

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

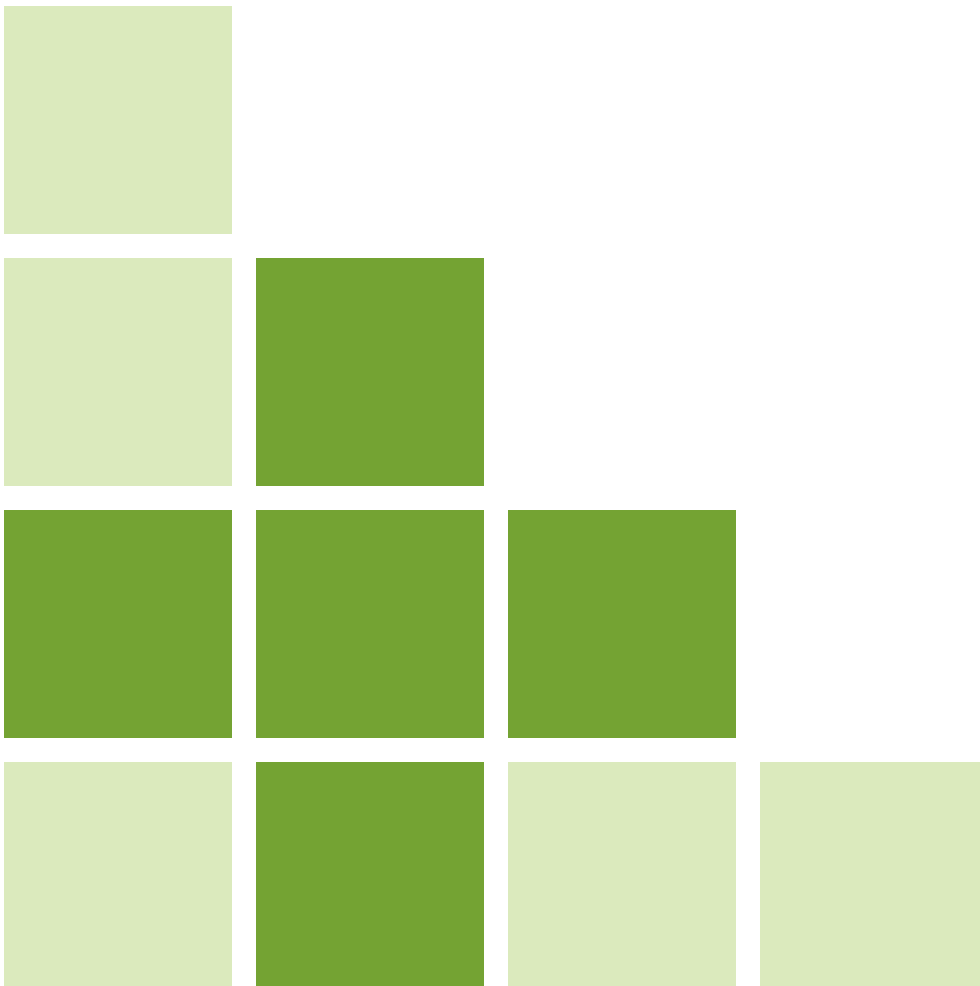
2026

# Annual Notice of Change

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

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

H5859\_CO2026ANOC\_M



## English

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

## Spanish

Puede obtener este documento en otros idiomas, en letra grande, en braille o en el formato que prefiera. También tiene derecho a solicitar un intérprete. Puede obtener ayuda de un intérprete de atención médica certificado o calificado. Esta ayuda es gratuita. Llame al 888-712-3258, TTY 711 o infórmese a su proveedor. Aceptamos llamadas de retransmisión.

## Vietnamese

Quý vị có thể tải xuống tài liệu này bằng ngôn ngữ khác, chữ in lớn, chữ nổi hoặc với định dạng mong muốn. Quý vị cũng có quyền yêu cầu một thông dịch viên. Quý vị có thể nhận được sự trợ giúp từ một thông dịch viên chăm sóc sức khỏe có trình độ hoặc có chứng nhận. Dịch vụ này là miễn phí. Gọi tới số 888-712-3258, TTY 711 hoặc thông báo với nhà cung cấp của quý vị. Chúng tôi chấp nhận các cuộc gọi chuyển tiếp.

## Arabic

يمكنك الحصول على هذه الوثيقة بلغات أخرى أو بخط كبير أو بطريقة برايل أو بأي تنسيق تفضله. لديك أيضًا الحق في الحصول على مترجم. يمكنك الحصول على مساعدة مترجم فوري معتمد أو مؤهل في مجال خدمات الرعاية الصحية. يمكنك الحصول على هذه المساعدات مجانًا. اتصل بالرقم 888-712-3258 أو عبر خدمة الهاتف النصي على 711، أو أخبر مقدم الخدمة الخاص بك. نقبل المكالمات الواردة عبر خدمة الترحيل.

## Dari - Afghan Persian

شما میتوانید این سند را به زبان های دیگر، چاپ بزرگ، خط بریل یا فارمتی که شما ترجیح می‌دهید بدست بیاورید. شما همچنان حق دارید که یک ترجمان شفاهی داشته باشید. شما میتوانید از یک ترجمان شفاهی تصدیق شده مراقبت صحتی یا واجد شرایط کمک بگیرید. این کمک رایگان است. با شماره 888-712-3258، TTY 711 تماس بگیرید، یا به ارائه کننده خود بگوئید. ما تماس های انتقالی (Relay Calls) را می پذیریم.

