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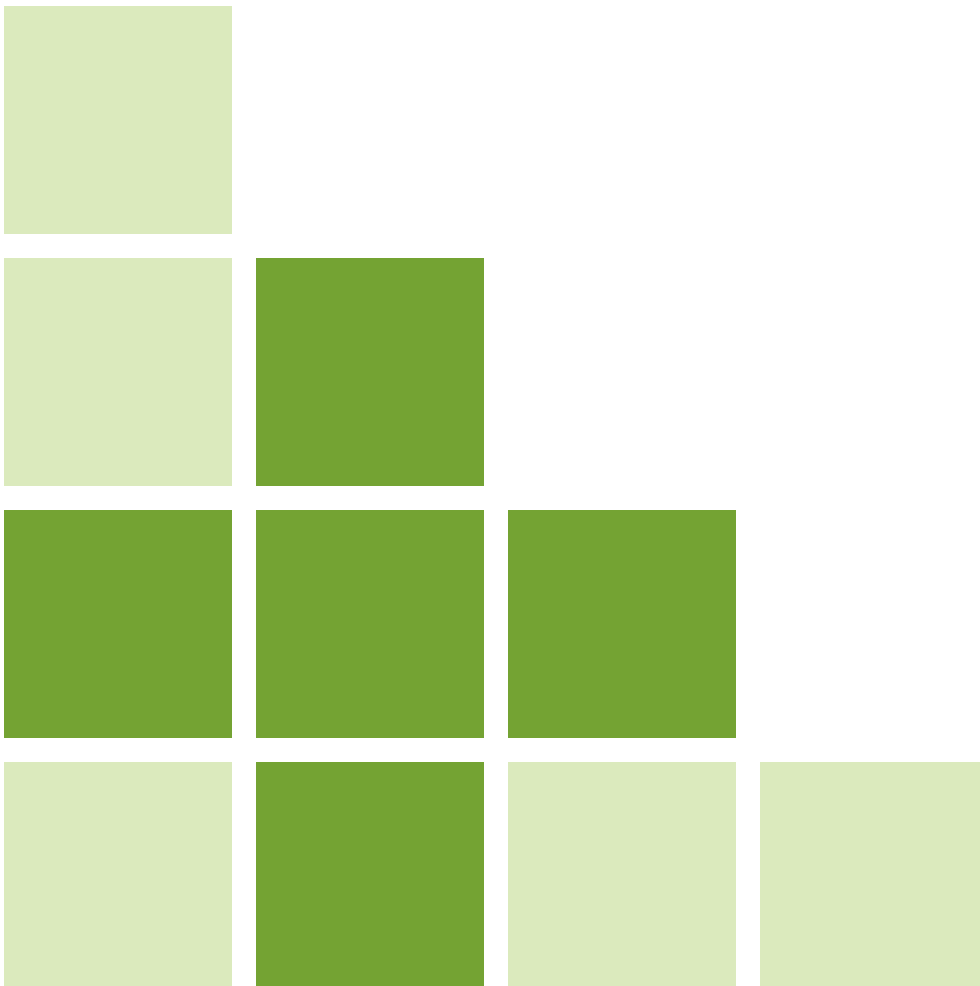
2024

# Annual Notice of Changes

CareOregon Advantage **Plus**  
(HMO-POS D-SNP)

For Oregon counties: Clackamas, Columbia, Jackson,  
Multnomah, Tillamook and Washington

H5859\_CO2024ANOC\_M



## **Multi-language Interpreter Services**

**English:** We have free interpreter services to answer any questions you may have about our health or drug plan. To get an interpreter, just call us at 888-712-3258. Someone who speaks English/Language can help you. This is a free service.

**Spanish:** Tenemos servicios de intérprete sin costo alguno para responder cualquier pregunta que pueda tener sobre nuestro plan de salud o medicamentos. Para hablar con un intérprete, por favor llame al 888-712-3258. Alguien que hable español le podrá ayudar. Este es un servicio gratuito.

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**Russian:** Если у вас возникнут вопросы относительно страхового или медикаментного плана, вы можете воспользоваться нашими бесплатными услугами переводчиков. Чтобы воспользоваться услугами переводчика, позвоните нам по телефону 888-712-3258. Вам окажет помощь сотрудник, который говорит по-русски. Данная услуга бесплатная.

