



**A Medicare Advantage Plan Designed for You  
Plus Benefits Highlights 2009**

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

**Eligibility:** Must be enrolled in both Medicaid (OHP) and Medicare Parts A & B

**What's Special About CareOregon Advantage?**

- \$0 premium\*
- \$0 copay for routine annual physical
- \$0 copay for transportation (up to 6 round trips a year)
- \$0 Preventive care

<i>Benefit</i>	<i>In-Network</i>
Premium	\$0 per month*
Primary Care Physician Copay	\$0 per visit**
Specialist Copay	\$0 per visit**
Inpatient Hospitalization	\$0 per admission**
Outpatient Surgery/Services	\$0 per service**
Emergency Room – Nationwide Coverage	\$0 per visit**
Ambulance	\$0 per trip**
<u>Preventive Care</u> <ul style="list-style-type: none"> <li>• Routine Annual Physical</li> <li>• Annual Mammogram, Annual Pap Smear &amp; Pelvic Exam, Bone Mass Measurement, Colorectal screening, Annual Prostate Exam, Immunizations (flu, pneumococcal pneumonia, Hepatitis B vaccines)</li> </ul>	\$0 per visit** \$0 per service**
Hearing <ul style="list-style-type: none"> <li>• Routine exam</li> <li>• Hearing aids</li> </ul>	\$0 per exam** \$0 for up to 2 hearing aids every 3 years
Transportation	\$0 copay for up to 6 round trips per year
Prescription Drugs *** <ul style="list-style-type: none"> <li>• Tier 1 - Generic</li> <li>• Tier 2 - Brand</li> </ul>	\$0 to \$3.20 \$0 to \$6.00 (Cost varies based on your subsidy level)

*\*The \$31.70 premium is covered by federal government through the low-income subsidy available to our dual eligible members. Members pay \$0 for premiums.*

*\*\* These copayments apply for all members enrolled in CareOregon Advantage Plus and CareOregon for the Oregon Health Plan (Medicaid) because Medicaid is responsible for the portion that Medicare does not cover.*

*\*\*\*Separate copayments apply for a 90-day supply. Copayments represent the amount paid for yearly drug costs paid by you and the plan until you reach \$2700. At that point you pay 100% of your brand name drug costs. After your total yearly out-of-pocket costs reach \$4350 you pay a different copayment depending on the drug tier. Members enrolled in Medicaid or low-income subsidy are not subject to the coverage gap. For details on the Prescription Drug benefits, refer to the Summary of Benefits.*

1. CareOregon Advantage is a health plan with a Medicare contract with the federal government, and its contract is renewed annually. Availability of coverage beyond the end of the current year is not guaranteed.
2. This is not a complete description of benefits. For more information, please call between 8 a.m. - 8 p.m. daily: 1-800-224-4840, 503-416-4100 or for TTY/TDD users, call 1-877-416-4161.
3. You must continue to pay your Medicare Part B premium if not paid for under Medicaid or by another third-party.
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. Members may obtain prescription drugs at the following participating pharmacies: retail, mail-order, long-term care home infusion, and Indian Health Service/Tribal/Urban Indian Health (I/T/U).
6. Medicare beneficiaries may enroll in CareOregon Advantage Plus through the Centers for Medicare & Medicaid Services Online Enrollment Center, located at [www.medicare.gov](http://www.medicare.gov).

**To learn more about CareOregon Advantage, or to ask about enrolling, please call between 8 a.m. - 8 p.m. daily: 1-800-224-4840, 503-416-4100 or for TTY/TDD users, call 1-877-416-4161.**

**[www.careoregonadvantage.org](http://www.careoregonadvantage.org)**