

CareSource

MID ROGUE HEALTH PLAN

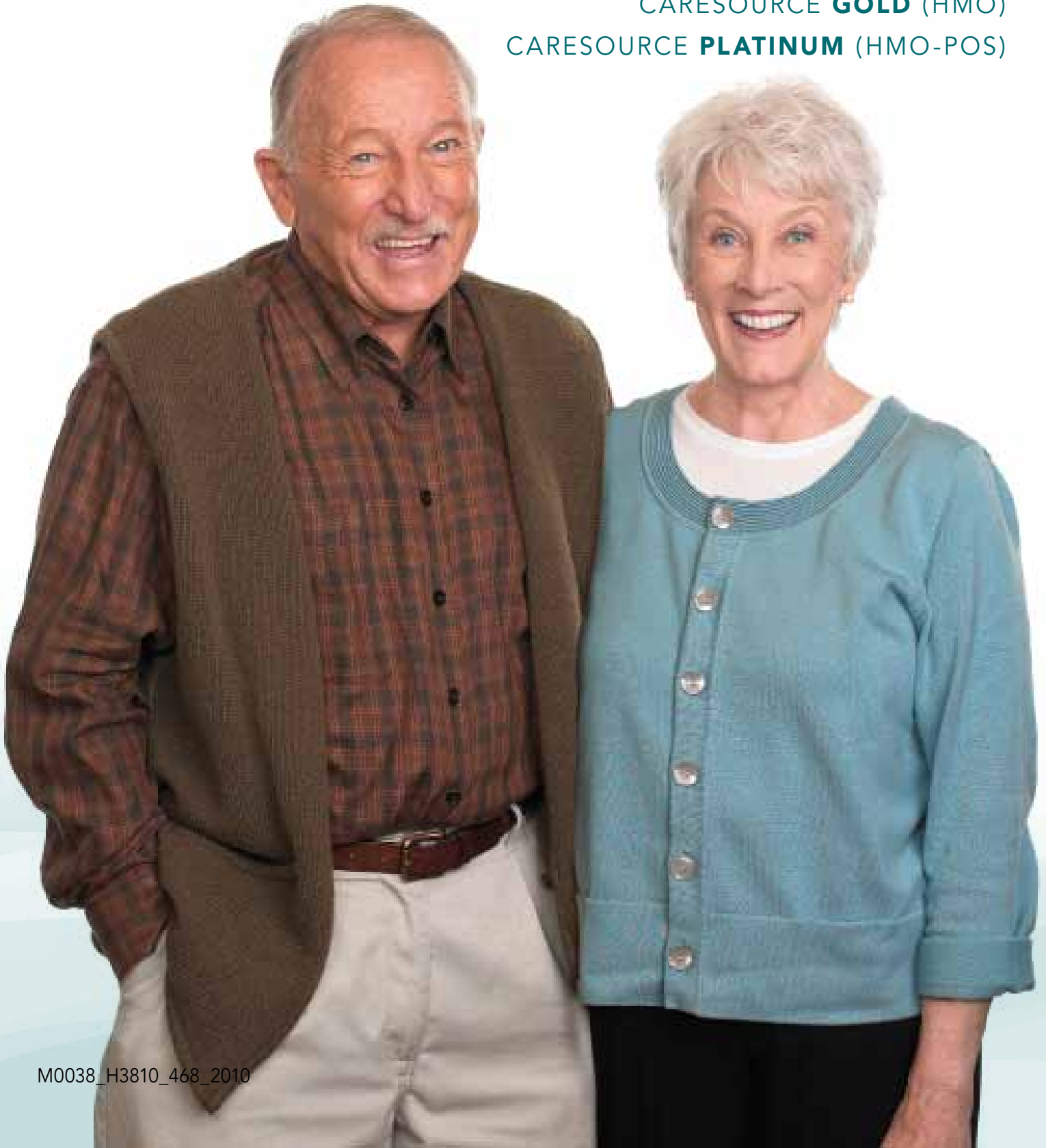
2010

Summary of Benefits

CARESOURCE **SILVER** (HMO)

CARESOURCE **GOLD** (HMO)

CARESOURCE **PLATINUM** (HMO-POS)



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CareSource has a Medicare Advantage contract with the Centers for Medicare and Medicaid Services (CMS), the branch of the federal government that administers Medicare. This contract is renewed annually and the availability of coverage beyond the end of the current contract year is not guaranteed. Applicants must have Parts A and B coverage and must continue to pay the Part B premium. Enrolled members must use CareSource providers for routine care. Platinum Plan members may use the point-of-service option (POS).

INTRODUCTION

Thank you for your interest in CareSource Silver (HMO), CareSource Gold (HMO), and CareSource Platinum (HMO-POS). Our plan is offered by **Mid Rogue Independent Physician Association/CareSource**, a Medicare Advantage Health Maintenance Organization (HMO). Other physicians are available in the network. This Summary of Benefits tells you some features of our plan. It doesn't list every service that we cover or list every limitation or exclusion. To get a complete list of our benefits, please call CareSource and ask for the Silver (HMO), Gold (HMO), or Platinum (HMO-POS) "Evidence of Coverage."

You have choices in your Health Care.

As a Medicare beneficiary, you can choose from different Medicare options. One option is the Original (fee-for-service) Medicare Plan. Another option is a Medicare health plan, like CareSource Silver (HMO), CareSource Gold (HMO), or CareSource Platinum (HMO-POS). You may have other options too. You make the choice. No matter what you decide, you are still in the Medicare Program.

You may join or leave a plan only at certain times. Please call CareSource Silver (HMO), CareSource Gold (HMO), or CareSource Platinum (HMO-POS) at the telephone number listed at the end of this introduction or 1-800-MEDICARE (1-800-633-4227) for more information. TTY/TDD users should call 1-877-486-2048. You can call this number 24 hours a day, 7 days a week.

How can I compare my options?

You can compare CareSource Silver (HMO), CareSource Gold (HMO), and CareSource Platinum (HMO-POS) and the Original Medicare Plan using this Summary of Benefits. The charts in this booklet list some important health benefits. For each benefit, you can see what our plan covers and what the Original Medicare Plan covers.

Our members receive all of the benefits that the Original Medicare Plan offers. We also offer more benefits, which may change from year to year.

Where is CareSource Silver (HMO), CareSource Gold (HMO), and CareSource Platinum (HMO-POS) available?

The service area for this plan includes: Jackson County, OR. You must live in this area to join the plan. There is more than one plan listed in this Summary of Benefits.

If you are enrolled in one plan and wish to switch to another plan, you may do so only during certain times of the year. Please call Customer Service for more information.

Who is eligible to join CareSource Silver (HMO), CareSource Gold (HMO), and CareSource Platinum (HMO-POS)?

You can join CareSource Silver (HMO), CareSource Gold (HMO), or CareSource Platinum (HMO-POS) if you are entitled to Medicare Part A and enrolled in Medicare Part B and live in the service area. However, individuals with End Stage Renal Disease are generally not eligible to enroll in CareSource Silver (HMO), CareSource Gold (HMO), or CareSource Platinum (HMO-POS) unless they are members of our organization and have been since their dialysis began.

Can I choose my doctors?

CareSource Silver (HMO), CareSource Gold (HMO), and CareSource Platinum (HMO-POS) have formed a network of doctors, specialists, and hospitals. You can only use doctors who are part of our network. In some cases you may also go to doctors outside of our network. The health providers in our network can change at any time.

You can ask for a current Provider Directory or for an up-to-date list visit us at <http://www.caresourcehealthplans.com/provider-directory.php>. Our customer service number is listed at the end of this introduction.

What happens if I go to a doctor who is not in your network?