**Hindi:** हमारे 'ा( या दवा की योजना के बारे म आपके िकसी भी के जवाब देने के िलए हमारे पास मु= दुभािषया सेवाएँ उपल ह. एक दुभािषया ा करने के िलए, बस हम 888-712-3258 पर फोन कर. कोई जो िहरी बोलता है आपकी मदद कर सकता है. यह एक मु= सेवा है.

**Italian:** È disponibile un servizio di interpretariato gratuito per rispondere a eventuali domande sul nostro piano sanitario e farmaceutico. Per un interprete, contattare il numero 888-712-3258. Un nostro incaricato che parla Italianovi fornirà l'assistenza necessaria. È un servizio gratuito.

**Portuguese:** Dispomos de serviços de interpretação gratuitos para responder a qualquer questão que tenha acerca do nosso plano de saúde ou de medicação. Para obter um intérprete, contacte-nos através do número 888-712-3258. Irá encontrar alguém que fale o idioma Português para o ajudar. Este serviço é gratuito.

**French Creole:** Nou genyen sèvis entèprèt gratis pou reponn tout kesyon ou ta genyen konsènan plan medikal oswa dwòg nou an. Pou jwenn yon entèprèt, jis rele nou nan 888-712-3258. Yon moun ki pale Kreyòl kapab ede w. Sa a se yon sèvis ki gratis.

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**Japanese:** 当社の健康 健康保険と薬品 処方薬プランに関するご質問にお答えするために、無料の通訳サービスがあります。通訳をご用命になるには、888-712-3258にお電話ください。日本語を話す人者が支援いたします。これは無料のサービスです。

**Arabic:** إننا نقدم خدمات المترجم الفوري المجانية للإجابة عن أي أسئلة تتعلق بالصحة أو جدول الأدوية لدينا. للحصول على مترجم فوري، ليس عليك سوى الاتصال بنا على 888-712-3258. سيقوم شخص ما يتحدث العربية بمساعدتك. هذه خدمة مجانية.

## CareOregon Advantage Plus (HMO-POS D-SNP) offered by Health Plan of CareOregon, Inc.

### Annual Notice of Changes for 2024

You are currently enrolled as a member of CareOregon Advantage Plus. Next year, there will be changes to the plan's costs and benefits. ***Please see page 5 for a Summary of Important Costs, including Premium.***

This document tells about the changes to your plan. To get more information about costs, benefits, or rules please review the *Evidence of Coverage*, which is located on our website at [careoregonadvantage.org/materials](https://careoregonadvantage.org/materials). You may also call Customer Service to ask us to mail you an *Evidence of Coverage*.

### What to do now

#### 1. **ASK:** Which changes apply to you

- Check the changes to our benefits and costs to see if they affect you.
  - Review the changes to Medical care costs (doctor, hospital).
  - Review the changes to our drug coverage, including authorization requirements and costs.
  - Think about how much you will spend on premiums, deductibles, and cost sharing.
- Check the changes in the 2024 Drug List to make sure the drugs you currently take are still covered.
- Check to see if your primary care doctors, specialists, hospitals and other providers, including pharmacies will be in our network next year.
- Think about whether you are happy with our plan.

#### 2. **COMPARE:** Learn about other plan choices

- Check coverage and costs of plans in your area. Use the Medicare Plan Finder at [medicare.gov/plan-compare](https://www.medicare.gov/plan-compare) website or review the list in the back of your *Medicare & You 2024* handbook.
- Once you narrow your choice to a preferred plan, confirm your costs and coverage on the plan's website.

**3. CHOOSE:** Decide whether you want to change your plan

- If you don't join another plan by December 7, 2023, you will stay in CareOregon Advantage Plus.
- To **change to a different plan**, you can switch plans between October 15 and December 7. Your new coverage will start on **January 1, 2024**. This will end your enrollment with CareOregon Advantage Plus.
- Look in Section 3, page 11 to learn more about your choices.
- If you recently moved into, currently live in, or just moved out of an institution (like a skilled nursing facility or long-term care hospital), you can switch plans or switch to Original Medicare (either with or without a separate Medicare prescription drug plan) at any time.

