

Oregon Guide to Medigap, Medicare Advantage, & Prescription Drug Plans

SHIBA

Senior Health
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Benefits
Assistance



2011



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The plan information in this guide was received in September 2010 from all companies authorized to sell Medicare-related health/prescription drug insurance in Oregon. If a company is not listed, it may not be authorized to sell insurance in Oregon or it did not submit information for this consumer guide.

SHIBA: Recipient of the Governor's Outstanding Statewide Volunteer Program award, 2007.



LOCAL HELP FOR PEOPLE WITH MEDICARE



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This booklet is produced by the Senior Health Insurance Assistance program, SHIBA.

SHIBA is a state volunteer network that helps all Oregonians make educated Medicare decisions.



◆ To get help

Call SHIBA: 800-722-4134 (toll-free). You will be asked to use the telephone keypad to enter your **ZIP code**. Depending on where you live, your call will be routed to a volunteer in your area or returned by one of the state SHIBA staff.

If you need to talk to state SHIBA staff, do not enter your ZIP code and your call will be directed to the Salem office. Learn more about SHIBA at www.oregonshiba.org.

◆ To give help

Become a SHIBA volunteer. Call SHIBA: 800-722-4134. Volunteers complete an application and training program and work with a SHIBA coordinator in their community.

“For me, it’s all about helping others. People are just overwhelmed by the complexity of Medicare. And they find it difficult to sort out all the competing messages about health care and the flood of marketing materials. I feel rewarded when I can help them narrow the options and make them feel more comfortable about making good decisions about their own health care.”

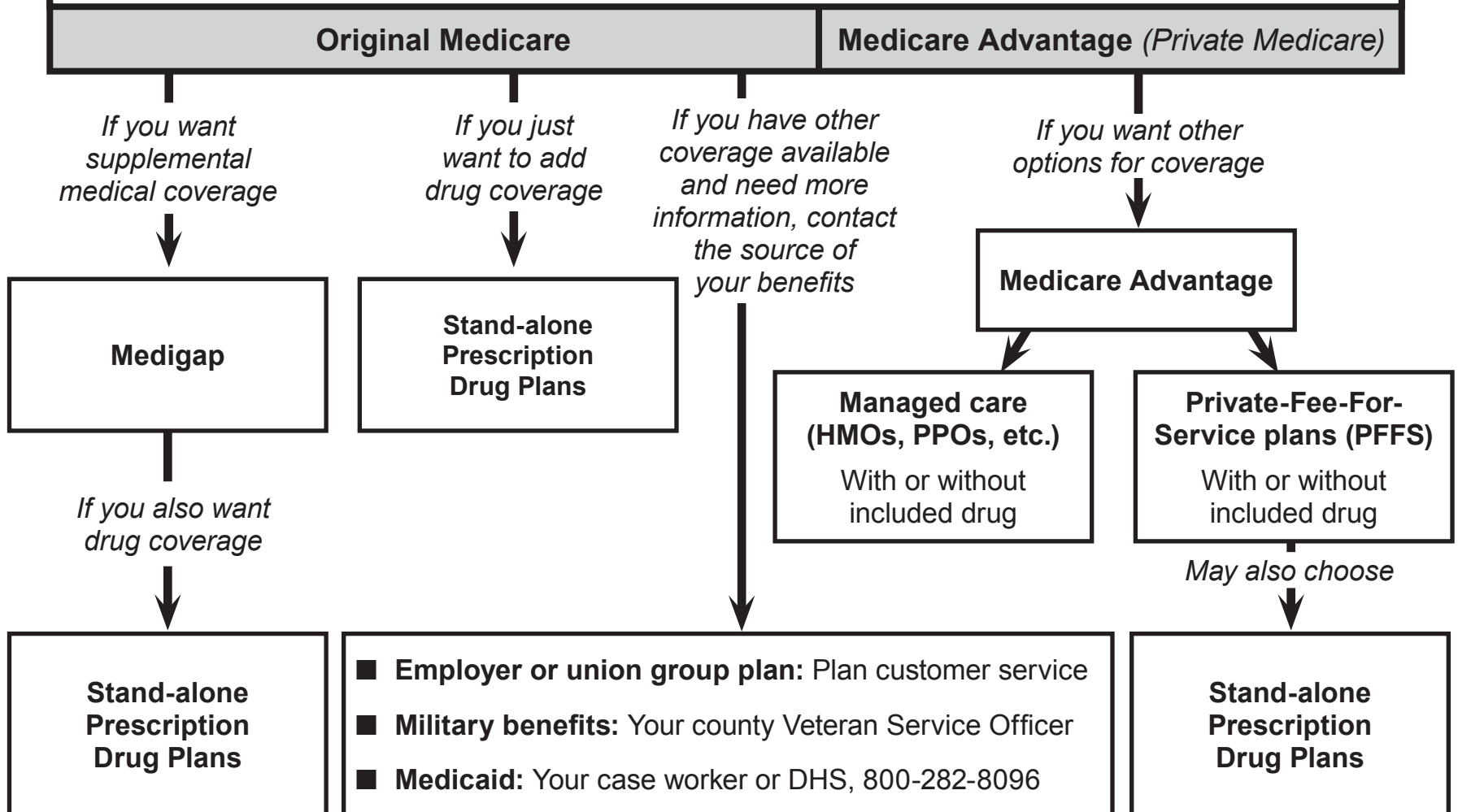
Robert Bruce, SHIBA counselor, Marion County

START HERE: Your Medicare Options

You have Medicare, Part A and Part B. It covers basic hospital and medical services but leaves part of the cost for you to share. Below is the range of options for health and prescription drug coverage, and where you can find the information you need to make the best choice.

Whichever Medicare path is best for you, please follow these important principles:

1. Make sure your provider(s) accept your insurance. Call their business office.
2. Make sure your plan covers your prescription drugs. Use the Part D Plan Finder at www.medicare.gov.
3. Keep records. Document phone calls and save important letters.



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The ABCs – and D – of Medicare

What is Medicare?

Medicare is health insurance for:

- People 65 years of age and older
- People under age 65 receiving Social Security Disability Insurance (SSDI) for more than 24 months
- People with End-Stage Renal Disease (ESRD)

Because Medicare is health **insurance**, you share the costs of your care.

Part A: Hospital Insurance

Part A helps pay for hospital stays and some skilled nursing facility stays. Most people get Part A without having to pay for it.

Part B: Medical Insurance

Part B helps pay for doctor and outpatient services such as X-rays and physical therapy. Services must be deemed “medically necessary” by Medicare to be covered.

- Some employer group health plans (EGHPs) pay claims only beyond what Part B would cover and you would have to pay the rest.

Important: Check with your EGHP or your benefits administrator to find out whether you are required to buy Part B and whether your coverage is deemed as good as Medicare (creditable).

- Social Security is the agency responsible for Medicare enrollments. For authoritative information, call them at 800-772-1213 or visit www.ssa.gov. Always take down the date, time, and name of the service rep you talk to, along with your notes.

Medicare Supplements, also called Medigap plans

Medicare Parts A and B do not cover all your health care costs. For example, you pay a \$155 deductible and 20 percent of doctor bills under Medicare Part B. Because of these cost “gaps” in coverage, you may want to buy additional insurance. Private companies sell Medigap plans that cover some of these gaps.

Part C: Medicare Advantage Plans

Private Medicare Advantage plans combine all your Medicare-covered benefits into a single package that may offer more services, such as dental and vision, than a Medigap plan. Typically, you must live in the plan’s service area and use doctors and hospitals in the plan’s network or pay extra to go outside the network. You can purchase Medicare Advantage plans with or without prescription drug coverage.

Part D: Prescription Drug Coverage

Medicare offers prescription drug insurance to all people with Medicare, regardless of income or health. Private companies sell prescription drug plans. You may want to purchase a prescription drug coverage plan if:

- You have Part A and/or B and no other drug coverage
- You have Parts A and B and a Medigap plan
- You have a Medicare Advantage Private Fee-For-Service Plan with no drug coverage. (Contact your plan and ask about options.)

Some of the items *not* covered by Parts A or B

- Custodial care (such as help dressing or bathing)
- Dental care and dentures
- Most prescription drugs
- Acupuncture; most chiropractic services
- Hearing aids/exams for fitting hearing aids
- Eyeglass exams (*except those needed for cataract surgery*); eyeglasses or contact lenses in most cases
- Routine foot care
- Long-term care
- Travel outside the U.S., with limited exceptions

Part A – Original Medicare hospital insurance

Note: All deductible and co-pay amounts are for 2010; subject to change for 2011.

Service	Benefit	You pay
Hospitalization Inpatient, not observation; semiprivate room and board, general nursing, and miscellaneous hospital services and supplies	First 60 days	\$1,100 deductible per benefit period ④
	Days 61-90	\$275 a day
	Days 91-150 ①	\$550 a day
	Beyond 150 days	All costs
Skilled Nursing Facility (SNF) care After three midnights' inpatient hospitalization, within 30 days of discharge, in a facility approved by Medicare ②	Days 1-20 ④	\$0
	Days 21-100	Up to \$137.50 a day
	Beyond 100 days	All costs
Home health care Medically necessary skilled care	Visits limited to part-time or intermittent skilled nursing care	Nothing for services
Hospice care Available only to the terminally ill	As long as a doctor certifies medical need	Limited cost-sharing option for outpatient drugs and inpatient respite care
Blood	Blood	First three pints unless replaced ③

These figures are for 2010 and are subject to change each year.

① 60 **reserve days** may be used only once; days used are not renewable.

② Medicare and private Medicare health insurance will not pay for most nursing home care. You must pay for custodial care.

③ You may meet this deductible under either Part A or Part B. You don't have to meet it twice.

④ A hospital or SNF benefit period begins on the first day you receive service as an inpatient in a hospital and ends after you have been out of the hospital and associated SNF for 60 days in a row.

Remember: Medicare pays only for Medicare-approved charges, not for all costs of medical services provided.

Part B – Original Medicare medical insurance

Note: Deductible is for 2010; subject to change for 2011.

Covered services	You pay 5
Physician services, including anesthesia and the doctor's nurse	Annual deductible (\$155) 5 plus 20% of balance
ER, hospital observation stays, urgent care	Annual deductible (\$155) 5 plus 20% of balance
Clinical laboratory services	Nothing – Medicare pays 100%
Diagnostic lab	Annual deductible (\$155) 5 plus 20% of balance
Limited drugs	Annual deductible (\$155) 5 plus 20% of balance
Transfusions of blood, beginning with the fourth pint	First three pints, 3 then 20%.
Physical, occupational and speech therapy, and speech pathology	Annual deductible (\$155) 5 plus 20% of balance. Annual cap on amount Medicare covers. However, caps do not apply to outpatient therapy services <i>billed by hospitals</i> .
Ambulance transportation	Annual deductible (\$155) 5 plus 20% of balance
Some home health care (part-time or intermittent nursing care)	Nothing
Some outpatient mental health treatment	45% for most outpatient mental health care
Preventive services	Nothing — Medicare pays 100% for most of these services.

5 The Part B deductible: You pay the first \$155 yearly for Part B-covered services or items. Medicare pays its share after that. Remember: The figures above apply only to Medicare-approved services and Medicare-approved amounts. You may have additional costs for services not approved by Medicare or for charges in excess of what Medicare allows.

Part B Medicare preventive services

One important feature of Affordable Care Act health reform was to eliminate all Part B deductible and co-insurance cost sharing for Medicare preventive services. As of Jan. 1, 2011, **you pay nothing** for most of these services if you get them from a provider who accepts assignment or is in-network. Ask your doctor about which services are right for you.

Tip: If you use Original Medicare, you can keep track of your preventive services with a my.medicare.gov account. Visit www.medicare.gov to set up your own account.

Services	Frequency of coverage
Annual wellness visit	New! Comprehensive health risk assessment and personalized prevention plan. Once every 12 months for all those with Medicare.
“Welcome to Medicare” visit	Must occur within first 12 months you have Part B. The purpose of this visit is to identify preventive benefits you might need. (See CMS publication ICN#006904 – The ABCs of Providing the Initial Preventive Physical Examination at http://www.cms.hhs.gov/MLNProducts/downloads/MPS_QRI_IPPE001a.pdf .)
Abdominal aortic aneurysms (ultrasound screening)	Only covered by Medicare if referred during “Welcome to Medicare” visit. Eligible for people with risk factors.
Bone mass measurements	At least once every 24 months for people at risk for osteoporosis.
Cardiovascular screenings	Blood test for detection of heart disease/stroke. Tests for cholesterol, lipid, and triglyceride levels. Covered every five years for all people with Medicare.
Colorectal cancer screening	A variety of tests for people age 50 or older or those at high risk for colorectal cancer. Frequency of coverage varies by test and beneficiaries’ risk factors.
Diabetes screening	Covered for people with risk factors – high blood pressure, high cholesterol, obesity, or history of high blood sugar. Test history determines the frequency of screenings.
Flu shots	Once a flu season for all those with Medicare.

Part B Medicare preventive services, continued

Services	Frequency of coverage
Glaucoma tests	Once every 12 months for those at high risk for glaucoma.
Hepatitis B shots	Covered for people at high or medium risk for hepatitis.
Mammograms	Once every 12 months for women age 40 and older.
Medical nutrition therapy services	For people with diabetes or kidney disease; your doctor refers you for the service.
Pap test/pelvic exam/ breast exam	Every 24 months for all women; 12 months for high risk.
Pneumonia vaccination	Most people need this shot once in their lifetime. Covered for everyone with Medicare.
Prostate cancer screening	Once every 12 months for all men over age 50.
Stop smoking counseling	For those with an illness caused or complicated by tobacco use and those who take medication affected by tobacco.

Part B Prescription drugs

Part B makes payments to physicians for drugs or biologicals that are not usually self-administered. This means that coverage is usually limited to drugs or biologicals administered by someone in your provider's office.

In some cases, a drug might be covered by Part B or Part D, depending on how it is being used by the patient or other factors. If covered by Part B, you will have to have paid the annual deductible before Medicare shares in the cost. After that, you pay 20 percent of the cost of the drug unless you have a supplement to help pay. If you have a Medicare Advantage plan, your costs may vary.

Covered drug classes

Durable Medical Equipment (DME) Supply Drugs: Drugs that are used in a covered DME item. These include inhalation drugs used in a nebulizer and some chemotherapeutic agents used in an infusion pump, or insulin administered by insulin pump.

Oral Anti-Cancer Drugs: Part B covers some drugs taken by mouth if the same drug is available in injectable form.

Oral Anti-Emetic Drugs: Oral anti-nausea drugs, given within 48 hours of cancer chemotherapy, that replace the intravenous drugs that would be given in the provider's office.

Download Medicare's Desk Guide at http://www.cms.hhs.gov/NationalMedicareTrainingProgram/Downloads/MedicareCoverageABDCharts_DeskAid.pdf for additional information on covered drug classes.

Saving on Medicare costs: “Extra Help” and Medicaid

There are two savings programs to help people with Medicare stretch their health care dollars.

1. **Help with Part D:** The federal government’s “Extra Help” program, also called the Low Income Subsidy (LIS), saves qualifying beneficiaries money on their Medicare Part D plans. “Extra Help”:

- Reduces the monthly premium, often to \$0
- Cuts the yearly deductible, often to \$0
- Greatly reduces pharmacy co-pays, even on expensive medications
- Eliminates the coverage gap (“donut hole”) for all participants

You must be enrolled in a Part D plan. Your level of assistance depends on your income and resources.

Call the Social Security Administration for an application, 800-772-1213, or you, a SHIBA counselor, or other helper can apply online at www.ssa.gov.

2. **Help with the Part B premium, other Medicare costs, and Part D**

The Medicare Savings Program (MSP), also called QMB or Partial Medicaid, helps pay for the Medicare Part B premium, perhaps other Medicare costs, *and* the same package of Part D assistance as described above for the LIS program.

To see if you qualify, apply at your local office of Seniors and People with Disabilities. This office is part of Oregon’s Department of Human Services (DHS). To find your local office, call DHS at 800-282-8096 or go to www.oregon.gov/DHS/spwpd/offices.shtml.

If you get Supplemental Security Income (SSI), you automatically receive this financial help.

In addition, you can find a variety of **Patient Assistance Programs** online for help with drug costs or for specific diseases or conditions. One good place to start is www.needymeds.org.

About Estate Recovery, LIS, MSP, and Medicaid

Through 2009, the financial assistance that MSP beneficiaries received was collected from their estate after their death. On Jan. 1, 2010, the Medicare law regarding estate recovery changed:

- Estate recovery ended for MSP (Partial Medicaid)
- No estate recovery for LIS (no change – there never was any)
- Estate recovery continues for Full Medicaid (no change)

For more information, call Estates Administration, 800-826-5675.

Part D Prescription drug coverage

Medicare Part D

- Medicare offers prescription drug insurance to all Medicare beneficiaries, regardless of income or health. Medicare Part D plans cover generic and brand-name prescription drugs.
- Private insurance companies sell the plans, which require monthly premiums, co-pays, and/or deductibles.
- Part D coverage is available through “stand-alone” prescription drug plans (PDPs) that cover drugs only, as well as from Medicare Advantage with Prescription Drug (MAPD) plans that combine health and drug coverage.

Do I need prescription drug coverage?

Medicare Part D is like all insurance: it covers you if you need it now, and it protects you against future prescription costs, even if your drug needs change. If you do not enroll in Part D when you are first eligible, you may face a late-enrollment penalty later.

What if I have prescription coverage?

If you already have prescription coverage through an employer, a union, or a government agency (such as Veterans Affairs), you will want to stay with your existing plan if the drug benefits are “creditable” – as good as or better than Medicare’s standard Part D benefit. If you do not have a letter telling you whether your coverage is creditable, contact your benefits administrator and request one. If you do have a letter, keep it.

How much does drug coverage cost?

This depends on the plan you choose and whether you receive Extra Help paying for the costs. While Medicare requires that plans meet a minimum standard benefit level, the plan benefits and costs vary. Some plans have a higher monthly premium, for example, but may offer better coverage for certain drugs.

Extra Help is a Medicare benefit that saves money for people with limited incomes. See page 11.

Prescription drug plans

The dozens of plans to choose from fall into two categories:

■ Stand-alone Prescription Drug Plans (PDPs)

These are plans that cover drugs only. You may enroll in one of these if you have:

- Original Medicare (Part A and/or B)
- A Medicare Advantage Private Fee-For-Service plan

■ Medicare Advantage/Prescription Drug plans (MAPD)

- Many managed care plans offer combined health and prescription drug coverage. If you already have a Medicare HMO or PPO, it may be your only option for drug coverage. You will be automatically disenrolled from your Medicare HMO or PPO if you enroll in a stand-alone drug plan.
- If you qualify for Veterans Affairs drug coverage, you can use it with a health-only MA plan, if the plan allows it.

Part D Prescription drug coverage, continued

Initial Enrollment Period

When you first become eligible for Medicare, you may join a drug plan during the seven-month period that:

- Starts three months before and ends three months after the month you turn 65, or
- Starts three months before and ends three months after your 25th month of receiving Social Security Disability Income benefits.

Annual Enrollment Period

If you already have Medicare, you may add, drop, or switch prescription drug coverage from Nov. 15 through Dec. 31 in 2010. **In 2011 and forward, this period changes to Oct. 15 through Dec. 7.**

The late penalty

You will face a penalty if you are eligible for Part D but not enrolled in creditable drug coverage. The penalty amount is 1 percent of the Part D National Base Beneficiary Premium for every month you did not have creditable prescription drug coverage, but could have. If you have other drug coverage, that plan's benefits administrator must issue a letter stating whether your coverage is as good as or better than Medicare's basic PDP benefit.

Example: Sarah turned 65 in February 2009. She had till May 2009 (three months after she turned 65) to enroll in a Medicare drug plan. Sarah had no other drug coverage, but she took no drugs and chose to not enroll in a Medicare drug plan.

In August 2011, Sarah becomes ill and decides drug coverage is a good idea. Now she cannot enroll until the next opportunity, Oct. 15 to Dec. 7, and her coverage will not start until Jan. 1, 2012. This makes her 19 months late starting Medicare prescription drug coverage (June 2009 to December 2011), so she will pay 19 percent of the current year's National Base Beneficiary Premium, added to the monthly premium of the PDP or MAPD she joins, for as long as she has Medicare prescription drug coverage.

How do I choose and join a plan?

Using the Medicare Part D Plan Finder tool at www.medicare.gov is the only way to pick the best Part D plan for you.

Enter your unique list of drugs; the Drug Plan Finder lists your plan choices, starting with the least expensive. While on the website, you can enroll in a plan, or you can call 800-MEDICARE (633-4227), or call the plan directly to enroll. The Medicare website provides plans' phone numbers and websites for more detailed information about specific drugs; www.medicare.gov provides estimated costs, while the insurance plan's website will be closer to actual cost.

If you need assistance with the Plan Finder contact a local SHIBA counselor. Or you can see our "Step-by-Step" guide to using the Part D Plan Finder at http://www.oregon.gov/DCBS/SHIBA/docs/15_steps.pdf.

If you do not take any drugs, but choose to enroll in a plan to avoid the late penalty in the future, the best plan for you is the plan with the lowest premium for the current year.

Part D Prescription drug coverage, continued

Can I switch plans?

Plans change every year. Medicare recommends that you review your prescription drug plan each fall. You may join, drop, or switch plans during the Annual Election Period, from **Nov. 15 to Dec. 31 in 2010**, and **Oct. 15 to Dec. 7 from 2011 on**.

To switch plans:

- Just enroll in a new PDP or MAPD. You will automatically be dropped from your previous plan when you enroll in a new one. ***You do not need to take any other action to end your prior plan.***
- If you take more than one enrollment action during the fall Annual Enrollment Period (AEP), the last action received by Medicare before the period closes is the one that will become effective.

Things to look for in a drug plan

Drug list: Also known as a “formulary.” Each drug plan has a list of prescription drugs it covers. Plans differ by formularies, rules governing access, and costs.

Tier levels: There are different levels of co-payments for drugs in different plans. Your co-payment for a drug depends on the type of drug.

- Tier 1- generic drugs, lowest co-payment
- Tier 2- preferred brand-name drugs
- Tier 3- non-preferred brands
- Tiers 4 and 5, specialty drugs, are the most expensive.

Restrictions

All plans are allowed to apply restrictions to their drug formulary. Types of restrictions and limitations imposed:

- **Prior authorization:** Your doctor must contact the plan and request authorization to write the prescription for the drug or the plan will not cover its share of the cost. This usually applies to non-preferred or very expensive drugs.
- **Quantity limits:** For cost or safety reasons, some plans may limit the quantity of drugs that they cover over a period of time. If you require more than the allowed amount, your doctor must submit proof that it is medically necessary and the plan may grant an “exception” to the limit.
- **Step therapy:** It works like this – you must first try certain less expensive drugs on the plan’s formulary before you can get a more expensive brand-name drug covered. If you have previously tried the similar drug and it didn’t work, or if your doctor believes because of your medical condition it is medically necessary for you to be on the drug, the doctor can contact the plan to request an “exception.” If the plan approves the request, then the drug will be covered.

Picking a plan with the fewest or no restrictions, even if you end up paying a somewhat higher price overall, may be a good choice. It will lessen the amount of delay and paperwork to receive your preferred drugs.

Part D Prescription drug coverage, continued

What if a drug I need is not covered?

Each plan has a list of drugs (the formulary) that it covers. You want a plan that covers all or as many as possible of your drugs. You may ask your drug plan for an “exception” if you and your doctor believe you need a drug that is not on your plan’s formulary. Plans may change their formularies every year, and may make “maintenance” changes during the year. They must give you 60 days notice if one of your drugs is being removed, which gives you or your doctor time to apply for an exception, or appeal, or find an alternative drug that meets your needs and is covered by your plan.

If you live in different states during a year

Some companies offer plans that are available nationally. These plans are listed as “National Plans” under the service area information for each plan. You can check if your plan has a mail order service that can mail your prescriptions to a different address.

If you move permanently, you must enroll in a new plan in your new state, even if you are enrolled in a national plan.

Shingles vaccine

Shingles is a painful skin rash caused by the virus that causes chickenpox. Anyone who has had chickenpox can come down with shingles. Risk increases with age. Outbreaks usually last from two to several weeks.

Medicare Part D plans must cover the shingles vaccine. You must be in a Part D plan to get this benefit. The shot can be given at a pharmacy or at your doctor’s office. Administration is covered at a participating pharmacy. You may pay more if you get the shot at your

doctor’s office, *because neither administration of the vaccine nor the office visit is covered.*

Contact your plan or refer to your plan’s ***Summary of Benefits*** for coverage details.

More ways to pay for prescription drugs

- **Veterans Health Administration.** Call the VA Health Benefits Service Center, 877-222-8387 (toll-free). *One may have both VA Rx and a Part D Plan.*
- **TRICARE for Life for military retirees and their dependents.** For eligibility information, call the Department of Defense at 800-538-9552.
- **Pharmacy discount cards.** Ask your pharmacist for information; always ask for the lowest price on the drug you are purchasing.
- **Drug manufacturers’ discount programs or Patient-Assistance Programs.** Some are available if you enrolled in Part D and still can’t afford your drugs.
- **Many employer group health plans cover prescription drugs.** Check with your benefits administrator for your coverage information.
- **Oregon Prescription Drug Program (OPDP),** a bulk-purchasing pool, is **free** to all residents in Oregon. Apply at www.opdp.org You will receive an identification card that gives discounts at participating pharmacies. The largest discounts are on generic drugs. All major pharmacy chains are included in the network. You may have both Part D and an OPDP card. This may be helpful when you are purchasing drugs that are not covered by your plan. ***SHIBA recommends that all Oregonians enroll in OPDP.***

Part D Prescription drug coverage, continued

Where to get help choosing a prescription drug plan

- Visit www.medicare.gov
- Call Medicare at 800-633-4227
- Call SHIBA (Senior Health Insurance Benefits Assistance program) at 800-722-4134

Helpful websites

- benefitscheckup.org
- medicareinteractive.org
- medicare.gov/pdphome.asp
- needymeds.org
- opdp.org
- patientadvocate.org
- patientassistance.com
- pparx.org
- rxassist.org
- rxhope.com

Veterans' benefits and Medicare

Veterans who have Medicare and VA may receive services through either program. Some veterans receive their health care for free, including prescriptions. Others may be responsible for making co-payments. Such co-payments are not reimbursable by Medicare. ***Veterans need to get informed about how to get access to their benefits, and how VA and Medicare work together in their case.***

VA drug coverage is considered Medicare "creditable," which protects against the penalty for delayed enrollment in Medicare Part D. Some veterans benefit from using both their VA drug benefits and enrolling in a Medicare plan for drugs that the VA may not cover.

Every county is assigned a Veterans Affairs officer to assist you with your VA benefits. To find your local service officer:

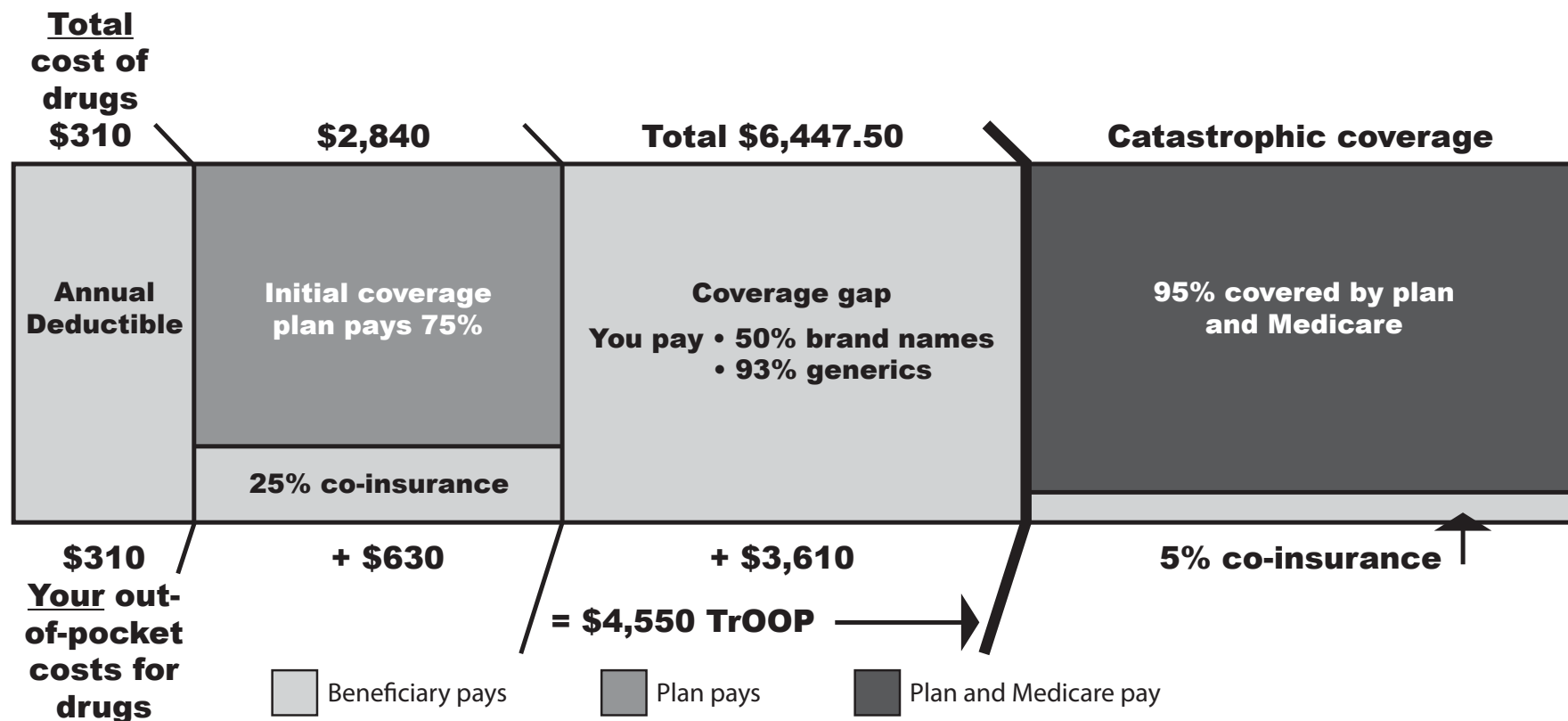
www.oregon.gov/ODVA/contact_us.shtml

Phone: 503-373-2000 or 800-828-8801

Benefits: 800-692-9666

Fax: 503-373-2362; TTY: 503-373-2217

Part D Standard benefit, 2011



Types of costs

1. **Monthly premium:** Plans have a premium. This is an amount you pay every month even if you don't buy any prescription drugs. Oregon stand-alone drug plan premiums in 2011 range from about \$15 to \$119 monthly.
2. **Deductible:** Some plans have a yearly deductible. You pay this amount before the insurance plan pays its part of your prescription drug costs. This amount can be up to \$310. After you have paid your plan's deductible, the plan typically pays most of your drug costs up to a point.
3. **Co-insurance or co-pays:** Even when the plan starts to pay for covered drugs, you still pay at the pharmacy for prescriptions. This might be a percentage of the drug cost (co-insurance) or a flat amount (such as a \$15 co-pay).
4. **Coverage gap:** Health care reform is phasing out the "donut hole." In 2011, after your total drug costs reach \$2,840, you will pay 50 percent of the cost of brand name drugs and 93 percent of generic drug costs. Some plans cover some prescription drugs during the "gap." They may charge a higher monthly premium.
5. **Catastrophic coverage:** There is a limit to how much you have to spend each year on drugs that are covered by your plan, \$4,550 in 2011. When you reach catastrophic coverage, you pay only a small amount (5 percent or a small co-pay for each drug) for the rest of that year.

