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

2027

Annual Notice of Change

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

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

CareOregon® Advantage

English
You can get this document in other languages, large print, braille or a format you prefer. You 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 infórmeselo 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 بخطٍ كبير أو بطريقة برايل أو بأي تنسيق تفضله. لديك أيضًا الحق في الحصول على مترجم. يمكنك الحصول على مساعدة مترجم فوري معتمَد 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 صحی 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, шрифтом Брайля или в другом предпочитаемом формате. Кроме того, вы имеете право запросить услуги устного переводчика. 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 xaq 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)

您可以获得以其他语言、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 надаються безкоштовно. Зателефонуйте за номером 888-712-3258 TTY711 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 888-712-3258 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 ይንገሩ። 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 អក្សរស្ទាប ឬទម្រង់ដែលអ្នកចង់បាន។
អ្នកក៏មានសិទ្ធិទទួលបានអ្នកបកប្រែផ្ទាល់មាត់ផងដែរ។
អ្នកអាចទទួលបានជំនួយពីអ្នកបកប្រែផ្ទាល់មាត់ផ្នែកថែទាំសុខភាពដែលមានលក្ខណសម្បត្តិគ្រប់គ្រាន់ 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 2027

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, 2026, you'll stay in CareOregon Advantage Plus.
- To change to a **different plan**, visit *Medicare.gov* or review the list in the back of your *Medicare & You 2027* 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* or call Customer Service at 503-416-4279 or toll-free 888-712-3258 (TTY users call 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 users call 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, 2026, you’ll automatically be enrolled in CareOregon Advantage Plus.** Starting January 1, 2027, you’ll get your medical and drug coverage through CareOregon Advantage Plus. Go to Section 2 for more information about how to change plans and deadlines for making a change.

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Summary of Important Costs for 2027

	2026 (this year)	2027 (next year)
Monthly plan premium* * Your premium can be higher than this amount. Go to Section 1.1 for details.	$0	**$0**
Deductible	$0	**$0**
Maximum out-of-pocket amount This is the most you'll pay out of pocket for covered services. (Go to Section 1.2 for details.)	$9,250 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.	**$9,850** **You are not responsible for paying any out-of-pocket costs toward the maximum out-of-pocket amount for covered Part A and Part B services.**
Primary care office visits	$0 per visit	**$0 per visit**

	2026 (this year)	2027 (next year)
Specialist office visits	$0 per visit	**$0 per visit**
Inpatient hospital stays Includes various inpatient hospital stays such as acute care, rehabilitation and long-term care. An inpatient hospital stay starts the day you're formally admitted with a doctor's order and ends the day before you're discharged.	$0	**$0**

	2026 (this year)	2027 (next year)
Part D drug coverage (Go to Section 1 for details, including Yearly Deductible, Initial Coverage, and Catastrophic Coverage Stages.)	Part D drug coverage deductible: $615 except for covered insulin products and most adult Part D vaccines	**Part D drug coverage deductible:** **$700** **except for covered insulin products and most adult Part D vaccines.** **The deductible does not apply for drug on Tiers 1 and 6**
	Copayment during the Initial Coverage Stage: For Drug Tiers 1-5, you pay $0/$1.60/$5.10 per prescription for generic drugs or brand-named drugs treated as generic	**Copayment during the Initial Coverage Stage:** **For Drug Tier 1, you pay $0** **For Drug Tiers 2-5, you pay $0/$1.65/$5.80 per prescription for generic drugs or brand-named drugs treated as generic**

	2026 (this year)	2027 (next year)
	For all other drugs, you pay $0/$4.90/$12.65 per prescription	**For all other drugs, you pay $0/$5.00/$14.40 per prescription** **For Drug Tier 6 you pay $0**
	Coinsurance during the Initial Coverage Stage: For Part D excluded drugs, you pay 25% coinsurance per prescription	**Coinsurance during the Initial Coverage Stage:** **For Part D excluded drugs, you pay 25% coinsurance per prescription**
	Catastrophic Coverage Stage: During this payment stage, you pay nothing for your covered Part D drugs.	**Catastrophic Coverage Stage:** **During this payment stage, you pay nothing for your covered Part D drugs.**

	2026 (this year)	2027 (next year)
	You can have cost sharing for drugs that are covered under our enhanced benefit.	**You can have cost sharing for drugs that are covered under our enhanced benefit.**

SECTION 1 Changes to Benefits & Costs for Next Year

Section 1.1 Changes to the Monthly Plan Premium

	2026 (this year)	2027 (next year)
Monthly plan premium (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.