## Russian

Этот документ можно получить на других языках, крупным, шрифтом Брайля или в другом предпочитаемом формате. Кроме того, вы имеете право запросить услуги устного переводчика шрифтом. Вы можете получить помощь дипломированного или квалифицированного устного переводчика, специализирующегося в области медицины. Эти услуги предоставляются бесплатно. Позвоните по номеру 888-712-3258 (TTY: 711) или обратитесь к своему врачу. Мы принимаем ретранслируемые звонки.

## Somali

Waxaad dukumiintigan ku heli kartaa luuqadaha kale, farta waawayn, farta indhoolaha ama nooca aad rabto. Waxaad sidoo kale haq u leedahay inaad hesho turjubaan. Waxaad caawimaad ka heli kartaa turjubaan daryeelka caafimaadka qaabilsan oo xirfad u leh ama shahaado u haysta. Caawimadani waa bilaash. Wac 888-712-3258, TTY 711, ama u sheeg adeeg bixiyahaaga. Waanu aqbalaynaa wicitaanada dadka maqalka culus.

## **Traditional Chinese (Cantonese)**

您可以獲得以其他語言、大字體、盲文或您喜歡的格式提供的該文件。您還有權獲得由口譯員提供的翻譯協助。您可以從經認證或合格的醫療保健口譯員那裡獲得幫助。這項幫助是免費的。請致電 888-712-3258，聽障或語言障礙人士請撥打 TTY 711 進行諮詢，或告知您的服務提供方。我們接受中繼呼叫。

## **Simplified Chinese (Mandarin)**

您可以獲得以其他語言、大字体、盲文或您喜欢的格式提供的该文件。您还有权获得由口译员提供的翻译协助。您可以从经认证或合格的医疗保健口译员那里获得帮助。这项帮助是免费的。请致电 888-712-3258，听障或语言障碍人士请拨打 TTY 711 进行咨询，或告知您的服务提供方。我们接受中继呼叫。

## **Korean**

본 문서는 다른 언어, 큰 활자, 점자 또는 귀하가 선호하는 형식으로 제공될 수 있습니다. 또한 통역사를 요청할 권리가 있습니다.

자격증을 소지하였거나 자격을 갖춘 의료 전문 통역사의 도움을 받을 수 있습니다. 이 지원은 무료로 제공됩니다. 전화

888-712-3258(TTY 711)번 또는 담당 제공자에게 문의하십시오.

중계 전화도 받고 있습니다.

## Chuukese

Ka tongeni nounou ei taropwe non pwan foosun ekkoch fonu, epwe mesemong makkan, epwe ussun noun mei chuun ika non ew sokkun nikinik ke mochen kopwe nounou. Mei pwan wor omw pwuung omw kopwe nounou chon chiaku ngonuk. Mei pwan tongeni an epwe kawor ngonuk aninis ren peekin chiaku seni ekkewe ir ra kan tufichin chiaku ika ir mei tongeni chiaku ren peekin aninsin health care. Ei sokkun aninis ese pwan kamo. Kokori nampa 888-712-3258, TTY 711, ika pworous ngeni noumw we tokter ren. Kich mei pwan etiwa kokkon an emon epwe wisen atoura.

## Ukrainian

Цей документ можна отримати в перекладі іншою мовою, надрукованим великим шрифтом, шрифтом Брайля або в іншому зручному для вас форматі. Крім того, ви маєте право на послуги усного перекладача. Ви можете скористатися послугами дипломованого або кваліфікованого усного перекладача, який спеціалізується в галузі охорони здоров'я. Такі послуги надають безкоштовно. Зателефонуйте за номером 888-712-3258 або ТТУ 711 або зверніться до свого лікаря. Ми приймаємо виклики в режимі ретрансляції.

## Farsi

شما می‌توانید این سند را به زبان‌های دیگر، نسخه چاپی درشت، خط بریل، یا در قالب دلخواه خود دریافت کنید. همچنین، شما حق دارید از یک مترجم کمک بگیرید. می‌توانید از یک مترجم شفاهی مراقبت‌های بهداشتی دارای گواهی‌نامه یا واجد صلاحیت کمک بگیرید. این کمک رایگان است. با شماره 800-224-4840 تماس بگیرید، از طریق دستگاه تله‌تایپ (TTY) با شماره 711 تماس حاصل کنید، یا موضوع را به ارائه‌دهنده خدمات درمانی خود اطلاع دهید. ما از تماس‌های رله پشتیبانی می‌کنیم.

### Amharic

ይህንን ሰነድ በሌሎች ቋንቋዎች፣ በትላልቅ ህትመቶች፣ በብሬይል ወይም በሚመርጡት ቅርጸት ማግኘት ይችላሉ። በተጨማሪም አስተርጓሚ የማግኘት መብት አለዎት። እውቅና ካለው ወይም ብቃት ካለው የጤና እንክብካቤ አስተርጓሚ እርዳታ ማግኘት ይችላሉ። ይህ እርዳታ ነጻ ነው። ወደ 888-712-3258፣ TTY 711 ይደውሉ ወይም ለአቅራቢዎ ይገናኙ። የሪሌይ ስልክ ጥሪዎችን እንቀበላለን።

### Romanian

Puteți obține acest document în alte limbi, tipărit cu font mare, în braille sau în formatul preferat. De asemenea, aveți dreptul la un interpret. Puteți obține asistență de la un interpret aprobat sau calificat în domeniul medical. Asistența este gratuită. Sunați la 888-712-3258, TTY 711 sau contactați furnizorul. Acceptăm apeluri prin centrală.