If you choose to go to a doctor outside of our network, you must pay for these services yourself. Neither CareSource Silver (HMO), CareSource Gold (HMO) nor the Original Medicare Plan will pay for these services.

Platinum (HMO-POS) only: You can go to doctors, specialists, or hospitals in or out of network. You may have to pay more for the services you receive outside the network, and you may have to follow special rules prior to getting services in and/or out of network. For more information, please call the customer service number at the end of this introduction.

Does my plan cover Medicare Part B or Part D drugs?

CareSource Silver (HMO), CareSource Gold (HMO), and CareSource Platinum (HMO-POS) do cover Medicare Part B prescription drugs. CareSource Silver (HMO), CareSource Gold (HMO), and CareSource Platinum (HMO-POS) do NOT cover Medicare Part D prescription drugs.

What types of drugs may be covered under Medicare Part B?

Some outpatient prescription drugs may be covered under Medicare Part B. These may include, but are not limited to, the following types of drugs. Contact CareSource Silver (HMO), CareSource Gold (HMO), or CareSource Platinum (HMO-POS) for more details.

- Some Antigens: If they are prepared by a doctor and administered by a properly instructed person (who could be the patient) under doctor supervision.
- Osteoporosis Drugs: Injectable drugs for osteoporosis for certain women with Medicare.
- Erythropoietin (Epoetin Alfa or Epogen®: By injection if you have end-stage renal disease (permanent kidney failure requiring either dialysis or transplantation) and need this drug to treat anemia.
- Hemophilia Clotting Factors: Self-administered clotting factors if you have hemophilia.
- Injectable Drugs: Most injectable drugs administered incident to a physician's service.
- Immunosuppressive Drugs: Immunosuppressive drug therapy for transplant patients if the transplant was paid for by Medicare, or paid by a private insurance that paid as a primary payer to your Medicare Part A coverage, in a Medicare-certified facility.
- Some Oral Cancer Drugs: If the same drug is available in injectable form.
- Oral Anti-Nausea Drugs: If you are part of an anti-cancer chemotherapeutic regimen.
- Inhalation and Infusion Drugs provided through DME.

What are my protections in this plan?

All Medicare Advantage Plans agree to stay in the program for a full year at a time. Each year, the plans decide whether to continue for another year. Even if a Medicare Advantage Plan leaves the program, you will not lose Medicare coverage. If a plan decides not to continue, it must send you a letter at least 60 days before your coverage will end. The letter will explain your options for Medicare coverage in your area.

As a member of CareSource, you have the right to request an organization determination, which includes the right to file an appeal if we deny coverage for an item or service, and the right to file a grievance. You have the right to request an organization determination if you want us to provide or pay for an item or service that you believe should be covered. If we deny coverage for your requested item or service,

you have the right to appeal and ask us to review our decision. You may ask us for an expedited (fast) coverage determination or appeal if you believe that waiting for a decision could seriously put your life or health at risk, or affect your ability to regain maximum function. If your doctor makes or supports the expedited request, we must expedite our decision. Finally, you have the right to file a grievance with us if you have any type of problem with us or one of our network providers that does not involve coverage for an item or service. If your problem involves quality of care, you also have the right to file a grievance with the Quality Improvement Organization (QIO) for your state, Acumentra Health, (503) 279-0100).

Plan Ratings

The Medicare program rates how well plans perform in different categories (for example, detecting and preventing illness, ratings from patients and customer service). If you have access to the web, you may use the web tools on www.medicare.gov and select “Compare Medicare Prescription Drug Plans” or “Compare Health Plans and Medigap Policies in Your Area” to compare the plan ratings for Medicare plans in your area. You can also call us directly at (541) 471-4106 to obtain a copy of the plan ratings for this plan. TTY/TDD users call (800) 735-2900.

Please call CareSource for more information about Silver (HMO), CareSource Gold (HMO), or CareSource Platinum (HMO-POS).

Visit us at www.caresourcehealthplans.com or, call us.

**Customer Service Hours: Monday, Tuesday, Wednesday, Thursday and Friday
8:00 a.m. – 5:00 p.m. Pacific**

Current and prospective members should call toll-free 1-888-460-0185, or call locally (541) 471-4106 for questions related to the Medicare Advantage Program (TTY/TDD 1-800-735-2900).

For more information about Medicare, please call Medicare at 1-800-MEDICARE (1-800-633-4227). TTY users should call 1-877-486-2048. You can call 24 hours a day, 7 days a week. Or, visit www.medicare.gov on the web.

If you have special needs, this document may be available in other formats.

IMPORTANT INFORMATION

Benefit	Original Medicare	CareSource Silver (HMO)	CareSource Gold (HMO)	CareSource Platinum (HMO-POS)
<p>1 Premium and Other Important Information</p>	<p>In 2010 the monthly Part B premium is \$110.50 and the yearly Part B deductible amount is \$155. (1) (2) (3)</p>	<p>\$23 monthly plan premium in addition to your monthly Medicare Part B premium.</p> <p>\$3,400 out-of-pocket limit.</p> <p>All Medicare services covered under the out-of-pocket limit. The following non-Medicare benefits do not apply to out-of-pocket limit:</p> <ul style="list-style-type: none"> - TOPS (p. 32) - Health Club membership (p. 29). <p>\$1,000 limit every year for non-Medicare covered benefits. Contact the plan for services that apply.</p>	<p>\$79 monthly plan premium in addition to your monthly Medicare Part B premium.</p> <p>\$2,000 out-of-pocket limit.</p> <p>All Medicare services covered under the out-of-pocket limit. The following non-Medicare benefits do not apply to out-of-pocket limit:</p> <ul style="list-style-type: none"> - TOPS (p. 32) - Health Club membership (p. 29). <p>\$1,000 limit every year for non-Medicare covered benefits. Contact the plan for services that apply.</p>	<p>\$113 monthly plan premium in addition to your monthly Medicare Part B premium.</p> <p>\$500 out-of-pocket limit.</p> <p>All Medicare services covered under the out-of-pocket limit. The following non-Medicare benefits do not apply to out-of-pocket limit:</p> <ul style="list-style-type: none"> - TOPS (p. 32) - Health Club membership (p. 29). <p>\$1,000 limit every year for non-Medicare covered benefits. Contact the plan for services that apply.</p>

(1) In 2010, you pay a total of one \$155 deductible.

(2) If a doctor or supplier does not accept assignment, their costs are often higher, which means you pay more.

(3) Most people will pay the standard monthly Part B premium. However, starting January 1, 2010, some people will pay a higher premium because of their yearly income (over \$85,000 for singles, \$170,000 for married couples). For more information about Part B premiums based on income, call Social Security at 1-800-772-1213. TTY users should call 1-800-325-0778.

