



**Introduction to the Summary of Benefits Report for
Trillium Advantage Dual Special Needs Plan (HMO)**



Introduction to the Summary of Benefits Report for

January 1, 2010 - December 31, 2010

Trillium Advantage Dual Special Needs Plan (HMO)

Jackson and Lane Counties

Thank you for your interest in Trillium Advantage Dual SNP (HMO). Our plan is offered by TRILLIUM COMMUNITY HEALTH PLAN[®], a Medicare Advantage Health Maintenance Organization (HMO). This plan is designed for people who meet specific enrollment criteria.

You may be eligible to join this plan if you receive assistance from the state and Medicare. All cost sharing in this summary of benefits is based on your level of Medicaid eligibility.

Please call Trillium Community Health Plan to find out if you are eligible to join. Our number is listed at the end of this introduction.

This Summary of Benefits tells you some features of our plan. It doesn't list every service we cover or list every limitation or exclusion. To get a complete list of our benefits, please call Trillium Community Health Plan and ask for the "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 Trillium Advantage Dual SNP (HMO). You may have other options too. You make the choice. No matter what you decide, you are still in the Medicare Program.

If you are eligible for both Medicare and Medicaid (dual eligible) you may join or leave a plan at any time.

Please call Trillium Community Health Plan at the number listed at the end of this introduction or 1-800-MEDICARE (1-800-633-4227) for more information. TTY 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 Trillium Advantage Dual SNP (HMO) 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 TRILLIUM ADVANTAGE DUAL SNP (HMO) AVAILABLE?

The service area for this plan includes: Jackson, Lane Counties, OR. You must live in one of these areas to join the plan.

WHO IS ELIGIBLE TO JOIN TRILLIUM ADVANTAGE DUAL SNP (HMO)?

You can join Trillium Advantage Dual SNP (HMO) 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 generally are not eligible to enroll in Trillium Advantage Dual SNP (HMO) unless they are members of our organization and have been since their dialysis began.

You must also receive assistance from the state to join this plan.

Please call plan to see if you are eligible to join.

CAN I CHOOSE MY DOCTORS?

Trillium Community Health Plan has formed a network of doctors, specialists, and hospitals. You can only use doctors who are part 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.trilliumchp.com>. Our customer service number is listed at the end of this introduction.

WHAT HAPPENS IF I GO TO A DOCTOR WHO'S NOT IN YOUR NETWORK?

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

DOES MY PLAN COVER MEDICARE PART B OR PART D DRUGS?

Trillium Advantage Dual SNP (HMO) does cover both Medicare Part B prescription drugs and Medicare Part D prescription drugs.

WHERE CAN I GET MY PRESCRIPTIONS IF I JOIN THIS PLAN?

Trillium Community Health Plan has formed a network of pharmacies. You must use a network pharmacy to receive plan benefits. We may not pay for your prescriptions if you use an out-of-network pharmacy, except in certain cases. The pharmacies in our network can change at any time. You can ask for a pharmacy directory or visit us at <http://www.trilliumchp.com>. Our customer service number is listed at the end of this introduction.

WHAT IS A PRESCRIPTION DRUG FORMULARY?

Trillium Community Health Plan uses a formulary. A formulary is a list of drugs covered by your plan to meet patient needs. We may periodically add, remove, or make changes to coverage limitations on certain drugs or change how much you pay for a drug. If we make any formulary change that limits our members' ability to fill their prescriptions, we will notify the affected enrollees before the change is made. We will send a formulary to you and you can see our complete formulary on our Web site at <http://www.trilliumchp.com>.

If you are currently taking a drug that is not on our formulary or subject to additional requirements or limits, you may be able to get a temporary supply of the drug. You can contact us to request an exception or switch to an alternative drug listed on our formulary with your physician's help. Call us to see if you can get a temporary supply of the drug or for more details about our drug transition policy.

HOW CAN I GET EXTRA HELP WITH PRESCRIPTION DRUG PLAN COSTS?

You may be able to get extra help to pay for your prescription drug premiums and costs. To see if you qualify for getting extra help, call:

* 1-800-MEDICARE (1-800-633-4227). TTY/TDD users should call 1-877-486-2048, 24 hours a day/7days a week;

* The Social Security Administration at 1-800-772-1213 between 7 a.m. and 7 p.m., Monday through Friday. TTY/TDD users should call 1-800-325-0778; or

*Your State Medicaid Office.

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 Trillium Community Health Plan, 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 at (503) 279-0100.

As a member of Trillium Community Health Plan, you have the right to request a coverage determination, which includes the right to request an exception, the right to file an appeal if we deny coverage for a prescription drug, and the right to file a grievance. You have the right to request a coverage determination if you want us to cover a Part D drug that you believe should be covered. An exception is a type of coverage determination. You may ask us for an exception if you believe you need a drug that is not on our list of covered drugs or believe you should get a non-preferred drug at a lower out-of-pocket cost. You can also ask for an exception to cost utilization rules, such as a limit on the quantity of a drug. If you think you need an exception, you should contact us before you try to fill your prescription at a pharmacy. Your doctor must provide a statement to support your exception request. If we deny coverage for your prescription drug(s), you have the right to appeal and ask us to review our decision. Finally, you have the right to file a grievance if you have any type of problem with us or one of our network pharmacies that does not involve coverage for a prescription drug. If your problem involves quality of care, you also have the right to file a grievance with the Quality Improvement Organization for your state, Acumentra Health at (503) 279-0100.