2011 Stand-alone prescription drug plans

The plans may be purchased by Original Medicare beneficiaries, Medigap policyholders, and Medicare Advantage Private Fee-For-Service members. Be sure to find out which of these plans covers you best by entering your list of medications in the Part D Drug Plan Finder at www.medicare.gov.

Parent company name, contract, and phone numbers	Plan name and plan number	National plan	Premium	Annual deductible	Generics gap coverage	\$0 Plan premium with 100% LIS
Aetna — S5810 877-238-6211	Aetna Medicare Rx Essentials 064	Y	\$37.30	\$310		
	Aetna Medicare Rx Costco Plus Plan 234	Y	\$61.40	\$0	Contact plan	
	Aetna Medicare Rx Premier 200	Y	\$112.90	\$0	Some generic Some brands	
Asuris — S5609 888-734-3623	Asuris Medicare Script 001		\$76.50	\$130		
	Asuris Medicare Script Enhanced 002		\$104.50	\$0	Many generic	
CIGNA — S5617 800-735-1459	CIGNA Medicare Rx Plan One 148	Y	\$51.60	\$310		
	CIGNA Medicare Rx Plan Two 200	Y	\$75.10	\$0	Few generic	
EnvisionRx Plus — S7694 866-250-2005	EnvisionRxPlus Silver 030	Y	\$45.30	\$310		
	EnvisionRxPlus Gold - 064	Y	\$77.00	\$150	Many generic	
First Health — S5674 800-588-3322	First Health Part D Premier Plus 047	Y	\$94.10	\$0	Some generic Some brands	
First Health — S5768 800-588-3322	First Health Part D Premier 123	Y	\$30.30	\$150		Yes
Health Net — S5678 800-606-3604	Health Net Orange Option 1 006		\$37.70	\$310		
	Health Net Orange Option 2 012		\$79.80	\$0		
HealthSpring — S5932 800-331-6293	HealthSpring Prescription Drug Plan-Reg 30 029	Y	\$30.10	\$310		Yes
Humana — S5884 800-645-7322	Humana Walmart-Preferred Rx Plan 113	Y	\$14.80	\$310		Yes
	Humana Enhanced 028	Y	\$42.90	\$0	Few generic	
	Humana Complete 058	Y	\$118.60	\$0	Many generic Some brands	
Medco Medicare Prescription Plan — S5660, 800-758-4531	Value 132	Y	\$38.00	\$310		
	Choice 200	Y	\$108.20	\$250	Many generic	
RxAmerica — S5644 800-429-6686	Advantage Star Plan by RxAmerica 083	Y	\$48.80	\$310		

Parent company name, contract, and phone numbers	Plan name and plan number	National plan	Premium	Annual deductible	Generics gap coverage	\$0 Plan premium with 100% LIS
SilverScript Ins. Co. — S5601 866-552-6106	CVS Caremark Value 060	Y	\$33.20	\$310		Yes
	CVS Caremark Plus 061	Y	\$75.60	\$0	Many generic	
Sterling — S4802, 888-909-1713	Sterling Rx 020		\$40.10	\$100		
Unicare — S5960 866-892-5334	MedicareRx Rewards Standard 136	Y	\$38.10	\$310		
	MedicareRx Rewards Plus 159	Y	\$61.70	\$0	Some generic	
United American — S5755 866-524-4169 & 866-299-3406	UA Medicare Part D Prescription Drug Cov 033	Y	\$49.60	\$50		
UnitedHealthcare — S5820 866-255-4835	AARP MedicareRx Preferred 029	Y	\$35.10	\$0		Yes
UnitedHealthcare — S5921 866-255-4835	AARP MedicareRx Enhanced 023	Y	\$93.20	\$0	Some generic	
Universal American — S5803 866-684-5353	Community CCRx Basic 099	Y	\$33.00	\$310		Yes
	Community CCRx Choice 167	Y	\$79.00	\$0		
WellCare Health Plans — S5967 888-547-5252	WellCare Classic 167		\$34.80	\$310		Yes
	WellCare Signature 064		\$61.30	\$0		

About Medigap plans

What is Medigap?

Medicare beneficiaries are responsible for paying some of the costs (deductibles and co-insurance) of their medical care. Because of these “gaps” in coverage, private insurance companies sell Medicare supplement insurance policies, also known as Medigap plans. **You must have Medicare Parts A and B to purchase Medigap plans.**

If you are in Original Medicare (Parts A and B) and buy a Medigap policy, Medicare will pay its portion of your medical costs first, then your Medigap policy will pay its portion.

The Medigap plans are named by letter, Plan A through Plan N. (These are not to be confused with Medicare Parts A, B, and D; they are different.) **A Medigap policy cannot pay if you enroll in a Medicare Advantage plan.**

Plan benefits

Medigap Plan A is the basic plan. Each plan after that adds more benefits and covers more of the “gaps.” All plans with the same letter name offer the same benefits nationwide. Plan “F” in Oregon offers the same benefits as Plan “F” in New York, even if sold by different insurance companies. This is because the U.S. Congress standardized Medigap plans in 1990.

Plan costs differ

The monthly premium for the policy varies by insurance company. Other factors that affect your premium include age, gender, and whether or not you smoke.

When can I buy a Medigap policy?

You can apply for a Medigap policy any time, but sometimes insurance companies may consider your medical history (underwrite) and may refuse your application. However, the companies must sell you a Medigap policy during your *Medigap Open Enrollment Period, and Guaranteed Issue periods.*

■ Medigap Open Enrollment Period

Your Open Enrollment Period for Medigap plans begins the day your Medicare Part B begins and ends six months later. During your Open Enrollment Period, all Medigap insurers doing business in Oregon must accept you for any plan they offer in this state and cannot base your premium on your medical history.

■ Guaranteed Issue

Certain special circumstances trigger Guaranteed Issue (GI) situations. At these times you are entitled to the same protections for buying a Medigap plan as during the six-month Medigap Open Enrollment Period. These GI protections last for a 63-day period.

■ Medigap for disabled and End-Stage Renal Disease (ESRD) enrollees under age 65

People under age 65 who receive Medicare due to a disability and those with ESRD (permanent kidney failure) have two opportunities for GI open enrollment rights for Medigap insurance:

1. During the six months after their Medicare Part B begins
2. When they turn 65, again for six months

About Medigap plans, continued

In Oregon, people younger than 65 who receive Medicare due to disabilities or ESRD have the same rights to purchase Medigap supplement insurance as those who are 65 and older.

Will I have to wait to use my Medigap?

Medigap policies can have a pre-existing conditions look-back/waiting period of up to six months before the policy will pay certain benefits or before specific illnesses are covered by a health insurance policy. In the “Notes” boxes on the pages listing plan rates this is what a 0/0 or 6/6 or 2/6 refers to how many months back the company looks for pre-existing conditions/how many months you must wait before the Medigap policy will cover those pre-existing conditions. Not all companies’ policies have waiting periods.

Medigap waiting periods

■ Can I get credit for my prior coverage?

If you apply for a Medigap policy during your Open Enrollment Period or replace a Medigap policy with a new policy that has a waiting period for pre-existing conditions, you may qualify for credit for pre-existing conditions. The new Medicare supplement plan will accept month-for-month prior coverage as your waiting period if you submit written verification from your prior insurer that you have not had a break in coverage of more than 63 days.

Qualifying coverage must be from one of the following:

- Group or individual health-care program, including a COBRA policy
- Medicare or Medicaid
- Military-sponsored health-care program
- Indian Health Service or tribal health-care program
- State health-benefits high-risk pool (OMIP)
- Certain public health plans
- Federal Employees Health Benefits Program
- Peace Corps health-benefit plan

For more information, please contact SHIBA at 800-722-4134 or see Medicare publication 02110, “*Choosing A Medigap Policy.*”

Medigap changes effective June 1, 2010

- All Medigap plans (A-N) now being sold contain changes that were made to standardized benefits effective June 1, 2010. These changes involved adding a hospice benefit to all plans and eliminating some other benefits that had become unworkable or unnecessary because of Medicare improvements.
- All “1990” plans sold before June 1, 2010, retain their benefits just as they were when they were first purchased. If you have one of these plans you can keep it, but no new members will be enrolled.

About Medigap plans, continued

Medigap PROS and CONS

PROS	CONS
<ul style="list-style-type: none"> ■ If a doctor, hospital, or medical facility accepts Medicare, then they accept all Medicare Supplement Plans (i.e., there are no networks — Medicare Supplements are not HMOs or PPOs). You do not ever need a referral to see a doctor or specialist. The doctors generally don't deal with the Medicare Supplement company anyway. They submit their claims to Medicare, Medicare pays their part, and then Medicare sends the balance to the Medicare Supplement company to "pay the rest." ■ If you move to another city or state, your Medigap policy moves with you. ■ There are generally no co-pays when services are rendered. (This changed with the new plans M and N.) ■ Medigap plans are standardized (A-N) so you can compare prices from one company to another and always know you are comparing the same exact coverage. (Plan F with one company is IDENTICAL to Plan F with every other company). ■ Medigap policies are "guaranteed renewable." You can never lose the coverage as long as you continue to make the premium payments. 	<ul style="list-style-type: none"> ■ Medigap Supplement premiums can be expensive. However, some Medicare Supplement companies offer discounts for things such as no tobacco use, spousal discounts, etc. ■ You pay the monthly premium even if you never visit a doctor or hospital during the year. ■ Since 2006, no new Medigap policy includes prescription coverage. You need to get a separate Medicare Part D plan to cover your prescriptions. ■ The majority of plans are attained-age rated and over the long term become expensive. ■ Buy-in rate — beware of unusually low rates. They may be a discount or a low "buy-in" rate that could climb quickly after the first 12 months.

About Medigap plans, continued

Guaranteed-Issue situations

In these cases, the insurance company must sell you the plans listed here and cover your pre-existing conditions.

Guaranteed Issue	Medigap plan choices
You joined a Medicare Advantage plan or PACE program <i>when you were first enrolled for Medicare, but within the first 12 months of joining the plan</i> , you want to leave.	ALL PLANS
You terminate a Medigap policy to enroll in a Medicare Advantage plan, Medicare Select policy, or PACE program <i>for the first time</i> and now you want to terminate the MA plan <i>after no more than 12 months of enrollment</i> .	Original plan. If not available then A, B, C, F, F High, K, or L
Your Medicare Advantage plan or PACE program coverage ends because the plan is leaving the Medicare program or stops giving care in your area.*	A, B, C, F, F High, K, or L
Your employer group health plan coverage, Medicaid, or your Medigap coverage ends through no fault of your own.*	A, B, C, F, F High, K, or L
Your employer group health plan, Medicare Advantage plan, PACE, Medigap, or Medicare Select health coverage ends because you move out of the plan's service area. <i>(Please see Glossary on "Medicare Select plans.")</i> *	A, B, C, F, F High, K, or L
You leave any plan — Medicare Advantage plan, PACE, Medicare Select, or Medigap — because they have committed fraud. For example, marketing materials were misleading or quality standards were not met.*	A, B, C, F, F High, K, or L
Your Medicare Select insurer: 1) had its certification terminated, 2) stopped offering the plan in your area, 3) substantially violated a material provision of the organization's contract in relation to the individual, or 4) misrepresented the plan's provisions.*	A, B, C, F, F High, K, or L

***63-day deadline.**

Medicare Parts A and B costs

Medigap plans help pay the deductibles, co-payments, and co-insurances in Medicare Parts A and B. These standardized plans offer the same benefits from company to company. **Cost vary by ZIP code; call for a rate quote.** The most popular plans are F and C. Costs listed are for 2010 plans. See the *Guide* online for 2011 updates, www.oregonshiba.org.

Rate comparisons begin on page 26

Benefits/Plans

Hospital co-insurance

Co-insurance for days 61-90 (\$267) and days 91-150 (\$534) in hospital; payment in full for 365 additional lifetime days.

Part B co-insurance

Co-insurance for Part B services, such as doctors' services, laboratory and X-ray services, durable medical equipment, hospital outpatient services, and Medicare-covered preventive services.

First three pints of blood, per calendar year

Hospice care — Co-insurance for respite care and other Part A-covered services.

Hospital (Part A) deductible — Covers \$1,100 in each benefit period.

Skilled Nursing Facility (SNF) daily co-insurance — Covers \$137.50 a day for days 21-100 each benefit period.

Part B deductible — Covers the \$155 annual deductible.

Part B excess charges — Covers the 15% excess charge when a physician or hospital does not accept Medicare's full charge as payment in full.

Emergency care outside the United States — 80% of emergency care costs during the first 60 days of each trip, after an annual deductible of \$250, up to a maximum lifetime benefit of \$50,000.

*Out-of-pocket maximum

Pays 100% of Part A and B co-insurance after annual maximum out-of-pocket has been spent.

Medigap plan benefits, 2011

See charts on pages 6-7 for Original Medicare coverage.

A	B	C	D	F ①	G	K	L	M	N
X	X	X	X	X	X	X	X	X	X
X	X	X	X	X	X	50%*	75%*	X	X②
X	X	X	X	X	X	50%*	75%*	X	X
X	X	X	X	X	X	50%*	75%*	X	X
	X	X	X	X	X	50%*	75%*	50%	X
		X	X	X	X	50%*	75%*	X	X
		X		X					
				X	X				
		X	X	X	X			X	X
						\$4,640	\$2,320		

① Offers a high deductible option; once you have paid \$2,000 in cost sharing, the coverage will begin.

② Pays the Part B co-insurance, except you pay \$20 per physician visit and \$50 per emergency room visit, unless you are admitted.

Medigap policies

Insurance Company	Notes (See terms below)	Plan A		Plan B		Plan C		
AARP/UnitedHealthcare Ins. Co. P.O. Box 1017 Montgomeryville, PA 18936-0130 800-523-5800 www.aarphealthcare.com Insureds must be members of AARP to enroll	<i>Does crossover</i>	50-64	\$81	50-64	\$128	50-64	\$148	
	<i>Pre-existing look-back/waiting period: 3/3</i>	65-67	\$57	65-67	\$90	65-67	\$104	
	<i>Community rating</i>	68-70	\$64	68-70	\$101	68-70	\$117	
	<i>Age 65 and 68 rates include early enrollment discount</i>	71+	\$89	71+	\$141	71+	\$163	
	<i>Rates for ages 68 and 71+ are based on answers to medical questions</i>							Plan Select C
<i>Please call for your exact rate</i>	50-64							\$121
<i>Additional discounts available for spouse and EFT</i>	65-67							\$84
American Republic Corp Ins. Co. P.O. Box 1 Des Moines, IA 50301 888-755-3065 www.americanenterprise.com	<i>Does crossover</i>	65 & under						
	<i>Attained age rating</i>		\$87					
	<i>Pre-existing look-back/waiting period: 0/0</i>	70	\$97					
	<i>Couple rates are lower</i>	75	\$116					
	<i>Rates differ by gender</i>	80	\$131					
American Republic Ins. Co. 601 6th Ave. Des Moines, IA 50309 888-755-3065 www.americanenterprise.com	<i>Does crossover</i>	65 & under				65 & under		
	<i>Attained age rating</i>		\$94				\$128	
	<i>Pre-existing look-back/waiting period: 0/0</i>	70	\$105			70	\$144	
	<i>Couple rates are lower</i>	75	\$125			75	\$171	
	<i>Rates differ by gender</i>	80	\$140			80	\$193	
<i>Rates differ by ZIP codes/area factors</i>	85	\$155			85	\$213		

TERMS

Attained age rating: Premium increases as your age increases.

Crossover: Medicare auto bills Medigap for provider's remaining balance.

Issue age rating: Premium increases for inflation or rising costs but not for increased age.

Pre-existing look-back/waiting period: How many months back the company looks for pre-existing conditions/how many months you must wait until the Medigap policy will cover those pre-existing conditions. Waived if you had continuous creditable coverage. *See page 21.*

Plan D	Plan F	Plan F High \$2,000 deductible	Plan G	Plan K	Plan L	Plan M*	Plan N*
	50-64 \$149 65-67 \$104 68-70 \$118 71+ \$164 Plan Select F 50-64 \$122 65-67 \$85 68-70 \$96 71+ \$134			50-64 \$61 65-67 \$43 68-70 \$48 71+ \$67	50-64 \$87 65-67 \$61 68-70 \$69 71+ \$96		50-64 \$106 65-67 \$74 68-70 \$84 71+ \$116
	65 & under \$119 70 \$134 75 \$159 80 \$179 85 \$198	65 & under \$50 70 \$56 75 \$67 80 \$75 85 \$83		65 & under \$62 70 \$69 75 \$82 80 \$93 85 \$103	65 & under \$85 70 \$95 75 \$113 80 \$127 85 \$141		

Monthly rates shown are for women non-smokers. Because of publication deadlines, some rates listed in this guide are for 2010 and may change in 2011.

Insurance Company	Notes (See terms below)	Plan A	Plan B	Plan C			
Colonial Penn Life Ins. 399 Market St. Philadelphia, PA 19181 800-800-2254 www.colonialpenn.com	<i>Not a crossover participant</i> <i>Attained age rating</i> <i>Pre-existing look-back/waiting period: 0/0</i>	65 & under	65 & under				
		\$103	\$131				
		70	\$126	70	\$159		
		75	\$154	75	\$192		
		80	\$179	80	\$224		
		85	\$179	85	\$224		
Combined Ins. Co. of America 111 East Wacker Drive, Ste. 700 Chicago, IL 60601 800-544-5531 www.combinedinsurance.com	<i>Does crossover</i> <i>Pre-existing look-back/waiting period: 0/0</i> <i>Attained age rating</i>	65 & under					
		\$90					
		70	\$118				
		75	\$144				
		80	\$163				
Continental General Ins. Co. P.O. Box 26580 Austin, TX 78755-0580 866-459-4272 www.continentalgeneral.com	<i>Does crossover</i> <i>Issue age rating</i> <i>Pre-existing look-back/waiting period: 0/0</i> <i>For ZIP codes 970-972 and 974</i>	65 & under					
		\$90					
		70	\$91				
		75	\$100				
		80	\$106				
		85	\$106				
Equitable Life & Casualty Ins. Co. 3 Triad Center Salt Lake City, UT 84180-1200 801-579-3400 www.equilife.com	<i>Does crossover</i> <i>Attained age rating</i> <i>Pre-existing look-back/waiting period: 0/0</i>	65 & under					
		\$89					
		70	\$95				
		75	\$104				
		80	\$110				
		85	\$114				
Family Life Ins. Co. 10700 Northwest Freeway Houston, TX 77092 800-877-7703 www.familylifeins.com	<i>Does crossover</i> <i>Attained age rating</i> <i>Pre-existing look-back/waiting period: 0/0</i> <i>One-time \$25 policy fee</i> Rate for ZIP codes 970-972 Rates vary by ZIP code	65 & under	65 & under	65 & under			
		\$71	\$86	\$99			
		70	\$84	70	\$102	70	\$118
		75	\$100	75	\$121	75	\$141
		80	\$113	80	\$138	80	\$161
		85	\$123	85	\$150	85	\$175

TERMS

Attained age rating: Premium increases as your age increases.

Crossover: Medicare auto bills Medigap for provider's remaining balance.

Issue age rating: Premium increases for inflation or rising costs but not for increased age.

Pre-existing look-back/waiting period: How many months back the company looks for pre-existing conditions/how many months you must wait until the Medigap policy will cover those pre-existing conditions. Waived if you had continuous creditable coverage. See page 21.

Plan D	Plan F	Plan F High \$2,000 deductible	Plan G	Plan K	Plan L	Plan M*	Plan N*
	65 & under \$149	65 & under \$37	65 & under \$133	65 & under \$57	65 & under \$93	65 & under \$114	65 & under \$84
	70 \$180	70 \$44	70 \$164	70 \$68	70 \$111	70 \$142	70 \$108
	75 \$219	75 \$53	75 \$203	75 \$86	75 \$135	75 \$176	75 \$139
	80 \$260	80 \$63	80 245	80 \$104	80 \$161	80 \$210	80 \$173
	85 \$260	85 \$63	85 \$245	85 \$104	85 \$161	85 \$210	85 \$173
	65 & under \$129						65 & under \$90
	70 \$169						70 \$118
	75 \$205						75 \$144
	80 \$232						80 \$162
	65 & under \$110		65 & under \$96				65 & under \$89
	70 \$116		70 \$102				70 \$94
	75 \$131		75 \$117				75 \$106
	80 \$147		80 \$132				80 \$121
	85 \$158		85 \$143				85 \$134
	65 & under \$126						65 & under \$89
	70 \$136						70 \$96
	75 \$149						75 \$105
	80 \$159						80 \$112
	85 \$165						85 \$117
65 & under \$90	65 & under \$103		65 & under \$91			65 & under \$81	65 & under \$72
70 \$107	70 \$121		70 \$108			70 \$96	70 \$84
75 \$127	75 \$144		75 \$128			75 \$115	75 \$101
80 \$145	80 \$163		80 \$145			80 \$130	80 \$114
85 \$157	85 \$177		85 \$158			85 \$141	85 \$124

Monthly rates shown are for women non-smokers. Because of publication deadlines, some rates listed in this guide are for 2010 and may change in 2011.

Insurance Company	Notes (See terms below)	Plan A	Plan B	Plan C			
Genworth Life and Annuity Ins. Co. 6620 West Broad St. Richmond, VA 23230 800-264-4000 www.cont-life.com	<i>Does crossover</i> <i>Attained age rating</i> <i>Pre-existing look-back/waiting period: 0/0</i> ZIP codes 970-972 rates are higher	65 & under	65 & under				
			\$101	\$127			
		70	\$114	70	\$143		
		75	\$133	75	\$168		
		80	\$147	80	\$185		
		85	\$156	85	\$197		
Gerber Life Ins. Co. P.O. Box 2271 Omaha, NE 68103-2271 800-995-5991 www.gerberlife.com	<i>Does crossover</i> <i>Attained age rating</i> <i>Pre-existing look-back/waiting period: 0/0</i> <i>Female rates – Male rates are approximately 15% higher.</i> <i>Non-Tobacco rates – Tobacco rates are approximately 15% higher.</i>	65 & under					
			\$73				
		70	\$86				
		75	\$97				
		80	\$109				
		85	\$119				
Globe Life and Accident Ins. Co. P.O. Box 2440 McKinney, TX 75070 800-801-6831 www.globecaremedsupp.com	<i>Does crossover</i> <i>Attained age rating</i> <i>Pre-existing look-back/waiting period: 2/6</i>	65 & under	65 & under	65 & under			
			\$66	\$98	\$113		
		70	\$87	70	\$127	70	\$142
		75	\$93	75	\$140	75	\$163
		80	\$93	80	\$142	80	\$170
		85	\$93	85	\$142	85	\$170
Humana Ins. Co. 500 West Main St. Louisville, KY 40202 800-872-7294 www.humana.com	<i>Does crossover</i> <i>Attained age rating</i> <i>Pre-existing look-back/waiting period: 3/3</i>	65 & under	65 & under	65 & under			
			\$99	\$108	\$125		
		70	\$118	70	\$128	70	\$147
		75	\$136	75	\$148	75	\$171
		80	\$155	80	\$169	80	\$194
		85	\$171	85	\$186	85	\$215

TERMS

Attained age rating: Premium increases as your age increases.

Crossover: Medicare auto bills Medigap for provider's remaining balance.

Issue age rating: Premium increases for inflation or rising costs but not for increased age.

Pre-existing look-back/waiting period: How many months back the company looks for pre-existing conditions/how many months you must wait until the Medigap policy will cover those pre-existing conditions. Waived if you had continuous creditable coverage. See page 21.

Plan D	Plan F	Plan F High \$2,000 deductible	Plan G	Plan K	Plan L	Plan M*	Plan N*
	65 & under \$147	65 & under \$58	65 & under \$129				65 & under \$102
	70 \$165	70 \$65	70 \$146				70 \$116
	75 \$190	75 \$75	75 \$171				75 \$135
	80 \$205	80 \$81	80 \$188				80 \$149
	85 \$218	85 \$86	85 \$200				85 \$159
	65 & under \$101		65 & under \$86				
	70 \$120		70 \$101				
	75 \$138		75 \$117				
	80 \$159		80 \$135				
	85 \$176		85 \$150				
	65 & under \$114						
	70 \$143						
	75 \$164						
	80 \$171						
	85 \$171						
	65 & under \$127	65 & under \$48		65 & under \$58	65 & under \$83		65 & under \$78
	70 \$150	70 \$58		70 \$69	70 \$98		70 \$93
	75 \$174	75 \$65		75 \$80	75 \$114		75 \$108
	80 \$198	80 \$74		80 \$91	80 \$129		80 \$122
	85 \$219	85 \$82		85 \$100	85 \$143		85 \$135

Monthly rates shown are for women non-smokers. Because of publication deadlines, some rates listed in this guide are for 2010 and may change in 2011.

Insurance Company	Notes (See terms below)	Plan A	Plan B	Plan C
Liberty National Life Ins. Co. P.O. Box 8080 McKinney, TX 75070 800-331-2512 www.LibNat.com	<i>Does crossover</i> <i>Attained age rating</i> <i>Pre-existing look-back/waiting period: 2/6</i> <i>Rates are based on female preferred rates.</i>	65 & under \$99 70 \$120 75 \$127 80 \$127 85 \$127	65 & under \$138 70 \$172 75 \$189 80 \$191 85 \$191	
LifeWise Health Plan of Oregon 2020 SW Fourth Ave., Ste. 1000 Portland, OR 97201 800-290-1278 www.lifewiseor.com	<i>Does crossover</i> <i>Attained age rating (based on age on Jan. 1)</i> <i>Pre-existing look-back/waiting period: 6/6</i> <i>Rates effective June 1, 2010</i> <i>No difference in rates for smokers than for non-smokers or for women than men.</i> <i>Rates shown are for automatic funds transfer payment. Add \$5 to each rate for a paper bill option.</i>	65-69 \$129 70-74 \$165 75+ 194		
Loyal American Life Ins. Co. P.O. Box 559004 Austin, TX 78755-9004 800-633-6752 www.gafri.com	<i>Does crossover</i> <i>Attained age rating</i> <i>Female Preferred Plus monthly rates</i> <i>Area 1 (973-979)</i>	65 & under \$96 70 \$97 75 \$107 80 \$114 85 \$114		
Marquette National Life Ins. Co. 1001 Heathrow Park Lane, Ste. 5001 Lake Mary, FL 32746 800-934-8203 www.marquettenationallife.com	<i>Does crossover</i> <i>Attained age rating</i> <i>Pre-existing look-back/waiting period: 6/6</i> <i>Contact plan for rate details</i> Rates for ZIP codes 970-973, 975, and 978. Rates vary by ZIP code. For females. Rates vary by gender.	65 & under \$70 70 \$104 75 \$115 80 \$116 85 \$116		

TERMS

Attained age rating: Premium increases as your age increases.

Crossover: Medicare auto bills Medigap for provider's remaining balance.

Issue age rating: Premium increases for inflation or rising costs but not for increased age.

Pre-existing look-back/waiting period: How many months back the company looks for pre-existing conditions/how many months you must wait until the Medigap policy will cover those pre-existing conditions. Waived if you had continuous creditable coverage. See page 21.

Plan D	Plan F	Plan F High \$2,000 deductible	Plan G	Plan K	Plan L	Plan M*	Plan N*
	65 & under \$157	65 & under \$49					65 & under \$123
	70 \$196	70 \$65					70 \$157
	75 \$222	75 \$81					75 \$181
	80 \$243	80 \$89					80 \$203
	85 \$243	85 \$89					85 \$203
	65-69 \$171	65-69 \$64					65-69 \$127
	70-74 \$218	70-74 \$82					70-74 \$162
	75+ \$257	75+ \$97					75+ \$192
	65 & under \$119		65 & under \$103				65 & under \$96
	70 \$125		70 \$110				70 \$101
	75 \$141		75 \$126				75 \$115
	80 \$158		80 \$142				80 \$130
	85 \$179		85 \$162				85 \$151
65 & under \$93	65 & under \$109		65 & under \$99				65 & under \$74
70 \$119	70 \$136		70 \$126				70 \$97
75 \$140	75 \$158		75 \$148				75 \$116
80 \$157	80 \$176		80 \$167				80 \$134
85 \$169	85 \$188		85 \$179				85 \$148

Monthly rates shown are for women non-smokers. Because of publication deadlines, some rates listed in this guide are for 2010 and may change in 2011.

Insurance Company	Notes (See terms below)	Plan A	Plan B	Plan C
Medico Ins. Co. 1515 S. 75th St. Omaha, NE 68124 800-228-6080 www.gomedico.com	<i>Does crossover</i> <i>Attained age rating</i> <i>Pre-existing look-back/waiting period: 0/0</i>	65 & under \$63 70 \$71 75 \$83 80 \$89 85 \$94		
Mennonite Mutual Aid Association P.O. Box 483 Goshen, IN 46527 800-348-7468 www.mma-online.org <i>This is a fraternal benefit society. Its policies are available only to people eligible for membership in the Association.</i>	<i>Does crossover</i> <i>Issued age rating for Plans A, F, and L</i> <i>Attained age rating for Plan C and N</i> <i>Pre-existing look-back/waiting period: 0/0</i> <i>Rates are guaranteed until March 31, 2011</i>	65 & under \$91 70 \$98 75 \$103 80 \$109 85 \$114		65 & under \$120 70 \$143 75 \$160 80 \$173 85 \$184
ODS Companies 601 SW 2nd Portland, OR 97204 Sales: 877-277-7073 or 503-243-3973 www.odscompanies.com	<i>Does crossover</i> <i>Attained age rating</i> <i>Pre-existing look-back/waiting period: 6/6</i> <i>2011 premiums pending approval at the time of publication</i>	65-69 \$103 70-74 \$118 75-79 \$134 80+ \$135		65-69 \$162 70-74 \$184 75-79 \$211 80+ \$212
Order of United Commercial Travelers of America 1801 Watermark Dr., Ste. 100 P.O. Box 159019 Columbus, OH 43215-8619 800-848-0123 www.uct.org	<i>Does crossover</i> <i>Attained age rating</i> <i>Pre-existing look-back/waiting period: 0/0</i> <i>Rates reflect monthly EFT for non-smoking women</i> Rates for ZIP codes 970-972	65 & under \$112 70 \$140 75 \$164 80 \$180 85 \$192		

TERMS

Attained age rating: Premium increases as your age increases.

Crossover: Medicare auto bills Medigap for provider's remaining balance.

Issue age rating: Premium increases for inflation or rising costs but not for increased age.

Pre-existing look-back/waiting period: How many months back the company looks for pre-existing conditions/how many months you must wait until the Medigap policy will cover those pre-existing conditions. Waived if you had continuous creditable coverage. See page 21.

Plan D	Plan F	Plan F High \$2,000 deductible	Plan G	Plan K	Plan L	Plan M*	Plan N*
65 & under \$85	65 & under \$92						
70 \$97	70 \$104						
75 \$117	75 \$125						
80 \$131	80 \$139						
85 \$146	85 \$154						
	65 & under \$150				65 & under \$88		65 & under \$77
	70 \$162				70 \$96		70 \$92
	75 \$172				75 \$103		75 \$104
	80 \$186				80 \$111		80 \$114
	85 \$201				85 \$120		85 \$122
	65-69 \$166	65-69 \$38					
	70-74 \$189	70-74 \$43					
	75-79 \$216	75-79 \$49					
	80+ \$217	80+ \$49					
	65 & under \$164		65 & under \$137				65 & under \$115
	70 \$200		70 \$171				70 \$140
	75 \$230		75 \$200				75 \$161
	80 \$248		80 \$220				80 \$174
	85 \$264		85 \$234				85 \$184

Monthly rates shown are for women non-smokers. Because of publication deadlines, some rates listed in this guide are for 2010 and may change in 2011.