	2026 (this year)	2027 (next year)
Maximum out-of-pocket amount Cost-sharing paid by the beneficiary, Medicaid, and other secondary insurance contributes towards this out-of-pocket maximum. Because our members get most cost sharing paid by Medicaid, very few members ever reach this out-of-pocket maximum. You are not responsible for paying any out-of-pocket costs toward the maximum out-of-pocket amount for covered Part A and Part B services. Your costs for covered medical services (such as copayments and deductibles) **count** toward	$9,250	**$9,850** **Once you've paid $9,850 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.**

	2026 (this year)	2027 (next year)
your maximum out-of-pocket amount. Your costs for prescription drugs **don't count** toward your maximum out-of-pocket amount.		

Section 1.3 Changes to the Provider Network

Our network of providers has changed for next year. Review the 2027 *Provider Directory* (*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*
- 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. You may have a special enrollment period if your provider leaves

the plan network. 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 2027 *Pharmacy Directory* at *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*
- 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 benefits and costs.

	2026 (this year)	2027 (next year)
CareOregon Advantage CareCard	You receive $15.50 per month ($186 per year) for over-the-counter items.	**You receive $70 every three months ($280 per benefit year) for over-the-counter items.**
Health and Wellness Education Programs	The Silver&Fit Healthy Aging and Exercising Program is not a covered benefit.	**You receive access to Silver&Fit Healthy Aging and Exercise Program with the following options at no cost to you:** • **Fitness center membership** • **Choice of one home fitness kit per benefit year**

Special Supplemental Benefits for the Chronically Ill (SSBCI)	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.	**Qualifying members receive $225 every three months ($900 per year) for healthy foods.** **This benefit is part of a special benefit program called Special Supplemental Benefits for the Chronically Ill (SSBCI). Members with a confirmed diagnosis of diabetes mellitus, chronic heart failure, cardiovascular diseases, chronic lung diseases, neurological disorders, and other applicable conditions may be eligible for this benefit. Eligibility is not based solely on these conditions. All eligibility requirements must be present prior to this benefit being supplied. For more information, refer to the 2027**

		Evidence of Coverage (EOC) or call Customer Service.

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 posted online at *careoregonadvantage.org/druglist*

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*

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 you 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.

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

  You start in this payment stage each calendar year. During this stage, you pay the full cost of your Tier 2-5 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 $2,400.

- ***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 may have cost sharing for excluded drugs that are covered under our enhanced benefit. You generally stay in this stage for the rest of the calendar year.

Drug Costs in Stage 1: Yearly Deductible

The table shows your cost per prescription during this stage.

	2026 (this year)	2027 (next year)
Yearly Deductible	$615 During this stage, you pay $0 cost sharing for drugs on Tier 6 and the full cost of drugs on Tiers 1-5 until you've reached the yearly deductible.	**$700** **During this stage, you pay $0 cost sharing for drugs on Tier 1 and Tier 6 and the full cost of drugs on Tiers 2-5 until you've reached the yearly deductible.**

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 $2,400 out of pocket for covered Part D drugs, you'll move to the next stage (the Catastrophic Coverage Stage).

