

# CareSource

MID ROGUE HEALTH PLAN

# 2012

## Summary of Benefits

**SILVER** (HMO)

**GOLD** (HMO)

**PLATINUM**  
(HMO-POS)



H3810-001

H3810-006

H3810-004

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## CONTENTS

<b>SECTION one</b>	INTRODUCTION .....	5–8
<b>SECTION two</b>	BENEFITS .....	9–39
<b>SECTION three</b>	ADDITIONAL INFORMATION .....	40–45



# INTRODUCTION

Thank you for your interest in CareSource Silver (HMO), CareSource Gold (HMO), and CareSource Platinum (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 (HMO), CareSource Gold (HMO), or CareSource Platinum (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 (HMO), CareSource Gold (HMO), or CareSource Platinum (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 (HMO), CareSource Gold (HMO), and CareSource Platinum (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 (HMO), CareSource Gold (HMO), and CareSource Platinum (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 (HMO), CareSource Gold (HMO), and CareSource Platinum (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 (HMO), CareSource Gold (HMO), and CareSource Platinum (HMO-POS)?

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

## Can I choose my doctors?

**CareSource Silver (HMO) and CareSource Gold (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 (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 (HMO) and CareSource Gold (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 (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.

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

CareSource Silver (HMO), CareSource Gold (HMO), and CareSource Platinum (HMO-POS) do cover Medicare Part B prescription drugs. CareSource Silver (HMO), CareSource Gold (HMO), and CareSource Platinum (HMO-POS) do NOT cover Medicare Part D prescription drugs.

## 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 (HMO), CareSource Gold (HMO), or CareSource Platinum (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.

## 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 (HMO), CareSource Gold (HMO), or CareSource Platinum (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](http://www.medicare.gov) and select “Health and Drug Plans” then “Compare Drug and Health Plans” to compare the plan ratings for Medicare plans in your area. You can also call us directly to obtain a copy of the plan ratings for this plan. Our customer service number is listed below.

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

Visit us at [www.caresourcehealthplans.com](http://www.caresourcehealthplans.com) or, call us:

Customer Service Hours:

- Monday, Tuesday, Wednesday, Thursday, Friday, 8:00 am – 5:00 pm, Pacific
- Current and Prospective members should call toll-free 1-888-460-0185 for questions related to the Medicare Advantage Program. (TTY/TDD 1-800-735-2900).
- Current and Prospective members should call locally (541) 471-4106 for questions related to the Medicare Advantage Program. (TTY/TDD 1-800-735-2900).

For more information about Medicare, please call Medicare at 1-800-MEDICARE (1-800-633-4227). TTY users should call 1-877-486-2048. You can call 24 hours a day, 7 days a week. Or, visit [www.medicare.gov](http://www.medicare.gov) on the web.

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

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

If you have any questions about this plan's benefits or costs, please contact CareSource for details.

# SUMMARY OF BENEFITS IMPORTANT INFORMATION

		Original Medicare	CareSource Silver (HMO)	CareSource Gold (HMO)	CareSource Platinum (HMO-POS)
1	<b>Premium and Other Important Information</b>	<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.</p>	<p><u>General</u></p> <p>\$0 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 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 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>\$74 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 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 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>\$132.90 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 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 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 (HMO)	CareSource Gold (HMO)	CareSource Platinum (HMO-POS)
<p><b>1</b></p> <p><b>Premium and Other Important Information</b></p> <p><b>(continued)</b></p>	<p>However, some people will pay a higher premium because of their yearly income (over \$85,000 for singles, \$170,000 for married couples).</p> <p>For more information about Part B premiums based on income, call Medicare at 1-800-MEDICARE (1-800-633-4227). TTY users should call 1-877-486-2048. You may also call Social Security at 1-800-772-1213. TTY users should call 1-800-325-0778.</p>	<p><u>In-Network</u></p> <p>\$3,400 out-of-pocket limit. All plan services included.</p>	<p><u>In-Network</u></p> <p>\$2,000 out-of-pocket limit. All plan services included.</p>	<p><u>In-Network</u></p> <p>\$1,000 out-of-pocket limit. All plan services included.</p> <p><u>Out-of-Network</u></p> <p>\$1,000 out-of-pocket limit for select Medicare-covered services. Contact plan for details regarding Medicare-covered services under this limit.</p> <p><u>In and Out-of-Network</u></p> <p>\$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.</p>