Insurance Company	Notes (See terms below)	Plan A	Plan B	Plan C
Regence BlueCross BlueShield of Oregon 100 SW Market St. P.O. Box 1271 Portland, OR 97207-1271 888-734-3623 www.or.regence.com <i>(Range of rates reflects Regence's change to 22 age bands, essentially single year age bands, from June 2010 forward.)</i>	<i>Does crossover</i> <i>Attained age rating</i> <i>Rates effective June 1 - Dec. 31, 2010</i> <i>New rates will be effective Jan. 1, 2011 – (to be filed for Oregon approval on Nov. 1, 2010)</i> <i>Rates reflect a \$2 discount for using Surepay EFT</i>	65 & under \$105 66-69 \$109-123 70-74 \$128-144 75-79 \$147-155 80-84 \$156-158 85+ \$158		65 & under \$128 66-69 \$135-156 70-74 \$163-188 75-79 \$194-214 80-84 \$218-233 85+ \$236
SecureHorizons/UnitedHealthcare Ins. Co. P.O. Box 25032 Cypress, CA 90630 800-768-1479 www.securehorizons.com	<i>Does crossover</i> <i>Attained age rating</i> <i>A, B, C, F Guaranteed Issue</i> <i>Pre-existing look-back/waiting period: 0/0</i> <i>ESRD is a declinable condition.</i> <i>Smoker rates are higher, but smokers who sign up as Guaranteed Issue are given non-smoker rate</i>	65 & under \$98 70 \$114 75 \$128 80 \$129 85 \$135		
Sentinel Security Life Ins. Co. 800-246-1423 Fax: 801-484-2459 www.sentinelife.org	<i>Does crossover</i> <i>Attained age rating</i> <i>Pre-existing look-back/waiting period: 0/0</i>	65 & under \$94 70 \$111 75 \$124 80 \$136 85 \$145	65 & under \$104 70 \$123 75 \$139 80 \$155 85 \$167	65 & under \$128 70 \$151 75 \$172 80 \$193 85 \$210
Standard Life & Accident Ins. Co. 2450 South Shore Blvd., Ste. 500 League City, TX 77573 888-350-1488	<i>Does crossover</i> <i>Attained age rating</i> <i>Pre-existing look-back/waiting period: 0/0</i> <i>A, B, C, F, F High Guaranteed Issue.</i> <i>Contact plan for details.</i>	65 & under \$143 70 \$153 75 \$170 80 \$203 85 \$255	65 & under \$162 70 \$174 75 \$193 80 \$231 85 \$290	65 & under \$185 70 \$198 75 \$220 80 \$262 85 \$330

TERMS

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Issue age rating: Premium increases for inflation or rising costs but not for increased age.

Pre-existing look-back/waiting period: How many months back the company looks for pre-existing conditions/how many months you must wait until the Medigap policy will cover those pre-existing conditions. Waived if you had continuous creditable coverage. See page 21.

Plan D	Plan F	Plan F High \$2,000 deductible	Plan G	Plan K	Plan L	Plan M*	Plan N*
	65 & under \$129 66-69 \$136-157 70-74 \$164-189 75-79 \$195-215 80-84 \$219-234 85+ \$237			65 & under \$70 66-69 \$73-85 70-74 \$88-102 75-79 \$105-116 80-84 \$118-126 85+ \$128			
	65 & under \$132 70 \$158 75 \$191 80 \$218 85 \$246	65 & under \$42 70 \$54 75 \$69 80 \$83 85 \$96	65 & under \$119 70 \$145 75 \$176 80 \$203 85 \$229	65 & under \$62 70 \$74 75 \$85 80 \$89 85 \$108	65 & under \$86 70 \$103 75 \$125 80 \$144 85 \$163		65 & under \$88 70 \$111 75 \$138 80 \$161 85 \$183
65 & under \$107 70 \$127 75 \$146 80 \$163 85 \$178	65 & under \$131 70 \$155 75 \$176 80 \$197 85 \$215						65 & under \$87 70 \$103 75 \$119 80 \$133 85 \$146
65 & under \$111 70 \$119 75 \$132 80 \$158 85 \$199	65 & under \$152 70 \$163 75 \$181 80 \$215 85 \$271	65 & under \$22 70 \$23 75 \$26 80 \$31 85 \$39	65 & under \$112 70 \$120 75 \$133 80 \$159 85 \$200				65 & under \$73 70 \$78 75 \$87 80 \$104 85 \$131

Monthly rates shown are for women non-smokers. Because of publication deadlines, some rates listed in this guide are for 2010 and may change in 2011.

Insurance Company	Notes (See terms below)	Plan A	Plan B	Plan C			
State Farm Mutual Automobile Ins. Co. One State Farm Plaza B-1 Bloomington, IL 61710-0001 866-855-1212 www.statefarm.com	<i>Does crossover</i> <i>Attained age rating</i> <i>Pre-existing look-back/waiting period: 0/0</i> <i>Rates effective: Jan. 1, 2009</i> Rates are for Clackamas, Columbia, Multnomah, and Washington counties only	65 & under		65 & under			
		\$87		\$132			
		70	\$110	70	\$166		
		75	\$128	75	\$192		
		80	\$143	80	\$216		
		85	\$149	85	\$225		
State Mutual Ins. Co. P.O. Box 153 Rome, GA 30162-0153 800-321-0102	<i>Does crossover</i> <i>Attained age rating</i> <i>Pre-existing look-back/waiting period: 0/0</i> ZIP codes other than 970-978	65 & under	65 & under	65 & under			
		\$56	\$65	\$78			
		70	\$68	70	\$77	70	\$93
		75	\$79	75	\$92	75	\$112
		80	\$90	80	\$104	80	\$127
		85	\$97	85	\$114	85	\$138
Sterling Investors Life Ins. Co. 210 East Second Ave., Ste. 105 Rome, GA 30161 800-321-0102	<i>Does crossover</i> <i>Attained age rating</i> <i>Pre-existing look-back/waiting period: 0/0</i> Rates for ZIP codes 970-972 are higher	65 & under	65 & under	65 & under			
		\$60	\$70	\$84			
		70	\$71	70	\$83	70	\$100
		75	\$85	75	\$99	75	\$120
		80	\$96	80	\$112	80	\$136
		85	\$105	85	\$122	85	\$149
Sterling Life Ins. Co. Select Plan, Area II P.O. Box 5348 Bellingham, WA 98227-5348 800-688-0010 Standard Plan, Area II	<i>Does crossover</i> <i>Attained age rating</i> <i>Plan only available in certain counties.</i> <i>Contact company for more information.</i>	69 & under	69 & under	69 & under			
		\$126	\$136	\$141			
		70-74	\$143	70-74	\$156	70-74	\$161
		75-79	\$155	75-79	\$170	75-79	\$176
		80+	\$161	80+	\$181	80+	\$188
	<i>Does crossover</i> <i>Attained age rating</i> <i>Plan only available in certain counties.</i> <i>Contact company for more information.</i>	69 & under	69 & under	69 & under			
		\$135	\$155	\$159			
		70-74	\$154	70-74	\$181	70-74	\$184
		75-79	\$168	75-79	\$202	75-79	\$205
		80+	\$176	80+	\$222	80+	\$225

TERMS

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Issue age rating: Premium increases for inflation or rising costs but not for increased age.

Pre-existing look-back/waiting period: How many months back the company looks for pre-existing conditions/how many months you must wait until the Medigap policy will cover those pre-existing conditions. Waived if you had continuous creditable coverage. See page 21.

Plan D	Plan F	Plan F High \$2,000 deductible	Plan G	Plan K	Plan L	Plan M*	Plan N*
	65 & under \$133 70 \$168 75 \$194 80 \$218 85 \$227						
65 & under \$68 70 \$81 75 \$96 80 \$110 85 \$119	65 & under \$81 70 \$95 75 \$114 80 \$129 85 \$139	65 & under \$32 70 \$38 75 \$45 80 \$51 85 \$55	65 & under \$69 70 \$82 75 \$97 80 \$110 85 \$120			65 & under \$61 70 \$73 75 \$87 80 \$99 85 \$107	65 & under \$57 70 \$67 75 \$80 80 \$90 85 \$90
65 & under \$73 70 \$87 75 \$104 80 \$118 85 \$128	65 & under \$87 70 \$102 75 \$123 80 \$138 85 \$150	65 & under \$34 70 \$40 75 \$48 80 \$54 85 \$59	65 & under \$74 70 \$88 75 \$104 80 \$118 85 \$129			65 & under \$66 70 \$79 75 \$93 80 \$106 85 \$115	65 & under \$61 70 \$72 75 \$86 80 \$97 85 \$105
	69 & under \$125 70-74 \$142 75-79 \$155 80+ \$166			69 & under \$52 70-74 \$60 75-79 \$66 80+ \$70			69 & under \$92 70-74 \$105 75-79 \$115 80+ \$124
	69 & under \$152 70-74 \$176 75-79 \$196 80+ \$215		69 & under \$138 70-74 \$159 75-79 \$178 80+ \$197	69 & under \$67 70-74 \$77 75-79 \$87 80+ \$97			69 & under \$116 70-74 \$135 75-79 \$150 80+ \$167

Monthly rates shown are for women non-smokers. Because of publication deadlines, some rates listed in this guide are for 2010 and may change in 2011.

Insurance Company	Notes (See terms below)	Plan A	Plan B	Plan C
United American Ins. Co. P.O. Box 8080 McKinney, TX 75070 800-331-2512 www.unitedamerican.com	<i>Does crossover</i> <i>Attained age rating</i> <i>Pre-existing look-back/waiting period: 2/6</i> <i>Rates are based on female preferred rates</i>	65 & under	65 & under	65 & under
		\$93	\$131	\$148
		70 \$113	70 \$162	70 \$185
		75 \$120	75 \$178	75 \$209
		80 \$120	80 \$180	80 \$229
85 \$120	85 \$180	85 \$229		
United of Omaha Life Ins. Co. Mutual of Omaha Plaza Omaha, NE 68175 877-778-0829 www.mutualofomaha.com	<i>Does crossover</i> <i>Attained age rating</i> <i>Pre-existing look-back/waiting period: 0/0</i> Rates for ZIP codes 970-972 Non-tobacco rates – tobacco rates are approximately 15% higher	65 & under		
		\$65		
		70 \$75		
		75 \$91		
		80 \$105		
85 \$123				
United Teacher Associates Ins. Co. P.O. Box 26580 Austin, TX 78755-0580 800-880-8824 www.gafri.com	<i>Does crossover</i> <i>Attained age rating</i> <i>Area 2 (970-979)</i>	65 & under	65 & under	65 & under
		\$71	\$83	\$99
		70 \$80	70 \$94	70 \$112
		75 \$95	75 \$111	75 \$135
		80 \$108	80 \$127	80 \$154
85 \$118	85 \$138	85 \$167		
USAA Life Ins. Co. 9800 Fredricksburg Rd. San Antonio, TX 78288 800-531-8000 www.usaa.com	<i>Does crossover</i> <i>One year attained age rates</i> <i>Rates shown are non-smoker rates</i>	65 & under		
		\$98		
		70 \$114		
		75 \$137		
		80 \$159		
85 \$175				

TERMS

Attained age rating: Premium increases as your age increases.

Crossover: Medicare auto bills Medigap for provider's remaining balance.

Issue age rating: Premium increases for inflation or rising costs but not for increased age.

Pre-existing look-back/waiting period: How many months back the company looks for pre-existing conditions/how many months you must wait until the Medigap policy will cover those pre-existing conditions. Waived if you had continuous creditable coverage. See page 21.

Plan D	Plan F	Plan F High \$2,000 deductible	Plan G	Plan K	Plan L	Plan M*	Plan N*
65 & under \$136	65 & under \$149	65 & under \$47	65 & under \$137	65 & under \$79	65 & under \$111		65 & under \$116
70 \$174	70 \$186	70 \$62	70 \$175	70 \$105	70 \$148		70 \$149
75 \$198	75 \$210	75 \$77	75 \$199	75 \$117	75 \$165		75 \$171
80 \$218	80 \$230	80 \$84	80 \$219	80 \$123	80 \$173		80 \$191
85 \$218	85 \$230	85 \$84	85 \$219	85 \$123	85 \$173		85 \$191
	65 & under \$94		65 & under \$77			65 & under \$73	65 & under \$70
	70 \$109		70 \$90			70 \$85	70 \$82
	75 \$132		75 \$108			75 \$103	75 \$98
	80 \$152		80 \$125			80 \$119	80 \$113
	85 \$178		85 \$146			85 \$139	85 \$132
65 & under \$87	65 & under \$103		65 & under \$89				65 & under \$72
70 \$98	70 \$115		70 \$101				70 \$81
75 \$117	75 \$138		75 \$120				75 \$97
80 \$133	80 \$156		80 \$136				80 \$110
85 \$144	85 \$169		85 \$148				85 \$118
	65 & under \$110						
	70 \$129						
	75 \$154						
	80 \$178						
	85 \$196						

Monthly rates shown are for women non-smokers. Because of publication deadlines, some rates listed in this guide are for 2010 and may change in 2011.

About Medicare Advantage plans

Medicare Advantage

Private companies contract with Medicare to offer coordinated care and private fee-for-service health insurance plans. Medicare pays these plans to provide all your Medicare-approved services. When you join a Medicare Advantage (MA) plan, you agree to that plan's terms and conditions.

- You will receive the same benefits as in Original Medicare, but not at the same payment rates.
- You will still pay the Part B premium, plus a premium to the plan (unless the plan has a \$0 premium), and co-payments or co-insurance for certain services.
- Medicare Advantage plans may offer additional coverage, such as routine preventive vision or dental.

Medicare Advantage plans renew their contracts annually with the Centers for Medicare and Medicaid Services (CMS). This means the policies are not guaranteed renewable. However, if you join a plan and that plan decides to not renew its contract with CMS, you have protection under the law that enables you to join another plan or purchase a Medigap policy.

Where you live (based on your ZIP code) often determines which Medicare Advantage Plans are available to you. You can find out if a plan covers your area by calling the company or by reviewing the plan on Medicare's website, www.medicare.gov, or the chart on pages 48-51.

Who can join a Medicare Advantage plan?

Most people who have Medicare Part A and Part B and live in the plan's service area can join a plan.

Beneficiaries with End-Stage Renal Disease (ESRD) are not eligible to join a plan. However, if you are already in a plan and develop ESRD, you may stay in the plan. If you've had a successful kidney transplant, you may be able to join a plan. For more information on what is offered to beneficiaries with ESRD, see Medicare publication 10128, *Medicare Coverage of Kidney Dialysis and Kidney Transplant Services*.

Medicare Advantage enrollment and election periods are changing

You may join, leave, or switch Medicare Advantage plans during your Initial Enrollment Period (IEP) when you are new to Medicare, or during the Annual Election Period (AEP), Nov. 15 - Dec. 31, 2010; Oct. 15 - Dec. 7, from 2011 on, also referred to as "Fall Open Enrollment."

Important note about new disenrollment period

The former Medicare Advantage Open Enrollment Period, from January through March, has been eliminated and replaced by the **Medicare Advantage Disenrollment Period (MADP)**, from Jan. 1 through Feb. 14 every year, beginning in 2011. During the new MADP, you may disenroll from your Medicare Advantage plan and switch to Original Medicare. If your Medicare Advantage plan included drug coverage, that also will end, but you may enroll in a stand-alone Medicare Prescription Drug Plan during this period. If you had a Medicare Advantage plan for health but no drug coverage, you may enroll in a stand-alone drug plan during this period. Be aware, however, that you may be subject to a Part D Late Enrollment Penalty.

About Medicare Advantage plans, continued

Special Enrollment Periods (SEP)

Special Enrollment Periods are opportunities to make plan changes outside of the standard enrollment periods.

- Moving permanently outside your plan's service area grants a SEP.
- Qualifying for any limited-income assistance creates a continuous SEP.

SEPs are generally 60 days, but may vary. At these times, you may use your SEP to:

- Join a different Medicare Advantage plan
- Switch to using only Original Medicare
- Switch to Original Medicare and purchase a Medigap. Insurance companies may require that you undergo underwriting unless you have Guaranteed Issue.

Help comparing plans

A SHIBA volunteer can help you understand plan options and plan rules, such as how and when you may disenroll.

For a SHIBA contact in your area:

- Call 800-722-4134
- Visit www.medicare.gov
- Call 800-MEDICARE 800-633-4227

Enrollment actions during election periods

If you want to switch from one Medicare Advantage plan to another Medicare Advantage plan, simply enroll in your new plan during the AEP (Nov. 15 – Dec. 31, 2010; Oct. 15 – Dec. 7, from 2011 on.) You will be automatically disenrolled from your old plan. Before taking any disenrollment action, we recommend you contact SHIBA for assistance in reviewing your options.

If you want to drop your Medicare Advantage plan and switch to Original Medicare, you may do so during these periods:

- Nov. 15 – Dec. 31, 2010, or Jan. 1 – Feb. 14, 2011
- Oct. 15 – Dec. 7, 2011, or Jan. 1 – Feb. 14, 2012

See the Medicare Advantage plans on pages 54-119.

Medicare Advantage plan types

(See Glossary for definitions)

HMO	Health Maintenance Organization
HMO-POS	HMO with Point-of-Service option
PFFS	Private Fee-for-Service plan
PPO	Preferred Provider Organization
SNP	Special Needs Plan

Choosing a Medicare Advantage plan

How do I select a plan?

■ **What plans are offered in my area?**

Refer to the by-county charts on pages 48-51 to see which plans are available to you. The plan service areas are also listed in the upper right corner of each plan description page.

■ **Will your doctor and hospital accept the plan?**

Ask the business office of your doctor(s) and hospital if they are in the network for a plan you are considering. Even though a plan may be offered in your area, providers **do not** have to participate. In some plans, if your doctor is not part of the preferred network, you will have to pay more to see that doctor. It is **very important** to know if the plan you're considering includes your doctors and hospital of choice.

Call for the above information for yourself. Web pages and printed materials can be incorrect and an agent wanting to sell you a plan may be misinformed.

■ **Can I afford the plan?**

Make sure you understand the coverage, including premiums and co-pays. The plan description pages list your share of the costs. Here are some of the words you'll want to understand:

- **Premiums:** The amount you pay monthly for a plan. In a few cases there is a \$0 premium.
- **Maximum out-of-pocket costs:** This is the most you would have to pay in a year for covered services, *excluding Part D drugs*, before the plan starts paying 100 percent.

Caution: Not all covered services may count toward the out-of-pocket total.

- **Co-pays:** A fixed amount you pay for a service.
- **Co-insurance:** A percentage of costs you pay for a service.

Prescription drug coverage

■ **Do I want prescription drug coverage with my Medicare Advantage plan?**

Most HMO/PPO plans include integrated prescription drug coverage (MAPD). Your drug coverage must be this “bundled” package.

Exception: If you have VA drug coverage available, you can use it with the health-only MA plan, if the plan allows it.

PFFS plans allow you to choose a stand-alone prescription drug plan or enroll in their combined MAPD.

About Medicare Advantage dental coverage

Original Medicare *does not* cover routine dental care. There are very limited dental services you may get when you are in the hospital, but these are rare.

Some Medicare Advantage plans may be like Original Medicare and not cover dental care. Other MA plans choose to cover preventive care, such as cleanings and X-rays, up to a capped limit.

For more information, contact the plan.

Medigap vs. Medicare Advantage comparison chart

Original “Fee-For-Service” Medicare with a Medigap (Example: Plan F)	Comparison point:	Medicare Advantage: HMO, PPO, or PFFS (Private Medicare Plans)
Must have Parts A and B. Usually companies may deny, but must accept all applicants, all ages, during Medigap Open Enrollment and Guaranteed Issue periods.	<i>Eligibility</i>	Must have Parts A and B, and live in service area. Takes all applicants except those with End Stage Renal Disease (some exceptions).
Premium varies with gender and health and goes up with age. Companies may underwrite (add to premium). No co-pay costs, with some exceptions, at time of service. No out-of-pocket maximum.	<i>Costs: Premiums, co-pay, co-insurance, and out-of-pocket max</i>	All plan members pay same premium regardless of age, gender, or health. Cost sharing (co-pays) must be paid for most medical services. Many plans have an out-of-pocket annual maximum.
No network: Go to any provider that accepts Medicare. No referrals required for specialist visits. May be hard to find providers accepting Original Medicare in some areas. May be used for treatments at major medical facilities, such as Mayo Clinics, OHSU, etc.	<i>Provider choice and availability</i> <i>Always ask your providers what insurance they accept.</i>	HMOs, PPOs, and PFFSs: Maintain provider networks; they must have available providers in order to accept new members. HMOs: Generally cover in-network only. Referrals may be required for specialist visits. PPOs: Cover out-of-network, but then costs may be higher. No referrals required. PFFSs: Set their own reimbursement rates with contracted doctors.
Not included. If you want Rx coverage, you may enroll in any stand-alone Medicare Prescription Drug Plan available.	<i>Prescription drug coverage</i> <i>Make sure your plan covers your Rx, use www.medicare.gov.</i>	If you want Rx coverage, you must enroll in the included Rx coverage if choosing an HMO or PPO . (VA-eligible excepted.) With PFFS , you may choose the plan’s Rx coverage, if offered, a stand-alone PDP.
Yes, guaranteed renewable as long as you pay the premium and the application was correct. Benefits never change. No election season for Medigaps.	<i>Renewable?</i>	No, benefits may change yearly. However, you usually remain in a plan unless you disenroll at election times or your plan terminates in your area.
Covers only same as Original Medicare. No routine dental, vision, except “Innovative” plans; no alternative medicine.	<i>Extras?</i>	Some plans include routine dental, hearing, or vision. Some offer additional alternative medicine package.
Good for travelers or “snow birds.” May save money for people needing high-cost or frequent care. Customize elements of your Medicare picture – choose doctors and drug plan.	<i>Whom it may be best for</i>	Network plans may be good for people who otherwise can’t find a Medicare provider. May save money unless you need frequent appointments or treatments. Having a packaged plan may simplify choices.
Because Medigaps are standardized, price and customer service are the only difference. Try calling a few competitively priced plans. Regulated by Oregon Insurance Division (OID).	<i>How to comparison shop</i> <i>Who regulates it?</i>	Plans are not standardized – use comparison pages in this guide or at www.medicare.gov . Plans are regulated by Medicare/CMS; sales agents are licensed by OID.

Medicare Advantage Disenrollment Period: Jan. 1 — Feb. 14

New! Beginning in 2011, the three-month “open enrollment period” you may remember from the past few years has been eliminated. There is a new election period, the **Medicare Advantage Disenrollment Period (MADP)**, from Jan. 1 to Feb. 14.

- The key to using this period is that you must enter January enrolled in a Medicare Advantage plan.
- You may disenroll from a Medicare Advantage plan and switch to Original Medicare.
Note: This disenrollment won't by itself qualify you for Guaranteed Issue to purchase a Medigap supplement.

- You may enroll in a stand-alone Medicare Prescription Drug Plan.
Note: If you did not have prior creditable drug coverage, you may incur a late enrollment penalty.
- When going from a Medicare Advantage Plan to Original Medicare **disenroll from the Medicare Advantage plan in writing or enroll in a PDP.**
- You **may not** use this period to enroll in or switch Medicare Advantage plans.
- You **may not** use this period to enroll in a Part D plan if you enter the period already in Original Medicare.

Enrollment periods and deadlines

Plan	IEP	AEP/GEP	SEP/GI	MADP	Late penalty
Medicare Part A	The 7 months that begin 3 months before age 65; or auto-enrolled after 24 months of receiving Social Security Disability Income. (SSDI)	Anytime, if for free premium; otherwise, GEP is January, February, March each year; effective July 1.	None	If in MA plan, may switch to Original Medicare, Jan. 1-Feb. 14.	None (unless premium is not free – penalty is 10% of premium per year of delay; lasts twice as long as enrollment was delayed)
Medicare Part B	The 7 months that begin 3 months before age 65; or auto-enrolled after 24 months if already receiving SSDI.	GEP: January, February, March each year; effective July 1.	Up to 8 months after active work (self or spouse) or its EGHP ends, whichever happens first.	If in MA plan, may switch to Original Medicare, Jan. 1-Feb. 14.	Premium penalty is 10% of current Part B premium per year of delayed enrollment; continues for lifetime.
Medigap	May purchase as soon as you have both Part A and Part B. Open Enrollment for first 6 months of Part B.	Anytime, but at plan's discretion; company may underwrite or deny for pre-existing health conditions.	63-day GI period from date previous plan ends through no fault of your own.		May cost more. If beyond OEP and GI periods, plan may refuse to insure due to health conditions.
Medicare Advantage	The 7-month period , that begins 3 months before turning age 65, or before the date of qualifying for Medicare due to Social Security Disability Income.	AEP: Nov. 15-Dec. 31 in 2010; Oct. 15-Dec. 7 in 2011 and on.	Generally, 60 days after moving out of a plan's service area or after EGHP ends; 31 days after plan is discontinued; continuous for those receiving Extra Help or Medicaid.	If in MA plan, may switch to Original Medicare, Jan. 1-Feb. 14.	None for health coverage. Delayed drug enrollment may incur Part D penalty added to premium.
Medicare Part D	The 7-month period that begins 3 months before age 65, or before the date of qualifying for Medicare due to Social Security Disability Income.	AEP: Nov. 15-Dec. 31 in 2010; Oct. 15-Dec. 7 in 2011 and on.	60 days after moving out of a plan's service area or plan is discontinued; or after EGHP ends. Continuous for those receiving Extra Help or Medicaid.	If in MA plan, may switch to Original Medicare and add a stand-alone Part D plan, Jan. 1-Feb. 14.	Penalty for each month enrollment was delayed is 1% of National Base Beneficiary premium; 24 months of delay becomes 24% penalty; continues for lifetime unless you qualify for Extra Help.

AEP: Annual Election Period **EGHP:** Employer Group Health Plan **GI:** Guaranteed Issue **IEP:** Initial Enrollment Period **GEP:** General Enrollment Period
MA: Medicare Advantage **MADP:** Medicare Advantage Disenrollment Period **MAPD:** Medicare Advantage with Prescription Drug **SEP:** Special Election Period

Medicare Advantage plan availability by county/service areas

See company plan details in Medicare Advantage section pages 54-119.

Organization name and types of plans offered	ATRIO PPO	CareOregon HMO	CareSource HMO	Clear One HMO, PPO	FamilyCare HMO, SNP	Health Net HMO, PPO	Humana HMO, PPO, PFFS
Page numbers	54-59	60-61	62-65	66-71	72-74	76-85	86-95
Baker							
Benton						PPO	
Clackamas		HMO			HMO, SNP	HMO, PPO	PFFS
Clatsop		HMO			HMO, SNP		
Columbia		HMO				PPO	
Coos							
Crook				HMO, PPO			
Curry							
Deschutes				HMO, PPO			
Douglas	PPO		HMO*			PPO	
Gilliam							
Grant				HMO			
Harney							
Hood River				HMO		PPO	
Jackson		HMO	HMO			PPO	
Jefferson				HMO			
Josephine		HMO	HMO			PPO	
Klamath	PPO*			HMO*			
Lake				HMO*			

*This plan has a limited service area in this county. Please check the company plan detail pages, contact the plan for further information, or go to www.Medicare.gov.

Medicare Advantage plan availability by county/service areas

Organization name and types of plans offered	ATRIO PPO	CareOregon HMO	CareSource HMO	Clear One HMO, PPO	FamilyCare HMO, SNP	Health Net HMO, PPO	Humana HMO, PPO, PFFS
Page numbers	54-59	60-61	62-65	66-71	72-74	76-85	86-95
Lane						PPO	
Lincoln							
Linn						PPO	
Malheur							
Marion		HMO				PPO-	
Morrow					HMO, SNP		
Multnomah		HMO			HMO, SNP	HMO, PPO-	HMO, PPO, PFFS
Polk		HMO				PPO	
Sherman				HMO			
Tillamook							
Umatilla					HMO, SNP		
Union							
Wallowa							
Wasco				HMO			
Washington		HMO			HMO, SNP	HMO, PPO-	PFFS
Wheeler				HMO			
Yamhill						PPO	
Clark County, WA**						PPO	PPO, PFFS

*This plan has a limited service area in this county. Please check the company plan detail pages, contact the plan for further information, or go to www.Medicare.gov.

**Community HealthFirst and Sterling also offer Medicare Advantage plans in Clark County, but not in Oregon.

Kaiser HMO	Marion Polk Community Health PPO	ODS PPO	Providence HMO, PPO	Regence PPO	Samaritan HMO	Secure Horizons by United HealthCare HMO, PPO	Trillium HMO
96-97	98-99	100-101	102-105	106-109	110-111	112-115	116-119
		PPO	HMO	PPO		HMO, PPO,	HMO
		PPO		PPO	HMO		
HMO*		PPO		PPO	HMO	HMO	
		PPO					
HMO	PPO	PPO	HMO	PPO		HMO, PPO	
		PPO					
HMO		PPO	HMO, PPO	PPO		HMO, PPO	
HMO	PPO	PPO	HMO	PPO		HMO	
		PPO					
		PPO					
		PPO					
		PPO					
		PPO		PPO			
HMO		PPO	HMO, PPO	PPO		HMO, PPO	
		PPO					
HMO		PPO	HMO	PPO		PPO	
HMO			HMO	PPO		HMO	

Medicare Special Needs Plans (SNPs)

These are specially designed Medicare Advantage plans with membership limited to certain groups of people. Medicare SNPs must provide all Medicare Part A, Part B, and Part D health care, services, and prescription drug coverage. People who have both Medicare and Medicaid (dual eligibles), or those who reside in institutions such as nursing homes, or those who have been diagnosed with certain chronic or disabling diseases may be eligible to join one of these plans.

Dual eligible (Medicaid*)			
Company/plan	Contact information	Type	Available counties
ATRIO Health Plans ATRIO MyAdvantage SNP www.atriohp.com	2270 NW Aviation Drive Roseburg, OR 97470 541-672-8620 or 877-672-8620; TTY: 800-735-2900	HMO	Douglas and Klamath (but not in ZIP codes 97425, 97731, 97733, 97739)
CareOregon Advantage CareOregon Advantage Plus www.careoregonadvantage.org	315 SW 5th Ave., Ste. 900 Portland, OR 97204 503-416-4100 or 800-244-4840; TTY: 800-735-2900	HMO- POS	Clackamas, Clatsop, Columbia, Jackson, Josephine, Marion, Multnomah, Polk, and Washington
CareSource Health Plan CareSource Special www.caresourcehealthplans.com	740 SE 7th St. Grants Pass, OR 97526 541-471-4106 or 888-460-0185; TTY: 800-735-2900	HMO	Jackson and Josephine. Limited availability in Douglas and Curry. Contact plan for details.
FamilyCare Health Plans PremierCare Plus www.familycareinc.org	825 NE Multnomah, Ste. 300 Portland, OR 97232 866-225-2273 or 503-345-5701; TTY: 800-735-2900	HMO	Clackamas, Clatsop, Morrow, Multnomah, Umatilla, and Washington
Marion Polk Community Health Plan Advantage www.mpchpa.org	P.O. Box 5490 Salem, OR 97304 503-485-3244 or 888-236-2496; TTY: 800-735-2900	HMO	Marion and Polk
Samaritan Advantage Health Plan Samaritan Advantage SNP www.samhealth.org/SHPlans	815 NW 9th St., Ste. 101 Corvallis, OR 97330 541-768-4550 or 800-832-4580; TTY: 800-735-2900	HMO	Linn and Benton
Trillium Community Health Plan Trillium Advantage Dual SNP www.trilliumchp.com	1800 Millrace Dr. Eugene, OR 97403 541-431-1950 or 800-910-3906; TTY: 800-735-2900	HMO	Lane

*See Medicaid caseworker for details and enrollment.