**Additional Resources**

- This document is available for free in Russian, Simplified Chinese, Traditional Chinese, Spanish, and Vietnamese.
- Please contact our Customer Service number at 503-416-4279, or toll-free, 888-712-3258 for additional information. (TTY users should call 711.) Hours are October 1 to March 31, seven days a week from 8 a.m. to 8 p.m., and from April 1 to September 30, Monday through Friday from 8 a.m. to 8 p.m. This call is free.
- This information is available in a different format, including braille, large print and audio. Please call Customer Service at 503-416-4279 or toll-free at 888-712-3258. (TTY users should call 711.)
- **Coverage under this Plan qualifies as Qualifying Health Coverage (QHC)** and satisfies the Patient Protection and Affordable Care Act's (ACA) individual shared responsibility requirement. Please visit the Internal Revenue Service (IRS) website at [irs.gov/Affordable-Care-Act/Individuals-and-Families](https://irs.gov/Affordable-Care-Act/Individuals-and-Families) for more information.

**About CareOregon Advantage Plus**

- CareOregon Advantage Plus is an HMO-POS D-SNP with a Medicare/Medicaid contract. Enrollment in CareOregon Advantage Plus depends on contract renewal. The plan also has a written agreement with the Oregon Health Plan (Medicaid) program to coordinate your Medicaid benefits.
- When this document says "we," "us," or "our," it means Health Plan of CareOregon, Inc. When it says "plan" or "our plan," it means CareOregon Advantage Plus.

# **Annual Notice of Changes for 2024**

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## Summary of Important Costs for 2024

The table below compares the 2023 costs and 2024 costs for CareOregon Advantage Plus in several important areas. **Please note this is only a summary of costs.** If you are eligible for Medicare cost-sharing assistance under Medicaid, you pay \$0 for your deductible, doctor office visits, and inpatient hospital stays.

If you lose eligibility for Oregon Health Plan (Medicaid) during the year, you will no longer receive Medicaid benefits and will need to pay the Medicare premium or cost-sharing that is normally covered by Medicaid.

Cost	2023 (this year)	2024 (next year)
<b>Monthly plan premium*</b> * Your premium may be higher than this amount. See Section 2.1 for details.	\$0	\$0
<b>Deductible</b>	\$0	\$0
<b>Doctor office visits</b>	Primary care visits: \$0 per visit Specialist visits: \$0 per visit	Primary care visits: \$0 per visit Specialist visits: \$0 per visit
<b>Inpatient hospital stays</b>	\$0	\$0



Cost	2023 (this year)	2024 (next year)
<p><b>Part D prescription drug coverage</b> (See Section 2.5 for details.)</p>	<p>Deductible: \$0 or \$104</p> <p>Copays during the Initial Coverage Stage:</p> <p>For generic drugs or brand-named drugs treated as generic, you pay \$0/\$1.45/\$4.15 copay per prescription</p> <p>For all other drugs, you pay \$0/\$4.30/\$10.35 per prescription</p>	<p>Deductible: \$545</p> <p>If you qualify for “Extra Help,” the deductible stage does not apply to you.</p> <p>Copays during the Initial Coverage Stage for Drug Tiers 1-4:</p> <p>For generic drugs or brand-named drugs treated as generic, you pay \$0/\$1.55/\$4.50 per prescription</p> <p>For all other drugs, you pay \$0/\$4.60/\$11.20 per prescription</p> <p>Copays during the Initial Coverage Stage for Drug Tier 5:</p> <ul style="list-style-type: none"> <li>For all supplemental drugs or select drugs not normally covered by Medicare, you pay \$1.55 per prescription.</li> </ul> <p>Catastrophic Coverage:</p> <ul style="list-style-type: none"> <li>During this payment stage, the plan pays the full cost for your covered Part D drugs.</li> <li>You may have cost sharing for drugs that are covered under our enhanced benefit.</li> </ul>
<p><b>Maximum out-of-pocket amount</b> This is the most you will pay out-of-pocket for your covered Part A and Part B services. (See Section 2.2 for details.)</p>	<p>\$8,300</p> <p>You are not responsible for paying any out-of-pocket costs toward the maximum out-of-pocket amount for covered Part A and Part B services.</p>	<p>\$8,850</p> <p>You are not responsible for paying any out-of-pocket costs toward the maximum out-of-pocket amount for covered Part A and Part B services.</p>

