

CareSource

MID ROGUE HEALTH PLAN

2012

Summary of Benefits

SILVER PLUS RX (HMO)

GOLD PLUS RX (HMO)

**PLATINUM PLUS RX
(HMO-POS)**



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H3810-003

H3810-005

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INTRODUCTION

Thank you for your interest in CareSource Silver Plus Rx (HMO), CareSource Gold Plus Rx (HMO), and CareSource Platinum Plus Rx (HMO-POS). Our plans are offered by **Mid Rogue Independent Physician Association/CareSource**, a Medicare Advantage Health Maintenance Organization (HMO). This Summary of Benefits tells you some features of our plans. 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 CareSource Silver Plus Rx (HMO), CareSource Gold Plus Rx (HMO), or CareSource Platinum Plus Rx (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 CareSource Silver Plus Rx (HMO), CareSource Gold Plus Rx (HMO), or CareSource Platinum Plus Rx (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 CareSource Silver Plus Rx (HMO), CareSource Gold Plus Rx (HMO), and CareSource Platinum Plus Rx (HMO-POS) at the telephone 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, 7 days a week.

How can I compare my options?

You can compare CareSource Silver Plus Rx (HMO), CareSource Gold Plus Rx (HMO), and CareSource Platinum Plus Rx (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 are CareSource Silver Plus Rx (HMO), CareSource Gold Plus Rx (HMO), and CareSource Platinum Plus Rx (HMO-POS) available?

The service area for this plan includes: Douglas(*), Jackson, Josephine Counties, OR. You must live in one of these areas to join the plan. (*) Denotes partial county.

There is more than one plan listed in this Summary of Benefits. If you are enrolled in one plan and wish to switch to another plan, you may do so only during certain times of the year. Please call Customer Service for more information.

Who is eligible to join CareSource Silver Plus Rx (HMO), CareSource Gold Plus Rx (HMO), and CareSource Platinum Plus Rx (HMO-POS)?

You can join CareSource Silver Plus Rx (HMO), CareSource Gold Plus Rx (HMO), or CareSource Platinum Plus Rx (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 CareSource Silver Plus Rx (HMO), CareSource Gold Plus Rx (HMO), or CareSource Platinum Plus Rx (HMO-POS) unless they are members of our organization and have been since their dialysis began.

Can I choose my doctors?

CareSource Silver Plus Rx (HMO) and CareSource Gold Plus Rx (HMO) have formed a network of doctors, specialists, and hospitals. You can only use doctors who are part of our network. The health providers in our network can change at any time.

CareSource Platinum Plus Rx (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. For an updated list visit us at <http://www.caresourcehealthplans.com/provider-directory.php>. 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?

CareSource Silver Plus Rx (HMO) and CareSource Gold Plus Rx (HMO): If you choose to go to a doctor outside of our network, you must pay for these services yourself except in limited situations (for example, emergency care). Neither the plan, nor the Original Medicare Plan will pay for these services.

CareSource Platinum Plus Rx (HMO-POS) only: 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?

CareSource Silver Plus Rx (HMO), CareSource Gold Plus Rx (HMO), and CareSource Platinum Plus Rx (HMO-POS) have 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.caresourcehealthplans.com/provider-directory.php>. Our customer service number is listed at the end of this introduction.

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

CareSource Silver Plus Rx (HMO), CareSource Gold Plus Rx (HMO), and CareSource Platinum Plus Rx (HMO-POS) do cover both Medicare Part B prescription drugs and Medicare Part D prescription drugs.

What is a Prescription Drug Formulary?

CareSource Silver Plus Rx (HMO), CareSource Gold Plus Rx (HMO), and CareSource Platinum Plus Rx (HMO-POS) use 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.caresourcehealthplans.com/formularies.php>.

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/7 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 Office.

What are my protections in this plan?

All Medicare Advantage Plans agree to stay in the program for a full calendar year at a time. Plan benefits and cost-sharing may change from calendar year to calendar year. Each year, plans can 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.

As a member of CareSource Silver Plus Rx (HMO), Gold Plus Rx (HMO), or Platinum Plus Rx (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. 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 CareSource Silver Plus Rx (HMO), Gold Plus Rx (HMO), or Platinum Plus Rx (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 CareSource Silver Plus Rx (HMO), CareSource Gold Plus Rx (HMO), or CareSource Platinum Plus Rx (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 CareSource Silver Plus Rx (HMO), CareSource Gold Plus Rx (HMO), or CareSource Platinum Plus Rx (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 administered 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 "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 these plans. Our customer service number is listed below.

Please call CareSource for more information about CareSource Silver Plus Rx (HMO), CareSource Gold Plus Rx (HMO), and CareSource Platinum Plus Rx (HMO-POS).

Visit us at www.caresourcehealthplans.com or, call us:

- Customer Service Hours:
Sunday, Monday, Tuesday, Wednesday, Thursday, Friday, Saturday, 8:00 a.m. – 8:00 p.m. Pacific
- Current and Prospective members should call toll-free 1-888-460-0185 for questions related to the Medicare Advantage Program and to the Medicare Part D Prescription Drug program. (TTY/TDD (800)-735-2900).
- Current and Prospective members should call locally (541) 471-4106 for questions related to the Medicare Advantage Program and to the Medicare Part D Prescription Drug program. TTY/TDD (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, 7 days a week. Or, visit 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.

If you have any questions about these plans benefits or costs, please contact CareSource for details.

SUMMARY OF BENEFITS

IMPORTANT INFORMATION

Benefit	Original Medicare	CareSource Silver Plus Rx (HMO)	CareSource Gold Plus Rx (HMO)	CareSource Platinum Plus Rx (HMO-POS)
1 Premium and Other Important Information	<p>In 2011 the monthly Part B Premium was \$96.40 and may change for 2012 and the annual Part B deductible amount was \$162 and may change for 2012.</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, \$170,000 for married couples). For more information about Part B premiums based on income, call Medicare at 1-800-MEDICARE (1-800-633-4227). TTY users</p>	<p><u>General</u></p> <p>\$80.50 monthly plan premium in addition to your monthly Medicare Part B premium.</p> <p>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.</p>	<p><u>General</u></p> <p>\$135.20 monthly plan premium in addition to your monthly Medicare Part B premium.</p> <p>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.</p>	<p><u>General</u></p> <p>\$199.20 monthly plan premium in addition to your monthly Medicare Part B premium.</p> <p>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.</p>

Benefit	Original Medicare	CareSource Silver Plus Rx (HMO)	CareSource Gold Plus Rx (HMO)	CareSource Platinum Plus Rx (HMO-POS)
1 Premium and Other Important Information (continued)	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.	<u>In-Network</u> \$3,400 out-of-pocket limit. All plan services included.	<u>In-Network</u> \$2,000 out-of-pocket limit. All plan services included.	<u>In-Network</u> \$1,000 out-of-pocket limit. All plan services included. <u>Out-of-Network</u> \$1,000 out-of-pocket limit for select Medicare-covered services. Contact plan for details regarding Medicare-covered services under this limit. <u>In and Out-of-Network</u> \$2,000 out-of-pocket limit for Medicare-covered services and select Non-Medicare Supplemental Services. Contact plan for details regarding Non-Medicare Supplemental Services covered under this limit.

Benefit	Original Medicare	CareSource Silver Plus Rx (HMO)	CareSource Gold Plus Rx (HMO)	CareSource Platinum Plus Rx (HMO-POS)
<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><u>In-Network</u></p> <p>You must go to network doctors, specialists, and hospitals.</p> <p>Referral required for network specialists (for certain benefits).</p>	<p><u>In-Network</u></p> <p>You must go to network doctors, specialists, and hospitals.</p> <p>Referral required for network specialists (for certain benefits).</p>	<p><u>In-Network</u></p> <p>Referral required for network specialists (for certain benefits).</p>

SUMMARY OF BENEFITS

INPATIENT CARE

Benefit	Original Medicare	CareSource Silver Plus Rx (HMO)	CareSource Gold Plus Rx (HMO)	CareSource Platinum Plus Rx (HMO-POS)
<p>3 Inpatient Hospital Care (Includes Substance Abuse and Rehabilitation Services)</p>	<p>In 2011 the amounts for each benefit period were:</p> <p>Days 1 - 60: \$1132 deductible</p> <p>Days 61 - 90: \$283 per day</p> <p>Days 91 - 150: \$566 per lifetime reserve day</p> <p>These amounts may change for 2012.</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><u>In-Network</u></p> <p>No limit to the number of days covered by the plan each hospital stay.</p> <p>For Medicare-covered hospital stays:</p> <p>Days 1 - 7: \$300 copay per day</p> <p>Days 8 - 90: \$0 copay per day</p> <p>\$0 copay for additional hospital days</p> <p>Except in an emergency, your doctor must tell the plan that you are going to be admitted to the hospital.</p>	<p><u>In-Network</u></p> <p>No limit to the number of days covered by the plan each hospital stay.</p> <p>For Medicare-covered hospital stays:</p> <p>Days 1 - 10: \$200 copay per day</p> <p>Days 11 - 90: \$0 copay per day</p> <p>\$0 copay for additional hospital days</p> <p>Except in an emergency, your doctor must tell the plan that you are going to be admitted to the hospital.</p>	<p><u>In-Network</u></p> <p>No limit to the number of days covered by the plan each hospital stay.</p> <p>For Medicare-covered hospital stays:</p> <p>Days 1 - 3: \$150 copay per day</p> <p>Days 4 - 90: \$0 copay per day</p> <p>\$0 copay for additional hospital days</p> <p>Except in an emergency, your doctor must tell the plan that you are going to be admitted to the hospital.</p>

Benefit	Original Medicare	CareSource Silver Plus Rx (HMO)	CareSource Gold Plus Rx (HMO)	CareSource Platinum Plus Rx (HMO-POS)
<p>3 Inpatient Hospital Care (continued)</p> <p>(Includes Substance Abuse and Rehabilitation Services)</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. 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>			

Benefit

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Inpatient Mental Health Care

Original Medicare

In 2011 the amounts for each benefit period were:

Days 1 - 60: \$1132 deductible

Days 61 - 90: \$283 per day

Days 91 - 150: \$566 per lifetime reserve day

These amounts may change for 2012.

You get up to 190 days of inpatient psychiatric hospital care in a lifetime.

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.

CareSource Silver Plus Rx (HMO)

In-Network

You get up to 190 days of inpatient psychiatric hospital care in a lifetime. 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.

