

**2012**  
**SUMMARY**  
**OF BENEFITS**  
**CAREOREGON**  
**ADVANTAGE**  
**STAR HMO-POS**



**better**  
**care**  
**better**  
**health**  
**better**  
**together**





*Member Peter Little (upper left) doesn't let the health issues he must manage on a daily basis get in the way of his creative pursuits— such as photography and film making.*

*When Charles Robertson (upper right) became a CareOregon member he was suffering from infections as a result of severely decayed teeth. He now says, "CareOregon gave me my smile."*

*Diagnosed with cervical cancer in 1993, Yia Chang (lower left) has been cancer free since 1994. She appreciates all the help that CareOregon has given her and wants to give something back. Yia says, "I like to help because they help me for so long."*

## 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, 2012 -  
December 31, 2012**

#### **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 (POS) option.

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.



**CareOregon  
Advantage**



## **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 [www.careoregonadvantage.org](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?**

Generally, you are restricted to a doctor who is part of your network. However, we will cover your care from any provider for emergency or urgently needed care. Also, our point of service benefit allows you to get care from providers not in your network under certain conditions. For more information, please call the customer service number at the end of this introduction.

### **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 [www.careoregonadvantage.org](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 [www.careoregonadvantage.org](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](http://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. Plan benefits and cost sharing may change from calendar year to calendar year. Each year, the plans decide whether to continue to participate with Medicare Advantage. A plan may continue in their entire service area (geographic area where the plan accepts members) or choose to continue only in certain areas. Also, Medicare may decide to end a contract with a plan. Even if your Medicare Advantage Plan leaves the program, you will not lose Medicare coverage. If a plan decides not to continue for an additional calendar year, 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.

- 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.

- 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 drugs, 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](http://www.medicare.gov) and select "Health and Drug Plans," then "Compare Drug and Health Plans" 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.

**Please call CareOregon Advantage for more information about CareOregon Advantage Plus HMO-POS SNP.**

Visit us at [www.careoregonadvantage.org](http://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** 1-888-712-3258 for questions related to the **Medicare Advantage Program** (TTY/TDD 1-800-735-2900).

**Current and Prospective members** should call **locally** 503-416-4279 for questions related to the **Medicare Advantage Program** (TTY/TDD 1-800-735-2900).

**Current and Prospective members** should call **toll-free** 1-888-712-3258 for questions related to the **Medicare Part D Prescription Drug Program** (TTY/TDD 1-800-735-2900).

**Current and Prospective members** should call **locally** 503-416-4279 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/TDD users should call 1-877-486-2048. You can call 24 hours a day, seven days a week. Or, visit [www.medicare.gov](http://www.medicare.gov) on the web.

This document may be available in other formats such as Braille, large print or other alternate formats.

This document may be available in a non-English language. For additional information, call customer service at the phone number listed above.

Este documento podrá ser disponible en otro idioma. Para más información, llame para servicio al cliente al número apuntado arriba.





BETTER CARE. BETTER HEALTH. **BETTER TOGETHER.**

**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 Plus HMO-POS SNP
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**IMPORTANT INFORMATION**

**1 - Premium and Other Important Information**

In 2011 the monthly Part B Premium was \$96.40 and may change for 2012, and the yearly Part B deductible amount was \$162 and may change for 2012.

**General**

\$36.40 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/TDD users should call 1-877-486-2048.

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





Benefits	Original Medicare	CareOregon Advantage Plus HMO-POS SNP
<p><b>1 - Premium and Other Important Information (continued )</b></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/TDD 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><b>In and Out-of-Network</b> \$6700 out-of-pocket limit for medicare covered services.</p> <p><b>In-network</b> \$6700 out-of-pocket limit for medicare covered services.</p>
<p><b>2 - Doctor and Hospital Choice</b></p> <p><b>For more information, see Emergency Care - #15 and Urgently Needed Care - #16.</b></p>	<p>You may go to any doctor, specialist or hospital that accepts Medicare.</p>	<p><b>In-network</b> Referral required for network hospitals and specialists for certain benefits.</p>