WHAT IS A MEDICATION THERAPY MANAGEMENT (MTM) PROGRAM?

A Medication Therapy Management (MTM) Program is a free service we may offer. You may be invited to participate in a program designed for your specific health and pharmacy needs. You may decide not to participate but it is recommended that you take full advantage of this covered service if you are selected. Contact Trillium Community Health Plan for more details.

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 Trillium Community Health Plan 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 alpha 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.

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 plan ratings for Medicare plans in your area. You can also call us directly at (800) 910-3906 to obtain a copy of the plan ratings for this plan. TTY users call (866) 279-9750.

Please call Trillium Community Health Plan for more information about Trillium Advantage Dual SNP (HMO)

Visit us at www.trilliumchp.com or, call us:

Customer Service Hours:

Sunday, Monday, Tuesday, Wednesday, Thursday, Friday, Saturday, 8:00 a.m. - 8:00 p.m. Pacific.

Current and Prospective members should call toll-free (800) 910-3906 for questions related to the Medicare Advantage Program. (TTY/TDD (866) 279-9750).

Current and Prospective members should call locally (541) 431-1950 (Lane County) or (541) 282-2455 (Jackson County) for questions related to the Medicare Advantage Program. (TTY/TDD (866) 279-9750).

Current and Prospective members should call toll-free (800) 910-3906 for questions related to the Medicare Part D Prescription Drug program. (TTY/TDD (866) 279-9750)

Current and Prospective members should call locally (541) 431-1950 (Lane County) or (541) 282-2455 (Jackson County) for questions related to the Medicare Part D Prescription Drug program. (TTY/TDD (866) 279-9750).

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.



Summary of Benefits

If you have any questions about this plan's benefits or costs, please contact Trillium Community Health Plan for details.		
Benefit Category	Original Medicare	Trillium Advantage Dual SNP (HMO)
IMPORTANT INFORMATION		
<p>1 - Premium and Other Important Information</p>	<p>The Medicare cost sharing amount may vary based on your level of Medicaid eligibility.</p> <p>In 2009 the monthly Part B Premium was \$0 or \$96.40 and will change for 2010 and the yearly Part B deductible amount was \$0 and will change for 2010.</p> <p>If a doctor or supplier does not accept assignment, their costs are often higher, which means you pay more.</p> <p>Most people will pay the standard monthly Medicare Part B premium. However, starting January 1, 2010, some people will pay a higher premium because of their yearly income. (For 2009, this amount was \$85,000 for singles, \$170,000 for married couples. This amount may change for 2010.) 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.</p>	<p>General: \$0 monthly plan premium in addition to your monthly Medicare Part B premium.*</p> <p>*All cost sharing in this summary of benefits is based on your level of Medicaid eligibility.</p> <p>In-Network: In 2010 the yearly Part B deductible amount is \$0 or \$135.00* Contact the plan for services that apply.</p>
<p>2 - Doctor and Hospital Choice</p> <p><i>(For more information, see Emergency - #15 and Urgently Needed Care - #16.)</i></p>	<p>You may go to any doctor, specialist or hospital that accepts Medicare.</p>	<p>In-Network: You must go to network doctors, specialists, and hospitals.</p> <p>Referral required for network specialists (for certain benefits).</p>

If you have any questions about this plan's benefits or costs, please contact Trillium Community Health Plan for details.

Benefit Category	Original Medicare	Trillium Advantage Dual SNP (HMO)
INPATIENT CARE		
<p>3 - Inpatient Hospital Care <i>(includes Substance Abuse and Rehabilitation Services)</i></p>	<p>In 2009 the amounts for each benefit period were \$0 or: Days 1 - 60: \$1,068 deductible* Days 61 - 90: \$267 per day* Days 91 - 150: \$534 per lifetime reserve day*These amounts will change for 2010. Call 1-800-MEDICARE (1-800-633-4227) for information about lifetime reserve days. Lifetime reserve days can only be used once. A "benefit period" starts the day you go into a hospital or skilled nursing facility. 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. There is no limit to the number of benefit periods you can have.</p>	<p>In-Network: In 2010 the amounts for each benefit period, \$0 or: Days 1 - 60: \$1100.00 deductible* Days 61 - 90: \$275.00 per day* Days 91 - 150: \$550.00 per lifetime reserve day* You will not be charged additional cost sharing for professional services. Plan covers 90 days each benefit period. Except in an emergency, your doctor must tell the plan that you are going to be admitted to the hospital.</p>
<p>4 - Inpatient Mental Health Care</p>	<p>Same deductible and copay as inpatient hospital care (see "Inpatient Hospital Care" above). 190 day lifetime limit in a Psychiatric Hospital.</p>	<p>In-Network: You get up to 190 days in a Psychiatric Hospital in a lifetime.</p>

