

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

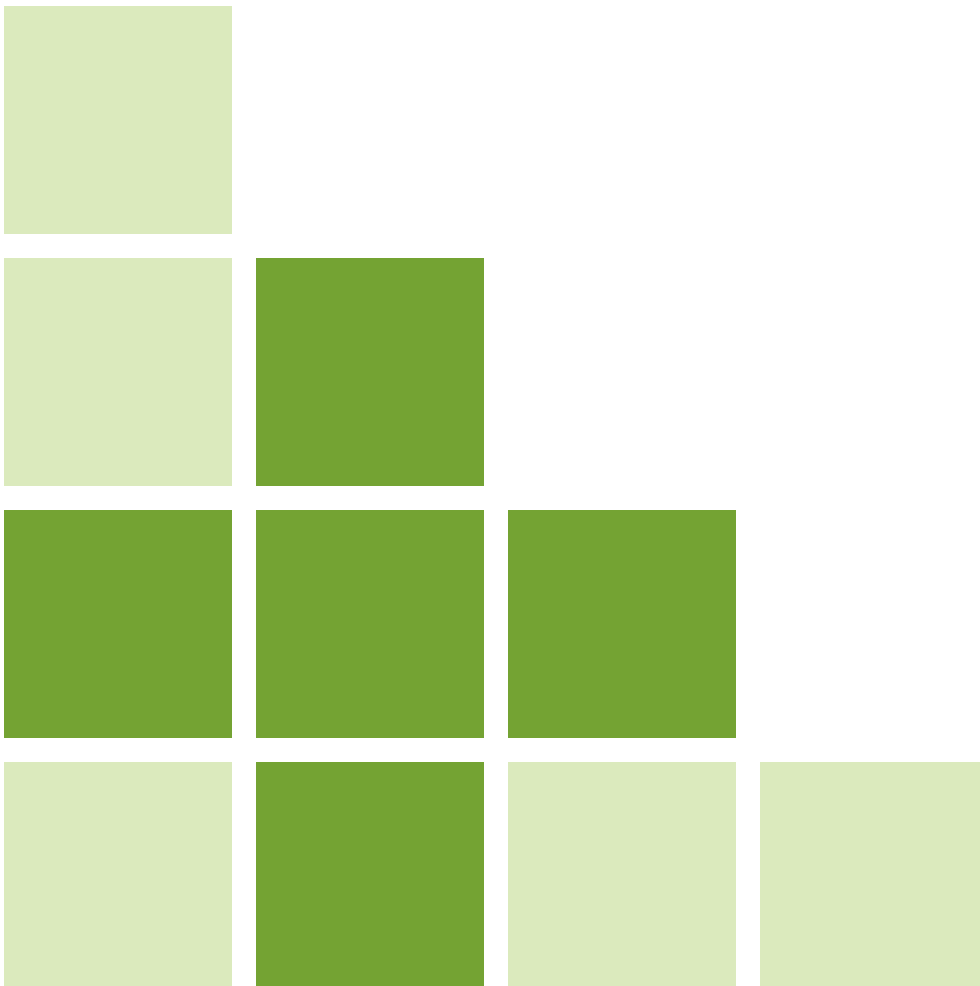
2025

Annual Notice of Changes

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

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

H5859_CO2025ANOC_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 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.

Chinese Mandarin: 我们提供免费的翻译服务，帮助您解答关于健康或药物保险的任疑问。如果您需要此翻译服务，请致电 888-712-3258。我们的中文工作人员很乐意帮助您。这是一项免费服务。

Chinese Cantonese: 您對我們的健康或藥物保險可能存有疑問，為此我們提供免費的翻譯服務。如需翻譯服務，請致電 888-712-3258。我們講中文的人員將樂意為您提供幫助。這是一項免費服務。

Tagalog: Mayroon kaming libreng serbisyo sa pagsasaling-wika upang masagot ang anumang mga katanungan ninyo hinggil sa aming planong pangkalusugan o panggamot. Upang makakuha ng tagasaling-wika, tawagan lamang kami sa 888-712-3258. Maaari kayong tulungan ng isang nakakapagsalita ng Tagalog. Ito ay libreng serbisyo.