Benefit	Original Medicare	CareSource Silver (HMO)	CareSource Gold (HMO)	CareSource Platinum (HMO-POS)
<p data-bbox="128 337 170 391">2</p> <p data-bbox="226 342 394 472"><b>Doctor &amp; Hospital Choice</b></p> <p data-bbox="226 500 451 727">(For more information, see Emergency Care – #15, and Urgently Needed Care – #16.)</p>	<p data-bbox="495 315 730 461">You may go to any doctor, specialist, or hospital that accepts Medicare.</p>	<p data-bbox="764 315 894 342"><u>In-Network</u></p> <p data-bbox="764 367 1050 477">You must go to network doctors, specialists, and hospitals.</p> <p data-bbox="764 500 1134 570">Referral required for network specialists (for certain benefits).</p>	<p data-bbox="1184 315 1314 342"><u>In-Network</u></p> <p data-bbox="1184 367 1470 477">You must go to network doctors, specialists, and hospitals.</p> <p data-bbox="1184 500 1554 570">Referral required for network specialists (for certain benefits).</p>	<p data-bbox="1604 315 1734 342"><u>In-Network</u></p> <p data-bbox="1604 367 1974 440">Referral required for network specialists (for certain benefits).</p>

# SUMMARY OF BENEFITS

## INPATIENT CARE

Benefit	Original Medicare	CareSource Silver (HMO)	CareSource Gold (HMO)	CareSource Platinum (HMO-POS)
<p><b>3</b> <b>Inpatient Hospital Care</b> (Includes Substance Abuse and Rehabilitation Services)</p>	<p>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. Call 1-800-MEDICARE (1-800-633-4227) for information about lifetime reserve days. Lifetime reserve days can only be used once. A "benefit period" starts the day you go into a hospital or skilled nursing facility. It ends when you go for 60 days in a row without hospital or skilled nursing care. If you go into the hospital after one benefit</p>	<p><u>In-Network</u> No limit to the number of days covered by the plan each hospital stay.  For Medicare-covered hospital stays: Days 1 - 7: \$300 copay per day Days 8 - 90: \$0 copay per day \$0 copay for additional hospital days  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> No limit to the number of days covered by the plan each hospital stay.  For Medicare-covered hospital stays: Days 1 - 10: \$200 copay per day Days 11-90: \$0 copay per day \$0 copay for additional hospital days  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> No limit to the number of days covered by the plan each hospital stay.  For Medicare-covered hospital stays: Days 1 - 3: \$150 copay per day Days 4 - 90: \$0 copay per day \$0 copay for additional hospital days  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 (HMO)	CareSource Gold (HMO)	CareSource Platinum (HMO-POS)
<b>3</b> <b>Inpatient Hospital Care</b> <b>(continued)</b>	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.			

Benefit	Original Medicare	CareSource Silver (HMO)	CareSource Gold (HMO)	CareSource Platinum (HMO-POS)
<b>4</b> <b>Inpatient Mental Health Care</b>	<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><u>In-Network</u></p> <p>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.</p> <p>For Medicare-covered hospital stays:</p> <p>Days 1 - 7: \$200 copay per day</p> <p>Days 8 - 90: \$0 copay per day</p>	<p><u>In-Network</u></p> <p>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.</p> <p>For Medicare-covered hospital stays:</p> <p>Days 1 - 10: \$175 copay per day</p> <p>Days 11 - 90: \$0 copay per day</p>	<p><u>In-Network</u></p> <p>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.</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>