For Medicare-covered hospital stays:

Days 1 - 7: \$200 copay per day

Days 8 - 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.

CareSource Gold Plus Rx (HMO)

In-Network

You get up to 190 days of inpatient psychiatric hospital care in a lifetime. 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.

For Medicare-covered hospital stays:

Days 1 - 10: \$175 copay per day

Days 11 - 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.

CareSource Platinum Plus Rx (HMO-POS)

In-Network

You get up to 190 days of inpatient psychiatric hospital care in a lifetime. 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.

For Medicare-covered hospital stays:

Days 1 - 3: \$150 copay per day

Days 4 - 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.

Benefit	Original Medicare	CareSource Silver Plus Rx (HMO)	CareSource Gold Plus Rx (HMO)	CareSource Platinum Plus Rx (HMO-POS)
<p>5 Skilled Nursing Facility (SNF) (In a Medicare-certified skilled nursing facility)</p>	<p>In 2011 the amounts for each benefit period after at least a 3-day covered hospital stay were: Days 1 - 20: \$0 per day; Days 21 - 100: \$141.50 per day. These amounts may change for 2012. 100 days for each benefit period. A "benefit period" starts the day you go into a hospital or SNF. 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.</p>	<p><u>General</u> Authorization rules may apply.</p> <p><u>In Network</u> Plan covers up to 100 days each benefit period.</p> <p>No prior hospital stay is required.</p> <p>For Medicare-covered SNF stays: Days 1 - 13: \$0 copay per day Days 14 - 40: \$100 copay per day Days 41 - 100: \$0 copay per day</p>	<p><u>General</u> Authorization rules may apply.</p> <p><u>In Network</u> Plan covers up to 100 days each benefit period.</p> <p>No prior hospital stay is required.</p> <p>For Medicare-covered SNF stays: Days 1 - 13: \$0 copay per day Days 14 - 27: \$100 copay per day Days 28 - 100: \$0 copay per day</p>	<p><u>General</u> Authorization rules may apply.</p> <p><u>In Network</u> Plan covers up to 100 days each benefit period.</p> <p>No prior hospital stay is required.</p> <p>For Medicare-covered SNF stays: Days 1 - 13: \$0 copay per day Days 14 - 20: \$100 copay per day Days 21 - 100: \$0 copay per day</p>

Benefit	Original Medicare	CareSource Silver Plus Rx (HMO)	CareSource Gold Plus Rx (HMO)	CareSource Platinum Plus Rx (HMO-POS)
6 Home Health Care (Includes medically necessary intermittent skilled nursing care, home health aide services, and rehabilitation services, etc.)	\$0 copay	<u>General</u> Authorization rules may apply.	<u>General</u> Authorization rules may apply.	<u>General</u> Authorization rules may apply.
		<u>In-Network</u> \$0 copay for Medicare-covered home health visits.	<u>In-Network</u> \$0 copay for Medicare-covered home health visits.	<u>In-Network</u> \$0 copay for Medicare-covered home health visits.

Benefit	Original Medicare	CareSource Silver Plus Rx (HMO)	CareSource Gold Plus Rx (HMO)	CareSource Platinum Plus Rx (HMO-POS)
7 Hospice	You pay for part of the cost for outpatient drugs and inpatient respite care. You must get care from a Medicare-certified hospice.	<u>General</u> You must get care from a Medicare-certified hospice. Your plan will pay for a consultative visit before you select hospice.	<u>General</u> You must get care from a Medicare-certified hospice. Your plan will pay for a consultative visit before you select hospice.	<u>General</u> You must get care from a Medicare-certified hospice. Your plan will pay for a consultative visit before you select hospice.
	You must get care from a Medicare-certified hospice.			

Benefit

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Doctor Office Visits

Original Medicare

20% coinsurance

CareSource Silver Plus Rx (HMO)

General

Authorization rules may apply.

In-Network

\$20 copay for each primary care doctor visit for Medicare-covered benefits.

\$25 copay for each in-area, network urgent care Medicare-covered visit.

\$30 copay for each specialist visit for Medicare-covered benefits.

CareSource Gold Plus Rx (HMO)

General

Authorization rules may apply.

In-Network

\$20 copay for each primary care doctor visit for Medicare-covered benefits.

\$25 copay for each in-area, network urgent care Medicare-covered visit.

\$20 copay for each specialist visit for Medicare-covered benefits

CareSource Platinum Plus Rx (HMO-POS)

General

Authorization rules may apply.

In-Network

\$5 copay for each primary care doctor visit for Medicare-covered benefits.

\$25 copay for each in-area, network urgent care Medicare-covered visit.

\$5 copay for each specialist visit for Medicare-covered benefits.

Benefit

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Chiropractic Services

Original Medicare	CareSource Silver Plus Rx (HMO)	CareSource Gold Plus Rx (HMO)	CareSource Platinum Plus Rx (HMO-POS)
Supplemental routine care not covered.	<u>In-Network</u> \$20 copay for each Medicare-covered visit.	<u>In-Network</u> \$20 copay for each Medicare-covered visit.	<u>In-Network</u> \$5 copay for each Medicare-covered visit.
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.	\$20 copay for each supplemental routine visit. 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.	\$20 copay for each supplemental routine visit. 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.	\$5 copay for each supplemental routine visit. 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.

Benefit

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Podiatry Services

Original Medicare	CareSource Silver Plus Rx (HMO)	CareSource Gold Plus Rx (HMO)	CareSource Platinum Plus Rx (HMO-POS)
Supplemental routine care not covered.	<u>General</u> Authorization rules may apply.	<u>General</u> Authorization rules may apply.	<u>General</u> Authorization rules may apply.
20% coinsurance for medically necessary foot care, including care for medical conditions affecting the lower limbs.	<u>In-Network</u> \$30 copay for each Medicare-covered visit. Medicare-covered podiatry benefits are for medically-necessary foot care.	<u>In-Network</u> \$20 copay for each Medicare-covered visit. Medicare-covered podiatry benefits are for medically-necessary foot care.	<u>In-Network</u> \$5 copay for each Medicare-covered visit. Medicare-covered podiatry benefits are for medically-necessary foot care.

Benefit

11

Outpatient Mental Health Care

Original Medicare	CareSource Silver Plus Rx (HMO)	CareSource Gold Plus Rx (HMO)	CareSource Platinum Plus Rx (HMO-POS)
40% coinsurance for most outpatient mental health services.	<p><u>General</u></p> <p>Authorization rules may apply.</p>	<p><u>General</u></p> <p>Authorization rules may apply.</p>	<p><u>General</u></p> <p>Authorization rules may apply.</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><u>In-Network</u></p> <p>\$20 copay for each Medicare-covered individual therapy visit.</p> <p>\$20 copay for each Medicare-covered group therapy visit.</p> <p>\$30 copay for each Medicare-covered individual therapy visit with a psychiatrist.</p> <p>\$30 copay for each Medicare-covered group therapy visit with a psychiatrist.</p>	<p><u>In-Network</u></p> <p>\$20 copay for each Medicare-covered individual therapy visit.</p> <p>\$20 copay for each Medicare-covered group therapy visit.</p> <p>\$20 copay for each Medicare-covered individual therapy visit with a psychiatrist.</p> <p>\$20 copay for each Medicare-covered group therapy visit with a psychiatrist.</p>	<p><u>In-Network</u></p> <p>\$5 copay for each Medicare-covered individual therapy visit.</p> <p>\$5 copay for each Medicare-covered group therapy visit.</p> <p>\$5 copay for each Medicare-covered individual therapy visit with a psychiatrist.</p> <p>\$5 copay for each Medicare-covered group therapy visit with a psychiatrist.</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.	\$20 for Medicare-covered partial hospitalization program services.	\$20 for Medicare-covered partial hospitalization program services.	\$5 for Medicare-covered partial hospitalization program services

Benefit	Original Medicare	CareSource Silver Plus Rx (HMO)	CareSource Gold Plus Rx (HMO)	CareSource Platinum Plus Rx (HMO-POS)
12 Outpatient Substance Abuse Care	20% coinsurance	<u>In-Network</u> \$20 copay for Medicare-covered individual visits. \$20 copay for Medicare-covered group visits.	<u>In-Network</u> \$20 copay for Medicare-covered individual visits. \$20 copay for Medicare-covered group visits.	<u>In-Network</u> \$5 copay for Medicare-covered individual visits. \$5 copay for Medicare-covered group visits.

Benefit	Original Medicare	CareSource Silver Plus Rx (HMO)	CareSource Gold Plus Rx (HMO)	CareSource Platinum Plus Rx (HMO-POS)
13 Outpatient Services/Surgery	20% coinsurance for the doctor's services. Specified copayment for outpatient hospital facility services. Copay cannot exceed the Part A inpatient hospital deductible.	<u>General</u> Authorization rules may apply. <u>In-Network</u> \$0 to \$200 copay for each Medicare-covered ambulatory surgical center visit. \$0 to \$200 copay for each Medicare-covered outpatient hospital facility visit.	<u>General</u> Authorization rules may apply. <u>In-Network</u> \$0 to \$50 copay for each Medicare-covered ambulatory surgical center visit. \$0 to \$150 copay for each Medicare-covered outpatient hospital facility visit.	<u>General</u> Authorization rules may apply. <u>In-Network</u> \$50 copay for each Medicare-covered ambulatory surgical center visit. \$0 to \$150 copay for each Medicare-covered outpatient hospital facility visit.
	20% coinsurance for ambulatory surgical center facility services.			

Benefit

14

Ambulance Services

(Medically necessary ambulance services)

Original Medicare
20% coinsurance

CareSource Silver Plus Rx (HMO)

General

Authorization rules may apply.

In-Network

\$150 copay for Medicare-covered ambulance benefits.

CareSource Gold Plus Rx (HMO)

General

Authorization rules may apply.

In-Network

\$150 copay for Medicare-covered ambulance benefits.

CareSource Platinum Plus Rx (HMO-POS)

General

Authorization rules may apply.

In-Network

\$150 copay for Medicare-covered ambulance benefits.

Benefit

15

Emergency Care

(You may go to any emergency room if you reasonably believe you need emergency care.)