French: Nous proposons des services gratuits d'interprétation pour répondre à toutes vos questions relatives à notre régime de santé ou d'assurance médicaments. Pour accéder au service d'interprétation, il vous suffit de nous appeler au 888-712-3258. Un interlocuteur parlant Français pourra vous aider. Ce service est gratuit.

Vietnamese: Chúng tôi có dịch vụ thông dịch miễn phí để trả lời các câu hỏi về chương sức khỏe và chương trình thuốc men. Nếu quý vị cần thông dịch viên xin gọi 888-712-3258 sẽ có nhân viên nói tiếng Việt giúp đỡ quý vị. Đây là dịch vụ miễn phí .

German: Unser kostenloser Dolmetscherservice beantwortet Ihren Fragen zu unserem Gesundheits- und Arzneimittelplan. Unsere Dolmetscher erreichen Sie unter 888-712-3258. Man wird Ihnen dort auf Deutsch weiterhelfen. Dieser Service ist kostenlos.

Korean: 당사는 의료 보험 또는 약품 보험에 관한 질문에 답해 드리고자 무료 통역서비스를 제공하고 있습니다. 통역 서비스를 이용하려면 전화 888-712-3258 번으로 문의해주시십시오. 한국어를 하는 담당자가 도와 드릴 것입니다. 이 서비스는 무료로 운영됩니다.

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= दुभाषिया सेवाएँ उपल ह. एक दुभाषिया ा 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.

Polish: Umożliwiamy bezpłatne skorzystanie z usług tłumacza ustnego, który pomoże w uzyskaniu odpowiedzi na temat planu zdrowotnego lub dawkowania leków. Aby skorzystać z pomocy tłumacza znającego język polski, należy zadzwonić pod numer 888-712-3258. Ta usługa jest bezpłatna.

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.

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

Annual Notice of Changes for 2025

You are currently enrolled as a member of Care Oregon 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. 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 coverage restrictions and cost sharing.
 - Think about how much you will spend on premiums, deductibles and cost sharing.

- Check the changes in the *2025 Drug List* to make sure the drugs you currently take are still covered.
 - Compare the 2024 and 2025 plan information to see if any of these drugs are moving to a different cost-sharing tier or will be subject to different restrictions, such as prior authorization, step therapy, or a quantity limit, for 2025.
- Check to see if your primary care doctors, specialists, hospitals, and other providers, including pharmacies, will be in our network next year.
 - Check if you qualify for help paying for prescription drugs. People with limited incomes may qualify for “Extra Help” from Medicare.
 - 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 www.medicare.gov/plan-compare or review the list in the back of your *Medicare & You 2025* handbook. For additional support, contact your State Health Insurance Assistance Program (SHIP) to speak with a trained counselor.
- 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, 2024, you will stay in Care Oregon 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, 2025**. This will end your enrollment with Care Oregon Advantage Plus.
- Look in section 3.2, page 15 to learn more about your choices.
- If you recently moved into or currently live in 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. If you recently moved out of an institution, you have an opportunity to switch plans or switch to Original Medicare for two full months after the month you move out.

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 www.irs.gov/Affordable-Care-Act/Individuals-and-Families for more information.

About Care Oregon 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 Care Oregon Advantage Plus.

Annual Notice of Changes for 2025
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Summary of Important Costs for 2025

The table below compares the 2024 costs and 2025 costs for Care Oregon 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 | 2024 (this year) | 2025 (next year) |
|---|------------------|------------------|
| Monthly plan premium* * Your premium may be higher than this amount. See Section 2.1 for details. | \$0 | \$0 |
| Deductible | \$0 | \$0 |

| Cost | 2024 (this year) | 2025 (next year) |
|--|---|---|
| Doctor office visits | Primary care visits: \$0 per visit Specialist visits: \$0 per visit | Primary care visits: \$0 per visit Specialist visits: \$0 per visit |
| Inpatient hospital stays | \$0 | \$0 |
| Part D prescription drug coverage (See Section 2.5 for details.) | Deductible: \$545 except for covered insulin products and most adult Part D vaccines. If you qualify for “Extra Help,” the deductible stage does not apply to you. Copays during the Initial Coverage Stage for Drug Tiers 1-4: For generic drugs or brand- | Deductible: \$590 except for covered insulin products and most adult Part D vaccines. If you qualify for “Extra Help,” the deductible stage does not apply to you. Copays during the Initial Coverage Stage for Drug Tiers 1-4: For generic drugs or brand- |