### Khmer/Cambodian

អ្នកអាចទទួលបានឯកសារនេះជាភាសាផ្សេងទៀត អក្សរធំៗ អក្សរស្នាប ឬទម្រង់ដែលអ្នកចង់បាន។ អ្នកក៏មានសិទ្ធិទទួលបានអ្នកបកប្រែផ្ទាល់មាត់ផងដែរ។ អ្នកអាចទទួលបានជំនួយពីអ្នកបកប្រែផ្ទាល់មាត់ផ្នែកថែទាំសុខភាព ដែលមានលក្ខណសម្បត្តិគ្រប់គ្រាន់ ឬមានវិញ្ញាបនបត្របញ្ជាក់។ ជំនួយនេះផ្តល់ជូនឥតគិតថ្លៃ។ សូមហៅទូរសព្ទទៅលេខ 888-712-3258, TTY 711 ឬប្រាប់ស្ថាប័នផ្តល់សេវារបស់អ្នក។ យើងទទួលយកការហៅទូរសព្ទបញ្ជូនបន្ត។

### **Burmese**

ဤစာရွက်စာတမ်းကို အခြားဘာသာစကားများ၊ စာလုံးကြီးဖြင့် ပုံနှိပ်ထားခြင်း၊ မျက်မမြင်စာ သို့မဟုတ် သင်နှစ်သက်သော ဖောမက်တစ်ခုဖြင့် ရရှိနိုင်ပါသည်။ သင့်တွင် စကားပြန်တစ်ဦးရပိုင်ခွင့်လည်း ရှိပါသည်။ အသိအမှတ်ပြုထားသော သို့မဟုတ် အရည်အချင်းပြည့်မီသော ကျန်းမာရေး စောင့်ရှောက်မှုဆိုင်ရာ စကားပြန်တစ်ဦး၏ အကူအညီကို သင်ရရှိနိုင်ပါသည်။ ဤအကူအညီသည် အခမဲ့ ဖြစ်ပါသည်။ 888-712-3258, TTY 711 သို့ ခေါ်ဆိုပါ သို့မဟုတ် သင့်အား စောင့်ရှောက်မှုပေးသူကို ပြောပါ။ ကြားလူအကူအညီဖြင့် ဖုန်းခေါ်ဆိုမှုများကို ကျွန်ုပ်တို့ လက်ခံပါသည်။

### **Swahili**

Unaweza kupata hati hii katika lugha nyingine, machapisho makubwa, maandiko ya nukta nundu au katika muundo unaoupenda. Una haki ya kupata mkalimani. Unaweza kupata msaada kutoka kwa mkalimani wa huduma za afya aliyeidhinishwa au anayestahiki. Msaada huu haulipishwi. Piga simu kwa 888-712-3258, TTY 711, au mweleze mtoa huduma wako. Tunapokea simu za kupitia mfasiri wa mawasiliano.

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

**Annual Notice of Change for 2026**

You're enrolled as a member of *CareOregon Advantage Plus*.

This material describes changes to our plan's costs and benefits next year.

- **You have from October 15 – December 7 to make changes to your Medicare coverage for next year.** If you don't join another plan by December 7, 2025, you'll stay in *CareOregon Advantage Plus*.
- To change to a **different plan**, visit [www.Medicare.gov](http://www.Medicare.gov) or review the list in the back of your *Medicare & You 2026* handbook.
- Note this is only a summary of changes. More information about costs, benefits, and rules is in the *Evidence of Coverage*. Get a copy at [careoregonadvantage.org/materials](http://careoregonadvantage.org/materials) or call Customer Service at 503-416-4279 or toll-free 888-712-3258, TTY 711 to get a copy by mail.

**More Resources**

- This material is available for free in *Russian, Simplified Chinese, Traditional Chinese, Spanish, and Vietnamese*.
- Call Customer Service at 503-416-4279, or toll-free, 888-712-3258, TTY 711 for more information. Hours are

October 1 to March 31, seven days a week from 8 a.m. to 8 p.m., and from April 1 to September 30, Monday through Friday from 8 a.m. to 8 p.m. This call is free.

- *This information is available in a different format, including braille, large print and audio. Please call Customer Service at 503-416-4279 or toll-free at 888-712-3258. TTY users should call 711.*

### **About CareOregon Advantage Plus**

- *CareOregon Advantage Plus is an HMO D-SNP with a Medicare/Medicaid contract. Enrollment in CareOregon Advantage Plus depends on contract renewal. Our plan also has a written agreement with the Oregon Health Plan (Medicaid) program to coordinate your Medicaid benefits.*
- *When this material says “we,” “us,” or “our,” it means Health Plan of CareOregon, Inc. When it says “plan” or “our plan,” it means CareOregon Advantage Plus.*
- **If you do nothing by December 7, 2025, you’ll automatically be enrolled in CareOregon Advantage Plus.** Starting January 1, 2026, you’ll get your medical and drug coverage through *CareOregon Advantage Plus*. Go to Section 3 for more information about how to change plans and deadlines for making a change.

## Table of Contents

Summary of Important Costs for 2026 .....	4
SECTION 1 Changes to Benefits & Costs for Next Year.....	9
Section 1.1 Changes to the Monthly Plan Premium .....	9
Section 1.2 Changes to Your Maximum Out-of-Pocket Amount....	9
Section 1.3 Changes to the Provider Network .....	11
Section 1.4 Changes to the Pharmacy Network.....	11
Section 1.5 Changes to Benefits & Costs for Medical Services .....	9
Section 1.6 Changes to Part D Drug Coverage .....	17
Section 1.7 Changes to Prescription Drug Benefits & Costs .....	18
SECTION 2 How to Change Plans.....	25
Section 2.1 Deadlines for Changing Plans.....	26
Section 2.2 .Are there other times of the year to make a change?	26
SECTION 3 Get Help Paying for Prescription Drugs .....	28
SECTION 4 Questions?.....	30
Get Help from CareOregon Advantage Plus.....	30
Get Free Counseling about Medicare.....	31
Get Help from Medicare .....	31
Get Help from Medicaid.....	32

## Summary of Important Costs for 2026

The table below compares the 2025 and 2026 costs for CareOregon Advantage Plus in several important areas.