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Benefit Category	Original Medicare	Trillium Advantage Dual SNP (HMO)
<p>5 - Skilled Nursing Facility <i>(in a Medicare-certified skilled nursing facility)</i></p>	<p>In 2009 the amounts for each benefit period after at least a 3-day covered hospital stay were:</p> <p>Days 1 - 20: \$0 per day*</p> <p>Days 21 - 100: \$0 or \$133.50 per day*</p> <p>These amounts will change for 2010.</p> <p>100 days for each benefit period.</p> <p>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. There is no limit to the number of benefit periods you can have.</p>	<p>General: Authorization rules may apply.</p> <p>In-Network: In 2010 the amounts for each benefit period are: \$0 or:</p> <p>Days 1 - 20: \$0 per day*</p> <p>Days 21 - 100: \$137.50 per day*</p> <p>You will not be charged additional cost sharing for professional services.</p> <p>For non-Medicare-covered SNF stays:</p> <p>Days 1 - 20: \$0 per day</p> <p>Days 21 - 100: 100% per day</p> <p>Plan covers up to 100 days each benefit period</p> <p>No prior hospital stay is required.</p>
<p>6 - Home Health Care <i>(includes medically necessary intermittent skilled nursing care, home health aide services, and rehabilitation services, etc.)</i></p>	<p>\$0 copay.</p>	<p>General: Authorization rules may apply.</p> <p>In-Network: \$0 copay for Medicare-covered home health visits.</p>
<p>7 - Hospice</p>	<p>You pay part of the cost for outpatient drugs and you may pay part of the cost for inpatient respite care.</p> <p>You must get care from a Medicare-certified hospice.</p>	<p>General: You must get care from a Medicare-certified hospice.</p>

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Benefit Category	Original Medicare	Trillium Advantage Dual SNP (HMO)
OUTPATIENT CARE		
8 - Doctor Office Visits	0% or 20% coinsurance	In-Network: 0% or 20% of the cost for each primary care doctor visit for Medicare-covered benefits.* \$0 copay for the cost of each in-area, network urgent care Medicare-covered visit* 0% or 20% of the cost for each specialist visit for Medicare-covered benefits.*
9 - Chiropractic Services	Routine care not covered 0% or 20% coinsurance 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.	General Authorization rules may apply. In-Network: 0% or 20% of the cost for Medicare-covered visits.* 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.
10 - Podiatry Services	Routine care not covered. 0% or 20% coinsurance for medically necessary foot care, including care for medical conditions affecting the lower limbs.	In-Network: 0% or 20% of the cost for each Medicare-covered visit.* Medicare-covered podiatry benefits are for medically-necessary foot care.
11 - Outpatient Mental Health Care	0% or 45% coinsurance for most outpatient mental health services.	In-Network: 0% or 50% of the cost for each Medicare-covered individual or group therapy visit.*
12 - Outpatient Substance Abuse Care	0% or 20% coinsurance	In-Network: 0% or 20% of the cost for Medicare-covered individual or group visits.

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Benefit Category	Original Medicare	Trillium Advantage Dual SNP (HMO)
13 - Outpatient Services/Surgery	0% or 20% coinsurance for the doctor 0% or 20% of outpatient facility charges	General: Authorization rules may apply. In-Network: 0% or 20% of the cost for each Medicare-covered ambulatory surgical center visit.* 0% or 20% of the cost for each Medicare-covered outpatient hospital facility visit.*
14 - Ambulance Services <i>(medically necessary ambulance services)</i>	0% or 20% coinsurance	In-Network: 0% or 20% of the cost for Medicare-covered ambulance benefits.*
15 - Emergency Care <i>(You may go to any emergency room if you reasonably believe you need emergency care.)</i>	0% or 20% coinsurance for the doctor 0% or 20% of facility charge 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.	General: 0% or 20% of the cost (up to \$50) for Medicare-covered emergency room visits* This amount applies toward your in and out-of-network plan deductible. Not covered outside the U.S. except under limited circumstances. Contact the plan for more details. If you are immediately admitted to the hospital, you pay \$0 for the emergency room visit. If you are admitted to the hospital within 3-day(s) for the same condition, you pay \$0 for the emergency room visit.

If you have any questions about this plan's benefits or costs, please contact Trillium Community Health Plan for details.

Benefit Category	Original Medicare	Trillium Advantage Dual SNP (HMO)
16 - Urgently Needed Care <i>(This is NOT emergency care, and in most cases, is out of the service area.)</i>	0% or 20% coinsurance NOT covered outside the U.S. except under limited circumstances.	General: 0% or 20% of the cost for Medicare-covered urgently needed care visits.*
17 - Outpatient Rehabilitation Services <i>(Occupational Therapy, Physical Therapy, Speech and Language Therapy)</i>	0% or 20% coinsurance	General: Authorization rules may apply. In-Network: 0% or 20% of the cost for Medicare-covered Occupational Therapy visits.* 0% or 20% of the cost for Medicare-covered Physical and/or Speech/Language Therapy visits.*
OUTPATIENT MEDICAL SERVICES AND SUPPLIES		
18 - Durable Medical Equipment <i>(includes wheelchairs, oxygen, etc.)</i>	0% or 20% coinsurance	General: Authorization rules may apply. In-Network: 0% or 20% of the cost for Medicare-covered items.*
19 - Prosthetic Devices <i>(includes braces, artificial limbs and eyes, etc.)</i>	0% or 20% coinsurance	General: Authorization rules may apply. In-Network: 0% or 20% of the cost for Medicare-covered items.*
20 - Diabetes Self-Monitoring Training, Nutrition Therapy, and Supplies <i>(includes coverage for glucose monitors, test strips, lancets, screening tests, and self-management training)</i>	0% or 20% coinsurance 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.	General: Authorization rules may apply. In-Network: 0% or 20% of the cost for Diabetes self-monitoring training.* 0% or 20% of the cost for Nutrition Therapy for Diabetes .* 0% or 20% of the cost for Diabetes supplies.* Separate Office Visit cost sharing of 0% or 20% of the cost may apply.*

