



CAREOREGON ADVANTAGE STAR HMO-POS SUMMARY OF BENEFITS 2011



**CareOregon
Advantage**

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CMS APPROVAL 11/19/2010**

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Margaret Wright (front, center) and the Salvation Army Community Center Senior Swim Team

At age 79, CareOregon member Margaret Wright exercises three times a week at the Salvation Army community pool. When the position of the swim coach was eliminated due to budget cuts, Margaret took on the challenge of leading the senior swim team. “Exercise is a big part of keeping your glucose reading right and controlling the diabetes. The swimming keeps me on a schedule – very important with diabetes. I schedule everything around my swimming. It’s what works,” said Margaret Wright.

CAREOREGON ADVANTAGE STAR HMO-POS SUMMARY OF BENEFITS

SECTION 1: INTRODUCTION TO THE SUMMARY OF BENEFITS REPORT FOR CAREOREGON ADVANTAGE STAR HMO-POS

**January 1, 2011 -
December 31, 2011**

**Portland/Salem Area,
Northwest and
Southern Oregon**

Thank you for your interest in CareOregon Advantage Star HMO-POS. Our plan is offered by HEALTH PLAN OF CAREOREGON, INC./CareOregon Advantage, a Medicare Advantage Health Maintenance Organization (HMO), with a point-of-service option (POS).

This Summary of Benefits tells you some features of our plan. It doesn't list every service that we cover or list every limitation or exclusion. To get a complete list of our benefits, please call CareOregon Advantage Star HMO-POS and ask for the "Evidence of Coverage."

You have choices in your health care

As a Medicare beneficiary, you can choose from different Medicare options. One option is the Original (fee-for-service) Medicare Plan. Another option is a Medicare health plan, like CareOregon Advantage Star HMO-POS. You may have other options, too. You make the choice. No matter what you decide, you are still in the Medicare Program.

You may join or leave a plan only at certain times. Please call CareOregon Advantage Star HMO-POS at the number listed at the end of this introduction or 1-800-MEDICARE (1-800-633-4227) for more information. TTY/TDD users should call 1-877-486-2048. You can call this number 24 hours a day, seven days a week.



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How can I compare my options?

You can compare CareOregon Advantage Star HMO-POS and the Original Medicare Plan using this Summary of Benefits. The charts in this booklet list some important health benefits. For each benefit, you can see what our plan covers and what the Original Medicare Plan covers.

Our members receive all of the benefits that the Original Medicare Plan offers. We also offer more benefits, which may change from year to year.

Where is CareOregon Advantage Star HMO-POS available?

The service area for this plan includes: Clackamas, Clatsop, Columbia, Jackson, Josephine, Marion, Multnomah, Polk, and Washington Counties in Oregon. You must live in one of these areas to join the plan.

Who is eligible to join CareOregon Advantage Star HMO-POS?

You can join CareOregon Advantage Star HMO-POS if you are entitled to Medicare Part A and enrolled in Medicare Part B and live in the service area. However, individuals with End Stage Renal Disease

are generally not eligible to enroll in CareOregon Advantage Star HMO-POS unless they are members of our organization and have been since their dialysis began.

Can I choose my doctors?

CareOregon Advantage Star HMO-POS has formed a network of doctors, specialists, and hospitals. You can use any doctor who is part of our network. In some cases, you may also go to doctors outside of our network. The health providers in our network can change at any time.

You can ask for a current Provider Directory or for an up-to-date list visit us at <http://www.careoregonadvantage.org>.

Our customer service number is listed at the end of this introduction.

What happens if I go to a doctor who's not in your network?

You can go to doctors, specialists, or hospitals in or out of network. You may have to pay more for the services you receive outside the network, and you may have to follow special rules prior to getting services in and/or out of network. For more information, please call the customer service number at the end of this introduction.

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Where can I get my prescriptions if I join this plan?

CareOregon Advantage Star HMO-POS has formed a network of pharmacies. You must use a network pharmacy to receive plan benefits. We may not pay for your prescriptions if you use an out-of-network pharmacy, except in certain cases. The pharmacies in our network can change at any time. You can ask for a pharmacy directory or visit us at <http://www.careoregonadvantage.org>. Our customer service number is listed at the end of this introduction.

Does my plan cover Medicare Part B or Part D drugs?

CareOregon Advantage Star HMO-POS does cover both Medicare Part B prescription drugs and Medicare Part D prescription drugs.

What is a prescription drug formulary?

CareOregon Advantage Star HMO-POS uses a formulary. A formulary is a list of drugs covered by your plan to meet patient needs. We may periodically add, remove, or make changes to coverage limitations on certain drugs or change how much you pay for a drug. If we make any formulary change that limits our members' ability to fill their prescriptions, we will notify the affected enrollees before the change is made. We will send a formulary to you and you can see our complete formulary on our web site at <http://www.careoregonadvantage.org>.

