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

2027

Summary of Benefits

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

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

CareOregon® Advantage

CareOregon Advantage

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

(A Medicare Advantage Health Maintenance Organization (HMO) offered by HEALTH PLAN OF CAREOREGON, INC. with a Medicare contract.)

Summary of Benefits

January 1, 2027 - December 31, 2027

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 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 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.

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*** 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 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 D-SNP with a Medicare/Medicaid contract. Enrollment in CareOregon Advantage Plus depends on contract renewal.

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 ***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 2027**

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 D-SNP)
Monthly premium	You pay **$0**
Medical deductible	You pay **$0**
Maximum out-of-pocket *(does not include prescription drugs)*	**$9,850** 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: • 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: • Primary care physician visit • Specialist visit • Routine physical 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: • 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)

Premiums and benefits	CareOregon Advantage Plus (HMO D-SNP)
Hearing services	You pay **$0** for: • Hearing exam • Hearing aids (up to 2 devices every 5 years) • Hearing aid batteries (60 per calendar year) May require prior authorization or a referral from your doctor. Hearing aids and batteries are covered under your Medicaid benefits.
Dental services	You pay **$0** for: **Standard services** under Medicaid coverage include: • 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 Referral or prior authorization may be required for standard services.
Vision services	You pay **$0** for: **Standard:** • 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 Referral or prior authorization may be required for Standard services. **Supplemental:** • 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
Mental health services	You pay **$0** **Inpatient services:** Inpatient mental health may require a referral or prior authorization unless in an emergency **Outpatient services**: Individual and group therapy sessions

Premiums and benefits	CareOregon Advantage Plus (HMO D-SNP)
Acupuncture	You pay **$0** Covered under Medicare benefits for lower back pain.Covered under Medicaid benefits for additional diagnoses. Please see Evidence of Coverage for more information. Authorization is required. Limits vary per diagnosis.
Ambulance	You pay **$0**
CareOregon Advantage CareCard	You pay **$0** The CareCard allows members to access three separate categories of benefits called “wallets” for the following benefits: For all members: • Receive **$70** every three months (**$280** annually) for over-the-counter health items For qualifying members: • Receive **$225** every three months (**$900** annually) for healthy foods. See the SSBCI benefit, page 9, for more details. • Rewards for completing healthy activities. See Rewards and Incentives, page 11, for more details.
Chiropractic services	You pay **$0** May require prior authorization or a referral from your doctor.
Diabetes supplies and services*	You pay **$0** for: • Diabetes self management training • Therapeutic shoes or inserts • Diabetes monitoring supplies May require prior authorization or a referral from your doctor.
Durable medical equipment	You pay **$0** Includes items such as wheelchairs, crutches, walkers, oxygen equipment. May require prior authorization or a referral from your doctor.
End-stage renal disease	You pay **$0** for: • Kidney disease education • Outpatient dialysis • Inpatient dialysis • Self-dialysis training, equipment, and support May require prior authorization or a referral from your doctor.

*Members receiving these items at the pharmacy who do not have Medicaid from CareOregon must also provide their Medicaid card to avoid cost-sharing.

Premiums and benefits	CareOregon Advantage Plus (HMO D-SNP)
Foot care (podiatry services)	You pay **$0** for: • Foot exams and treatment • Routine foot care May require prior authorization or a referral from your doctor
Gender-affirming care	You pay **$0** Covered under Medicaid benefits and based on OHP guidelines. Requirements must be met to receive services.
Health and wellness education programs	You pay **$0** Fitness Program: Includes gym membership at participating Silver&Fit® locations. You can select one home fitness kit per benefit year.
Help with certain chronic conditions	You pay **$0** For those diagnosed with hypertension, one blood pressure monitoring device every 24 months
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**
Incontinence supplies	You pay **$0** Covered under Medicaid benefits.
In-home support services	You pay **$0** Up to 60 hours per year with PapaPals. This benefit supports members with their Instrumental Activities of Daily Living, such as transportation, grocery shopping and preparing food. 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 14 days of meals delivered to your home (maximum 28 meals, or two meals per day) Only available to members whose Medicaid is managed by CareOregon. Referral is required.