Medicare Special Needs Plans (SNPs), continued

Institutional (Nursing homes or skilled nursing facilities)

Company/plan	Contact information	Type	Available counties
Evercare by UnitedHealthcare Evercare Plan IP www.EvercareHealthPlans.com	5 Centerpointe Dr., Ste. 600 Lake Oswego, OR 97035 800-905-8671	PPO	Clackamas, Lane, Multnomah, and Washington
Trillium Community Health Plan TLC Community ISNP www.trilliumchp.com	1800 Millrace Dr. Eugene, OR 97403 800-910-3906; TTY: 866-279-9750	HMO	Lane

Chronic or disabling conditions

For more plan information see FamilyCare, pages 78-80

Company/plan	Contact information	Type	Available counties	Conditions
FamilyCare Health Plans PremierCare Select Rx www.familycareinc.org	825 NE Multnomah, Ste. 300 Portland, OR 97232 503-345-5701 or 866-225-2273; TTY: 800-735-2900	HMO	Clackamas, Clatsop, Morrow, Multnomah, Umatilla, and Washington	Diabetes mellitus

New enrollees to SNPs have a once-only Special Enrollment Period (SEP) to enroll for the first time at any time during the year. After that, any changes must occur during Annual Election Period (AEP).

Plan contact information

ATRIO Health Plans

2270 NW Aviation Drive, Roseburg, OR 97470
 541-672-8620 or 877-672-8620; TTY: 800-735-2900
www.atriohp.com

Plan service areas

Douglas and Klamath counties (Klamath County except ZIPs 97425, 97731, 97733, 97737, and 97739).

Your costs

ATRIO Bronze Rx

TYPE OF PLAN/PLAN NO.

PPO/H6743-001

IMPORTANT INFORMATION

1	Monthly premium <i>with Rx</i>	\$0
	Annual out-of-pocket max.	\$3,400 in-network, \$5,000 combined maximum (excludes Part D costs)
	Part D deductible/gap coverage	\$0
	Plan premium with 100% LIS	\$0

INPATIENT CARE

3	Inpatient hospital care	In-network: \$250/day (days 1-8) \$0/day (days 9-90) \$0/day (days 91-150) per lifetime reserve day Unlimited days	Out-of-network: \$350/day (days 1-8) \$0/day (days 9-90) \$0/day (days 91-150) per lifetime reserve day
4	Inpatient mental health care	In-network: \$250/day (days 1-60) \$0/day (days 61-90)	Out-of-network: \$350/day (days 1-8) \$0/day (days 9-90)
5	Skilled nursing facility: <i>Prior authorization required</i>	\$75 per day, days 1-100	
6	Home health care	\$0	
7	Hospice (Medicare-certified program)	Paid through Medicare	

OUTPATIENT CARE

8	Primary care office visits	In-network: \$35 co-pay	Out-of-network: \$40 co-pay
	Specialist	In-network: \$40 co-pay	Out-of-network: \$45 co-pay
9-12	Chiropractor, podiatry, outpatient mental health, and outpatient substance abuse	50% co-insurance for chiropractic In-network: all other 20% co-insurance	Out-of-network: all other 30% co-insurance
13	Outpatient services/surgery	In-network: 20% co-insurance OP Surg/ASC, 20% co-insurance other OP Facility Out-of-network: 30% co-insurance OP Surg/ASC, 30% co-insurance other OP Facility	
14	Ambulance	20% co-insurance (<i>waived if admitted</i>)	
15	Emergency care, worldwide	\$50 co-pay (<i>waived if admitted</i>)	
16	Urgent care	\$40 co-pay (<i>waived if admitted</i>)	
17	Outpatient rehab	In-network: 20% co-insurance	Out-of-network: 30% co-insurance

Your costs		ATRIO Bronze Rx	
OUTPATIENT MEDICAL SERVICES/SUPPLIES			
18	Durable medical equipment	In-network: 20% co-insurance	Out-of-network: 30% co-insurance
19	Prosthetic devices	In-network: 20% co-insurance	Out-of-network: 30% co-insurance
20	Diabetes self-monitoring training, nutrition therapy, and supplies	In-network: 20% co-insurance	Out-of-network: 30% co-insurance
21	Diagnostic tests, X-rays, and lab services	In-network: 20% co-insurance	Out-of-network: 30% co-insurance
PREVENTIVE SERVICES			
22-27	Bone mass measurement, colorectal screening exams, immunizations, mammograms (annually), pap smears/pelvic exams, and prostate cancer exams	\$0	
ADDITIONAL BENEFITS (For prescription drug benefit – Part D, see table below)			
28	End-Stage Renal Disease	In-network: 20% co-insurance	Out-of-network: 30% co-insurance
29	Prescription drug benefit – Part B	In-network: 20% co-insurance	Out-of-network: 30% co-insurance
30	Dental	Contact plan	Contact plan
31	Hearing exams	In-network: \$40 co-pay	Out-of-network: \$45 co-pay
32	Vision	In-network: \$0 - \$35 co-pay (Glaucoma screenings are \$0)	Out-of-network: \$0 - \$40 co-pay
33	Routine physical exams	No cost (1 annually)	
	Foreign travel, worldwide	Not covered	
	<i>Not covered in these plans: Acupuncture, naturopathy, transportation, health club, and over-the-counter allowance.</i>		

ATRIO plans, continued on next page

Your costs		ATRIO Silver (PPO)	ATRIO Gold Rx (PPO)
TYPE OF PLAN/PLAN NO.		PPO/H6743-002 no Rx PPO/H6743-003 with Rx	PPO/H6743-004
IMPORTANT INFORMATION			
1	Monthly premium <i>no Rx</i>	\$32	n/a
	Monthly premium <i>with Rx</i>	\$66	\$133
	Annual out-of-pocket max.	\$3,400 in-network, \$5,000 combined maximum (excludes Part D costs)	\$1,750 in-network, \$3,000 combined maximum (excludes Part D costs)
	Part D deductible/gap coverage	\$0	\$0
	Plan premium with 100% LIS	\$30.70	\$97.70
INPATIENT CARE			
3	Inpatient hospital care	In-network: \$200/day (days 1-8) \$0/day (days 9-90) \$0/day (days 91-150) per lifetime reserve day Out-of-network: \$325/day (days 1-8) \$0/day (days 9-90) \$0/day (days 91-150) per lifetime reserve day Unlimited days	In-network: \$175/day (days 1-8) \$0/day (days 9-90) \$0/day (days 91-150) per lifetime reserve day Out-of-network: \$300/day (days 1-8) \$0/day (days 9-90) \$0/day (days 91-150) per lifetime reserve day Unlimited days
4	Inpatient mental health care	In-network: \$200/day (days 1-60) \$0/day (days 61-90) Out-of-network: \$325/day (days 1-8) \$0/day (days 9-90)	In-network: \$175/day (days 1-60) \$0/day (days 61-90) Out-of-network: \$300/day (days 1-8) \$0/day (days 9-90)
5	Skilled nursing facility: <i>Prior authorization required</i>	\$0 per day, days 1-20 \$137.50 per day, days 21-100	In-network: \$25 per day, days 1-100 Out-of-network: \$50 per day, days 1-100
6	Home health care	\$0	\$0
7	Hospice (Medicare-certified program)	Paid through Medicare	Paid through Medicare
OUTPATIENT CARE			
8	Primary care office visits	In-network: \$25 co-pay Out-of-network: \$30 co-pay	In-network: \$20 co-pay Out-of-network: \$25 co-pay
	Specialist	In-network: \$30 co-pay Out-of-network: \$40 co-pay	In-network: \$25 co-pay Out-of-network: \$30 co-pay
9-12	Chiropractor, podiatry, outpatient mental health, and outpatient substance abuse	50% co-insurance for chiropractic In-network: all other \$30 co-pay Out-of-network: all other \$40 co-pay	50% co-insurance for chiropractic \$300 per year routine chiropractic limit In-network: all other \$25 co-pay Out-of-network: all other \$30 co-pay
13	Outpatient services/surgery	In-network: \$200 co-pay OP Surg/ASC \$200 co-pay other OP Facility Out-of-network: \$325 co-pay OP Surg/ASC \$325 co-pay other OP Facility	In-network: \$175 co-pay OP Surg/ASC \$175 co-pay other OP Facility Out-of-network: \$300 co-pay OP Surg/ASC \$300 co-pay other OP Facility

Your costs		ATRIO Silver (PPO) ATRIO Silver Rx (PPO)	ATRIO Gold Rx (PPO)
14	Ambulance	\$200 <i>(waived if admitted)</i>	\$100 <i>(waived if admitted)</i>
15	Emergency care, worldwide	\$50 co-pay <i>(waived if admitted)</i>	\$50 co-pay <i>(waived if admitted)</i>
16	Urgent care	\$30 co-pay <i>(waived if admitted)</i>	\$25 co-pay <i>(waived if admitted)</i>
OUTPATIENT MEDICAL SERVICES/SUPPLIES			
18	Durable medical equipment	In-network: 20% co-insurance Out-of-network: 30% co-insurance	In-network: 15% co-insurance Out-of-network: 25% co-insurance
19	Prosthetic devices	In-network: 20% co-insurance Out-of-network: 30% co-insurance	In-network: 15% co-insurance Out-of-network: 25% co-insurance
20	Diabetes self-monitoring training, nutrition therapy, and supplies	\$0	\$0
21	Diagnostic tests, X-rays, and lab services	In-network: \$0 labs, 20% co-insurance all other Out-of-network: \$0 labs, 30% co-insurance all other	In-network: \$0 labs, 15% co-insurance all other Out-of-network: \$0 labs, 20% co-insurance all other
PREVENTIVE SERVICES			
22-27	Bone mass measurement, colorectal screening exams, immunizations, mammograms (annually), pap smears/ pelvic exams, and prostate cancer exams	\$0	\$0
ADDITIONAL BENEFITS			
28	End-Stage Renal Disease	\$0	\$0
29	Prescription drug benefit – Part B	In-network: 20% co-insurance Out-of-network: 30% co-insurance	In-network: 15% co-insurance Out-of-network: 20% co-insurance
30	Dental	Contact plan	In-network: \$25 co-pay Out-of-network: \$30 co-pay \$250 per year preventive dental limit
31	Hearing exams	In-network: \$30 co-pay Out-of-network: \$40 co-pay	In-network: \$25 co-pay Out-of-network: \$30 co-pay
32	Vision	In-network: \$0 - \$25 co-pay Out-of-network: \$0 - \$30 co-pay (Glaucoma screenings are \$0) \$100 vision hardware limit every two years	In-network: \$0 - \$20 co-pay Out-of-network: \$0 - \$25 co-pay (Glaucoma screenings are \$0) \$150 vision hardware limit every two years
33	Routine physical exams	No cost (1 annually)	No cost (1 annually)
	Foreign travel, worldwide	Not covered	Not covered
	Acupuncture	Not covered	\$300 per year (included in chiropractic limit)
<i>Not covered in these plans: Naturopathy, transportation, health club, and over-the-counter allowance.</i>			

ATRIO plans, continued on next page

Plan contact information

ATRIO Health Plans

Continued from previous page

Plan service areas

Douglas and Klamath counties (Klamath County except ZIPs 97425, 97731, 97733, 97737, and 97739).

Your costs		MyAdvantage Elite Rx (HMO-POS) & Tuality MyAdvantage Elite Rx (HMO-POS)	
TYPE OF PLAN/PLAN NO.		PPO/H6743-005 ATRIO Platinum Rx (PPO)	
IMPORTANT INFORMATION			
1	Monthly premium <i>with Rx</i>	\$162	
	Annual out-of-pocket max.	In-network: \$1,300	Out-of-network: \$2,500 (excludes Part D costs)
	Part D deductible/gap coverage	\$0/none	
	Plan premium with 100% LIS	\$126.70	
INPATIENT CARE			
3-4	Inpatient hospital care and mental health care	In-network: \$150/day (days 1-8)	Out-of-network: \$250/day (days 1-8)
5	Skilled nursing facility: <i>Prior authorization required</i>	In-network: \$20/day (days 1-100)	Out-of-network: \$50/day (days 1-100)
6	Home health care	\$0	
7	Hospice (Medicare-certified program)	Paid through Medicare	
OUTPATIENT CARE			
8	Primary care	In-network: \$10	Out-of-network: \$20
	Specialist	In-network: \$15	Out-of-network: \$25
9-10	Chiropractor and podiatry <i>Contact plan for details</i>	In-network: \$15 \$500 per year routine chiropractic limit, \$500 per year routine podiatry limit	Out-of-network: \$25
11-12	Outpatient mental health and outpatient substance abuse	In-network: \$15	Out-of-network: \$25
13	Outpatient services/surgery	In-network: \$75	Out-of-network: \$150
14	Ambulance	In-network: \$50 (waived if admitted)	
15	Emergency care, worldwide	In-network: \$50 (waived if admitted)	
16	Urgent care	In-network: \$15 (waived if admitted within 24 hours)	
17	Outpatient rehab	In-network: \$15	Out-of-network: \$25
OUTPATIENT MEDICAL SERVICES/SUPPLIES			
18	Durable medical equipment	In-network: 10% co-insurance	Out-of-network: 25% co-insurance
19	Prosthetic devices	In-network: 10% co-insurance	Out-of-network: 25% co-insurance
20	Diabetes self-monitoring training, nutrition therapy, and supplies	\$0	
21	Diagnostic tests, X-rays, and lab services	In-network: \$0 diagnostic, 10% MRI/CT/PET Out-of-network: \$0 diagnostic, 15% MRI/CT/PET	

Your costs		MyAdvantage Elite Rx (HMO-POS) & Tuality MyAdvantage Elite Rx (HMO-POS)	
PREVENTIVE SERVICES			
22-27	Bone mass measurement, colorectal screening exams, immunizations, mammograms (annually), pap smears/pelvic exams, and prostate cancer exams	\$0	
ADDITIONAL BENEFITS			
28	End-Stage Renal Disease	\$0	
29	Prescription drug benefit – Part B	In-network: \$0 co-insurance	Out-of-network: \$0 co-insurance
30	Dental	In-network: \$15	Out-of-network: \$25 \$500 per year preventive dental limit
31	Hearing exams	In-network: \$15	Out-of-network: \$25 \$300 per year routine hearing limit
32	Vision	In-network: \$0 - \$10 co-pay (Glaucoma screenings are \$0)	Out-of-network: \$0 - \$20 co-pay \$300 vision hardware limit every two years
33	Routine physical exams	No cost (1 annually)	
37	Acupuncture	\$500 per year limit – included in chiropractic limit	
	Foreign travel, worldwide	No coverage	
<i>Not covered in these plans: Naturopathy, transportation, health club, and over-the-counter allowance.</i>			

Plan contact information**CareOregon Advantage**

315 SW 5th Ave., Ste. 900, Portland, OR 97204
 503-416-4100 or 800-224-4840; TTY: 800-735-2900
www.careoregonadvantage.org

Plan service areas

Clackamas, Clatsop, Columbia, Jackson, Josephine, Marion, Polk,
 Multnomah, and Washington counties.

Your costs**CareOregon Advantage Star HMO-POS****TYPE OF PLAN/PLAN NO.****HMO-POS/H5859-003****IMPORTANT INFORMATION**

1	Monthly premium <i>with Rx</i>	\$35.30
	Annual out-of-pocket max.	\$6700 (in- and out-of-network combined)
	Part D deductible/gap coverage	\$310 / Gap: Generics: Member pays 93%
	Plan premium with 100% LIS	\$0

INPATIENT CARE

3-4	Inpatient hospital care and mental health care	\$250/day (days 1-5)/\$0 (days 6+)
5	Skilled nursing facility	\$0 (days 1-20)/\$100/day (days 21-100)
6	Home health care	\$0
7	Hospice (Medicare-certified program)	\$0

OUTPATIENT CARE

8	Doctor office visits	\$15 in- and out-of-network
	Specialist	\$30 in- and out-of-network
9	Chiropractor	20%
10	Podiatry	\$30
11	Outpatient mental health	\$30
12	Outpatient substance abuse	\$30
13	Outpatient services/surgery	20%
14	Ambulance	\$150
15	Emergency care, nationwide	\$50
16	Urgent care	\$30
17	Outpatient rehab	\$30

OUTPATIENT MEDICAL SERVICES/SUPPLIES

18	Durable medical equipment	20%
19	Prosthetic devices	20%
20	Diabetes self-monitoring training, nutrition therapy, and supplies	\$0
21	Diagnostic tests, X-rays, and lab services	20% for diagnostic tests and X-rays/No cost for lab services

Your costs

CareOregon Advantage Star HMO-POS

PREVENTIVE SERVICES		
22	Bone mass measurement	\$0
23	Colorectal screening exams	\$0
24	Immunizations	\$0
25	Mammograms (annually)	\$0
26	Pap smears/pelvic exams	\$0
27	Prostate cancer exams	\$0
ADDITIONAL BENEFITS		
28	End-Stage Renal Disease	20% for dialysis/No cost for therapy
29	Prescription drug benefit – Part B	20%
30	Dental	Contact plan
31	Hearing exams	\$20 for diagnostic exam
	Hearing aid benefit	Not covered. Discount programs available, contact plan for details.
32	Vision	\$20 routine annual exam / \$0 lenses, plan pays up to \$75 towards frames or contacts (eyewear limited to every 2 years)
33	Routine physical exams	\$0 routine (no limit on the number of covered exams)
34	Health/wellness education	Nursing hotline
35	Point of Service <i>Available in Oregon and Washington</i>	Point of Service coverage is available in for the following benefits: \$15 co-pay for primary care physician services \$30 co-pay for specialist services
<i>Not covered in these plans: Acupuncture/naturopathy, foreign travel, health club, transportation, and over-the-counter drug allowance.</i>		

Plan contact information

CareSource

740 SE 7th St., Grants Pass, OR 97526
 541-471-4106 or 888-460-0185; TTY: 800-735-2900
www.caresourcehealthplans.com

Plan service areas

See below

Your costs		CareSource Silver CareSource Silver Plus Rx	CareSource Platinum CareSource Platinum Plus Rx
TYPE OF PLAN/PLAN NO.		HMO/H3810-006 With Plus Rx H3810-007	HMO-POS/H3810-004 With Plus Rx H3810-005
PLAN SERVICE AREA		Josephine County, Jackson County, Douglas County, (Azalea and Glendale Only)	Josephine County, Jackson County, Douglas County, (Azalea and Glendale Only)
IMPORTANT INFORMATION			
1	Monthly premium <i>no Rx</i>	\$0	\$113
	Monthly premium <i>with Plus Rx</i>	\$71.20	\$175.10
	Annual out-of-pocket max.	\$3,400 (excludes Part D costs)	\$500 (excludes Part D costs)
	Part D deductible/gap coverage	CareSource Silver Plus Rx: No deductible/None- Contact plan	CareSource Platinum Plus Rx: No deductible/None- Contact plan
	Plan premium with 100% LIS	CareSource Silver Plus Rx: Varies – Contact plan	CareSource Platinum Plus Rx: Varies – Contact plan
INPATIENT CARE			
3-4	Inpatient hospital care and inpatient mental health care	\$300/day (days 1-7) inpatient hospital care and inpatient mental health care.	\$150/day (days 1-3) inpatient hospital care and inpatient mental health care.
5	Skilled nursing facility	\$100/day (days 1-10)	\$0
6	Home health care	\$0	\$0
7	Hospice (Medicare-certified program)	Paid through Medicare	Paid through Medicare
OUTPATIENT CARE			
8	Doctor office visits	\$20	\$5
	Specialist	\$30	\$5
9	Chiropractor	\$30	\$5
10	Podiatry	\$30	\$5
11	Outpatient mental health	\$20 for individual or group therapy \$30 for individual or group therapy with a psychiatrist	\$5
12	Outpatient substance abuse	\$20	\$5
13	Outpatient services/surgery	\$200	\$50 for each Medicare-covered ambulatory surgical center visit \$100 for each Medicare-covered outpatient hospital facility visit

Your costs		CareSource Silver CareSource Silver Plus Rx	CareSource Platinum CareSource Platinum Plus Rx
14	Ambulance	\$100	\$100
15	Emergency care, worldwide	\$50 (waived if admitted within 48 hours)	\$50 (waived if admitted within 48 hours)
16	Urgent care, worldwide	\$25 (waived if admitted within 48 hours)	\$25 (waived if admitted within 48 hours)
17	Outpatient rehab	\$20	\$5
OUTPATIENT MEDICAL SERVICES/SUPPLIES			
18	Durable medical equipment	20%	\$0
19	Prosthetic devices	20%	\$0
20	Diabetes self-monitoring training, nutrition therapy, and supplies	\$0	\$0
21	Diagnostic tests, X-rays, and lab services	\$0 to \$50	\$0 to \$50
PREVENTIVE SERVICES			
22-27	Bone mass measurement, colorectal screening exams, immunizations, mammograms (annually), pap smears/pelvic exams, and prostate cancer exams	\$0	\$0
ADDITIONAL BENEFITS			
28	End-Stage Renal Disease	20% for dialysis	No cost for dialysis
29	Prescription drug benefit – Part B	10% co-insurance	10% co-insurance
30	Dental	Not covered.	Not covered.
31	Hearing exams	\$30 diagnostic exams	\$5 diagnostic exams
32	Vision	\$30 routine vision exam. \$100 allowance eyewear every 2 years.	\$5 routine vision exam. \$200 allowance eyewear every 2 years.
33	Routine physical exams	No cost (1 annually)	No cost (1 annually)
37	Point-of-service option	Not applicable	Yes, primary/specialty care and lab services only (\$5,000 max. benefit) \$1,000 out-of-pocket limit every year for POS benefits.

CareSource plans, continued on next page

Plan contact information**CareSource***Continued from previous page***Plan service areas**

See below

Your costs**CareSource Gold
CareSource Gold Plus Rx****TYPE OF PLAN/PLAN NO.****HMO/H3810-001 With Plus Rx H3810-003****PLAN SERVICE AREA**

Josephine County, Jackson County, Douglas County (Azalea and Glendale only)

IMPORTANT INFORMATION

1	Monthly premium <i>no Rx</i>	\$69
	Monthly premium <i>with Plus Rx</i>	\$127.80
	Annual out-of-pocket max.	\$2,000 (excludes Part D costs)
	Part D deductible/gap coverage	CareSource Gold Plus Rx: No deductible/none
	Plan premium with 100% LIS	CareSource Gold Plus Rx: Varies – contact plan

INPATIENT CARE

3-4	Inpatient hospital care and inpatient mental health care	\$200/day (days 1-10) Inpatient hospital care and mental health care.
5	Skilled nursing facility	\$100/day (days 1-10)
6	Home health care	\$0
7	Hospice (Medicare-certified program)	Paid through Medicare

OUTPATIENT CARE

8	Doctor office visits	\$20
	Specialist	\$20
9-10	Chiropractor and podiatry	\$20
11	Outpatient mental health	\$20
12	Outpatient substance abuse	\$20
13	Outpatient services/surgery	\$50 for each Medicare-covered ambulatory surgical center visit \$100 for each Medicare-covered outpatient hospital facility visit.
14	Ambulance	\$100
15	Emergency care, worldwide	\$50 (waived if admitted within 48 hours)
16	Urgent care, worldwide	\$25 (waived if admitted within 48 hours)
17	Outpatient rehab	\$20

OUTPATIENT MEDICAL SERVICES/SUPPLIES

18	Durable medical equipment	\$0
19	Prosthetic devices	\$0
20	Diabetes self-monitoring training, nutrition therapy, and supplies	\$0

Your costs		CareSource Gold CareSource Gold Plus Rx
21	Diagnostic tests, X-rays, and lab services	\$0 to \$50
PREVENTIVE SERVICES		
22-27	Bone mass measurement, colorectal screening exams, immunizations, mammograms (annually), pap smears/pelvic exams, and prostate cancer exams	\$0
ADDITIONAL BENEFITS		
28	End-Stage Renal Disease	No cost for dialysis
29	Prescription drug benefit – Part B	10% co-insurance
30	Dental	Not covered.
31	Hearing exams	\$20 diagnostic exams
32	Vision	\$20 routine vision exam. \$100 allowance eyewear every 2 years.
33	Routine physical exams	No cost (1 annually)
37	Point-of-service option	Not applicable

Plan contact information

Clear One Health Plans, Inc.
2965 NE Connors Ave., Bend, OR 97701
541-385-5315 or 888-863-3637; TTY: 800-735-2900
www.clearonehp.com

Plan service areas

Deschutes, Grant, Hood River, Jefferson, Sherman, Wasco, Wheeler, and Klamath counties (ZIPs 97731, 97733, 97737, 97739) and Lake (ZIPs 97638, 97641, 97735).
The Practical Value, Practical Value + Rx, and Essentials + Rx plans also include Crook County.

Your costs		Practical Value	Practical Value + Rx	Premier Traditional	Premier Traditional + Rx
TYPE OF PLAN/PLAN NO.		HMO/H3864-002	HMO/With Rx H3864-006	HMO-POS/H3864-001	HMO-POS/With Rx H3864-007
IMPORTANT INFORMATION					
1	Monthly premium <i>no Rx</i>	\$99		\$114	
	Monthly premium <i>with Rx</i>		\$132		\$167
	Annual out-of-pocket max.	\$3,400	\$3,400	\$3,400	\$3,400
	Part D deductible/gap coverage		No deductible / 93% co-insurance (generics) 50% discount (brand)		No deductible / 93% co-insurance (generics) 50% discount (brand)
	Plan premium with 100% LIS		\$96.70		\$143.10
INPATIENT CARE					
3	Inpatient hospital care	\$225/day (days 1-6) \$0/day (days 7+)	\$200/day (days 1-5) \$0/day (days 6+)	\$175/day (days 1-5) \$0/day (days 6+)	\$175/day (days 1-5) \$0/day (days 6+)
4	Inpatient mental health care	\$225/day (days 1-6) \$0/day (days 7-90)	\$200/day (days 1-5) \$0/day (days 6-90)	\$175/day (days 1-5) \$0/day (days 6-90)	\$175/day (days 1-5) \$0/day (days 6-90)
5	Skilled nursing facility	\$0 (days 1-20) \$50/day (days 21-100)	\$0 (days 1-20) \$50/day (days 21-100)	\$0 (days 1-20) \$25/day (days 21-100)	\$0 (days 1-20) \$25/day (days 21-100)
6	Home health care	\$0	\$0	\$0	\$0
7	Hospice	\$0	\$0	\$0	\$0
OUTPATIENT CARE					
8	Doctor office visits	\$15	\$15	\$10 (10% out-of-network)	\$10 (10% out-of-network)
	Specialist	\$30	\$25	\$25 (10% out-of-network)	\$25 (10% out-of-network)
9-12	Chiropractor, podiatry, outpatient mental health, and outpatient substance abuse	\$15-\$30	\$15-\$25	\$10-\$25	\$10-\$25
13	Outpatient services/surgery	\$225	\$200	\$175	\$175
14	Ambulance	\$50	\$50	\$50	\$50
15	Emergency care	\$50 (waived if admitted)	\$50 (waived if admitted)	\$50 (waived if admitted)	\$50 (waived if admitted)
16	Urgent care	\$30	\$25	\$25	\$25
17	Outpatient rehab	\$30 (\$1,860 annual limit)	\$25 (\$1,860 annual limit)	\$25 (\$1,860 annual limit)	\$25 (\$1,860 annual limit)

Your costs		Practical Value	Practical Value + Rx	Premier Traditional	Premier Traditional + Rx
OUTPATIENT MEDICAL SERVICES/SUPPLIES					
18	Durable medical equipment	20% (\$500 annual out-of-pocket max.)	20% (\$500 annual out-of-pocket max.)	20% (\$500 annual out-of-pocket max.)	20% (\$500 annual out-of-pocket max.)
19	Prosthetic devices	20% (\$500 annual out-of-pocket max.)	20% (\$500 annual out-of-pocket max.)	20% (\$500 annual out-of-pocket max.)	20% (\$500 annual out-of-pocket max.)
20	Diabetes self-monitoring training, nutrition therapy, and supplies	\$0	\$0	\$0	\$0
21	Diagnostic tests, X-rays, and lab services	\$10 for lab and X-ray, \$100 for CT scan, \$150 for MRI, \$300 for PET scan	\$10 for lab and X-ray, \$100 for CT scan, \$150 for MRI, \$300 for PET scan	\$10 for lab and X-ray, \$50 for CT scan, \$75 for MRI, \$200 for PET scan	\$10 for lab and X-ray, \$50 for CT scan, \$75 for MRI, \$200 for PET scan
PREVENTIVE SERVICES					
22-27	Bone mass measurement, colorectal screening exams, immunizations, mammograms (annually), pap smears/pelvic exams, and prostate cancer exams	\$0	\$0	\$0	\$0
ADDITIONAL BENEFITS					
28	End-Stage Renal Disease	\$0	\$0	\$0	\$0
29	Prescription drug benefit – Part B	20%	20%	15%	15%
30	Dental	Not covered	Not covered	Not covered	Not covered
31	Hearing exam	\$30	\$25	\$25	\$25
	Hearing aid benefit	Not covered	Not covered	Not covered	Not covered
32	Vision Routine eye exam Hardware benefit	\$30 (one every 2 years) \$100 reimbursement (every 2 years)	\$25 (one every 2 years) \$100 reimbursement (every 2 years)	\$25 (one every 2 years) \$100 reimbursement (every 2 years)	\$25 (one every 2 years) \$100 reimbursement (every 2 years)
33	Routine physical exams	\$0 (1/year)	\$0 (1/year)	\$0 (1/year)	\$0 (1/year)
34	Health/wellness education	\$0 (Contact plan for details)	\$0 (Contact plan for details)	\$0 (Contact plan for details)	\$0 (Contact plan for details)
37	Point-of-service option	Not covered	Not covered	Yes (doctor office visits including lab and X-ray services)	Yes (doctor office visits including lab and X-ray services)
	Foreign travel, worldwide	Urgent, emergency, and ambulance services	Urgent, emergency, and ambulance services	Urgent, emergency, and ambulance services	Urgent, emergency, and ambulance services
<i>Not covered in these plans:</i> Acupuncture, naturopathy, transportation, health club, and over-the-counter allowance.					

Plan contact information	Plan service areas
<p>Clear One Health Plans, Inc. 2965 NE Conners Ave., Bend, OR 97701 541-385-5315 or 888-863-3637; TTY: 800-735-2900 www.clearonehp.com</p>	<p>Deschutes, Grant, Hood River, Jefferson, Sherman, Wasco, Wheeler, and Klamath counties (ZIPs 97731, 97733, 97737, 97739) and Lake (ZIPs 97638, 97641, 97735). <i>The Practical Value, Practical Value + Rx, and Essentials + Rx plans also include Crook County.</i></p>

Your costs		Essentials + Rx
TYPE OF PLAN/PLAN NO.		HMO/H3864-002
IMPORTANT INFORMATION		
1	Monthly premium <i>no Rx</i>	
	Monthly premium <i>with Rx</i>	\$68
	Annual out-of-pocket max.	\$3,400
	Part D deductible/gap coverage	\$100 deductible / 93% co-insurance (generics), 50% discount (brand)
	Plan premium with 100% LIS	\$32.90
INPATIENT CARE		
3	Inpatient hospital care	\$275/day (days 1-6) \$0/day (days 7+)
4	Inpatient mental health care	\$275/day (days 1-6) \$0/day (days 7-90)
5	Skilled nursing facility	\$10/day (days 1-20) \$75/day (days 21-100)
6	Home health care	\$0
7	Hospice	\$0
OUTPATIENT CARE		
8	Doctor office visits	\$15
	Specialist	\$35
9-12	Chiropractor, podiatry, outpatient mental health, and outpatient substance abuse	\$15-\$35
13	Outpatient services/surgery	20% co-insurance
14	Ambulance	\$100
15	Emergency care	\$50 (waived if admitted)
16	Urgent care	\$35
17	Outpatient rehab	\$35 (\$1,860 annual limit)

Your costs		Essentials + Rx
OUTPATIENT MEDICAL SERVICES/SUPPLIES		
18	Durable medical equipment	20% (\$500 annual out-of-pocket max.)
19	Prosthetic devices	20% (\$500 annual out-of-pocket max.)
20	Diabetes self-monitoring training, nutrition therapy, and supplies	\$0
21	Diagnostic tests, X-rays, and lab services	\$10 for lab and X-ray, \$125 for CT scan, \$325 for MRI, \$325 for PET scan
PREVENTIVE SERVICES		
22-27	Bone mass measurement, colorectal screening exams, immunizations, mammograms (annually), pap smears/pelvic exams, and prostate cancer exams	\$0
ADDITIONAL BENEFITS		
28	End-Stage Renal Disease	\$0
29	Prescription drug benefit – Part B	20%
30	Dental	Not covered
31	Hearing exam	\$35
	Hearing aid benefit	Not covered
32	Vision: Routine eye exam Hardware benefit	\$35 (once every 2 years) \$100 reimbursement (every 2 years)
33	Routine physical exams	\$0 (1/year)
34	Health/wellness education	\$0 (Contact plan for details)
37	Point-of-service option	Not covered
	Foreign travel, worldwide	Urgent, emergency, and ambulance services
<i>Not covered in these plans:</i> Transportation, health club, and over-the-counter allowance.		