Benefit	Original Medicare	CareSource Silver (HMO)	CareSource Gold (HMO)	CareSource Platinum (HMO-POS)
<p data-bbox="128 277 170 326">4</p> <p data-bbox="226 277 436 415"><b>Inpatient Mental Health Care</b></p> <p data-bbox="226 448 426 496">(continued)</p>	<p data-bbox="478 253 716 399">You get up to 190 days of inpatient psychiatric hospital care in a lifetime.</p> <p data-bbox="478 407 716 902">Inpatient psychiatric hospital services count toward the 190-day lifetime limitation only if certain conditions are met. This limitation does not apply to inpatient psychiatric services furnished in a general hospital.</p>	<p data-bbox="747 253 1157 399">Except in an emergency, your doctor must tell the plan that you are going to be admitted to the hospital.</p>	<p data-bbox="1184 253 1587 399">Except in an emergency, your doctor must tell the plan that you are going to be admitted to the hospital.</p>	<p data-bbox="1612 253 1976 399">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 (HMO)	CareSource Gold (HMO)	CareSource Platinum (HMO-POS)
<p><b>5</b></p> <p><b>Skilled Nursing Facility (SNF)</b></p> <p>(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:</p> <p>Days 1 - 20: \$0 per day</p> <p>Days 21 - 100: \$141.50 per day</p> <p>These amounts may change for 2012.</p> <p>100 days for each benefit period.</p>	<p><u>General</u></p> <p>Authorization rules may apply.</p> <p><u>In Network</u></p> <p>Plan covers up to 100 days each benefit period.</p> <p>No prior hospital stay is required.</p> <p>For Medicare-covered SNF stays:</p> <p>Days 1 - 13: \$0 copay per day</p> <p>Days 14 - 40: \$100 copay per day</p> <p>Days 41 - 100: \$0 copay per day</p>	<p><u>General</u></p> <p>Authorization rules may apply.</p> <p><u>In Network</u></p> <p>Plan covers up to 100 days each benefit period.</p> <p>No prior hospital stay is required.</p> <p>For Medicare-covered SNF stays:</p> <p>Days 1 - 13: \$0 copay per day</p> <p>Days 14 - 27: \$100 copay per day</p> <p>Days 28 - 100: \$0 copay per day</p>	<p><u>General</u></p> <p>Authorization rules may apply.</p> <p><u>In Network</u></p> <p>Plan covers up to 100 days each benefit period.</p> <p>No prior hospital stay is required.</p> <p>For Medicare-covered SNF stays:</p> <p>Days 1 - 13: \$0 copay per day</p> <p>Days 14 - 20: \$100 copay per day</p> <p>Days 21 - 100: \$0 copay per day</p>

Benefit	Original Medicare	CareSource Silver (HMO)	CareSource Gold (HMO)	CareSource Platinum (HMO-POS)
<p data-bbox="128 285 170 342">5</p> <p data-bbox="226 285 457 423"><b>Skilled Nursing Facility (SNF)</b></p> <p data-bbox="226 461 426 505"><b>(continued)</b></p> <p data-bbox="226 529 411 634">(In a Medicare-certified skilled nursing facility)</p>	<p data-bbox="491 261 726 792">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.</p> <p data-bbox="491 816 726 1154">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	Original Medicare	CareSource Silver (HMO)	CareSource Gold (HMO)	CareSource Platinum (HMO-POS)
<b>6</b> <b>Home Health Care</b> (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>In-Network</u> \$0 copay for Medicare-covered home health visits.	<u>General</u> Authorization rules may apply.  <u>In-Network</u> \$0 copay for Medicare-covered home health visits.	<u>General</u> Authorization rules may apply.  <u>In-Network</u> \$0 copay for Medicare-covered home health visits.

Benefit	Original Medicare	CareSource Silver (HMO)	CareSource Gold (HMO)	CareSource Platinum (HMO-POS)
<b>7</b> <b>Hospice</b>	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.

Benefit	Original Medicare	CareSource Silver (HMO)	CareSource Gold (HMO)	CareSource Platinum (HMO-POS)
<p><b>8</b></p> <p><b>Doctor Office Visits</b></p>	<p>20% coinsurance</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><u>In-Network</u></p> <p>\$20 copay for each primary care doctor visit for Medicare-covered benefits.</p>	<p><u>In-Network</u></p> <p>\$20 copay for each primary care doctor visit for Medicare-covered benefits.</p>	<p><u>In-Network</u></p> <p>\$5 copay for each primary care doctor visit for Medicare-covered benefits.</p>
		<p>\$25 copay for each in-area, network urgent care Medicare-covered visit.</p>	<p>\$25 copay for each in-area, network urgent care Medicare-covered visit.</p>	<p>\$25 copay for each in-area, network urgent care Medicare-covered visit.</p>
		<p>\$30 copay for each specialist visit for Medicare-covered benefits.</p>	<p>\$20 copay for each specialist visit for Medicare-covered benefits</p>	<p>\$5 copay for each specialist visit for Medicare-covered benefits.</p>