| Cost | 2024 (this year) | 2025 (next year) |
|------|--|--|
| | <p>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"> For all supplemental drugs or select drugs not normally covered by Medicare, you pay \$1.55 per prescription. <p>Catastrophic Coverage:</p> | <p>named drugs treated as generic, you pay \$0/\$1.60/\$4.90 per prescription.</p> <p>For all other drugs, you pay \$0/\$4.80/\$12.15 per prescription.</p> <p>Copays during the Initial Coverage Stage for Drug Tier 5:</p> <ul style="list-style-type: none"> For all supplemental drugs or select drugs not normally covered by Medicare, you pay \$1.60 per prescription. <p>Catastrophic Coverage:</p> |

| Cost | 2024 (this year) | 2025 (next year) |
|--|---|---|
| | <ul style="list-style-type: none"> • During this payment stage, the plan pays the full cost for your covered Part D drugs. • You may have the cost sharing for drugs that are covered under our enhanced benefit. | <ul style="list-style-type: none"> • During this payment stage, the plan pays the full cost for your covered Part D drugs. • You may have the cost sharing for drugs that are covered under our enhanced benefit. |
| <p>Maximum out-of-pocket amount</p> <p>This is the <u>most</u> you will pay out of pocket for your covered services. (See Section 2.2 for details.)</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</p> | <p>\$9,350</p> <p>You are not responsible for paying any out-of-pocket costs toward the maximum out-of-pocket amount for covered Part</p> |

| Cost | 2024 (this year) | 2025 (next year) |
|-------------|-------------------------|-------------------------|
| | A and Part B services. | A and Part B services. |

SECTION 1 Unless You Choose Another Plan, You Will Be Automatically Enrolled in Care Oregon Advantage Plus in 2025

If you do nothing in 2024, we will automatically enroll you in Care Oregon Advantage Plus. This means starting January 1, 2025, you will be getting your medical and prescription drug coverage through Care Oregon 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, 2025.

SECTION 2 Changes to Benefits and Costs for Next Year

Section 2.1 – Changes to the Monthly Premium

| Cost | 2024 (this year) | 2025 (next year) |
|---|-------------------------|-------------------------|
| Monthly premium (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 | 2024 (this year) | 2025 (next year) |
|--|-----------------------|---|
| <p>Maximum out-of-pocket amount; because our members also get assistance from Medicaid, very few members ever reach this out-of-pocket maximum.</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. 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.</p> | <p>\$8,850</p> | <p>\$9,350</p> <p>Once you have paid \$9,350 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.</p> |

Section 2.3 – Changes to the Provider and Pharmacy Networks

Amounts you pay for your prescription drugs may depend on which pharmacy you use. Medicare drug plans have a network of pharmacies. In most cases, your prescriptions are covered *only* if they are filled at one of our network pharmacies.

Updated directories are located on our website at careoregonadvantage.org. You may also call Customer Service for an updated provider and/or pharmacy information or 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 2025 *Provider Directory* (careoregonadvantage.org/providersearch) **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 2025 *Pharmacy Directory* (careoregonadvantage.org/pharmacy) **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 and Medicaid benefits and costs.

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

| Cost | 2024 (this year) | 2025 (next year) |
|--|---|--|
| CareCard Healthy Foods and Over the Counter Items Benefit | You receive \$1,620 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. | You receive \$1,378 per benefit year (\$344.50 every three months) on your CareOregon Advantage CareCard to purchase health related over-the-counter (OTC) items, healthy foods, and/or utilities. |

| Cost | 2024 (this year) | 2025 (next year) |
|---|---|--|
| CareCard Supplemental Dental Benefit | You receive \$1,500 per year for supplemental dental services. | Supplemental dental services are not covered. Dental benefits are still available through Medicaid. Please see the <i>Evidence of Coverage</i> or your Medicaid Member Handbook for more information. |
| In-Home Support Services | You receive up to ninety (90) hours of in-home visits per year with Papa Pals to support Instrumental Activities of Daily Living. | You receive up to sixty (60) hours of in-home visits per year with Papa Pals to support Instrumental Activities of Daily Living. |