Benefits	Original Medicare	CareOregon Advantage Plus HMO-POS SNP
<b>INPATIENT CARE</b>		
<b>3 - Inpatient Hospital Care</b>	In 2011 the amounts for each benefit period were:	<b>In-network</b>
Includes Substance Abuse and Rehabilitation Services	<ul style="list-style-type: none"> <li>• Days 1 - 60: \$1132 deductible.</li> <li>• Days 61 - 90: \$283 per day.</li> <li>• Days 91 - 150: \$566 per lifetime reserve day.</li> </ul>	No limit to the number of days covered by the plan each hospital stay.
	These amounts may change for 2012.	For Medicare-covered hospital stays:
	Call 1-800-MEDICARE (1-800-633-4227) for information about lifetime reserve days.	<ul style="list-style-type: none"> <li>• Days 1 - 5: \$300 copay per day.</li> <li>• Days 6 - 90: \$0 copay per day.</li> <li>• \$0 copay for additional hospital days</li> </ul>
	Lifetime reserve days can only be used once.	
	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.	
	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.	Except in an emergency, your doctor must tell the plan that you are going to be admitted to the hospital.





Benefits	Original Medicare	CareOregon Advantage Plus HMO-POS SNP
<b>4 - Inpatient Mental Health Care</b>	<p>In 2011 the amounts for each benefit period were:</p> <ul style="list-style-type: none"><li>• Days 1 - 60: \$1132 deductible</li><li>• Days 61 - 90: \$283 per day</li><li>• Days 91 - 150: \$566 per lifetime reserve day</li></ul> <p>These amounts may change for 2012.</p> <p>190 days lifetime limit in a psychiatric hospital.</p> <p>Inpatient psychiatric hospital services count toward the 190-day lifetime limitation only if certain conditions are met. This limitation does not apply to inpatient psychiatric services furnished in a general hospital.</p>	<p><b>In-network</b> You get up to 190 days in a psychiatric hospital in a lifetime.</p> <p>Inpatient psychiatric hospital services count toward the 190-day lifetime limitation only if certain conditions are met. This limitation does not apply to inpatient psychiatric services furnished in a general hospital.</p> <p>For Medicare-covered hospital stays:</p> <ul style="list-style-type: none"><li>• Days 1-5: \$275 copay per day.</li><li>• Days 6-90: \$0 copay per day.</li></ul> <p>Except in an emergency, your doctor must tell the plan that you are going to be admitted to the hospital.</p>

Benefits	Original Medicare	CareOregon Advantage Plus HMO-POS SNP
<p><b>5 - Skilled Nursing Facility SNF</b></p> <p><b>In a Medicare-certified skilled nursing facility.</b></p>	<p>In 2011, the amounts for each benefit period after at least a three-day covered hospital stay were:</p> <ul style="list-style-type: none"> <li>• Days 1-20: \$0 per day.</li> <li>• Days 21-100: \$141.50 per day.</li> </ul> <p>These amounts may change for 2012.</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><b>General</b></p> <p>Authorization rules may apply.</p> <p><b>In-network</b></p> <p>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"> <li>• Days 1-20: \$0 copay per day.</li> <li>• Days 21-100: \$100 copay per day.</li> </ul>
<p><b>6 - Home Health Care</b></p> <p>Includes medically necessary intermittent skilled nursing care, home health aide services, and rehabilitation services, etc.</p>	<p>\$0 copay.</p>	<p><b>General</b></p> <p>Authorization rules may apply.</p> <p><b>In-network</b></p> <p>\$0 copay for Medicare-covered home health visits.</p>