If you are currently taking a drug that is not on our formulary or subject to additional requirements or limits, you may be able to get a temporary supply of the drug. You can contact us to request an exception or switch to an alternative drug listed on our formulary with your physician's help. Call us to see if you can get a temporary supply of the drug or for more details about our drug transition policy.

How can I get extra help with my prescription drug plan costs or get extra help with other Medicare costs?

You may be able to get extra help to pay for your prescription drug premiums and costs as well as get help with other Medicare costs. To see if you qualify for getting extra help, call:

- 1-800-MEDICARE (1-800-633-4227). TTY/TDD users should call 1-877-486-2048, 24 hours a day, seven days a week and see www.medicare.gov 'Programs for People with Limited Income and Resources' in the publication *Medicare & You*.
 - 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
- Your State Medicaid (Oregon Health Plan) office at 503-945-5772 or toll free at 1-800-527-5772. TTY/TDD users should call 1-800-375-2863.

What are my protections in this plan?

All Medicare Advantage Plans agree to stay in the program for a full year at a time. Each year, the plans decide whether to continue for another year. Even if a Medicare Advantage Plan leaves the program, you will not lose Medicare coverage. If a plan decides not to continue, it must send you a letter at least 90 days before your coverage will end. The letter will explain your options for Medicare coverage in your area.

As a member of CareOregon Advantage Star HMO-POS, you have the right to request an organization determination, which includes the right to file an appeal if we deny coverage for an item or service, and the right to file a grievance.

- You have the right to request an **organization determination** if you want us to provide or pay for an item or service that you believe should be covered. If we deny coverage for your requested item or service, you have the right to appeal and ask us to review our decision.
- You may ask us for an **expedited (fast) coverage determination** or appeal if you believe that waiting for a decision could seriously put your life or health at risk, or affect your ability to regain maximum function. If your doctor makes or supports the expedited request, we must expedite our decision.

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- Finally, you have the right to file a **grievance** with us if you have any type of problem with us or one of our network providers that does **not** involve coverage for an item or service.
- If your problem involves **quality of care**, you also have the right to file a grievance with the Quality Improvement Organization (QIO) for your state. Please refer to the Evidence of Coverage (EOC) for the QIO contact information.

As a member of CareOregon Advantage Star HMO-POS, you have the right to request a coverage determination, which includes the right to request an exception, the right to file an appeal if we deny coverage for a prescription drug, and the right to file a grievance.

- You have the right to request a coverage determination if you want us to cover a **Part D drug** that you believe should be covered. An exception is a type of coverage determination. You may ask us for an exception if you believe you need a drug that is not on our list of covered drugs or believe you should get a non-preferred drug at a lower out-of-pocket cost.
- You can also ask for an **exception to cost utilization rules**, such as a limit on the quantity of a drug. If you think you need an exception, you should contact us before you try to fill your prescription at a pharmacy. Your doctor must provide a statement to support your exception request.

- If we deny coverage for your prescription drug(s), you have the right to appeal and ask us to review our decision.
- Finally, you have the right to file a **grievance** if you have any type of problem with us or one of our network pharmacies that does not involve coverage for a prescription drug. If your problem involves quality of care, you also have the right to file a grievance with the Quality Improvement Organization (QIO) for your state. Please refer to the Evidence of Coverage (EOC) for the QIO contact information.

What is a medication therapy management (MTM) program?

A Medication Therapy Management (MTM) Program is a free service we offer. You may be invited to participate in a program designed for your specific health and pharmacy needs. You may decide not to participate but it is recommended that you take full advantage of this covered service if you are selected. Contact CareOregon Advantage Star HMO-POS for more details.

What types of drugs may be covered under Medicare Part B?

Some outpatient prescription drugs may be covered under Medicare Part B. These may include, but are not limited to, the following types of drugs. Contact CareOregon Advantage Star HMO-POS for more details.

- Some antigens: If they are prepared by a doctor and administered by a properly instructed person (who could be the patient) under doctor supervision.
- Osteoporosis drugs: Injectable drugs for osteoporosis for certain women with Medicare.
- Erythropoietin (Epoetin Alfa or Epogen®): By injection if you have end-stage renal disease (permanent kidney failure requiring either dialysis or transplantation) and need this drug to treat anemia.
- Hemophilia Clotting Factors: Self-administered clotting factors if you have hemophilia.
- Injectable drugs: Most injectable drugs administered incident to a physician's service.
- Immunosuppressive drugs: Immunosuppressive drug therapy for transplant patients if the transplant was paid for by Medicare, or paid by a private insurance that paid as a primary payer to your Medicare Part A coverage, in a Medicare-certified facility.

- Some oral cancer drugs: If the same drug is available in injectable form.
- Oral anti-nausea drugs: If you are part of an anti-cancer chemotherapeutic regimen.
- Inhalation and infusion drugs provided through DME.