**Please note this is only a summary of costs.** If you are eligible for Medicare cost-sharing assistance under Medicaid, you pay \$0 for your medical and Part D deductibles, doctor office visits, and inpatient hospital stays.

If you lose eligibility for Oregon Health Plan (Medicaid) during the year, you will no longer receive Medicaid benefits and will need to pay the Medicare premium or cost-sharing that is normally covered by Medicaid.

	2025 (this year)	2026 (next year)
<b>Monthly plan premium*</b> * Your premium can be higher than this amount. Go to Section 1.1 for details.	\$0	\$0
<b>Deductible</b>	\$0	\$0

	2025 (this year)	2026 (next year)
<p><b>Maximum out-of-pocket amount</b></p> <p>This is the <u>most</u> you'll pay out of pocket for covered services. (Go to Section 1.2 for details.)</p>	<p>\$9,350</p> <p>You are not responsible for paying any out-of-pocket costs toward the maximum out-of-pocket amount for covered Part A and Part B services.</p>	<p>\$9,250</p> <p><b>You are not responsible for paying any out-of-pocket costs toward the maximum out-of-pocket amount for covered Part A and Part B services.</b></p>
<p><b>Primary care office visits</b></p>	<p>\$0 per visit</p>	<p><b>\$0 per visit</b></p>
<p><b>Specialist office visits</b></p>	<p>\$0 per visit</p>	<p><b>\$0 per visit</b></p>

	2025 (this year)	2026 (next year)
<p><b>Inpatient hospital stays</b></p> <p>Includes inpatient acute, inpatient rehabilitation, long-term care hospitals, and other types of inpatient hospital services. Inpatient hospital care starts the day you're formally admitted to the hospital with a doctor's order. The day before you're discharged is your last inpatient day.</p>	\$0	\$0
<p><b>Part D drug coverage deductible</b> (Go to Section 1.6 for details.)</p>	<p>\$590 except for covered insulin products and most adult Part D vaccines</p>	<p><b>\$615</b> except for covered insulin products and most adult Part D vaccines</p>

	<p style="text-align: center;"><b>2025 (this year)</b></p>	<p style="text-align: center;"><b>2026 (next year)</b></p>
<p><b>Part D drug coverage</b> (Go to Section 1.7 for details, including Yearly Deductible, Initial Coverage, and Catastrophic Coverage Stages.)</p>	<p>Copayment during the Initial Coverage Stage:</p> <p>For Drug Tiers 1-4: For generic drugs or brand-named drugs treated as generic, you pay: \$0/\$1.60/\$4.90 per prescription</p> <p>For all other drugs, you pay: \$0/\$4.80/\$12.15 per prescription</p> <p>Drug Tier 5 For supplemental drugs or select drugs not normally covered by Medicare, you pay: \$1.55 per prescription</p>	<p>Copayment during the Initial Coverage Stage:</p> <p><b>For Drug Tiers 1-5:</b> For generic drugs or brand-named drugs treated as generic, you pay: <b>\$0/\$1.60/\$5.10</b> per prescription</p> <p>For all other drugs, you pay: <b>\$0/\$4.90/\$12.65</b> per prescription</p> <p><b>Coinsurance</b> during the Initial Coverage Stage: For Part D excluded drugs, you pay: <b>25% coinsurance</b> per prescription</p>

	<p style="text-align: center;"><b>2025 (this year)</b></p>	<p style="text-align: center;"><b>2026 (next year)</b></p>
	<p style="text-align: center;">Catastrophic Coverage Stage:</p> <p style="text-align: center;">During this payment stage, you pay nothing for your covered Part D drugs.</p> <p style="text-align: center;">You can have cost sharing for drugs that are covered under our enhanced benefit.</p>	<p style="text-align: center;">Catastrophic Coverage Stage:</p> <p style="text-align: center;">During this payment stage, you pay nothing for your covered Part D drugs.</p> <p style="text-align: center;">You can have cost sharing for drugs that are covered under our enhanced benefit.</p>

## SECTION 1 Changes to Benefits & Costs for Next Year

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### Section 1.1 Changes to the Monthly Plan Premium

	2025 (this year)	2026 (next year)
<b>Monthly plan premium</b> (You must also continue to pay your Medicare Part B premium unless it's paid for you by Medicaid.)	\$0	\$0

### Section 1.2 Changes to Your Maximum Out-of-Pocket Amount

Medicare requires all health plans to limit how much you pay out of pocket for the year. This limit is called the maximum out-of-pocket amount. Once you've paid this amount, you generally pay nothing for covered Part A and Part B services for the rest of the calendar year.

	2025 (this year)	2026 (next year)
<p><b>Maximum out-of-pocket amount</b></p> <p>Because our members also get help from Medicaid, very few members ever reach this out-of-pocket maximum.</p> <p>You are not responsible for paying any out-of-pocket costs toward the maximum out-of-pocket amount for covered Part A and Part B services.</p> <p>Your costs for covered medical services (such as copayments and deductibles) <b>count</b> toward your maximum out-of-pocket amount. Your plan premium and your costs for prescription drugs <b>don't count</b> toward your maximum out-of-pocket amount.</p>	\$9,350	<p><b>\$9,250</b></p> <p><b>Once you've paid \$9,250 out of pocket for covered Part A and Part B services, you'll pay nothing for your covered Part A and Part B services for the rest of the calendar year.</b></p>

### **Section 1.3 Changes to the Provider Network**

Our network of providers has changed for next year. Review the *2026 Provider Directory* ([careoregonadvantage.org/providersearch](https://careoregonadvantage.org/providersearch)) to see if your providers (primary care provider, specialists, hospitals, etc.) are in our network. Here's how to get an updated *Provider Directory*:

- Visit our website at [careoregonadvantage.org/providersearch](https://careoregonadvantage.org/providersearch)
- Call Customer Service at 503-416-4279 or 888-712-3258 (TTY users call 711) to get current provider information or to ask us to mail you a *Provider Directory*

We can make changes to the hospitals, doctors, and specialists (providers) that are part of our plan during the year. If a mid-year change in our providers affects you, call Customer Service at 503-416-4279 or 888-712-3258 (TTY users call 711) for help. For more information on your rights when a network provider leaves our plan, go to Chapter 3, Section 2.3 of your *Evidence of Coverage*.

