

2012

Summary of Benefits

CareSource

MID ROGUE HEALTH PLAN

SPECIAL NEEDS PLAN

(HMO SNP)



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INTRODUCTION

Thank you for your interest in CareSource-SNP (HMO SNP). Our plan is offered by **Mid Rogue Independent Physician Association/CareSource**, a Medicare Advantage Health Maintenance Organization (HMO) Special Needs Plan (SNP). This plan is designed for people who meet specific enrollment criteria.

You may be eligible to join this plan if you receive assistance from the state and Medicare.

All cost sharing in this summary of benefits is based on your level of Medicaid eligibility.

Please call CareSource-SNP (HMO SNP) to find out if you are eligible to join. Our number is listed at the end of this introduction.

This Summary of Benefits tells you some features of our plan. It doesn't list every service that we cover or list every limitation or exclusion. To get a complete list of our benefits, please call CareSource-SNP (HMO SNP) 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-SNP (HMO SNP). You may have other options too. You make the choice. No matter what you decide, you are still in the Medicare Program.

If you are eligible for both Medicare and Medicaid (dual eligible) you may join or leave a plan at any time.

Please call CareSource-SNP (HMO SNP) at the number listed at the end of this introduction or 1-800-MEDICARE (1-800-633-4227) for more information. TTY/TDD users should call 1-877-486-2048. You can call this number 24 hours a day, 7 days a week.

How can I compare my options?

You can compare CareSource-SNP (HMO SNP) and the Original Medicare Plan using this Summary of Benefits. The charts in this booklet list some important health benefits. For each benefit, you can see what our plan covers and what the Original Medicare Plan covers.

Our members receive all of the benefits that the Original Medicare Plan offers. We also offer more benefits, which may change from year to year.

Where is CareSource-SNP (HMO SNP) available?

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

Who is eligible to join CareSource-SNP (HMO SNP)?

You can join CareSource-SNP (HMO SNP) 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 generally are not eligible to enroll in CareSource-SNP (HMO SNP) unless they are members of our organization and have been since their dialysis began.

You must also receive assistance from the state to join this plan.

Please call the plan to see if you are eligible to join.

Can I choose my doctors?

CareSource-SNP (HMO SNP) has 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.

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?

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.

Where can I get my prescriptions if I join this plan?

CareSource-SNP (HMO SNP) has formed a network of pharmacies. You must use a network pharmacy to receive plan benefits. We may not pay for your prescriptions if you use an out-of-network pharmacy, except in certain cases. The pharmacies in our network can change at any time.

You can ask for a pharmacy directory or visit us at

<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-SNP (HMO SNP) does cover both Medicare Part B prescription drugs and Medicare Part D prescription drugs.

What is a Prescription Drug Formulary?

CareSource-SNP (HMO SNP) uses a formulary. A formulary is a list of drugs covered by your plan to meet patient needs. We may periodically add, remove, or make changes to coverage limitations on certain drugs or change how much you pay for a drug. If we make any formulary change that limits our members' ability to fill their prescriptions, we will notify the affected enrollees before the change is made. We will send a formulary to you and you can see our complete formulary on our Web site at <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 am and 7 pm, 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-SNP (HMO SNP), 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-SNP (HMO SNP), 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-SNP (HMO SNP) 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-SNP (HMO SNP) 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 this plan. Our customer service number is listed below.

Please call CareSource for more information about CareSource-SNP (HMO SNP).

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

- **Customer Service Hours:**
Sunday, Monday, Tuesday, Wednesday, Thursday, Friday, Saturday, 8:00 am - 8:00 pm Pacific.
- Current and Prospective members should call toll-free (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 this plans benefits or costs, please contact CareSource for details.

SUMMARY OF BENEFITS IMPORTANT INFORMATION

Benefit	Original Medicare	CareSource-SNP (HMO SNP)
<p>1</p> <p>Premium and Other Important Information</p>	<p>The Medicare cost sharing amount may vary based on your level of Medicaid eligibility.</p> <p>In 2011 the monthly Part B Premium was \$0 or \$96.40 and may change for 2012 and the annual Part B deductible amount was \$0 or \$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><u>General</u></p> <p>*Depending on your level of Medicaid eligibility, you may not have any cost-sharing responsibility for original Medicare services.</p> <p>**Please consult with your plan about cost sharing when receiving services from out-of-network providers.</p> <p>\$0 monthly plan premium in addition to your monthly Medicare Part B premium. *</p> <p><u>In-Network</u></p> <p>In 2012 the annual Part B deductible amount is \$0. * Contact the plan for services that apply.</p> <p>\$6700 out-of-pocket limit for Medicare-covered services. *</p>