Benefit	Original Medicare	CareSource Silver (HMO)	CareSource Gold (HMO)	CareSource Platinum (HMO-POS)
<b>9</b> <b>Chiropractic Services</b>	<p>Supplemental routine care not covered.</p> <p>20% coinsurance for manual manipulation of the spine to correct subluxation (a displacement or misalignment of a joint or body part) if you get it from a chiropractor or other qualified providers.</p>	<p><u>In-Network</u></p> <p>\$20 copay for each Medicare-covered visit.</p> <p>\$20 copay for each supplemental routine visit.</p> <p>Medicare-covered chiropractic visits are for manual manipulation of the spine to correct subluxation (a displacement or misalignment of a joint or body part) if you get it from a chiropractor or other qualified providers.</p>	<p><u>In-Network</u></p> <p>\$20 copay for each Medicare-covered visit.</p> <p>\$20 copay for each supplemental routine visit.</p> <p>Medicare-covered chiropractic visits are for manual manipulation of the spine to correct subluxation (a displacement or misalignment of a joint or body part) if you get it from a chiropractor or other qualified providers.</p>	<p><u>In-Network</u></p> <p>\$5 copay for each Medicare-covered visit.</p> <p>\$5 copay for each supplemental routine visit.</p> <p>Medicare-covered chiropractic visits are for manual manipulation of the spine to correct subluxation (a displacement or misalignment of a joint or body part) if you get it from a chiropractor or other qualified providers.</p>
<b>10</b> <b>Podiatry Services</b>	<p>Supplemental routine care not covered.</p> <p>20% coinsurance for medically necessary foot care, including care for medical conditions affecting the lower limbs.</p>	<p><u>General</u></p> <p>Authorization rules may apply.</p> <p><u>In-Network</u></p> <p>\$30 copay for each Medicare-covered visit.</p> <p>Medicare-covered podiatry benefits are for medically-necessary foot care.</p>	<p><u>General</u></p> <p>Authorization rules may apply.</p> <p><u>In-Network</u></p> <p>\$20 copay for each Medicare-covered visit.</p> <p>Medicare-covered podiatry benefits are for medically-necessary foot care.</p>	<p><u>General</u></p> <p>Authorization rules may apply.</p> <p><u>In-Network</u></p> <p>\$5 copay for each Medicare-covered visit.</p> <p>Medicare-covered podiatry benefits are for medically-necessary foot care.</p>

Benefit	Original Medicare	CareSource Silver (HMO)	CareSource Gold (HMO)	CareSource Platinum (HMO-POS)	
<b>11</b>	<b>Outpatient Mental Health Care</b>	<p>40% coinsurance for most outpatient mental health services.</p> <p>Specified copayment for outpatient partial hospitalization program services furnished by a hospital or community mental health center (CMHC). Copay cannot exceed the Part A inpatient hospital deductible.</p> <p>"Partial hospitalization program" is a structured program of active outpatient psychiatric treatment that is more intense than the care received in your doctor's or therapist's office and is an alternative to inpatient hospitalization.</p>	<p><u>General</u></p> <p>Authorization rules may apply.</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>\$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>\$20 for Medicare-covered partial hospitalization program services.</p>	<p><u>General</u></p> <p>Authorization rules may apply.</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>\$20 for Medicare-covered partial hospitalization program services.</p>	<p><u>General</u></p> <p>Authorization rules may apply.</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> <p>\$5 for Medicare-covered partial hospitalization program services.</p>

Benefit	Original Medicare	CareSource Silver (HMO)	CareSource Gold (HMO)	CareSource Platinum (HMO-POS)
<b>12</b> 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 (HMO)	CareSource Gold (HMO)	CareSource Platinum (HMO-POS)
<b>13</b> 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.  20% coinsurance for ambulatory surgical center facility services.	<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.

Benefit	Original Medicare	CareSource Silver (HMO)	CareSource Gold (HMO)	CareSource Platinum (HMO-POS)
<b>14</b> <b>Ambulance Services</b> (Medically necessary ambulance services)	20% coinsurance	<u>General</u> Authorization rules may apply.  <u>In-Network</u> \$150 copay for Medicare-covered ambulance benefits.	<u>General</u> Authorization rules may apply.  <u>In-Network</u> \$150 copay for Medicare-covered ambulance benefits.	<u>General</u> Authorization rules may apply.  <u>In-Network</u> \$150 copay for Medicare-covered ambulance benefits.