Where can I find information on plan ratings?

The Medicare program rates how well plans perform in different categories (for example, detecting and preventing illness, ratings from patients and customer service). If you have access to the web, you may use the web tools on www.medicare.gov and select “Compare Medicare Prescription Drug Plans” or “Compare Health Plans and Medigap Policies in Your Area” to compare the plan ratings for Medicare plans in your area. You can also call us directly to obtain a copy of the plan ratings for this plan. Our customer service number is listed below.

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Please call CareOregon Advantage for more information about CareOregon Advantage Star HMO-POS.

Visit us at www.careoregonadvantage.org, or call us:

Customer Service Hours:

Sunday, Monday, Tuesday, Wednesday, Thursday, Friday, Saturday, 8 a.m. - 8 p.m. Pacific.

Current and Prospective members should call **toll-free** 1-800-224-4840 for questions related to the **Medicare Advantage Program** (TTY/TDD 1-800-735-2900).

Current and Prospective members should call **locally** 503-416-4100 for questions related to the **Medicare Advantage Program** (TTY/TDD 1-800-735-2900).

Current and Prospective members should call **toll-free** 1-800-224-4840 for questions related to the **Medicare Part D Prescription Drug program** (TTY/TDD 1-800-735-2900).

Current and Prospective members should call **locally** 503-416-4100 for questions related to the **Medicare Part D Prescription Drug program** (TTY/TDD 1-800-735-2900).

For more information about Medicare, please call Medicare at 1-800-MEDICARE (1-800-633-4227). TTY users should call 1-877-486-2048. You can call 24 hours a day, seven days a week. Or, visit www.medicare.gov on the web.

If you have special needs, this document may be available in other formats or languages.

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2011 SUMMARY OF BENEFITS

SECTION 2: SUMMARY OF BENEFITS FOR CONTRACT H5859, PLAN 003

*If you have questions about this plan's benefits or costs,
please contact CareOregon Advantage for details.*

Benefits	Original Medicare	CareOregon Advantage Star HMO-POS
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IMPORTANT INFORMATION

1 - Premium and Other Important Information

In 2010 the monthly Part B Premium was \$96.40 and may change for 2011, and the yearly Part B deductible amount was \$155 and may change for 2011.

General

\$35.30 monthly plan premium in addition to your monthly Medicare Part B premium.

Most people will pay the standard monthly Part B premium in addition to their MA plan premium. However, some people will pay higher Part B and Part D premiums because of their yearly income (over \$85,000 for singles, \$170,000 for married couples). For more information about Part B and Part D premiums based on income, call Medicare at 1-800-MEDICARE (1-800-633-4227). TTY users should call 1-877-486-2048.

You may also call Social Security at 1-800-772-1213. TTY users should call 1-800-325-0778.

This plan covers all Medicare-covered preventive services with zero cost sharing.

Benefits	Original Medicare	CareOregon Advantage Star HMO-POS
<p>1 - Premium and Other Important Information continued</p>	<p>If a doctor or supplier does not accept assignment, their costs are often higher, which means you pay more.</p> <p>Most people will pay the standard monthly Part B premium. However, some people will pay a higher premium because of their yearly income (over \$85,000 for singles and \$170,000 for married couples).</p> <p>For more information about Part B premiums based on income, call Medicare at 1-800-MEDICARE (1-800-633-4227). TTY users should call 1-877-486-2048.</p> <p>You may also call Social Security at 1-800-772-1213. TTY/TDD users should call 1-800-325-0778.</p>	<p>In and Out-of-Network \$6700 out-of-pocket limit.</p> <p>In-Network This limit includes only Medicare-covered services.</p> <p>Out-of-Network This limit includes only Medicare-covered services.</p>
<p>2 - Doctor and Hospital Choice</p> <p>(For more information, see Emergency Care - #15 and Urgently Needed Care - #16.)</p>	<p>You may go to any doctor, specialist or hospital that accepts Medicare.</p>	<p>In-Network Referral required for network hospitals and specialists (for certain benefits).</p>

2011 SUMMARY OF BENEFITS

Benefits	Original Medicare	CareOregon Advantage Star HMO-POS
INPATIENT CARE		
3 - Inpatient Hospital Care (Includes Substance Abuse and Rehabilitation Services)	<p>In 2010 the amounts for each benefit period were:</p> <ul style="list-style-type: none">• Days 1 - 60: \$1100 deductible.• Days 61 - 90: \$275 per day.• Days 91 - 150: \$550 per lifetime reserve day. <p>These amounts will change for 2011.</p> <p>Call 1-800-MEDICARE (1-800-633-4227) for information about lifetime reserve days.</p> <p>Lifetime reserve days can only be used once.</p> <p>A “benefit period” starts the day you go into a hospital or skilled nursing facility. It ends when you go for 60 days in a row without hospital or skilled nursing care.</p> <p>If you go into the hospital after one benefit period has ended, a new benefit period begins. You must pay the inpatient hospital deductible for each benefit period. There is no limit to the number of benefit periods you can have.</p>	<p>In-Network</p> <p>No limit to the number of days covered by the plan each benefit period.</p> <p>For Medicare-covered hospital stays:</p> <ul style="list-style-type: none">• Days 1 - 5: \$250 copay per day.• Days 6 - 90: \$0 copay per day.• \$0 copay for additional hospital days <p>Except in an emergency, your doctor must tell the plan that you are going to be admitted to the hospital.</p>