Benefit	Original Medicare	CareSource Silver (HMO)	CareSource Gold (HMO)	CareSource Platinum (HMO-POS)
1 Premium and Other Important Information (continued)	In 2010 the monthly Part B premium is \$110.50 and the yearly Part B deductible amount is \$155. (1) (2) (3)			<p><u>In and Out-of-Network</u></p> <p>\$1,500 out-of-pocket limit.</p> <p><u>Out-of-Network:</u></p> <p>Medicare Services:</p> <ul style="list-style-type: none"> – Doctor Office Visits – Diagnostic Procedures/ Test/Lab Benefits <p><u>Out-of-Network:</u></p> <p>This limit includes only Medicare-covered services.</p>
2 Doctor and Hospital Choice (For more information, see Emergency – #15, and Urgently Needed Care –#16.)	You may go to any doctor, specialist or hospital that accepts Medicare.	<p><u>In-Network</u></p> <p>You must go to network doctors, specialists, and hospitals.</p> <p>Referral required for network specialists (for certain benefits).</p>	<p><u>In-Network</u></p> <p>You must go to network doctors, specialists, and hospitals.</p> <p>Referral required for network specialists (for certain benefits).</p>	<p><u>In-Network</u></p> <p>Referral required for network specialists (for certain benefits).</p>

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INPATIENT CARE

Benefit

3

Inpatient Hospital Care

(includes Substance Abuse and Rehabilitation Services)

Original Medicare	CareSource Silver (HMO)	CareSource Gold (HMO)	CareSource Platinum (HMO-POS)
<p>In 2010 the amounts for each benefit period are: (4)</p> <p>Days 1 - 60: \$1100 deductible</p> <p>Days 61 - 90: \$275 per day</p> <p>Days 91 - 150: \$550 per life-time reserve day</p> <p>Call 1-800-MEDICARE (1-800-633-4227) for information about lifetime reserve days. Lifetime reserve days can only be used once.</p>	<p><u>In-Network</u></p> <p>For Medicare-covered hospital stays:</p> <p>Days 1–10: \$300 copay per day</p> <p>Days 11–90: \$0 copay per day</p> <p>\$0 copay for additional hospital days.</p> <p>No limit to the number of days covered by the plan each benefit period.</p> <p>Except in an emergency, your doctor must tell the plan that you are going to be admitted to the hospital.</p>	<p><u>In-Network</u></p> <p>For Medicare-covered hospital stays:</p> <p>Days 1–10: \$200 copay per day</p> <p>Days 11–90: \$0 copay per day</p> <p>\$0 copay for additional hospital days.</p> <p>No limit to the number of days covered by the plan each benefit period.</p> <p>Except in an emergency, your doctor must tell the plan that you are going to be admitted to the hospital.</p>	<p><u>In-Network</u></p> <p>For Medicare-covered hospital stays:</p> <p>Days 1–3: \$150 copay per day</p> <p>Days 4–90: \$0 copay per day</p> <p>\$0 copay for additional hospital days.</p> <p>No limit to the number of days covered by the plan each benefit period.</p> <p>Except in an emergency, your doctor must tell the plan that you are going to be admitted to the hospital.</p>

(4) A “benefit period” starts the day you go into a hospital or SNF. It ends when you go for 60 days in a row without hospital or skilled nursing care. If you go into the hospital after one benefit period has ended, a new benefit period begins. You must pay the inpatient hospital deductible for each benefit period. There is no limit to the number of benefit periods you can have.

Benefit

4

Inpatient Mental Health Care

Original Medicare

Same deductible and copay as inpatient hospital care (see “Inpatient Hospital Care” above).

190 day lifetime limit in a Psychiatric Hospital.

CareSource Silver (HMO)

In-Network

For Medicare-covered hospital stays:

Days 1–10:
\$250 copay per day

Days 11–90:
\$0 copay per day

You get up to 190 days in a Psychiatric Hospital in a lifetime.

Except in an emergency, your doctor must tell the plan that you are going to be admitted to the hospital.

CareSource Gold (HMO)

In-Network

For Medicare-covered hospital stays:

Days 1–10:
\$200 copay per day

Days 11–90:
\$0 copay per day

You get up to 190 days in a Psychiatric Hospital in a lifetime.

Except in an emergency, your doctor must tell the plan that you are going to be admitted to the hospital.

CareSource Platinum (HMO-POS)

In-Network

For Medicare-covered hospital stays:

Days 1–3:
\$150 copay per day

Days 4–90:
\$0 copay per day

You get up to 190 days in a Psychiatric Hospital in a lifetime.

Except in an emergency, your doctor must tell the plan that you are going to be admitted to the hospital.

Benefit

5

Skilled Nursing Facility (SNF)

(in a Medicare-certified skilled nursing facility)

Original Medicare

In 2010 the amounts for each benefit period (4) after at least a 3-day covered hospital stay are:

Days 1 - 20: \$0 per day

Days 21 - 100: \$137.50 per day

100 days for each benefit period. (4)

Call 1-800-MEDICARE (1-800-633-4227) for information about lifetime reserve days. Lifetime reserve days can only be used once.

CareSource Silver (HMO)

General

Authorization rules may apply.

In-Network

For SNF stays:

Days 1 – 10:
\$150 copay per day

Days 11 – 100:
\$0 copay per day

Plan covers up to 100 days each benefit period.

No prior hospital stay is required.

CareSource Gold (HMO)

General

Authorization rules may apply.

In-Network

For SNF stays:

Days 1 – 10:
\$150 copay per day

Days 11 – 100:
\$0 copay per day

Plan covers up to 100 days each benefit period.

No prior hospital stay is required.

CareSource Platinum (HMO-POS)

General

Authorization rules may apply.

In-Network

\$0 copay for SNF services.

Plan covers up to 100 days each benefit period.

No prior hospital stay is required.

(4) A “benefit period” starts the day you go into a hospital or SNF. It ends when you go for 60 days in a row without hospital or skilled nursing care. If you go into the hospital after one benefit period has ended, a new benefit period begins. You must pay the inpatient hospital deductible for each benefit period. There is no limit to the number of benefit periods you can have.

Benefit	Original Medicare	CareSource Silver (HMO)	CareSource Gold (HMO)	CareSource Platinum (HMO-POS)
<p>6</p> <p>Home Health Care</p> <p>(includes medically necessary intermittent skilled nursing care, home health aide services, and rehabilitation services, etc.)</p>	<p>Original Medicare</p> <p>\$0 copay</p>	<p>CareSource Silver (HMO)</p> <p><u>General</u> Authorization rules may apply.</p> <p><u>In-Network</u> \$0 copay for Medicare-covered home health visits.</p>	<p>CareSource Gold (HMO)</p> <p><u>General</u> Authorization rules may apply.</p> <p><u>In-Network</u> \$0 copay for Medicare-covered home health visits.</p>	<p>CareSource Platinum (HMO-POS)</p> <p><u>General</u> Authorization rules may apply.</p> <p><u>In-Network</u> \$0 copay for Medicare-covered home health visits.</p>
<p>7</p> <p>Hospice</p> <p>You pay part of the cost for outpatient drugs and inpatient respite care.</p> <p>You must get care from a Medicare-certified hospice.</p>	<p>Original Medicare</p> <p>You pay part of the cost for outpatient drugs and inpatient respite care.</p> <p>You must get care from a Medicare-certified hospice.</p>	<p>CareSource Silver (HMO)</p> <p><u>General</u> You must get care from a Medicare-certified hospice.</p>	<p>CareSource Gold (HMO)</p> <p><u>General</u> You must get care from a Medicare-certified hospice.</p>	<p>CareSource Platinum (HMO-POS)</p> <p><u>General</u> You must get care from a Medicare-certified hospice.</p>

OUTPATIENT CARE

Benefit	Original Medicare	CareSource Silver (HMO)	CareSource Gold (HMO)	CareSource Platinum (HMO-POS)
8 Doctor Office Visits	20% coinsurance (1) (2)	<p><u>General</u> See "Physical Exams," for more information. Authorization rules may apply.</p> <p><u>In-Network</u> \$20 copay for each primary care doctor visit for Medicare-covered benefits. \$25 copay for each in-area, network urgent care Medicare-covered visit. \$30 copay for each specialist visit for Medicare-covered benefits.</p>	<p><u>General</u> See "Physical Exams," for more information. Authorization rules may apply.</p> <p><u>In-Network</u> \$20 copay for each primary care doctor visit for Medicare-covered benefits. \$25 copay for each in-area, network urgent care Medicare-covered visit. \$20 copay for each specialist visit for Medicare-covered benefits.</p>	<p><u>General</u> See "Physical Exams," for more information. Authorization rules may apply.</p> <p><u>In-Network</u> \$5 copay for each primary care doctor visit for Medicare-covered benefits. \$25 copay for each in-area, network urgent care Medicare-covered visit. \$5 copay for each specialist visit for Medicare-covered benefits.</p>

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Benefit

9

Chiropractic Services

Original Medicare

Routine care not covered.
20% coinsurance (1) (2) for manual manipulation of the spine to correct subluxation (a displacement or misalignment of a joint or body part) if you get it from a chiropractor or other qualified providers.