Original Medicare	CareSource Silver Plus Rx (HMO)	CareSource Gold Plus Rx (HMO)	CareSource Platinum Plus Rx (HMO-POS)
<p>20% coinsurance for the doctor's services.</p> <p>Specified copayment for outpatient hospital facility emergency services.</p> <p>Emergency services copay cannot exceed 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 as an inpatient for the same condition within 3 days of the emergency room visit.</p> <p>Not covered outside the U.S. except under limited circumstances.</p>	<p><u>General</u></p> <p>\$65 copay for Medicare-covered emergency room visits</p> <p>Worldwide coverage.</p> <p>If you are admitted to the hospital within 48-hour(s) for the same condition, you pay \$0 for the emergency room visit.</p>	<p><u>General</u></p> <p>\$65 copay for Medicare-covered emergency room visits.</p> <p>Worldwide coverage.</p> <p>If you are admitted to the hospital within 48-hour(s) for the same condition, you pay \$0 for the emergency room visit.</p>	<p><u>General</u></p> <p>\$65 copay for Medicare-covered emergency room visits.</p> <p>Worldwide coverage.</p> <p>If you are admitted to the hospital within 48-hour(s) for the same condition, you pay \$0 for the emergency room visit.</p>

Benefit	Original Medicare	CareSource Silver Plus Rx (HMO)	CareSource Gold Plus Rx (HMO)	CareSource Platinum Plus Rx (HMO-POS)
16 Urgently Needed Care (This is NOT emergency care, and in most cases, is out of the service area.)	20% coinsurance, or a set copay. NOT covered outside the U.S. except under limited circumstances.	<u>General</u> \$25 copay for Medicare-covered urgently-needed-care visits. If you are admitted to the hospital within 48-hours(s) for the same condition, you pay \$0 for the urgently-needed-care visit.	<u>General</u> \$25 copay for Medicare-covered urgently-needed-care visits. If you are admitted to the hospital within 48-hours(s) for the same condition, you pay \$0 for the urgently-needed-care visit.	<u>General</u> \$25 copay for Medicare-covered urgently-needed-care visits. If you are admitted to the hospital within 48-hours(s) for the same condition, you pay \$0 for the urgently-needed-care visit.

Benefit	Original Medicare	CareSource Silver Plus Rx (HMO)	CareSource Gold Plus Rx (HMO)	CareSource Platinum Plus Rx (HMO-POS)
17 Outpatient Rehabilitation Services (Occupational Therapy, Physical Therapy, Speech and Language Therapy)	20% coinsurance	<u>General</u> Authorization rules may apply. <u>In-Network</u> \$20 copay for Medicare-covered Occupational Therapy visits. \$20 copay for Medicare-covered Physical and/or Speech and Language Therapy visits.	<u>General</u> Authorization rules may apply. <u>In-Network</u> \$20 copay for Medicare-covered Occupational Therapy visits. \$20 copay for Medicare-covered Physical and/or Speech and Language Therapy visits.	<u>General</u> Authorization rules may apply. <u>In-Network</u> \$5 copay for Medicare-covered Occupational Therapy visits. \$5 copay for Medicare-covered Physical and/or Speech and Language Therapy visits.

OUTPATIENT MEDICAL SERVICES AND SUPPLIES

Benefit	Original Medicare	CareSource Silver Plus Rx (HMO)	CareSource Gold Plus Rx (HMO)	CareSource Platinum Plus Rx (HMO-POS)
18 Durable Medical Equipment (Includes wheelchairs, oxygen, etc.)	20% coinsurance	<u>General</u> Authorization rules may apply.	<u>General</u> Authorization rules may apply.	<u>General</u> Authorization rules may apply.
		<u>In-Network</u> 20% of the cost for Medicare-covered items.	<u>In-Network</u> \$0 copay for Medicare-covered items.	<u>In-Network</u> \$0 copay for Medicare-covered items.

Benefit	Original Medicare	CareSource Silver Plus Rx (HMO)	CareSource Gold Plus Rx (HMO)	CareSource Platinum Plus Rx (HMO-POS)
19 Prosthetic Devices (Includes braces, artificial limbs and eyes, etc.)	20% coinsurance	<u>General</u> Authorization rules may apply.	<u>General</u> Authorization rules may apply.	<u>General</u> Authorization rules may apply.
		<u>In-Network</u> 20% of the cost for Medicare-covered items.	<u>In-Network</u> \$0 copay for Medicare-covered items.	<u>In-Network</u> \$0 copay for Medicare-covered items.

Benefit	Original Medicare	CareSource Silver Plus Rx (HMO)	CareSource Gold Plus Rx (HMO)	CareSource Platinum Plus Rx (HMO-POS)
20 Diabetes Programs and Supplies	20% coinsurance for diabetes self-management training.	<u>General</u> Authorization rules may apply.	<u>General</u> Authorization rules may apply.	<u>General</u> Authorization rules may apply.
	20% coinsurance for diabetes supplies.	<u>In-Network</u> \$0 copay for Diabetes self-management training.	<u>In-Network</u> \$0 copay for Diabetes self-management training.	<u>In-Network</u> \$0 copay for Diabetes self-management training.
	20% coinsurance for diabetic therapeutic shoes or inserts.	\$0 copay for: -Diabetes monitoring supplies -Therapeutic shoes or inserts.	\$0 copay for: -Diabetes monitoring supplies -Therapeutic shoes or inserts.	\$0 copay for: -Diabetes monitoring supplies -Therapeutic shoes or inserts.

Benefit	Original Medicare	CareSource Silver Plus Rx (HMO)	CareSource Gold Plus Rx (HMO)	CareSource Platinum Plus Rx (HMO-POS)
21 Diagnostic Tests, X-Rays, Lab Services, and Radiology Services	20% coinsurance for diagnostic tests and x-rays.	<u>General</u> Authorization rules may apply.	<u>General</u> Authorization rules may apply.	<u>General</u> Authorization rules may apply.
	\$0 copay for Medicare-covered lab services.	<u>In-Network</u> \$0 copay for Medicare-covered lab services.	<u>In-Network</u> \$0 copay for Medicare-covered lab services.	<u>In-Network</u> \$0 copay for Medicare-covered lab services.
	Lab Services: Medicare covers medically necessary diagnostic lab services that are ordered by your treating doctor when they are provided by a Clinical Laboratory Improvement	\$0 to \$60 copay for Medicare-covered diagnostic procedures and tests. \$0 copay for Medicare-covered X-rays.	\$0 to \$60 copay for Medicare-covered diagnostic procedures and tests. \$0 copay for Medicare-covered X-rays.	\$0 to \$60 copay for Medicare-covered diagnostic procedures and tests. \$0 copay for Medicare-covered X-rays.

Benefit	Original Medicare	CareSource Silver Plus Rx (HMO)	CareSource Gold Plus Rx (HMO)	CareSource Platinum Plus Rx (HMO-POS)
21 Diagnostic Tests, X-Rays, Lab Services, and Radiology Services (continued)	<p>Amendments (CLIA) certified laboratory that participates in Medicare. Diagnostic lab services are done to help your doctor diagnose or rule out a suspected illness or condition.</p> <p>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. Covered once a year for all men with Medicare over age 50.</p>	<p>\$0 to \$60 copay for Medicare-covered diagnostic radiology services (not including X-rays).</p> <p>\$0 to \$60 copay for Medicare-covered therapeutic radiology services.</p>	<p>\$0 to \$60 copay for Medicare-covered diagnostic radiology services (not including X-rays).</p> <p>\$0 copay for Medicare-covered therapeutic radiology services.</p>	<p>\$\$0 to \$60 copay for Medicare-covered diagnostic radiology services (not including X-rays).</p> <p>0 to \$60 copay for Medicare-covered therapeutic radiology services.</p>

Benefit	Original Medicare	CareSource Silver Plus Rx (HMO)	CareSource Gold Plus Rx (HMO)	CareSource Platinum Plus Rx (HMO-POS)
22 Cardiac and Pulmonary Rehabilitation Services	20% coinsurance for Cardiac Rehabilitation services.	<u>General</u> Authorization rules may apply.	<u>General</u> Authorization rules may apply.	<u>General</u> Authorization rules may apply.
	20% coinsurance for Pulmonary Rehabilitation services.	<u>In-Network</u> \$20 copay for Medicare-covered Cardiac Rehabilitation Services.	<u>In-Network</u> \$20 copay for Medicare-covered Cardiac Rehabilitation Services.	<u>In-Network</u> \$5 copay for Medicare-covered Cardiac Rehabilitation Services.
	20% coinsurance for Intensive Cardiac Rehabilitation services.	\$20 copay for Medicare-covered Intensive Cardiac Rehabilitation Services.	\$20 copay for Medicare-covered Intensive Cardiac Rehabilitation Services.	\$5 copay for Medicare-covered Intensive Cardiac Rehabilitation Services.
	This applies to program services provided in a doctor's office. Specified cost sharing for program services provided by hospital outpatient departments.	\$20 copay for Medicare-covered Pulmonary Rehabilitation Services.	\$20 copay for Medicare-covered Pulmonary Rehabilitation Services.	\$5 copay for Medicare-covered Pulmonary Rehabilitation Services.