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Benefit Category	Original Medicare	Trillium Advantage Dual SNP (HMO)
<p>21 - Diagnostic Tests, X-Rays, Lab Services and Radiology Services</p>	<p>0% or 20% coinsurance for diagnostic tests and x-rays</p> <p>\$0 copay for Medicare-covered lab services</p> <p>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.</p>	<p>General: Authorization rules may apply.</p> <p>In-Network: 0% of the cost for Medicare-covered lab services.*</p> <p>0% or 20% of the cost for Medicare-covered diagnostic procedures and tests.*</p> <p>0% or 20% of the cost for Medicare-covered X-rays.*</p> <p>0% or 20% of the cost for Medicare-covered diagnostic radiology services.*</p> <p>0% or 20% of the cost for Medicare-covered therapeutic radiology services.*</p> <p>Separate Office Visit cost sharing of 0% or 20% of the cost may apply.</p>
PREVENTIVE SERVICES		
<p>22 - Bone Mass Measurement <i>(for people with Medicare who are at risk)</i></p>	<p>0% or 20% coinsurance</p> <p>Covered once every 24 months (more often if medically necessary) if you meet certain medical conditions.</p>	<p>In-Network: 0% or 20% of the cost for Medicare-covered bone mass measurement.*</p> <p>Separate Office Visit cost sharing of 0% or 20% of the cost may apply.</p>
<p>23 - Colorectal Screening Exams <i>(for people with Medicare age 50 and older)</i></p>	<p>0% or 20% coinsurance</p> <p>Covered when you are high risk or when you are age 50 and older.</p>	<p>In-Network: 0% or 20% of the cost for Medicare-covered colorectal screenings.*</p>
<p>24 – Immunizations <i>(Flu vaccine, Hepatitis B vaccine - for people with Medicare who are at risk, Pneumonia vaccine)</i></p>	<p>\$0 copay for Flu and Pneumonia vaccines</p> <p>0% or 20% coinsurance for Hepatitis B vaccine</p> <p>You may only need the Pneumonia vaccine once in your lifetime. Call your doctor for more information.</p>	<p>In-Network: \$0 copay for Flu and Pneumonia vaccines.</p> <p>No referral needed for Flu and pneumonia vaccines.</p> <p>20% of the cost for Hepatitis B vaccine.</p>

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Benefit Category	Original Medicare	Trillium Advantage Dual SNP (HMO)
25 - Mammograms (Annual Screening) <i>(for women with Medicare age 40 and older)</i>	0% or 20% coinsurance No referral needed. 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.	In-Network: 0% or 20% of the cost for Medicare-covered screening mammograms.* Separate Office Visit cost sharing of 0% or 20% of the cost may apply.
26 - Pap Smears and Pelvic Exams <i>(for women with Medicare)</i>	\$0 copay for Pap smears Covered once every 2 years. Covered once a year for women with Medicare at high risk. 0% or 20% coinsurance for Pelvic Exams	In-Network: 0% of the cost for Medicare-covered pap smears and pelvic exams.* Separate Office Visit cost sharing of 0% or 20% of the cost may apply.
27 - Prostate Cancer Screening Exams <i>(for men with Medicare age 50 and older)</i>	0% or 20% coinsurance for the digital rectal exam. \$0 for the PSA test; 0% or 20% coinsurance for other related services. Covered once a year for all men with Medicare over age 50.	In-Network: 0% or 20% of the cost for Medicare-covered prostate cancer screening.* Separate Office Visit cost sharing of 0% or 20% of the cost may apply.
28 - End-Stage Renal Disease	0% or 20% coinsurance for renal dialysis 0% or 20% coinsurance 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.	In-Network: 0% or 20% of the cost for renal dialysis* 0% or 20% of the cost for Nutrition Therapy for End-Stage Renal Disease.*

If you have any questions about this plan's benefits or costs, please contact Trillium Community Health Plan for details.