Benefit	Original Medicare	CareSource Silver (HMO)	CareSource Gold (HMO)	CareSource Platinum (HMO-POS)
<p><b>15</b> <b>Emergency Care</b></p> <p>(You may go to any emergency room if you reasonably believe you need emergency care.)</p>	<p>20% coinsurance for the doctor's services.</p> <p>Specified copayment for outpatient hospital facility emergency services</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 (HMO)	CareSource Gold (HMO)	CareSource Platinum (HMO-POS)
<b>16</b> <b>Urgently Needed Care</b> (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 (HMO)	CareSource Gold (HMO)	CareSource Platinum (HMO-POS)
<b>17</b> <b>Outpatient Rehabilitation Services</b> (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 (HMO)	CareSource Gold (HMO)	CareSource Platinum (HMO-POS)
<b>18 Durable Medical Equipment</b> (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 (HMO)	CareSource Gold (HMO)	CareSource Platinum (HMO-POS)
<b>19 Prosthetic Devices</b> (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 (HMO)	CareSource Gold (HMO)	CareSource Platinum (HMO-POS)
<b>20</b> Diabetes Programs and Supplies	20% coinsurance for diabetes self-management training. 20% coinsurance for diabetes supplies. 20% coinsurance for diabetic therapeutic shoes or inserts.	<u>General</u> Authorization rules may apply.  <u>In-Network</u> \$0 copay for Diabetes self-management training.  \$0 copay for: -Diabetes monitoring supplies -Therapeutic shoes or inserts.	<u>General</u> Authorization rules may apply.  <u>In-Network</u> \$0 copay for Diabetes self-management training.  \$0 copay for: -Diabetes monitoring supplies -Therapeutic shoes or inserts.	<u>General</u> Authorization rules may apply.  <u>In-Network</u> \$0 copay for Diabetes self-management training.  \$0 copay for: -Diabetes monitoring supplies -Therapeutic shoes or inserts.

Benefit	Original Medicare	CareSource Silver (HMO)	CareSource Gold (HMO)	CareSource Platinum (HMO-POS)
<b>21</b> <b>Diagnostic Tests, X-Rays, Lab Services, and Radiology Services</b>	<p>20% coinsurance for diagnostic tests and x-rays.</p> <p>\$0 copay for Medicare-covered lab services.</p> <p>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 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. Medicare does not cover most supplemental routine screening tests, like checking your cholesterol.</p>	<p><u>General</u></p> <p>Authorization rules may apply.</p> <p><u>In-Network</u></p> <p>\$0 copay for Medicare-covered lab services.</p> <p>\$0 to \$60 copay for Medicare-covered diagnostic procedures and tests.</p> <p>\$0 copay for Medicare-covered X-rays.</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><u>General</u></p> <p>Authorization rules may apply.</p> <p><u>In-Network</u></p> <p>\$0 copay for Medicare-covered lab services.</p> <p>\$0 to \$60 copay for Medicare-covered diagnostic procedures and tests.</p> <p>\$0 copay for Medicare-covered X-rays.</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><u>General</u></p> <p>Authorization rules may apply.</p> <p><u>In-Network</u></p> <p>\$0 copay for Medicare-covered lab services.</p> <p>\$0 to \$60 copay for Medicare-covered diagnostic procedures and tests.</p> <p>\$0 copay for Medicare-covered X-rays.</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 (HMO)	CareSource Gold (HMO)	CareSource Platinum (HMO-POS)
<p data-bbox="100 245 170 302">21</p> <p data-bbox="212 245 401 570">Diagnostic Tests, X-Rays, Lab Services, and Radiology Services</p> <p data-bbox="212 602 411 646">(continued)</p>	<p data-bbox="449 220 701 367">20% coinsurance for digital rectal exam and other related services.</p> <p data-bbox="449 391 701 537">Covered once a year for all men with Medicare over age 50.</p>			