Benefit

23

Preventive Services and Wellness/Education Programs

Original Medicare	CareSource Silver Plus Rx (HMO)	CareSource Gold Plus Rx (HMO)	CareSource Platinum Plus Rx (HMO-POS)
<p>No coinsurance, copayment or deductible for the following:</p> <ul style="list-style-type: none"> - Abdominal Aortic Aneurysm Screening - Bone Mass Measurement. Covered once every 24 months (more often if medically necessary) if you meet certain medical conditions. - Cardiovascular Screening - Cervical and Vaginal Cancer Screening. Covered once every 2 years. Covered once a year for women with Medicare at high risk. - Colorectal Cancer Screening - Diabetes Screening - Influenza Vaccine 	<p><u>General</u></p> <p>\$0 copay for all preventive services covered under Original Medicare at zero cost sharing:</p> <ul style="list-style-type: none"> - Abdominal Aortic Aneurysm screening - Bone Mass Measurement - Cardiovascular Screening - Cervical and Vaginal Cancer Screening (Pap Test and Pelvic Exam) - Colorectal Cancer Screening - Diabetes Screening - Influenza Vaccine - Hepatitis B Vaccine - HIV Screening - Breast Cancer Screening (Mammogram) - Medical Nutrition Therapy Services - Personalized Prevention Plan Services (Annual Wellness Visits) - Pneumococcal Vaccine - Prostate Cancer Screening (Prostate Specific Antigen (PSA) test only) 	<p><u>General</u></p> <p>\$0 copay for all preventive services covered under Original Medicare at zero cost sharing:</p> <ul style="list-style-type: none"> - Abdominal Aortic Aneurysm screening - Bone Mass Measurement - Cardiovascular Screening - Cervical and Vaginal Cancer Screening (Pap Test and Pelvic Exam) - Colorectal Cancer Screening - Diabetes Screening - Influenza Vaccine - Hepatitis B Vaccine - HIV Screening - Breast Cancer Screening (Mammogram) - Medical Nutrition Therapy Services - Personalized Prevention Plan Services (Annual Wellness Visits) - Pneumococcal Vaccine - Prostate Cancer Screening (Prostate Specific Antigen (PSA) test only) 	<p><u>General</u></p> <p>\$0 copay for all preventive services covered under Original Medicare at zero cost sharing:</p> <ul style="list-style-type: none"> - Abdominal Aortic Aneurysm screening - Bone Mass Measurement - Cardiovascular Screening - Cervical and Vaginal Cancer Screening (Pap Test and Pelvic Exam) - Colorectal Cancer Screening - Diabetes Screening - Influenza Vaccine - Hepatitis B Vaccine - HIV Screening - Breast Cancer Screening (Mammogram) - Medical Nutrition Therapy Services - Personalized Prevention Plan Services (Annual Wellness Visits) - Pneumococcal Vaccine - Prostate Cancer Screening (Prostate Specific Antigen (PSA) test only)

Benefit	Original Medicare	CareSource Silver Plus Rx (HMO)	CareSource Gold Plus Rx (HMO)	CareSource Platinum Plus Rx (HMO-POS)
23 Preventive Services and Wellness/Education Programs (continued)	<p>- Hepatitis B Vaccine for people with Medicare who are at risk</p> <p>- 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.</p> <p>- Breast Cancer Screening (Mammogram). Medicare covers screening mammograms once every 12 months for</p>	<p>- Smoking Cessation (Counseling to stop smoking)</p> <p>- Welcome to Medicare Physical Exam (Initial Preventive Physical Exam)</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. Medicare covers this test once every 12 months or up to three times during a pregnancy. Please contact plan for details.</p> <p><u>In-Network</u></p> <p>The plan covers the following supplemental education/wellness programs:</p> <p>-Written health education materials, including Newsletters</p> <p>-Nutritional benefit</p> <p>-Additional Smoking Cessation</p> <p>-Health Club Membership/Fitness Classes</p>	<p>- Smoking Cessation (Counseling to stop smoking)</p> <p>- Welcome to Medicare Physical Exam (Initial Preventive Physical Exam)</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. Medicare covers this test once every 12 months or up to three times during a pregnancy. Please contact plan for details.</p> <p><u>In-Network</u></p> <p>The plan covers the following supplemental education/wellness programs:</p> <p>-Written health education materials, including Newsletters</p> <p>-Nutritional benefit</p> <p>-Additional Smoking Cessation</p> <p>-Health Club Membership/Fitness Classes</p>	<p>- Smoking Cessation (Counseling to stop smoking)</p> <p>- Welcome to Medicare Physical Exam (Initial Preventive Physical Exam)</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. Medicare covers this test once every 12 months or up to three times during a pregnancy. Please contact plan for details.</p> <p><u>In-Network</u></p> <p>The plan covers the following supplemental education/wellness programs:</p> <p>-Written health education materials, including Newsletters</p> <p>-Nutritional benefit</p> <p>-Additional Smoking Cessation</p> <p>-Health Club Membership/Fitness Classes</p>

Benefit

23

Preventive Services and Wellness/Education Programs (continued)

Original Medicare

all women with Medicare age 40 and older. Medicare covers one baseline mammogram for women between ages 35-39.

- 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.

- Personalized Prevention Plan Services (Annual Wellness Visits)

CareSource Silver Plus Rx (HMO)

-Nursing Hotline

CareSource Gold Plus Rx (HMO)

-Nursing Hotline

CareSource Platinum Plus Rx (HMO-POS)

-Nursing Hotline

Benefit	Original Medicare	CareSource Silver Plus Rx (HMO)	CareSource Gold Plus Rx (HMO)	CareSource Platinum Plus Rx (HMO-POS)
23 Preventive Services and Wellness/ Education Programs (continued)	<ul style="list-style-type: none"> - Pneumococcal Vaccine. You may only need the Pneumonia vaccine once in your lifetime. Call your doctor for more information. - Prostate Cancer Screening- Prostate Specific Antigen (PSA) test only. Covered once a year for all men with Medicare over age 50. - 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. 			

Benefit	Original Medicare	CareSource Silver Plus Rx (HMO)	CareSource Gold Plus Rx (HMO)	CareSource Platinum Plus Rx (HMO-POS)
23 Preventive Services and Wellness/Education Programs (continued)	<p>- 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.</p>			

Benefit	Original Medicare	CareSource Silver Plus Rx (HMO)	CareSource Gold Plus Rx (HMO)	CareSource Platinum Plus Rx (HMO-POS)
24 Kidney Disease & Conditions	<p>20% coinsurance for renal dialysis.</p> <p>20% coinsurance for kidney disease education services.</p>	<p><u>General</u></p> <p>Authorization rules may apply.</p> <p><u>In-Network</u></p> <p>20% of the cost for renal dialysis. \$0 copay for kidney disease education services.</p>	<p><u>General</u></p> <p>Authorization rules may apply.</p> <p><u>In-Network</u></p> <p>\$0 copay for renal dialysis. \$0 copay for kidney disease education services.</p>	<p><u>General</u></p> <p>Authorization rules may apply.</p> <p><u>In-Network</u></p> <p>\$0 copay for renal dialysis. \$0 copay for kidney disease education services.</p>

Benefit

25

Outpatient Prescription Drugs

Original Medicare	CareSource Silver Plus Rx (HMO)	CareSource Gold Plus Rx (HMO)	CareSource Platinum Plus Rx (HMO-POS)
<p>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.</p>	<p>Drugs covered under Medicare Part B.</p> <p><u>General</u></p> <p>10% 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><u>General</u></p> <p>This plan uses a formulary. The plan will send you the formulary. You can also see the formulary at http://www.caresourcehealthplans.com/formularies.php on the web.</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, or -Have access to Indian/Tribal/Urban (Indian Health Service) providers. <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</p>	<p>Drugs covered under Medicare Part B.</p> <p><u>General</u></p> <p>10% 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><u>General</u></p> <p>This plan uses a formulary. The plan will send you the formulary. You can also see the formulary at http://www.caresourcehealthplans.com/formularies.php on the web.</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, or -Have access to Indian/Tribal/Urban (Indian Health Service) providers. <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</p>	<p>Drugs covered under Medicare Part B.</p> <p><u>General</u></p> <p>10% 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><u>General</u></p> <p>This plan uses a formulary. The plan will send you the formulary. You can also see the formulary at http://www.caresourcehealthplans.com/formularies.php on the web.</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, or -Have access to Indian/Tribal/Urban (Indian Health Service) providers. <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</p>

Benefit

25 Outpatient Prescription Drugs (continued)

Original Medicare

CareSource Silver Plus Rx (HMO)

prescription drugs if you get them at an in-network pharmacy outside of the plan's service area (for instance when you travel).

Total yearly drug costs are the total drug costs paid by both you and a Part D plan.

The plan may require you to first try one drug to treat your condition before it will cover another drug for that condition.

Some drugs have quantity limits.

Your provider must get prior authorization from CareSource Silver Plus Rx (HMO) for certain drugs.

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.

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. These drugs are listed on the plan's website, formulary,

CareSource Gold Plus Rx (HMO)

prescription drugs if you get them at an in-network pharmacy outside of the plan's service area (for instance when you travel).

Total yearly drug costs are the total drug costs paid by both you and a Part D plan.

The plan may require you to first try one drug to treat your condition before it will cover another drug for that condition.

Some drugs have quantity limits.

Your provider must get prior authorization from CareSource Gold Plus Rx (HMO) for certain drugs.

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.

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. These drugs are listed on the plan's website, formulary,

CareSource Platinum Plus Rx (HMO-POS)

prescription drugs if you get them at an in-network pharmacy outside of the plan's service area (for instance when you travel).

Total yearly drug costs are the total drug costs paid by both you and a Part D plan.

The plan may require you to first try one drug to treat your condition before it will cover another drug for that condition.

Some drugs have quantity limits.

Your provider must get prior authorization from CareSource Platinum Plus Rx (HMO-POS) for certain drugs.

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.

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. These drugs are listed on the plan's website, formulary,

Benefit

25 Outpatient Prescription Drugs (continued)

Original Medicare

CareSource Silver Plus Rx (HMO)

printed materials, as well as on the Medicare Prescription Drug Finder on Medicare.gov.

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.

If you request a formulary exception for a drug and CareSource Silver Plus Rx (HMO) approves the exception, you will pay Tier 5: Specialty Tier Drugs cost sharing for that drug.

In-Network

\$0 deductible.

Initial Coverage

You pay the following until total yearly drug costs reach \$2,900:

Retail Pharmacy

Tier 1: Preferred Generic Drugs
 - \$5 copay for a one-month (30-day) supply of drugs in this tier
 - \$10 copay for a three-month (90-day) supply of drugs in this tier

CareSource Gold Plus Rx (HMO)

printed materials, as well as on the Medicare Prescription Drug Finder on Medicare.gov.

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.

If you request a formulary exception for a drug and CareSource Gold Plus Rx (HMO) approves the exception, you will pay Tier 5: Specialty Tier Drugs cost sharing for that drug.

In-Network

\$0 deductible.

Initial Coverage

You pay the following until total yearly drug costs reach \$2,900:

Retail Pharmacy

Tier 1: Preferred Generic Drugs
 - \$5 copay for a one-month (30-day) supply of drugs in this tier
 - \$10 copay for a three-month (90-day) supply of drugs in this tier

CareSource Platinum Plus Rx (HMO-POS)

printed materials, as well as on the Medicare Prescription Drug Finder on Medicare.gov.

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.

If you request a formulary exception for a drug and CareSource Platinum Plus Rx (HMO-POS) approves the exception, you will pay Tier 5: Specialty Tier Drugs cost sharing for that drug.

In-Network

\$0 deductible.