Benefit Category	Original Medicare	Trillium Advantage Dual SNP (HMO)
<p>29 - Prescription Drugs</p>	<p>Most drugs are not covered under Original Medicare. You can add prescription drug coverage to Original Medicare 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.</p>	<p>Drugs covered under Medicare Part B</p> <p>General: \$0 yearly deductible for Part B-covered drugs.* 0% or 20% of the cost for Part B-covered chemotherapy drugs and other Part B-covered drugs.*</p> <p>Drugs Covered under Medicare Part D</p> <p>General: This plan uses a formulary. The plan will send you the formulary. You can also see the formulary at http://www.trilliumchp.com on the web.</p> <p>Different out-of-pocket costs may apply for people who</p> <ul style="list-style-type: none"> -have limited incomes, -live in long term care facilities, <p>or</p> <ul style="list-style-type: none"> -have access to Indian/Tribal/Urban (Indian Health Service). <p>The plan offers national in-network prescription coverage (i.e., this would include 50 states and DC). This means that you will pay the same cost-sharing amount for your prescription drugs if you get them at an in-network pharmacy outside of the plan's service area (for instance when you travel).</p> <p>Total yearly drug costs are the total drug costs paid by you, the plan, and Medicare.</p>

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Benefit Category	Original Medicare	Trillium Advantage Dual SNP (HMO)
		<p>Some drugs have quantity limits.</p> <p>Your provider must get prior authorization from Trillium Advantage Dual SNP (HMO) for certain drugs.</p> <p>The plan will pay for certain over-the-counter drugs as part of its utilization management program. Some over-the-counter drugs are less expensive than prescription drugs and work just as well.</p> <p>Contact the plan for details.</p> <p>You must go to certain pharmacies for a very limited number of drugs, due to special handling, provider coordination, or patient education requirements for these drugs that cannot be met by most pharmacies in your network. These drugs are listed on the plan's website, formulary, and printed materials, as well as on the Medicare Prescription Drug Plan Finder on Medicare.gov.</p> <p>If the actual cost of a drug is less than the normal cost-sharing amount for that drug, you will pay the actual cost, not the higher cost-sharing amount.</p> <p>If you request a formulary exception and Trillium Advantage Dual SNP (HMO) approves the exception, you will pay Tier 4 cost sharing for that drug.</p> <p>In-Network: You pay a \$0 yearly deductible.</p> <p>Initial Coverage: Depending on your income and institutional status, you pay the following:</p> <p>For generic drugs (including brand drugs treated as generic), either:</p> <ul style="list-style-type: none"> - A \$0 copay; or - A \$1.10 copay; or - A \$2.50 copay

If you have any questions about this plan's benefits or costs, please contact Trillium Community Health Plan for details.		
Benefit Category	Original Medicare	Trillium Advantage Dual SNP (HMO)
		<p>For all other drugs, either:</p> <ul style="list-style-type: none"> - A \$0 copay; or - A \$3.30 copay; or - A \$6.30 copay. <p>Catastrophic Coverage: After your yearly out-of-pocket drug costs reach \$4,550, you pay a \$0 copay.</p> <p>Out-of-Network</p> <p>Plan drugs may be covered in special circumstances, for instance, illness while traveling outside of the plan's service area where there is no network pharmacy. You may have to pay more than your normal cost-sharing amount if you get your drugs at an out-of-network pharmacy. In addition, you will likely have to pay the pharmacy's full charge for the drug and submit documentation to receive reimbursement from Trillium Advantage Dual SNP (HMO).</p>

If you have any questions about this plan's benefits or costs, please contact Trillium Community Health Plan for details.

Benefit Category	Original Medicare	Trillium Advantage Dual SNP (HMO)
		<p>Out-of-Network Initial Coverage: Depending on your income and institutional status, you will be reimbursed by Trillium Advantage Dual SNP (HMO) up to the full cost of the drug minus the following:</p> <p>For generic drugs purchased out-of-network (including brand drugs treated as generic), either:</p> <ul style="list-style-type: none"> - A \$0 copay; or - A \$1.10 copay; or - A \$2.50 copay. <p>For all other drugs purchased out-of-network, either:</p> <ul style="list-style-type: none"> - A \$0 copay; or - A \$3.30 copay; or - A \$6.30 copay. <p>Out-of-Network Catastrophic Coverage: After your yearly out-of-pocket drug costs reach \$4,550, you will be reimbursed in full for drugs purchased out-of-network.</p>
<p>30 - Dental Services</p>	<p>Preventive dental services (such as cleaning) not covered.</p>	<p>General: Authorization rules may apply.</p> <p>In-Network: In general, preventive dental benefits (such as cleaning) not covered.</p> <p>0% or 20% of the cost for Medicare-covered dental benefits.*</p> <p>Separate Office Visit cost sharing of 0% or 20% of the cost may apply.</p>

If you have any questions about this plan's benefits or costs, please contact Trillium Community Health Plan for details.

Benefit Category	Original Medicare	Trillium Advantage Dual SNP (HMO)
<p>31 - Hearing Services</p>	<p>Routine hearing exams and hearing aids not covered.</p> <p>0% or 20% coinsurance for diagnostic hearing exams.</p>	<p>In-Network: In general, routine hearing exams and hearing aids not covered.</p> <p>- 0% or 20% of the cost for Medicare-covered diagnostic hearing exams*</p>
<p>32 - Vision Services</p>	<p>0% or 20% coinsurance for diagnosis and treatment of diseases and conditions of the eye.</p> <p>Routine eye exams and glasses not covered.</p> <p>Medicare pays for one pair of eyeglasses or contact lenses after cataract surgery.</p> <p>Annual glaucoma screenings covered for people at risk.</p>	<p>In-Network: \$0 copay for</p> <ul style="list-style-type: none"> - one pair of eyeglasses or contact lenses after cataract surgery.* - glasses - contacts - lenses - frames <p>- 0% or 20% of the cost for exams to diagnose and treat diseases and conditions of the eye.*</p> <p>- 0% of the cost for up to 1 routine eye exam(s) every two years</p> <p>\$200 limit for eye wear every two years.</p> <p>Separate Office Visit cost sharing of 0% or 20% of the cost may apply.</p>
<p>33 - Physical Exams</p>	<p>0% or 20% coinsurance for one exam within the first 6 months of your new Medicare Part B coverage</p> <p>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.</p>	<p>In-Network: When you get Medicare Part B, you can get a one-time physical within the first 12 months of your new Part B coverage. The coverage does not include lab tests.</p> <p>Routine exams not covered.</p> <p>0% to 20% of the cost for Medicare-covered benefits*</p>