Clear One plans, continued on next page

Plan contact information		Plan service areas	
Clear One Health Plans, Inc. 2965 NE Conners Ave., Bend, OR 97701 541-385-5315 or 888-863-3637; TTY: 800-735-2900 www.clearonehp.com		Crook and Deschutes counties	
Your costs		Explorer + Rx (PPO)	
TYPE OF PLAN/PLAN NO.		PPO/H4754-001	
IMPORTANT INFORMATION			
1	Monthly premium <i>no Rx</i>		
	Monthly premium <i>with Rx</i>	\$142	
	Annual out-of-pocket max.	In-network: \$3,400 In- and out-of-network (combined): \$5,400 (Excludes Part D costs)	
	Part D deductible/gap coverage	No deductible/93% co-insurance (generics), 50% discount (brand)	
	Plan premium with 100% LIS	\$108.50	
INPATIENT CARE			
3	Inpatient hospital care	In-network: \$225/day (days 1-6) \$0/day (days 7+)	Out-of-network: 15%
4	Inpatient mental health care	In-network: \$225/day (days 1-6) \$0/day (days 7-90)	Out-of-network: 15%
5	Skilled nursing facility	In-network: \$0 (days 1-20), \$50/day (days 21-100)	Out-of-network: 15% (days 1-100)
6	Home health care	In-network: \$0	Out-of-network: \$0
7	Hospice	In-network: \$0	Out-of-network: \$0
OUTPATIENT CARE			
8	Doctor office visits	In-network: \$15	Out-of-network: \$30
	Specialist	In-network: \$30	Out-of-network: \$40
9	Chiropractor	In-network: \$15	Out-of-network: \$30
10	Podiatry	In-network: \$30	Out-of-network: 15%
11-12	Outpatient mental health and substance abuse	In-network: \$30 group visit or individual visit	Out-of-network: 15%
13	Outpatient services/surgery	In-network: \$225	Out-of-network: 15%
14	Ambulance	In-network: \$50	Out-of-network: \$50
15	Emergency care	In-network: \$50 (waived if admitted)	Out-of-network: \$50 (waived if admitted)
16	Urgent care	In-network: \$30	Out-of-network: \$30
17	Outpatient rehab	In-network: \$30 (\$1,860 annual limit)	Out-of-network: 15% (\$1,860 annual limit)

Your costs		Explorer + Rx (PPO)	
OUTPATIENT MEDICAL SERVICES/SUPPLIES			
18	Durable medical equipment	In-network: 20% (\$500 annual out-of-pocket max)	Out-of-network: 20%
19	Prosthetic devices	In-network: 20% (\$500 annual out-of-pocket max)	Out-of-network: 20%
20	Diabetes self-monitoring training, nutrition therapy, and supplies	In-network: \$0	Out-of-network: 15%
21	Diagnostic tests, X-rays, and lab services	In-network: \$10 lab, X-ray, Therapeutic radiology: \$100 for CT, \$150 for MRI, \$300 for PET scan	Out-of-network: 15%
PREVENTIVE SERVICES			
22-27	Bone mass measurement, colorectal screening exams, immunizations, mammograms (annually), pap smears/ pelvic exams, and prostate cancer exams	In-network: \$0	Out-of-network: 15%
ADDITIONAL BENEFITS			
28	End-Stage Renal Disease	In-network: \$0	Out-of-network: \$30
29	Prescription drug benefit – Part B	In-network: 20%	Out-of-network: 20%
30	Dental	Not covered	
31	Hearing exam	In-network: \$30	Out-of-network: 15%
	Hearing aid benefit	Not covered	
32	Vision Routine eye exam Hardware benefit	In-network: \$30 (1 exam every 2 years) In-network/out-of-network: \$100 reimbursement every 2 years	Out-of-network: 15%
33	Routine physical exams	In-network: \$0 (1/year)	Out-of-network: 15% (1/year)
34	Health/wellness education	In-network: \$0 Contact plan for details	Out-of-network: 15%
	Foreign travel, worldwide	Urgent, emergency, and ambulance services	
	Alternative care	\$500 calendar year maximum benefit	
	Not covered in these plans: Transportation, health club, and over-the-counter allowance.		

Plan contact information		Plan service areas			
FamilyCare Health Plans, Inc. 825 NE Multnomah, Ste. 300, Portland, OR 97232 503-345-5701 or 866-225-2273 TTY: 800-735-2900 www.familycareinc.org		Clackamas, Clatsop, Morrow, Multnomah, Umatilla, and Washington counties. (All plans)			
Your costs	PremierCare Choice PremierCare Choice Rx	PremierCare Advantage Rx	PremierCare Value Rx	PremierCare Select Rx (Diabetes SNP)	
TYPE OF PLAN NO.	H3818-004 / H3818-003	H3818-001	H3818-014	H3818-015	
IMPORTANT INFORMATION					
1	Monthly premium <i>no Rx</i>	Choice: \$21.00			
	Monthly premium <i>with Rx</i>	Choice Rx: \$44.00	\$140.00	\$95.00	
	Annual out-of-pocket max.	\$3,400 (Excludes Part D costs)	\$2,500 (Excludes Part D costs)	\$2,500 (Excludes Part D costs)	
	Part D deductible (Gap coverage)	Choice: Does not have Part D drug coverage. Choice Rx: \$175 (Discount on brand name drugs and pay 93% of plan's costs for all generic drugs.)	\$100 (You receive a discount on brand name drugs and pay 93% of plan's costs for all generic drugs.)	\$100 (You receive a discount on brand name drugs and pay 93% of plan's costs for all generic drugs.)	
	Plan premium with 100% LIS	Choice: \$21.00 Choice Rx: \$8.70	\$104.70	\$59.70	
INPATIENT CARE					
3	Inpatient hospital care	\$300/day (days 1-5) \$0/day (days 6-90) \$0/day (additional days)	\$160/day (days 1-5) \$0/day (days 6-90) \$0/day (additional days)	\$160/day (days 1-5) \$0/day (days 6-90) \$0/day (additional days)	
4	Inpatient mental health care	\$300/day (days 1-5) \$0/day (days 6-90)	\$160/day (days 1-5) \$0/day (days 6-90)	\$160/day (days 1-5) \$0/day (days 6-90)	
5	Skilled nursing facility	\$0/day (days 1-20 each benefit period) \$25/day (days 21-100 each benefit period)	\$0/day (days 1-100 each benefit period)	\$0/day (days 1-100 each benefit period)	
6	Home health care	\$20/visit	\$20/visit	\$20/visit	
7	Hospice (Medicare-certified program)	Paid through Medicare	Paid through Medicare	Paid through Medicare	

Your costs		PremierCare Choice PremierCare Choice Rx	PremierCare Advantage Rx	PremierCare Value Rx	PremierCare Select Rx (Diabetes SNP)
OUTPATIENT CARE					
8	Doctor office visits	\$20	\$15	\$15	\$15
	Specialist	\$35	\$30	\$30	\$30
9	Chiropractor	\$35	\$30	\$30	\$30
10	Podiatry services	\$35	\$30	\$30	\$30*
	Podiatry services - routine	\$35	\$30	\$30	\$30
11	Outpatient mental health	\$35	\$30	\$30	\$30
12	Outpatient substance abuse	20%	\$0	\$0	\$0
13	Outpatient services/surgery	20%	10%	10%	10%
14	Ambulance	\$50	\$50	\$50	\$50
15	Emergency care	\$50	\$50	\$50	\$50
16	Urgent care	\$35	\$30	\$30	\$30
17	Outpatient rehab	20%	\$30 (No cost for cardiac rehab)	\$30 (No cost for cardiac rehab)	\$30 (No cost for cardiac rehab)
OUTPATIENT MEDICAL SERVICES/SUPPLIES					
18	Durable medical equipment	20%	20%	20%	20%
19	Prosthetic devices	20%	20%	20%	20%
20	Diabetes self-monitoring training, nutrition therapy, and supplies	20%	20%	20%	\$0
21	Diagnostic tests, X-rays, and lab services	20%	No cost for lab services & diagnostic procedures 10% for X-rays, diagnostic radiology, and therapeutic radiology	No cost for lab services & diagnostic procedures 10% for X-rays, diagnostic radiology, and therapeutic radiology	No cost for lab services & diagnostic procedures 10% for X-rays, diagnostic radiology, and therapeutic radiology
PREVENTIVE SERVICES					
22-27	Bone mass measurement, colorectal screening exams, immunizations, mammograms (annually), pap smears/pelvic exams, and prostate cancer exams	\$0	\$0	\$0	\$0

FamilyCare plans, continued on next page

Plan contact information		Plan service areas			
FamilyCare Health Plans, Inc. <i>Continued from previous page</i>		Clackamas, Clatsop, Morrow, Multnomah, Umatilla, and Washington counties. (All plans)			
Your costs	PremierCare Choice PremierCare Choice Rx	PremierCare Advantage Rx	PremierCare Value Rx	PremierCare Select Rx (Diabetes SNP)	
ADDITIONAL BENEFITS					
28	End-Stage Renal Disease	20% for dialysis	20% for dialysis	20% for dialysis	No cost for dialysis
29	Prescription drug benefit – Part B	20%	20%	20%	20%
30	Dental <i>(All dental benefits through Willamette Dental; contact plan for details)</i>	Not covered	\$12 per office visit including: <ul style="list-style-type: none"> • Oral exam (one every six months) • \$35 cleaning (one every six months) • \$8-\$40 for dental X-rays (one annually) 	Not covered	\$12 per office visit including: <ul style="list-style-type: none"> • Oral exam (one every six months) • \$35 cleaning (one every six months) • \$8-\$40 for dental X-rays (one annually)
31	Hearing	\$30 diagnostic exam Routine hearing test – Not covered	\$20 for diagnostic exam \$20 routine hearing test (one annually)	\$30 diagnostic exam Routine hearing test – Not covered	\$20 for diagnostic exam \$20 routine hearing test (one annually)
	Hearing aids	Not covered	No cost for hearing aid (one every three years) \$500 plan coverage limit for hearing aid and routine hearing tests (every three years)	Not covered	No cost for hearing aid (one every three years) \$500 plan coverage limit for hearing aid and routine hearing tests (every three years)
32	Vision	Routine eye exam – Not covered \$30 co-pay for diagnostic eye exam	No cost for routine eye exam (one each year) No cost for diagnostic eye exam \$100 plan coverage limit for one pair of glasses OR one pair of contacts every two years	Routine eye exam – Not covered \$30 co-pay for diagnostic eye exams	No cost for routine eye exam (one each year) No cost for diagnostic eye exam \$100 plan coverage limit for one pair of glasses OR one pair of contacts each year
33	Routine physical exams	No cost (one annually)	No cost (one annually)	No cost (one annually)	No cost (one annually)
34	Health/wellness education	Contact plan for details	Contact plan for details	Contact plan for details	Contact plan for details
	Foreign travel	Emergency care covered worldwide	Emergency care covered worldwide	Emergency care covered worldwide	Emergency care covered worldwide
<i>Not covered in these plans:</i> transportation, health club, and over-the-counter allowance.					

“ I love working with SHIBA and the clients we assist. I won't give up on any situation, and I work it to resolution. My clients mean as much to me as I can possibly mean to them. There are so many needs out there; we only touch a few, but hope we make a difference in the few we touch.”

***Marilyn Cabrera, Volunteer Coordinator,
SHIBA Lane County***

Plan contact information		Plan service areas			
Health Net Medicare Programs 13221 SW 68th Parkway, Ste. 200, Tigard, OR 97223 800-822-7698; TTY: 800-929-9955 www.healthnet.com		North counties are: Benton, Clackamas, Columbia, Hood River, Lane, Linn, Marion, Multnomah, Polk, Washington, and Yamhill counties in Oregon. Clark County in Washington. South counties are: Douglas, Jackson, and Josephine counties.			
Your costs		Violet Option 1 - North		Violet Option 1 - South	
TYPE OF PLAN/PLAN NO.		PPO/With Rx H5520-002		PPO/With Rx H5520-004	
IMPORTANT INFORMATION					
1	Monthly premium <i>with Rx</i>	\$99		\$85	
	Annual out-of-pocket max.	In-network: \$2,500 In/out-of-network: \$5,100 (excludes Part D costs)		In-network: \$2,500 In/out-of-network: \$5,100 (excludes Part D costs)	
	Annual deductible (<i>Does not apply to all services; see plan materials for detail</i>)	\$100		\$100	
	Part D deductible/gap coverage	No deductible/not applicable		No deductible/not applicable	
	Plan premium with 100% LIS	\$73.50		\$63.60	
INPATIENT CARE					
3	Inpatient hospital care	In-network: \$200/day (days 1-8) Out-of-network: \$225/day (days 1-8)		In-network: \$200/day (days 1-8) Out-of-network: \$225/day (days 1-8)	
4	Inpatient mental health care	In-network: \$200/day (days 1-8) Out-of-network: \$225/day (days 1-8)		In-network: \$200/day (days 1-8) Out-of-network: \$225/day (days 1-8)	
5	Skilled nursing facility	In-network: \$0 (days 1-20) \$100 (21-100 days) Out-of-network: \$0 (days 1-20) \$150 (21-100 days)		In-network: \$0 (days 1-20) \$100 (21-100 days) Out-of-network: \$0 (days 1-20) \$150 (21-100 days)	
6	Home health care	\$0		\$0	
7	Hospice (Medicare-certified program)	\$0		\$0	
OUTPATIENT CARE					
8	Doctor office visits	In-network: \$12 Out-of-network: \$20		In-network: \$12 Out-of-network: \$20	
	Specialist	In-network: \$12 Out-of-network: \$20		In-network: \$12 Out-of-network: \$20	
9	Chiropractor	In-network: \$15; Other \$15 Out-of-network: \$15; Other \$15		In-network: \$15; Other \$15 Out-of-network: \$15; Other \$15	
10	Podiatry	In-network: \$25 Out-of-network: \$35		In-network: \$25 Out-of-network: \$35	
11	Outpatient mental health	In-network: \$25 Out-of-network: \$50		In-network: \$25 Out-of-network: \$50	
12	Outpatient substance abuse	In-network: \$25 Out-of-network: \$50		In-network: \$25 Out-of-network: \$50	
13	Outpatient services/surgery	In-network ASC/\$150 In-network Hosp/\$175 Out-of-network: ASC/\$175 Out-of-network: Hosp/\$200		In-network ASC/\$150 In-network Hosp/\$175 Out-of-network: ASC/\$175 Out-of-network: Hosp/\$200	

Your costs		Violet Option 1 - North		Violet Option 1 - South	
14	Ambulance	\$175		\$175	
15	Emergency care	\$50 (waived if admitted within 24 hours)		\$50 (waived if admitted within 24 hours)	
16	Urgent care	In-network: \$35	Out-of-network: \$50	In-network: \$35	Out-of-network: \$50
17	Outpatient rehab	In-network: \$25	Out-of-network: \$35	In-network: \$25	Out-of-network: \$35
OUTPATIENT MEDICAL SERVICES/SUPPLIES					
18	Durable medical equipment	In-network: 15%	Out-of-network: 18%	In-network: 15%	Out-of-network: 18%
19	Prosthetic devices	In-network: 15%	Out-of-network: 18%	In-network: 15%	Out-of-network: 18%
20	Diabetes self-monitoring training, nutrition therapy, and supplies	\$0		\$0	
21	Diagnostic tests, X-rays, and lab services	In-network: \$12 lab & X-rays; 15% diagnostic tests Out-of-network: \$20 lab & X-rays; 18% diagnostic tests		In-network: \$12 lab & X-rays; 15% diagnostic tests Out-of-network: \$20 lab & X-rays; 18% diagnostic tests	
PREVENTIVE SERVICES					
22-27	Bone mass measurement, colorectal screening exams, immunizations, mammograms (annually), pap smears/pelvic exams, and prostate cancer exams	\$0		\$0	
ADDITIONAL BENEFITS					
28	End-Stage Renal Disease	In-network: 15%	Out-of-network: 18%	In-network: 15%	Out-of-network: 18%
29	Prescription drug benefit – Part B	In-network: 15%	Out-of-network: 18%	In-network: 15%	Out-of-network: 18%
30	Dental	In-network: \$12 Preventive dental included. Contact plan for details. (\$500 annual benefit limit) Buy-up option available		In-network: \$12 Preventive dental included. Contact plan for details. (\$500 annual benefit limit) Buy-up option available	
31	Hearing exams	In-network: \$12	Out-of-network: \$20	In-network: \$12	Out-of-network: \$20
32	Vision	In-network: \$12, \$10 routine exam (one exam annually) Out-of-network: \$20, Health Net pays first \$45 and member balance (one exam annually); \$100 routine eyewear allowance every 24 months		In-network: \$12, \$10 routine exam (one exam annually) Out-of-network: \$20, Health Net pays first \$45 and member pays balance (one exam annually); \$100 routine eyewear allowance every 24 months	
33	Routine physical exams	\$0		\$0	
34	Health/wellness education	Contact plan for details		Contact plan for details	
36	Acupuncture/naturopathy	\$15		\$15	
	Foreign travel	Urgent and emergency care \$50,000 annual max.		Urgent and emergency care \$50,000 annual max.	
<i>Not covered in these plans:</i> Transportation, health club, and over-the-counter allowance.					

Plan contact information	Plan service areas
Health Net Medicare Programs <i>Continued from previous page</i>	North counties are: Benton, Clackamas, Columbia, Hood River, Lane, Linn, Marion, Multnomah, Polk, Washington, and Yamhill counties in Oregon. Clark County in Washington. South counties are: Douglas, Jackson, and Josephine counties.

Your costs		Violet Option 2 - North		Violet Option 2 - South	
TYPE OF PLAN/PLAN NO.		PPO/With Rx H5520-005		PPO/With Rx H5520-006	
IMPORTANT INFORMATION					
1	Monthly premium <i>with Rx</i>	\$0		\$0	
	Annual out-of-pocket max.	In-network: \$3,000 (excludes Part D costs)		In-network: \$3,000 (excludes Part D costs)	
	Annual deductible (<i>Does not apply to all services, see plan materials for detail</i>)	\$175		\$175	
	Part D deductible/gap coverage	No deductible/not applicable		No deductible/not applicable	
	Plan premium with 100% LIS	\$0		\$0	
INPATIENT CARE					
3	Inpatient hospital care	In-network: \$280/day (days 1-7) Out-of-network: \$280/day (days 1-7)		In-network: \$280/day (days 1-7) Out-of-network: \$280/day (days 1-7)	
4	Inpatient mental health care	In-network: \$280/day (days 1-7) Out-of-network: \$280/day (days 1-7)		In-network: \$280/day (days 1-7) Out-of-network: \$280/day (days 1-7)	
5	Skilled nursing facility	In-network: \$0 (days 1-20) \$100 (21-100) Out-of-network: \$0 (days 1-20) \$150 (21-100)		In-network: \$0 (days 1-20) \$100 (21-100) Out-of-network: \$0 (days 1-20) \$150 (21-100)	
6	Home health care	\$0		\$0	
7	Hospice (Medicare-certified program)	\$0		\$0	
OUTPATIENT CARE					
8	Doctor office visits	In-network: \$15 Out-of-network: \$20		In-network: \$15 Out-of-network: \$20	
	Specialist	In-network: \$15 Out-of-network: \$20		In-network: \$15 Out-of-network: \$20	
9	Chiropractor	In-network: \$15; Other \$15 Out-of-network: \$15; Other \$15		In-network: \$15; Other \$15 Out-of-network: \$15; Other \$15	
10	Podiatry	In-network: \$25 Out-of-network: \$35		In-network: \$25 Out-of-network: \$35	
11	Outpatient mental health	In-network: \$25 Out-of-network: \$50		In-network: \$25 Out-of-network: \$50	
12	Outpatient substance abuse	In-network: \$25 Out-of-network: \$50		In-network: \$25 Out-of-network: \$50	
13	Outpatient services/surgery	In-network ASC/12% Out-of-network: ASC/15% In-network Hosp/15% Out-of-network: Hosp/17%		In-network ASC/12% Out-of-network: ASC/15% In-network Hosp/15% Out-of-network: Hosp/17%	

Your costs		Violet Option 2 - North		Violet Option 2 - South	
14	Ambulance	\$250		\$250	
15	Emergency care	\$50 (waived if admitted within 24 hours)		\$50 (waived if admitted within 24 hours)	
16	Urgent care	In-network: \$35	Out-of-network: \$50	In-network: \$35	Out-of-network: \$50
17	Outpatient rehab	In-network: \$25	Out-of-network: \$35	In-network: \$25	Out-of-network: \$35
OUTPATIENT MEDICAL SERVICES/SUPPLIES					
18	Durable medical equipment	In-network: 15%	Out-of-network: 20%	In-network: 15%	Out-of-network: 20%
19	Prosthetic devices	In-network: 15%	Out-of-network: 20%	In-network: 15%	Out-of-network: 20%
20	Diabetes self-monitoring training, nutrition therapy, and supplies	\$0		\$0	
21	Diagnostic tests, X-rays, and lab services	In-network: \$15 lab & X-rays; 15% diagnostic tests Out-of-network: \$20 lab & X-rays; 20% diagnostic tests		In-network: \$15 lab & X-rays; 15% diagnostic tests Out-of-network: \$20 lab & X-rays; 20% diagnostic tests	
PREVENTIVE SERVICES					
22-27	Bone mass measurement, colorectal screening exams, immunizations, mammograms (annually), pap smears/pelvic exams, and prostate cancer exams	\$0		\$0	
ADDITIONAL BENEFITS					
28	End-Stage Renal Disease	In-network: 15%	Out-of-network: 20%	In-network: 15%	Out-of-network: 20%
29	Prescription drug benefit – Part B	In-network: 15%	Out-of-network: 20%	In-network: 15%	Out-of-network: 20%
30	Dental	Buy-up option available, contact plan		Buy-up option available, contact plan	
31	Hearing exams	In-network: \$15	Out-of-network: \$20	In-network: \$15	Out-of-network: \$20
32	Vision	In-network: \$15 Buy-up option available	Out-of-network: \$20	In-network: \$15 Buy-up option available	Out-of-network: \$20
33	Routine physical exams	\$0		\$0	
34	Health/wellness education	Contact plan for details		Contact plan for details	
36	Acupuncture/naturopathy	\$15		\$15	
	Foreign travel	Urgent and emergency care \$50,000 annual max.		Urgent and emergency care \$50,000 annual max.	
<i>Not covered in these plans:</i> Transportation, health club, and over-the-counter allowance.					

Health Net plans, continued on next page

Plan contact information	Plan service areas
Health Net Medicare Programs <i>Continued from previous page</i>	North counties are: Benton, Clackamas, Columbia, Hood River, Lane, Linn, Marion, Multnomah, Polk, Washington, and Yamhill counties in Oregon. Clark County in Washington. South counties are: Douglas, Jackson, and Josephine counties.

Your costs		Aqua - North		Aqua - South	
TYPE OF PLAN/PLAN NO.		PPO/H5520-001		PPO/H5520-003	
IMPORTANT INFORMATION					
1	Monthly premium <i>no Rx</i>	\$39		\$39	
	Annual out-of-pocket max.	In-network: \$2,500 In/out-of-network: \$5,100		In-network: \$2,500 Out-of-network: \$5,100	
	Annual deductible (<i>Does not apply to all services, see plan materials for detail</i>)	No deductible/not applicable		\$100	
INPATIENT CARE					
3	Inpatient hospital care	In-network: \$175/day (days 1-8) Out-of-network: \$200/day (days 1-8)		In-network: \$175/day (days 1-8) Out-of-network: \$200/day (days 1-8)	
4	Inpatient mental health care	In-network: \$175/day (days 1-8) Out-of-network: \$200/day (days 1-8)		In-network: \$175/day (days 1-8) Out-of-network: \$200/day (days 1-8)	
5	Skilled nursing facility	In-network: \$0 (days 1-20) \$100 (21-100 days) Out-of-network: \$0 (days 1-20) \$150 (21-100 days)		In-network: \$0 (days 1-20) \$100 (20-100 days) Out-of-network: \$0 (days 1-20) \$150 (20-100 days)	
6	Home health care	\$0		\$0	
7	Hospice (Medicare-certified program)	\$0		\$0	
OUTPATIENT CARE					
8	Doctor office visits	In-network: \$12 Out-of-network: \$20		In-network: \$12 Out-of-network: \$20	
	Specialist	In-network: \$12 Out-of-network: \$20		In-network: \$12 Out-of-network: \$20	
9	Chiropractor	In-network: \$15; Other \$15 Out-of-network: \$15; Other \$15		In-network: \$15; Other \$15 Out-of-network: \$15; Other \$15	
10	Podiatry	In-network: \$25 Out-of-network: \$35		In-network: \$25 Out-of-network: \$35	
11	Outpatient mental health	In-network: \$25 Out-of-network: \$50		In-network: \$25 Out-of-network: \$50	
12	Outpatient substance abuse	In-network: \$25 Out-of-network: \$50		In-network: \$25 Out-of-network: \$50	
13	Outpatient services/surgery	In-network ASC/\$150 Out-of-network: ASC/ \$175 In-network Hosp/\$175 Out-of-network: Hosp/\$200		In-network ASC/\$150 Out-of-network: ASC/\$175 In-network Hosp/\$175 Out-of-network: Hosp/\$200	
14	Ambulance	\$100		\$100	
15	Emergency care	\$50 (waived if admitted within 24 hours)		\$50 (waived if admitted within 24 hours)	
16	Urgent care	In-network: \$25 Out-of-network: \$50		In-network: \$25 Out-of-network: \$50	
17	Outpatient rehab	In-network: \$25 Out-of-network: \$35		In-network: \$25 Out-of-network: \$35	

Your costs		Aqua - North		Aqua - South	
OUTPATIENT MEDICAL SERVICES/SUPPLIES					
18	Durable medical equipment	In-network: 15%	Out-of-network: 20%	In-network: 15%	Out-of-network: 20%
19	Prosthetic devices	In-network: 15%	Out-of-network: 20%	In-network: 15%	Out-of-network: 20%
20	Diabetes self-monitoring training, nutrition therapy, and supplies	\$0		\$0	
21	Diagnostic tests, X-rays, and lab services	In-network: \$0 lab; \$12 X-rays; 15% diagnostic tests Out-of-network: \$0 lab; \$20 X-rays; 20% diagnostic tests		In-network: \$0 lab; \$12 X-rays; 15% diagnostic tests Out-of-network: \$0 lab; \$20 X-rays; 20% diagnostic tests	
PREVENTIVE SERVICES					
22-27	Bone mass measurement, colorectal screening exams, immunizations, mammograms (annually), pap smears/pelvic exams, and prostate cancer exams	\$0		\$0	
ADDITIONAL BENEFITS					
28	End-Stage Renal Disease	In-network: 15%	Out-of-network: 20%	In-network: 15%	Out-of-network: 20%
29	Prescription drug benefit – Part B	In-network: 15%	Out-of-network: 20%	In-network: 15%	Out-of-network: 20%
30	Dental	In-network: \$12 Preventive dental included. Contact plan for details. (\$500 annual benefit limit) Buy-up option available		In-network: \$12 Preventive dental included. Contact plan for details. (\$500 annual benefit limit) Buy-up option available	
31	Hearing exams	In-network: \$12	Out-of-network: \$20	In-network: \$12	Out-of-network: \$20
32	Vision	In-network: \$12, \$10 routine exam (one exam annually) Out-of-network: \$20, Health Net pays first \$45 and member pays balance (one exam annually); \$100 routine eyewear allowance every 24 months		In-network: \$12, \$10 routine exam (one exam annually) Out-of-network: \$20, Health Net pays first \$45 and member pays balance (one exam annually); \$100 routine eyewear allowance every 24 months	
33	Routine physical exams	\$0		\$0	
34	Health/wellness education	Contact plan for details		Contact plan for details	
36	Acupuncture/naturopathy	\$15		\$15	
	Foreign travel	Urgent and emergency care \$50,000 annual max.		Urgent and emergency care \$50,000 annual max.	
<i>Not covered in these plans: Transportation, health club, and over-the-counter allowance.</i>					

Health Net plans, continued on next page

Plan contact information**Health Net Medicare Programs**
*Continued from previous page***Plan service areas**

North counties are: Benton, Clackamas, Columbia, Hood River, Lane, Linn, Marion, Multnomah, Polk, Washington, and Yamhill counties in Oregon. Clark County in Washington.

South counties are: Douglas, Jackson and Josephine counties.