Benefit	Original Medicare	CareSource-SNP (HMO SNP)
<p>2</p> <p>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>

SUMMARY OF BENEFITS

INPATIENT CARE

Benefit	Original Medicare	CareSource-SNP (HMO SNP)
<p>3 Inpatient Hospital Care (Includes Substance Abuse and Rehabilitation Services)</p>	<p>In 2011 the amounts for each benefit period were \$0 or:</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>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>	<p><u>In-Network</u></p> <p>No limit to the number of days covered by the plan each hospital stay.</p> <p>In 2012 the amounts for each benefit period, \$0 copay. *</p> <p>You will not be charged additional cost sharing for professional services.</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-SNP (HMO SNP)
4 Inpatient Mental Health Care	<p>In 2011 the amounts for each benefit period were \$0 or:</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>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><u>In-Network</u></p> <p>In 2012 the amounts for each benefit period, \$0 copay. *</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>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-SNP (HMO SNP)
<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:</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. 100 days for each benefit period.</p> <p>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></p> <p>Authorization rules may apply.</p> <p><u>In Network</u></p> <p>Plan covers up to 100 days each benefit period. No prior hospital stay is required.</p> <p>In 2012 the amounts for each benefit period are \$0 copay. *</p> <p>You will not be charged additional cost sharing for professional services.</p>

Benefit	Original Medicare	CareSource-SNP (HMO SNP)
<p>6</p> <p>Home Health Care</p> <p>(Includes medically necessary intermittent skilled nursing care, home health aide services, and rehabilitation services, etc.)</p>	<p>\$0 copay</p>	<p><u>General</u></p> <p>Authorization rules may apply.</p> <p><u>In-Network</u></p> <p>0% of the cost for each Medicare-covered home health visit. *</p>

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

OUTPATIENT CARE

Benefit	Original Medicare	CareSource-SNP (HMO SNP)
8 Doctor Office Visits	0% or 20% coinsurance	<p><u>In-Network</u></p> <p>\$0 copay for each primary care doctor visit for Medicare-covered benefits. *</p> <p>0% of the cost for each in-area, network urgent care Medicare-covered visit. *</p> <p>0% of the cost for each specialist visit for Medicare-covered benefits. *</p>

Benefit	Original Medicare	CareSource-SNP (HMO SNP)
9 Chiropractic Services	<p>Supplemental routine care not covered.</p> <p>0% or 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>\$0 copay for:</p> <ul style="list-style-type: none"> - Medicare-covered chiropractic visits* - Supplemental routine visits <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>

Benefit	Original Medicare	CareSource-SNP (HMO SNP)
10 Podiatry Services	<p>Supplemental routine care not covered.</p> <p>0% or 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>0% of the cost for each Medicare-covered visit. *</p> <p>Medicare-covered podiatry benefits are for medically-necessary foot care.</p>
11 Outpatient Mental Health Care	<p>0% or 40% coinsurance for most outpatient mental health services.</p> <p>0% or 40% coinsurance of the Medicare-approved amount for each service you get from a qualified professional as part of a Partial Hospitalization Program.</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>\$0 copay for Medicare-covered Mental Health visits. *</p> <p>0% of the cost for Medicare-covered partial hospitalization program services. *</p>

Benefit	Original Medicare	CareSource-SNP (HMO SNP)
12 Outpatient Substance Abuse Care	0% or 20% coinsurance	<u>In-Network</u> 0% of the cost for Medicare-covered individual therapy visits. * 0% of the cost for Medicare-covered group visits. *
13 Outpatient Services/ Surgery	0% or 20% coinsurance for the doctor's services. Specified copayment for outpatient hospital facility services. Copay cannot exceed the Part A inpatient hospital deductible. 0% or 20% coinsurance for ambulatory surgical center facility services.	<u>General</u> Authorization rules may apply. <u>In-Network</u> 0% of the cost for each Medicare-covered ambulatory surgical center visit. * 0% of the cost for each Medicare-covered outpatient hospital facility visit. *
14 Ambulance Services (Medically necessary ambulance services)	0% or 20% coinsurance	<u>General</u> Authorization rules may apply. <u>In-Network</u> 0% of the cost for Medicare-covered ambulance benefits. *