Benefits	Original Medicare	CareOregon Advantage Plus HMO-POS SNP
<p><b>7 - Hospice</b></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><b>General</b> You must get care from a Medicare-certified hospice. Your plan will pay for a consultative visit before you select hospice.</p>
<p><b>OUTPATIENT CARE</b></p>		
<p><b>8 - Doctor Office Visits</b></p>	<p>20% coinsurance.</p>	<p><b>In-network</b> \$10 copay for each primary care doctor visit for Medicare-covered benefits.</p> <p>\$25 copay for each in-area, network urgent care Medicare-covered visit.</p> <p>\$30 copay for each specialist visit for Medicare-covered benefits.</p>
<p><b>9 - Chiropractic Services</b></p>	<p>Supplemental 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><b>General</b> Authorization rules may apply.</p> <p><b>In-network</b> 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>

Benefits	Original Medicare	CareOregon Advantage Plus HMO-POS SNP
<p><b>10 - Podiatry Services</b></p>	<p>Supplemental routine care not covered.</p> <p>20% coinsurance for medically necessary foot care, including care for medical conditions affecting the lower limbs.</p>	<p><b>In-network</b> \$30 copay for each Medicare-covered visit.</p> <p>\$30 copay for each supplemental routine visit.</p> <p>Medicare-covered podiatry benefits are for medically necessary foot care.</p>
<p><b>11 - Outpatient Mental Health Care</b></p>	<p>40% coinsurance for most outpatient mental health services.</p> <p>Specified copayment for outpatient partial hospitalization program services furnished by a hospital or community mental health center (CMHC). Copay cannot exceed the Part A inpatient hospital deductible.</p> <p>“Partial hospitalization program” is a structured program of active outpatient psychiatric treatment that is more intense than the care received in your doctor’s or therapist’s office and is an alternative to inpatient hospitalization.</p>	<p><b>General</b> Authorization rules may apply.</p> <p><b>In-network</b> \$30 copay for each Medicare-covered individual or group therapy visit.</p> <p>\$30 copay for each Medicare-covered individual or group therapy visit with a psychiatrist.</p> <p>20% of the cost for Medicare-covered partial hospitalization program services</p>





Benefits	Original Medicare	CareOregon Advantage Plus HMO-POS SNP
<b>12 - Outpatient Substance Abuse Care</b>	20% coinsurance.	<b>General</b> Authorization rules may apply.  <b>In-network</b> 20% of the cost for each Medicare-covered individual or group visits.
<b>13 - Outpatient Services/ Surgery</b>	20% coinsurance for the doctor's services.  Specified copayment for outpatient hospital facility services. Copay cannot exceed the Part A inpatient hospital deductible.  20% coinsurance for ambulatory surgical center facility charges.	<b>General</b> Authorization rules may apply.  <b>In-network</b> 20% of the cost for each Medicare-covered ambulatory surgical center visit.  20% of the cost for each Medicare-covered outpatient hospital facility visit.
<b>14 - Ambulance Services</b>  Medically necessary ambulance services.	20% coinsurance.	<b>In-network</b> \$200 copay for Medicare-covered ambulance benefits.

Benefits	Original Medicare	CareOregon Advantage Plus HMO-POS SNP
<p><b>15 - Emergency Care</b></p> <p>You may go to any emergency room if you reasonably believe you need emergency care.</p>	<p>20% coinsurance for the doctor’s services.</p> <p>Specified copayment for outpatient hospital facility emergency services. Emergency services copay cannot exceed the Part A inpatient hospital deductible for each service provided by the hospital.</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><b>General</b></p> <p>\$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>
<p><b>16 - Urgently Needed Care</b></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><b>General</b></p> <p>\$25 copay for Medicare-covered urgently needed care visits.</p>





Benefits	Original Medicare	CareOregon Advantage Plus HMO-POS SNP
<p><b>17 - Outpatient Rehabilitation Services</b></p> <p>Occupational therapy, physical therapy, speech and language therapy</p>	<p>20% coinsurance.</p>	<p><b>General</b> Authorization rules may apply.</p> <p><b>In-network</b> 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><b>OUTPATIENT MEDICAL SERVICES AND SUPPLIES</b></p>		
<p><b>18 - Durable Medical Equipment</b></p> <p>Includes wheelchairs, oxygen, etc.</p>	<p>20% coinsurance.</p>	<p><b>General</b> Authorization rules may apply.</p> <p><b>In-network</b> 20% of the cost for Medicare-covered items.</p>
<p><b>19 - Prosthetic Devices</b></p> <p>Includes braces, artificial limbs and eyes, etc.</p>	<p>20% coinsurance.</p>	<p><b>General</b> Authorization rules may apply.</p> <p><b>In-network</b> 20% of the cost for Medicare-covered items.</p>