Initial Coverage

You pay the following until total yearly drug costs reach \$2,900:

Retail Pharmacy

Tier 1: Preferred Generic Drugs
 - \$5 copay for a one-month (30-day) supply of drugs in this tier
 - \$10 copay for a three-month (90-day) supply of drugs in this tier

Benefit

25 Outpatient Prescription Drugs (continued)

Original Medicare

CareSource Silver Plus Rx (HMO)

CareSource Gold Plus Rx (HMO)

CareSource Platinum Plus Rx (HMO-POS)

Tier 2: Non-Preferred Generic Drugs

- \$29 copay for a one-month (30-day) supply of drugs in this tier

- \$58 copay for a three-month (90-day) supply of drugs in this tier

Tier 3: Preferred Brand Drugs

- \$39 copay for a one-month (30-day) supply of drugs in this tier

- \$78 copay for a three-month (90-day) supply of drugs in this tier

Tier 4: Non-Preferred Brand Drugs

- \$69 copay for a one-month (30-day) supply of drugs in this tier

- \$138 copay for a three-month (90-day) supply of drugs in this tier

Tier 5: Specialty Tier Drugs

- 33% coinsurance for a one-month (30-day) supply of drugs in this tier

- 33% coinsurance for a three-month (90-day) supply of drugs in this tier

Tier 2: Non-Preferred Generic Drugs

- \$29 copay for a one-month (30-day) supply of drugs in this tier

- \$58 copay for a three-month (90-day) supply of drugs in this tier

Tier 3: Preferred Brand Drugs

- \$39 copay for a one-month (30-day) supply of drugs in this tier

- \$78 copay for a three-month (90-day) supply of drugs in this tier

Tier 4: Non-Preferred Brand Drugs

- \$69 copay for a one-month (30-day) supply of drugs in this tier

- \$138 copay for a three-month (90-day) supply of drugs in this tier

Tier 5: Specialty Tier Drugs

- 33% coinsurance for a one-month (30-day) supply of drugs in this tier

- 33% coinsurance for a three-month (90-day) supply of drugs in this tier

Tier 2: Non-Preferred Generic Drugs

- \$29 copay for a one-month (30-day) supply of drugs in this tier

- \$58 copay for a three-month (90-day) supply of drugs in this tier

Tier 3: Preferred Brand Drugs

- \$39 copay for a one-month (30-day) supply of drugs in this tier

- \$78 copay for a three-month (90-day) supply of drugs in this tier

Tier 4: Non-Preferred Brand Drugs

- \$69 copay for a one-month (30-day) supply of drugs in this tier

- \$138 copay for a three-month (90-day) supply of drugs in this tier

Tier 5: Specialty Tier Drugs

- 33% coinsurance for a one-month (30-day) supply of drugs in this tier

- 33% coinsurance for a three-month (90-day) supply of drugs in this tier

Benefit

25 Outpatient Prescription Drugs (continued)

Original Medicare

CareSource Silver Plus Rx (HMO)

Long Term Care Pharmacy

Tier 1: Preferred Generic Drugs

- \$5 copay for a one-month (31-day) supply of drugs in this tier

Tier 2: Non-Preferred Generic Drugs

- \$29 copay for a one-month (31-day) supply of drugs in this tier

Tier 3: Preferred Brand Drugs

- \$39 copay for a one-month (31-day) supply of drugs in this tier

Tier 4: Non-Preferred Brand Drugs

\$69 copay for a one-month (31-day) supply of drugs in this tier

Tier 5: Specialty Tier Drugs

- 33% coinsurance for a one-month (31-day) supply of drugs in this tier

Mail Order

Tier 1: Preferred Generic Drugs

- \$5 copay for a one-month (30-day) supply of drugs in this tier

CareSource Gold Plus Rx (HMO)

Long Term Care Pharmacy

Tier 1: Preferred Generic Drugs

- \$5 copay for a one-month (31-day) supply of drugs in this tier

Tier 2: Non-Preferred Generic Drugs

- \$29 copay for a one-month (31-day) supply of drugs in this tier

Tier 3: Preferred Brand Drugs

- \$39 copay for a one-month (31-day) supply of drugs in this tier

Tier 4: Non-Preferred Brand Drugs

- \$69 copay for a one-month (31-day) supply of drugs in this tier

Tier 5: Specialty Tier Drugs

- 33% coinsurance for a one-month (31-day) supply of drugs in this tier

Mail Order

Tier 1: Preferred Generic Drugs

- \$5 copay for a one-month (30-day) supply of drugs in this tier

CareSource Platinum Plus Rx (HMO-POS)

Long Term Care Pharmacy

Tier 1: Preferred Generic Drugs

- \$5 copay for a one-month (31-day) supply of drugs in this tier

Tier 2: Non-Preferred Generic Drugs

- \$29 copay for a one-month (31-day) supply of drugs in this tier

Tier 3: Preferred Brand Drugs

- \$39 copay for a one-month (31-day) supply of drugs in this tier

Tier 4: Non-Preferred Brand Drugs

- \$69 copay for a one-month (31-day) supply of drugs in this tier

Tier 5: Specialty Tier Drugs

- 33% coinsurance for a one-month (31-day) supply of drugs in this tier

Mail Order

Tier 1: Preferred Generic Drugs

- \$5 copay for a one-month (30-day) supply of drugs in this tier

Benefit	Original Medicare	CareSource Silver Plus Rx (HMO)	CareSource Gold Plus Rx (HMO)	CareSource Platinum Plus Rx (HMO-POS)
<p>25 Outpatient Prescription Drugs (continued)</p>		<p>- \$10 copay for a three-month (90-day) supply of drugs in this tier.</p> <p>Tier 2: Non-Preferred Generic Drugs</p> <p>- \$29 copay for a one-month (30-day) supply of drugs in this tier</p> <p>- \$58 copay for a three-month (90-day) supply of drugs in this tier</p> <p>Tier 3: Preferred Brand Drugs</p> <p>- \$39 copay for a one-month (30-day) supply of drugs in this tier</p> <p>- \$78 copay for a three-month (90-day) supply of drugs in this tier</p> <p>Tier 4: Non-Preferred Brand Drugs</p> <p>- \$69 copay for a one-month (30-day) supply of drugs in this tier</p> <p>\$138 copay for a three-month (90-day) supply of drugs in this tier</p> <p>Tier 5: Specialty Tier Drugs</p> <p>- 33% coinsurance for a one-month (30-day) supply of drugs in this tier</p> <p>- 33% coinsurance for a three-month (90-day) supply of drugs in this tier</p>	<p>- \$10 copay for a three-month (90-day) supply of drugs in this tier.</p> <p>Tier 2: Non-Preferred Generic Drugs</p> <p>- \$29 copay for a one-month (30-day) supply of drugs in this tier</p> <p>- \$58 copay for a three-month (90-day) supply of drugs in this tier</p> <p>Tier 3: Preferred Brand Drugs</p> <p>- \$39 copay for a one-month (30-day) supply of drugs in this tier</p> <p>- \$78 copay for a three-month (90-day) supply of drugs in this tier</p> <p>Tier 4: Non-Preferred Brand Drugs</p> <p>- \$69 copay for a one-month (30-day) supply of drugs in this tier</p> <p>\$138 copay for a three-month (90-day) supply of drugs in this tier</p> <p>Tier 5: Specialty Tier Drugs</p> <p>- 33% coinsurance for a one-month (30-day) supply of drugs in this tier</p> <p>- 33% coinsurance for a three-month (90-day) supply of drugs in this tier</p>	<p>- \$10 copay for a three-month (90-day) supply of drugs in this tier.</p> <p>Tier 2: Non-Preferred Generic Drugs</p> <p>- \$29 copay for a one-month (30-day) supply of drugs in this tier</p> <p>- \$58 copay for a three-month (90-day) supply of drugs in this tier</p> <p>Tier 3: Preferred Brand Drugs</p> <p>- \$39 copay for a one-month (30-day) supply of drugs in this tier</p> <p>- \$78 copay for a three-month (90-day) supply of drugs in this tier</p> <p>Tier 4: Non-Preferred Brand Drugs</p> <p>- \$69 copay for a one-month (30-day) supply of drugs in this tier</p> <p>\$138 copay for a three-month (90-day) supply of drugs in this tier</p> <p>Tier 5: Specialty Tier Drugs</p> <p>- 33% coinsurance for a one-month (30-day) supply of drugs in this tier</p> <p>- 33% coinsurance for a three-month (90-day) supply of drugs in this tier</p>

Benefit

25 Outpatient Prescription Drugs (continued)

Original Medicare

CareSource Silver Plus Rx (HMO)

Additional Coverage Gap

You pay the following:

Retail Pharmacy

Tier 1: Preferred Generic Drugs

- \$10 copay for a one-month (30-day) supply of all drugs covered in this tier
- \$20 copay for a three-month (90-day) supply of all drugs covered in this tier

Long Term Care Pharmacy

Tier 1: Preferred Generic Drugs

- \$10 copay for a one-month (31-day) supply of all drugs covered in this tier

Mail Order

Tier 1: Preferred Generic Drugs

- \$10 copay for a one-month (30-day) supply of all drugs covered in this tier
- \$20 copay for a three-month (90-day) supply of all drugs covered in this tier

After your total yearly drug costs reach \$2,900, you receive limited coverage by the plan on certain drugs. You will also receive a discount on brand name drugs and

CareSource Gold Plus Rx (HMO)

Additional Coverage Gap

You pay the following:

Retail Pharmacy

Tier 1: Preferred Generic Drugs

- \$10 copay for a one-month (30-day) supply of all drugs covered in this tier
- \$20 copay for a three-month (90-day) supply of all drugs covered in this tier

Long Term Care Pharmacy

Tier 1: Preferred Generic Drugs

- \$10 copay for a one-month (31-day) supply of all drugs covered in this tier

Mail Order

Tier 1: Preferred Generic Drugs

- \$10 copay for a one-month (30-day) supply of all drugs covered in this tier
- \$20 copay for a three-month (90-day) supply of all drugs covered in this tier

After your total yearly drug costs reach \$2,900, you receive limited coverage by the plan on certain drugs. You will also receive a discount on brand name drugs and

CareSource Platinum Plus Rx (HMO-POS)

Additional Coverage Gap

You pay the following:

Retail Pharmacy

Tier 1: Preferred Generic Drugs

- \$10 copay for a one-month (30-day) supply of all drugs covered in this tier
- \$20 copay for a three-month (90-day) supply of all drugs covered in this tier