Benefit	Original Medicare	CareSource-SNP (HMO SNP)
<p>15 Emergency Care</p> <p>(You may go to any emergency room if you reasonably believe you need emergency care.)</p>	<p>0% or 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>\$0 copay for Medicare-covered emergency room visits. *</p> <p>0% or 20% of the cost (up to \$65) 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-SNP (HMO SNP)
<p>16 Urgently Needed Care</p> <p>(This is NOT emergency care, and in most cases, is out of the service area.)</p>	<p>0% or 20% coinsurance</p> <p>NOT covered outside the U.S. except under limited circumstances.</p>	<p><u>General</u></p> <p>\$0 copay for Medicare-covered urgently-needed-care visits. *</p> <p>0% or 20% of the cost for Medicare-covered urgently-needed-care visits. *</p> <p>If you are admitted to the hospital within 48-hours(s) for the same condition, you pay \$0 for the urgently-needed-care visit.</p>

Benefit	Original Medicare	CareSource-SNP (HMO SNP)
<p data-bbox="100 326 457 440">17 Outpatient Rehabilitation Services</p> <p data-bbox="205 467 422 657">(Occupational Therapy, Physical Therapy, Speech and Language Therapy)</p>	0% or 20% coinsurance	<p data-bbox="1037 313 1136 345"><u>General</u></p> <p data-bbox="1037 367 1402 399">Authorization rules may apply.</p> <p data-bbox="1037 475 1178 508"><u>In-Network</u></p> <p data-bbox="1037 529 1843 561">0% of the cost for Medicare-covered Occupational Therapy visits. *</p> <p data-bbox="1037 583 1944 657">0% of the cost for Medicare-covered Physical and/or Speech and Language Therapy visits. *</p>

OUTPATIENT MEDICAL SERVICES AND SUPPLIES

Benefit	Original Medicare	CareSource-SNP (HMO SNP)
18 Durable Medical Equipment (Includes wheelchairs, oxygen, etc.)	0% or 20% coinsurance	<u>General</u> Authorization rules may apply. <u>In-Network</u> 0% of the cost for Medicare-covered items. *
19 Prosthetic Devices (Includes braces, artificial limbs and eyes, etc.)	0% or 20% coinsurance	<u>General</u> Authorization rules may apply. <u>In-Network</u> 0% of the cost for Medicare-covered items. *
20 Diabetes Programs and Supplies	0% or 20% coinsurance for diabetes self-management training. 0% or 20% coinsurance for diabetes supplies. 0% or 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% of the cost for Diabetes monitoring supplies. * 0% of the cost for Therapeutic shoes or inserts. *

Benefit	Original Medicare	CareSource-SNP (HMO SNP)
21 Diagnostic Tests, X-Rays, Lab Services, and Radiology Services	<p>0% or 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>0% or 20% coinsurance for digital rectal exam and other related services. Covered once a year for all men with Medicare over age 50.</p>	<p><u>General</u></p> <p>Authorization rules may apply.</p> <p><u>In-Network</u></p> <p>0% of the cost for Medicare-covered lab services. *</p> <p>0% of the cost for Medicare-covered diagnostic procedures and tests. *</p> <p>0% of the cost for Medicare-covered X-rays. *</p> <p>0% of the cost for Medicare-covered diagnostic radiology services (not including X-rays). *</p> <p>0% of the cost for Medicare-covered therapeutic radiology services. *</p>

Benefit	Original Medicare	CareSource-SNP (HMO SNP)
<p data-bbox="100 407 184 467">22</p> <p data-bbox="216 391 464 565">Cardiac and Pulmonary Rehabilitation Services</p>	<p data-bbox="514 394 898 459">0% or 20% coinsurance Cardiac Rehabilitation services</p> <p data-bbox="514 483 972 548">0% or 20% coinsurance for Pulmonary Rehabilitation services</p> <p data-bbox="514 573 951 638">0% or 20% coinsurance for Intensive Cardiac Rehabilitation services.</p> <p data-bbox="514 670 1020 816">This applies to program services provided in a doctor's office. Specified cost sharing for program services provided by hospital outpatient departments.</p>	<p data-bbox="1066 394 1167 427"><u>General</u></p> <p data-bbox="1066 443 1434 475">Authorization rules may apply.</p> <p data-bbox="1066 557 1205 589"><u>In-Network</u></p> <p data-bbox="1066 605 1906 638">0% of the cost for Medicare-covered Cardiac Rehabilitation Services. *</p> <p data-bbox="1066 662 1623 727">0% of the cost for Medicare-covered Intensive Cardiac Rehabilitation Services. *</p> <p data-bbox="1066 751 1948 784">0% of the cost for Medicare-covered Pulmonary Rehabilitation Services. *</p>

Benefit

23

Preventive Services and Wellness/Education Programs

Original Medicare

No coinsurance, copayment or deductible for the following:

- 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
- Hepatitis B Vaccine for people with Medicare who are at risk
- 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.

