

2010 PLAN SELECTION FORM

Member Name _____

Date _____ Member Number _____

I want to transfer from my current plan to the plan I have selected below. I understand that if this form is received by the end of any month, my new plan will generally be effective the 1st of the following month.

Please check the box next to the new plan you are selecting. Then sign and date the back of this form.

CareSource Gold

\$59: Josephine County (including Rogue River, Gold Hill, Azalea, Glendale), & Curry County

\$79: Jackson County (excluding Rogue River, Gold Hill)

Office visit copay: \$20 PCP, \$20 Specialist

Urgent Care visit: \$25

Emergency Room visit: \$50

Inpatient Hospital: \$200/day for days 1-10

Skilled Nursing Facility: \$150 copay/day for days 1-10

Durable Medical Equipment/Prosthetics: \$0 copay

Part B drugs: \$0 copay

Outpatient Surgery: \$50 Ambulatory Surgical Center
\$100 Outpatient Hospital facility

Annual Maximum Out-Of-Pocket: \$2,000

CareSource Gold Plus Rx

\$114.60: Josephine County (including Rogue River, Gold Hill, Azalea, Glendale), & Curry County

\$134.70: Jackson County (excluding Rogue River, Gold Hill)

Office visit copay: \$20 PCP, \$20 Specialist

Urgent Care visit: \$25

Emergency Room visit: \$50

Inpatient Hospital: \$200/day for days 1-10

Annual Maximum Out-Of-Pocket: \$2,000

Skilled Nursing Facility: Josephine County \$130 copay/day for days 1-10

Jackson County \$150 copay/day for days 1-10

Durable Medical Equipment/Prosthetics: \$0 copay

Part B drugs: \$0 copay

Outpatient Surgery: \$50 Ambulatory Surgical Center
\$100 Outpatient Hospital facility

Prescription Part D drug coverage: \$0 deductible, \$5 generic, \$39 preferred brand, \$69 non-preferred brand, 33% specialty. 90 day supply for two copays.

CareSource Platinum

\$113: Josephine County (including Azalea, Glendale), Jackson County, and Curry County

Office visit copay: \$5 PCP, \$5 Specialist

Urgent Care visit: \$25

Emergency Room visit: \$50

Inpatient Hospital: \$150/day for days 1-3

Skilled Nursing Facility: \$0 copay

Durable Medical Equipment/Prosthetics: \$0 copay

Part B drugs: \$0 copay

Outpatient Surgery: \$50 Ambulatory Surgical Center
\$100 Outpatient Hospital facility

Annual Maximum Out-Of-Pocket: \$500

Point-of-Service Option: 20% coinsurance, \$5,000 maximum benefit, primary and specialty care

CareSource Platinum Plus Rx

\$150.70: Josephine County (including Azalea, Glendale), Jackson County, and Curry County

Office visit copay: \$5 PCP, \$5 Specialist

Urgent Care visit: \$25

Emergency Room visit: \$50

Inpatient Hospital: \$150/day for days 1-3

Skilled Nursing Facility: \$0 copay

Durable Medical Equipment/Prosthetics: \$0 copay

Part B drugs: \$0 copay

Outpatient Surgery: \$50 Ambulatory Surgical Center
\$100 Outpatient Hospital facility

Annual Maximum Out-Of-Pocket: \$500

Prescription Part D drug coverage: \$0 deductible, \$5 generic, \$39 preferred brand, \$69 non-preferred brand, 33% specialty. 90 day supply for two copays.

Point-of-Service Option: 20% coinsurance, \$5,000 maximum benefit, primary and specialty care

CareSource Silver

\$23: Josephine County (including Azalea, Glendale), Jackson County, and Curry County

Office visit copay: \$20 PCP, \$30 Specialist

Urgent Care visit: \$25

Emergency Room visit: \$50

Inpatient Hospital: \$300/day for days 1-10

Skilled Nursing Facility: \$150/day for days 1-10

Durable Med. Equip./Prosthetics: 20% coinsurance

Part B drugs: \$0 copay

Outpatient Surgery: \$200 Ambulatory Surgical Center
\$200 Outpatient Hospital facility

Annual Maximum Out-Of-Pocket: \$3,400

CareSource Silver Plus Rx

\$54.60: Josephine County (including Azalea, Glendale), Jackson County, and Curry County

Office visit copay: \$20 PCP, \$30 Specialist

Urgent Care visit: \$25

Emergency Room visit: \$50

Inpatient Hospital: \$300/day for days 1-10

Skilled Nursing Facility: \$150/day for days 1-10

Durable Med. Equip./Prosthetics: 20% coinsurance

Part B drugs: \$0 copay

Outpatient Surgery: \$200 Ambulatory Surgical Center
\$200 Outpatient Hospital facility

Annual Maximum Out-Of-Pocket: \$3,400

Prescription Part D drug coverage: \$0 deductible, \$5 generic, \$39 preferred brand, \$69 non-preferred brand, 33% specialty. 90 day supply for two copays.

