



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

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

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

- \$0 copay for generics
- \$0 copay for up to 2 hearing aids every 3 years
- Vision exam and eyeglasses coverage

<i>Benefit</i>	<i>In-Network</i>
Premium	\$44 per month*
Primary Care Physician Copay	\$15 for each visit
Specialist Copay	\$30 for each visit
Inpatient Hospitalization	\$200 per day for days 1-5 \$0 per day for days 6-90
Outpatient Surgery/Services	20% of Medicare approved amount
Emergency Room – Nationwide Coverage	\$50 for each visit
Ambulance	\$150 for each 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>	\$15 for each visit \$0 for each service
Routine Vision <ul style="list-style-type: none"> <li>• Routine Annual Exam</li> <li>• Lenses</li> <li>• Frames or Contact Lenses allowance (every 2 years)</li> </ul>	\$20 for each exam \$0 \$75 maximum
Hearing <ul style="list-style-type: none"> <li>• Routine exam</li> <li>• Hearing aids</li> </ul>	\$20 for each exam \$0 for up to 2 hearing aids every 3 years
Transportation	\$0 copay for up to 6 round trips per year
Prescription Drugs (for a 30-day supply)** <ul style="list-style-type: none"> <li>• Deductible</li> <li>• Tier 1 - Generic (covered through coverage gap)</li> <li>• Tier 2 - Brand</li> </ul>	\$295 per year \$0 \$50

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

*\*\*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. 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 Star through the Centers for Medicare & Medicaid Services Online Enrollment Center, located at [www.medicare.gov](http://www.medicare.gov).

### **For more information**

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