

More choice, better care. That's our Advantage.

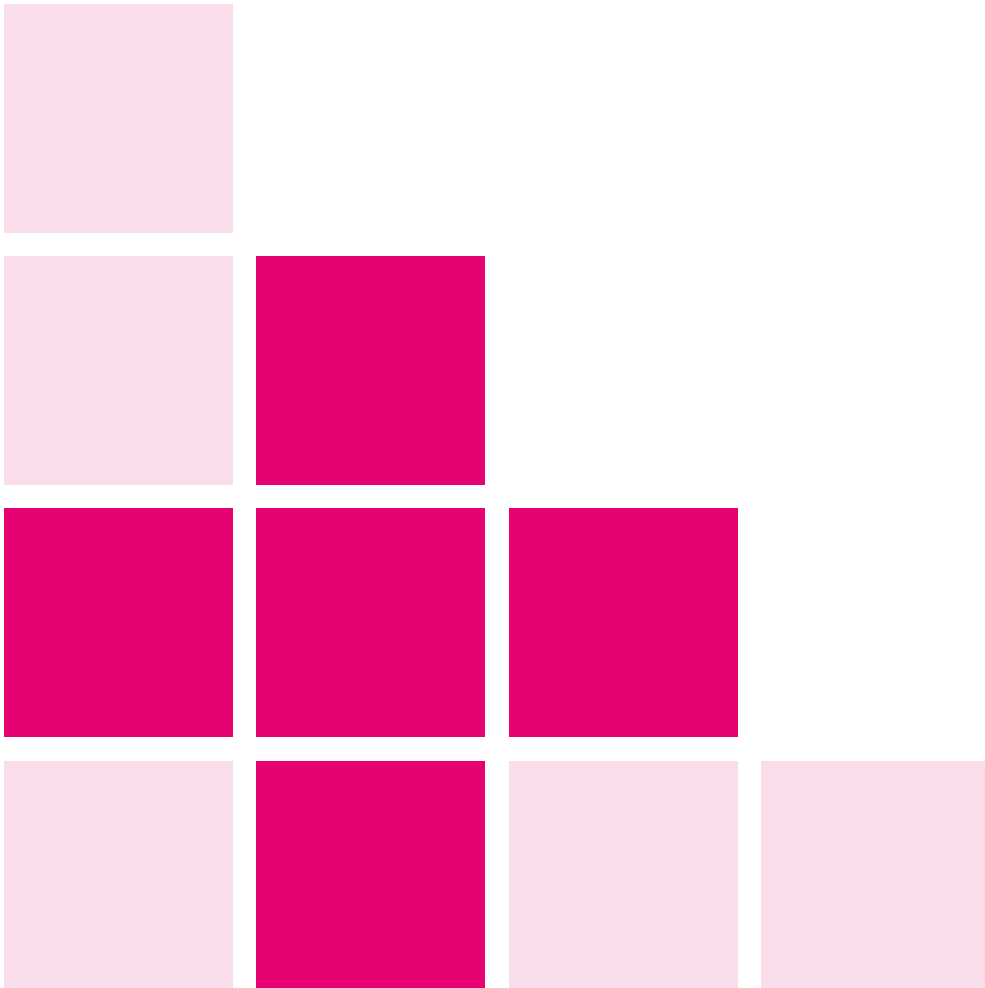
2024

Summary of Benefits

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

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

H5859_CO2024_SOB_M





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

(A Medicare Advantage Health Maintenance Organization with Point of Service Option (HMO-POS) offered by HEALTH PLAN OF CAREOREGON, INC. with a Medicare contract.)

Summary of Benefits

January 1, 2024 - December 31, 2024

This booklet gives you a summary of what we cover and what you pay. It doesn't list every service that we cover or list every limitation or exclusion. To get a complete list of services we cover, call us and ask for the "Evidence of Coverage."

To join **CareOregon Advantage Plus (HMO-POS D-SNP)**, you must be entitled to Medicare Part A, be enrolled in Medicare Part B and The Oregon Health Plan (Medicaid), and live in our service area.

Our service area includes the following counties in Oregon: Clackamas, Columbia, Jackson, Multnomah, Tillamook and Washington.

This plan is a Dual-Eligible Special Needs Plan (D-SNP) for people who have both Medicare and Medicaid. Generally you pay nothing except for Part D prescription drug copays. You can enroll in this plan if you are in one of these Medicaid categories:

- Qualified Medicare Beneficiary Plus (QMB+)
- Specified Low-Income Medicare Beneficiary Plus (SLMB+)

You may 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.