### **Section 1.4 Changes to the Pharmacy Network**

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

Our network of pharmacies has changed for next year. Review the *2026 Pharmacy Directory* at

[careoregonadvantage.org/pharmacy](https://careoregonadvantage.org/pharmacy) to see which pharmacies are in our network. Here's how to get an updated *Pharmacy Directory*:

- Visit our website at [careoregonadvantage.org/pharmacy](https://careoregonadvantage.org/pharmacy)
- Call Customer Service at 503-416-4279 or 888-712-3258 (TTY users call 711) to get current pharmacy information or to ask us to mail you a *Pharmacy Directory*

We can make changes to the pharmacies that are part of our plan during the year. If a mid-year change in our pharmacies affects you, call Customer Service at 503-416-4279 or 888-712-3258 (TTY users call 711) for help.

## Section 1.5 Changes to Benefits & Costs for Medical Services

The Annual Notice of Change tells you about changes to your Medicare and Medicaid benefits and costs.

	<b>2025 (this year)</b>	<b>2026 (next year)</b>
<b>CareOregon Advantage CareCard</b>	You receive \$1,378 per benefit year (\$344.50 every three months) on your CareOregon Advantage CareCard to purchase health related over-the-counter (OTC) items, healthy foods, and/or utilities.	<b>You receive \$15.50 per month (\$186 per year) for over-the-counter items. Healthy foods and utilities can no longer be purchased through the CareCard.</b>

**Health and Wellness  
Education Programs**

You receive access to Silver & Fit Healthy Aging and Exercise Program with following options at no cost to you:

- Fitness Center Membership
- Choice of one home fitness kit per year

**The Silver & Fit Healthy Aging and Exercising Program is not a covered benefit.**

<b>Meal Delivery Program</b>	<p>Meal Delivery Program is covered under the Medicaid benefit for members whose Medicaid benefits are managed by CareOregon.</p> <p>Meal delivery after any inpatient stay is covered, up to 28 days of meals (maximum 84 meals, or three meals per day).</p>	<p><b>Meal Delivery Program is covered under the Medicaid benefit for members whose Medicaid benefits are managed by CareOregon.</b></p> <p><b>Meal delivery after <u>one</u> inpatient stay is covered, up to 14 days of meals (maximum 24 meals, or two meals per day).</b></p>
<b>Point of Service</b>	<p>You have an option to get care from out-of-network providers for select services up to a maximum of \$1,000 per year.</p>	<p><b>This is not a covered benefit.</b></p>

**Special Supplemental Benefits for the Chronically Ill (SSBCI)**

This is not a covered benefit.

**Qualifying members receive \$50 per month for healthy foods.**

**The benefits mentioned are part of a special supplemental program for the chronically ill. Members must be diagnosed with diabetes mellitus or chronic heart failure and meet certain criteria. Not all members qualify.**

**Virtual Visits**

You may receive virtual urgent care visits with Teladoc for \$0 per visit.

**This is not a covered benefit.**

## Section 1.6 Changes to Part D Drug Coverage

### Changes to Our Drug List

Our list of covered drugs is called a formulary or Drug List. A copy of our Drug List is available electronically. **You can get the *complete Drug List*** by calling Customer Service at 503-416-4279 or 888-712-3258 (TTY users call 711) or visiting our website at [careoregonadvantage.org/druglist](https://careoregonadvantage.org/druglist)

We made changes to our Drug List, which could include removing or adding drugs, changing the restrictions that apply to our coverage for certain drugs, or moving them to a different cost-sharing tier. **Review the Drug List to make sure your drugs will be covered next year and to see if there will be any restrictions, or if your drug has been moved to a different cost-sharing tier.**

Most of the changes in the Drug List are new for the beginning of each year. However, we might make other changes that are allowed by Medicare rules that will affect you during the calendar year. We update our online Drug List at least monthly to provide the most up-to-date list of drugs. If we make a change that will affect your access to a drug you're taking, we'll send you a notice about the change.

If you're affected by a change in drug coverage at the beginning of the year or during the year, review Chapter 9 of your *Evidence of Coverage* and talk to your prescriber to find out your options, such as asking for a temporary supply, applying for an exception, and/or working to find a new drug. Call Customer Service at 503-416-4279 or 888-712-3258 (TTY users call 711) for more information.

## Section 1.7 Changes to Prescription Drug Benefits & Costs

### Do you get Extra Help to pay for your drug coverage costs?

If you're in a program that helps pay for your drugs (Extra Help), **the information about costs for Part D drugs may not apply to you.** We have included a separate material, called the *Evidence of Coverage Rider for People Who Get Extra Help Paying for Prescription Drugs*, which tells about your drug costs. If you get Extra Help and didn't get this material with this packet, call Customer Service at 503-416-4279 or 888-712-3258 (TTY users call 711) and ask for the *LIS Rider*.

### Drug Payment Stages

There are three **drug payment stages**: the Yearly Deductible Stage, the Initial Coverage Stage, and the Catastrophic Coverage Stage. The Coverage Gap Stage and the Coverage Gap Discount Program no longer exist in the Part D benefit.