Your costs		Healthy Heart - North		Healthy Heart - South	
TYPE OF PLAN/PLAN NO.		PPO/With Rx H5520-009		PPO/With Rx H5520-010	
IMPORTANT INFORMATION					
1	Monthly premium <i>with Rx</i>	\$139		\$123	
	Annual out-of-pocket max.	In-network: \$1,750 (excludes Part D costs)		In-network: \$1,750 (excludes Part D costs)	
	Annual deductible (<i>Does not apply to all services, see plan materials for detail</i>)	No deductible/not applicable		No deductible/not applicable	
	Part D deductible/gap coverage	No deductible/not applicable		No deductible/not applicable	
	Plan premium with 100% LIS	\$115.50		\$105.30	
INPATIENT CARE					
3	Inpatient hospital care	In-network: \$125/day (days 1-8) Out-of-network: \$125/day (days 1-8)		In-network: \$120/day (days 1-8) Out-of-network: \$120/day (days 1-8)	
4	Inpatient mental health care	In-network: \$125/day (days 1-8) Out-of-network: \$125/day (days 1-8)		In-network: \$120/day (days 1-8) Out-of-network: \$120/day (days 1-8)	
5	Skilled nursing facility	In-network: \$0 (days 1-20) \$75 (21-100 days) Out-of-network: \$0 (days 1-20) \$75 (21-100 days)		In-network: \$0 (days 1-20) \$100 (21-100 days) Out-of-network: \$0 (days 1-20) \$100 (21-100 days)	
6	Home health care	\$0		\$0	
7	Hospice (Medicare-certified program)	\$0		\$0	
OUTPATIENT CARE					
8	Doctor office visits	In-network: \$10 Out-of-network: \$10		In-network: \$10 Out-of-network: \$10	
	Specialist	In-network: \$10 Out-of-network: \$10		In-network: \$10 Out-of-network: \$10	
9	Chiropractor	In-network: \$15; Other \$15 Out-of-network: \$15; Other \$15		In-network: \$15; Other \$15 Out-of-network: \$15; Other \$15	
10	Podiatry	In-network: \$25 Out-of-network: \$35		In-network: \$25 Out-of-network: \$35	
11	Outpatient mental health	In-network: \$25 Out-of-network: \$50		In-network: \$25 Out-of-network: \$50	
12	Outpatient substance abuse	In-network: \$25 Out-of-network: \$50		In-network: \$25 Out-of-network: \$50	
13	Outpatient services/surgery	In-network ASC/\$50 Out-of-network: ASC/\$50 In-network Hosp/\$100 Out-of-network: Hosp/\$100		In-network ASC/\$100 Out-of-network: ASC/\$100 In-network Hosp/\$125 Out-of-network: Hosp/\$125	
14	Ambulance	\$75		\$100	
15	Emergency care	\$50 (waived if admitted within 24 hours)		\$50 (waived if admitted within 24 hours)	

Your costs		Healthy Heart - North		Healthy Heart - South	
16	Urgent care	In-network: \$25	Out-of-network: \$50	In-network: \$25	Out-of-network: \$50
17	Outpatient rehab	In-network: \$25	Out-of-network: \$35	In-network: \$25	Out-of-network: \$35
OUTPATIENT MEDICAL SERVICES/SUPPLIES					
18	Durable medical equipment	In-network: 12%	Out-of-network: 12%	In-network: 12%	Out-of-network: 12%
19	Prosthetic devices	In-network: 12%	Out-of-network: 12%	In-network: 12%	Out-of-network: 12%
20	Diabetes self-monitoring training, nutrition therapy, and supplies	\$0		\$0	
21	Diagnostic tests, X-rays, and lab services	In-network: \$0 lab & X-rays; 12% diagnostic tests Out-of-network: \$0 lab & X-rays; 12% diagnostic tests		In-network: \$0 lab & X-rays; 12% diagnostic tests Out-of-network: \$0 lab & X-rays; 12% diagnostic tests	
PREVENTIVE SERVICES					
22-27	Bone mass measurement, colorectal screening exams, immunizations, mammograms (annually), pap smears/pelvic exams, and prostate cancer exams	\$0		\$0	
ADDITIONAL BENEFITS					
28	End-Stage Renal Disease	In-network: 12%	Out-of-network: 12%	In-network: 12%	Out-of-network: 12%
29	Prescription drug benefit – Part B	In-network: 12%	Out-of-network: 12%	In-network: 12%	Out-of-network: 12%
30	Dental	In-network: \$10 Preventive dental included. Contact plan for details. (\$500 annual benefit limit) Buy-up option available		In-network: \$10 Preventive dental included. Contact plan for details. (\$500 annual benefit limit) Buy-up option available	
31	Hearing exams	In-network: \$10	Out-of-network: \$10	In-network: \$10	Out-of-network: \$10
32	Vision	In-network: \$10, \$10 routine exam (one exam annually) Out-of-network: \$10, Health Net pays first \$45 and member balance (one exam annually) \$100 routine eyewear allowance every 24 months		In-network: \$10, \$10 routine exam (one exam annually) Out-of-network: \$10, Health Net pays first \$45 and member balance (one exam annually) \$100 routine eyewear allowance every 24 months	
33	Routine physical exams	\$0		\$0	
34	Health/wellness education	Contact plan for details		Contact plan for details	
36	Acupuncture/naturopathy	\$15		\$15	
	Foreign travel	Urgent and emergency care \$50,000 annual max.		Urgent and emergency care \$50,000 annual max.	
	Hearing Aid	\$250 allowance every three years		\$250 allowance every three years	
	Fitness club	In-network: Free membership for Silver & Fit facility Out-of-network: \$150 annual allowance toward fitness club membership		In-network: Free membership for Silver & Fit facility Out-of-network: \$150 annual allowance toward fitness club membership	
<i>Not covered in these plans:</i> Transportation and over-the-counter allowance.					

Plan contact information**Health Net Medicare Programs**

13221 SW 68th Parkway, Ste. 200, Tigard, OR 97223
 800-822-7698; TTY: 800-929-9955
www.healthnet.com

Plan service areas

Clackamas, Multnomah, and Washington counties

Your costs**Ruby****TYPE OF PLAN/PLAN NO.**

HMO/With Rx H6815-001

IMPORTANT INFORMATION

1	Monthly premium <i>with Rx</i>	\$59
	Annual out-of-pocket max.	\$2,500 (excludes Part D costs)
	Part D deductible/gap coverage	No deductible/not applicable
	Plan premium with 100% LIS	\$34.40

INPATIENT CARE

3	Inpatient hospital care	\$200 (days 1-8)
4	Inpatient mental health care	\$200 (days 1-8)
5	Skilled nursing facility	\$0 (days 1-20) \$100 (days 21-100)
6	Home health care	\$0
7	Hospice (Medicare-certified program)	\$0

OUTPATIENT CARE

8	Doctor office visits	\$15
	Specialist	\$15
9	Chiropractor	\$15; Other \$15
10	Podiatry	\$25
11	Outpatient mental health	\$25
12	Outpatient substance abuse	\$25
13	Outpatient services/surgery	Ambulatory Surgical Center \$150/Hospital \$175
14	Ambulance	\$125
15	Emergency care	\$50 (waived if admitted within 24 hours)
16	Urgent care	\$25
17	Outpatient rehab	\$25

Your costs		Ruby
OUTPATIENT MEDICAL SERVICES/SUPPLIES		
18	Durable medical equipment	20%
19	Prosthetic devices	20%
20	Diabetes self-monitoring training, nutrition therapy, and supplies	\$0
21	Diagnostic tests, X-rays, and lab services	\$0 lab; \$15 X-rays; 20% diagnostic tests
PREVENTIVE SERVICES		
22-27	Bone mass measurement, colorectal screening exams, immunizations, mammograms (annually), pap smears/pelvic exams, and prostate cancer exams	\$0
ADDITIONAL SERVICES		
28	End-Stage Renal Disease	20%
29	Prescription drug benefit – Part B	20%
30	Dental	Buy-up option available, contact plan
31	Hearing exams	\$15
32	Vision	\$15 Medicare-covered eye exams (No-cost stand-alone glaucoma screenings) No cost for one pair of eyeglasses or contact lenses after cataract surgery. Buy-up option available
33	Routine physical exams	\$0
34	Health/wellness education	Contact plan for details
36	Acupuncture/naturopathy	\$15
	Foreign travel	Urgent and emergency care \$50,000 annual max.
<i>Not covered in these plans:</i> Transportation, health club, and over-the-counter allowance.		

Plan contact information**Humana Insurance Co.**

500 W. Main St., Louisville, KY 40202
 Prospective members: 800-833-2312
 Current members: 877-511-5000
www.humana-medicare.com

Plan service areas

Multnomah County

Your costs**Humana Gold Plus****TYPE OF PLAN/PLAN NO.**

***HMO-POS/H1036-149**

IMPORTANT INFORMATION

1	Monthly premium <i>with Rx</i>	\$17
	Annual out-of-pocket max.	\$2,500 combined (excludes Part D costs and plan premiums)
	Part D deductible/gap coverage	No deductible/93% for generics, 50% for brand name
	Plan premium with 100% LIS	\$17

INPATIENT CARE

3	Inpatient hospital care	\$150 per day (days 1-5) in- and out-of-network
4	Inpatient mental health care	\$150 per day (days 1-5) in- and out-of-network
5	Skilled nursing facility	\$128/day (days 21-100) in-network only
6	Home health care	\$0 in-network only
7	Hospice (Medicare-certified program)	Paid through Medicare

OUTPATIENT CARE

8	Doctor office visits – Primary Care	\$10 in-network only
	Specialist	\$20 in-network only
9-10	Chiropractor and podiatry	Chiropractic Medicare-covered services only: \$10 in-network only Podiatry Medicare-covered services only: \$20 in-network only
11-12	Outpatient mental health and outpatient substance abuse	\$20-\$50 in-network only
13	Outpatient services/surgery	\$30-\$125 or 20% co-insurance in- and out-of-network
14	Ambulance	\$100 in- and out-of-network
15	Emergency care	\$50 (waived if admitted within 24 hours) in- and out-of-network
16	Urgent care	\$10-\$20 in- and out-of-network
17	Outpatient rehab	\$20-\$30 in-network only

Your costs		Humana Gold Plus
OUTPATIENT MEDICAL SERVICES/SUPPLIES		
18	Durable medical equipment	20% in-network only
19	Prosthetic devices	20% in-network only
20	Diabetes self-monitoring training, nutrition therapy, and supplies	No cost for training and therapy in-network only 0%-20% for DME providers in-network only \$10 or 20% for pharmacy in-network only
21	Diagnostic tests, X-rays, and lab services	\$0-\$50 in-network only excluding outpatient hospital out-of-network benefit is same as in-network
PREVENTIVE SERVICES		
22-27	Bone mass measurement, colorectal screening exams, immunizations, mammograms (annually), pap smears/pelvic exams, and prostate cancer exams	No cost in all places of treatment in-network only excluding outpatient hospital out-of-network benefit is same as in-network
ADDITIONAL BENEFITS		
28	End-Stage Renal Disease	20% co-insurance for dialysis in- and out-of-network
29	Medicare Covered Drugs – Part B	20% co-insurance
29	Prescription drug benefit – Part D	\$6/\$36/\$80/33%
30	Dental	Contact plan
31	Hearing exams	\$20 in-network only
32	Vision (Medicare covered)	\$20 in-network only
33	Routine physical exams	No cost (1 annually) in-network only
34	Health/wellness education	Contact plan for details
	Health club	SilverSneakers
	Worldwide coverage	Limited to emergency room only - \$50 (waived if admitted within 24 hours)
	Over-the-counter allowance	Discount available
<p>Contact plan for additional health club benefits. Not covered in these plans: Acupuncture, naturopathy, and routine transportation. *Note: This is a Point of Service plan that has out-of-network benefits for inpatient and outpatient hospital services only.</p>		

Humana Insurance Co. plans, continued on next page

Plan contact information**Humana Insurance Co.**

500 W. Main St., Louisville, KY 40202
 Prospective members: 800-833-2312
 Current members: 877-511-5000
www.humana-medicare.com

Plan service areas

Multnomah County

Your costs**HumanaChoice****TYPE OF PLAN/PLAN NO.**

PPO/H6609-015

IMPORTANT INFORMATION

1	Monthly premium <i>with Rx</i>	\$52
	Annual out-of-pocket max.	\$1,500 in-network/\$2,250 combined (excludes Part D costs and plan premiums)
	Part D deductible/gap coverage	No deductible/93% for generics, 50% for brand name
	Plan premium with 100% LIS	\$52

INPATIENT CARE

3	Inpatient hospital care	\$150/day (days 1-5) in- and out-of-network
4	Inpatient mental health care	\$150/day (days 1-5) in- and out-of-network
5	Skilled nursing facility	\$128/day (days 21-100) in- and out-of-network
6	Home health care	\$0 in- and out-of-network
7	Hospice (Medicare-certified program)	Paid through Medicare

OUTPATIENT CARE

8	Doctor office visits – Primary Care	\$10 in-network/\$20 out-of-network
	Specialist	\$20 in- and out-of-network
9-10	Chiropractor and podiatry	Chiropractic Medicare-covered services only: \$10 in-network/\$20 out-of-network Podiatry Medicare-covered services only: \$20 in- and out-of-network
11-12	Outpatient mental health and outpatient substance abuse	\$20-\$50 in- and out-of-network
13	Outpatient services/surgery	\$15-\$75 or 20% in- and out-of-network
14	Ambulance	\$100 in- and out-of-network
15	Emergency care	\$50 (waived if admitted within 24 hours) in- and out-of-network
16	Urgent care	\$10-\$20 in-network/\$20 out-of-network
17	Outpatient rehab	\$15-\$25 in- and out-of-network

Your costs		HumanaChoice
OUTPATIENT MEDICAL SERVICES/SUPPLIES		
18	Durable medical equipment	20% in-network/40% out-of-network
19	Prosthetic devices	20% in-network/40% out-of-network
20	Diabetes self-monitoring training, nutrition therapy, and supplies	No cost for training and therapy in- and out-of-network 0%-20% for DME providers in-network/40% for DME providers out-of-network \$10 or 20% for pharmacy in-network/20% for pharmacy out-of-network
21	Diagnostic tests, X-rays, and lab services	\$0-\$50 or 20% in-network/\$20-\$50 or 20%-30% out-of-network
PREVENTIVE SERVICES		
22-27	Bone mass measurement, colorectal screening exams, immunizations, mammograms (annually), pap smears/pelvic exams, and prostate cancer exams	\$0 in- and out-of-network
ADDITIONAL BENEFITS		
28	End-Stage Renal Disease	20% co-insurance for dialysis in- and out-of-network
29	Medicare Covered Drugs – Part B	20% co-insurance in- and out-of-network
29	Prescription drug benefit – Part D	\$6/\$36/\$80/33%
30	Dental	Contact plan
31	Hearing exams	\$20 in- and out-of-network
32	Vision (Medicare Covered)	\$20 in- and out-of-network
33	Routine physical exams	No cost (1 annually) in- and out-of-network
34	Health/wellness education	Contact plan for details
	Health club	SilverSneakers
	Worldwide coverage	Limited to emergency room only - \$50 (waived if admitted within 24 hours)
	Over-the-counter allowance	Discount available
	<i>Contact plan for additional health club benefits. Not covered in these plans: Acupuncture, naturopathy, and routine transportation.</i>	

Humana Insurance Co. plans, continued on next page

Plan contact information**Humana Insurance Co.**

500 W. Main St., Louisville, KY 40202
 Prospective members: 800-833-2312
 Current members: 877-511-5000
www.humana-medicare.com

Plan service areas

Multnomah County

Your costs**HumanaChoice****TYPE OF PLAN/PLAN NO.**

PPO/H6609-016

IMPORTANT INFORMATION

1	Monthly premium <i>with Rx</i>	\$37
	Annual out-of-pocket max.	\$3,000 in-network/\$4,500 combined (excludes Part D costs and plan premiums)
	Part D deductible/gap coverage	No deductible/93% for generics, 50% for brand name
	Plan premium with 100% LIS	\$37

INPATIENT CARE

3	Inpatient hospital care	\$250/day (days 1-5) in- and out-of-network
4	Inpatient mental health care	\$250/day (days 1-5) in- and out-of-network
5	Skilled nursing facility	\$128/day (days 21-100) in- and out-of-network
6	Home health care	\$0 in- and out-of-network
7	Hospice (Medicare-certified program)	Paid through Medicare

OUTPATIENT CARE

8	Doctor office visits – Primary Care	\$15 in-network/\$25 out-of-network
	Specialist	\$25 in- and out-of-network
9-10	Chiropractor and podiatry	Chiropractic Medicare-covered services only: \$15 in-network/\$25 out-of-network Podiatry Medicare-covered services only: \$25 in- and out-of-network
11-12	Outpatient mental health and outpatient substance abuse	\$25-\$50 in- and out-of-network
13	Outpatient services/surgery	\$15-\$125 or 20% in- and out-of-network
14	Ambulance	\$100 in- and out-of-network
15	Emergency care	\$50 (waived if admitted within 24 hours) in- and out-of-network
16	Urgent care	\$15-\$25 in-network/\$25 out-of-network
17	Outpatient rehab	\$15-\$50 in- and out-of-network

Your costs		HumanaChoice
OUTPATIENT MEDICAL SERVICES/SUPPLIES		
18	Durable medical equipment	20% in-network/40% out-of-network
19	Prosthetic devices	20% in-network/40% out-of-network
20	Diabetes self-monitoring training, nutrition therapy, and supplies	No cost for training and therapy in- and out-of-network 0%-20% for DME providers in-network/40% for DME providers out-of-network \$10 or 20% for pharmacy in-network/20% for pharmacy out-of-network
21	Diagnostic tests, X-rays, and lab services	\$0-\$125 or 20% in-network/ \$25-\$125 or 20%-30% out-of-network
PREVENTIVE SERVICES		
22-27	Bone mass measurement, colorectal screening exams, immunizations, mammograms (annually), pap smears/pelvic exams, and prostate cancer exams	\$0 in- and out-of-network
ADDITIONAL BENEFITS		
28	End-Stage Renal Disease	20% co-insurance for dialysis in- and out-of-network
29	Medicare Covered Drugs – Part B	20% co-insurance in- and out-of-network
29	Prescription drug benefit – Part D	\$6/\$36/\$80/33%
30	Dental	Contact plan
31	Hearing exams (Medicare Covered)	\$25 in- and out-of-network
32	Vision (Medicare Covered)	\$25 in- and out-of-network
33	Routine physical exams	No cost (1 annually) in- and out-of-network
34	Health/wellness education	Contact plan for details
	Health club	SilverSneakers
	Worldwide coverage	Limited to emergency room only - \$50 (waived if admitted within 24 hours)
	Over-the-counter allowance	Discount available
	<i>Contact plan for additional health club benefits. Not covered in these plans: Acupuncture, naturopathy, and routine transportation.</i>	

Humana Insurance Co. plans, continued on next page

Plan contact information

Humana Insurance Co.

500 W. Main St., Louisville, KY 40202
 Prospective members: 800-833-2312
 Current members: 877-511-5000
www.humana-medicare.com

Plan service areas

Clackamas, Multnomah, and Washington counties

Your costs

Humana Gold Choice

TYPE OF PLAN/PLAN NO.

PFFS/H8145-093

IMPORTANT INFORMATION

1	Monthly premium	\$67
	Annual out-of-pocket max.	\$3,400 combined (excludes Part D costs and plan premiums)
	Part D deductible/gap coverage	No deductible/93% for generics, 50% for brand name
	Plan premium with 100% LIS	\$37.90

INPATIENT CARE

3	Inpatient hospital care	\$250/day (days 1-7) in- and out-of-network
4	Inpatient mental health care	\$250/day (days 1-7) in- and out-of-network
5	Skilled nursing facility	\$128/day (days 21-100) in- and out-of-network
6	Home health care	\$0 in- and out-of-network
7	Hospice (Medicare-certified program)	Paid through Medicare

OUTPATIENT CARE

8	Doctor office visits – Primary Care	\$15 in- and out-of-network
	Specialist	\$35 in- and out-of-network
9-10	Chiropractor and podiatry	Chiropractic Medicare-covered services only: \$15 in- and out-of-network Podiatry Medicare-covered services only: \$35 in- and out-of-network
11-12	Outpatient mental health and outpatient substance abuse	\$35-\$125 in- and out-of-network
13	Outpatient services/surgery	\$125 or 20% in- and out-of-network
14	Ambulance	\$100 in- and out-of-network
15	Emergency care	\$50 (not waived if admitted within 24 hours) in- and out-of-network
16	Urgent care	\$15-\$35 in- and out-of-network
17	Outpatient rehab	\$35-\$125 in- and out-of-network Therapy limits may apply

Your costs		Humana Gold Choice
OUTPATIENT MEDICAL SERVICES/SUPPLIES		
18	Durable medical equipment	20% in-network/40% out-of-network
19	Prosthetic devices	20% in-network/40% out-of-network
20	Diabetes self-monitoring training, nutrition therapy, and supplies	No cost for training and therapy in- and out-of-network 0%-20% for DME providers in-network; 40% for DME providers out-of-network \$10 or 20% for pharmacy in-network/20% for pharmacy out-of-network
21	Diagnostic tests, X-rays, and lab services	\$0-\$125 or 20% in-network/\$15-\$125 or 20%-30% out-of-network
PREVENTIVE SERVICES		
22-27	Bone mass measurement, colorectal screening exams, immunizations, mammograms (annually), pap smears/pelvic exams, and prostate cancer exams	\$0 in- and out-of-network
ADDITIONAL BENEFITS		
28	End-Stage Renal Disease	20% co-insurance for dialysis in- and out-of-network
29	Medicare Covered Drugs – Part B	20% co-insurance in- and out-of-network
29	Prescription drug benefit – Part D	\$6/\$36\$80/33%
30	Dental	Contact plan
31	Hearing exams (Medicare Covered)	\$35 in- and out-of-network
32	Vision (Medicare Covered)	\$35 in- and out-of-network
33	Routine physical exams	No cost (1 annually) in- and out-of-network
34	Health/wellness education	Contact plan for details
	Health club	SilverSneakers
	Worldwide coverage	\$250 deductible, 20% co-insurance, and \$25,000 annual max. benefit or 60 consecutive days, whichever is reached first (limited to emergency Medicare-covered services)
	Over-the-counter allowance	Discount available
	<i>Contact plan for additional health club benefits. Not covered in these plans: Acupuncture, naturopathy, and routine transportation.</i>	

Humana Insurance Co. plans, continued on next page

Plan contact information**Humana Insurance Co.**

500 W. Main St., Louisville, KY 40202
 Prospective members: 800-833-2312
 Current members: 877-511-5000
www.humana-medicare.com

Plan service areas

Clackamas, Multnomah, and Washington counties

Your costs**Humana Gold Choice****TYPE OF PLAN/PLAN NO.**

PFFS/H8145-097

IMPORTANT INFORMATION

1	Monthly premium	\$0
	Annual out-of-pocket max.	\$3,400 combined (excludes plan premiums)
	Part D deductible/gap coverage	N/A – This plan does not have Rx benefits
	Plan premium with 100% LIS	N/A – This plan does not have Rx benefits

INPATIENT CARE

3	Inpatient hospital care	Same as Original Medicare in- and out-of-network
4	Inpatient mental health care	Same as Original Medicare in- and out-of-network
5	Skilled nursing facility	\$137.50/day (days 21-100) in- and out-of-network
6	Home health care	\$0 in- and out-of-network
7	Hospice (Medicare-certified program)	Paid through Medicare

OUTPATIENT CARE

8	Doctor office visits – Primary Care	20% in- and out-of-network
	Specialist	20% in- and out-of-network
9-10	Chiropractor and podiatry	Chiropractic Medicare-covered services only: 20% in- and out-of-network Podiatry Medicare-covered services only: 20% in- and out-of-network
11-12	Outpatient mental health and outpatient substance abuse	20% in- and out-of-network
13	Outpatient services/surgery	20% in- and out-of-network
14	Ambulance	20% in- and out-of-network
15	Emergency care	\$50 (not waived if admitted within 24 hours) in- and out-of-network
16	Urgent care	20% in- and out-of-network
17	Outpatient rehab	20% in- and out-of-network Therapy limits may apply

Your costs		Humana Gold Choice
OUTPATIENT MEDICAL SERVICES/SUPPLIES		
18	Durable medical equipment	20% in- and out-of-network
19	Prosthetic devices	20% in- and out-of-network
20	Diabetes self-monitoring training, nutrition therapy, and supplies	No cost for training and therapy in- and out-of-network 0%-20% for DME providers in-network/20% for DME providers out-of-network \$10 or 20% for pharmacy in-network/20% for pharmacy out-of-network
21	Diagnostic tests, X-rays, and lab services	0%-20% in- and out-of-network
PREVENTIVE SERVICES		
11-27	Bone mass measurement, colorectal screening exams, immunizations, mammograms (annually), pap smears/pelvic exams, and prostate cancer exams	\$0 in- and out-of-network
ADDITIONAL BENEFITS		
28	End-Stage Renal Disease	20% co-insurance for dialysis in- and out-of-network
29	Medicare Covered Drugs – Part B	20% co-insurance in- and out-of-network
29	Prescription drug benefit – Part D	N/A
30	Dental	Contact plan
31	Hearing exams (Medicare Covered)	20% in- and out-of-network
32	Vision (Medicare Covered)	20% in- and out-of-network
33	Routine physical exams	No cost (1 annually) in- and out-of-network
34	Health/wellness education	Contact plan for details
	Health club	SilverSneakers
	Worldwide coverage	\$250 deductible, 20% co-insurance, and \$25,000 annual max. benefit or 60 consecutive days, whichever is reached first (limited to emergency Medicare-covered services)
	Over-the-counter allowance	Discount available
<p>Contact plan for additional health club benefits. Not covered in these plans: Acupuncture, naturopathy, and routine transportation. Note: This plan does not have Part D prescription drug coverage</p>		

Plan contact information

Kaiser Permanente

500 NE Multnomah St., Ste. 100, Portland, OR 97232
 877-221-8221; TTY: 800-735-2900
www.kp.org

Plan service areas

Benton: 97330, 97331, 97333, 97339, and 97370.
 Linn: 97321, 97322, 97335, 97355, 97358, 97360, 97374, and 97389.
 All ZIP codes: Clackamas, Columbia, Marion, Multnomah, Polk, Washington, and Yamhill counties.

Your costs		Senior Advantage Basic (HMO)	Senior Advantage (HMO)
TYPE OF PLAN/PLAN NO.		HMO/H9003-006	HMO/H9003-001
IMPORTANT INFORMATION			
1	Monthly premium <i>with Rx</i>	\$47	\$107
	Annual out-of-pocket max.	\$3,400 (excludes Part D costs)	\$2,500 (excludes Part D costs)
	Part D deductible/gap coverage	No deductible/generic only	No deductible/generic only
	Plan premium with 100% LIS	\$46.40	\$96.50
INPATIENT CARE			
3	Inpatient hospital care	\$275/day (days 1-4)/\$0 (days 5-90) No cost for additional hospital days	\$200/day (days 1-4)/\$0 (days 5-90) No cost for additional hospital days
4	Inpatient mental health care	\$275/day (days 1-4)/\$0 (days 5-90)	\$200/day (days 1-4)/\$0 (days 5-90)
5	Skilled nursing facility	No cost for SNF services, 100 days per benefit period	No cost for SNF services, 100 days per benefit period
6	Home health care	\$0	\$0
7	Hospice (Medicare-certified program)	\$0	\$0
OUTPATIENT CARE			
8	Doctor office visits	\$30	\$20
	Specialist	\$30	\$20
9	Chiropractor	\$20	\$20
10	Podiatry	\$30	\$20
11	Outpatient mental health	\$30 individual therapy/\$15 group therapy	\$20 individual therapy/\$10 group therapy
12	Outpatient substance abuse	\$30 individual therapy/\$15 group therapy	\$20 individual therapy/\$10 group therapy
13	Outpatient services/surgery	\$0 - \$200	\$0 - \$150
14	Ambulance, worldwide	\$150	\$100
15	Emergency care, worldwide	\$50	\$50
16	Urgent care, worldwide	\$35	\$25
17	Outpatient rehab	\$30	\$20

Your costs		Senior Advantage Basic (HMO)	Senior Advantage (HMO)
OUTPATIENT MEDICAL SERVICES/SUPPLIES			
18	Durable medical equipment	0% - 20%	0% - 20%
19	Prosthetic devices	0% - 20%	0% - 20%
20	Diabetes self-monitoring training, nutrition therapy, and supplies	\$0	\$0
21	Diagnostic tests, X-rays, and lab services	No cost for lab services, X-rays, and diagnostic procedures/\$125 for diagnostic radiology services/ \$30 for therapeutic radiology services	No cost for lab services, X-rays, and diagnostic procedures/\$50 for diagnostic radiology services/ \$20 for therapeutic radiology services
PREVENTIVE SERVICES			
22	Bone mass measurement	\$0	\$0
23	Colorectal screening exams	\$0	\$0
24	Immunizations	No cost for flu, pneumonia, and Hepatitis B vaccines	No cost for flu, pneumonia, and Hepatitis B vaccines
25	Mammograms (annually)	\$0	\$0
26	Pap smears/pelvic exams	\$0	\$0
27	Prostate cancer exams	\$0	\$0
ADDITIONAL BENEFITS			
28	End-Stage Renal Disease	No cost for dialysis	No cost for dialysis
29	Prescription drug benefit – Part B	\$0 - \$45	\$0- \$45
30	Dental	Buy-up-option available; contact plan	Buy-up-option available; contact plan
31	Hearing exams	\$30 diagnostic exams/routine tests (hearing aids not covered)	\$20 diagnostic exams/routine tests (hearing aids not covered)
32	Vision	\$30 exams/no cost for 1 pair of eyeglasses or contact lenses after each cataract surgery	\$20 exams/no cost for 1 pair of eyeglasses or contact lenses after each cataract surgery
33	Routine physical exams	No cost (limited to 1 exam annually)	No cost (limited to 1 exam annually)
34	Health/wellness education	Contact plan for details	Contact plan for details
36	Acupuncture	Limited basis; referral only	Limited basis; referral only
	Health club	Not covered	Silver&Fit®
	Travel benefit	Not covered	20% co-insurance up to \$800 annual benefit maximum for routine and follow up care
<i>Not covered in these plans: Naturopathy, transportation, and over-the-counter drug allowance.</i>			

Plan contact information

Marion Polk Community Health Plan Advantage, Inc.

PO Box 5490, Salem, OR 97304
888-236-2496

www.physicianschoiceplans.com

Plan service areas

Marion and Polk counties

Your costs		Physicians Choice Preferred (PPO)
Your costs		Physicians Choice Preferred + Rx (PPO)
TYPE OF PLAN/PLAN NO.	PPO/H7006-002 With Rx H7006-001	
IMPORTANT INFORMATION		
1	Monthly premium <i>no Rx</i>	\$38
	Monthly premium <i>with Rx</i>	\$90
	Annual out-of-pocket max.	In-network: \$2,000 In- and out-of-network combined: \$5,500 for Medicare covered services only (excludes Part D costs)
	Part D deductible/gap coverage	Physicians Choice Preferred + Rx: No deductible/none
	Plan premium with 100% LIS	Physicians Choice Preferred + Rx: \$68.20
INPATIENT CARE		
3	Inpatient hospital care	In-network: \$100 co-pay (days 1-7)/no cost (days 8-90)/no cost for unlimited additional hospital days Out-of-network: \$200 co-pay (days 1-7)/no cost (days 8-90)/no cost for unlimited additional hospital days
4	Inpatient mental health care	In-network: \$100 co-pay (days 1-7)/no cost (days 8-90)/No cost for lifetime reserve days 1-60 Out-of-network: \$200 co-pay (days 1-7)/no cost (days 8-90)/No cost for lifetime reserve days 1-60
5	Skilled nursing facility	In-network: No cost up to 100 days each benefit period. No prior hospital stay is required. Out-of-network: \$50 co-pay per SNF day up to 100 days each benefit period
6	Home health care	In-network: \$0 Out-of-network: \$30 co-pay
7	Hospice (Medicare-certified program)	\$0
OUTPATIENT CARE		
8	Doctor office visits	In-network: \$15 co-pay for Medicare-covered services Out-of-network: \$30 co-pay for Medicare-covered services
	Specialist	In-network: \$15 co-pay for Medicare-covered services Out-of-network: \$30 co-pay for Medicare-covered services
9-12	Chiropractor, podiatry, outpatient mental health, and outpatient substance abuse	In-network: \$15 co-pay for Medicare-covered services Out-of-network: \$30 co-pay for Medicare-covered services
13	Outpatient services/surgery	In-network: \$100 co-pay at ASC/\$100 co-pay at hospital Out-of-network: \$200 co-pay at ASC/\$200 co-pay at hospital
14	Ambulance	In-network: \$100 co-pay Out-of-network: \$100 co-pay
15	Emergency care	\$50 co-pay worldwide (waived if admitted within 48 hours)

Your costs		Physicians Choice Preferred (PPO)	Physicians Choice Preferred + Rx (PPO)
16	Urgent care	\$15 co-pay (waived if admitted within 48 hours)	
17	Outpatient rehab	In-network: \$15 co-pay	Out-of-network: \$30 co-pay
OUTPATIENT MEDICAL SERVICES/SUPPLIES			
18	Durable medical equipment	In-network: 10% co-insurance	Out-of-network: 20% co-insurance
19	Prosthetic devices	In-network: 10% co-insurance	Out-of-network: 20% co-insurance
20	Diabetes self-monitoring training, nutrition therapy, and supplies	In-network: \$0	Out-of-network: \$0
21	Diagnostic tests, X-rays, and lab services	In-network: \$0	Out-of-network: 0% to 20% co-insurance
PREVENTIVE SERVICES			
22-27	Bone mass measurement, colorectal screening exams, immunizations, mammograms (annually), pap smears/ pelvic exams, and prostate cancer exams	In-network: \$0	Out-of-network: \$0
ADDITIONAL BENEFITS			
28	End-Stage Renal Disease	In-network: \$0	Out-of-network: \$0
29	Prescription drug benefit – Part B	In-network: 10% co-insurance	Out-of-network: 20% co-insurance
30	Dental	No cost for preventive dental only for both in- and out-of-network (\$500 max. plan covered benefit) In-network: \$15 co-pay Out-of-network: \$30 co-pay	
31	Hearing exams	In-network: \$15 co-pay for diagnostic hearing exams Out-of-network: \$30 co-pay for diagnostic hearing exams	
32	Vision	In-network: \$15 co-pay Out-of-network: \$30 co-pay No cost for hardware for both in- and out-of-network (\$150 max. plan covered hardware) every 2 years	
33	Routine physical exams	In-network: \$0	Out-of-network: \$0
34	Health/wellness education	In-network: \$0 Out-of-network: \$0 Reimbursement of up to \$500 per calendar year for membership fees at plan approved gyms/fitness clubs. Reimbursement for completion of additional plan approved smoking cessation programs.	
35	Transportation	Routine transportation not covered	
	Foreign travel	Not covered	
<i>Not covered in these plans: Acupuncture, naturopathy, and over-the-counter allowance.</i>			

ODS Advantage PPO
ODS Advantage PPORX Select

Your costs

OUTPATIENT MEDICAL SERVICES/SUPPLIES		
18	Durable medical equipment	20%
19	Prosthetic devices	20%
20	Diabetes self-monitoring training, nutrition therapy, and supplies	\$0 for training/\$10 for diabetic supplies
21	Diagnostic tests, X-rays, and lab services	\$0 for procedures, tests, and lab/20% for X-ray, diagnostic radiology, and therapeutic radiology
PREVENTIVE SERVICES		
22	Bone mass measurement	\$0
23	Colorectal screening exams	\$0
24	Immunizations	\$0
25	Mammograms (annually)	\$0
26	Pap smears/pelvic exams (one exam yearly)	\$0
27	Prostate cancer exams	\$0
ADDITIONAL BENEFITS		
28	End-Stage Renal Disease	20% for dialysis/\$0 for nutrition therapy
29	Prescription drug benefit – Part B	20%
30	Dental	Contact plan
31	Hearing exams	\$30
32	Vision	\$20 routine exam (every 2 years)/\$0 medical eye care
33	Routine physical exams	\$0 (limited to one exam annually)
34	Health/wellness education	\$0
36	Acupuncture/naturopathy	Available with optional supplemental package
	Foreign travel	Emergency coverage only
	<i>Not covered in these plans:</i> Transportation, health club, and over-the-counter allowance.	