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Benefits	Original Medicare	CareOregon Advantage Star HMO-POS
4 - Inpatient Mental Health Care	Same deductible and copay as inpatient hospital care (see “Inpatient Hospital Care” above).	In-Network You get up to 190 days in a psychiatric hospital in a lifetime.
	190 days lifetime limit in a psychiatric hospital.	For Medicare-covered hospital stays: <ul style="list-style-type: none">• Days 1-5: \$250 copay per day.• Days 6-90: \$0 copay per day.
		Except in an emergency, your doctor must tell the plan that you are going to be admitted to the hospital.
5 - Skilled Nursing Facility (SNF)	In 2010, the amounts for each benefit period after at least a three-day covered hospital stay were:	General Authorization rules may apply.
(In a Medicare-certified skilled nursing facility.)	<ul style="list-style-type: none">• Days 1-20: \$0 per day.• Days 21-100: \$137.50 per day.	
	These amounts will change for 2011.	

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Benefits	Original Medicare	CareOregon Advantage Star HMO-POS
<p>5 - Skilled Nursing Facility (SNF) continued</p>	<p>100 days for each benefit period.</p> <p>A “benefit period” starts the day you go into a hospital or SNF.</p> <p>It ends when you go for 60 days in a row without hospital or skilled nursing care.</p> <p>If you go into the hospital after one benefit period has ended, a new benefit period begins. You must pay the inpatient hospital deductible for each benefit period. There is no limit to the number of benefit periods you can have.</p>	<p>In-Network Plan covers up to 100 days each benefit period.</p> <p>No prior hospital stay is required.</p> <p>For SNF stays:</p> <ul style="list-style-type: none"> • Days 1-20: \$0 copay per day. • Days 21-100: \$100 copay per day.
<p>6 - Home Health Care</p> <p>(Includes medically necessary intermittent skilled nursing care, home health aide services, and rehabilitation services, etc.)</p>	<p>\$0 copay.</p>	<p>General Authorization rules may apply.</p> <p>In-Network \$0 copay for Medicare-covered home health visits.</p>
<p>7 - Hospice</p>	<p>You pay part of the cost for outpatient drugs and inpatient respite care.</p> <p>You must get care from a Medicare-certified hospice.</p>	<p>General You must get care from a Medicare-certified hospice.</p>

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Benefits	Original Medicare	CareOregon Advantage Star HMO-POS
OUTPATIENT CARE		
<p>8 - Doctor Office Visits</p>	<p>20% coinsurance.</p>	<p>General See “Welcome to Medicare; and Annual Wellness Visit” for more information.</p> <p>In-Network \$15 copay for each primary care doctor visit for Medicare-covered benefits.</p> <p>\$30 copay for each specialist visit for Medicare-covered benefits.</p> <p>\$30 copay for each in-area network urgent care Medicare-covered visit.</p>
<p>9 - Chiropractic Services</p>	<p>Routine care not covered.</p> <p>20% coinsurance for manual manipulation of the spine to correct subluxation (a displacement or misalignment of a joint or body part) if you get it from a chiropractor or other qualified providers.</p>	<p>General Authorization rules may apply.</p> <p>In-Network 20% of the cost for each Medicare-covered visit.</p> <p>Medicare-covered chiropractic visits are for manual manipulation of the spine to correct subluxation (a displacement or misalignment of a joint or body part) if you get it from a chiropractor or other qualified providers.</p>

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Benefits	Original Medicare	CareOregon Advantage Star HMO-POS
10 - Podiatry Services	<p>Routine care not covered.</p> <p>20% coinsurance for medically necessary foot care, including care for medical conditions affecting the lower limbs.</p>	<p>In-Network \$30 copay for each Medicare-covered visit.</p> <p>\$30 copay for each routine visit.</p> <p>Medicare-covered podiatry benefits are for medically necessary foot care.</p>
11 - Outpatient Mental Health Care	<p>45% coinsurance for most outpatient mental health services.</p>	<p>General Authorization rules may apply.</p> <p>In-Network \$30 copay for each Medicare-covered individual or group therapy visit.</p>
12 - Outpatient Substance Abuse Care	<p>20% coinsurance.</p>	<p>General Authorization rules may apply.</p> <p>In-Network 20% copay for each Medicare-covered individual or group visits.</p>