## **SECTION 1: Unless You Choose Another Plan, You Will Be Automatically Enrolled in CareOregon Advantage Plus in 2024**

**If you do nothing in 2023, we will automatically enroll you in CareOregon Advantage Plus.**

This means starting January 1, 2024, you will be getting your medical and prescription drug coverage through CareOregon Advantage Plus. If you want to change plans or switch to Original Medicare and get your prescription drug coverage through a Prescription Drug Plan you must do so between October 15 and December 7. The change will take effect on January 1, 2024.

## SECTION 2: Changes to Benefits and Costs for Next Year

### Section 2.1 – Changes to the Monthly Premium

Cost	2023 (this year)	2024 (next year)
<b>Monthly premium</b> (You must also continue to pay your Medicare Part B premium unless it is paid for you by Medicaid.)	\$0	\$0

### Section 2.2 – Changes to Your Maximum Out-of-Pocket Amount

Medicare requires all health plans to limit how much you pay out-of-pocket for the year. This limit is called the maximum out-of-pocket amount. Once you reach this amount, you generally pay nothing for covered Part A and Part B services for the rest of the year.

Cost	2023 (this year)	2024 (next year)
<b>Maximum out-of-pocket amount</b> <b>Because our members also get assistance from Medicaid, very few members ever reach this out-of-pocket maximum.</b> You are not responsible for paying any out-of-pocket costs toward the maximum out-of-pocket amount for covered Part A and Part B services. Your costs for covered medical services (such as copays and deductibles) count toward your maximum out-of-pocket amount. Your plan premium and your costs for prescription drugs do not count toward your maximum out-of-pocket amount.	\$8,300	\$8,850 Once you have paid \$8,850 out-of-pocket for covered Part A and Part B services, you will pay nothing for your covered Part A and Part B services for the rest of the calendar year.

## Section 2.3 – Changes to the Provider and Pharmacy Networks

Updated directories are located on our website at [careoregonadvantage.org](https://careoregonadvantage.org). You may also call Customer Service for updated provider and/or pharmacy information or to ask us to mail you a directory, which we will mail within three business days.

There are changes to our network of providers for next year. **Please review the 2024 Provider Directory to see if your providers (primary care provider, specialists, hospitals, etc.) are in our network.**

There are changes to our network of pharmacies for next year. **Please review the 2024 Pharmacy Directory to see which pharmacies are in our network.**

It is important that you know that we may make changes to the hospitals, doctors and specialists (providers), and pharmacies that are a part of your plan during the year. If a mid-year change in our providers affects you, please contact Customer Service so we may assist.

## Section 2.4 – Changes to Benefits and Costs for Medical Services

Please note that the *Annual Notice of Changes* tells you about changes to your Medicare benefits and costs.

We are making changes to costs and benefits for certain medical services next year. The information below describes these changes.

Cost	2023 (this year)	2024 (next year)
<b>CareOregon Advantage CareCard</b>	You receive <b>\$1,580</b> per benefit year (\$395 every three months) on your CareOregon Advantage CareCard to purchase health related over-the-counter (OTC) items and/or Healthy Foods.	You receive <b>\$1,620</b> per benefit year (\$405 every three months) on your CareOregon Advantage CareCard to purchase health related over-the-counter (OTC) items and/or Healthy Foods.
<b>Special Supplemental Benefits for Hypertension</b>	For those diagnosed with hypertension, you pay nothing for one blood pressure monitoring device per year from approved models. You pay \$0 for this benefit.	For those diagnosed with hypertension, you pay nothing for one blood pressure monitoring device every 24 months from approved models. You pay \$0 for this benefit.

## **Section 2.5 – Changes to Part D Prescription Drug Coverage**

### **Changes to Our “Drug List”**

Our list of covered drugs is called a Formulary or “Drug List.” A copy of our Drug List is provided electronically. **You can get the *complete Drug List*** by calling Customer Service (see the back cover) or visiting our website ([careoregonadvantage.org/druglist](https://careoregonadvantage.org/druglist)).