- ***Stage 1: Yearly Deductible***

You start in this payment stage each calendar year. During this stage, you pay the full cost of your Tier 1-5 drugs until you reach the yearly deductible.

- ***Stage 2: Initial Coverage***

Once you pay the yearly deductible, you move to the Initial Coverage Stage. In this stage, our plan pays its share of the cost of your drugs, and you pay your share of the cost. You generally stay in this stage until your year-to-date out-of-pocket costs reach \$2,100.

- ***Stage 3: Catastrophic Coverage***

This is the third and final drug payment stage. In this stage, you pay nothing for your covered Part D drugs. You generally stay in this stage for the rest of the calendar year.

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

The table shows your cost per prescription during this stage.

	<b>2025 (this year)</b>	<b>2026 (next year)</b>
<b>Yearly Deductible</b>	\$590	<b>\$615</b> <b>During this stage, you pay:</b> <b>\$0 cost sharing for drugs on Tier 6, and Full cost of drugs on Tiers 1-5, until you've reached the yearly deductible.</b>

## Drug Costs in Stage 2: Initial Coverage

The table shows your cost per prescription for a one-month supply filled at a network pharmacy with standard cost sharing.

Most adult Part D vaccines are covered at no cost to you. For more information about the costs of vaccines, or information about the costs for a long-term supply or for mail-order prescriptions, go to Chapter 6 of your *Evidence of Coverage*.

Once you've paid \$2,100 out of pocket for covered Part D drugs, you'll move to the next stage (the Catastrophic Coverage Stage).

	2025 (this year)	2026 (next year)
<b>Tier 1 – Preferred Generic:</b>	<p>For generic drugs or brand-named drugs treated as generic, you pay: \$0/\$1.60/\$4.90 per prescription</p> <p>For all other drugs, you pay: \$0/\$4.80/\$12.15 per prescription</p>	<p>For generic drugs or brand-named drugs treated as generic, you pay: <b>\$0/\$1.60/\$5.10</b> per prescription</p> <p>For all other drugs, you pay: <b>\$0/\$4.90/\$12.65</b> per prescription</p>

	<p style="text-align: center;"><b>2025 (this year)</b></p>	<p style="text-align: center;"><b>2026 (next year)</b></p>
<p><b>Tier 2 – Generic</b></p>	<p>For generic drugs or brand-named drugs treated as generic, you pay:                      \$0/\$1.60/\$4.90 per prescription</p> <p>For all other drugs, you pay:                      \$0/\$4.80/\$12.15 per prescription</p>	<p><b>For generic drugs or brand-named drugs treated as generic, you pay:                      \$0/\$1.60/\$5.10 per prescription</b></p> <p>For all other drugs, you pay:  <b>\$0/\$4.90/\$12.65 per prescription</b></p> <p><b>For Part D excluded drugs, you pay:                      25% of the total cost per prescription</b></p>

	2025 (this year)	2026 (next year)
<b>Tier 3 – Preferred Brand</b>	<p>For generic drugs or brand-named drugs treated as generic, you pay: \$0/\$1.60/\$4.90 per prescription</p> <p>For all other drugs, you pay: \$0/\$4.80/\$12.15 per prescription</p>	<p>For generic drugs or brand-named drugs treated as generic, you pay: <b>\$0/\$1.60/\$5.10</b> per prescription</p> <p>For all other drugs, you pay: <b>\$0/\$4.90/\$12.65</b> per prescription</p>
<b>Tier 4 – Non-Preferred Brand (Exceptions)</b>	<p>For generic drugs or brand-named drugs treated as generic, you pay: \$0/\$1.60/\$4.90 per prescription</p> <p>For all other drugs, you pay: \$0/\$4.80/\$12.15 per prescription</p>	<p>For generic drugs or brand-named drugs treated as generic, you pay: <b>\$0/\$1.60/\$5.10</b> per prescription</p> <p>For all other drugs, you pay: <b>\$0/\$4.90/\$12.65</b> per prescription</p>

	2025 (this year)	2026 (next year)
<b>Tier 5 – Specialty Tier</b>	<p>For generic drugs or brand-named drugs treated as generic, you pay: \$0/\$1.60/\$4.90 per prescription</p> <p>For all other drugs, you pay: \$0/\$4.80/\$12.15 per prescription</p>	<p>For generic drugs or brand-named drugs treated as generic, you pay: <b>\$0/\$1.60/\$5.10</b> per prescription</p> <p>For all other drugs, you pay: <b>\$0/\$4.90/\$12.65</b> per prescription</p>
<b>Tier 6 – Select Care Drugs</b>	This tier is not offered in 2025	<b>\$0</b>

We changed the tier for some of the drugs on our Drug List. To see if your drugs will be in a different tier, look them up on the Drug List.

### Changes to your VBID Part D Benefit

The VBID program has been discontinued by CMS for Calendar Year 2026.

	2025 (this year)	2026 (next year)
Part D Drug Cost Sharing	<p>For those with “Extra Help”</p> <p>For all Part D drugs on the formulary and approved non-formulary Part D drugs, you pay: \$0 copayments</p>	<p>For those with “Extra Help”</p> <p><b>For generic drugs or brand-named drugs treated as generic, you pay:</b> <b>\$0/\$1.60/\$5.10</b> per prescription</p> <p><b>For all other drugs, you pay:</b> <b>\$0/\$4.90/\$12.65</b> per prescription</p>

## Changes to the Catastrophic Coverage Stage

**If you reach the Catastrophic Coverage Stage, you pay nothing for your covered Part D drugs. You may have cost sharing for excluded drugs that are covered under our enhanced benefit.**

For specific information about your costs in the Catastrophic Coverage Stage, go to Chapter 6, Section 6, in your *Evidence of Coverage*.