CareOregon Advantage Plus **Summary of Benefits for 2024**

Our website is **careoregonadvantage.org**

If you want to know more about the coverage and costs of Original Medicare, look in your current “**Medicare & You**” handbook. View it online at **[medicare.gov](https://www.medicare.gov)** or get a copy by calling 800-MEDICARE (800-633-4227), 24 hours a day, 7 days a week. TTY users should call 877-486-2048.

CareOregon Advantage Plus (HMO-POS D-SNP) has a network of doctors, hospitals, pharmacies, and other providers. For some services, you can use providers that are not in our network.

You can find more information about our networks in the following directories:

- Provider Directory - **careoregonadvantage.org/providersearch**
- Pharmacy Directory - **careoregonadvantage.org/pharmacy**
- Formulary (list of Part D prescription drugs) - **careoregonadvantage.org/druglist**

Or, call us and we will send you a copy of the provider and pharmacy directories or the formulary.

This document is available in other formats such as braille, large print or audio. This document is also available in Russian, Simplified Chinese, Traditional Chinese, Spanish and Vietnamese.

CareOregon Advantage Plus is an HMO-POS D-SNP with a Medicare/Medicaid contract. Enrollment in CareOregon Advantage Plus depends on contract renewal.

Out-of-network/non-contracted providers are under no obligation to treat CareOregon Advantage Plus members, except in emergency situations. Please call our Customer Service number or see your Evidence of Coverage for more information, including the cost-sharing that applies to out-of-network services.

Discrimination is Against the Law

CareOregon Advantage complies with applicable Federal civil rights laws and does not discriminate on the basis of race, color, national origin, age, disability, or sex. CareOregon Advantage does not exclude people or treat them differently because of race, color, national origin, age, disability, or sex.

CareOregon Advantage:

- Provides free aids and services to people with disabilities to communicate effectively with us, such as:
 - » Qualified sign language interpreters
 - » Written information in other formats (large print, audio, accessible electronic formats, other formats)
- Provides free language services to people whose primary language is not English, such as:
 - » Qualified interpreters
 - » Information written in other languages

If you need these services, contact CareOregon Advantage Customer Service.

If you believe that CareOregon Advantage has failed to provide these services or discriminated in another way on the basis of race, color, national origin, age, disability, or sex, you can file a grievance with:

Grievance Coordinator
315 SW Fifth Ave Portland, OR 97204
Toll-free: 888-712-3258
Fax: 503-416-1313 TTY 711
Email: **customerservice@careoregon.org**

You can file a grievance in person or by mail, fax, or email.

If you need help filing a grievance, Customer Service is available to help you.

You can also file a civil rights complaint with the U.S. Department of Health and Human Services, Office for Civil Rights, electronically through the Office for Civil Rights Complaint Portal, available at **<https://ocrportal.hhs.gov/ocr/portal/lobby.jsf>**, or by mail or phone at:

U.S. Department of Health and Human Services
200 Independence Avenue, SW
Room 509F, HHH Building
Washington, D.C. 20201
800-368-1019, 800-537-7697 (TDD)

Complaint forms are available at **hhs.gov/ocr/office/file/index.html**

CareOregon Advantage Plus **Summary of Benefits for 2024**

This section does not list every Medicare or Medicaid service covered, or list every limitation or exclusion. CareOregon Advantage Plus members must have Medicare and Oregon Health Plan (Medicaid) to be eligible. If you lose eligibility for 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.

Premiums and Benefits	CareOregon Advantage Plus (HMO-POS D-SNP)
Monthly Premium	You pay \$0
Medical Deductible	You pay \$0
Maximum Out-of-Pocket <i>(does not include prescription drugs)</i>	\$8,850 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.
Inpatient Hospital Services	You pay \$0 May require prior authorization or a referral from your doctor
Outpatient Hospital Services	You pay \$0 for: <ul style="list-style-type: none"> • Medicare-covered ambulatory surgical center visit • Medicare-covered outpatient hospital facility visit May require prior authorization or a referral from your doctor
Doctor's Office Visits	You pay \$0 for: <ul style="list-style-type: none"> • Primary care physician visit • Specialist visit • Routine physical There is a limit to how much our plan will pay for out-of-network services. Some services may require a referral from your primary care physician
Preventive Care	You pay \$0
Emergency Care	You pay \$0
Urgently Needed Services	You pay \$0
Diagnostic Imaging, Tests and Procedures	You pay \$0 for: <ul style="list-style-type: none"> • Diagnostic radiology services (such as MRIs, CT scans) • Diagnostic tests and procedures • Lab services • Outpatient X-rays • Therapeutic radiology services (such as radiation treatment for cancer)