Benefit	Original Medicare	CareSource Silver (HMO)	CareSource Gold (HMO)	CareSource Platinum (HMO-POS)
22	<b>Cardiac and Pulmonary Rehabilitation Services</b>	20% coinsurance for Cardiac Rehabilitation services.	<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	Original Medicare	CareSource Silver (HMO)	CareSource Gold (HMO)	CareSource Platinum (HMO-POS)
<p><b>23</b> Preventive Services and Wellness/ Education Programs</p>	<p>No coinsurance, copayment or deductible for the following:</p> <ul style="list-style-type: none"> <li>- Abdominal Aortic Aneurysm Screening</li> <li>- Bone Mass Measurement. Covered once every 24 months (more often if medically necessary) if you meet certain medical conditions.</li> <li>- Cardiovascular Screening</li> <li>- Cervical and Vaginal Cancer Screening. Covered once every 2 years. Covered once a year for women with Medicare at high risk.</li> <li>- Colorectal Cancer Screening</li> <li>- Diabetes Screening</li> <li>- Influenza Vaccine</li> <li>- Hepatitis B Vaccine for people with Medicare who are at risk</li> </ul>	<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"> <li>- Abdominal Aortic Aneurysm screening</li> <li>- Bone Mass Measurement</li> <li>- Cardiovascular Screening</li> <li>- Cervical and Vaginal Cancer Screening (Pap Test and Pelvic Exam)</li> <li>- Colorectal Cancer Screening</li> <li>- Diabetes Screening</li> <li>- Influenza Vaccine</li> <li>- Hepatitis B Vaccine</li> <li>- HIV Screening</li> <li>- Breast Cancer Screening (Mammogram)</li> <li>- Medical Nutrition Therapy Services</li> <li>- Personalized Prevention Plan Services (Annual Wellness Visits)</li> <li>- Pneumococcal Vaccine</li> <li>- Prostate Cancer Screening (Prostate Specific Antigen (PSA) test only)</li> </ul>	<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"> <li>- Abdominal Aortic Aneurysm screening</li> <li>- Bone Mass Measurement</li> <li>- Cardiovascular Screening</li> <li>- Cervical and Vaginal Cancer Screening (Pap Test and Pelvic Exam)</li> <li>- Colorectal Cancer Screening</li> <li>- Diabetes Screening</li> <li>- Influenza Vaccine</li> <li>- Hepatitis B Vaccine</li> <li>- HIV Screening</li> <li>- Breast Cancer Screening (Mammogram)</li> <li>- Medical Nutrition Therapy Services</li> <li>- Personalized Prevention Plan Services (Annual Wellness Visits)</li> <li>- Pneumococcal Vaccine</li> <li>- Prostate Cancer Screening (Prostate Specific Antigen (PSA) test only)</li> </ul>	<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"> <li>- Abdominal Aortic Aneurysm screening</li> <li>- Bone Mass Measurement</li> <li>- Cardiovascular Screening</li> <li>- Cervical and Vaginal Cancer Screening (Pap Test and Pelvic Exam)</li> <li>- Colorectal Cancer Screening</li> <li>- Diabetes Screening</li> <li>- Influenza Vaccine</li> <li>- Hepatitis B Vaccine</li> <li>- HIV Screening</li> <li>- Breast Cancer Screening (Mammogram)</li> <li>- Medical Nutrition Therapy Services</li> <li>- Personalized Prevention Plan Services (Annual Wellness Visits)</li> <li>- Pneumococcal Vaccine</li> <li>- Prostate Cancer Screening (Prostate Specific Antigen (PSA) test only)</li> </ul>

Benefit	Original Medicare	CareSource Silver (HMO)	CareSource Gold (HMO)	CareSource Platinum (HMO-POS)
<b>23</b> Preventive Services and Wellness/ Education Programs  (continued)	<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 all women with Medicare age 40 and older.</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>-Nursing Hotline</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>-Nursing Hotline</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>-Nursing Hotline</p>

Benefit	Original Medicare	CareSource Silver (HMO)	CareSource Gold (HMO)	CareSource Platinum (HMO-POS)
<p data-bbox="100 261 180 318">23</p> <p data-bbox="212 261 401 542">Preventive Services and Wellness/Education Programs</p> <p data-bbox="212 574 411 618">(continued)</p>	<p data-bbox="449 240 705 423">Medicare covers one baseline mammogram for women between ages 35-39.</p> <ul data-bbox="449 448 705 1373" style="list-style-type: none"> <li data-bbox="449 448 705 1203">- Medical Nutrition Therapy Services. Nutrition therapy is for people who have diabetes or kidney disease (but aren't on dialysis or haven't had a kidney transplant) when referred by a doctor. These services can be given by a registered dietitian and may include a nutritional assessment and counseling to help you manage your diabetes or kidney disease.</li> <li data-bbox="449 1227 705 1373">- Personalized Prevention Plan Services (Annual Wellness Visits)</li> </ul>			

Benefit	Original Medicare	CareSource Silver (HMO)	CareSource Gold (HMO)	CareSource Platinum (HMO-POS)
<b>23</b> Preventive Services and Wellness/Education Programs  (continued)	<p>Pneumococcal Vaccine. You may only need the Pneumonia vaccine once in your lifetime. Call your doctor for more information.</p> <ul style="list-style-type: none"> <li>- Prostate Cancer Screening - Prostate Specific Antigen (PSA) test only. Covered once a year for all men with Medicare over age 50.</li> <li>- Smoking Cessation (counseling to stop smoking). Covered if ordered by your doctor. Includes two counseling attempts within a 12-month period. Each counseling attempt includes up to four face-to-face visits.</li> </ul>			

Benefit	Original Medicare	CareSource Silver (HMO)	CareSource Gold (HMO)	CareSource Platinum (HMO-POS)
<b>23</b> 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 (HMO)	CareSource Gold (HMO)	CareSource Platinum (HMO-POS)
24 Kidney Disease & Conditions	20% coinsurance for renal dialysis.	<u>General</u> Authorization rules may apply.	<u>General</u> Authorization rules may apply.	<u>General</u> Authorization rules may apply.
	20% coinsurance for kidney disease education services.	<u>In-Network</u> 20% of the cost for renal dialysis.  \$0 copay for kidney disease education services.	<u>In-Network</u> \$0 copay for renal dialysis.  \$0 copay for kidney disease education services.	<u>In-Network</u> \$0 copay for renal dialysis.  \$0 copay for kidney disease education services.