CareSource Silver (HMO)

In-Network

\$30 copay for each Medicare-covered visit.
\$30 copay for each routine visit.

Medicare-covered chiropractic visits are for manual manipulation of the spine to correct subluxation (a displacement or misalignment of a joint or body part) if you get it from a chiropractor or other qualified providers.

CareSource Gold (HMO)

In-Network

\$20 copay for each Medicare-covered visit.
\$20 copay for each routine visit.

Medicare-covered chiropractic visits are for manual manipulation of the spine to correct subluxation (a displacement or misalignment of a joint or body part) if you get it from a chiropractor or other qualified providers.

CareSource Platinum (HMO-POS)

In-Network

\$5 copay for each Medicare-covered visit.
\$5 copay for each routine visit.

Medicare-covered chiropractic visits are for manual manipulation of the spine to correct subluxation (a displacement or misalignment of a joint or body part) if you get it from a chiropractor or other qualified providers.

Benefit

10

Podiatry Services

Original Medicare

Routine care not covered.
20% coinsurance (1) (2) for medically necessary foot care, including care for medical conditions affecting the lower limbs.

CareSource Silver (HMO)

General

Authorization rules may apply.

In-Network

\$30 copay for each Medicare-covered visit.

Medicare-covered podiatry benefits are for medically-necessary foot care.

CareSource Gold (HMO)

General

Authorization rules may apply.

In-Network

\$20 copay for each Medicare-covered visit.

Medicare-covered podiatry benefits are for medically-necessary foot care.

CareSource Platinum (HMO-POS)

General

Authorization rules may apply.

In-Network

\$5 copay for each Medicare-covered visit.

Medicare-covered podiatry benefits are for medically-necessary foot care.

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Benefit	Original Medicare	CareSource Silver (HMO)	CareSource Gold (HMO)	CareSource Platinum (HMO-POS)
11 Outpatient Mental Health Care	45% coinsurance (1) (2) for most outpatient mental health services.	<p><u>In-Network</u> \$20 copay for each Medicare-covered individual or group therapy visit. \$30 copay for each Medicare-covered individual or group therapy visit with a psychiatrist.</p>	<p><u>In-Network</u> \$20 copay for each Medicare-covered individual or group therapy visit.</p>	<p><u>In-Network</u> \$5 copay for each Medicare-covered individual or group therapy visit.</p>
12 Outpatient Substance Abuse Care	20% coinsurance (1) (2)	<p><u>In-Network</u> \$15 copay for Medicare-covered individual or group visits.</p>	<p><u>In-Network</u> \$20 copay for Medicare-covered individual or group visits.</p>	<p><u>In-Network</u> \$5 copay for Medicare-covered individual or group visits.</p>
13 Outpatient Services/Surgery	20% coinsurance (1) (2) for the doctor, 20% of outpatient facility charges (1) (2)	<p><u>General</u> Authorization rules may apply.</p> <p><u>In-Network</u> \$200 copay for each Medicare-covered ambulatory surgical center visit. \$200 copay for each Medicare-covered outpatient hospital facility visit.</p>	<p><u>General</u> Authorization rules may apply.</p> <p><u>In-Network</u> \$50 copay for each Medicare-covered ambulatory surgical center visit. \$100 copay for each Medicare-covered outpatient hospital facility visit.</p>	<p><u>General</u> Authorization rules may apply.</p> <p><u>In-Network</u> \$50 copay for each Medicare-covered ambulatory surgical center visit. \$100 copay for each Medicare-covered outpatient hospital facility visit.</p>

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Benefit	Original Medicare	CareSource Silver (HMO)	CareSource Gold (HMO)	CareSource Platinum (HMO-POS)
14 Ambulance Services (medically necessary ambulance services)	20% coinsurance (1) (2)	In-Network \$100 copay for Medicare-covered ambulance benefits.	In-Network \$100 copay for Medicare-covered ambulance benefits.	In-Network \$100 copay for Medicare-covered ambulance benefits.
15 Emergency Care (You may go to any emergency room if you reasonably believe you need emergency care.)	20% coinsurance (1) (2) for the doctor. 20% of facility charge (1) (2), or a set copay per emergency room visit You don't have to pay the emergency room copay if you are admitted to the hospital for the same condition within 3 days of the emergency room visit. NOT covered outside the U.S. except under limited circumstances.	CareSource Silver (HMO) General \$50 copay for Medicare-covered emergency room visits. Worldwide coverage. If you are admitted to the hospital within 48-hours for the same condition, you pay \$0 for the emergency room visit.	CareSource Gold (HMO) General \$50 copay for Medicare-covered emergency room visits. Worldwide coverage. If you are admitted to the hospital within 48-hours for the same condition, you pay \$0 for the emergency room visit.	CareSource Platinum (HMO-POS) General \$50 copay for Medicare-covered emergency room visits. Worldwide coverage. If you are admitted to the hospital within 48-hours for the same condition, you pay \$0 for the emergency room visit.

(1) In 2010, you pay a total of one \$155 deductible.

(2) If a doctor or supplier does not accept assignment, their costs are often higher, which means you pay more.

Benefit	Original Medicare	CareSource Silver (HMO)	CareSource Gold (HMO)	CareSource Platinum (HMO-POS)
16 Urgently Needed Care (This is NOT emergency care, and in most cases, is out of the service area.)	20% coinsurance (1) (2), or a set copay NOT covered outside the U.S. except under limited circumstances.	<u>General</u> \$25 copay for Medicare-covered urgently needed care visits. If you are admitted to the hospital within 48-hours for the same condition, \$0 for the urgent-care visit.	<u>General</u> \$25 copay for Medicare-covered urgently needed care visits. If you are admitted to the hospital within 48-hours for the same condition, \$0 for the urgent-care visit.	<u>General</u> \$25 copay for Medicare-covered urgently needed care visits. If you are admitted to the hospital within 48-hours for the same condition, \$0 for the urgent-care visit.
17 Outpatient Rehabilitation Services (Occupational Therapy, Physical Therapy, Speech and Language Therapy)	20% coinsurance (1) (2)	<u>General</u> Authorization rules may apply. <u>In-Network</u> \$20 copay for Medicare-covered Occupational Therapy visits. \$20 copay for Medicare-covered Physical and/or Speech/Language Therapy visits.	<u>General</u> Authorization rules may apply. <u>In-Network</u> \$20 copay for Medicare-covered Occupational Therapy visits. \$20 copay for Medicare-covered Physical and/or Speech/Language Therapy visits.	<u>General</u> Authorization rules may apply. <u>In-Network</u> \$5 copay for Medicare-covered Occupational Therapy visits. \$5 copay for Medicare-covered Physical and/or Speech/Language Therapy visits.