If you have any questions about this plan's benefits or costs, please contact Trillium Community Health Plan for details.

Benefit Category	Original Medicare	Trillium Advantage Dual SNP (HMO)
Health/Wellness Education	<p>Smoking Cessation: Covered if ordered by your doctor.</p> <p>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.</p>	<p>In-Network:</p> <p>\$0 copay for each Medicare-covered smoking cessation counseling session.*</p>
Transportation (Routine)	Not covered.	<p>General:</p> <p>Authorization rules may apply.</p> <p>In-Network:</p> <p>\$0 copay for up to 24 round trip(s) to plan-approved location every year.</p>
Acupuncture	Not covered.	<p>In-Network:</p> <p>This plan does not cover Acupuncture.</p>

SUMMARY OF BENEFITS

Medicaid Covered Services

In this section you can see a summary of the Medicaid benefits you may receive through the Oregon Health Plan. As long as you are eligible for the Oregon Health Plan and Medicare Parts A and B, the Medicaid Benefits Packages you can have through the Oregon Health Plan are the QMB + OHP Limited Drug Benefit Package or the OHP with Limited Drug Benefit Package. Please contact your State Medicaid case worker if you do not know which benefit package you have through the Oregon Health Plan.

This section does not list every Medicaid service covered or list every limitation or exclusion. To get a complete list of Medicaid benefits, please contact your Medicaid health plan Customer Services. **You must be eligible for the Oregon Health Plan, Medicaid in order to receive the benefits listed in this section.**

OREGON HEALTH PLAN (OHP) MEDICAID BENEFIT PACKAGES:

QMB + OHP with Limited Drug Benefit Package

This benefit package is for people who qualify to have their Medicare Parts A and B cost sharing paid for by Medicaid. If you receive the QMB + OHP with Limited Drug Benefit Package you get the benefits listed in the chart below.

The cost sharing amounts listed in Section II for the Medicare Parts A and B covered services are paid for you by your Medicaid health plan. Your provider cannot bill you for any amounts beyond what your Medicare and Medicaid plans pay.

You will still have to pay your Medicare Part D prescription drug copayments.

OHP with Limited Drug Benefit Package

This benefit package is for people who only qualify to have their Medicare Parts A and B cost sharing paid for by Medicaid for services normally covered by the Oregon Health Plan. If you receive the OHP with Limited Drug Benefit Package you get the benefits listed in the chart below.

The cost sharing amounts listed in Section II for Medicare Parts A and B covered services will be covered only for services that the Oregon Health Plan would normally cover. Your provider cannot balance bill you for any amounts beyond what your Medicare and Medicaid plans pay for services normally covered by the Oregon Health Plan.

If you receive a Medicare covered service that is not normally covered by the Oregon Health Plan you will have to pay the Medicare Parts A and B cost sharing yourself. See page 8 for more information on services not covered by the Oregon Health Plan.

You will still have to pay your Medicare Part D prescription drug copayments.

Below is a list of services that are covered by the Oregon Health Plan Medicaid and Lipa Lane OHP, our Medicaid managed care plan (does not include every service available):

Benefit Category	Oregon Health Plan Medicaid (Member Costs)	Lipa Lane OHP (member costs)
1 - Premium and Other Important Information	This is a brief summary. Please refer to OHP member handbook for a detailed description of Medicaid benefits available to eligible Oregonians.	All cost sharing in this summary of benefits is based on your level of Medicaid eligibility.
2 - Doctor and Hospital Choice <i>(For more information, see Emergency - #15 and Urgently Needed Care - #16.)</i>	Allows patients to go to any provider that accepts Medicaid.	You must go to network doctors, specialists, and hospitals. Referral required for network hospitals and specialists (for certain benefits).
INPATIENT CARE		
3 - Inpatient Hospital Care	\$0 copayment for Medicaid covered services.	\$0 copayment for Medicaid covered services.
4 - Inpatient Mental Health Care	\$0 copayment for Medicaid covered services.	\$0 copayment for Medicaid covered services.
5 - Skilled Nursing Facility <i>(in a Medicare-certified skilled nursing facility)</i>	\$0 copayment for Medicaid covered services.	\$0 copayment for Medicaid covered services.
6 - Home Health Care <i>(Includes medically necessary intermittent skilled nursing care, home health aide services, and rehabilitation services, etc.)</i>	\$3 copayment for Visits to a doctor or other healthcare provider for Medicaid covered outpatient services.	\$0 copayment for Visits to a doctor or other healthcare provider for Medicaid covered outpatient services.
7 - Hospice	\$0 copayment for Medicaid covered services.	\$0 copayment for Medicaid covered services.