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Benefits	Original Medicare	CareOregon Advantage Star HMO-POS
<p>13 - Outpatient Services/ Surgery</p>	<p>20% coinsurance for the doctor.</p> <p>Specified copayment for outpatient hospital facility charges. Copay cannot exceed the Part A inpatient hospital deductible.</p> <p>20% coinsurance for ambulatory surgical center facility charges.</p>	<p>General Authorization rules may apply.</p> <p>In-Network 20% of the cost for each Medicare-covered ambulatory surgical center visit.</p> <p>20% of the cost for each Medicare-covered outpatient hospital facility visit.</p>
<p>14 - Ambulance Services</p> <p>(Medically necessary ambulance services.)</p>	<p>20% coinsurance.</p>	<p>In-Network</p> <p>\$150 copay for Medicare-covered ambulance benefits.</p>
<p>15 - Emergency Care</p> <p>(You may go to any emergency room if you reasonably believe you need emergency care.)</p>	<p>20% coinsurance for the doctor.</p> <p>Specified copayment for outpatient emergency room (ER) facility charges. ER Copay cannot exceed the Part A inpatient hospital deductible.</p> <p>You don't have to pay the emergency room copay if you are admitted to the hospital for the same condition within three days of the emergency room visit.</p> <p>NOT covered outside the U.S. except under limited circumstances.</p>	<p>General \$50 copay for Medicare-covered emergency room visits.</p> <p>Not covered outside the U.S. except under limited circumstances. Contact the plan for more details.</p>

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Benefits	Original Medicare	CareOregon Advantage Star HMO-POS
<p>16 - Urgently Needed Care</p> <p>(This is NOT emergency care, and, in most cases, is out of the service area.)</p>	<p>20% coinsurance, or a set copay.</p> <p>NOT covered outside the U.S. except under limited circumstances.</p>	<p>General</p> <p>\$30 copay for Medicare-covered urgently needed care visits.</p>
<p>17 - Outpatient Rehabilitation Services</p> <p>(Occupational therapy, physical therapy, speech and language therapy, respiratory therapy services, social/psychological services, and more.)</p>	<p>20% coinsurance.</p>	<p>General</p> <p>Authorization rules may apply.</p> <p>In-Network</p> <p>There may be limits on physical therapy, occupational therapy, and speech and language pathology services. If so, there may be exceptions to these limits.</p> <p>\$30 copay for Medicare-covered occupational therapy visits.</p> <p>\$30 copay for Medicare-covered physical and/or speech/language therapy visits.</p> <p>\$0 copay for Medicare-covered cardiac rehab services.</p>

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Benefits	Original Medicare	CareOregon Advantage Star HMO-POS
OUTPATIENT MEDICAL SERVICES AND SUPPLIES		
<p>18 - Durable Medical Equipment</p> <p>(Includes wheelchairs, oxygen, etc.)</p>	<p>20% coinsurance.</p>	<p>General Authorization rules may apply.</p> <p>In-Network 20% of the cost for Medicare-covered items.</p>
<p>19 - Prosthetic Devices</p> <p>(Includes braces, artificial limbs and eyes, etc.)</p>	<p>20% coinsurance.</p>	<p>General Authorization rules may apply.</p> <p>In-Network 20% of the cost for Medicare-covered items.</p>
<p>20 - Diabetes Self-Monitoring Training, Nutrition Therapy and Supplies</p> <p>(Includes coverage for glucose monitors, test strips, lancets, screening tests, self-management training, retinal exam/ glaucoma test, and foot exam/therapeutic soft shoes.)</p>	<p>20% coinsurance.</p> <p>Nutrition therapy is for people who have diabetes or kidney disease (but aren't on dialysis or haven't had a kidney transplant) when referred by a doctor.</p> <p>These services can be given by a registered dietitian or include a nutritional assessment and counseling to help you manage your diabetes or kidney disease.</p>	<p>General Authorization rules may apply.</p> <p>In-Network \$0 copay for diabetes self-monitoring training. \$0 copay for nutrition therapy for diabetes. \$0 copay for diabetes supplies.</p>

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Benefits	Original Medicare	CareOregon Advantage Star HMO-POS
21 - Diagnostic Tests, X-Rays, Lab Services and Radiology Services	<p>20% coinsurance for diagnostic tests and X-rays.</p> <p>\$0 copay for Medicare-covered lab services.</p> <p>Lab Services: Medicare covers medically necessary diagnostic lab services ordered by your treating doctor when they are provided by a Clinical Laboratory Improvement Amendments (CLIA)-certified laboratory that participates in Medicare.</p> <p>Diagnostic lab services help your doctor diagnose or rule out a suspected illness or condition. Medicare does not cover most routine screening tests, like checking your cholesterol.</p>	<p>In-Network \$0 copay for Medicare-covered lab services.</p> <p>\$0 copay for Medicare-covered diagnostic procedures and tests.</p> <p>20% of the cost for Medicare-covered X-rays.</p> <p>20% of the cost for Medicare-covered diagnostic radiology services (not including X-rays).</p> <p>20% of the cost for Medicare-covered therapeutic radiology services.</p>