Benefit	Original Medicare	CareSource Silver (HMO)	CareSource Gold (HMO)	CareSource Platinum (HMO-POS)
25 Outpatient Prescription Drugs	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.	Drugs covered under Medicare Part B.  <u>General</u> Most drugs not covered.  10% of the cost of Part B-covered chemotherapy drugs and other Part B-covered drugs.	Drugs covered under Medicare Part B.  <u>General</u> Most drugs not covered.  10% of the cost of Part B-covered chemotherapy drugs and other Part B-covered drugs.	Drugs covered under Medicare Part B.  <u>General</u> Most drugs not covered.  10% of the cost of Part B-covered chemotherapy drugs and other Part B-covered drugs.
		Drugs covered under Medicare Part D.  <u>General</u> This plan does not offer prescription drug coverage.	Drugs covered under Medicare Part D.  <u>General</u> This plan does not offer prescription drug coverage.	Drugs covered under Medicare Part D.  <u>General</u> This plan does not offer prescription drug coverage.

Benefit	Original Medicare	CareSource Silver (HMO)	CareSource Gold (HMO)	CareSource Platinum (HMO-POS)
<b>26</b> 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.
<b>27</b> 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	Original Medicare	CareSource Silver (HMO)	CareSource Gold (HMO)	CareSource Platinum (HMO-POS)
<b>28</b> <b>Vision Services</b>	<p>20% coinsurance for diagnosis and treatment of diseases and conditions of the eye.</p> <p>Supplemental routine eye exams and glasses not covered.</p> <p>Medicare pays for one pair of eyeglasses or contact lenses after cataract surgery.</p> <p>Annual glaucoma screenings covered for people at risk.</p>	<p><u>General</u></p> <p>Authorization rules may apply.</p> <p><u>In-Network</u></p> <p>\$0 copay for:</p> <ul style="list-style-type: none"> <li>- one pair of eyeglasses or contact lenses after cataract surgery</li> <li>- glasses</li> <li>- contacts</li> <li>- lenses</li> <li>- frames</li> </ul> <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>\$100 plan coverage limit for eye wear every two years.</p> <p>Plan offers additional vision benefits. Contact plan for details.</p>	<p><u>General</u></p> <p>Authorization rules may apply.</p> <p><u>In-Network</u></p> <p>\$0 copay for:</p> <ul style="list-style-type: none"> <li>- one pair of eyeglasses or contact lenses after cataract surgery</li> <li>- glasses</li> <li>- contacts</li> <li>- lenses</li> <li>- frames</li> </ul> <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>\$100 plan coverage limit for eye wear every two years.</p> <p>Plan offers additional vision benefits. Contact plan for details.</p>	<p><u>General</u></p> <p>Authorization rules may apply.</p> <p><u>In-Network</u></p> <p>\$0 copay for:</p> <ul style="list-style-type: none"> <li>- one pair of eyeglasses or contact lenses after cataract surgery</li> <li>- glasses</li> <li>- contacts</li> <li>- lenses</li> <li>- frames</li> </ul> <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>\$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 (HMO)	CareSource Gold (HMO)	CareSource Platinum (HMO-POS)
<b>Over-the-Counter Items</b>	Not covered.	<p><u>General</u></p> <p>Please visit our plan website to see our list of covered Over-the-Counter items.</p> <p>OTC items may be purchased only for the enrollee. Please contact the plan for specific instructions for using this benefit.</p>	<p><u>General</u></p> <p>Please visit our plan website to see our list of covered Over-the-Counter items.</p> <p>OTC items may be purchased only for the enrollee. Please contact the plan for specific instructions for using this benefit.</p>	<p><u>General</u></p> <p>Please visit our plan website to see our list of covered Over-the-Counter items.</p> <p>OTC items may be purchased only for the enrollee. Please contact the plan for specific instructions for using this benefit.</p>
<b>Transportation</b>	Not covered.	<p><u>In-Network</u></p> <p>This plan does not cover supplemental routine transportation.</p>	<p><u>In-Network</u></p> <p>This plan does not cover supplemental routine transportation.</p>	<p><u>In-Network</u></p> <p>This plan does not cover supplemental routine transportation.</p>
<b>(Routine) Acupuncture</b>	Not covered.	<p><u>In-Network</u></p> <p>\$20 copay per visit.</p>	<p><u>In-Network</u></p> <p>\$20 copay per visit.</p>	<p><u>In-Network</u></p> <p>\$5 copay per visit.</p>