| Cost | 2024 (this year) | 2025 (next year) |
|------------------------------|--|---|
| Meal Delivery Program | You receive up to 28 days of meals (maximum 56 meals, or three meals per day) after discharge from an inpatient hospital stay. | Meal Delivery Program is not a covered Medicare benefit. If your Medicaid benefits are managed by CareOregon, meal delivery after an inpatient stay is covered, up to 28 days of meals (maximum 84 meals, or three meals per day). If your Medicaid benefits are not managed by CareOregon, contact your CCO or OHA to help determine what benefits are available to you. |

| Cost | 2024 (this year) | 2025 (next year) |
|--------------------------|---|--|
| Nurse Advice Line | You have access to a nurse advice line 24 hours a day, 7 days a week. | Nurse advice line is not a covered Medicare benefit. Members may call their primary care provider's office for nurse advice or Teladoc for urgent care over the phone or internet video. |
| Part B Drugs | Prior authorization and step therapy requirements change yearly, please contact customer service to verify which drugs require prior authorization or step therapy. | Prior authorization and step therapy requirements change yearly, please contact customer service to verify which drugs require prior authorization or step therapy. |

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).

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, we might make other changes that are allowed by Medicare rules that will affect you during the plan year. We update our online Drug List at least monthly to provide the most up-to-date list of drugs. If we make a change that will affect your access to a drug you are taking, we will send you a notice about the change.

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.

We currently can immediately remove a brand name drug on our Drug List if we replace it with a new generic drug version with the same or fewer restrictions as the brand name drug it replaces. Also, when adding a new generic, we may also decide to keep the brand name drug on our Drug List, but immediately add new restrictions.

Starting in 2025, we can immediately replace original biological products with certain biosimilars. This means, for instance, if you are taking an original biological product that is being replaced by a biosimilar, you may not get notice of the change 30 days before we make it or get a month's supply of your original biological product at a network pharmacy. If you are taking the original biological product at the time we make the change, you will still get information on the specific change we made, but it may arrive after we make the change.

Some of these drug types may be new to you. For definitions of drug types, please see Chapter 12 of your *Evidence of Coverage*. The Food and Drug Administration (FDA) also provides consumer information on drugs. See the FDA website: www.fda.gov/drugs/biosimilars/multimedia-education-materials-biosimilars#For%20Patients. You may also contact Customer Service or ask your health care provider, prescriber, or pharmacist for more information.

Changes to Prescription Drug Benefits and Costs

Beginning in 2025, there are three **drug payment stages**: the Yearly Deductible Stage, the Initial Coverage Stage, and the Catastrophic Coverage Stage. The Coverage Gap Stage and the

Coverage Gap Discount Program will no longer exist in the Part D benefit.

The Coverage Gap Discount Program will also be replaced by the Manufacturer Discount Program. Under the Manufacturer Discount Program, drug manufacturers pay a portion of the plan's full cost for covered Part D brand name drugs and biologics during the Initial Coverage Stage and the Catastrophic Coverage Stage. Discounts paid by manufacturers under the Manufacturer Discount Program do not count toward out-of-pocket costs.

Changes to the Deductible Stage

| Stage | 2024 (this year) | 2025 (next year) |
|--|---|---|
| <p>Stage 1: Yearly Deductible Stage</p> <p>During this stage, you pay the full cost of your drugs until you have reached the yearly deductible. The deductible doesn't apply to covered insulin products and most adult Part D vaccines, including shingles, tetanus, and travel vaccines.</p> | <p>The deductible is \$545.</p> <p>If you qualify for "Extra Help," the deductible stage does not apply to you.</p> | <p>The deductible is \$590.</p> <p>If you qualify for "Extra Help," the deductible stage does not apply to you.</p> |