Long Term Care Pharmacy

Tier 1: Preferred Generic Drugs

- \$10 copay for a one-month (31-day) supply of all drugs covered in this tier

Mail Order

Tier 1: Preferred Generic Drugs

- \$10 copay for a one-month (30-day) supply of all drugs covered in this tier
- \$20 copay for a three-month (90-day) supply of all drugs covered in this tier

After your total yearly drug costs reach \$2,900, you receive limited coverage by the plan on certain drugs. You will also receive a discount on brand name drugs and

Benefit	Original Medicare	CareSource Silver Plus Rx (HMO)	CareSource Gold Plus Rx (HMO)	CareSource Platinum Plus Rx (HMO-POS)
<p>25 Outpatient Prescription Drugs (continued)</p>		<p>generally pay no more than 86% of the plan's costs for generic drugs until your yearly out-of-pocket drug costs reach \$4,700.</p> <p>Catastrophic Coverage After your yearly out-of-pocket drug costs reach \$4,700, you pay the greater of:</p> <ul style="list-style-type: none"> -5% coinsurance, or - \$2.60 copay for generic (including brand drugs treated as generic) and a \$6.50 copay for all other drugs. <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. You may have to pay more than your normal cost-sharing amount if you get your drugs at an out-of-network pharmacy. In addition, you will likely have to pay the pharmacy's full charge for the drug and submit documentation to receive reimbursement from CareSource Silver Plus Rx (HMO).</p>	<p>generally pay no more than 86% of the plan's costs for generic drugs until your yearly out-of-pocket drug costs reach \$4,700.</p> <p>Catastrophic Coverage After your yearly out-of-pocket drug costs reach \$4,700, you pay the greater of:</p> <ul style="list-style-type: none"> -5% coinsurance, or - \$2.60 copay for generic (including brand drugs treated as generic) and a \$6.50 copay for all other drugs. <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. You may have to pay more than your normal cost-sharing amount if you get your drugs at an out-of-network pharmacy. In addition, you will likely have to pay the pharmacy's full charge for the drug and submit documentation to receive reimbursement from CareSource Gold Plus Rx (HMO).</p>	<p>generally pay no more than 86% of the plan's costs for generic drugs until your yearly out-of-pocket drug costs reach \$4,700.</p> <p>Catastrophic Coverage After your yearly out-of-pocket drug costs reach \$4,700, you pay the greater of:</p> <ul style="list-style-type: none"> -5% coinsurance, or - \$2.60 copay for generic (including brand drugs treated as generic) and a \$6.50 copay for all other drugs. <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. You may have to pay more than your normal cost-sharing amount if you get your drugs at an out-of-network pharmacy. In addition, you will likely have to pay the pharmacy's full charge for the drug and submit documentation to receive reimbursement from CareSource Platinum Plus Rx (HMO-POS).</p>

Benefit

Original Medicare

CareSource Silver Plus Rx (HMO)

CareSource Gold Plus Rx (HMO)

CareSource Platinum Plus Rx (HMO-POS)

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Outpatient Prescription Drugs (continued)

Out-of-Network Initial Coverage

You will be reimbursed up to the plan's cost of the drug minus the following for drugs purchased out-of-network until total yearly drug costs reach \$2,900:

Tier 1: Preferred Generic Drugs

- \$5 copay for a one-month (30-day) supply of drugs in this tier

Tier 2: Non-Preferred Generic Drugs

- \$29 copay for a one-month (30-day) supply of drugs in this tier

Tier 3: Preferred Brand Drugs

- \$39 copay for a one-month (30-day) supply of drugs in this tier

Tier 4: Non-Preferred Brand Drugs

- \$69 copay for a one-month (30-day) supply of drugs in this tier

Tier 5: Specialty Tier Drugs

- 33% coinsurance for a one-month (30-day) supply of drugs in this tier

Out-of-Network Initial Coverage

You will be reimbursed up to the plan's cost of the drug minus the following for drugs purchased out-of-network until total yearly drug costs reach \$2,900:

Tier 1: Preferred Generic Drugs

- \$5 copay for a one-month (30-day) supply of drugs in this tier

Tier 2: Non-Preferred Generic Drugs

- \$29 copay for a one-month (30-day) supply of drugs in this tier

Tier 3: Preferred Brand Drugs

- \$39 copay for a one-month (30-day) supply of drugs in this tier

Tier 4: Non-Preferred Brand Drugs

- \$69 copay for a one-month (30-day) supply of drugs in this tier

Tier 5: Specialty Tier Drugs

- 33% coinsurance for a one-month (30-day) supply of drugs in this tier

Out-of-Network Initial Coverage

You will be reimbursed up to the plan's cost of the drug minus the following for drugs purchased out-of-network until total yearly drug costs reach \$2,900:

Tier 1: Preferred Generic Drugs

- \$5 copay for a one-month (30-day) supply of drugs in this tier

Tier 2: Non-Preferred Generic Drugs

- \$29 copay for a one-month (30-day) supply of drugs in this tier

Tier 3: Preferred Brand Drugs

- \$39 copay for a one-month (30-day) supply of drugs in this tier

Tier 4: Non-Preferred Brand Drugs

- \$69 copay for a one-month (30-day) supply of drugs in this tier

Tier 5: Specialty Tier Drugs

- 33% coinsurance for a one-month (30-day) supply of drugs in this tier

Benefit

Original Medicare

CareSource Silver Plus Rx (HMO)

CareSource Gold Plus Rx (HMO)

CareSource Platinum Plus Rx (HMO-POS)

25 Outpatient Prescription Drugs (continued)

Additional Out-of-Network Coverage Gap

You will be reimbursed for these drugs purchased out-of-network up to the plan's cost of the drug minus the following:

Tier 1: Preferred Generic Drugs

- \$10 copay for a one-month (30-day) supply of all drugs covered in this tier

Tier 2: Non-Preferred Generic Drugs

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.

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 \$4,700.

Tier 3: Preferred Brand Drugs

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.

Additional Out-of-Network Coverage Gap

You will be reimbursed for these drugs purchased out-of-network up to the plan's cost of the drug minus the following:

Tier 1: Preferred Generic Drugs

- \$10 copay for a one-month (30-day) supply of all drugs covered in this tier

Tier 2: Non-Preferred Generic Drugs

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.

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 \$4,700.

Tier 3: Preferred Brand Drugs

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.

Additional Out-of-Network Coverage Gap

You will be reimbursed for these drugs purchased out-of-network up to the plan's cost of the drug minus the following:

Tier 1: Preferred Generic Drugs

- \$10 copay for a one-month (30-day) supply of all drugs covered in this tier

Tier 2: Non-Preferred Generic Drugs

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.

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 \$4,700.

Tier 3: Preferred Brand Drugs

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.

Benefit

25 Outpatient Prescription Drugs (continued)

Original Medicare

CareSource Silver Plus Rx (HMO)

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 \$4,700.

Tier 4: Non-Preferred Brand Drugs

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.

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 \$4,700.

Tier 5: Specialty Tier Drugs

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.

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 \$4,700.

CareSource Gold Plus Rx (HMO)

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 \$4,700.

Tier 4: Non-Preferred Brand Drugs

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.

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 \$4,700.

Tier 5: Specialty Tier Drugs

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.

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 \$4,700.

CareSource Platinum Plus Rx (HMO-POS)

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 \$4,700.

Tier 4: Non-Preferred Brand Drugs

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.

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 \$4,700.

Tier 5: Specialty Tier Drugs

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.

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 \$4,700.

Benefit	Original Medicare	CareSource Silver Plus Rx (HMO)	CareSource Gold Plus Rx (HMO)	CareSource Platinum Plus Rx (HMO-POS)
25 Outpatient Prescription Drugs (continued)		<p>Out-of-Network Catastrophic Coverage</p> <p>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"> - 5% coinsurance, or - \$2.60 copay for generic (including brand drugs treated as generic) and a \$6.50 copay for all other drugs. 	<p>Out-of-Network Catastrophic Coverage</p> <p>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"> - 5% coinsurance, or - \$2.60 copay for generic (including brand drugs treated as generic) and a \$6.50 copay for all other drugs. 	<p>Out-of-Network Catastrophic Coverage</p> <p>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"> - 5% coinsurance, or - \$2.60 copay for generic (including brand drugs treated as generic) and a \$6.50 copay for all other drugs.

Benefit	Original Medicare	CareSource Silver Plus Rx (HMO)	CareSource Gold Plus Rx (HMO)	CareSource Platinum Plus Rx (HMO-POS)
26 Dental Services	Preventive dental services (such as cleaning) not covered.	<u>General</u> Authorization rules may apply. <u>In-Network</u> In general, preventive dental benefits (such as cleaning) not covered. \$30 copay for Medicare-covered dental benefits.	<u>General</u> Authorization rules may apply. <u>In-Network</u> In general, preventive dental benefits (such as cleaning) not covered. \$20 copay for Medicare-covered dental benefits.	<u>General</u> Authorization rules may apply. <u>In-Network</u> In general, preventive dental benefits (such as cleaning) not covered. \$5 copay for Medicare-covered dental benefits.

Benefit	Original Medicare	CareSource Silver Plus Rx (HMO)	CareSource Gold Plus Rx (HMO)	CareSource Platinum Plus Rx (HMO-POS)
27 Hearing Services	Supplemental routine hearing exams and hearing aids not covered. 20% coinsurance for diagnostic hearing exams.	<u>General</u> Authorization rules may apply. <u>In-Network</u> In general, supplemental routine hearing exams and hearing aids not covered. \$30 copay for Medicare-covered diagnostic hearing exams.	<u>General</u> Authorization rules may apply. <u>In-Network</u> In general, supplemental routine hearing exams and hearing aids not covered. \$20 copay for Medicare-covered diagnostic hearing exams.	<u>General</u> Authorization rules may apply. <u>In-Network</u> In general, supplemental routine hearing exams and hearing aids not covered. \$5 copay for Medicare-covered diagnostic hearing exams.