CareSource Diamond PPO

\$91: Josephine County (including Azalea, Glendale), Jackson County, and Curry County

Office visit copay: In-Network - \$10 PCP, \$20 Specialist (Out-Of-Network - \$20 PCP, \$40 Specialist)

Urgent Care visit: \$25

Emergency Room visit: \$50

Inpatient Hospital: In-Network - \$200/day for days 1-5 (Out-Of-Network - \$400/day for days 1-10)

Skilled Nursing Facility: In-Network - \$150/day for days 1-5 (Out-Of-Network - \$300/day for days 1-10)

Durable Medical Equipment/Prosthetics: In-Network - \$0 copay (Out-Of-Network - 20% coinsurance)

Part B drugs: \$0 copay

Outpatient Surgery: In-Network - \$50 Ambulatory Surgical Center (Out-Of-Network - 20% coinsurance)
\$100 Outpatient Hospital facility (Out-Of-Network - 20% coinsurance)

Annual Maximum Out-Of-Pocket: In-Network - \$2,000 (Out-Of-Network - \$4,000)

CareSource Diamond Plus Rx PPO

\$142.60: Josephine County (including Azalea, Glendale), Jackson County, and Curry County

Office visit copay: In-Network - \$10 PCP, \$20 Specialist (Out-Of-Network - \$20 PCP, \$40 Specialist)

Urgent Care visit: \$25

Emergency Room visit: \$50

Inpatient Hospital: In-Network - \$200/day for days 1-5 (Out-Of-Network - \$400/day for days 1-10)

Skilled Nursing Facility: In-Network - \$150/day for days 1-5 (Out-Of-Network - \$300/day for days 1-10)

Durable Medical Equipment/Prosthetics: In-Network - \$0 copay (Out-Of-Network - 20% coinsurance)

Part B drugs: \$0 copay

Outpatient Surgery: In-Network - \$50 Ambulatory Surgical Center (Out-Of-Network - 20% coinsurance)
\$100 Outpatient Hospital facility (Out-Of-Network - 20% coinsurance)

Annual Maximum Out-Of-Pocket: In-Network - \$2,000 (Out-Of-Network - \$4,000)

Prescription Part D drug coverage: \$0 deductible, \$5 generic, \$39 preferred brand, \$69 non-preferred brand, 33% specialty. 90 day supply for two copays.

Your Plan Premium

You can pay by mail monthly, quarterly, semi-annual or annual, or “Electronic Funds Transfer (EFT)” monthly. You can also choose to pay your premium by automatic deduction from your Social Security Check each month.

People with limited incomes may qualify for extra help to pay for their prescription drug costs. If eligible, Medicare could pay for 75% or more of your drug costs including monthly prescription drug premiums, annual deductibles, and co-insurance. Additionally, those who qualify will not be subject to the coverage gap or a late enrollment penalty. Many people are eligible for these savings and don't even know it. For more information about this extra help, contact your local Social Security office or call 1-800-MEDICARE (1-800-633-4227), 24 hours per day, 7 days per week. TTY/TDD users should call 1-877-468-2048.

If you qualify for extra help with your prescription drug coverage costs, Medicare will pay all or part of your plan premium for this benefit. If Medicare pays only a portion of this premium, we will bill you for the amount that Medicare does not cover.

Please select a premium payment option. If you don't select a payment option, you will receive a bill each month.

- Receive a bill
- EFT (Complete the EZ-Pay form only if you want to CHANGE to this payment type)
- Automatic deduction from your monthly Social Security benefit check. (The Social Security deduction may take two or more months to begin. In most cases, the first deduction from your Social Security benefit check will include all premiums due from your enrollment effective date up to the point withholding begins.)

If you prefer us to send you information in a language other than English or in another format, please contact CareSource at 541-471-4106 (TTY users should call 1-800-735-2900).

Signature _____ **Today's Date** _____

If you are an authorized representative, you must provide the following additional information:

Name _____

Address _____

City/State/Zip _____

Phone Number _____ Relationship to Enrollee _____

Office Use Only:

Staff member/agent/broker(if assisted with enrollment): _____ ICEP/IEP _____

_____ OEP _____

Plan ID # _____ A B D _____ AEP _____

Effective Date of Coverage _____ SEP (type) _____

_____ Not Eligible