## SECTION 2      How to Change Plans

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**To stay in CareOregon Advantage Plus, you don't need to do anything.** Unless you sign up for a different plan, change to Original Medicare by December 7 or lose your Medicaid benefits, you'll automatically be enrolled in CareOregon Advantage Plus.

If you want to change plans for 2026, follow these steps:

- **To change to a different Medicare health plan,** enroll in the new plan. You'll be automatically disenrolled from CareOregon Advantage Plus.
- **To change to Original Medicare with Medicare drug coverage,** enroll in the new Medicare drug plan. You'll be automatically disenrolled from CareOregon Advantage Plus.
- **To change to Original Medicare without a drug plan,** you can send us a written request to disenroll. Call Customer Service at 503-416-4279 or 888-712-3258 (TTY users call 711) for more information on how to do this. Or call **Medicare** at 800-MEDICARE (800-633-4227) and ask to be disenrolled. TTY users can call 877-486-2048. If you don't enroll in a Medicare drug plan, you may pay a Part D late enrollment penalty (go to Section 4).
- **To learn more about Original Medicare and the different types of Medicare plans,** visit [www.Medicare.gov](http://www.Medicare.gov), check the *Medicare & You 2026* handbook, call your State Health Insurance Assistance Program (go to Section 4), or call 800-MEDICARE (800-633-4227).

## Section 2.1 Deadlines for Changing Plans

People with Medicare can make changes to their coverage from **October 15 – December 7** each year.

If you enrolled in a Medicare Advantage plan for January 1, 2026, and don't like your plan choice, you can switch to another Medicare health plan (with or without Medicare drug coverage) or switch to Original Medicare (with or without separate Medicare drug coverage) between January 1 – March 31, 2026.

## Section 2.2 Are there other times of the year to make a change?

In certain situations, people may have other chances to change their coverage during the year. Examples include people who:

- Have Medicaid
- Get Extra Help paying for their drugs
- Have or are leaving employer coverage
- Move out of our plan's service area

Because you have Medicaid, you can end your membership in our plan by choosing one of the following Medicare options in any month of the year:

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

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

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

If you recently moved into or currently live in an institution (like a skilled nursing facility or long-term care hospital), you can change your Medicare coverage **at any time**. You can change to any other Medicare health plan (with or without Medicare drug coverage) or switch to Original Medicare (with or without separate Medicare drug coverage) at any time. If you recently moved out of an institution, you have an opportunity to switch plans or switch to Original Medicare for two full months after the month you move out.

## **SECTION 3      Get Help Paying for Prescription Drugs**

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You may qualify for help paying for prescription drugs. Different kinds of help are available:

- **Extra Help from Medicare.** People with limited incomes may qualify for Extra Help to pay for their prescription drug costs. If you qualify, Medicare could pay up to 75% or more of your drug costs, including monthly drug plan premiums, yearly deductibles, and coinsurance. Also, people who qualify won't have a late enrollment penalty. To see if you qualify, call:
  - 800-MEDICARE (800-633-4227). TTY users can call 877-486-2048, 24 hours a day, 7 days a week
  - Social Security at 800-772-1213 between 8 a.m. and 7 p.m., Monday – Friday for a representative. Automated messages are available 24 hours a day. TTY users can call, 800-325-0778
  - Your State Medicaid office
- **Prescription Cost-sharing Assistance for Persons with HIV/AIDS.** The AIDS Drug Assistance Program (ADAP) helps ensure that ADAP-eligible people living with HIV/AIDS have access to life-saving HIV medications. To be eligible for the ADAP operating in your state, you must meet certain criteria, including proof of state residence and HIV status, low income as defined by the state, and uninsured/under-insured status. Medicare Part D drugs that are also covered by ADAP qualify for prescription cost-sharing help through the CAREAssist program. For information on eligibility

criteria, covered drugs, how to enroll in the program, or, if you're currently enrolled, how to continue getting help, call 971-673-0144 or toll-free, 800-805-2313. Be sure, when calling, to inform them of your Medicare Part D plan name or policy number.

- **The Medicare Prescription Payment Plan.** The Medicare Prescription Payment Plan is a payment option that works with your current drug coverage to help you manage your out-of-pocket costs for drugs covered by our plan by spreading them across the calendar year (January – December). Anyone with a Medicare drug plan or Medicare health plan with drug coverage (like a Medicare Advantage plan with drug coverage) can use this payment option **This payment option might help you manage your expenses, but it doesn't save you money or lower your drug costs.**

Extra Help from Medicare and help from your SPAP and ADAP, for those who qualify, is more advantageous than participation in the Medicare Prescription Payment Plan. All members are eligible to participate the Medicare Prescription Payment Plan, regardless of income level. To learn more about this payment option, call us at 503-416-4279 or 888-712-3258 (TTY users call 711) or visit [www.Medicare.gov](http://www.Medicare.gov).

## SECTION 4 Questions?

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### Get Help from CareOregon Advantage Plus

- **Call Customer Service at 503-416-4279 or 888-712-3258. (TTY users call 711.)**

We're available for phone calls October 1 to March 31, seven days a week from 8 a.m. to 8 p.m., and from April 1 to September 30, Monday through Friday from 8 a.m. to 8 p.m.

- **Read your 2026 *Evidence of Coverage***

This *Annual Notice of Change* gives you a summary of changes in your benefits and costs for 2026. For details, go to the 2026 *Evidence of Coverage* for CareOregon Advantage Plus. The *Evidence of Coverage* is the legal, detailed description of our plan benefits. It explains your rights and the rules you need to follow to get covered services and prescription drugs. Get the *Evidence of Coverage* on our website at [careoregonadvantage.org/materials](https://careoregonadvantage.org/materials) or call Customer Service at 503-416-4279 or 888-712-3258 (TTY users call 711) to ask us to mail you a copy.