PREVENTIVE SERVICES

22 - Bone Mass Measurement (For people with Medicare who are at risk.)	<p>No coinsurance, copayment or deductible.</p> <p>Covered once every 24 months (more often if medically necessary) if you meet certain medical conditions.</p>	<p>In-Network \$0 copay for Medicare-covered bone mass measurement.</p>
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Benefits	Original Medicare	CareOregon Advantage Star HMO-POS
<p>23 - Colorectal Screening Exams</p> <p>(For people with Medicare age 50 and older.)</p>	<p>No coinsurance, copayment or deductible for screening colonoscopy or screening flexible sigmoidoscopy.</p> <p>Covered when you are high risk or when you are age 50 or older.</p>	<p>In-Network \$0 copay for Medicare-covered colorectal screenings.</p>
<p>24 - Immunizations</p> <p>(Flu vaccine, Hepatitis B vaccine for people with Medicare who are at risk, pneumonia vaccine.)</p>	<p>\$0 copay for flu, pneumonia and Hepatitis B vaccines.</p> <p>You may only need the pneumonia vaccine once in your lifetime. Call your doctor for more information.</p>	<p>In-Network \$0 copay for flu and pneumonia vaccines.</p> <p>\$0 copay for Hepatitis B vaccine.</p> <p>No referral needed for flu and pneumonia vaccines.</p>
<p>25 - Mammograms (Annual Screening)</p> <p>(For women with Medicare age 40 and older.)</p>	<p>No coinsurance, copayment or deductible.</p> <p>No referral needed.</p> <p>Covered once a year for all women with Medicare age 40 and older. One baseline mammogram covered for women with Medicare between ages 35 and 39.</p>	<p>In-network \$0 copay for Medicare-covered screening mammograms.</p>
<p>26 - Pap Smears and Pelvic Exams</p> <p>(For women with Medicare.)</p>	<p>No coinsurance, copayment or deductible for Pap smears.</p> <p>No coinsurance, copayment or deductible for pelvic and clinical breast exams.</p> <p>Covered once every two years.</p> <p>Covered once a year for women with Medicare at high risk.</p>	<p>In-Network \$0 copay for Medicare-covered Pap smears and pelvic exams.</p>

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Benefits	Original Medicare	CareOregon Advantage Star HMO-POS
<p>27 - Prostate Cancer Screening Exams</p> <p>(For men with Medicare age 50 and older.)</p>	<p>20% coinsurance for the digital rectal exam.</p> <p>\$0 for the PSA test; 20% coinsurance for other related services.</p> <p>Covered once a year for all men with Medicare over age 50.</p>	<p>In-Network</p> <p>\$0 copay for Medicare-covered prostate cancer screening.</p>
<p>28 – End-Stage Renal Disease (ESRD)</p>	<p>20% coinsurance for renal dialysis.</p> <p>20% coinsurance for nutrition therapy for end-stage renal disease.</p> <p>Nutrition therapy is for people who have diabetes or kidney disease (but aren't on dialysis or haven't had a kidney transplant) when referred by a doctor.</p> <p>These services can be given by a registered dietitian or include a nutritional assessment and counseling to help you manage your diabetes or kidney disease.</p>	<p>In-Network</p> <p>20% of the cost for renal dialysis.</p> <p>\$0 copay for nutrition therapy for end-stage renal disease.</p>

Benefits	Original Medicare	CareOregon Advantage Star HMO-POS
29 - Prescription Drugs	<p>Most drugs are not covered under Original Medicare.</p> <p>You can add prescription drug coverage to Original Medicare by joining a Medicare Prescription Drug Plan, or you can get all your Medicare coverage, including prescription drug coverage, by joining a Medicare Advantage Plan or a Medicare Cost Plan that offers prescription drug coverage.</p>	<p>Drugs covered under Medicare Part B</p> <p>General 20% of the cost for Part B-covered chemotherapy drugs and other Part B-covered drugs.</p> <p>Drugs covered under Medicare Part D</p> <p>General This plan uses a formulary. The plan will send you the formulary. You can also see the formulary on the web at www.careoregonadvantage.org.</p> <p>Different out-of-pocket costs may apply for people who:</p> <ul style="list-style-type: none">• have limited incomes• live in long-term care facilities <p><i>or</i></p> <ul style="list-style-type: none">• have access to Indian/Tribal/Urban (Indian Health Service) <p>The plan offers national in-network prescription coverage (i.e., this would include 50 states and the District of Columbia). This means that you will pay the same cost-sharing amount for your prescription drugs if you get them at an in-network pharmacy outside of the plan's service area (for instance, when you travel).</p>