We made changes to our Drug List, which could include removing or adding drugs, changing the restrictions that apply to our coverage for certain drugs or moving them to a different cost-sharing tier. **Review the Drug List to make sure your drugs will be covered next year and to see if there will be any restrictions, or if your drug has been moved to a different cost-sharing tier.**

Most of the changes in the Drug List are new for the beginning of each year. However, during the year, we might make other changes that are allowed by Medicare rules. For instance, we can immediately remove drugs considered unsafe by the FDA or withdrawn from the market by a product manufacturer. We update our online Drug List to provide the most up to date list of drugs.

If you are affected by a change in drug coverage at the beginning of the year or during the year, please review Chapter 9 of your Evidence of Coverage and talk to your doctor to find out your options, such as asking for a temporary supply, applying for an exception and/or working to find a new drug. You can also contact Customer Service for more information.

### **Changes to Prescription Drug Costs**

If you receive “Extra Help” to pay your Medicare prescription drugs, you may qualify for a reduction or elimination of your cost sharing for Part D drugs. Some of the information described in this section may not apply to you. We have included a separate insert, called the “Evidence of Coverage Rider for People Who Get Extra Help Paying for Prescription Drugs” (also called the Low-Income Subsidy Rider or the LIS Rider), which tells you about your drug costs. If you receive “Extra Help” and didn’t receive this insert with this packet, please call Customer Service and ask for the LIS Rider.

There are four **drug payment stages**. The information below shows the changes to the first two stages – the Yearly Deductible Stage and the Initial Coverage Stage. (Most members do not reach the other two stages – the Coverage Gap Stage or the Catastrophic Coverage Stage.)

## Changes to the Deductible Stage

Stage	2023 (this year)	2024 (next year)
<p><b>Stage 1: Yearly Deductible Stage</b></p>	<p>\$0 or \$104</p>	<p>\$545</p> <p>If you qualify for “Extra Help,” the deductible stage does not apply to you.</p>
<p><b>Stage 2: Initial Coverage Stage</b></p> <p>During this stage, the plan pays its share of the cost of your drugs, and <b>you pay your share of the cost.</b></p> <p>Most adult Part D vaccines are covered at no cost to you.</p> <p>The costs in this row are for a one-month (30-day) supply when you fill your prescription at a network pharmacy that provides standard cost sharing. For information about the costs for a long-term supply or for mail-order prescriptions, look in Chapter 6, Section 5 of your <i>Evidence of Coverage</i>.</p> <p>We changed the tier for some of the drugs on our “Drug List.” To see if your drugs will be in a different tier, look them up on the Drug List.</p>	<p>Your cost for a one-month supply filled at a network pharmacy with standard cost sharing:</p> <ul style="list-style-type: none"> <li>For generic drugs or brand-named drugs treated as generic, you pay \$0/\$1.45/\$4.15 copay per prescription.</li> <li>For all other drugs, you pay \$0/\$4.30/\$10.35 per prescription.</li> </ul> <p>Once you have paid \$7,400 out-of-pocket for Part D drugs, you will move to the next stage (the Catastrophic Coverage Stage).</p>	<p>Your cost for a one-month supply filled at a network pharmacy with standard cost sharing for the following Tiers:</p> <p><b>Drug Tiers 1-4:</b></p> <ul style="list-style-type: none"> <li>For generic drugs or brand-named drugs treated as generic, you pay \$0/\$1.55/\$4.50 per prescription.</li> <li>For all other drugs, you pay \$0/\$4.60/\$11.20 per prescription.</li> </ul> <p><b>Drug Tier 5:</b></p> <ul style="list-style-type: none"> <li>For supplemental drugs or select drugs not normally covered by Medicare, you pay \$1.55 per prescription.</li> </ul> <p>Once you have paid \$8,000 out-of-pocket for Part D drugs, you will move to the next stage (the Catastrophic Coverage Stage).</p>

## Changes to your VBID Part D Benefit

	2023 (this year)	2024 (next year)
<b>Part D Drug Cost Sharing</b>	For those with “Extra Help”: \$0 copayments for maintenance drugs and for Part D vaccines.	For those with “Extra Help”: \$0 copayments for all Part D drugs included on the formulary or drug list.*

\*If you are approved for a non-formulary drug, you will be charged the copayment amount listed in the chart above in **Stage 2: Initial Coverage Stage**.