CareOregon Advantage Plus **Summary of Benefits for 2024**

Premiums and Benefits	CareOregon Advantage Plus (HMO-POS D-SNP)
Hearing Services	<p>You pay \$0 for:</p> <ul style="list-style-type: none"> • Hearing exam • Hearing aids (up to 2 devices every 5 years) • Hearing aid batteries (60 per calendar year) <p>May require prior authorization or a referral from your doctor</p>
Dental Services	<p>You pay \$0 for:</p> <p>Standard services under Medicaid coverage include:</p> <ul style="list-style-type: none"> • Exams and X-rays (includes oral cancer screening) • Cleanings and fluoride treatments • Fillings • Tooth removal • Dentures (full and partial) • Denture adjustments, replacing missing or broken false teeth • Deep cleaning for gum disease • Emergency dental services <p>Referral or prior authorization may be required for standard services</p> <p>Supplemental benefits:</p> <p>Comprehensive and preventive dental services are covered up to a \$1,500 annual maximum allowance. This is accessed through the CareOregon Advantage CareCard</p>
Vision Services	<p>You pay \$0 for:</p> <p>Standard:</p> <ul style="list-style-type: none"> • Medicare-covered exams to diagnose and treat diseases of the eye, including annual glaucoma screening • One pair of Medicare-covered eyeglasses (lenses and frames) or contact lenses after cataract surgery <p>Referral or prior authorization may be required for Standard services</p> <p>Supplemental:</p> <ul style="list-style-type: none"> • One routine eye exam every 12 months • Choice of eyeglass frames (up to \$175) or contacts (up to \$100) • Lenses for eyeglasses (single vision, bi-focal, or tri-focal) and upgrades (for any category of progressive or high index lenses) are covered in full

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Premiums and Benefits	CareOregon Advantage Plus (HMO-POS D-SNP)
Mental Health Services	<p>You pay \$0</p> <p>Inpatient Services: Inpatient mental health may require a referral or prior authorization unless in an emergency</p> <p>Outpatient services: Individual and group therapy sessions</p>
Ambulance	<p>You pay \$0</p>
CareOregon Advantage CareCard	<p>You pay \$0</p> <p>Members will receive a new CareOregon Advantage CareCard in 2024. The CareCard allows members to access three separate categories of benefits called “wallets” for the following benefits:</p> <ul style="list-style-type: none"> • Your \$1,500 supplemental dental benefit (see Dental Services for more details) • Receive \$1,620 annually (\$405 per quarter) for healthy foods and eligible over-the-counter health items • Rewards for completing healthy activities (see Rewards & Incentives for more details)
Chiropractic Services	<p>You pay \$0</p> <p>May require prior authorization or a referral from your doctor</p>
Diabetes Supplies and Services	<p>You pay \$0 for:</p> <ul style="list-style-type: none"> • Diabetes self management training • Therapeutic shoes or inserts • Diabetes monitoring supplies <p>May require prior authorization or a referral from your doctor</p>
Durable Medical Equipment	<p>You pay \$0</p> <p>Includes items such as wheelchairs, crutches, walkers, oxygen equipment</p> <p>May require prior authorization or a referral from your doctor</p>
End-Stage Renal Disease	<p>You pay \$0 for:</p> <ul style="list-style-type: none"> • Kidney disease education • Outpatient dialysis • Inpatient dialysis • Self-dialysis training, equipment, and support <p>May require prior authorization or a referral from your doctor</p>
Family Planning Services	<p>You pay \$0 for covered services</p>