Benefit Category	Oregon Health Plan Medicaid (Member Costs)	Lipa Lane OHP (Member Costs)
OUTPATIENT CARE		
8 - Doctor Office Visits	\$3 copayment for Visits to a doctor or other healthcare provider for Medicaid covered outpatient services.	\$0 copayment for Visits to a doctor or other healthcare provider for Medicaid covered outpatient services.
9 - Chiropractic Services	\$3 copayment for Visits to a doctor or other healthcare provider for Medicaid covered outpatient services.	\$0 copayment for Visits to a doctor or other healthcare provider for Medicaid covered outpatient services.
10 - Podiatry Services	\$3 copayment for Visits to a doctor or other healthcare provider for Medicaid covered outpatient services.	\$0 copayment for Visits to a doctor or other healthcare provider for Medicaid covered outpatient services.
11 - Outpatient Mental Health Care	\$3 copayment for Visits to a doctor or other healthcare provider for Medicaid covered outpatient services.	\$0 copayment for Visits to a doctor or other healthcare provider for Medicaid covered outpatient services.
12 - Outpatient Substance Abuse Care	\$3 copayment for Visits to a doctor or other healthcare provider for Medicaid covered outpatient services.	\$0 copayment for Visits to a doctor or other healthcare provider for Medicaid covered outpatient services.
13 - Outpatient Services/Surgery	\$3 copayment for Visits to a doctor or other healthcare provider for Medicaid covered outpatient services.	\$0 copayment for Visits to a doctor or other healthcare provider for Medicaid covered outpatient services.
14 - Ambulance Services <i>(medically necessary ambulance services)</i>	\$0 copayment for Medicaid covered services.	\$0 copayment for Medicaid covered services.
15 - Emergency Care <i>(You may go to any emergency room if you reasonably believe you need emergency care.)</i>	\$0 copayment for Medicaid covered services.	\$0 copayment for Medicaid covered services.

Benefit Category	Oregon Health Plan Medicaid (Member Costs)	Lipa Lane OHP (Member Costs)
16 - Urgently Needed Care <i>(This is NOT emergency care, and in most cases, is out of the service area.)</i>	\$3 copayment for Visits to a doctor or other healthcare provider for Medicaid covered outpatient services.	\$0 copayment for Visits to a doctor or other healthcare provider for Medicaid covered outpatient services.
17 - Outpatient Rehabilitation Services <i>(Occupational Therapy, Physical Therapy, Speech and Language Therapy)</i>	\$3 copayment for Visits to a doctor or other healthcare provider for Medicaid covered outpatient services.	\$0 copayment for Visits to a doctor or other healthcare provider for Medicaid covered outpatient services.
OUTPATIENT MEDICAL SERVICES AND SUPPLIES		
18 - Durable Medical Equipment	\$0 copayment for Medicaid covered services.	\$0 copayment for Medicaid covered services.
19 - Prosthetic Devices	\$0 copayment for Medicaid covered services.	\$0 copayment for Medicaid covered services.
20 - Diabetes Self-Monitoring Training, Nutrition Therapy, and Supplies	\$0 copayment for Medicaid covered services.	\$0 copayment for Medicaid covered services.
21 - Diagnostic Tests, X-Rays, and Lab Services	\$0 copayment for Medicaid covered services.	\$0 copayment for Medicaid covered services.

Benefit Category	Oregon Health Plan Medicaid (Member Costs)	Lipa Lane OHP (Member Costs)
PREVENTIVE SERVICES		
22 - Bone Mass Measurement	\$3 copayment for Visits to a doctor or other healthcare provider for Medicaid covered outpatient services.	\$0 copayment for Visits to a doctor or other healthcare provider for Medicaid covered outpatient services.
23 - Colorectal Screening Exams	\$3 copayment for Visits to a doctor or other healthcare provider for Medicaid covered outpatient services.	\$0 copayment for Visits to a doctor or other healthcare provider for Medicaid covered outpatient services.
24 – Immunizations	\$0 copayment for Medicaid covered services.	\$0 copayment for Medicaid covered services.
25 - Mammograms (Annual Screening) Covered annually under Medicaid	\$0 copayment for Medicaid covered services.	\$0 copayment for Medicaid covered services.
26 - Pap Smears and Pelvic Exams Covered annually under Medicaid	\$3 copayment for Visits to a doctor or other healthcare provider for Medicaid covered outpatient services. \$0 copayment for Medicaid covered pap smears services	\$0 copayment for Visits to a doctor or other healthcare provider for Medicaid covered outpatient services.
27 - Prostate Cancer Screening Exams	\$3 copayment for Visits to a doctor or other healthcare provider for Medicaid covered outpatient services.	\$0 copayment for Visits to a doctor or other healthcare provider for Medicaid covered outpatient services.
28 - End-Stage Renal Disease	\$3 copayment for Visits to a doctor or other healthcare provider for Medicaid covered outpatient services.	\$0 copayment for Visits to a doctor or other healthcare provider for Medicaid covered outpatient services.