	2026 (this year)	2027 (next year)
Tier 1 – Preferred Generic: 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.	For generic drugs or brand-named drugs treated as generic, you pay: $0/$1.60/$5.10 per prescription For all other drugs, you pay: $0/$4.90/$12.65 per prescription	**$0 per prescription**

	2026 (this year)	2027 (next year)
Tier 2 – Generic and Part D Excluded Drugs 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.	For generic drugs or brand-named drugs treated as generic, you pay: $0/$1.60/$5.10 per prescription For all other drugs, you pay: $0/$4.90/$12.65 per prescription	**For generic drugs or brand-named drugs treated as generic, you pay:** **$0/$1.65/$5.80 per prescription** **For all other drugs, you pay:** **$0/$5.00/$14.40 per prescription** **For Part D excluded drugs, you pay:** **25% of the total cost per prescription**

	2026 (this year)	2027 (next year)
Tier 3 – Preferred Brand 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.	For generic drugs or brand-named drugs treated as generic, you pay: $0/$1.60/$5.10 per prescription For all other drugs, you pay: $0/$4.90/$12.65 per prescription	**For generic drugs or brand-named drugs treated as generic, you pay:** **$0/$1.65/$5.80 per prescription** **For all other drugs, you pay:** **$0/$5.00/$14.40 per prescription** **For Part D excluded drugs, you pay:** **25% of the total cost per prescription**

	2026 (this year)	2027 (next year)
Tier 4 – Non-Preferred Drug (Formulary Exceptions) 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.	For generic drugs or brand-named drugs treated as generic, you pay: $0/$1.60/$5.10 per prescription For all other drugs, you pay: $0/$4.90/$12.65 per prescription	**For generic drugs or brand-named drugs treated as generic, you pay:** **$0/$1.65/$5.80 per prescription** **For all other drugs, you pay:** **$0/$5.00/$14.40 per prescription**
Tier 5 – Specialty Tier 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.	For generic drugs or brand-named drugs treated as generic, you pay: $0/$1.60/$5.10 per prescription For all other drugs, you pay: $0/$4.90/$12.65 per prescription	**For generic drugs or brand-named drugs treated as generic, you pay:** **$0/$1.65/$5.80 per prescription** **For all other drugs, you pay:** **$0/$5.00/$14.40 per prescription**

	2026 (this year)	2027 (next year)
Tier 6 – Select Care Drugs 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.	For generic drugs or brand-named drugs treated as generic, you pay: $0/$1.60/$5.10 per prescription For all other drugs, you pay: $0/$4.90/$12.65 per prescription	**$0 per prescription**

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.

SECTION 2 How to Change Plans

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

If you want to change plans for 2027, 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. Remember, not all Medicare health plans cover prescription drugs. Also, be aware that for many plans, you can't join a Medicare health plan and simultaneously purchase a prescription drug plan.
- **To change to Original Medicare with separate Medicare drug coverage,** you can enroll in a Part D plan, and you'll automatically be 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 toll-free 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.
- **To learn more about Original Medicare and the different types of Medicare plans,** visit *Medicare.gov*, check the *Medicare & You 2027* 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, 2027, 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, 2027.

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

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. If you're participating in the Medicare Prescription Payment Plan and stay in the same Part D plan, your participation will be automatically renewed for 2027 you do not need to submit a new election request to continue participating in 2027. **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. To learn more about this payment option, call us at 503-416-4279 or 888-712-3258 (TTY users call 711) or visit *Medicare.gov*

SECTION 4 Questions?

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 2027 *Evidence of Coverage***

  This *Annual Notice of Change* gives you a summary of changes in your benefits and costs for 2027. For details, go to the 2027 *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* or call Customer

Service at 403-416-4279 or toll-free 888-712-3258 (TTY users call 711) to ask us to mail you a copy.

- **Visit *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*

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 *Medicare.gov***

  You can chat live at *Medicare.gov/talk-to-someone*

- **Write to Medicare**

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

- **Visit *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* 2027**

  The *Medicare & You 2027* 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 *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.

CareOregon Advantage Customer Service

Call: 503-416-4279 or toll-free 888-712-3258, TTY 711

Hours of operation:

8 a.m. to 8 p.m. seven days a week, October 1 to March 31
8 a.m. to 8 p.m. Monday through Friday, April 1 to September 30

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