Premiums and benefits	CareOregon Advantage Plus (HMO D-SNP)
Medicare Part B Drugs*	You pay **$0** Includes chemotherapy and other Part B drugs May require prior authorization or a referral from your doctor.
Other Oregon Health Plan services	You pay **$0** Services which are covered by the state and not by your Medicaid-managed health care plan including abortions and death with dignity services.
Over-the-counter drugs	You pay **$0** Select over-the-the counter drugs, vitamins, and minerals when accompanied by a prescription covered by Medicaid benefits.
Physical therapy	You pay **$0** Covered services include physical therapy, occupational therapy, and speech language therapy. May require prior authorization or a referral from your doctor.
Personal Emergency Response System (PERS)	You pay **$0** In-home monitoring unit with a choice of bracelet or necklace device that includes 24/7 monitoring.
Prosthetics devices and related supplies	You pay **$0** May require prior authorization or a referral from your doctor
Routine immunizations	You pay **$0**
Skilled nursing facility	You pay **$0** May require prior authorization or a referral from your doctor

*Members receiving these items at the pharmacy who do not have Medicaid from CareOregon must also provide their Medicaid card to avoid cost-sharing.

Premiums and benefits	CareOregon Advantage Plus (HMO D-SNP)
Special Supplemental Benefits for the Chronically Ill (SSBCI)	You pay **$0** Qualifying members receive $225 every three months ($900 per year) loaded to their CareCard, for purchasing healthy foods. This benefit is part of a special benefit program called Special Supplemental Benefits for the Chronically Ill (SSBCI). Members with a confirmed diagnosis of diabetes mellitus, chronic heart failure, cardiovascular diseases, chronic lung diseases, neurological disorders, and other applicable conditions may be eligible for this benefit. Eligibility is not based solely on these conditions. All eligibility requirements must be present prior to this benefit being supplied. For more information, refer to the 2027 Evidence of Coverage (EOC) or call Customer Service.
Substance abuse services	You pay **$0** Includes inpatient and outpatient (individual or group therapy) services May require prior authorization or a referral from your doctor
Transportation	You pay **$0** for: • Unlimited rides to non-emergency Medicaid-covered appointments Covered under Medicaid benefits. May require prior authorization or a referral from your doctor.
Wigs	You pay **$0** Covered under Medicaid benefits. Authorization is required. Must have diagnosis of hair-loss due to chemotherapy or radiation therapy.
Yoga	You pay **$0** Up to 30 visits per year. Covered under Medicaid benefits. Authorization is required.

Prescription drug benefits

Pharmacy Deductible:

$700

If you qualify for "Extra Help" the deductible stage does not apply to you for drugs covered by Medicare.

Initial Coverage Stage:

You pay the following for Drug Tier 1: For all drugs, (up to a 100 day-supply), you pay $0

Depending on your income and institutional status, you pay the following for Drug Tiers 2-5

For generic drugs or brand drugs treated as a generic (up to a 100-day supply), either:
- $0 copay; or
- $1.65 copay; or
- $5.80 copay

For brand drugs (up to a 100-day supply), either:
- $0 copay; or
- $5.00 copay; or
- $14.40 copay

You pay the following for supplemental drugs or select drugs not normally covered by Medicare (Drug Tier 2):

- 25% of the total drug cost per prescription, after the deductible has been met

You pay the following for Drug Tier 6:

- For all drugs, (up to a 100 day supply), you pay $0.

Catastrophic Coverage Stage:

The plan pays the full cost for your covered Part D drugs, after your yearly out-of-pocket drug costs reach $2,400.

You pay 25% of the total drug cost per prescription for supplemental drugs or select drugs not normally covered by Medicare.

Rewards & Incentives

Members will be eligible to receive rewards for completing qualifying healthy activities in 2027. 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
Complete a bone density screening	$50
Rewards for members diagnosed with diabetes	
Complete a diabetic eye exam	$25
Complete a diabetic kidney exam	$25
Complete an A1c test	$25
Additional reward for completing all three diabetic tests/exams	$50

Contact us with questions

If you are looking for more information, please contact our Customer Service number at 503-416-4279, or toll-free, 888-712-3258 for additional information. (TTY users should call 711.)

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

You can get this document in other languages, large print, braille or a format you prefer. You also have the right to an interpreter. You can get help from a certified or qualified health care interpreter. This help is free. Call 888-712-3258, TTY 711, or tell your provider. We accept relay calls.

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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