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Benefit	Original Medicare	CareSource Silver (HMO)	CareSource Gold (HMO)	CareSource Platinum (HMO-POS)
18 Durable Medical Equipment (includes wheel-chairs, oxygen, etc.)	20% coinsurance (1) (2)	<u>General</u> Authorization rules may apply. <u>In-Network</u> 20% of the cost for Medicare-covered items.	<u>General</u> Authorization rules may apply. <u>In-Network</u> \$0 copay for Medicare-covered items.	<u>General</u> Authorization rules may apply. <u>In-Network</u> \$0 copay for Medicare-covered items.
	Prosthetic Devices (includes braces, artificial limbs and eyes, etc.)	20% coinsurance (1) (2)	<u>General</u> Authorization rules may apply. <u>In-Network</u> 20% of the cost for Medicare-covered items.	<u>General</u> Authorization rules may apply. <u>In-Network</u> \$0 copay for Medicare-covered items.
20 Diabetes Self-Monitoring Training, Nutrition Therapy and Supplies (includes coverage for glucose monitors, test strips, lancets, screening tests, self-management training)	20% coinsurance (1) (2)	<u>General</u> Authorization rules may apply. <u>In-Network</u> \$0 copay for Diabetes self-monitoring training. \$0 copay for Nutrition Therapy for Diabetes. \$0 copay for Diabetes supplies.	<u>General</u> Authorization rules may apply. <u>In-Network</u> \$0 copay for Diabetes self-monitoring training. \$0 copay for Nutrition Therapy for Diabetes. \$0 copay for Diabetes supplies.	<u>General</u> Authorization rules may apply. <u>In-Network</u> \$0 copay for Diabetes self-monitoring training. \$0 copay for Nutrition Therapy for Diabetes. \$0 copay for Diabetes supplies.
	Nutrition therapy is for people who have diabetes or kidney disease (but aren't on dialysis or haven't had a kidney transplant) when referred by a doctor. These services can be given by a registered dietitian or include a nutritional assessment and counseling to help you manage your diabetes or kidney disease.	Nutrition therapy is for people who have diabetes or kidney disease (but aren't on dialysis or haven't had a kidney transplant) when referred by a doctor. These services can be given by a registered dietitian or include a nutritional assessment and counseling to help you manage your diabetes or kidney disease.	Nutrition therapy is for people who have diabetes or kidney disease (but aren't on dialysis or haven't had a kidney transplant) when referred by a doctor. These services can be given by a registered dietitian or include a nutritional assessment and counseling to help you manage your diabetes or kidney disease.	Nutrition therapy is for people who have diabetes or kidney disease (but aren't on dialysis or haven't had a kidney transplant) when referred by a doctor. These services can be given by a registered dietitian or include a nutritional assessment and counseling to help you manage your diabetes or kidney disease.

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(2) If a doctor or supplier does not accept assignment, their costs are often higher, which means you pay more.

Benefit

21

Diagnostic Tests, X-Rays, Lab Services and Radiology Services

Original Medicare

20% coinsurance (1) (2) for diagnostic tests and x-rays.
 \$0 copay for Medicare-covered lab services.
 Lab Services: Medicare covers medically necessary diagnostic lab services that are ordered by your treating doctor when they are provided by a Clinical Laboratory Improvement Amendments (CLIA) certified laboratory that participates in Medicare. Diagnostic lab services are done to help your doctor diagnose or rule out a suspected illness or condition. Medicare does not cover most routine screening tests, like checking your cholesterol.

CareSource Silver (HMO)

General
 Authorization rules may apply.
In-Network
 \$0 copay for Medicare-covered:
 – lab services
 – diagnostic procedures and tests
 – X-rays
 – diagnostic radiology services (not including X-rays)
 – therapeutic radiology services

CareSource Gold (HMO)

General
 Authorization rules may apply.
In-Network
 \$0 copay for Medicare-covered:
 – lab services
 – diagnostic procedures and tests
 – X-rays
 – diagnostic radiology services (not including X-rays)
 – therapeutic radiology services

CareSource Platinum (HMO-POS)

General
 Authorization rules may apply.
In-Network
 \$0 copay for Medicare-covered:
 – lab services
 – diagnostic procedures and tests
 – X-rays
 – diagnostic radiology services (not including X-rays)
 – therapeutic radiology services

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PREVENTIVE SERVICES

Benefit	Original Medicare	CareSource Silver (HMO)	CareSource Gold (HMO)	CareSource Platinum (HMO-POS)
22 Bone Mass Measurement (for people with Medicare who are at risk)	20% coinsurance (1) (2) Covered once every 24 months (more often if medically necessary) if you meet certain medical conditions.	<u>In-Network</u> \$0 copay for Medicare-covered bone mass measurement.	<u>In-Network</u> \$0 copay for Medicare-covered bone mass measurement.	<u>In-Network</u> \$0 copay for Medicare-covered bone mass measurement.
	Original Medicare 20% coinsurance (1) (2) Covered when you are high risk or when you are age 50 and older.	CareSource Silver (HMO) <u>In-Network</u> \$0 copay for Medicare-covered colorectal screenings.	CareSource Gold (HMO) <u>In-Network</u> \$0 copay for Medicare-covered colorectal screenings.	CareSource Platinum (HMO-POS) <u>In-Network</u> \$0 copay for Medicare-covered colorectal screenings.
23 Colorectal Screening Exams (for people with Medicare age 50 and older)	Original Medicare 20% coinsurance (1) (2) Covered when you are high risk or when you are age 50 and older.	CareSource Silver (HMO) <u>In-Network</u> \$0 copay for Medicare-covered colorectal screenings.	CareSource Gold (HMO) <u>In-Network</u> \$0 copay for Medicare-covered colorectal screenings.	CareSource Platinum (HMO-POS) <u>In-Network</u> \$0 copay for Medicare-covered colorectal screenings.
	Original Medicare \$0 copay for Flu and Pneumonia vaccines 20% coinsurance (1) (2) for Hepatitis B vaccine You may only need the Pneumonia vaccine once in your lifetime. Call your doctor for more information.	CareSource Silver (HMO) <u>In-Network</u> \$0 copay for Flu and Pneumonia vaccines \$0 copay for Hepatitis B vaccine. No referral needed for Flu and pneumonia vaccines.	CareSource Gold (HMO) <u>In-Network</u> \$0 copay for Flu and Pneumonia vaccines \$0 copay for Hepatitis B vaccine. No referral needed for Flu and pneumonia vaccines.	CareSource Platinum (HMO-POS) <u>In-Network</u> \$0 copay for Flu and Pneumonia vaccines \$0 copay for Hepatitis B vaccine. No referral needed for Flu and pneumonia vaccines.
24 Immunizations (Flu vaccine, Hepatitis B vaccine – for people with Medicare who are at risk, Pneumonia vaccine)	Original Medicare \$0 copay for Flu and Pneumonia vaccines 20% coinsurance (1) (2) for Hepatitis B vaccine You may only need the Pneumonia vaccine once in your lifetime. Call your doctor for more information.	CareSource Silver (HMO) <u>In-Network</u> \$0 copay for Flu and Pneumonia vaccines \$0 copay for Hepatitis B vaccine. No referral needed for Flu and pneumonia vaccines.	CareSource Gold (HMO) <u>In-Network</u> \$0 copay for Flu and Pneumonia vaccines \$0 copay for Hepatitis B vaccine. No referral needed for Flu and pneumonia vaccines.	CareSource Platinum (HMO-POS) <u>In-Network</u> \$0 copay for Flu and Pneumonia vaccines \$0 copay for Hepatitis B vaccine. No referral needed for Flu and pneumonia vaccines.