## 2012 SUMMARY OF BENEFITS

Benefits	Original Medicare	CareOregon Advantage Plus HMO-POS SNP
<b>20 - Diabetes Programs and Supplies</b>	<p>20% coinsurance for diabetes self-management training.</p> <p>20% coinsurance for diabetes supplies</p> <p>20% coinsurance for diabetic therapeutic shoes or inserts</p>	<p>In-network \$0 copay for diabetes self-management training.</p> <p>\$0 copay for therapeutic shoes or inserts.</p> <p>\$0 copay for diabetes monitoring supplies.</p>
<b>21 - Diagnostic Tests, X-Rays, Lab Services and Radiology Services</b>	<p>20% coinsurance for diagnostic tests and X-rays.</p> <p>\$0 copay for Medicare-covered lab services.</p> <p><b>Lab Services:</b> 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><b>In-network</b> \$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>





Benefits	Original Medicare	CareOregon Advantage Plus HMO-POS SNP
<b>21 - Diagnostic Tests, X-Rays, Lab Services and Radiology Services (continued)</b>	<p>Diagnostic lab services are done to help your doctor diagnose or rule out a suspected illness or condition. Medicare does not cover most supplemental routine screening tests, like checking your cholesterol.</p> <p>20% coinsurance for digital rectal exam and other related services.</p> <p>Covered once a year for all men with Medicare over age 50.</p>	
<b>22 - Cardiac and Pulmonary Rehabilitation Services</b>	<p>20% coinsurance for cardiac rehabilitation services</p> <p>20% coinsurance for pulmonary rehabilitation services</p> <p>20% coinsurance for intensive cardiac rehabilitation services</p> <p>This applies to program services provided in a doctor’s office. Specified cost sharing for program services provided by hospital outpatient departments</p>	<p><b>In-network</b> \$0 copay for Medicare-covered cardiac rehabilitation services.</p> <p>\$0 copay for Medicare-covered pulmonary rehabilitation services.</p> <p>\$0 copay for Medicare-covered intensive cardiac rehabilitation services.</p>
<b>PREVENTIVE SERVICES</b>		
<b>23 - Preventive Services and Wellness/Education Programs</b>	<p>No coinsurance, copayment or deductible for the following:</p> <ul style="list-style-type: none"> <li>- Abdominal Aortic Aneurysm</li> </ul>	<p><b>General</b> \$0 copay for all preventive services covered under original Medicare at zero cost sharing:</p>

Benefits	Original Medicare	CareOregon Advantage Plus HMO-POS SNP
<p><b>23 - Preventive Services and Wellness/Education Programs (continued)</b></p>	<p>Screening</p> <ul style="list-style-type: none"> <li>- Bone Mass Measurement. Covered once every 24 months (more often if medically necessary) if you meet certain medical conditions.</li> <li>- Cardiovascular Screening</li> <li>- Cervical and Vaginal Cancer Screening. Covered once every two years. Covered once a year for women with Medicare at high risk.</li> <li>- Colorectal Cancer Screening</li> <li>- Diabetes Screening</li> <li>- Influenza Vaccine</li> <li>- Hepatitis B Vaccine for people with Medicare who are at risk</li> <li>- HIV Screening. \$0 copay for the HIV screening, but you generally pay 20% of the Medicare-approved amount for the doctor's visit. 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. Medicare covers this test once every 12 months or up to three times during a pregnancy</li> </ul>	<ul style="list-style-type: none"> <li>- Abdominal Aortic Aneurysm screening</li> <li>- Bone Mass Measurement</li> <li>- Cardiovascular Screening</li> <li>- Cervical and Vaginal Cancer Screening (Pap Test and Pelvic Exam)</li> <li>- Colorectal Cancer Screening</li> <li>- Diabetes Screening</li> <li>- Influenza Vaccine</li> <li>- Hepatitis B Vaccine</li> <li>- HIV Screening</li> <li>- Breast Cancer Screening (Mammogram)</li> <li>- Medical Nutrition Therapy Services</li> <li>- Personalized Prevention Plan Services (Annual Wellness Visits)</li> <li>- Pneumococcal Vaccine</li> <li>- Prostate Cancer Screening (Prostate Specific Antigen (PSA) test only)</li> <li>- Smoking Cessation (Counseling to stop smoking)</li> <li>- Welcome to Medicare Physical Exam (Initial preventive physical exam)</li> </ul>