CareSource-SNP (HMO SNP)

General

\$0 copay for all preventive services covered under Original Medicare at zero cost sharing:

- 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)
- Smoking Cessation (Counseling to stop smoking)
- Welcome to Medicare Physical Exam (Initial Preventive Physical Exam)

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.

Benefit	Original Medicare	CareSource-SNP (HMO SNP)
<p data-bbox="100 367 180 423">23</p> <p data-bbox="216 350 436 638">Preventive Services and Wellness/ Education Programs (continued)</p>	<ul style="list-style-type: none"> <li data-bbox="514 350 1024 574">- Breast Cancer Screening (Mammogram). Medicare covers screening mammograms once every 12 months for all women with Medicare age 40 and older. Medicare covers one baseline mammogram for women between ages 35-39. <li data-bbox="514 597 1024 938">- 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 data-bbox="514 961 1024 1029">- Personalized Prevention Plan Services (Annual Wellness Visits) <li data-bbox="514 1052 1024 1198">- Pneumococcal Vaccine. You may only need the Pneumonia vaccine once in your lifetime. Call your doctor for more information. <li data-bbox="514 1221 1024 1370">- Prostate Cancer Screening- Prostate Specific Antigen (PSA) test only. Covered once a year for all men with Medicare over age 50. 	<p data-bbox="1066 350 1205 383"><u>In-Network</u></p> <p data-bbox="1066 406 1961 438">The plan covers the following supplemental education/wellness programs:</p> <ul style="list-style-type: none"> <li data-bbox="1066 461 1764 493">-Written health education materials, including Newsletters <li data-bbox="1066 516 1297 548">-Nutritional benefit <li data-bbox="1066 571 1436 604">-Additional Smoking Cessation <li data-bbox="1066 626 1570 659">-Health Club Membership/Fitness Classes <li data-bbox="1066 682 1268 714">-Nursing Hotline

Benefit	Original Medicare	CareSource-SNP (HMO SNP)
<p>23 Preventive Services and Wellness/Education Programs (continued)</p>	<p>- 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.</p> <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-SNP (HMO SNP)
<p>24 Kidney Disease & Conditions</p>	<p>0% or 20% coinsurance for renal dialysis</p> <p>0% or 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>0% of the cost for renal dialysis. *</p> <p>\$0 copay for kidney disease education services. *</p>

Benefit

25

Outpatient Prescription Drugs

Original Medicare

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.

CareSource-SNP (HMO SNP)

Drugs covered under Medicare Part B.

General

\$0 annual deductible for Part B-covered drugs. *

0% of the cost for Part B-covered chemotherapy drugs and other Part B-covered drugs. *

Drugs covered under Medicare Part D.

General

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.

Different out-of-pocket costs may apply for people who:

- Have limited incomes,
- Live in long term care facilities, or
- Have access to Indian/Tribal/Urban (Indian Health Service) providers.

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

Benefit	Original Medicare	CareSource-SNP (HMO SNP)
<p data-bbox="121 367 201 423">25</p> <p data-bbox="254 350 468 542">Outpatient Prescription Drugs (continued)</p>		<p data-bbox="1104 354 1986 418">Total yearly drug costs are the total drug costs paid by you, the plan, and Medicare.</p> <p data-bbox="1104 444 1927 509">The plan may require you to first try one drug to treat your condition before it will cover another drug for that condition.</p> <p data-bbox="1104 535 1499 568">Some drugs have quantity limits.</p> <p data-bbox="1104 594 1881 659">Your provider must get prior authorization from CareSource-SNP (HMO SNP) for certain drugs.</p> <p data-bbox="1104 685 1997 789">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.</p> <p data-bbox="1104 815 2003 919">You must go to certain pharmacies for a very limited number of drugs, due to special handling, provider coordination, or patient education requirements that cannot be met by most pharmacies in your network.</p> <p data-bbox="1104 928 2003 993">These drugs are listed on the plan's website, formulary, printed materials, as well as on the Medicare Prescription Drug Plan Finder on Medicare.gov.</p> <p data-bbox="1104 1019 1997 1084">If the actual cost of a drug is less than the normal cost-sharing amount for that drug, you will pay the actual cost, not the higher cost-sharing amount.</p> <p data-bbox="1104 1110 1243 1143"><u>In-Network</u></p> <p data-bbox="1104 1169 1495 1201">You pay a \$0 annual deductible.</p>