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Foot Care (podiatry services)	You pay \$0 for: <ul style="list-style-type: none"> • Foot exams and treatment • Routine foot care May require prior authorization or a referral from your doctor
Health and Wellness Education Programs	You pay \$0 Nurse Advice Line: Available 24 hours a day, 7 days a week Fitness Program: Includes gym membership at participating Silver&Fit® locations. You can select one home fitness kit per benefit years
Home Health Care	You pay \$0 Includes medically necessary care by skilled nurses and home health aides for rehabilitation services covered by Medicaid May require prior authorization
Hospice	You pay \$0 for Medicaid covered services
Incontinence Supplies	You pay \$0 Covered under Medicaid benefits
In-Home Support Services	You pay \$0 Up to ninety (90) in-home visits per year with PapaPals. This benefit supports members with their Instrumental Activities of Daily Living, such as transportation, grocery shopping, preparing food, financial management, and medication management. The support personnel can also meet needs for technology assistance, help accessing member benefits (such as activating your CareCard, scheduling Non-emergency medical transportation, etc.) and support with social needs
Meal Delivery Program	You pay \$0 After your discharge from an inpatient stay in a hospital, rehab or skilled nursing facility, you are eligible to receive up to 35 days of meals delivered to your home (maximum 70 meals, or two meals per day) A referral is required
Medicare Part B Drugs	You pay \$0 Includes chemotherapy and other Part B drugs May require prior authorization or a referral from your doctor

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Premiums and Benefits	CareOregon Advantage Plus (HMO-POS D-SNP)
Other Oregon Health Plan Services	<p>You pay \$0</p> <p>Services which are covered by the state and not by your Medicaid-managed health care plan including abortions and death with dignity services</p>
Over-the-Counter Drugs	<p>You pay \$0</p> <p>Select over-the-the counter drugs, vitamins, and minerals when accompanied by a prescription covered by Medicaid benefits</p>
Physical Therapy	<p>You pay \$0</p> <p>Covered services include physical therapy, occupational therapy, and speech language therapy.</p> <p>May require prior authorization or a referral from your doctor</p>
Personal Emergency Response System (PERS)	<p>You pay \$0</p> <p>In-home monitoring unit with a choice of bracelet or necklace device that includes 24/7 monitoring</p>
Prosthetics Devices and Related Supplies	<p>You pay \$0</p> <p>May require prior authorization or a referral from your doctor</p>
Routine Immunizations	<p>You pay \$0</p>
Skilled Nursing Facility	<p>You pay \$0</p> <p>May require prior authorization or a referral from your doctor</p>
Special Supplemental Benefits for Hypertension	<p>You pay \$0</p> <p>For those diagnosed with hypertension, one blood pressure monitoring device every 24 months</p>
Substance Abuse Services	<p>You pay \$0</p> <p>Includes inpatient and outpatient (individual or group therapy) services</p> <p>May require prior authorization or a referral from your doctor</p>

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Premiums and Benefits	CareOregon Advantage Plus (HMO-POS D-SNP)
Transportation	You pay \$0 for: <ul style="list-style-type: none">• Unlimited rides to non-emergency Medicaid-covered appointments May require prior authorization or a referral from your doctor
Virtual Visits	You pay \$0 Available 24/7, connect with a U.S. board-certified and licensed provider by phone, video chat or through the app for treatment of non-emergency medical conditions and prescriptions

Prescription Drug Benefits

Pharmacy Deductible:

\$545

If you qualify for “Extra Help” the deductible stage does not apply to you.

Initial Coverage Stage:

Depending on your income and institutional status, you pay the following for Drug Tiers 1-4

For generic drugs or brand drugs treated as a generic (up to a 100-day supply), either:

- \$0 copay; or
- \$1.55 copay; or
- \$4.50 copay

For brand drugs (up to a 100-day supply), either:

- \$0 copay; or
- \$4.60 copay; or
- \$11.20 copay

You pay the following for supplemental drugs or select drugs not normally covered by Medicare (Drug Tier 5):

- \$1.55 per prescription

Coverage Gap Stage:

There is no coverage gap for CareOregon Advantage Plus. Once you leave the Initial Coverage Stage, you move on to the Catastrophic Coverage Stage.

Catastrophic Coverage Stage:

The plan pays the full cost for your covered Part D drugs, after your yearly out-of-pocket drug costs reach \$8,000.

You pay \$1.55 per prescription for supplemental drugs or select drugs not normally covered by Medicare.

Reduced Cost-Sharing If You Receive Extra Help

For people who receive “Extra Help,” you are eligible for \$0 copays when you fill any drug included in the CareOregon Advantage Plus Formulary (drug list).

Rewards & Incentives

Members will be eligible to receive rewards for completing qualifying healthy activities in 2024. When you complete one or more qualifying healthy activity, reward funds will be loaded onto your CareCard. Talk to your provider or a CareOregon Advantage Plus representative to find out which healthy activities are recommended for you.