Benefits	Original Medicare	CareOregon Advantage Plus HMO-POS SNP
<b>23 - Preventive Services and Wellness/Education Programs (continued)</b>	<ul style="list-style-type: none"><li>- Breast Cancer Screening (Mammogram). Medicare covers screening mammograms once every 12 months for all women with Medicare age 40 and older. Medicare covers one baseline mammogram for women between ages 35-39.</li><li>- Medical Nutrition Therapy Services 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. These services can be given by a registered dietitian and may include a nutritional assessment and counseling to help you manage your diabetes or kidney disease</li><li>- Personalized Prevention Plan</li></ul>	<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. Medicare covers this test once every 12 months or up to three times during a pregnancy. Please contact plan for details.</p> <p><b>In-network</b> The plan covers the following supplemental education/wellness programs:</p> <ul style="list-style-type: none"><li>- Nursing Hotline</li></ul>

Benefits	Original Medicare	CareOregon Advantage Plus HMO-POS SNP
<p><b>23 - Preventive Services and Wellness/Education Programs (continued)</b></p>	<p><b>Services (Annual Wellness Visits)</b></p> <ul style="list-style-type: none"> <li>- Pneumococcal Vaccine. You may only need the Pneumonia vaccine once in your lifetime. Call your doctor for more information.</li> <li>- Prostate Cancer Screening – Prostate Specific Antigen (PSA) test only. Covered once a year for all men with Medicare over age 50.</li> <li>- Smoking Cessation (counseling to stop smoking). Covered if ordered by your doctor. Includes two counseling attempts within a 12-month period. Each counseling attempt includes up to four face-to-face visits.</li> <li>- Welcome to Medicare Physical Exam (initial preventive physical exam) 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 Physical Exam or an Annual Wellness Visit. After your first 12 months, you can get one Annual Wellness Visit every 12 months.</li> </ul>	





Benefits	Original Medicare	CareOregon Advantage Plus HMO-POS SNP
<b>24 - Kidney Disease and Conditions</b>	20% coinsurance for renal dialysis.  20% coinsurance for kidney disease education services.	<b>In-network</b> 20% of the cost for renal dialysis.  \$0 copay for kidney disease education services.
<b>25 - Outpatient Prescription Drugs</b>	Most drugs are not covered under Original Medicare.  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.	<b>Drugs covered under Medicare Part B</b>  <b>General</b> 20% of the cost for Part B-covered chemotherapy drugs and other Part B-covered drugs.  <b>Drugs covered under Medicare Part D</b>  <b>General</b> This plan uses a formulary. The plan will send you the formulary. You can also see the formulary at <a href="http://www.careoregonadvantage.org">www.careoregonadvantage.org</a> .  Different out-of-pocket costs may apply for people who <ul style="list-style-type: none"><li>• have limited incomes</li><li>• live in long-term care facilities, or</li><li>• have access to Indian/Tribal/Urban (Indian Health Service) providers</li></ul> The plan offers national in-network prescription coverage (i.e., this would include 50 states and the District of Columbia).