Benefit

25

Outpatient Prescription Drugs

(continued)

Original Medicare

CareSource-SNP (HMO SNP)

Initial Coverage

Depending on your income and institutional status, you pay the following:

For generic drugs (including brand drugs treated as generic), either:

- A \$0 copay or
- A \$1.10 copay or
- A \$2.60 copay

For all other drugs, either:

- A \$0 copay or
- A \$3.30 copay or
- A \$6.50 copay

Retail Pharmacy

You can get drugs the following way(s):

- One-month (30-day) supply
- Three-month (90-day) supply

Long Term Care Pharmacy

You can get drugs the following way(s):

- One-month (31-day) supply

Mail Order

You can get drugs the following way(s):

- One-month (30-day) supply
- Three-month (90-day) supply

Catastrophic Coverage

After your yearly out-of-pocket drug costs reach \$4,700, you pay a \$0 copay.

Benefit

25

Outpatient Prescription Drugs

(continued)

Original Medicare

CareSource-SNP (HMO SNP)

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-SNP (HMO SNP).

You can get drugs the following way:

- One-month (30-day) supply

Out-of-Network Initial Coverage

Depending on your income and institutional status, you will be reimbursed by CareSource-SNP (HMO-SNP) up to the plan's cost of the drug minus the following:

For generic drugs purchased out-of-network (including brand drugs treated as generic), either:

- A \$0 copay or
- A \$1.10 copay or
- A \$2.60 copay
- For all other drugs purchased out-of-network, either:
 - A \$0 copay or
 - A \$3.30 copay or
 - A \$6.50 copay

Out-of-Network Catastrophic Coverage

After your yearly out-of-pocket drug costs reach \$4,700, you will be reimbursed in full for drugs purchased out-of-network.

Benefit	Original Medicare	CareSource-SNP (HMO SNP)
<p data-bbox="100 367 184 423">26</p> <p data-bbox="216 347 485 386">Dental Services</p>	<p data-bbox="514 347 926 423">Preventive dental services (such as cleaning) not covered.</p>	<p data-bbox="1066 347 1163 378"><u>General</u></p> <p data-bbox="1066 402 1430 433">Authorization rules may apply.</p> <p data-bbox="1066 516 1205 547"><u>In-Network</u></p> <p data-bbox="1066 571 1892 602">In general, preventive dental benefits (such as cleaning) not covered.</p> <p data-bbox="1066 626 1719 657">0% of the cost for Medicare-covered dental benefits. *</p>
<p data-bbox="100 797 184 854">27</p> <p data-bbox="216 784 359 867">Hearing Services</p>	<p data-bbox="514 789 1010 865">Supplemental routine hearing exams and hearing aids not covered.</p> <p data-bbox="514 938 968 1008">0% or 20% coinsurance for diagnostic hearing exams.</p>	<p data-bbox="1066 789 1163 820"><u>General</u></p> <p data-bbox="1066 844 1430 875">Authorization rules may apply.</p> <p data-bbox="1066 951 1205 982"><u>In-Network</u></p> <p data-bbox="1066 1006 1892 1076">In general, supplemental routine hearing exams and hearing aids not covered.</p> <p data-bbox="1066 1101 1845 1131">0% of the cost for Medicare-covered diagnostic hearing exams. *</p>

Benefit	Original Medicare	CareSource-SNP (HMO SNP)
<p>28</p> <p>Vision Services</p>	<p>0% or 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% of the cost for one pair of eyeglasses or contact lenses after cataract surgery. *</p> <p>0% of the cost for exams to diagnose and treat diseases and conditions of the eye. *</p> <p>0% of the cost for up to 1 supplemental routine eye exam(s) every two years.</p> <p>0% of the cost for glasses</p> <p>0% of the cost for contacts</p> <p>0% of the cost for lenses</p> <p>0% of the cost for frames</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-SNP (HMO SNP)
Over-the-Counter Items	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.</p> <p>Please contact the plan for specific instructions for using this benefit.</p>

Benefit	Original Medicare	CareSource-SNP (HMO SNP)
Transportation	Not covered.	<p><u>In-Network</u></p> <p>\$0 copay.</p>

Benefit	Original Medicare	CareSource-SNP (HMO SNP)
(Routine) Acupuncture	Not covered.	<p><u>In-Network</u></p> <p>\$0 copay</p>

ADDITIONAL INFORMATION

Special Note

In general, eligible beneficiaries of CareSource-SNP (HMO SNP) do not pay any copays, deductibles or coinsurance. These costs are subsidized by the State of Oregon.

