


# 2025 Benefit Highlights

CareOregon Advantage (HMO-POS D-SNP) is for people who are dual eligible for both Medicare and Medicaid. You'll get Medicare benefits and other special benefits just for CareOregon Advantage Plus members, and you can see providers either in our network or out of network (under certain conditions).

Benefits	You pay
<b>Monthly premium</b> <sup>1</sup>	\$0
<b>Annual deductible</b>	\$0
<b>Doctor visits (in office or in your home)</b> <sup>2</sup>	
Annual wellness visit and/or routine physical	\$0
Primary care or specialist (in-network or out-of-network)	\$0
<b>Prescription drugs</b> - (up to a 100-day supply) All Part D drugs and vaccines. Prior authorization may be required for certain drugs.	\$0
<b>Supplemental drugs</b> - Drugs not normally covered by Medicare included in the formulary (drug list)	\$1.60
<b>Diabetic supplies</b>	\$0
<b>Lab tests and X-rays</b>	\$0
<b>Outpatient surgery and services</b>	\$0
<b>Inpatient hospitalization</b>	\$0
<b>Urgent care</b> (nationwide coverage) and <b>virtual visits</b> for non-emergency care	\$0
<b>Emergency room</b> (nationwide coverage)	\$0
<b>Ambulance</b> (nationwide coverage)	\$0

Additional benefits for our members	You pay
<b>Papa Pals services</b> (up to 60 hours a year)	\$0
<b>Personal emergency response system (PERS)</b> 24 hours a day, 7 days a week emergency response and monitoring	\$0
<b>Teladoc Health urgent care;</b> talk to doctors by phone or video 24 hours a day, 7 days a week	\$0
<b>Routine eye exam</b> (every 12 months)	\$0
<b>Eyeglasses or contact lenses</b> (every 12 months); all basic, progressive and high-index lens categories covered.	\$0
<b>Silver&amp;Fit® gym membership</b> and home fitness kits	\$0

Added extras	You get
<b>CareOregon Advantage CareCard</b> 	<ul style="list-style-type: none"> <li>• <b>\$1,378</b> per year (\$344.50 per quarter) for healthy foods, health items and utilities</li> <li>• <b>\$\$</b> Reward funds for qualifying healthy activities</li> </ul>
<b>Eyeglasses or contact lens allowance</b> (every 12 months); all basic, progressive and high-index lens categories covered.	<ul style="list-style-type: none"> <li>• <b>\$175</b> to spend on frames OR</li> <li>• \$100 to spend on contact lenses (instead of eyeglasses)</li> </ul>

## Benefits for people with Medicare and Medicaid

(Oregon Health Plan)

The benefits listed below are covered by your Medicaid coverage, not CareOregon Advantage Plus. If you have questions about your Medicaid coverage and benefits, please call your Medicaid plan. You can also call your local Aging and People with Disabilities office. Your Medicaid plan member handbook will also have information about your Medicaid benefits, cost sharing and more.

Benefits	You pay
<b>Meal delivery after inpatient stays</b> (3 meals per day for 4 weeks)	\$0
<b>Additional dental care</b>	
Exams and X-rays (includes oral cancer screening)	\$0
Cleanings, fluoride, fillings and extractions	\$0
Full dentures every 10 years and partials every 5 years if recommended by your dentist, no matter how long you've been without teeth (Authorization required)	\$0
Denture adjustments, replacing missing or broken false teeth	\$0
Deep cleaning for gum disease	\$0
Emergency dental services	\$0
<b>Hearing benefits</b>	
Exam (every 12 months)	\$0
Hearing aids (authorization required, up to 2 aids every 5 years)	\$0
Hearing aid batteries (60 per calendar year)	\$0
<b>Incontinence supplies</b> (adult diapers, disposable briefs/pads, bed pads, gloves)	\$0
<b>Acupuncture and chiropractic care</b> (authorization required)	\$0
<b>Transportation</b> (unlimited rides to health care appointments)	\$0
<b>Interpreter services for office visits</b>	\$0

**To learn more about CareOregon Advantage, call us toll-free at 888-712-3258, TTY 711.**

Our hours are 8 a.m. to 8 p.m. seven days a week, October 1 to March 31, and 8 a.m. to 8 p.m. Monday through Friday, April 1 to September 30. Visit our website at [careoregonadvantage.org/plans](https://careoregonadvantage.org/plans)

<sup>1</sup> The \$17.50 premium is covered through Low-Income Subsidy. Copayments for members of CareOregon Advantage Plus (HMO-POS D-SNP) and its Oregon Medicaid subsidiaries are covered through the Oregon Health Plan (Medicaid).

<sup>2</sup> The Point-of-Service benefit can be used only with PCP and Specialist office visits. A \$1,000 annual maximum benefit applies to out-of-network provider visits. Out-of-network/non-contracted providers are under no obligation to treat CareOregon Advantage Plus HMO-POS D-SNP members, except in emergency situations. Please call our customer service number or see your Evidence of Coverage for more information, including the cost-sharing that applies to out-of-network services.

---

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

H5859\_CO2025\_BHI\_M

You can get this in other languages, large print, braille or a format you prefer. You can also ask for an interpreter. This help is free. Call 503-416-4279 or TTY 711. We accept relay calls.