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Benefit	Original Medicare	CareSource Silver (HMO)	CareSource Gold (HMO)	CareSource Platinum (HMO-POS)
25 Mammograms (Annual Screening) (for women with Medicare age 40 and older)	<p>20% coinsurance (2)</p> <p>No referral needed.</p> <p>Covered once a year for all women with Medicare age 40 and older. One baseline mammogram covered for women with Medicare between age 35 and 39.</p>	<p><u>In-Network</u></p> <p>\$0 copay for Medicare-covered screening mammograms.</p>	<p><u>In-Network</u></p> <p>\$0 copay for Medicare-covered screening mammograms.</p>	<p><u>In-Network</u></p> <p>\$0 copay for Medicare-covered screening mammograms.</p>
26 Pap Smears and Pelvic Exams (for women with Medicare)	<p>\$0 copay (2) for Pap smears</p> <p>Covered once every 2 years.</p> <p>Covered once a year for women with Medicare at high risk.</p> <p>20% coinsurance (2) for Pelvic Exams</p>	<p><u>In-Network</u></p> <p>\$0 copay for Medicare-covered pap smears and pelvic exams.</p>	<p><u>In-Network</u></p> <p>\$0 copay for Medicare-covered pap smears and pelvic exams.</p>	<p><u>In-Network</u></p> <p>\$0 copay for Medicare-covered pap smears and pelvic exams.</p>
27 Prostate Cancer Screening Exams (for men with Medicare age 50 and older)	<p>20% coinsurance (2) for the digital rectal exam.</p> <p>\$0 for the PSA test;</p> <p>20% coinsurance (2) for other related services.</p> <p>Covered once a year for all men with Medicare over age 50.</p>	<p><u>In-Network</u></p> <p>\$0 copay for Medicare-covered prostate cancer screening.</p>	<p><u>In-Network</u></p> <p>\$0 copay for Medicare-covered prostate cancer screening.</p>	<p><u>In-Network</u></p> <p>\$0 copay for Medicare-covered prostate cancer screening.</p>

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Benefit

28

End-Stage
Renal
Disease

Original Medicare

20% coinsurance (1) (2) for renal dialysis

20% coinsurance (1) (2) for Nutrition Therapy for End-Stage Renal Disease

Nutrition therapy is for people who have diabetes or kidney disease (but aren't on dialysis or haven't had a kidney transplant) when referred by a doctor. These services can be given by a registered dietitian or include a nutritional assessment and counseling to help you manage your diabetes or kidney disease.

CareSource Silver (HMO)

General
Authorization rules may apply.

In-Network
20% of the cost for renal dialysis.
\$0 copay for Nutrition Therapy for End-Stage Renal Disease.

CareSource Gold (HMO)

General
Authorization rules may apply.

In-Network
\$0 copay for renal dialysis.
\$0 copay for Nutrition Therapy for End-Stage Renal Disease.

CareSource Platinum (HMO-POS)

General
Authorization rules may apply.

In-Network
\$0 copay for renal dialysis.
\$0 copay for Nutrition Therapy for End-Stage Renal Disease.

Benefit

29

Prescription
Drugs

Original Medicare

Most drugs are not covered under Original Medicare. You can add prescription drug coverage to Original Medicare care by joining a Medicare Prescription Drug Plan, or you can get all your Medicare coverage, including prescription drug coverage, by joining a Medicare Advantage Plan or a Medicare Cost Plan that offers prescription drug coverage.

CareSource Silver (HMO)

Drugs covered under Medicare Part B

General
\$0 copay for Part B-covered drugs.

Drugs Covered under Medicare Part D

General
This plan does not offer prescription drug coverage.
Most drugs not covered.

CareSource Gold (HMO)

Drugs covered under Medicare Part B

General
\$0 copay for Part B-covered drugs.

Drugs Covered under Medicare Part D

General
This plan does not offer prescription drug coverage.
Most drugs not covered.

CareSource Platinum (HMO-POS)

Drugs covered under Medicare Part B

General
\$0 copay for Part B-covered drugs.

Drugs Covered under Medicare Part D

General
This plan does not offer prescription drug coverage.
Most drugs not covered.

Benefit	Original Medicare	CareSource Silver (HMO)	CareSource Gold (HMO)	CareSource Platinum (HMO-POS)
30 Dental Services	Preventive dental services (such as cleaning) not covered.	<u>In-Network</u> In general, preventive dental benefits (such as cleaning) not covered. \$30 copay for Medicare-covered dental benefits.	<u>In-Network</u> In general, preventive dental benefits (such as cleaning) not covered. \$20 copay for Medicare-covered dental benefits.	<u>In-Network</u> In general, preventive dental benefits (such as cleaning) not covered. \$5 copay for Medicare-covered dental benefits.
31 Hearing Services	Routine hearing exams and hearing aids not covered. 20% coinsurance (1) (2) for diagnostic hearing exams.	<u>In-Network</u> In general, routine hearing exams and hearing aids not covered. \$30 copay for Medicare-covered diagnostic hearing exams	<u>In-Network</u> In general, routine hearing exams and hearing aids not covered. \$20 copay for Medicare-covered diagnostic hearing exams	<u>In-Network</u> In general, routine hearing exams and hearing aids not covered. \$5 copay for Medicare-covered diagnostic hearing exams

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Benefit

32

Vision Services

Original Medicare

20% coinsurance (1) (2) for diagnosis and treatment of diseases and conditions of the eye.

Routine eye exams and glasses not covered.

Medicare pays for one pair of eyeglasses or contact lenses after cataract surgery.

Annual glaucoma screenings covered for people at risk.

CareSource Silver (HMO)

General

Authorization rules may apply.

In-Network

\$0 copay for:

- one pair of eyeglasses or contact lenses after cataract surgery
- glasses
- contacts
- lenses
- frames

\$30 copay for exams to diagnose and treat diseases and conditions of the eye.

\$30 copay for up to 1 routine eye exam every two years

\$100 limit for eye wear every two years.

Plan offers additional vision benefits.

CareSource Gold (HMO)

In-Network

\$0 copay for:

- one pair of eyeglasses or contact lenses after cataract surgery
- glasses
- contacts
- lenses
- frames

\$20 copay for exams to diagnose and treat diseases and conditions of the eye.

\$20 copay for up to 1 routine eye exam every two years

\$100 limit for eye wear every two years.

Plan offers additional vision benefits.

CareSource Platinum (HMO-POS)

In-Network

\$0 copay for:

- one pair of eyeglasses or contact lenses after cataract surgery
- glasses
- contacts
- lenses
- frames

\$5 copay for exams to diagnose and treat diseases and conditions of the eye.

\$5 copay for up to 1 routine eye exam every two years

\$200 limit for eye wear every two years.

Plan offers additional vision benefits.

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Benefit

33

Physical Exams

Original Medicare

20% coinsurance (1) (2) for one exam within the first 12 months of your new Medicare Part B coverage.

When you get Medicare Part B, you can get a one time physical exam within the first 12 months of your new Part B coverage. The coverage does not include lab tests.

CareSource Silver (HMO)

In-Network
\$0 copay for routine exams.
Limited to 1 exam every year.

CareSource Gold (HMO)

In-Network
\$0 copay for routine exams.
Limited to 1 exam every year.

CareSource Platinum (HMO-POS)

In-Network
\$0 copay for routine exams.
Limited to 1 exam every year.

(1) In 2010, you pay a total of one \$155 deductible.

(2) If a doctor or supplier does not accept assignment, their costs are often higher, which means you pay more.

Benefit

34

Health/
Wellness
Education

Original Medicare

Smoking Cessation: Covered if ordered by your doctor. Includes two counseling attempts within a 12-month period if you are diagnosed with a smoking-related illness or are taking medicine that may be affected by tobacco. Each counseling attempt includes up to four face-to-face visits. You pay coinsurance, and Part B deductible applies. (1) (2)

CareSource Silver (HMO)

General

Please visit our plan website to see our list of covered Over-the-Counter items. OTC items may be purchased only for the enrollee. Please contact the plan for specific instructions for using this benefit

In-Network

This plan covers the following health/wellness education benefits:

- Written health education materials, including Newsletters
 - Nutritional Training
 - Additional Smoking Cessation
 - Health Club Membership/Fitness Classes
 - Nursing Hotline
 - Other Wellness Benefits
- \$0 copay for each Medicare-covered smoking cessation counseling session.