Eligibility

There are certain requirements you need to meet to be eligible for CareSource-SNP (HMO SNP). Our Special Needs Plan (SNP) is available to residents of Josephine County and selected zip codes in Douglas County. You must also be eligible for, and enrolled in, Medicare Parts A & B and enrolled in the Oregon Health Plan as a “dual eligible” member (which means you are enrolled in both Medicare and Medicaid). If you are enrolled in the Oregon Health Plan (OHP) as a “dual eligible” the OHP pays for almost all of your copays, coinsurance, and deductibles. Contact CareSource-SNP (HMO SNP) for more information about OHP “dual eligibles”.

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. You will have no copay for each emergency use of ambulance service. Non-emergency ambulance transportation requires prior authorization.

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-SNP (HMO SNP), please refer to benefits for complementary medicine, described below. You do not have a copay for Medicare-covered chiropractic visits.

Complementary Medicine

CareSource-SNP (HMO SNP) 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. There is no coverage for out-of-network providers.

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. There are no copays.

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 diagnostic tests, X-rays, and lab services. Services performed during a physician office visit are also covered in full. Referral to another facility is covered and you will pay no additional copay for Medicare-covered services. Some procedures may require a prior authorization by our plan.

Doctor Office Visits

CareSource-SNP (HMO SNP) wants you to see your Primary Care Provider (PCP) at least once each year. New enrollees, please see your PCP within 90 days of enrollment. You do not have a copay when you visit your PCP or a specialist. There are no Medicare deductibles to satisfy. Choose your primary care provider from our network of family practice physicians, internists, and certified nurse practitioners. Your PCP may already be a member of our network. If you need assistance in selecting a new PCP, our Member Services team is more than happy to assist.

Durable Medical Equipment and Prostheses

CareSource SNP (HMO) pays for all durable medical equipment and prosthetic items. 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 SNP (HMO) is required. You must use our network vendors.

Education and Wellness

CareSource-SNP (HMO SNP) 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 with information for your health
- Nutritional education and support (including obesity intervention)
- Smoking cessation classes
- Smoking cessation counseling
- Disease management for people with asthma, depression, COPD, diabetes, heart disease and hypertension
- Congestive heart disease program
- Living Well with Chronic Conditions Workshops

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. For emergencies in the U.S., there is no copay or coinsurance. You pay for your emergency care while traveling abroad and submit an itemized receipt to the health plan for reimbursement. You pay 20% of the cost of the emergency room visit (up to \$65). The Oregon Health Plan does not cover emergency treatments received while traveling abroad. Contact the Health Plan for more information.

Health Club Membership

CareSource SNP (HMO) provides a membership at specific health clubs at no cost for all CareSource SNP (HMO) members. Please consult your Provider and Pharmacy Directory or call Member Services for a list of contracted health clubs.

Hearing Services

CareSource-SNP (HMO SNP) covers Medicare-covered diagnostic hearing exams. CareSource-SNP (HMO SNP) does not cover out-of-network providers for hearing services.

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

In addition to Influenza, Pneumonia and Hepatitis B vaccines, and other vaccines¹ if you are at risk, we also cover Tetanus immunizations when medically necessary.

Inpatient Hospital Care

CareSource SNP (HMO) 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

¹ Shingles vaccine is covered as a Part D benefit. A copay or coinsurance may apply.

Facilities in Portland. CareSource SNP (HMO) covers cost of care at no charge for Medicare-covered benefits. There is no limit on the number of medically necessary inpatient stays you may need each year.

Inpatient Mental Health Care

CareSource SNP (HMO) covers the cost of Medicare-covered inpatient mental health care. Should you require a stay in an Inpatient Mental Health Facility, your copay is \$0. 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 have exhausted this lifetime limit, you will be responsible for covering the cost of your care.

Medical Management

With CareSource-SNP (HMO SNP), you choose a Primary Care Provider (PCP) who will coordinate all the medical services you receive through CareSource-SNP (HMO SNP). 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. Prior authorization is needed.

