Plan Designed for You

CareOregon Advantage Star HMO-POS Benefits Highlights 2012

Available in the following Oregon counties: Clackamas, Clatsop, Columbia, Jackson, Josephine, Marion, Multnomah, Polk, and Washington

Eligibility: Must be enrolled in Medicare Parts A & B

What's Special About CareOregon Advantage?

- In and Out-of-Network benefits
- Vision exam and eyeglass coverage
- \$0 copay for lab tests
- \$0 copay for diabetes testing supplies

Benefit	In-Network
Premium (as low as \$0 with Low-Income Subsidy ⁴)	\$36.40 per month*
Out-of-Pocket Maximum	\$6700 per year**
Primary Care Physician Copay (In and Out-of-Network)	\$10 for each visit
Specialist Copay (In and Out-of-Network)	\$30 for each visit
Urgent Care (In and Out-of-Network)	\$25 for each visit
Inpatient Hospitalization	\$300 per day for days 1-5 \$0 per day for days 6+
Outpatient Surgery/Services	20% coinsurance
Emergency Room – Nationwide Coverage	\$50 for each visit
Ambulance	\$200 for each trip
Preventive Care	
<ul style="list-style-type: none"> • Routine Annual Physical • Annual Mammogram, Annual Pap Smear & Pelvic Exam, Bone Mass Measurement, Colorectal Screening, Annual Prostate Exam, Immunizations (flu, pneumococcal pneumonia, Hepatitis B vaccines) 	\$0 \$0 for each service
Routine Vision	
<ul style="list-style-type: none"> • Routine Annual Exam • Lenses (every two years) • Frames or Contact Lenses allowance (every two years) 	\$20 \$0 \$75 maximum
Diabetes Testing Supplies	\$0
Lab tests	\$0
Nurse Hotline	\$0
Prescription Drugs (for a 34-day supply)***	
<ul style="list-style-type: none"> • Deductible • Tier 1 - Generic • Tier 2 - Brand Name 	\$320 per year (Tier 2 only) \$5 copay 25% coinsurance
(Amounts may be lower with Low-Income Subsidy⁴)	



**Your premium may be lower if you qualify for Limited Income Subsidy.*

*** Out of pocket maximum applies only to Medicare covered benefits. See the Summary of Benefits for more details.*

**** Copayments paid by you plus any shared costs paid by the plan represent your yearly drug costs and must be paid until they total \$2930. At that point you pay 86% of your generic drug costs and 100% of your brand name drug costs. After your total yearly out-of-pocket costs reach \$4700, you pay a different copayment depending on the drug tier. For details on the Prescription Drug benefits, refer to the Summary of Benefits.*

1. A health plan with a Medicare contract.
2. The benefit information provided herein is a brief summary, not a comprehensive description of benefits. For more information, contact the plan. Benefits, formulary, pharmacy network, premium and/or co-payments/co-insurance may change on January 1, 2013. Limitations, copayments, and restrictions may apply.
3. You must continue to pay your Medicare Part B premium if not paid for under Medicaid or by another third-party. Individuals must have both Part A and B to enroll.
4. You may be able to get extra help to pay for your prescription drug premiums and costs. To see if you qualify for getting extra help, call:
 - i. 1-800-MEDICARE (1-800-633-4227). TTY/TDD users should call 1-877-486-2048, 24 hours a day/7 days a week;
 - ii. The Social Security Administration at 1-800-772-1213 between 7 a.m. and 7 p.m., Monday through Friday. TTY/TDD users should call 1-800-325-0778; or
 - iii. Your State Medicaid Office.
5. People with limited incomes may qualify for Extra Help to help pay for their prescription drug costs. If you qualify, Medicare could pay for up to seventy-five (75) percent or more of your drug costs including monthly prescription drug premiums, annual deductibles, and co-insurance. Additionally, those who qualify will not be subject to the coverage gap or late enrollment penalty. Many people are eligible for these savings and don't even know it. For more information about this Extra Help, contact your local social security office or call 1-800-MEDICARE (1-800-633-4227), 24 hours per day, 7 days per week. TTY users should call 1-877-486-2048.
6. Eligible beneficiaries must use network pharmacies to access their prescription drug benefit, except under non-routine circumstances, and quantity limitations and restrictions may apply.
7. Members may enroll in the plan only during specific times of the year. Contact CareOregon Advantage for more information.

For more information

This information is available for free in other languages. Please contact our customer service number at 1-888-712-3258 or 503-416-4279 for additional information 8a.m. to 8p.m. daily.

Esta información está disponible sin costo en otros idiomas. Comuníquese con nuestro servicio al cliente al número 1-888-712-3258 o 503-416-4279 para más información, 8a.m. a 8p.m. diario.

www.careoregonadvantage.org