## Changes to the Coverage Gap and Catastrophic Coverage Stages

The other two drug coverage stages – the Coverage Gap Stage and the Catastrophic Coverage Stage – are for people with high drug costs. **Most members do not reach the Coverage Gap Stage or the Catastrophic Coverage Stage.**

**Beginning in 2024, if you reach the Catastrophic Coverage Stage, you pay nothing for covered Part D drugs. You may have cost sharing for excluded drugs that are covered under our enhanced benefit.**

For specific information about your costs in these stages, look at Chapter 6, Sections 6 and 7, in your *Evidence of Coverage*.

## **SECTION 3: Deciding Which Plan to Choose**

### **Section 3.1 – If you want to stay in CareOregon Advantage Plus**

**To stay in our plan, you don't need to do anything.** If you do not sign up for a different plan or change to Original Medicare by December 7, you will automatically be enrolled in our CareOregon Advantage Plus.

### **Section 3.2 – If you want to change plans**

We hope to keep you as a member next year but if you want to change plans for 2024 follow these steps:

#### **Step 1: Learn about and compare your choices**

- You can join a different Medicare health plan,
- —OR— You can change to Original Medicare. If you change to Original Medicare, you will need to decide whether to join a Medicare drug plan.

To learn more about Original Medicare and the different types of Medicare plans, use the Medicare Plan Finder ([medicare.gov/plan-compare](https://www.medicare.gov/plan-compare)), read the *Medicare & You 2024* handbook, call your State Health Insurance Assistance Program (see Section 5), or call Medicare (see Section 7.2).

#### **Step 2: Change your coverage**

- To **change to a different Medicare health plan**, enroll in the new plan. You will automatically be disenrolled from CareOregon Advantage Plus.
- To **change to Original Medicare with a prescription drug plan**, enroll in the new drug plan. You will automatically be disenrolled from CareOregon Advantage Plus.
- To **change to Original Medicare without a prescription drug plan**, you must either:
  - Send us a written request to disenroll. Contact Customer Service if you need more information on how to do so.
  - —OR— Contact **Medicare**, at 800-MEDICARE (800-633-4227), 24 hours a day, 7 days a week, and ask to be disenrolled. TTY users should call 877-486-2048.

If you switch to Original Medicare and do **not** enroll in a separate Medicare prescription drug plan, Medicare may enroll you in a drug plan unless you have opted out of automatic enrollment.



## **SECTION 4: Changing Plans**

If you want to change to a different plan or to Original Medicare for next year, you can do it from **October 15 until December 7**. The change will take effect on January 1, 2024.

### **Are there other times of the year to make a change?**

In certain situations, changes are also allowed at other times of the year. Examples include people with Medicaid, those who get “Extra Help” paying for their drugs, those who have or are leaving employer coverage, and those who move out of the service area.

Because you have Oregon Health Plan (Medicaid), you may be able to end your membership in our plan or switch to a different plan one time during each of the following **Special Enrollment Periods**:

- January to March
- April to June
- July to September

If you enrolled in a Medicare Advantage plan for January 1, 2024, and don't like your plan choice, you can switch to another Medicare health plan (either with or without Medicare prescription drug coverage) or switch to Original Medicare (either with or without Medicare prescription drug coverage) between January 1 and March 31, 2024.

If you recently moved into, currently live in, or just moved out of an institution (like a skilled nursing facility or long-term care hospital), you can change your Medicare coverage **at any time**. You can change to any other Medicare health plan (either with or without Medicare prescription drug coverage) or switch to Original Medicare (either with or without a separate Medicare prescription drug plan) at any time.

## **SECTION 5: Programs That Offer Free Counseling about Medicare and Medicaid**

The State Health Insurance Assistance Program (SHIP) is an independent government program with trained counselors in every state. In Oregon, the SHIP is called Senior Health Insurance Benefits Assistance (SHIBA).