Outpatient Mental Health Care and Substance Abuse Care

Mental Health services include outpatient counseling for alcohol and drug abuse. These services are covered by CareSource-SNP (HMO SNP) when care is obtained from a provider within our network, including psychiatrists, psychologists, and social workers.

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 no 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, and the generic version of Aspirin up to 5 grains, enteric coated Aspirin, Tylenol, Tylenol Arthritis, Advil, Aleve, and OTC nicotine cessation products. These medications or supplements need a doctor's prescription.

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-SNP (HMO SNP) Formulary. There is Customer Service available for after hours, weekends, and holidays. See your Evidence of Coverage for a list of the limitations and exclusions.

Preventive Services

As a managed care plan, CareSource-SNP (HMO SNP) values your health and wants to 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
- Bone mass measurement for people at risk for complications from osteoporosis
- Welcome to Medicare initial preventive physical exam for all newly enrolled Medicare beneficiaries and Annual Wellness visits
- 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 and you do not need a referral from your PCP.

Self-Referral Services

CareSource-SNP (HMO SNP) 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, the application of copays at times, and a limit on Complementary Medicine (acupuncture and routine chiropractic). See Complementary Medicine information on page 33.

Skilled Nursing Facility Care

Skilled nursing facility care is covered for up to 100 days per benefit period and there is no copay, no coinsurance, and no deductible. You may be referred to a skilled nursing facility without having been admitted to the hospital. Admission to a skilled nursing facility must be authorized by CareSource-SNP (HMO SNP) prior to admission. Please note that intermediate 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 100% of your membership and monthly chapter dues.

Transportation Benefit

The transportation benefit provides six (6) round trips per year. You must use the CareSource-SNP contracted provider. Contact Member Services for details.

Urgently Needed Care

When traveling outside the service area, you may need urgent care. There is no copay for Medicare-covered urgently needed care visits in the U.S., and you pay 20% of the cost while traveling abroad.

Vision Services

CareSource-SNP (HMO SNP) provides one routine eye exam every two years. No referral is necessary. You must use a provider in our network. Coverage also includes an allowance of up to \$200 for glasses or contacts once every two years.

For more information

If you have additional questions about CareSource, please:

1. **Call our Member Services** department at 541-471-4106, or toll free at 1-888-460-0185. Hearing impaired (TTY/TDD): 1-800-735-2900. 8 am – 8 pm, 7 days a week.
2. **Visit or write us** at: CareSource, Mid Rogue Health Plan, 740 SE 7th Street, Grants Pass, Oregon 97526.
3. **Visit us online** at: www.caresourcehealthplans.com.

MEDICAID (OHP)/CARESOURCE-SNP (HMO SNP) COMPARISON CHART

The services listed below are available only to those SNP members eligible under Medicaid for medical services.

Benefit	Original Medicaid	CareSource-SNP (HMO SNP)
Inpatient Hospital Care	\$0 copay for Medicaid-covered services	\$0 copay for Medicare-covered services
Inpatient Mental Health Care	Not covered by Mid Rogue Oregon Health Plan	\$0 copay for Medicare-covered services 190 days lifetime reserve days
Skilled Nursing Facility	\$0 copay (up to 20 days for certain conditions)	\$0 copay for Medicare-covered services 100 days per benefit period
Home Health Care	\$0 copay for Medicaid-covered services	\$0 copay for Medicare-covered services
Hospice	\$0 copay for Medicaid-covered services	\$0 copay for Medicare-covered services
Doctor Office Visits	\$0 copay ² (referrals required for specialist visits)	<p>\$0 copay for each primary care doctor visit for Medicare-covered benefits</p> <p>\$0 copay for each specialist visit for Medicare covered benefits (referrals required for specialist visits)</p>

² Certain restrictions/limitations apply to office visits.

Benefit	Original Medicaid	CareSource-SNP (HMO SNP)
Chiropractic Services	Routine chiropractic care not covered	\$0 copay for Medicare-covered services \$0 copay for routine chiropractic visits ³
Podiatry Services	\$0 copay for Medicaid-covered services	\$0 copay for Medicare-covered services (medically necessary foot care)
Outpatient Mental Health Care	\$0 copay for Medicaid-covered services	\$0 copay for Medicare-covered services
Outpatient Substance Abuse Care	\$0 copay for Medicaid-covered services	\$0 copay for Medicare-covered services
Outpatient Services/Outpatient Surgery	\$0 copay for Medicaid-covered services	\$0 copay for Medicare-covered services (ambulatory surgical center or outpatient hospital facility)
Ambulance Services (Medically necessary ambulance services)	\$0 copay for Medicaid-covered services	\$0 copay for Medicare-covered ambulance benefits
Emergency Care	\$0 copay for Medicaid-covered services	\$0 copay for Medicare-covered services
Urgently Needed Care	\$0 copay for Medicaid-covered services	\$0 copay for Medicare-covered urgently needed care
Outpatient Rehabilitation Services	\$0 copay for Medicaid-covered services	\$0 copay for Medicare-covered services
Durable Medical Equipment	\$0 copay for Medicaid-covered services (authorization rules apply)	\$0 copay for Medicare-covered items (authorization rules apply)