Plan contact information	Plan service areas
Providence Health Plans 3601 SW Murray Blvd., Ste. 10, Beaverton, OR 97005 503-574-8000 or 800-603-2340; TTY: 888-244-6642 www.providence.org/healthplans	Clackamas, Multnomah, and Washington counties

Your costs		Providence Medicare Open (PPO) Providence Medicare Open (PPO) + Rx	
TYPE OF PLAN/PLAN NO.		PPO/H5016-002 with Plus Rx H5016-001	
IMPORTANT INFORMATION			
1	Monthly premium no Rx	\$90	
	Monthly premium with Plus Rx	\$147	
	Annual out-of-pocket max.	In-network: \$2,500 combined in/out-of-network (excludes Part D costs)	
	Part D deductible/gap coverage	Providence Medicare Open + Rx: No deductible/93% generics - 50% brands	
	Plan premium with 100% LIS	Providence Medicare Open + Rx: \$111.70	
INPATIENT CARE			
3-4	Inpatient hospital care and inpatient mental health care	In-network: \$125/day (days 1-6)	Out-of-network: \$200/day (days 1-6)
5	Skilled nursing facility	In-network: \$0/day (days 1-20) \$25/day (days 21-100)	Out-of-network: \$0 (days 1-20) and \$25/day (days 21-100)
6	Home health care	In-network: \$0 co-pay	Out-of-network: 10%
7	Hospice (Medicare-certified program)	Paid through Medicare	
OUTPATIENT CARE			
8	Doctor office visits	In-network: \$10	Out-of-network: \$25
	Specialist	In-network: \$10	Out-of-network: \$25
9	Chiropractor	In-network: \$10	Out-of-network: \$25
10	Podiatry	In-network: \$10	Out-of-network: \$25
11	Outpatient mental health	In-network: \$10 for individual or group therapy Out-of-network: \$25 for individual or group therapy	
12	Outpatient substance abuse	In-network: \$10	Out-of-network: \$25
13	Outpatient services/surgery	In-network: \$100	Out-of-network: \$200
14	Ambulance	\$100	
15	Emergency care, worldwide	\$50 (waived if admitted within 48 hours)	
16	Urgent care, worldwide	\$25 (waived if admitted within 48 hours)	
17	Outpatient rehab	In-network: \$10	Out-of-network: \$25

Your costs		Providence Medicare Open (PPO) Providence Medicare Open (PPO) + Rx	
OUTPATIENT MEDICAL SERVICES/SUPPLIES			
18	Durable medical equipment	In-network: 10%	Out-of-network: 20%
19	Prosthetic devices	In-network: 10%	Out-of-network: 20%
20	Diabetes self-monitoring training, nutrition therapy, and supplies	In-network: \$0	Out-of-network: \$25
21	Diagnostic tests, X-rays, and lab services	In-network: \$0 for lab and other diagnostics 10% for X-ray and imaging Out-of-network: \$0 for lab and other diagnostics 10% for X-ray and imaging	
PREVENTIVE SERVICES			
22-27	Bone mass measurement, colorectal screening exams, immunizations, mammograms (annually), pap smears/pelvic exams, and prostate cancer exams	In-network: \$0	Out-of-network: \$0
ADDITIONAL BENEFITS			
28	End-Stage Renal Disease	In- and out-of-network: 10%	
29	Prescription drug benefit – Part B	10%	
30	Dental	Dental plan offered after enrollment; contact plan	
31	Hearing exams	In-network: \$10	Out-of-network: \$25
32	Vision	In-network: \$10 for routine eye exams and \$0 for diagnostic eye exams Out-of-network: \$25 for routine and diagnostic eye exams	
33	Routine physical exams	In-network: \$0 (\$10 office co-pay may apply) Out-of-network: \$25	
34	Health/wellness education	Contact plan for details	
35	Transportation	Ambulance (ground and air)	
36	Acupuncture	Discounts available	
	Health club	Discounts available	
	Foreign travel	Discounts available	
	<i>Contact plan for additional benefit categories: Acupuncture, foreign travel, health/wellness education, health club, and over-the-counter allowance. Not covered in these plans: Naturopathy and transportation.</i>		

Providence Health plans, continued on next page

Plan contact information

Providence Health Plans

3601 SW Murray Blvd., Ste. 10, Beaverton, OR 97005
503-574-8000 or 800-603-2340; TTY: 888-244-6642
www.providence.org/healthplans

Plan service areas

Clackamas, Columbia, Lane, Marion, Multnomah, Polk, Washington, and Yamhill counties. Clark County in Washington.

Your costs		Providence Medicare Extra (HMO) Providence Medicare Extra (HMO) + Rx	Providence Medicare Choice (HMO-POS) Providence Medicare Choice (HMO-POS) + Rx
TYPE OF PLAN/PLAN NO.		HMO/H9047-033 With Rx H9047-001	HMO-POS/H9047-035 With Rx H9047-024 <i>**Authorization rules may apply. Contact plan for details.</i>
IMPORTANT INFORMATION			
1	Monthly premium <i>no Rx</i>	\$87	\$40
	Monthly premium <i>with Rx</i>	\$128	\$71
	Annual out-of-pocket max.	\$2,500 (excludes Part D costs)	\$3,400 combined in/Out-of-network (excludes Part D costs)
	Part D deductible/gap coverage	Providence Medicare Extra + Rx: No deductible/ 93% generics - 50% brands	Providence Medicare Choice + Rx: No deductible/ 93% generics - 50% brands
	Plan premium with 100% LIS	Providence Medicare Extra + Rx: \$92.70	Providence Medicare Choice + Rx: \$37.10
INPATIENT CARE			
3	Inpatient hospital care	Day 1-6 \$100 per day Day 7 and on \$0	In-network: Day 1-6 \$200 per day Out-of-network: 20%** Day 7 and on \$0
4	Inpatient mental health care	Day 1-6 \$100 per day Day 7 and on \$0	In-network: Day 1-6 \$200 per day Out-of-network: 20%** Day 7 and on \$0
5	Skilled nursing facility	No cost (days 1-100)	In-network: No cost (days 1-20)/\$50/day (days 21-100) Out-of-network: 20%
6	Home health care	\$0	In-network: 10% Out-of-network: 20%
7	Hospice (Original Medicare)	\$0	In-network: \$0 Out-of-network: NA
OUTPATIENT CARE			
8	Doctor office visits	\$15	In-network: \$20 Out-of-network: \$30
	Specialist	\$15	In-network: \$20 Out-of-network: \$30
9	Chiropractor	\$15	In-network: \$20 Out-of-network: 20%
10-12	Podiatry, outpatient mental health, and outpatient substance abuse	\$15	In-network: \$20 Out-of-network: 20%
13	Outpatient services/surgery	\$100	In-network: \$200 Out-of-network: 20%
14	Ambulance, worldwide	\$100	\$150
15	Emergency care, worldwide	\$50	\$50
16	Urgent care, worldwide	\$25	\$25

Your costs		Providence Medicare Extra (HMO) Providence Medicare Extra (HMO) + Rx	Providence Medicare Choice (HMO-POS) Providence Medicare Choice (HMO-POS) + Rx
17	Outpatient rehab	\$15	In-network: \$20 Out-of-network: 20%
OUTPATIENT MEDICAL SERVICES/SUPPLIES			
18	Durable medical equipment	10%	In-network: 15% Out-of-network: 20%**
19	Prosthetic devices	10%	In-network: 15% Out-of-network: 20%
20	Diabetes self-monitoring training, nutrition therapy, and supplies	\$0	In-network: \$0 Out-of-network: 20%
21	Diagnostic tests, X-rays, and lab services	0%-10%	In-network: 0%-10% Out-of-network: 20%
PREVENTIVE SERVICES			
22-23	Bone mass measurement and colorectal screening exams	\$0	In-network: \$0 Out-of-network: 20%
24	Immunizations	\$0	In-network: \$0 Out-of-network: 20%
25	Mammograms (annually)	No cost (diagnostic test co-pay may apply)	In-network: No cost (diagnostic test co-pay may apply) Out-of-network: 20%
26	Pap smears/pelvic exams	No cost (diagnostic test co-pay may apply)	In-network: No cost (diagnostic test co-pay may apply) Out-of-network: 20%
27	Prostate cancer exams	\$0	In-network: \$0 Out-of-network: 20%
ADDITIONAL BENEFITS <i>(For prescription drug benefit – Part D, see table below)</i>			
28	End-Stage Renal Disease	No cost for dialysis/\$0 for therapy	10% for dialysis/\$0 for therapy
29	Prescription drug benefit – Part B	10%	In-network: 10% Out-of-network: 20%
30	Dental	Dental plan offered after enrollment; contact plan	Dental plan offered after enrollment; contact plan
31	Hearing exams	\$15	In-network: \$20 Out-of-network: 20%
	Hearing aid	Discount available	Discount available
32	Vision	\$15 (routine exam every 2 years and vision hardware discount available) and \$0 for diagnostic exams	In-network: \$20 (routine exam every 2 years and vision hardware discount available), and \$0 for diagnostic exams Out-of-network: 20%
33	Routine physical exams	\$0	In-network: \$0 Out-of-network: \$30
34	Health/wellness education	Contact plan for details	Contact plan for details
35	Transportation	Ambulance (ground and air)	Ambulance (ground and air)
36	Acupuncture	Discounts available	Discounts available
	Health club	Discounts available	Discounts available
	Foreign travel	Urgent and emergency care, worldwide	Urgent and emergency care, worldwide
<i>Not covered in these plans: Naturopathy and over-the-counter allowance.</i>			

Plan contact information

Regence BlueCross BlueShield of Oregon

P.O. Box 12625, Salem, OR 97309

888 734-3623; TTY: 711

www.regence.com/medicare

Plan service areas

Benton, Clackamas, Clatsop, Columbia, Coos, Curry, Douglas, Hood River, Jackson, Josephine, Lane, Lincoln, Linn, Marion, Multnomah, Polk, Tillamook, Wasco, Washington, and Yamhill counties. Clark County in Washington.

Your costs		MedAdvantage (PPO)	MedAdvantage+Rx Classic (PPO)	MedAdvantage+Rx Enhanced (PPO)
TYPE OF PLAN/PLAN NO.		PPO/H3817-001	PPO/With Rx Classic H3817-002	PPO/With Rx Enhanced H3817-003
IMPORTANT INFORMATION				
1	Monthly premium	\$45	\$80	\$127
	Annual out-of-pocket max.	Combined in/out-of-network: \$2,500 (all cost sharing for covered services accumulate toward this annual out-of-pocket maximum)	Combined in/out-of-network: \$3,400 (all cost sharing for covered services accumulate toward this annual out-of-pocket maximum)	Combined in/out-of-network: \$2,500 (all cost sharing for covered services accumulate toward this annual out-of-pocket maximum)
	Annual Deductible	\$0	\$50 (does not apply to: <ul style="list-style-type: none"> • Routine vision exam benefit • Routine vision hardware benefit • \$500 preventive dental benefit • All Medicare covered preventive services • Medicare covered Immunizations – including the H1N1 vaccine • Medicare covered Part B • Medical nutritional therapy • Diabetes training and supplies) 	\$0
	Part D deductible/gap coverage	MedAdvantage (PPO) – No Part D benefit	\$100 deductible/7% coverage for all generics in gap; 50% discount on eligible brand drugs	\$0/Tier 1 generics covered in gap at Tier 1 co-pay; 7% coverage for all other generics in gap; 50% discount on eligible brand drugs
	Plan premium with 100% LIS	\$45	\$48.80	\$96.20
INPATIENT CARE				
3	Inpatient hospital care	In-network: \$200/day; max. \$1,000 per benefit period; no limit to number of days Out-of-network: \$300/day; max. \$1,500 per benefit period; no limit to number of days	In-network: \$200/day; max. \$1,000 per benefit period; no limit to number of days Out-of-network: \$300/day; max. \$1,500 per benefit period; no limit to number of days	In-network: \$150/day; max. \$750 per benefit period; no limit to number of days Out-of-network: \$250/day; max. \$1,250 per benefit period; no limit to number of days

Your costs		MedAdvantage (PPO)	MedAdvantage+Rx Classic (PPO)	MedAdvantage+Rx Enhanced (PPO)
4	Inpatient mental health care	In-network: \$200/day; max. \$1,000 per benefit period; limited to 190 days/lifetime Out-of-network: \$300/day; max. \$1,500 per benefit period; limited to 190 days/lifetime	In-network: \$200/day; max. \$1,000 per benefit period; limited to 190 days/lifetime Out-of-network: \$300/day; max. \$1,500 per benefit period; limited to 190 days/lifetime	In-network: \$150/day; max. \$750 per benefit period; limited to 190 days/lifetime Out-of-network: \$250/day; max. \$1,250 per benefit period; limited to 190 days/lifetime
5	Skilled nursing facility	In-network: Days 1-5: \$10/day Days 6-25: \$35/day Days 26-100: \$0/day Out of network: Days 1-5: \$30/day Days 6-25: \$50/day Days 26-100: \$0/day No benefits after 100 days	In-network: Days 1-5: \$10/day Days 6-25: \$35/day Days 26-100: \$0/day Out of network: Days 1-5: \$30/day Days 6-25: \$50/day Days 26-100: \$0/day No benefits after 100 days	In-network: Days 1-5: \$0/day Days 6-25: \$30/day Days 26-100: \$0/day Out of network: Days 1-5: \$20/day Days 6-25: \$40/day Days 26-100: \$0/day No benefits after 100 days
6	Home health care	In-network: 10% co-insurance Out-of-network: 20% co-insurance	In-network: 10% co-insurance Out-of-network: 20% co-insurance	In-network: 0% co-insurance Out-of-network: 10% co-insurance
7	Hospice (Medicare-certified program)	Paid through Medicare		Paid through Medicare
OUTPATIENT CARE				
8	Doctor office visits	Primary care*: In-network: \$15 Out-of-network: \$35 Specialists: In-network: \$35 Out-of-network: \$35	Primary care*: In-network: \$15 Out-of-network: \$35 Specialists: In-network: \$35 Out-of-network: \$35	Primary care*: In-network: \$10 Out-of-network: \$25 Specialists: In-network: \$25 Out-of-network: \$25
9	Chiropractor services	In-network: \$15 Out-of-network: \$35	In-network: \$15 Out-of-network: \$35	In-network: \$10 Out-of-network: \$25
10-12	Podiatry, outpatient mental health, and outpatient substance abuse	In-network: \$35 Out-of-network: \$35	In-network: \$35 Out-of-network: \$35	In-network: \$25 Out-of-network: \$25
13	Outpatient services/surgery	In-network: Services: No cost/surgery: \$175 Out-of-network: Services: No cost/surgery: \$225	In-network: Services: No cost/surgery: \$175 Out-of-network: Services: No cost/surgery: \$225	In-network: Services: No cost/surgery: \$100 Out-of-network: Services: No cost/surgery: \$200
14	Ambulance	\$100	\$100	\$100
15	Emergency care, worldwide	\$50 (waived if admitted within 48 hours)	\$50 (waived if admitted within 48 hours)	\$50 (waived if admitted within 48 hours)

Your costs		MedAdvantage (PPO)	MedAdvantage+Rx Classic (PPO)	MedAdvantage+Rx Enhanced (PPO)
16	Urgent care	In-network: \$15 Out-of-network: \$35	In-network: \$15 Out-of-network: \$35	In-network: \$10 Out-of-network: \$25
17	Outpatient rehab	In-network: \$15 Out-of-network: \$35	In-network: \$15 Out-of-network: \$35	In-network: \$10 Out-of-network: \$25
OUTPATIENT MEDICAL SERVICES/SUPPLIES				
18-19	Durable medical equipment and prosthetic devices	In-network: 20% co-insurance Out-of-network: 30% co-insurance	In-network: 20% co-insurance Out-of-network: 30% co-insurance	In-network: 10% co-insurance Out-of-network: 20% co-insurance
20	Diabetes self-monitoring training, nutrition therapy, and supplies	No cost for training and supplies; insulin and syringes not covered	No cost for training and supplies; insulin and syringes covered under Tier 3 Part D benefit	No cost for training and supplies; insulin and syringes covered under Tier 3 Part D benefit
21	Diagnostic tests, X-rays, and lab services	Lab: \$0 Diagnostic routine X-rays: In-network: No co-insurance Out-of-network: 20% co-insurance MRI, CT, & PET scans: In-network: 20% co-insurance Out-of-network: 30% co-insurance Radiation therapy: In-network: 10% co-insurance Out-of-network: 20% co-insurance	Lab: \$0 Diagnostic routine X-rays: In-network: No co-insurance Out-of-network: 20% co-insurance MRI, CT, & PET scans: In-network: 20% co-insurance Out-of-network: 30% co-insurance Radiation therapy: In-network: 10% co-insurance Out-of-network: 20% co-insurance	Lab: \$0 Diagnostic routine X-rays: In-network: No co-insurance Out-of-network: 10% co-insurance MRI, CT, & PET scans: In-network: 20% co-insurance Out-of-network: 30% co-insurance Radiation therapy: In-network: 10% co-insurance Out-of-network: 20% co-insurance
PREVENTIVE SERVICES				
22-27	Bone mass measurement, colorectal screening exams, immunizations, mammograms, pap smears/pelvic exams, and prostate cancer exams	\$0	No cost; deductible doesn't apply	\$0
ADDITIONAL BENEFITS				
28	End-Stage Renal Disease	10% co-insurance for dialysis (applies to annual out-of-pocket max.)	10% co-insurance for dialysis (applies to annual out-of-pocket max.)	10% co-insurance for dialysis (applies to annual out-of-pocket max.)
29	Prescription drug benefit – Part B	20% co-insurance (applies to annual out-of-pocket max.)	20% co-insurance (applies to annual out-of-pocket max.)	10% co-insurance (applies to annual out-of-pocket max.)
30	Dental Preventive dental services	20% co-insurance - \$500 max per calendar year Not required to use contracted network	20% co-insurance - \$500 max per calendar year Not required to use contracted network Deductible does not apply	20% co-insurance - \$500 max per calendar year Not required to use contracted network

Your costs		MedAdvantage (PPO)	MedAdvantage+Rx Classic (PPO)	MedAdvantage+Rx Enhanced (PPO)
31	Hearing exams Medicare covered services	In-network: \$15 for diagnostic exams Out-of-network: \$35 for diagnostic exams	In-network: \$15 for diagnostic exams Out-of-network: \$35 for diagnostic exams	In-network: \$10 for diagnostic exams Out-of-network: \$25 for diagnostic exams
32	Vision Medicare covered exams Medicare covered vision hardware Routine vision exams Routine vision hardware	In-network: \$35 Out-of-network: \$35 No co-pay Routine eye exams covered once every year (same co-pay as Medicare covered exams) \$100 limit for hardware every year	In-network: \$35 Out-of-network: \$35 No co-pay Routine eye exams covered once every year (same co-pay as Medicare covered exams) \$100 limit for hardware every year	In-network: \$25 Out-of-network: \$25 No co-pay Routine eye exams covered once every year (same co-pay as Medicare covered exams) \$200 limit for hardware every year
33	Routine physical exams	No co-pay (1 annually)	No co-pay, no deductible (1 annually)	No co-pay (1 annually)
<p>*Primary care services includes services provided by the following practitioners: General practitioners, family practitioners, internists, geriatric practitioners, gynecologists, nurse practitioners, and physician assistants. <i>Contact plan for additional health/wellness education benefits.</i> <i>Not covered in these plans:</i> Acupuncture, foreign travel, naturopathy, transportation, health club, and over-the-counter allowance.</p>				

Plan contact information

Samaritan Health Services

815 NW 9th St., Ste. 101, Corvallis, OR 97330
 541-768-4550 or 800-832-4580; TTY: 800-735-2900
www.samhealth.org/SHPlans

Plan service areas

Benton, Lincoln, and Linn counties.

Your costs		Samaritan Advantage Premier Samaritan Advantage Premier Plus	Samaritan Advantage Conventional
TYPE OF PLAN/PLAN NO.		HMO/With Premier H3811-002 With Premier Plus H3811-009	HMO/H3811-001
IMPORTANT INFORMATION			
1	Monthly premium <i>no Rx</i>		\$67
	Monthly premium <i>Premier with Rx</i>	\$99	
	Monthly premium <i>Premier Plus with Rx</i>	\$122	
	Annual out-of-pocket max.	\$3,400 No limit on cost sharing for non-Medicare-covered eye wear, preventive dental (Premier Plus) and hearing aids (Premier Plus).	\$3,400 No limit on cost sharing for non-Medicare-covered eye wear.
	Part D deductible/gap coverage	Samaritan Advantage Premier: \$110 deductible/93% generic - 50% brands Samaritan Advantage Premier Plus: \$110 deductible/Generics - 50% brands	
	Plan premium with 100% LIS	Samaritan Advantage Premier: \$84.50 Samaritan Advantage Premier Plus: \$100.30	
INPATIENT CARE			
3	Inpatient hospital care	\$150/day (days 1-5)/no cost (days 6-90) \$1,500 annual out-of-pocket max.	\$150/day (days 1-5)/no cost (days 6-90) \$1,500 annual out-of-pocket max.
4	Inpatient mental health care	\$500 per stay	\$500 per stay
5	Skilled nursing facility	\$40/day (days 1-120)	\$40/day (days 1-120)
6	Home health care	\$0	\$0
7	Hospice (Medicare-certified program)	\$0	\$0
OUTPATIENT CARE			
8	Doctor office visits	\$10	\$10
	Specialist	\$20	\$20
9	Chiropractor	\$20*, \$25 (5 routine visits annually)	\$20*, \$25 (5 routine visits annually)
10	Podiatry	\$15*	\$15*
11	Outpatient mental health	\$20	\$20

Your costs		Samaritan Advantage Premier Samaritan Advantage Premier Plus	Samaritan Advantage Conventional
12	Outpatient substance abuse	20% co-insurance	20% co-insurance
13	Outpatient services/surgery	\$60	\$50
14	Ambulance	\$50	\$50
15	Emergency care	\$50 (waived if admitted to hospital within 12 hours for same condition)	\$50 (waived if admitted to hospital within 12 hours for same condition)
16	Urgent care	\$10	\$10
17	Outpatient rehab	\$15	\$15
OUTPATIENT MEDICAL SERVICES/SUPPLIES			
18	Durable medical equipment	Premier/Premier Plus: 20% co-insurance Premier Plus: \$2,000 annual out-of-pocket max.	20% co-insurance
19	Prosthetic devices	20% co-insurance	20% co-insurance
20	Diabetes self-monitoring training, nutrition therapy, and supplies	\$0	\$0
21	Diagnostic tests, X-rays, and lab services	\$0	\$0
PREVENTIVE SERVICES			
22-27	Bone mass measurement, colorectal screening exams, immunizations, mammograms (annually), pap smears/ pelvic exams, and prostate cancer exams	\$0	\$0
ADDITIONAL BENEFITS			
28	End-Stage Renal Disease	20% for dialysis	20% for dialysis
29	Prescription drug benefit – Part B	20%	20%
30	Dental	Routine dental coverage not covered on the Premier Plan; contact plan for regarding routine dental coverage on the Premier Plan Plus	Not covered
31	Hearing exams	No cost for diagnostic hearing exams/\$10 for up to 1 routine test each year (hearing aids not covered on the Premier Plan; contact plan for details regarding hearing aid coverage on the Premier Plan Plus)	No cost for diagnostic hearing exams/\$10 for up to 1 routine test each year (hearing aids not covered)
32	Vision	Contact plan for details	Contact plan for details
33	Routine physical exams	\$0	\$0
34	Health/wellness education	Contact plan for details	Contact plan for details
36	Acupuncture	\$20 (15 visits per year)	\$20 (15 visits per year)
<i>Not covered in these plans:</i> Foreign travel, naturopathy, transportation, health club, and over-the-counter allowance.			

Plan contact information**SecureHorizons by UnitedHealthcare**

5 Centerpointe Drive, Ste. 600, Lake Oswego, OR 97035
 Prospective members: 800-547-5514; TTY: 711
 Current members: 800-950-9355; TTY: 711
www.AARPMedicareComplete.com

Plan service areas

AARP MedicareComplete H3805-001 counties are: Clackamas, Marion, Multnomah, Polk, and Washington.
AARP MedicareComplete H3805-007 counties are: Benton, Lane, and Linn.