CareSource Gold (HMO)

General

Please visit our plan website to see our list of covered Over-the-Counter items. OTC items may be purchased only for the enrollee. Please contact the plan for specific instructions for using this benefit

In-Network

This plan covers the following health/wellness education benefits:

- Written health education materials, including Newsletters
 - Nutritional Training
 - Additional Smoking Cessation
 - Health Club Membership/Fitness Classes
 - Nursing Hotline
 - Other Wellness Benefits
- \$0 copay for each Medicare-covered smoking cessation counseling session.

CareSource Platinum (HMO-POS)

General

Please visit our plan website to see our list of covered Over-the-Counter items. OTC items may be purchased only for the enrollee. Please contact the plan for specific instructions for using this benefit

In-Network

This plan covers the following health/wellness education benefits:

- Written health education materials, including Newsletters
 - Nutritional Training
 - Additional Smoking Cessation
 - Health Club Membership/Fitness Classes
 - Nursing Hotline
 - Other Wellness Benefits
- \$0 copay for each Medicare-covered smoking cessation counseling session.

(1) In 2010, you pay a total of one \$155 deductible.

(2) If a doctor or supplier does not accept assignment, their costs are often higher, which means you pay more.

Benefit	Original Medicare	CareSource Silver (HMO)	CareSource Gold (HMO)	CareSource Platinum (HMO-POS)
35 Transportation (Routine)	Original Medicare Not covered.	CareSource Silver (HMO) <u>In-Network</u> This plan does not cover routine transportation.	CareSource Gold (HMO) <u>In-Network</u> This plan does not cover routine transportation.	CareSource Platinum (HMO-POS) <u>In-Network</u> This plan does not cover routine transportation.
36 Acupuncture	Original Medicare Not covered.	CareSource Silver (HMO) <u>In-Network</u> \$30 copay per visit.	CareSource Gold (HMO) <u>In-Network</u> \$20 copay per visit.	CareSource Platinum (HMO-POS) <u>In-Network</u> \$5 copay per visit.
37 Point of Service	Original Medicare You may go to any doctor, specialist or hospital that accepts Medicare.	CareSource Silver (HMO) N/A	CareSource Gold (HMO) N/A	CareSource Platinum (HMO-POS) <u>Out-of-Network</u> Point of Service coverage is available for the following benefits: <ul style="list-style-type: none"> – Doctor office visits – Diagnostic tests, X-rays, lab services, and radiology services \$1,000 out-of-pocket limit every year for POS benefits \$5,000 limit every year for the following POS Benefits: <ul style="list-style-type: none"> – Doctor office visits – Diagnostic tests, X-rays, lab services, and radiology services

ADDITIONAL INFORMATION

Ambulance Service

Medically necessary ground and air ambulance is covered anywhere in the U.S. This includes transportation to a hospital or from one hospital to another hospital providing a higher level of care or to a Skilled Nursing Facility. There is a \$100 copay for each use of ambulance service. Non-emergency ambulance transportation requires prior authorization.

Annual Out-of-Pocket Limit

As a CareSource member, you enjoy the added protection of a \$3,400 (Silver), \$2,000 (Gold) or \$500 (Platinum) out-of-pocket limit* on what you pay for copays and coinsurance. Once your copays and coinsurance reach this limit you will not pay any more copays or coinsurance for covered services for the remainder of the calendar year.

* *This out-of-pocket limit does not cover the point-of-service benefit.*

Case Management

Case management services are available to provide a medical resource base for the management of your health care services. Our case management professionals coordinate medical resources and create flexible, cost-effective options for individualized care with catastrophic and chronic illnesses and/or injuries. Referrals for case management services are received from providers, facilities, members, and family.

Chiropractic Services

You may see a chiropractor without a referral within our network for Medicare-covered services such as spinal manipulation related to a demonstrated subluxation of the spine. For routine chiropractic services offered by CareSource, please refer to benefits for complementary medicine, described below. In either instance, you will have a \$30/\$20/\$5** copay.

** *Copay is \$30 for Silver, \$20 for Gold, or \$5 for Platinum*

Complementary Medicine

CareSource provides additional benefits that enhance your basic medical coverage by providing complementary medicine options not available through the Original Medicare Plan. We offer acupuncture and an expanded routine chiropractic benefit. There is a total \$1,000 maximum for these services per year. Copays are required for network providers. There is no coverage for out-of-network providers. Copays are \$30/\$20/\$5** per visit.

Counseling Support Services

* Copay is \$20 for Silver and Gold, or \$5 for Platinum

CareSource offers Counseling Support Services for couples and individuals from professionals including licensed professional counselors and licensed marital-family therapists. This benefit provides support for relationship issues, conflict resolution, health and age-related transitions, disability issues and grief counseling. No referral is necessary if you use a network provider. Copays are \$20/\$5* per visit.

Diagnostic Tests, X-Rays, and Lab Services

Your provider may order specific exams to help diagnose your condition. You are covered in full for Medicare-approved diagnostic tests, X-rays, and lab services. Services performed during a physician office visit are also covered in full. Referral to another facility is covered with no additional copay for Medicare-covered services.

Doctor Office Visits

** For PCP, copay is \$20 for Silver and Gold, \$5 for Platinum. For specialist, copay is \$30 for Silver, \$20 for Gold or \$5 for Platinum

CareSource wants you to see your Primary Care Provider (PCP) at least once each year. New enrollees, please see your PCP within 90 days of enrollment. CareSource provides a free routine physical exam and waives any cost sharing. After your initial visit, your copay for PCP is just \$20/\$5** per visit. There are no Medicare deductibles or coinsurances. Choose your primary care provider from our network of family practice physicians, internists, and certified nurse practitioners. Your PCP may already be a member of our network. If you need assistance in selecting a new PCP, our Member Services team is more than happy to assist.

Durable Medical Equipment and Prostheses

CareSource pays for all durable medical equipment and prosthetic items for Gold and Platinum Plans. There is a 20% coinsurance for the Silver Plan. Some items can be very costly and there may be a significant range in price for the same item produced by different vendors. For items costing over \$350, pre-authorization by CareSource is required. You must use our network vendors.

Education and Wellness

CareSource is very proactive in promoting wellness through education, care management of people with complex conditions, and disease management for people with chronic conditions. Our educational programs include:

- Periodic newsletters containing helpful information on your health
- Nutritional training and counseling
- Congestive heart disease program
- Disease management for people with asthma, depression, COPD, diabetes, heart disease, stroke, and obesity
- Smoking cessation classes
- Smoking cessation counseling

Our prevention, education and wellness programs vary year to year as we expand the types of programs offered to better meet the changing needs of our members.

Emergency Care

A “medical emergency” is when you reasonably believe that your health is in serious danger—when every second counts. A medical emergency includes severe pain, a bad injury, a serious illness, or a medical condition that is quickly getting much worse. In case of an emergency you have worldwide coverage. You will be responsible for a \$50 copay for each emergency room visit. If you are admitted to the hospital within 48 hours for the same condition, you pay \$0 for the emergency room visit.

Health Club Membership

CareSource has negotiated an agreement with several health clubs in our service area. We will pay the enrollment fee and the monthly dues are reduced 50%. Please consult our Provider Directory to find a health club of your choice.

Home Health Care

Your PCP may recommend home health visits following an illness or an injury. Pre-authorized home health visits are covered in full. There are no copays.

Hospice Care

There are no copays for Hospice Care if care is provided by a Medicare-approved hospice provider and in our network. We recommend that you inform the Health Plan of any transition to hospice care. This allows us to better monitor your care and assure that you and your family or caregivers have access to all you need.

Immunizations

In addition to Influenza, Pneumonia and Hepatitis B vaccines, and other vaccines if you are at risk, we also cover Tetanus immunizations when medically necessary.