Benefits	Original Medicare	CareOregon Advantage Plus HMO-POS SNP
<p><b>25 - Outpatient Prescription Drugs (continued)</b></p>		<p>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> <p>Total yearly drug costs are the total drug costs paid by both you and a Part D 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.</p> <p>Some over-the-counter drugs are less expensive than prescription drugs and work just as well. Contact the plan for details.</p>





Benefits	Original Medicare	CareOregon Advantage Plus HMO-POS SNP
<b>25 - Outpatient Prescription Drugs (continued)</b>		<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 <a href="http://www.medicare.gov">www.medicare.gov</a>.</p> <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>If you request a formulary exception for a drug and CareOregon Advantage Star HMO-POS approves the exception, you will pay Tier 2: Brand Drugs cost-sharing for that drug.</p> <p><b>In-network</b> \$320 deductible on all drugs except Tier 1: Generic Drugs.</p> <p><b>Initial coverage</b> After you pay your yearly deductible, you pay the following until total yearly drug costs reach \$2,930.</p>

Benefits	Original Medicare	CareOregon Advantage Plus HMO-POS SNP
<p><b>25 - Outpatient Prescription Drugs (continued)</b></p>		<p><b>Retail pharmacy</b>                      Tier 1: Generic Drugs</p> <ul style="list-style-type: none"> <li>• \$5 copay for a one-month (34-day) supply of drugs in this tier</li> <li>• \$15 copay for a three-month (90-day) supply of drugs in this tier</li> </ul> <p>Tier 2: Brand Drugs</p> <ul style="list-style-type: none"> <li>• 25% coinsurance for a one-month (34-day) supply of drugs in this tier</li> <li>• 25% coinsurance for a three-month (90-day) supply of drugs in this tier</li> </ul> <p><b>Long-term care pharmacy</b>                      Tier 1: Generic Drugs</p> <ul style="list-style-type: none"> <li>• \$5 copay for a one-month (34-day) supply of drugs in this tier</li> </ul> <p>Tier 2: Brand Drugs</p> <ul style="list-style-type: none"> <li>• 25% coinsurance for a one-month (34-day) supply of drugs in this tier</li> </ul> <p><b>Mail order</b>                      Tier 1: Generic Drugs</p> <ul style="list-style-type: none"> <li>• \$5 copay for a one-month (34-day) supply of drugs in this tier</li> <li>• \$15 copay for a three-month (90-day) supply of drugs in this tier</li> </ul>





Benefits	Original Medicare	CareOregon Advantage Plus HMO-POS SNP
<b>25 - Outpatient Prescription Drugs (continued)</b>		<p>Tier 2: Brand Drugs</p> <ul style="list-style-type: none"><li>• 25% coinsurance for a one-month (34-day) supply of drugs in this tier</li><li>• 25% coinsurance for a three-month (90-day) supply of drugs in this tier</li></ul> <p><b>Coverage gap</b> After your yearly out-of-pocket drug costs reach \$2,930, you receive a discount on brand name drugs and pay 86% of the plan's costs for all generic drugs, until your yearly out-of-pocket drug costs reach \$4,700.</p> <p><b>Catastrophic coverage</b> After your yearly out-of-pocket drug costs reach \$4,700, you pay the greater of:</p> <ul style="list-style-type: none"><li>• a \$2.60 copay for generic (including brand drugs treated as generic) and a \$6.50 copay for all other drugs, or</li><li>• 5% coinsurance</li></ul>

Benefits	Original Medicare	CareOregon Advantage Plus HMO-POS SNP
<p><b>25 - Outpatient Prescription Drugs (continued)</b></p>		<p><b>Out-of-network</b>                      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><b>Out-of-network initial coverage</b>                      After you pay your yearly deductible, you will be reimbursed up to the plan’s cost of the drug minus the following for drugs purchased out-of-network until your total yearly drug costs reach \$2,930.</p> <p>Tier 1: Generic Drugs</p> <ul style="list-style-type: none"> <li>• \$5 copay for a one-month (34-day) supply of drugs in this tier</li> </ul> <p>Tier 2: Brand Drugs</p> <ul style="list-style-type: none"> <li>• 25% coinsurance for a one-month (34-day) supply of drugs in this tier</li> </ul>