2011 SUMMARY OF BENEFITS

Benefits	Original Medicare	CareOregon Advantage Star HMO-POS
29 - Prescription Drugs continued		<p>Total yearly drug costs are the total drug costs paid by both you and the plan.</p> <p>The plan may require you to first try one drug to treat your condition before it will cover another drug for that condition.</p> <p>Some drugs have quantity limits.</p> <p>Your provider must get prior authorization from CareOregon Advantage Star HMO-POS for certain drugs.</p> <p>The plan will pay for certain over-the-counter drugs as part of its utilization management program. Some over-the-counter drugs are less expensive than prescription drugs and work just as well. Contact the plan for details.</p> <p>You must go to certain pharmacies for a very limited number of drugs, due to special handling, provider coordination or patient education requirements that cannot be met by most pharmacies in your network.</p> <p>These drugs are listed on the plan's web site, formulary, and printed materials, as well as on the Medicare Prescription Drug Plan Finder at www.medicare.gov.</p>

Benefits	Original Medicare	CareOregon Advantage Star HMO-POS
29 - Prescription Drugs continued		<p>If the actual cost of a drug is less than the normal cost-sharing amount for that drug, you will pay the actual cost, not the higher cost-sharing amount.</p> <p>In-Network \$310 yearly deductible.</p> <p>Initial coverage After you pay your yearly deductible, you pay 25% until total yearly drug costs reach \$2,840.</p> <p>Retail pharmacy You can get drugs the following way(s):</p> <ul style="list-style-type: none">• one-month (34-day) supply• three-month (90-day) supply <p>Long-term care pharmacy You can get drugs the following way(s):</p> <ul style="list-style-type: none">• one-month (34-day) supply <p>Mail order You can get drugs the following way(s):</p> <ul style="list-style-type: none">• one-month (34-day) supply• three-month (90-day) supply <p>Coverage gap After your yearly out-of-pocket drug costs reach \$2,840, you receive a discount on brand name drugs and pay 93% of the plan's costs for all generic drugs, until your yearly out-of-pocket drug costs reach \$4,550.</p>

2011 SUMMARY OF BENEFITS

Benefits	Original Medicare	CareOregon Advantage Star HMO-POS
29 - Prescription Drugs continued		<p>Catastrophic coverage After your yearly out-of-pocket drug costs reach \$4,550, you pay the greater of: a \$2.50 copay for generic (including brand drugs treated as generic) and a \$6.30 copay for all other drugs, or 5% coinsurance.</p> <p>Out-of-Network Plan drugs may be covered in special circumstances, for instance, illness while traveling outside of the plan's service area where there is no network pharmacy.</p> <p>You may have to pay more than your normal cost-sharing amount if you get your drugs at an out-of-network pharmacy.</p> <p>In addition, you will likely have to pay the pharmacy's full charge for the drug and submit documentation to receive reimbursement from CareOregon Advantage Star HMO-POS.</p> <p>You can get drugs the following way(s):</p> <ul style="list-style-type: none">• one-month (34-day) supply

Benefits	Original Medicare	CareOregon Advantage Star HMO-POS
29 - Prescription Drugs continued		<p>Out-of-Network initial coverage After you pay your yearly deductible, you will be reimbursed up to 75% of the actual cost for drugs purchased out-of-network until your total yearly drug costs reach \$2,840.</p> <p>Out-of-Network coverage gap You will be reimbursed up to 7% of the plan allowable cost for generic drugs purchased out-of-network until total yearly out-of-pocket drug costs reach \$4,550.</p> <p>You will be reimbursed up to the discounted price for brand-name drugs purchased out-of-network until total yearly out-of-pocket drug costs reach \$4,550</p> <p>Out-of-Network catastrophic coverage After your yearly out-of-pocket drug costs reach \$4,550, you will be reimbursed for drugs purchased out-of-network up to the full cost of the drug minus your cost share, which is the greater of:</p> <ul style="list-style-type: none">• a \$2.50 copay for generic (including brand drugs treated as generic) and a \$6.30 copay for all other drugs, or• 5% coinsurance

2011 SUMMARY OF BENEFITS

Benefits	Original Medicare	CareOregon Advantage Star HMO-POS
<p>30 - Dental Services</p>	<p>Preventive dental benefits (such as cleaning) not covered.</p>	<p>General Authorization rules may apply.</p> <p>In-Network In general, preventive dental benefits (such as cleaning) not covered.</p> <p>20% of the cost for Medicare-covered dental benefits.</p>
<p>31 - Hearing Services</p>	<p>Routine hearing exams and hearing aids not covered.</p> <p>20% coinsurance for diagnostic hearing exams.</p>	<p>In-Network In general, routine hearing exams and hearing aids are not covered.</p> <p>\$20 copay for Medicare-covered diagnostic hearing exams.</p>
<p>32 - Vision Services</p>	<p>20% coinsurance for diagnosis and treatment of diseases and conditions of the eye.</p> <p>Routine eye exams and glasses not covered.</p> <p>Medicare pays for one pair of eyeglasses or contact lenses after cataract surgery.</p> <p>Annual glaucoma screenings covered for people at risk.</p>	<p>In-Network \$0 copay for:</p> <ul style="list-style-type: none"> • one pair of eyeglasses or contact lenses after cataract surgery • glasses (every two years) • contacts (every two years) <p>\$0 copay for exams to diagnose and treat diseases and conditions of the eye.</p> <p>\$20 copay for up to one routine eye exam every year.</p> <p>\$75 plan coverage limit for frames and contacts every two years.</p>