Inpatient Hospital Care

CareSource contracts with all area hospitals for inpatient services. Should you require a stay in the hospital, you will be referred to one of our contracted hospitals for care. If you need more specialized treatment, your physician may refer you to Providence Health System Facilities in Portland. In any inpatient setting, you will pay \$300/day for days 1-10 (Silver), or \$200/day for days 1-10 (Gold), \$150/day for days 1-3 (Platinum). Beyond that, CareSource covers the cost of your care. There is no limit on the number of medically necessary inpatient stays you may need each year.

Inpatient Mental Health Care

CareSource covers the cost of Medicare-covered inpatient mental health care. Should you require a stay in an Inpatient Mental Health Facility, your copay is \$250/day for days 1-10 (Silver), or \$200/day for days 1-10 (Gold), \$150/day for days 1-3 (Platinum) Beyond that, CareSource covers the cost of your care. Please note, if you require a stay at an Inpatient Mental Health Facility there is a 190-day lifetime

limit on the number of inpatient psychiatric days of coverage. Once you have exhausted this lifetime limit, you will be responsible for covering the cost of your care.

Medical Management

With CareSource, you choose a Primary Care Provider (PCP) who will coordinate all the medical services you receive through CareSource. Your PCP will provide or direct all your medical care and get to know you and your medical history. Your PCP will keep your medical records up-to-date, confidential, and in one place, and send you to a specialist when needed. He/She will monitor drug interactions. You can access network women's health specialists, preventive services, vision services, mental health providers and routine alternative care/complementary medicine providers without a PCP referral. Most other services require a referral. Your PCP can make a referral over the phone, without an office visit.

Out-of-Network Coverage

In addition to emergent and urgent care, there may be circumstances when your primary care provider or your specialty care physician will refer you to non-network providers. A referral is needed and copays, if any, apply. Prior Authorization is not required under Point-of-Service option (Platinum HMO-POS plan only).

* *Individual and group therapy visit copays are \$20 for Silver and Gold, or \$5 for Platinum. Copays for individual therapy visits with a psychiatrist are \$30 for Silver, \$20 for Gold, or \$5 for Platinum*

** *\$200 for Silver, \$50 for Gold or Platinum in a covered ambulatory surgical center. \$200 for Silver, \$100 for Gold or Platinum in a covered outpatient hospital facility.*

Outpatient Mental Health Care and Substance Abuse

Mental Health services include outpatient counseling for alcohol and drug abuse. These services are covered by CareSource when care is obtained from a provider within our network, including psychiatrists, psychologists, and social workers. For Outpatient Mental Health, there is a \$30/\$20/\$5* copay for each individual or group therapy session. For Substance Abuse, the copay is \$15 for Silver, \$20 for Gold, and \$5 for Platinum.

Outpatient Surgery

If needed, your doctor may arrange for your outpatient surgery in an ambulatory surgery center or in an outpatient hospital facility. In each case, there is a \$200/\$100/\$50** copay for medically necessary Medicare-covered outpatient surgery services.

Over the Counter Drugs (OTC)

CareSource covers the following OTCs at no cost to you: The generic version of Aspirin up to 5 grains, enteric coated Aspirin, Tylenol, Tylenol Arthritis, Advil, Aleve, and OTC nicotine cessation products. These medications or supplements need a doctor's prescription.

Point-of-Service (POS) – Platinum Plan Only

You can see any Primary Care Provider** and/or Specialist for doctor office visits, diagnostic tests, x-rays, lab services, and radiology services without a referral or prior authorization. You are responsible for 20% coinsurance. The annual benefit limit is \$5,000.

* *who is not your chosen PCP*

Preventive Services

As a managed care plan, CareSource values your health and wants to prevent illness through routine screening. We offer a wide range of preventive services including:

- Initial physical exam for all newly enrolled Medicare beneficiaries
- Abdominal aortic aneurysm screening
- Annual routine physical exam
- Bone mass measurement for people at risk for complications from osteoporosis
- Cardiovascular disease testing
- Colorectal screening for people with Medicare, age 50 and over
- Immunizations, including Medicare-covered vaccines as well as additional vaccines for the prevention of other diseases
- Diabetic screening
- Pap smears and pelvic exams
- Mammograms
- Prostate cancer screening

There is no copay for preventive services and you do not need a referral from your PCP.

Self-Referral Services

CareSource members must obtain a referral and an authorization from their PCP before seeing most specialists. However, there is substantial flexibility in the Plan that allows members to self-refer to a wide variety of services, including the following:

- Acupuncture
- Ambulance service (in emergencies)
- Bone mass measurement
- Chiropractic
- Colorectal screening
- Diabetes self-monitoring training
- Emergency care
- Initial physical for all new Medicare beneficiaries
- Outpatient substance abuse counseling
- Prostate cancer screening exams
- Urgent care
- Vision services
- Abdominal aortic aneurysm screening
- Annual routine physical exam
- Cardiovascular disease testing
- Counseling support
- Diabetic screening
- Education and wellness programs
- Immunizations
- Mammograms
- Outpatient mental health services
- Pap smears and pelvic exams
- Smoking cessation programs, tobacco replacement products

Some restrictions apply, including required use of network providers, the application of copays at times, and a limit on Complementary Medicine (acupuncture and routine chiropractic).

Service Area

CareSource is available to eligible Medicare beneficiaries who reside in Jackson County (the Gold plan excludes zip codes 97525, Gold Hill, and 97537, Rogue River, in Jackson County). Call CareSource Marketing at 541-734-5520 for more information about plans available in our other service area.

Skilled Nursing Facility Care

Skilled nursing facility care is covered for up to 100 days per benefit period. For Silver Plan members there is a \$150/day copay for days 1-10, \$150/day for days 1-10 for Gold Plan members, and for Platinum Plan members there is no copay, no co-insurance, or deductible. You may be referred to a skilled nursing facility without having been admitted to the hospital. Admission to a skilled nursing facility must be authorized by CareSource prior to admission. Please note that intermediate and custodial care are not covered because they are not Medicare-covered benefits.

TOPS (Take Off Pounds Sensibly)

TOPS, a non-profit organization, offers a healthy, caring and supportive approach to weight control. Over 200,000 members nationwide use the TOPS program to meet their weight loss goals. CareSource will pay half of your membership dues.

Urgently Needed Care

“Urgently needed care” is when you need medical attention right away for an unforeseen illness or injury. If you are in the plan’s service area, call your PCP for the direction of your care. If you are outside the plan’s service area we cover urgently needed care from non-plan providers. You are covered worldwide for urgently needed care. There is a \$25 copay for each visit. If you are admitted to the hospital within 48 hours for the same condition, you pay \$0 for the urgently needed care visit.

Vision Services

CareSource provides one routine eye exam every two years and your office copay is \$30/\$20/\$5*. No referral is necessary if you receive care through a network provider. Coverage also includes an allowance of up to \$100/\$200** for glasses or contacts every two years.

- * \$30 for Silver, \$20 for Gold, or \$5 for Platinum (copay for eye exam)
- ** \$100 for Silver or Gold, or \$200 for Platinum

For more information

If you have additional questions about CareSource, please:

1. **Call Member Services** at 541-734-5520 or toll-free at 1-888-460-0185. Hearing impaired (TTY/TDD): 1-800-735-2900.
2. **Stop by your local office:** 1390 Biddle Rd., Ste. 105, in Medford.
3. **Write us** at: CareSource/Mid Rogue Health Plan, 740 SE 7th Street; Grants Pass, Oregon 97526
4. **Visit us online** at: www.caresourcehealthplans.com.

CareSource

MID ROGUE HEALTH PLAN



GRANTS PASS | 740 SE 7th Street
Grants Pass, OR 97526
Tel 541.471.4106

MEDFORD | 1390 Biddle Road, Ste. 105
Medford, OR 97504
Tel 541.734.5520