Changes to Your Cost Sharing in the Initial Coverage Stage

| Stage | 2024 (this year) | 2025 (next year) |
|--|--|--|
| <p>Stage 2: Initial Coverage Stage</p> <p>Once you pay the yearly deductible, you move to the Initial Coverage Stage. During this stage, the plan pays its share of the cost of your drugs, and you pay your share of the cost.</p> <p>The costs in this row are for a one-month (30-day) supply when you fill your prescription at a network pharmacy.</p> <p>For information about the costs for a long-term supply look in Chapter 6, Section 5 of your</p> | <p>Your cost for a one-month supply for the following Tiers is:</p> <p>Drug Tiers 1-4:</p> <ul style="list-style-type: none"> • For generic drugs or brand-named drugs treated as generic, you pay \$0/\$1.55/\$4.50 per prescription. • For all other drugs, you pay \$0/\$4.60/\$11.20 per prescription. <p>Drug Tier 5</p> <ul style="list-style-type: none"> • For supplemental drugs or select drugs not normally covered by Medicare, you | <p>Your cost for a one-month supply for the following Tiers is:</p> <p>Drug Tiers 1-4:</p> <ul style="list-style-type: none"> • For generic drugs or brand-named drugs treated as generic, you pay \$0/\$1.60/\$4.90 per prescription. • For all other drugs, you pay \$0/\$4.80/\$12.15 per prescription. <p>Drug Tier 5</p> <ul style="list-style-type: none"> • For supplemental drugs not normally covered by Medicare, you |

| Stage | 2024 (this year) | 2025 (next year) |
|--|--|--|
| <p><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>Most adult Part D vaccines are covered at no cost to you.</p> | <p>pay \$1.55 per prescription.</p> <hr/> <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> | <p>pay \$1.60 per prescription.</p> <hr/> <p>Once you have paid \$2,000 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

| | 2024 (this year) | 2025 (next year) |
|--------------------------|--|--|
| Part D Drug Cost Sharing | For those with “Extra Help”: \$0 copayments for all Part D drugs included on the formulary or drug list. | For those with “Extra Help”: \$0 copayments for all Part D drugs on the formulary and approved non-formulary Part D drugs. |

Changes to the Catastrophic Coverage Stage

The Catastrophic Coverage Stage is the third and final stage. Beginning in 2025, drug manufacturers pay a portion of the plan's full cost for covered Part D brand name drugs and biologics during the Catastrophic Coverage Stage. Discounts paid by manufacturers under the Manufacturer Discount Program do not count toward out-of-pocket costs.

If you reach the Catastrophic Coverage Stage, you pay nothing for your 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 the Catastrophic Coverage Stage, look at Chapter 6, Section 6, in your *Evidence of Coverage*.

SECTION 3 Deciding Which Plan to Choose

Section 3.1 – If you want to stay in Care Oregon 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 Care Oregon 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 2025 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 (www.medicare.gov/plan-compare), read the *Medicare & You 2025* 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 Care Oregon Advantage Plus.
- To **change to Original Medicare with a prescription drug plan**, enroll in the new drug plan. You will automatically be disenrolled from Care Oregon 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 1-800-MEDICARE (1-800-633-4227), 24 hours a day, 7 days a week, and ask to be disenrolled. TTY users should call 1-877-486-2048.

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 Deadline for 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, 2025.

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 can end your membership in our plan any month of the year. You also have options to enroll in another Medicare plan any month including:

- Original Medicare *with* a separate Medicare prescription drug plan,
- Original Medicare without a separate Medicare prescription drug plan (If you choose this option, Medicare

may enroll you in a drug plan, unless you have opted out of automatic enrollment.), or

- If eligible, an integrated D-SNP that provides your Medicare and most or all of your Medicaid benefits and services in one plan.

If you enrolled in a Medicare Advantage plan for January 1, 2025, and don't like your plan choice, you can also 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, 2025.

If you recently moved into or currently live in 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. If you recently moved out of an institution, you have an opportunity to switch plans or switch to Original Medicare for two full months after the month you move out.

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 Senior Health Insurance Benefits Assistance (SHIBA) at 800-722-4134. You can learn more about Senior Health Insurance Benefits Assistance (SHIBA) by visiting their website (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, yearly deductibles, and coinsurance. Because you qualify, you do not have a late

enrollment penalty. If you have questions about “Extra Help,” call:

- 1-800-MEDICARE (1-800-633-4227). TTY users should call 1-877-486-2048, 24 hours a day, 7 days a week;
 - The Social Security Office at 1-800-772-1213 between 8 am and 7 pm, Monday through Friday for a representative. Automated messages are available 24 hours a day. TTY users should call, 1-800-325-0778; or
 - Your State Medicaid Office.
- **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 CARE Assist 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 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 *2025 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 2025. For details, look in the *2025 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. You may also call Customer Service to ask us to mail you the *Evidence of Coverage*.