- **Visit [careoregonadvantage.org](https://careoregonadvantage.org)**

Our website has the most up-to-date information about our provider network (*Provider Directory/Pharmacy Directory*) and our *List of Covered Drugs* (formulary/Drug List).

## Get Free Counseling about Medicare

The State Health Insurance Assistance Program (SHIP) is an independent government program with trained counselors in every state. In Oregon, the SHIP is called Senior Health Insurance Benefits Assistance (SHIBA).

Call SHIBA to get free personalized health insurance counseling. They can help you understand your Medicare and Medicaid plan choices and answer questions about switching plans. Call SHIBA at 800-722-4134. Learn more about SHIBA by visiting [oregonshiba.org](http://oregonshiba.org).

## Get Help from Medicare

- **Call 800-MEDICARE (800-633-4227)**

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

- **Chat live with [www.Medicare.gov](http://www.Medicare.gov)**

You can chat live at [www.Medicare.gov/talk-to-someone](http://www.Medicare.gov/talk-to-someone).

- **Write to Medicare**

You can write to Medicare at PO Box 1270, Lawrence, KS 66044

- **Visit [www.Medicare.gov](http://www.Medicare.gov)**

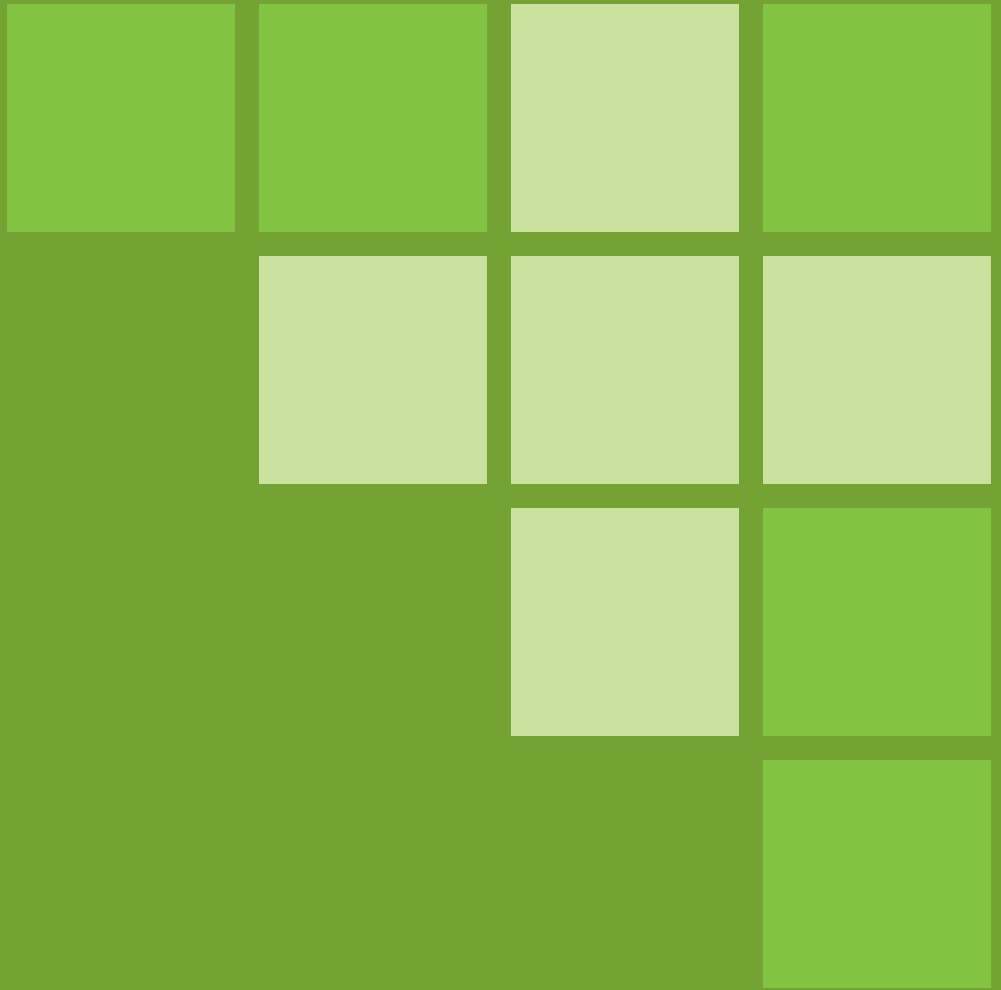
The official Medicare website has information about cost, coverage, and quality Star Ratings to help you compare Medicare health plans in your area.

- **Read *Medicare & You 2026***

The *Medicare & You 2026* handbook is mailed to people with Medicare every fall. It has a summary of Medicare benefits, rights and protections, and answers to the most frequently asked questions about Medicare. Get a copy at [www.Medicare.gov](http://www.Medicare.gov) or by calling 800-MEDICARE (800-633-4227). TTY users can call 877-486-2048.

### **Get Help from Medicaid**

Call Oregon Health Plan (Medicaid) at 800-273-0557 (TTY 711) for help with Medicaid enrollment or benefit questions. If you are enrolled in a coordinated care organization (CCO) you can call them at the phone number listed on the back of your CCO ID Card.



## **Departamento de Atención al Cliente de CareOregon Advantage**

Llame: 503-416-4279 o gratis al 888-712-3258, TTY 711

### **Horario de atención:**

de 8 a. m. a 8 p. m., los siete días de la semana, del 1.º de octubre al 31 de marzo  
de 8 a. m. a 8 p. m., de lunes a viernes, del 1.º de abril al 30 de septiembre