Benefit

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Vision Services

Original Medicare	CareSource Silver Plus Rx (HMO)	CareSource Gold Plus Rx (HMO)	CareSource Platinum Plus Rx (HMO-POS)
<p>20% coinsurance for diagnosis and treatment of diseases and conditions of the eye.</p>	<p><u>General</u></p> <p>Authorization rules may apply.</p>	<p><u>General</u></p> <p>Authorization rules may apply.</p>	<p><u>General</u></p> <p>Authorization rules may apply.</p>
<p>Supplemental routine eye exams and glasses not covered.</p>	<p><u>In-Network</u></p> <p>\$0 copay for:</p> <ul style="list-style-type: none"> - one pair of eyeglasses or contact lenses after cataract surgery - glasses - contacts 	<p><u>In-Network</u></p> <p>\$0 copay for:</p> <ul style="list-style-type: none"> - one pair of eyeglasses or contact lenses after cataract surgery - glasses - contacts 	<p><u>In-Network</u></p> <p>\$0 copay for:</p> <ul style="list-style-type: none"> - one pair of eyeglasses or contact lenses after cataract surgery - glasses - contacts
<p>Medicare pays for one pair of eyeglasses or contact lenses after cataract surgery.</p>	<ul style="list-style-type: none"> - lenses - frames 	<ul style="list-style-type: none"> - lenses - frames 	<ul style="list-style-type: none"> - lenses - frames
<p>Annual glaucoma screenings covered for people at risk.</p>	<p>\$0 to \$30 copay for exams to diagnose and treat diseases and conditions of the eye.</p> <p>\$30 copay for up to 1 supplemental routine eye exam(s) every two years.</p>	<p>\$0 to \$20 copay for exams to diagnose and treat diseases and conditions of the eye.</p> <p>\$20 copay for up to 1 supplemental routine eye exam(s) every two years.</p>	<p>\$0 to \$5 copay for exams to diagnose and treat diseases and conditions of the eye.</p> <p>\$5 copay for up to 1 supplemental routine eye exam(s) every two years.</p>
	<p>\$100 plan coverage limit for eye wear every two years.</p> <p>Plan offers additional vision benefits. Contact plan for details.</p>	<p>\$100 plan coverage limit for eye wear every two years.</p> <p>Plan offers additional vision benefits. Contact plan for details.</p>	<p>\$200 plan coverage limit for eye wear every two years.</p> <p>Plan offers additional vision benefits. Contact plan for details.</p>

Benefit	Original Medicare	CareSource Silver Plus Rx (HMO)	CareSource Gold Plus Rx (HMO)	CareSource Platinum Plus Rx (HMO-POS)
Over-the-Counter Items	Not covered.	<u>General</u> Please visit our plan website to see our list of covered Over-the-Counter items. OTC items may be purchased only for the enrollee. Please contact the plan for specific instructions for using this benefit.	<u>General</u> Please visit our plan website to see our list of covered Over-the-Counter items. OTC items may be purchased only for the enrollee. Please contact the plan for specific instructions for using this benefit	<u>General</u> Please visit our plan website to see our list of covered Over-the-Counter items. OTC items may be purchased only for the enrollee. Please contact the plan for specific instructions for using this benefit.

Benefit	Original Medicare	CareSource Silver Plus Rx (HMO)	CareSource Gold Plus Rx (HMO)	CareSource Platinum Plus Rx (HMO-POS)
Transportation	Not covered.	<u>In-Network</u> This plan does not cover supplemental routine transportation.	<u>In-Network</u> This plan does not cover supplemental routine transportation.	<u>In-Network</u> This plan does not cover supplemental routine transportation.

Benefit	Original Medicare	CareSource Silver Plus Rx (HMO)	CareSource Gold Plus Rx (HMO)	CareSource Platinum Plus Rx (HMO-POS)
(Routine) Acupuncture	Not covered.	<u>In-Network</u> \$20 copay per visit.	<u>In-Network</u> \$20 copay per visit.	<u>In-Network</u> \$5 copay per visit.
Point of Service	You may go to any doctor, specialist or hospital that accepts Medicare.			<u>Out-of-Network</u> Point of Service coverage is available for the following benefits: -Primary Care Physician Services -Physician Specialist Services -Psychiatric Services -Outpatient Diagnostic Procedures /Tests/Lab Services \$1,000 out-of-pocket limit every year for POS benefits \$5,000 plan coverage limit every year for the following POS Benefits: -Primary Care Physician Services -Physician Specialist Services -Psychiatric Services -Outpatient Diagnostic Procedures/Tests/Lab Services 20% of the cost for -Primary Care Physician Services -Physician Specialist Services -Psychiatric Services -Outpatient Diagnostic Procedures/Tests/Lab Services

ADDITIONAL INFORMATION

Ambulance Service

Medically necessary ground and air ambulance is covered anywhere in the U.S. This includes transportation to a hospital or from one hospital to another hospital providing a higher level of care or to a skilled nursing facility. There is a \$150 copay for each use of an ambulance service. Non-emergency ambulance transportation requires prior authorization.

Annual Out-of-Pocket Limit

As a CareSource member, you enjoy the added protection of a \$3,400 (Silver Plus Rx), \$2,000 (Gold Plus Rx) or \$1,000¹ (Platinum Plus Rx) out-of-pocket limit on what you pay for copays and coinsurance. Once your copays and coinsurance reach this limit, you will not pay any more copays or coinsurance for covered services for the remainder of the calendar year.

Case Management

Case management services are available to provide a medical resource base for the management of your health care services. Our case management professionals coordinate medical resources and create flexible, cost-effective options for individualized care with catastrophic and chronic illnesses and/or injuries. Referrals for case management services are received from providers, facilities, members, and family.

Chiropractic Services

You may see a chiropractor without a referral within our network for Medicare-covered services such as spinal manipulation related to a demonstrated subluxation of the spine. For routine chiropractic services offered by CareSource, please refer to benefits for complementary medicine, described below. In either instance, you will have a \$20 copay for Silver Plus Rx and Gold Plus Rx and \$5 for Platinum Plus Rx.

Complementary Medicine

CareSource provides additional benefits that enhance your basic medical coverage by providing complementary medicine options not available through the Original Medicare Plan. We offer acupuncture and an expanded routine chiropractic benefit. There is a total \$1,000 maximum for these services per year. Copays are required for network providers. There is no coverage for out-of-network providers. Copays are \$20/\$5² per visit.

Counseling Support Services

CareSource offers members Counseling Support from professionals including licensed professional counselors and licensed marital-family therapists. This benefit provides support for relationship issues, communication issues, conflict resolution, health and age related transitions, disability issues, goals of care, and grief counseling. No referral is necessary if you use a network provider. Copays are \$20/\$5² per visit.

Diagnostic Tests, X-Rays, & Lab Services

Your provider may order specific exams to help diagnose your condition. You are covered in full for Medicare-approved X-rays and lab services. You will have a \$60 copay for the following Medicare approved diagnostic procedures; diagnostic radiology services and testing, cat scans, MRIs, MRAs, PET scans, genetic testing, capsule endoscopy, virtual colonoscopy, discograms, and sleep studies.

¹ This out-of-pocket limit does not cover the point-of-service benefit.

² \$20 for Silver Plus Rx and Gold Plus Rx and \$5 for Platinum Plus Rx.

Doctor Office Visits

CareSource wants you to see your Primary Care Provider (PCP) at least once each year. We provide a free routine physical exam annually, and encourage members to see their PCP within 90 days of enrollment. For a PCP visit other than your routine physical exam, your copay is just \$20/\$5.³ There are no Medicare deductibles or coinsurances. Choose your PCP from our network of family practice physicians, internists, and certified nurse practitioners. Your PCP is most likely in our network. If you need help choosing one, our Member Services team is happy to assist you.

Durable Medical Equipment and Prostheses

CareSource pays for all covered durable medical equipment and prosthetic items for Gold Plus Rx and Platinum Plus Rx plans. There is a 20% coinsurance for the Silver Plus Rx plan. Some items can be very costly and there may be a significant range in price for the same item produced by different vendors. For items costing over \$350, pre-authorization by CareSource is required. You must use our network vendors.

Education and Wellness

CareSource is very proactive in promoting wellness through education, care management of people with complex conditions, and disease management for people with chronic conditions. Our educational programs include:

- Seasonal newsletters about your health
- Nutritional education and support (including obesity intervention)
- Smoking cessation classes and counseling
- Congestive heart disease program
- Healthy aging classes, walking groups

³ For PCP, copay is \$20 for Silver Plus Rx and Gold Plus Rx, and \$5 for Platinum Plus Rx. For specialist, copay is \$30 for Silver Plus Rx, \$20 for Gold Plus Rx and \$5 for Platinum Plus Rx.

- Living Well with Chronic Conditions Workshops

- Disease management for people with asthma, depression, COPD, diabetes, heart disease and hypertension

Our prevention, education and wellness programs vary year to year as we expand the types of programs offered to better meet the changing needs of our members.

Emergency Care

A “medical emergency” is when you reasonably believe that your health is in serious danger—when every second counts. A medical emergency includes severe pain, a bad injury, a serious illness, or a medical condition that is quickly getting much worse. In case of an emergency, you have worldwide coverage. You will have a \$65 copay for each emergency room visit. If you are admitted to the hospital within 48 hours for the same condition, you pay \$0 for the emergency room visit.

Extra Help from Medicare (Low-Income Assistance)

People with limited incomes may qualify for Extra Help to pay for their prescription drug costs. If you qualify, Medicare could pay for up to 75% or more of your drug costs including monthly prescription drug premiums, annual deductibles, and co-insurance. Additionally, those who qualify will not be subject to the coverage gap or a late enrollment penalty. Many people are eligible for these savings and don't even know it. If your annual income is below 150% of the Federal poverty level (less than \$16,335⁴ for singles, or \$22,065⁴ for couples) you may qualify.

For more information about this Extra Help, contact your local Social Security office or call: 1-800-MEDICARE (1-800-633-4227), 24 hours per day, 7 days per week. TTY users should call 1-877-486-2048.

⁴ These amounts may change in 2012.

Health Club Membership

CareSource has negotiated an agreement with several health clubs in our service area. We will pay the enrollment fee and the monthly dues are reduced by 50%. Please consult our Provider Directory to find a health club of your choice.

Home Health Care

Your PCP may recommend home health visits following an illness or an injury. Pre-authorized home health visits are covered in full. There are no copays.

Hospice Care

There are no copays for Hospice Care if care is provided by a Medicare-approved hospice provider within our network. Please let us know if you plan to transition to hospice care so we can better monitor your care and assure that you and your family or caregivers have access to all you need.

Immunizations

CareSource covers vaccines for Influenza, Pneumonia, Hepatitis B, and other vaccines if you are at risk. Tetanus immunizations are covered when medically necessary.