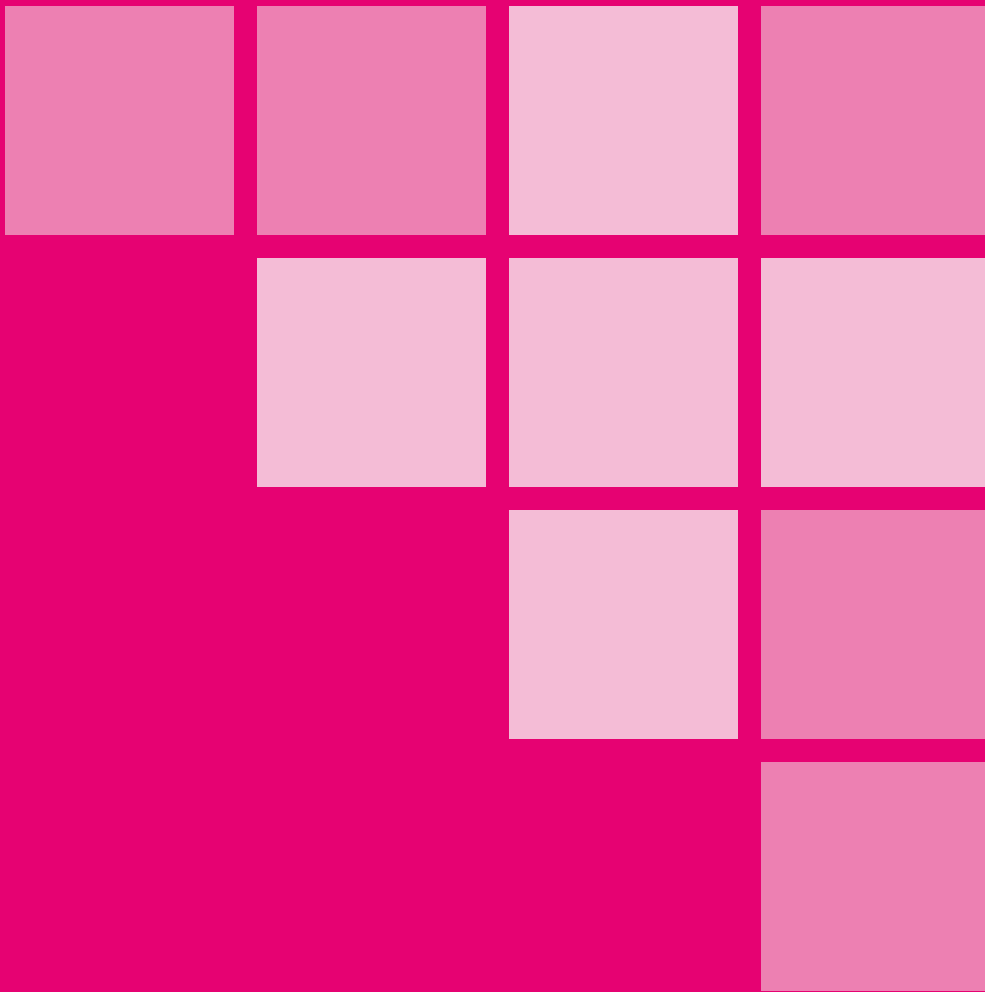
Rewards for Everybody	
Get a flu shot from the pharmacy or your provider	\$25
Complete an Annual Wellness Exam or equivalent visit with your provider	\$50
Complete a Health Risk Assessment by filling out a form on paper, online, or over the phone with a CareOregon Advantage Plus representative	\$25
Rewards for Services Recommended by Your Provider	
Complete a mammogram	\$50
Complete a colorectal cancer screening	\$50
Rewards for Members Taking Certain Blood Pressure Medications	
Talk to a pharmacist about your ACE inhibitor or Angiotensin receptor blocker (ARB)	\$25 each call, up to \$50
Complete one call and fill the drug often enough to cover at least 80% of the time that you are supposed to be on this drug.	\$50
Rewards for Members Enrolled into the Medication Therapy Management (MTM) Program	
Complete a comprehensive medication review with a pharmacist	\$50
Rewards for Members Diagnosed with Diabetes	
Complete a diabetic eye exam	\$25
Complete a diabetic kidney exam	\$25
Complete an A1c test	\$25
Earn all three diabetic rewards	\$50

Contact Us with Questions

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Our website is ***careoregonadvantage.org***



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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