It is a state program that gets money from the Federal government to give **free** local health insurance counseling to people with Medicare. SHIBA counselors can help you with your Medicare questions or problems. They can help you understand your Medicare plan choices and answer questions about switching plans. You can call SHIBA at 800-722-4134. You can learn more about SHIBA by visiting their website ([shiba.oregon.gov](http://shiba.oregon.gov)).

For questions about your Oregon Health Plan (Medicaid) benefits, contact Oregon Health Plan Client Services toll-free at 800-273-0557 (TTY 711). They are available 8 a.m. to 5 p.m. You can also call your coordinated care organization (CCO) if you are enrolled in one. Phone numbers are listed on the back of your CCO or Oregon Health ID Card. Ask how joining another plan or returning to Original Medicare affects how you get your Oregon Health Plan coverage.

## **SECTION 6: Programs That Help Pay for Prescription Drugs**

You may qualify for help paying for prescription drugs. Below we list different kinds of help:

- **“Extra Help” from Medicare.** Because you have Medicaid, you are already enrolled in “Extra Help,” also called the Low-Income Subsidy. “Extra Help” pays some of your prescription drug premiums, annual deductibles and coinsurance. Because you qualify, you do not have a coverage gap or late enrollment penalty. If you have questions about “Extra Help”, call:
  - 800-MEDICARE (800-633-4227). TTY users should call 877-486-2048, 24 hours a day/7 days a week;
  - The Social Security Office at 800-772-1213 between 8 am and 7 pm, Monday through Friday for a representative. Automated messages are available 24 hours a day. TTY users should call, 800-325-0778; or
  - Your State Medicaid Office (applications).
- **Prescription Cost-sharing Assistance for Persons with HIV/AIDS.** The AIDS Drug Assistance Program (ADAP) helps ensure that ADAP-eligible individuals living with HIV/AIDS have access to life-saving HIV medications. Individuals must meet certain criteria, including proof of State residence and HIV status, low income as defined by the State, and uninsured/under-insured status. Medicare Part D prescription drugs that are also covered by ADAP qualify for prescription cost-sharing assistance through the CAREAssist program. For information on eligibility criteria, covered drugs, or how to enroll in the program, please call 971-673-0144 or toll-free, 800-805-2313.

## **SECTION 7 Questions?**

### **Section 7.1 – Getting Help from CareOregon Advantage Plus**

Questions? We're here to help. Please call Customer Service at 503-416-4279 or toll-free 888-712-3258. (TTY only, call 711.) We are available for phone calls from October 1 to March 31, seven days a week from 8 a.m. to 8 p.m., and from April 1 to September 30, Monday through Friday from 8 a.m. to 8 p.m.

#### **Read your 2024 Evidence of Coverage (it has details about next year's benefits and costs)**

This *Annual Notice of Changes* gives you a summary of changes in your benefits and costs for 2024. For details, look in the *2024 Evidence of Coverage* for CareOregon Advantage Plus. The *Evidence of Coverage* is the legal, detailed description of your plan benefits. It explains your rights and the rules you need to follow to get covered services and prescription drugs. A copy of the *Evidence of Coverage* is located on our website at [careoregonadvantage.org/materials](https://careoregonadvantage.org/materials). You may also call Customer Service to ask us to mail you an *Evidence of Coverage*.

#### **Visit our Website**

You can also visit our website at [careoregonadvantage.org](https://careoregonadvantage.org). As a reminder, our website has the most up-to-date information about our provider network (*Provider Directory*) and our *List of Covered Drugs (Formulary/Drug List)*.

### **Section 7.2 – Getting Help from Medicare**

To get information directly from Medicare:

#### **Call 800-MEDICARE (800-633-4227)**

You can call 800-MEDICARE (800-633-4227), 24 hours a day, 7 days a week. TTY users should call 877-486-2048.