Your costs**AARP MedicareComplete****AARP MedicareComplete****TYPE OF PLAN/PLAN NO.****HMO/H3805-001****HMO/H3805-007****IMPORTANT INFORMATION**

1	Monthly premium <i>no Rx</i>		
	Monthly premium <i>with Rx</i>	\$65	\$49
	Annual out-of-pocket max.	\$4,900	\$6,700
	Part D deductible/gap coverage	No deductible/none	No deductible/none
	Plan premium with 100% LIS	\$55.70	\$39.50

INPATIENT CARE

3	Inpatient hospital care	\$250/day (days 1-7)	No cost (days 8-999)	\$195/day (days 1-7)	No cost (days 8-999)
4	Inpatient mental health care	\$250/day (days 1-7)	No cost (days 8-90)	\$195/day (days 1-7)	No cost (days 8-90)
5	Skilled nursing facility	\$50/day (days 1-20) No cost (days 73-100)	\$75/day (days 21-72)	\$50/day (days 1-100)	
6	Home health care	\$0		\$0	
7	Hospice (Medicare-certified program)	Paid through Medicare		Paid through Medicare	

OUTPATIENT CARE

8	Doctor office visits	\$15	\$15
	Specialist	\$30	\$30
9	Chiropractor	50%	50%
10	Podiatry	\$30 (6 visits per year)	\$30 (6 visits per year)
11-12	Outpatient mental health and outpatient substance abuse	\$40 individual therapy \$30 group therapy	\$40 individual therapy \$30 group therapy
13	Outpatient services/surgery	\$225	\$175
14	Ambulance	\$200 (one way)	\$200 (one way)
15	Emergency care, worldwide	\$50 (waived if admitted within 24 hours)	\$50 (waived if admitted within 24 hours)
16	Urgent care	\$30 contracted urgent care center \$40 out-of-area urgently needed care	\$30 contracted urgent care center \$40 out-of-area urgently needed care
17	Outpatient rehab	\$30	\$30

Your costs		AARP MedicareComplete	AARP MedicareComplete
TYPE OF PLAN/PLAN NO.		HMO/H3805-001	HMO/H3805-007
OUTPATIENT MEDICAL SERVICES/SUPPLIES			
18	Durable medical equipment	20%	20%
19	Prosthetic devices	20%	20%
20	Diabetes self-monitoring training, nutrition therapy, and supplies	\$0	\$0
21	Diagnostic tests, X-rays, and lab services	No cost for cardiovascular screening/\$10 for lab/\$15 for standard X-ray/20% other radiological services	No cost for cardiovascular screening/\$10 for lab/\$15 for standard X-ray/20% other radiological services
PREVENTIVE SERVICES			
22	Bone mass measurement	\$0	\$0
23	Colorectal screening exams (annually)	\$0	\$0
24-27	Immunizations, mammograms (annually), pap smears/pelvic exams, and prostate cancer exams	\$0	\$0
ADDITIONAL BENEFITS			
28	End-Stage Renal Disease	20% for dialysis	20% for dialysis
29	Prescription drug benefit – Part B	20% for Medicare Part B drugs	20% for Medicare Part B drugs
30	Dental	Not covered	Not covered
31	Hearing exams	\$30* Medicare covered exam \$0 routine exam (1 annually) \$300 hearing aid credit every 2 years	\$30* Medicare covered exam \$0 routine exam (1 annually) \$300 hearing aid credit every 2 years
32	Vision	\$30 exam (1 annually)/\$30 eyewear co-pay for \$70 frames credit or \$105 contacts credit every 2 years)	\$30 exam (1 annually)/\$30 eyewear co-pay for \$70 frames credit or \$105 contacts credit every 2 years)
33	Routine physical exams	\$0	\$0
36	Acupuncture	Not available	Not available
	Health/wellness education	No cost/additional fitness coverage available through optional rider	No cost/additional fitness coverage available through optional rider
<i>Not covered in these plans: Foreign travel, naturopathy, transportation, and over-the-counter allowance.</i>			

SecureHorizons by UnitedHealthcare plans, continued on next page

Plan contact information		Plan service areas	
SecureHorizons by UnitedHealthcare <i>Continued from previous page</i>		<i>AARP MedicareComplete Choice H3812-001 counties are: Clackamas, Lane, Marion, Multnomah, Washington, and Yamhill.</i> <i>AARP MedicareComplete Plus H1286-004 counties are: Clackamas, Marion, Multnomah, and Washington.</i>	
Your costs		AARP MedicareComplete Choice	AARP MedicareComplete Plus
TYPE OF PLAN/PLAN NO.		PPO/With Rx H3812-001	HMO-POS/With Rx H1286-004
IMPORTANT INFORMATION			
1	Monthly premium <i>with Rx</i>	No premium	No premium
	Annual out-of-pocket max.	In-network: \$3,900 Out-of-network: \$8,400 combined in- and out-of-network	In-network: \$3,900 Out-of-network: \$8,400 combined in- and out-of-network
	Part D deductible/gap coverage	No deductible/none	No deductible/none
	Plan premium with 100% LIS	\$0	\$0
INPATIENT CARE			
3	Inpatient hospital care	In-network: \$265/day (days 1-6)/no cost (days 7-999) Out-of-network: \$390/day (days 1-22)/no cost (days 23-999)	In-network: \$265/day (days 1-6)/no cost (days 7-999) Out-of-network: \$390/day (days 1-22)/ no cost (days 23-999)
4	Inpatient mental health care	In-network: \$265/day (days 1-6)/no cost (days 7-90) Out-of-network: \$390/day (days 1-22)/ no cost (days 23-90)	In-network: \$265/day (days 1-6)/no cost (days 7-90) Out-of-network: \$390/day (days 1-22)/ no cost (days 23-90)
5	Skilled nursing facility	In-network: No cost (days 1-10)/ \$50/day (days 11-88)/no cost (days 89-100) Out-of-network: \$175/day (days 1-48)/ no cost (days 49-100)	In-network: No cost (days 1-10)/ \$50/day (days 11-88)/no cost (days 89-100) Out-of-network: \$175/day (days 1-48)/ no cost (days 49-100)
6	Home health care	In-network: \$0 Out-of-network: 30%	In-network: \$0 Out-of-network: 30%
7	Hospice (Medicare-certified program)	Paid through Medicare	Paid through Medicare
OUTPATIENT CARE			
8	Doctor office visits	In-network: \$15 Out-of-network: \$25	In-network: \$15 Out-of-network: \$25
	Specialist	In-network: \$25 Out-of-network: \$40	In-network: \$25 Out-of-network: \$40
9	Chiropractor	In-network: 50%* Out-of-network: 50%*	In-network: 50%* Out-of-network: 50%*
10	Podiatry	In-network: \$25 Out-of-network: \$40 (6 visits per year, combined in- and out-of-network)	In-network: \$25 Out-of-network: \$40 (6 visits per year, combined in- and out-of-network)
11-12	Outpatient mental health and outpatient substance abuse	In-network: \$40 individual therapy/\$30 group therapy Out-of-network: \$45 individual therapy/\$35 group therapy	In-network: \$40 individual therapy/\$30 group therapy Out-of-network: \$45 individual therapy/\$35 group therapy
13	Outpatient services/surgery	In-network: 20% Out-of-network: 30%	In-network: 20% Out-of-network: 30%
14	Ambulance	\$200 (one way)	\$200 (one way)

Your costs		AARP MedicareComplete		AARP MedicareComplete	
TYPE OF PLAN/PLAN NO.		HMO/H3805-001		HMO/H3805-007	
15	Emergency care, worldwide	\$50 (waived if admitted within 24 hours)		\$50 (waived if admitted within 24 hours)	
16	Urgent care	\$25 Contracted urgent care center \$40 Out-of-area urgently needed care		\$25 Contracted urgent care center \$40 Out-of-area urgently needed care	
17	Outpatient rehab	In-network: \$25	Out-of-network: \$40	In-network: \$25	Out-of-network: \$40
OUTPATIENT MEDICAL SERVICES/SUPPLIES					
18	Durable medical equipment	In-network: 20%	Out-of-network: 30%	In-network: 20%	Out-of-network: 30%
19	Prosthetic devices	In-network: 20%	Out-of-network: 30%	In-network: 20%	Out-of-network: 30%
20	Diabetes self-monitoring training, nutrition therapy, and supplies	In-network: \$0	Out-of-network: 30%	In-network: \$0	Out-of-network: 30%
21	Diagnostic tests, X-rays, and lab services	In-network: No cost for cardiovascular screening/\$10 for lab/\$16 for standard X-ray/ 20% other radiological services Out-of-network: \$10 for lab/\$21 for standard X-ray/ 30% other radiological services		In-network: No cost for cardiovascular screening/\$10 for lab/\$16 for standard X-ray/ 20% other radiological services Out-of-network: \$10 for lab/\$21 for standard X-ray/ 30% other radiological services	
PREVENTIVE SERVICES					
22	Bone mass measurement	In-network: \$0	Out-of-network: 30%	In-network: \$0	Out-of-network: 30%
23	Colorectal exams (annually)	In-network: \$0	Out-of-network: 30%	In-network: \$0	Out-of-network: 30%
24	Immunizations	\$0		\$0	
25	Mammograms (annually)	In-network: \$0	Out-of-network: 30%	In-network: \$0	Out-of-network: 30%
26	Pap smears/pelvic exams	In-network: \$0	Out-of-network: 30%	In-network: \$0	Out-of-network: 30%
27	Prostate cancer exams	In-network: \$0	Out-of-network: 30%*	In-network: \$0	Out-of-network: 30%*
ADDITIONAL BENEFITS					
28	End-Stage Renal Disease	20% for dialysis		20% for dialysis	
29	Prescription drug benefit – Part B	In-network: 20% for Medicare Part B drugs Out-of-network: 30%		In-network: 20% for Medicare Part B drugs Out-of-network: 30%	
30	Dental	Not covered		Not covered	
31	Hearing exams	In-network: \$25/out-of-network: \$40 (1 visit annually combined in- and out-of-network) \$300 hearing aid credit every 2 years combined in- and out-of-network		In-network: \$25/out-of-network: \$40 (1 visit annually combined in- and out-of-network) In-network: \$300 hearing aid credit every 2 years/out-of-network: No coverage	
32	Vision exams	In-network: \$25/out-of-network: \$40 (1 visit annually combined in- and out-of-network)		In-network: \$25/out-of-network: \$40 (1 visit annually combined in- and out-of-network)	
33	Routine physical exams	In-network: \$0	Out-of-network: \$25	In-network: \$0	Out-of-network: \$25
	Health/wellness education	No cost/additional fitness coverage available through optional rider		No cost/additional fitness coverage available through optional rider	
<i>Not covered in these plans:</i> Foreign travel, naturopathy, transportation, and over-the-counter allowance.					

Plan contact information**Trillium Community Health Plan**

1800 Millrace Dr., Eugene, OR 97403
 800-910-3906; TTY: 866-279-9750
www.TrilliumAdvantage.com

Plan service areas

Lane County

Your costs**Trillium Advantage (HMO)****TYPE OF PLAN/PLAN NO.**

HMO/H2174-004

IMPORTANT INFORMATION

1	Monthly premium <i>no Rx</i>	\$67 (in addition to Medicare Part B premium)
	Annual in-network out-of-pocket max.	\$2,500 (excludes Part D costs)
	Part D deductible/gap coverage	No Part D coverage
	Plan premium with 100% LIS	No Part D coverage

INPATIENT CARE

3	Inpatient hospital care	\$250/day (days 1-8)
4	Inpatient mental health care	\$250/day (days 1-8)
5	Skilled nursing facility	\$100/day (days 1-8)
6	Home health care	\$0
7	Hospice (Medicare-certified program)	Paid through Medicare

OUTPATIENT CARE

8	Doctor office visits	\$25 primary doctor, \$25 specialist
9-10	Chiropractor	\$10
	Podiatry	\$25
11-12	Outpatient mental health and outpatient substance abuse	\$25
13	Outpatient services/surgery	\$150
14	Ambulance	\$100
15	Emergency care, worldwide	\$50
16	Urgent care, worldwide	\$50
17	Outpatient rehab	\$25

OUTPATIENT MEDICAL SERVICES/SUPPLIES

18	Durable medical equipment	20%
19	Prosthetic devices	\$0
20	Diabetes self-monitoring training, nutrition therapy, and supplies	\$0
21	Diagnostic tests, X-rays, and lab services	No cost for all but diagnostic radiology (e.g., MRI and CT) \$100

Your costs		Trillium Advantage (HMO)
PREVENTIVE SERVICES		
22-27	Bone mass measurement, colorectal screening exams, immunizations, mammograms (annually), pap smears/pelvic exams, and prostate cancer exams	\$0
ADDITIONAL BENEFITS		
28	End-Stage Renal Disease	\$0
29	Prescription drug benefit – Part B	20% co-insurance
30	Dental	Not covered
31	Hearing exams	\$25 diagnostic (routine exams and hearing aids no covered)
32	Vision	\$25 exams to diagnose and treat diseases and conditions No cost for one pair of eyeglasses or contact lenses after cataract surgery
33	Routine physical exams	\$0
	Health/wellness education	No cost for smoking cessation counseling
<i>Not covered in these plans: Acupuncture, naturopathy, foreign travel, health club, transportation, and over-the-counter allowance.</i>		

Trillium Community Health Plan, continued on next page

Plan contact information

Trillium Community Health Plan
1800 Millrace Dr., Eugene, OR 97403
800 910-3906; TTY: 866 279-9750
www.TrilliumAdvantage.com

Plan service areas

Lane County

Your costs**Trillium Advantage RX (HMO)****TYPE OF PLAN/PLAN NO.**

HMO/ H2174-002

IMPORTANT INFORMATION

1	Monthly premium <i>with Rx</i>	\$135 (in addition to Medicare Part B premium)
	Annual in-network out-of-pocket max.	\$2,500 (excludes Part D costs)
	Part D deductible/gap coverage	\$0 deductible / generic coverage in gap
	Plan premium with 100% LIS	\$99.70

INPATIENT CARE

3	Inpatient hospital care	\$250/day (days 1-8)
4	Inpatient mental health care	\$250/day (days 1-8)
5	Skilled nursing facility	\$100/day (days 1-8)
6	Home health care	\$0
7	Hospice (Medicare-certified program)	Paid through Medicare

OUTPATIENT CARE

8	Doctor office visits	\$25 primary doctor, \$25 specialist
9-10	Chiropractor Podiatry	\$10 \$25
11-12	Outpatient mental health and outpatient substance abuse	\$25
13	Outpatient services/surgery	\$150
14	Ambulance	\$100
15	Emergency care, worldwide	\$50
16	Urgent care, worldwide	\$50
17	Outpatient rehab	\$25

OUTPATIENT MEDICAL SERVICES/SUPPLIES

18	Durable medical equipment	20%
19	Prosthetic devices	\$0
20	Diabetes self-monitoring training, nutrition therapy, and supplies	\$0
21	Diagnostic tests, X-rays, and lab services	No cost for all but diagnostic radiology (e.g., MRI and CT) \$100

Your costs

Trillium Advantage RX (HMO)

PREVENTIVE SERVICES		
22-27	Bone mass measurement, colorectal screening exams, immunizations, mammograms (annually), pap smears/pelvic exams, and prostate cancer exams	\$0
ADDITIONAL BENEFITS		
28	End-Stage Renal Disease	\$0
29	Prescription drug benefit – Part B Prescription drug benefit – Part D	20% Generic \$9, preferred brand \$35, non-preferred brand \$56
30	Dental	Not covered
31	Hearing exams	\$25 diagnostic (routine exams and hearing aids not covered)
32	Vision	\$25 exams to diagnose and treat diseases and conditions No cost for one pair of eyeglasses or contact lenses after cataract surgery
33	Routine physical exams	\$0
	Health/wellness education	No cost for smoking cessation counseling
<i>Not covered in these plans: Acupuncture, naturopathy, foreign travel, health club, transportation, and over-the-counter allowance.</i>		

Glossary

AEP (Annual Enrollment Period) – A period of time from Nov. 15 to Dec. 31 in which Medicare beneficiaries may join or disenroll from Part D prescription drug coverage or Medicare Advantage plan. Changes usually become effective Jan. 1. *Also known as Fall Open Enrollment.*

ASC (Ambulatory Service Center) – A health care facility that specializes in providing surgery, including certain pain management and diagnostic (e.g., colonoscopy) services in an outpatient setting.

Assignment – A method of payment under Medicare Part B. The doctor agrees to accept the amount of the Medicare-approved charge as full payment.

Attained Age – Insurance policies whose premiums increase based on the age of the insured.

Beneficiary – Under Medicare, the person who is receiving payments for medical service.

Benefit Period – The period for which benefits are payable. In Original Medicare Part A, for example, the benefit period begins on the first day of hospitalization and ends when the beneficiary has been out of the hospital or associated skilled nursing facility for 60 consecutive days.

Benefits – The items that are covered under an insurance plan. Also referred to as coverage.

Catastrophic Coverage – The highest amount of money paid out-of-pocket before a health plan pays the majority of or all co-payment amounts.

Chronic – Being long lasting and recurrent or characterized by long suffering. A chronically ill person is not expected to recover or get much better.

Claim – A request for payment of medical services under the terms of an insurance policy. Usually made by either a provider or an insured person.

CMS (Centers for Medicare and Medicaid Services) – The division of the Department of Health and Human Services that administers the Medicare and Medicaid programs.

COB (Coordination of Benefits) – If a service is covered under more than one policy, the insurance companies determine which policy pays.

COBRA (Consolidated Omnibus Budget Reconciliation Act) – Rules that permit former employees to buy insurance at group rates from their former employers' insurance companies for a set period of time after they leave their jobs or retire.

Co-insurance – A fixed percentage paid per service received or prescription filled.

Community Rating – A rating method that assigns a single rate to all ages and classes of individuals in the group, regardless of risk factors such as age or health.

Co-payment – A fixed dollar amount paid per service received or prescription filled.

Coverage Gap – The stage in Medicare prescription drug coverage when you have to pay all of your own drug costs. *Also known as the donut hole.*

Creditable Coverage – An insurance policy that is determined to be as good as or better than Medicare coverage.

Crossover Claim Participant – A Medigap company that has claims submitted to them electronically, directly from Medicare. This eliminates the need for the beneficiary to submit claims to a secondary payer.

Deductible – A dollar amount determined by an individual's insurance policy (including Medicare) that must be paid by the insured individual for covered services before Medicare or the insurance policy begins paying.

DHS (Department of Human Services) – The state agency that houses Seniors and Peoples with Disabilities and other assistance programs.

Diagnostic Tests – Tests ordered by a physician to provide information that assists in making a diagnosis when symptoms are present.

Disenrollment – Cancellation of an individual's enrollment in a health plan. May be limited occur during specific time frames, such as Annual and Open Enrollment Periods.

Donut Hole – See *Coverage Gap*.

DME (Durable Medical Equipment) – Equipment that is medically necessary and prescribed by a doctor for use in the home, such as oxygen equipment, wheelchairs, and other medically necessary equipment.

Effective Date – The date on which an insurance policy is in effect and its coverage begins.

EFT (Electronic Funds Transfer) – The transfer of funds from one account to another by computer. *Also known as AFT (Automatic Funds Transfer).*

EGHP (Employer Group Health Plan) – A health insurance or benefit plan that is offered through an employer of 20 or more employees.

Election Period – The period during which an eligible person may join or leave Original Medicare or a Medicare Advantage plan.

Enrollee – A person eligible and receiving benefits from an insurance plan or managed care organization. Also called member when referring to Medicare Advantage plans.

EOB (Explanation of Benefits) – A form sent to the patient that explains which claims were paid at what level.

ESRD (End-Stage Renal Disease) – A medical condition in which a person's kidneys no longer function, requiring dialysis or a kidney transplant to maintain life.

Excess Charge – The difference between the Medicare-approved amount and cannot exceed 15 percent over the provider's actual charge. *Also known as a limiting charge.*

Extra Help – A Medicare program to help people with limited income and resources pay Medicare prescription drug program costs, such as premiums, deductibles, and co-insurance. *Also known as LIS.*

Fall Open Enrollment Period – Another name for Annual Enrollment Period (Nov. 15 – Dec. 31). *See AEP.*

Fee-For-Service – A method of reimbursement that presets the fee that will be paid for the service provided.

Glossary, continued

Foreign Travel Benefits – Medicare coverage for medically necessary emergency care in a foreign country; covers 80 percent of billed charges not covered by Medicare for Medicare-eligible expenses. Subject to time limits, deductibles, and a lifetime maximum.

Formulary – A list of drugs that a health plan will cover. Formulary drugs usually have lower co-payments than non-formulary drugs. *A formulary is also known as a Preferred Drug list.*

FPL (Federal Poverty Level) – The income level set by the federal government to determine eligibility for many needs-based programs.

Fraud – Occurs when someone intentionally deceives or misrepresents himself or herself in a way that could result in unauthorized payments being made.

Free-Look Period – Specified period of time during which an insurance policy may be examined. If the buyer is not satisfied for any reason, the policy may be returned to the insurance company for a full refund. The free-look period begins on the day the policy is received by the client. For long-term-care policies and Medicare supplement policies, the free look period is 30 days.

Full Dual Eligible – A person who qualifies to receive full Medicare and full Medicaid benefits, including long-term care provided in both institutions and in the community as well as prescription drugs. For this group, Medicaid may also pay Medicare premiums and cost sharing.

Generic Drug – A drug sold or dispensed under a name that is not protected by a trademark.

GEP (General Enrollment Period) – An enrollment period for people who did not sign up for Part A or Part B of Medicare during their Initial Enrollment Period. It lasts from January through March and coverage becomes effective July 1.

Guaranteed Issue Rights – A consumer's right to purchase insurance policies during certain periods and under certain circumstances in which insurance companies are required by law to offer them.

Guaranteed Renewable – A policy that cannot be canceled by the insurer for any reason as long as the premium is paid and the policyholder did not give false information to obtain coverage.

HHC (Home Health Care) – Skilled nursing care and support services for individuals who do not need institutional care. Such services are provided during intermittent home visits and may include nursing care, physical therapy, speech and hearing therapy, occupational therapy, social services, and some support services.

High-Deductible Medigap Policies – A Medicare supplement policy in which the beneficiary is responsible for payment of expenses up to a set amount or deductible; once the deductible is met the policy pays 100 percent of covered out-of-pocket expenses.

HMO (Health Maintenance Organization) – A type of Medicare Advantage Plan that is available in some areas of the country. Plans must cover all Medicare Part A and Part B expenses. The beneficiary can only go to the doctors, specialists, or hospitals on the plan's list except in an emergency.

Hospice – A public or private agency that provides support services to the terminally ill and their families.

IEP (Initial Enrollment Period) – A seven-month period of time that surrounds a Medicare beneficiary’s 65th birthday (qualifying month); three months before, the month of, and three months after.

Inpatient Care – Care given an admitted patient in a hospital, nursing home, or other medical or post acute institution.

Institutional Care – Care provided in a hospital, skilled or intermediate nursing home, or other state facility certified or licensed by the state primarily affording diagnostic, preventive, therapeutic, rehabilitative, maintenance, or personal care services.

Issue Age – Policies whose premiums are based on your age when purchased. Premiums will not increase due to an increase in age; however, premiums may increase for other reasons.

Late Enrollment Penalty – An amount added to your monthly premium for Medicare Part B or Part D if beneficiaries do not join when they are first eligible. The penalty remains in place as long as the beneficiary has Medicare, with a few exceptions.

Lifetime Reserve Days – The beneficiary is entitled to 60 additional reserve days after Medicare provides 90 days of benefits for hospitalization. These days are not renewable.

Limiting Charge – See *Excess Charge*.

LIS (Low or Limited Income Subsidy) – The LIS program is operated by the Social Security Administration and provides Extra Help with prescription drug costs for individuals who meet the income and asset requirements. See *Extra Help*.

Lookback – See *Waiting Period*.

LTC (Long-Term Care) – A general term that includes a wide range of services that address the health, medical, personal, and social needs of people with chronic or prolonged illnesses, disabilities, and cognitive disorders (such as Alzheimer’s). The delivery of LTC services can include skilled nursing care in a nursing home, in-home health and personal care, assisted living, adult day care facilities, and other options. Medicare does not cover LTC.

MA (Medicare Advantage) – Any health care organization, including health care providers, insurers, health care services contractors, health maintenance organizations, or any combination thereof that provides directly or by contract basic health care services on a prepaid capitated basis to patients enrolled in the plan and the managed health care system. The plan receives a premium from Medicare, plus additional out-of-pocket co-payments, co-insurance or deductibles, and/or monthly premiums from Medicare beneficiaries. *Also known as Managed Care, Part C, or Medicare+Choice.*

MAPD (Medicare Advantage with Prescription Drug Coverage) – Medicare Advantage plan that includes a Part D plan.

Medicaid – A federal-state partnership designed to ensure that America’s aged, sick, and impoverished are cared for. This program is a safety net that provides aid in the form of medical services to poor people who fall below the state-established poverty line. There are strict income and asset guidelines used to qualify people for Medicaid. Administered in Oregon by DHS. *Also known as Medicare Savings Program, M.A. (Medical Assistance), or Title 19 (XIX).*

Medically Necessary – Services or supplies that are needed for the diagnosis or treatment of a medical condition and that meet accepted standards of medical practice. *Also known as Reasonable and Necessary.*

Glossary, continued

Medicare – A federal health insurance program that pays health care costs for the elderly, the permanently disabled, and those with end-stage renal disease.

Medicare Part A – Provides coverage for hospital care, skilled nursing facility care, home health care services, and hospice services.

Medicare Part B – Optional coverage covers a portion of the costs for doctors' care and an array of outpatient services.

Medicare Part C – *See Medicare Advantage.*

Medicare Part D – Prescription drug benefit as authorized by the Medicare Modernization Act of 2003. It is an optional coverage. *Also known as PDP or stand-alone drug coverage.*

Medigap Plans – Private supplemental health insurance plans sold to Medicare beneficiaries that provide coverage for medical expenses not or only partially covered by Medicare. *Also known as a Medicare Supplement Policy.*

MSA (Medicare Medical Savings Account) – A high-deductible MA plan combined with a savings account. The plan deposits money from Medicare into an account; the beneficiary can use this money to pay for medical expenses until the deductible is met. Does not include Rx coverage; members may also enroll in a stand-alone prescription drug plan.

OEP (Open Enrollment Period) – A period during which plans must accept all eligible applicants as long as the plan has not met its member capacity.

OM (Original Medicare) – Parts A and B of Medicare coverage.

OOP (Out-of-Pocket) Cost – The patient's share of any medical care costs not covered by insurance, Medicare, or Medicaid. These are the deductibles, co-insurance, and co-payments that beneficiaries are required to pay.

OTC (Over the Counter) – Drugs and medical devices that may be sold without a written health care provider's order.

Out-of-Pocket Maximum – A limit, in some plans, on out-of-pocket expenses. Beneficiaries whose out-of-pocket expenses exceed the maximum don't have further financial responsibility for covered expenses.

Outpatient Care – Services provided by physicians, clinics, mobile X-ray, or free-standing dialysis unit, including physical therapy, X-ray, and lab tests. The patient does not require admission to the hospital as an inpatient.

PACE (Program of All-Inclusive Care) – A program that combines medical, social, and long-term care services for frail people.

Partial Dual Eligible – People who are not eligible for full Medicaid benefits but may receive assistance with some or all of their Medicare premiums and cost sharing. *See MSP.*

PCP (Primary Care Physician) – The physician who sees a patient regularly for routine and preventive care.

PDP (Prescription Drug Plan) – A Medicare Part D plan that covers only drugs. *Also known as a stand-alone drug plan.*

PFFS (Private Fee-For-Service) – A type of Medicare Advantage Plan in which the beneficiary may go to any Medicare-approved doctor or hospital that accepts the plan's payment. The insurance plan, rather than the Medicare Program, decides how much it will pay and what the beneficiary will pay for the services they get.

POS (Point of Service) – An option that is available with some HMO plans that allow the beneficiary to use doctors and hospitals outside the plan for an additional cost.

PPO (Preferred Provider Organization) – A type of Medicare Advantage Plan in which the beneficiaries pay less if they use doctors, hospitals, and providers that belong to the network. If they use doctors, hospitals, and providers outside of the network there will be an additional cost.

Preauthorization – A practice that insurance plans use in order to require that providers receive authorization for certain services or prescriptions from the plan before a claim will be paid.

Pre-existing Conditions – A medical condition diagnosed, treated, or needing treatment prior to the purchase of an insurance policy.

Preferred Drug List – See *Formulary*.

Premium – The total of all sums charged, received, or deposited as consideration for a contract.

Prescription Drug – A drug that must have a health care provider's written order (prescription) in order to be dispensed.

Preventive Care – Health care that is intended to keep people from becoming ill (e.g., checkups, mammograms, immunizations, and screening tests.)

Provider – The doctor, hospital, home health agency, hospice, nursing facility, or therapist that delivers health services.

Referral – A written order from your primary care doctor for you to see a specialist or get certain medical services. In many HMOs, the beneficiary needs to get a referral before he or she can get medical care from anyone except the primary care physician. If a referral is not obtained, the claim may not pay for the services.

Reserve Days – Sixty extra days provided by Medicare hospital insurance that can be used in case of a long illness where the stay in the hospital is more than 90 days. Reserve days are **not** renewable – they can only be used once.

Screening Tests – Tests used to try to detect a disease when there is little or no evidence of a suspected disease.

SEP (Special Enrollment Period) – Opportunity to join or leave a plan outside regular enrollment periods.

Service Area – The specified area that an insurance plan has agreed to cover.

SHIBA (Senior Health Insurance Benefits Assistance) – A program that uses a statewide network of trained volunteers who educate, assist, and advocate for Medicare beneficiaries about their rights and options regarding health insurance so they can make informed choices.

SHIP (State Health Insurance Assistance Program) – A nationwide state-based program that offers local one-on-one counseling and assistance to people with Medicare and their families. Through CMS-funded grants directed to states, SHIPs provide free counseling and assistance via telephone and face-to-face interactive sessions, public education presentations and programs, and media activities. SHIBA is Oregon's SHIP.

Glossary, continued

Skilled Care – Acute care for an illness or injury that requires the training and skills of a licensed professional nurse, is prescribed by a physician, and is medically necessary for the condition or illness of the patient.

SNF (Skilled Nursing Facility) – A facility at which medically necessary (prescribed) care is provided by licensed health-care professionals.

SNP (Special Needs Plan) – Private insurance plans that provide Medicare benefits, including drug coverage. People eligible for Medicare and Medicaid, those living in certain LTC facilities, and those with severe chronic or disabling conditions may qualify to join.

Specialist – The physician who provides expertise and care in a particular area (e.g., surgeon, oncologist, dermatologist, and allergist.)

SSI (Supplemental Security Income) – Monthly amount paid by Social Security to people with limited income and resources who are disabled, blind, or age 65 or older.

SSA (Social Security Administration) – A government agency responsible for the Social Security system.

SSDI (Social Security Disability Insurance) – Determined by Social Security, a monthly benefit for eligible people who are unable to work for a year or more due to a disability.

Stand-Alone Drug Plan – See *PDP*.

Supplement Insurance – Private health insurance designed to fill some of the gaps in Medicare. *Also known as Medigap.*

Tier – Different levels of co-payment amounts depending on the type of drug. The lowest co-payment is for generics, followed by formulary brands, and a non-formulary co-payment is in the highest tier.

Total Drug Costs – The total amount paid for prescription medicines. It includes what the beneficiary pays and also what the drug plan pays.

TROOP (Total Out-of-Pocket) Costs – Total amount a beneficiary pays out of pocket in a Part D plan.

TRICARE – A health insurance program offered by the Department of Defense to military personnel.

TTY: (Teletypewriter) – Telecommunications relay service that provides voice telephone access to people who use TTYs. Specially trained relay agents complete calls and stay online to relay messages either by TTY or verbally to hearing parties. This service is available 24 hours a day with no restrictions to the length or number of calls placed. *Also known as TDD.*

Underwriting – The process by which an insurer determines whether or not, and on what basis, it will accept an application for insurance.

UCR (Usual, Customary, and Reasonable) – A method of paying providers by looking at what other providers are paid for that service.

Waiting Period – The amount of time that must pass before benefits will be paid or before pre-existing conditions or specific illnesses are covered by a health insurance policy.

“My dad once told me, ‘Never volunteer.’ I think he told me that when I joined the Navy. But, even then, I didn’t listen. When I first got the invitation to help people with Medicare, I thought, ‘Well, I’m pretty sure I can do this, and it will probably only be a few hours a week.’ What I didn’t know then was what a gaping hole there was for people to fall, or be pushed into. I just couldn’t pass up an opportunity like that. So, a few hours became a few days, followed by a few months and so on. Someone asked me once why I would work so hard for no pay. I get paid, just not in money. It’s with a smile, a hug, and a tear of happiness. Sometimes, even a bag of chocolate cookies. Now tell me, if you can, how can you pass that up?”

Mike Majowicz, Washington County Volunteer

2010 Senior Volunteer of the Year, Oregon Governor’s Award



***“Exercise your brain...
Volunteer with SHIBA”***

Insurance publications

You can request a free copy of these and other publications or view them on one of the Websites listed.

CMS top 10 publications

1. *Medicare Hospice Benefits*
2. *Choosing a Medigap Policy: A Guide for People With Medicare*
3. *Medicare Coverage of Kidney Dialysis and Transplant Services*
4. *Medicare Basics: A Guide for Families and Friends of People With Medicare*
5. *Guide to Medicare's Preventive Services*
6. *Medicare and Home Health Care*
7. *Alternate Version of Choosing a Medigap Policy: A Guide for People With Medicare*
8. *If You Need Help Paying Medicare Costs, There Are Programs That Can Help Save You Money*
9. *Medicare at a Glance*
10. *A Healthier U.S. Starts Here*

To order Medicare publications:

- Call Medicare (CMS)
Toll-free: 800-633-4227
- **Website:** www.medicare.gov

Oregon Insurance Division publications

- *Consumer Alert: Senior Specialists*

- *Consumer Guide to Long-Term Care Insurance in Oregon*
- *Consumer Guide to Health Insurance*
- *Consumer Guide to Oregon Insurance Complaints*
- *Consumer Guide to Auto Insurance*
- *Consumer Guide to Homeowner and Tenant Insurance*
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E-mail: dcbs.inmail@state.or.us
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Oregon Insurance Division
P.O. Box 14480, Salem, OR 97309-0405
- **Website:** www.oregoninsurance.org



LOCAL HELP FOR PEOPLE WITH MEDICARE



About SHIBA

The Senior Health Insurance Benefits Assistance (SHIBA) program is part of the Oregon Department of Consumer and Business Services (DCBS). SHIBA is a statewide network of trained volunteers who provide one-on-one assistance to people with Medicare. The goal of these volunteers is to help people make better decisions about health insurance by providing confidential and objective health-insurance counseling.

Contact the Senior Health Insurance Benefits Assistance (SHIBA) program:

- To order free brochures
 - *Are You Ready for Medicare?*
 - *Free Help with Medicare Information and Prescription Drug Plans*
- To get free help filing claims, comparing Medicare Advantage plans, Medigap policies, and Prescription Drug Plans, or understanding long-term care insurance
- To become a SHIBA volunteer

Contact information:

- Toll-free in Oregon: 800-722-4134
E-mail: shiba.oregon@state.or.us
- **Website:** www.oregonshiba.org

About the Oregon Insurance Division

The Oregon Insurance Division provides the following services:

- Answers consumer questions about insurance
- Resolves consumer complaints about insurance companies or producers
- Investigates and penalizes companies and producers for violations of insurance law
- Monitors marketplace conduct of insurers
- Educates the public about insurance costs

Contact information:

- Toll-free in Oregon 888-877-4894 or 503-947-7984
E-mail: dcbs.inmail@state.or.us
- **Website:** www.oregoninsurance.org

Extra website resources

- Network of Care, Oregon:** oregon.networkofcare.org
- Medicare Rights Center:** medicarerights.org
- Benefits Checkup:** benefitscheckup.org



Oregon SHIBA

350 Winter St. NE, Rm. 330

P.O. Box 14480

Salem, Oregon 97309-0405

Website: www.oregonshiba.org