Benefits	Original Medicare	CareOregon Advantage Plus HMO-POS SNP
<b>25 - Outpatient Prescription Drugs (continued)</b>		<p><b>Additional out-of-network coverage gap</b> You will be reimbursed up to 14% of the plan allowable cost for generic drugs purchased out-of-network until total yearly out-of-pocket drug costs reach \$4,700.</p> <p>You will be reimbursed up to 14% of the plan allowable costs for brand-name drugs purchased out-of-network until total yearly out-of-pocket drug costs reach \$4,700.</p> <p><b>Out-of-network catastrophic coverage</b> After your yearly out-of-pocket drug costs reach \$4,700, you will be reimbursed for drugs purchased out-of-network up to the plan’s cost of the drug minus your cost share, which is the greater of:</p> <ul style="list-style-type: none"><li>• a \$2.60 copay for generic (including brand drugs treated as generic) and a \$6.50 copay for all other drugs, or</li><li>• 5% coinsurance</li></ul>

## 2012 SUMMARY OF BENEFITS

Benefits	Original Medicare	CareOregon Advantage Plus HMO-POS SNP
<b>26 - Dental Services</b>	Preventive dental benefits (such as cleaning) not covered.	<p><b>General</b> Authorization rules may apply.</p> <p><b>In-network</b> In general, preventive dental benefits (such as cleaning) not covered.</p> <p>20% of the cost for Medicare-covered dental benefits.</p>
<b>27 - Hearing Services</b>	<p>Supplemental routine hearing exams and hearing aids not covered.</p> <p>20% coinsurance for diagnostic hearing exams.</p>	<p><b>In-network</b> In general, supplemental routine hearing exams and hearing aids are not covered.</p> <p>\$20 copay for Medicare-covered diagnostic hearing exams.</p>
<b>28 - Vision Services</b>	<p>20% coinsurance for diagnosis and treatment of diseases and conditions of the eye.</p> <p>Supplemental 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><b>In-network</b> \$0 copay for:</p> <ul style="list-style-type: none"> <li>- one pair of eyeglasses or contact lenses after cataract surgery</li> <li>- glasses (lenses) (every two years)</li> <li>- contacts (every two years)</li> </ul> <p>\$0 copay for exams to diagnose and treat diseases and conditions of the eye.</p> <p>\$20 copay for up to one supplemental routine eye exam every year.</p> <p>\$75 plan coverage limit for eye wear (frames and contacts) every two years.</p>





Benefits	Original Medicare	CareOregon Advantage Plus HMO-POS SNP
<b>Over-the-Counter items</b>	Not covered.	<b>General</b> This plan does not cover over-the-counter items.
<b>Transportation</b> Routine	Not covered.	<b>In-network</b> This plan does not cover supplemental routine transportation.
<b>Acupuncture</b>	Not covered.	<b>In-network</b> This plan does not cover acupuncture.
<b>Point of Service</b>	You may go to any doctor, specialist, or hospital that accepts Medicare.	<b>Out-of-network</b> Point of Service coverage is available for the following benefits: <ul style="list-style-type: none"><li>- Primary Care Physician Services</li><li>- Physician Specialist Services<ul style="list-style-type: none"><li>• \$10 copay for Primary Care Physician services.</li><li>• \$30 copay for Physician Specialist Services.</li></ul></li></ul>

## 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 503-416-4279 or toll free 1-888-712-3258. TTY/TDD users should call 1-800-735-2900.

### Chiropractic Services – page 14

All chiropractic services require prior authorization.

### Outpatient Mental Health Care – page 15

To obtain authorization, contact CareOregon Advantage at 503-416-4279 or toll free 1-888-712-3258. TTY/TDD users should call 1-800-735-2900.

### Durable Medical Equipment – page 18

You must obtain authorization for durable medical equipment.

### Prescription Drugs – pages 24-30

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

### Vision Services – page 31

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





## 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](http://www.careoregonadvantage.org)

Medicare<sup>Rx</sup>  
Prescription Drug Coverage