Inpatient Hospital Care

CareSource contracts with all area hospitals for inpatient services. Should you require a stay in the hospital, you will be referred to one of our contracted hospitals for care. If you need more specialized treatment, your physician may refer you to Providence Health System Facilities in Portland. In any inpatient setting, you will pay \$300/day for days 1–7 (Silver Plus Rx), or \$200/day for days 1–10 (Gold Plus Rx), \$150/day for days 1–3 (Platinum Plus Rx). Beyond that, CareSource covers the cost of your care. There is no limit on the number of medically necessary inpatient stays you may need each year.

Inpatient Mental Health Care

CareSource covers the cost of Medicare-covered inpatient mental health care. For a stay in an Inpatient Mental Health Facility, your copay is \$200/day for days 1-7 (Silver Plus Rx), or \$175/day for days 1-10 (Gold Plus Rx), \$150/day for days 1-3 (Platinum Plus Rx). Beyond that, CareSource covers the cost of your care. Please note, if you require a stay at an Inpatient Mental Health Facility there is a 190-day lifetime limit on the number of inpatient psychiatric days of coverage. Once you exceed this lifetime limit, you will be responsible for covering the cost of your care.

Medical Management

You choose a Primary Care Provider (PCP) to coordinate the medical services you receive through CareSource. Your PCP will provide or direct all your medical care and get to know you and your medical history. Your PCP will keep your medical records up-to-date, confidential, and in one place, and send you to a specialist when needed. He/She will monitor drug interactions. You can access network women's health specialists, preventive services, vision services, mental health providers and routine alternative care/complementary medicine providers without a PCP referral. Most other services require a referral. Your PCP can make a referral over the phone, without an office visit.

Out-of-Network Coverage

In addition to emergent and urgent care, there may be circumstances when your primary care provider or your specialty care physician will refer you to non-network providers. A referral is needed and copays, if any, apply. Prior Authorization is not required under Point-of-Service option (Platinum HMO-POS plan only).

Outpatient Mental Health Care and Substance Abuse

Mental Health services include outpatient counseling for alcohol and drug abuse. These services are covered by CareSource when care is obtained by network providers, including psychiatrists, psychologists, and social workers. For Outpatient Mental Health, there is a \$30/\$20/\$5⁵ copay for each individual or group therapy session. For Substance Abuse, the copay is \$20 for Silver Plus Rx, \$20 for Gold Plus Rx and \$5 for Platinum Plus Rx.

Outpatient Surgery

If needed, your doctor may arrange for your outpatient surgery in an ambulatory surgery center or in an outpatient hospital facility. In each case, there is a \$200/\$150/\$50⁶ copay for medically necessary Medicare-covered outpatient surgery services.

Over the Counter Drugs (OTC)

CareSource covers the following OTCs at no cost to you: Loratadine & D, Cetirizine & D, Ketotifen OTC, Aspirin up to 5 grains, enteric coated Aspirin, and the generic versions of Tylenol, Tylenol Arthritis, Advil, Aleve and OTC nicotine cessation products. These medications or supplements need a doctor's prescription.

⁵ Individual and group therapy visit copays are \$20 for Silver Plus Rx and Gold Plus Rx, and \$5 for Platinum Plus Rx. Copays for individual and group therapy visits with a psychiatrist are \$30 for Silver Plus Rx, \$20 for Gold Plus Rx, and \$5 for Platinum Plus Rx.

⁶ \$200 for Silver Plus Rx, \$50 for Gold Plus Rx and Platinum Plus Rx in a covered ambulatory surgical center. \$200 for Silver Plus Rx, \$150 for Gold Plus Rx and Platinum Plus Rx in a covered outpatient hospital facility.

Part D Prescription Drug Coverage

Generally, you have coverage for generic prescriptions that are prescribed by a network provider (or non-network provider in an emergency). You also have coverage for some preferred brand name medications. For a complete list of covered prescribed medications, please see your CareSource Formulary. You can also see the Formulary on the web at www.caresourcehealthplans.com/formularies.php. You can get a 90-day supply for two copays at participating pharmacies.⁷ Otherwise, you will pay 3 copays for a 90-day supply. Customer Service is available for after hours, weekends, and holidays. Please see your Evidence of Coverage for a list of the limitations and exclusions.

Point-of-Service (POS) – Platinum Plan Only

You can see any Primary Care Provider who is not your chosen PCP and/or Specialist for doctor office visits, psychiatric services, diagnostic tests, x-rays, lab services, and radiology services without a referral or prior authorization. You are responsible for 20% coinsurance. The annual benefit limit is \$5,000.

Preventive Services

CareSource values your health and wants to help you prevent illness through routine screening. We offer a wide range of preventive services including:

- Abdominal aortic aneurysm screening
- Annual routine physical exam
- Diabetic screening • Mammograms
- Pap smears and pelvic exams
- Prostate cancer screening
- Cardiovascular disease testing
- HIV screenings

⁷ A participating pharmacy is one that will fill a 90-day supply.

- Welcome to Medicare initial preventive physical exam and Annual Wellness visits
- Bone mass measurement for people at risk for complications from osteoporosis
- Colorectal screening for people with Medicare, age 50 and over
- Immunizations, including Medicare-covered vaccines as well as additional vaccines for the prevention of other diseases

There is no copay for preventive services. You do not need a referral from your PCP.

Self-Referral Services

CareSource members must obtain a referral and an authorization from their PCP before seeing most specialists. However, there is substantial flexibility in the Plan that allows members to self-refer to a wide variety of services, including:

- Acupuncture
- Ambulance service (in emergencies)
- Abdominal aortic aneurysm screening
- Annual routine physical exam
- Bone mass measurement
- Cardiovascular disease testing
- Chiropractic • Colorectal screening
- Counseling support • Diabetic screening
- Diabetes self-monitoring training
- Education and wellness programs
- Emergency care • Immunizations
- Mammograms
- Outpatient mental health services
- Outpatient substance abuse counseling
- Pap smears and pelvic exams
- Prostate cancer screening exams
- Vision services (routine) • Urgent care
- Smoking cessation programs
- Initial physical for all new Medicare beneficiaries

Some restrictions apply, including required use of network providers. Copays and the annual limit for Complementary Medicine (acupuncture and routine chiropractic) may apply.

Service Area

CareSource is available to Medicare beneficiaries who reside in Jackson and Josephine counties, and in zip codes 97410 (Azalea) and 97442 (Glendale) in Douglas County.

Skilled Nursing Facility

Skilled nursing facility care is covered for up to 100 days per benefit period. For Silver Plus Rx members there is a \$100/day copay for days 14-40. For Gold Plus Rx members there is a \$100/day copay for days 14-27. For Platinum Plus Rx members there is a \$100/day copay for days 14-20. You may be referred to a skilled nursing facility without having been admitted to the hospital. CareSource must authorize admissions to a skilled nursing facility prior to admission. Intermediate care and custodial care are not Medicare-covered benefits.

TOPS (Take Off Pounds Sensibly)

TOPS, a non-profit organization, offers a healthy, caring and supportive approach to weight control. CareSource will pay half of your membership dues.

Urgently Needed Care

“Urgently needed care” is given when medical attention is required right away for an unforeseen illness or injury. If you’re in our service area, call your PCP for the direction of your care. If you’re outside our service area, we cover urgently needed care from non-plan providers. You are covered worldwide for urgently needed care.

Vision Services

CareSource provides one routine eye exam every two years and your office copay is \$30/\$20/\$5.⁸ You must use network providers. Coverage also includes an allowance of up to \$100/\$200⁹ for glasses or contacts every two years.

⁸ \$30 for Silver Plus Rx, \$20 for Gold Plus Rx, and \$5 for Platinum Plus Rx (copay for eye exam).

⁹ \$100 for Silver Plus Rx and Gold Plus Rx, or \$200 for Platinum Plus Rx.

For More Information

If you have additional questions about CareSource, please:

1. **Call Member Services** locally at 541-471-4106 or 541-734-5520, or call toll-free, 1-888-460-0185. Hearing impaired: TTY/TDD 1-800-735-2900. 8 am – 8 pm, 7 days a week.
2. **Stop by your local office:** 740 SE 7th St. (corner of 7th and “L”) in Grants Pass, or 1390 Biddle Rd., Suite #105 (behind Barnes & Noble) in Medford.
3. **Write to us:** CareSource/Mid Rogue Health Plan, 740 SE 7th St., Grants Pass, Oregon 97526.
4. **Visit us online at www.caresourcehealthplans.com**

OUTPATIENT PRESCRIPTION DRUGS

Our prescription drug benefit is an “Enhanced Alternative Benefit” under Medicare’s Part D. Refer to Section 2, benefit #25. If you receive extra help from Medicare (Low-Income Assistance), you will pay less for your prescriptions and for this plan. If you qualify for assistance, the following chart will not apply to you. See page 51 for more information, or call CareSource Marketing at 541-471-4106.

Coverage Level	Drug Costs	What You Pay	
Initial Coverage	\$0–\$2,900 Total Drug Costs ¹⁰	<u>30-Day Supply</u> Pharmacy or Mail Order	<u>90-Day Supply</u> Pharmacy or Mail Order
		– \$5 Generic	– \$10 Generic
		– \$29 Non-Preferred Generic	– \$58 Non-Preferred Generic
		– \$39 Brand-name	– \$78 Brand-name
		– \$69 Non-preferred Brand-name	– \$138 Non-preferred Brand-name
		– 33% Specialty and Injectable	– 33% Specialty and Injectable
Coverage Gap	Over \$2,900 Total Drug Costs and up to \$4,700 True Out-Of-Pocket Costs (TrOOP) ¹¹	You receive a discount on brand name drugs and pay 86% of the plan’s costs for all generic drugs while in the coverage gap.	
Catastrophic Coverage	Over \$4,700 in True Out-Of-Pocket Costs (TrOOP) ¹¹	Greater of: \$2.60 Generic; or \$6.50 all other covered drugs – OR - 5% coinsurance of drug costs	

¹⁰ Total Drug Costs: This includes both what you pay and what the plan pays for your prescriptions.

¹¹ True Out-Of-Pocket (TrOOP) Costs: This is everything you’ve paid for your prescriptions and copayments in the Initial Coverage Period, and total drug costs in the Coverage Gap.

CareSource

MID ROGUE HEALTH PLAN



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