³ \$1,000 combined maximum benefit per year.

Benefit	Original Medicaid	CareSource-SNP (HMO SNP)
Prosthetic Devices	\$0 copay for Medicaid-covered services	\$0 copay for Medicare-covered items
Diabetes Self-monitoring training, Nutrition Therapy and Supplies (Includes coverage for glucose monitors, test strips, lancets, screening tests, self-management training)	\$0 copay for Medicaid-covered services	\$0 copay for Medicare-covered services
Diagnostic Tests, X-rays and Lab Services	\$0 copay for Medicaid-covered services	\$0 copay for Medicare-covered: (authorization rules may apply) <ul style="list-style-type: none"> - Lab services - Diagnostic procedures and tests - X-rays - Diagnostic radiology services - Therapeutic radiology services
Bone Mass Measurement (For people who are at risk, or age-appropriate)	\$0 copay for Medicaid-covered services	\$0 copay for Medicare-covered bone mass measurement
Colorectal Screening Exams (For people age 50 and older)	\$0 copay for Medicaid-covered services Limited to one exam every twelve months, unless at risk	\$0 copay for Medicare-covered colorectal screenings
Immunizations	\$0 copay for Medicaid-covered services	\$0 copay for Flu and Pneumonia vaccines, Hepatitis B vaccine and tetanus when medically necessary

Benefit	Original Medicaid	CareSource-SNP (HMO SNP)
<p>Mammograms</p> <p>Annual Screening (for women age 40 and older)</p>	\$0 copay for Medicaid-covered services	<p>\$0 copay for Medicare-covered screening mammograms</p> <p>\$0 copay for Medicare-covered additional screening mammograms</p>
<p>Pap Smears and Pelvic Exams</p>	\$0 copay for Medicaid-covered services	\$0 copay for Medicare-covered pap smears and pelvic exams
<p>Prostate Cancer Screening Exams</p> <p>(For men age 50 and older)</p>	\$0 copay for Medicaid-covered services	\$0 copay for Medicare-covered prostate cancer screening exam
<p>End-Stage Renal Disease</p>	\$0 copay for Medicaid-covered services	\$0 copay for Medicare-covered renal dialysis and Nutrition Therapy for End-Stage Renal Disease (authorization rules may apply)
<p>Part B Prescription Drugs</p>	\$0 copay for Medicaid-covered services	\$0 copay for Part B covered drugs, including Part B chemotherapy drugs
<p>Prescription Drugs</p>	Medicare recipients must have a Part D plan. Copays apply and may vary.	\$0 deductible, copays apply and may vary (see Section 2, benefit #25)
<p>Hearing Services</p>	\$0 copay for Medicaid-covered services, including hearing exams and hearing aids	\$0 copay for Medicare-covered diagnostic hearing exam. In general, routine hearing exams and hearing aids not covered
<p>Vision Services</p>	Routine vision not covered	\$0 copay for routine exam, and \$200 benefit for eye wear once every two years
<p>Physical Exams</p>	\$0 copay for Medicaid-covered services	\$0 copay - routine exam, limited to one exam every year

Benefit	Original Medicaid	CareSource-SNP (HMO SNP)
Health/Wellness Education	Included	Included: <ul style="list-style-type: none"> – Written health education materials, including newsletters – Nutritional training – Additional smoking cessation – Health Club membership/fitness classes – Nursing Hotline – Other wellness benefits – Smoking cessation counseling HIV screenings
Transportation	\$0 copay for non-emergent Medicaid-covered services (limited benefit)	\$0 copay.
Acupuncture	Routine care not covered	\$0 copay ⁴
Health Club Membership	Not covered	Free at participating health clubs

⁴ \$1,000 combined maximum benefit per year.

CareSource

MID ROGUE HEALTH PLAN



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