Benefit Category	Oregon Health Plan Medicaid (Member Costs)	Lipa Lane OHP (member costs)
<p>29 - Prescription Drugs</p>	<p>\$1 - \$3 copayment for certain generic drugs and non-preferred brand name drugs.</p> <p>Mental Health Drugs are covered by the State and not your Medicaid managed care health plan.</p>	<p>Part D medications - Covered by your Medicare health plan (See Section II for details)</p> <p>Part B Medications - You pay \$0 yearly deductible for Part B-covered drugs.</p> <p>In-Network \$0 copayment for Medicaid covered service (not including Part B-covered chemotherapy drugs). Prior Authorization rules may apply</p> <p>In-Network \$0 copayment for Medicaid covered service for Part B-covered chemotherapy drugs. Prior Authorization rules may apply</p> <p>Medicaid Covered Medications -</p> <ul style="list-style-type: none"> • Over the Counter drugs when accompanied by a prescription • Benzodiazepine and Barbiturate drugs when accompanied by a prescription • Drugs when used for the symptomatic relief of cough or colds when accompanied by a prescription • Vitamins and Minerals when accompanied by a prescription <p>Mental Health Drugs are not covered by Lipa Lane OHP.</p> <p>This plan uses a formulary. The plan will send you the formulary. You can also see the formulary at www/trilliumchp.com on the web.</p>

Benefit Category	Oregon Health Plan Medicaid (Member Costs)	Lipa Lane OHP (member costs)
30 - Dental Services	\$3 copayment for Visits to a doctor or other healthcare provider for Medicaid covered outpatient services. \$0 copayment for Medicaid covered Dental diagnostic and preventative routine checkup services	\$0 copayment for Visits to a doctor or other healthcare provider for Medicaid covered outpatient services.
31 - Hearing Services	\$3 copayment for Visits to a doctor or other healthcare provider for Medicaid covered outpatient services.	\$0 copayment for Visits to a doctor or other healthcare provider for Medicaid covered outpatient services.
32 - Vision Services	\$3 copayment for Visits to a doctor or other healthcare provider for Medicaid covered outpatient services.	\$0 copayment for Visits to a doctor or other healthcare provider for Medicaid covered outpatient services.
33 - Physical Exams	\$3 copayment for Visits to a doctor or other healthcare provider for Medicaid covered outpatient services.	\$0 copayment for Visits to a doctor or other healthcare provider for Medicaid covered outpatient services.
34 - Health/Wellness Education	Not Covered	Not Covered

Benefit Category	Oregon Health Plan Medicaid (Member Costs)	Lipa Lane OHP (member Costs)
<p>35 – Other Non-Covered Medicare Services that will be covered by the Oregon Health Plan:</p> <p>Preventative Services</p> <ul style="list-style-type: none"> ● Maternity Case Management, including nutritional counseling. ● Maternity and Newborn care ● Well-child exams and immunizations <p>Family Planning Services:</p> <ul style="list-style-type: none"> ● Including birth control pills, condoms, contraceptive implants, and Depo-Provera ● Sterilizations <p>Other Oregon Health Plan Services:</p> <ul style="list-style-type: none"> ● Death with dignity services * ● Abortions * <p>*Please Note: these services are covered by the State and not by your Medicaid managed care health plan.</p>	<p>\$3 copayment for Visits to a doctor or other healthcare provider for Medicaid covered outpatient services.</p> <p>\$0 copayment for Medicaid covered x-ray, lab, routine immunization and family planning services</p>	<p>\$0 copayment for Visits to a doctor or other healthcare provider for Medicaid covered outpatient services.</p> <p>In-Network \$0 copayment for Medicaid covered Preventative and Family Planning services.</p> <p>Prior Authorization rules may apply</p> <p>Services not covered by Lipa Lane OHP</p> <ul style="list-style-type: none"> ● Death with dignity services ● Abortions

SERVICES THAT ARE NOT COVERED BY THE OREGON HEALTH PLAN MEDICAID (EXCLUSIONS):

Not all medical treatments are covered. When you need medical treatment, contact your Primary Care Provider. These are some of the exclusions (does not include every exclusion):

- Medicare Part D covered prescription drugs
- Conditions where a “home” treatment is effective, such as applying an ointment, resting a painful joint, drinking plenty of fluids, or a soft diet. Such conditions include:
 - Canker sores
 - Diaper rash
 - Corns/calluses
 - Sunburn
 - Food poisoning
 - Sprains
- Personal comfort or convenience items (radios, telephones, hot tubs, treadmills, etc.)
- Services that are primarily cosmetic, such as:
 - Benign skin tumors
 - Cosmetic surgery
 - Removal of scars
- Conditions where treatment is not normally effective, such as:
 - Some back surgery
 - TMJ surgery
 - Some transplants
- Services performed by an immediate relative or member of your household
- Any services received outside the United States
- Non-emergency care if you go to a provider who is not a Lipa Lane OHP provider.
- Other non-covered services include, but are not limited to, the following:
 - Circumcision (routine)
 - Weight loss program
 - Infertility services

If you have questions about covered or non-covered services, contact your Medicaid health plan Customer Services.