#### **Visit the Medicare Website**

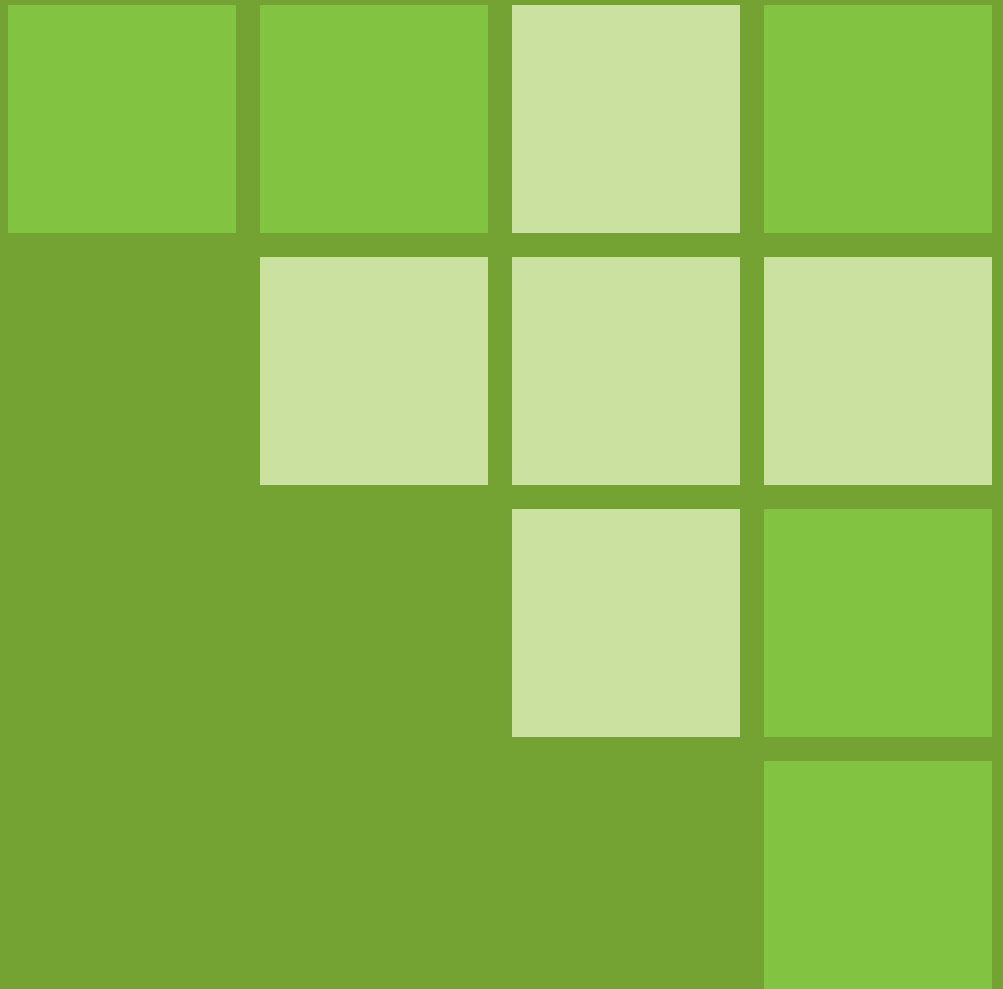
Visit the Medicare website ([medicare.gov](https://www.medicare.gov)). It has information about cost, coverage, and quality Star Ratings to help you compare Medicare health plans in your area. To view the information about plans, go to [medicare.gov/plan-compare](https://www.medicare.gov/plan-compare).

### **Read *Medicare & You 2024***

Read the *Medicare & You 2024* handbook. Every fall, this document is mailed to people with Medicare. It has a summary of Medicare benefits, rights and protections, and answers to the most frequently asked questions about Medicare. If you don't have a copy of this document, you can get it at the Medicare website ([medicare.gov/Pubs/pdf/10050-medicare-and-you.pdf](https://www.medicare.gov/Pubs/pdf/10050-medicare-and-you.pdf)) or by calling 800-MEDICARE (800-633-4227), 24 hours a day, 7 days a week. TTY users should call 877-486-2048.

### **Section 7.3 – Getting Help from Medicaid**

To get information from Medicaid you can call Oregon Health Plan Client Services toll-free at 800-273-0557. TTY users should call 711. If you are enrolled in a coordinated care organization (CCO), you can call them at the phone number listed on the back of your CCO ID Card.



## CareOregon Advantage Customer Service

Call: 503-416-4279 or toll-free 888-712-3258, TTY 711

### Hours of operation:

8 a.m. to 8 p.m. seven days a week, October 1 to March 31

8 a.m. to 8 p.m. Monday through Friday, April 1 to September 30



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