Visit our website

You can also visit our website at 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 1-800-MEDICARE (1-800-633-4227)

You can call 1-800-MEDICARE (1-800-633-4227), 24 hours a day, 7 days a week. TTY users should call 1-877-486-2048.

Visit the Medicare Website

Visit the Medicare website (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 www.medicare.gov/plan-compare.

Read *Medicare & You 2025*

Read the *Medicare & You 2025* 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 (<https://www.medicare.gov/Pubs/pdf/10050-medicare-and-you.pdf>) or by calling 1-800-MEDICARE (1-800-633-4227), 24 hours a day, 7 days a week. TTY users should call 1-877-486-2048.

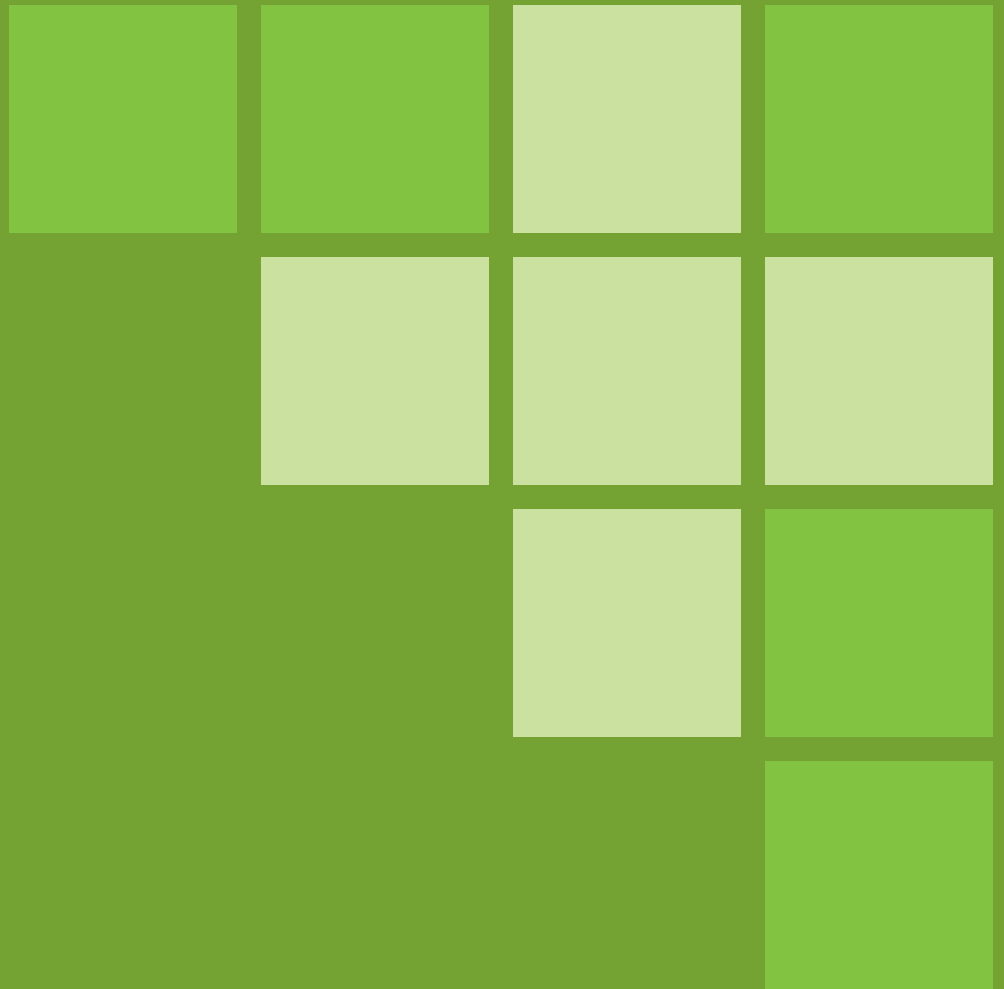
Section 7.3 – Getting Help from Medicaid

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.

You can get this in other languages, large print, braille or a format you prefer. You can also ask for an interpreter. This help is free. Call 888-440-9912 or TTY 711.

OHP-COA-24-3846



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