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Benefits

**33 - Welcome to Medicare;
and Annual Wellness Visit**

Original Medicare

When you join Medicare Part B, then you are eligible as follows.

During the first 12 months of your new Part B coverage, you can get either a Welcome to Medicare exam or an Annual Wellness visit.

After your first 12 months, you can get one Annual Wellness visit every 12 months.

There is no coinsurance, copayment or deductible for either the Welcome to Medicare exam or the Annual Wellness visit.

The Welcome to Medicare exam does not include lab tests.

**CareOregon Advantage
Star HMO-POS**

In-Network
\$0 copay for routine exams

No plan coverage limit on the number of covered exams.

2011 SUMMARY OF BENEFITS

Benefits	Original Medicare	CareOregon Advantage Star HMO-POS
<p>Health/Wellness Education</p>	<p>Smoking Cessation: Covered if ordered by your doctor. Includes two counseling attempts within a 12-month period if you are diagnosed with a smoking-related illness or are taking medicine that may be affected by tobacco. Each counseling attempt includes up to four face-to-face visits. You pay coinsurance, and Part B deductible applies.</p> <p>\$0 for the HIV screening, but you generally pay 20% of the Medicare-approved amount for the doctor's visit.</p> <p>HIV screening is covered for people with Medicare who are pregnant and people at increased risk for the infection, including anyone who asks for the test.</p> <p>Medicare covers this test once every 12 months or up to three times during a pregnancy.</p>	<p>In-Network This plan covers the following health/wellness education benefit:</p> <ul style="list-style-type: none"> • Nursing Hotline. <p>\$0 copay for each Medicare-covered smoking cessation counseling session.</p> <p>\$0 copay for each Medicare-covered HIV screening.</p> <p>HIV screening is covered for people with Medicare who are pregnant and people at increased risk for the infection, including anyone who asks for the test.</p> <p>Medicare covers this test once every 12 months or up to three times during a pregnancy.</p>
<p>Transportation (Routine)</p>	<p>Not covered.</p>	<p>In-Network This plan does not cover routine transportation.</p>
<p>Acupuncture</p>	<p>Not covered.</p>	<p>In-Network This plan does not cover acupuncture.</p>

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Benefits

Original Medicare

**CareOregon Advantage
Star HMO-POS**

Point of Service

You may go to any doctor, specialist, or hospital that accepts Medicare.

Out-of-Network

Point of Service coverage is available for the following benefits in Oregon and Washington:

- Primary Care Physician Services
- Physician Specialist Services

- \$15 copay for Primary Care Physician services.

- \$30 copay for Physician Specialist Services.

2011 SUMMARY OF BENEFITS

SECTION 3: ADDITIONAL BENEFIT INFORMATION

For members of CareOregon Advantage Star HMO-POS, **it is important that you use network providers and obtain authorization when required.** Contact CareOregon Advantage if you have specific questions about your Medicare benefits.

Inpatient Mental Health Care – page 12

To obtain authorization, contact CareOregon Advantage at 1-800-432-2695 or TTY/TDD 800-221-2832.

Chiropractic Services – page 14

All chiropractic services require prior authorization.

Outpatient Mental Health Care – page 15

To obtain authorization, contact CareOregon Advantage at 1-800-432-2695 or TTY/TDD 800-221-2832.

Durable Medical Equipment – page 18

You must obtain authorization for durable medical equipment.

Prescription Drugs – pages 22-26

Contact CareOregon Advantage if you have specific questions about your prescription drug benefits and to obtain the formulary. Or, you may find the formulary on our web site: www.careoregonadvantage.org.

Vision Services – page 27

Contact CareOregon Advantage Star HMO-POS for more information about vision benefits and vision providers in our network.

Health/Wellness Education – page 29

CareOregon Advantage Star HMO-POS offers to each new member a health assessment at no cost. Contact CareOregon Advantage for more information.



CareOregon Advantage

Contact Customer Service:
503-416-4100
or toll-free 800-224-4840
TTY/TDD 1-800-735-2900

Hours of Operation:
8 a.m. – 8 p.m. seven days a week

www.careoregonadvantage.org

Medicare^{Rx}
Prescription Drug Coverage