Benefit	Original Medicare	CareSource Silver (HMO)	CareSource Gold (HMO)	CareSource Platinum (HMO-POS)
<b>Point of Service</b>	You may go to any doctor, specialist or hospital that accepts Medicare.			<p><u>Out-of-Network</u></p> <p>Point of Service coverage is available for the following benefits:</p> <ul style="list-style-type: none"> <li>- Primary Care Physician Services</li> <li>- Physician Specialist Services</li> <li>- Psychiatric Services</li> <li>- Outpatient Diagnostic Procedures/Tests/Lab Services</li> </ul> <p>\$1,000 out-of-pocket limit every year for POS benefits</p> <p>\$5,000 plan coverage limit every year for the following POS benefits</p> <ul style="list-style-type: none"> <li>- Primary Care Physician Services</li> <li>- Physician Specialist Services</li> <li>- Psychiatric Services</li> <li>- Outpatient Diagnostic Procedures/Tests/Lab Services</li> </ul> <p>20% of the cost for Primary Care Physician Services</p> <ul style="list-style-type: none"> <li>- Primary Care Physician Services</li> <li>- Physician Specialist Services</li> <li>- Psychiatric Services</li> <li>- Outpatient Diagnostic Procedures/Tests/Lab Services</li> </ul>

## 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 (CareSource Silver), \$2,000 (CareSource Gold), or \$1,000<sup>1</sup> (CareSource Platinum) 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.

<sup>1</sup> This out-of-pocket limit does not cover the point-of-service benefit.

### 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 CareSource Silver and CareSource Gold, and \$5 for CareSource Platinum.

### 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/\$5<sup>2</sup> 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/\$5<sup>2</sup> per visit.

<sup>2</sup> \$20 for CareSource Silver and Gold and \$5 for Platinum.

## Diagnostic Tests, X-Rays, and 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.

## 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.<sup>3</sup> 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 and Platinum plans. There is a 20% coinsurance for the Silver plan. Some items

<sup>3</sup> For PCP, copay is \$20 for Silver and Gold, and \$5 for Platinum. For specialist, copay is \$30 for Silver, \$20 for Gold and \$5 for Platinum.

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 containing helpful information on your health
- Nutritional education and support (including obesity intervention)
- Smoking cessation classes and counseling
- Congestive heart disease program
- Healthy aging classes, walking groups
- 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.

### 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), or \$200/day for days 1–10 (Gold), \$150/day for days 1–3 (Platinum). 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), or \$175/day for days 1-10 (Gold), \$150/day for days 1-3 (Platinum). 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/\$5<sup>4</sup> copay for each individual or group therapy session. For Substance Abuse, the copay is \$20 for Silver, \$20 for Gold, and \$5 for Platinum.

## 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/\$50<sup>5</sup> copay for medically necessary Medicare-covered outpatient surgery services.

<sup>4</sup> Copays for Individual and group therapy visits are \$20 for Silver and Gold, and \$5 for Platinum. Copays for individual and group therapy visits with a psychiatrist are \$30 for Silver, \$20 for Gold, and \$5 for Platinum.

<sup>5</sup> \$200 for Silver, \$50 for Gold and Platinum in a covered ambulatory surgical center. \$200 for Silver, \$150 for Gold and Platinum in a covered outpatient hospital facility.

## Over the Counter Drugs (OTC)

CareSource covers the following OTCs at no cost to you: 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.

## 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
- 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 the following:

- 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, tobacco replacement products
- 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 eligible 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 members there is a \$100/day copay for days 14-40. For Gold members there is a \$100/day copay for days 14-27. For Platinum 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 covered because they 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. There is a \$25 copay for each visit.

## Vision Services

CareSource provides one routine eye exam every two years and your office copay is \$30/\$20/\$5.<sup>6</sup> No referral is necessary and you must receive care through network providers. Coverage also includes an allowance of up to \$100/\$200<sup>7</sup> for glasses or contacts every two years.

## 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 – 5 pm, Monday – Friday.
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](http://www.caresourcehealthplans.com).

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<sup>6</sup> \$30 for Silver, \$20 for Gold, and \$5 for Platinum (copay for eye exam).

<sup>7</sup> \$100 for Silver and Gold, and \$200 for Platinum.





# CareSource

MID ROGUE HEALTH PLAN



**GRANTS PASS** | 740 SE 7th Street  
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