

Pre-Enrollment Checklist

CareOregon Advantage Plus (HMO-POS SNP)

Before making an enrollment decision, it is important that you fully understand our benefits and rules. If you have any questions, you can call our Customer Service at 503-416-4279, toll-free 888-712-3258 or TTY 711. Our hours are 8 a.m. to 8 p.m. seven days a week, October 1 to March 31, and 8 a.m. to 8 p.m. Monday through Friday, April 1 to September 30.

Understanding the Benefits

- Review the full list of benefits found in the Evidence of Coverage (EOC), especially for those services that you routinely see a doctor. To view a copy of the EOC, visit careoregonadvantage.org or call toll-free, 888-712-2358 (TTY:711).
- Review the provider directory (or ask your doctor) to make sure the doctors you see now are in the network. If they are not listed, it means you will likely have to select a new doctor.
- Review the pharmacy directory to make sure the pharmacy you use for any prescription medicines is in the network. If the pharmacy is not listed, you will likely have to select a new pharmacy for your prescriptions.
- Review our Drug List (Formulary) to make sure your prescriptions are covered. It will also tell you if there are any rules that restrict coverage for your prescriptions. If one of your prescriptions is not on the Drug List or is restricted, you may be able to get a temporary supply while you work with your doctor to request coverage or change to another drug.

Understanding Important Rules

- As a member of our plan, you pay a monthly plan premium. For 2022, the monthly premium for CareOregon Advantage Plus is \$40.50. However, due to your Medicaid status, your monthly plan premium is paid for on your behalf.
- Benefits, premiums and/or copayments/coinsurance may change on January 1, 2023.
- Except in emergency or urgent situations, we do not cover services by out-of-network providers (doctors who are not listed in the provider directory).
- Our plan allows you to see providers outside of our network (non-contracted providers). However, while we will pay for covered services provided by a non-contracted provider, the provider must agree to treat you. Except in an emergency or urgent situations, non-contracted providers may deny care.
- This plan is a dual eligible special needs plan (D-SNP). Your ability to enroll will be based on verification that you are entitled to both Medicare and medical assistance from a state plan under Medicaid.