



## Introduction

**You deserve more. You deserve a health plan you can trust.**

With over 28 years of service, CareSource is a leading nonprofit health insurance company located in your community. Trust matters, and our team lives in your community and understands what you want from health care. The CareSource Advantage gives you more benefits, more savings, more care... and no hidden costs.

**More benefits than basic Medicare.**

Our three Medicare Advantage plans (Part C) provide you with all the benefits of Part A and Part B, plus prescription drug coverage (Part D). But we're about more than basic Medicare. Our plans are designed to provide you with the best care and save you money.



### YOU HAVE CHOICES ABOUT HOW TO GET YOUR MEDICARE BENEFITS

- One choice is to get your Medicare benefits through Original Medicare (fee-for-service Medicare). Original Medicare is run directly by the federal government.
- Another choice is to get your Medicare benefits by joining a Medicare health plan, such as CareSource Advantage Zero Premium (HMO), CareSource Advantage (HMO) and CareSource Advantage Plus (HMO).



### TIPS FOR COMPARING YOUR MEDICARE CHOICES

This Summary of Benefits booklet gives you a summary of what CareSource Advantage<sup>®</sup> Zero Premium (HMO), CareSource Advantage<sup>®</sup> (HMO) and CareSource Advantage Plus<sup>®</sup> (HMO) cover and what you pay.

- If you want to compare our plans with other Medicare health plans, ask the other plans for their Summary of Benefits booklets. Or, use the Medicare Plan Finder on [medicare.gov](https://www.medicare.gov).
- If you want to know more about the coverage and costs of Original Medicare, look in your current "Medicare & You" handbook. View it online at [medicare.gov](https://www.medicare.gov) or get a copy by calling 1-800-MEDICARE (1-800-633-4227), 24 hours a day, 7 days a week. TTY users should call 1-877-486-2048.





## WHO CAN JOIN?

To join CareSource Advantage Zero Premium (HMO), CareSource Advantage (HMO) or CareSource Advantage Plus (HMO), you must be entitled to Medicare Part A, be enrolled in Medicare Part B and live in our service area.

Our service area includes the following counties in Ohio: Brown, Butler, Champaign, Clark, Clermont, Clinton, Cuyahoga, Delaware, Fairfield, Fayette, Franklin, Geauga, Greene, Hamilton, Lake, Lorain, Lucas, Madison, Mahoning, Medina, Montgomery, Portage, Summit, Trumbull, Warren and Wood.

## WHICH DOCTORS, HOSPITALS AND PHARMACIES CAN I USE?

CareSource Advantage Zero Premium (HMO), CareSource Advantage (HMO) and CareSource Advantage Plus (HMO) have a network of doctors, hospitals, pharmacies and other providers. If you use providers not in our network, the plans may not pay for services.

You must generally use network pharmacies to fill your prescriptions for covered Part D drugs.

You can see our plans' provider and pharmacy directories at our website: **CareSource.com/Medicare.**

Or, call us and we will send you a copy of the provider and pharmacy directories.





## THINGS TO KNOW

### Annual Out-of-Pocket Maximum

If you reach the limit on out-of-pocket costs, you will continue to receive coverage for hospital and medical services and we will pay the full cost for the rest of the year. Please note that you will still need to pay your monthly premiums and cost-sharing for your Part D prescription drugs.

### Preventive Care

Our plan covers many preventive services, including:

- Abdominal aortic aneurysm screening
- Adult immunizations
- Annual wellness visit including personalized prevention plan services
- Bone mass measurements
- Cancer screenings to include: mammograms, cervical and vaginal cancer screening
- Cardiovascular screenings to include: cardiovascular disease testing and therapy for cardiovascular disease
- Colorectal screening
- Diabetes screening
- Diabetes self-management training
- Glaucoma screening
- Health and wellness education programs
- Hepatitis C screening
- HIV screening
- Initial preventive physical exam (“Welcome to Medicare” physical exam)
- Intensive behavioral therapy for cardiovascular disease
- Intensive behavioral therapy for obesity
- Medical nutrition therapy (for Medicare beneficiaries with diabetes or renal disease)
- Prostate cancer screening
- Routine eye exam
- Screening and behavioral counseling interventions in primary care to reduce alcohol misuse
- Screening for depression in adults
- Screening for lung cancer with low-dose computed tomography (LDCT)
- Screening for sexually transmitted infections (STIs) and high intensity behavioral counseling to prevent STIs
- Tobacco-use cessation counseling services

Any additional preventive services approved by Medicare during the contract year will be covered.



## QUESTIONS?

If you are a member of one of these plans, call us toll-free at 1-844-607-2827 (TTY/TDD: 1-800-750-0750 or 711).

If you are not a member of one of these plans, call us toll-free 1-844-607-2830 (TTY/TDD: 1-800-750-0750 or 711).

You can also visit our website at [CareSource.com/Medicare](https://www.caresource.com/Medicare).

### Hours of Operation

From October 1 to March 31, you can call us 7 days a week from 8 a.m. to 8 p.m. Eastern time.

From April 1 to September 30, you can call us Monday through Friday from 8 a.m. to 8 p.m. Eastern time.

### Customer Service

This document is available in other formats such as Braille and large print.

This document may be available in a non-English language. For additional information, call us at 1-844-607-2827. (TTY/TDD users should call 1-800-750-0750 or 711.)

Es posible que este documento esté disponible en un idioma distinto al inglés. Para obtener información adicional, llame a servicio al cliente al 1-844-607-2827. (Los usuarios de TTY/TDD deben llamar al 1-800-750-0750 o 711.)



## WHAT DO WE COVER?

Like all Medicare health plans, we cover everything that Original Medicare covers — and more.

For some of these benefits, you may pay more in our plans than you would in Original Medicare. For others, you may pay less. Some of the extra benefits are outlined in this booklet.

A complete list of services can be found in the Evidence of Coverage (EOC). A copy of the Evidence of Coverage can be sent to you by contacting Member Services or visiting [CareSource.com/Medicare](https://www.caresource.com/Medicare).

We cover Part D drugs. In addition, we cover Part B drugs such as chemotherapy and some drugs administered by your provider.

You can see the complete plan formulary (list of Part D drugs) and any restrictions on our website, [CareSource.com/Medicare](https://www.caresource.com/Medicare). Or, call us and we will send you a copy of the formulary.



## MONTHLY PREMIUM, DEDUCTIBLE AND LIMITS

	CareSource Advantage Zero Premium (HMO)	CareSource Advantage (HMO)	CareSource Advantage Plus (HMO)
<b>Monthly Premium</b>	\$0 In addition, you must keep paying your Medicare Part B premium.	\$32.90	\$67.00
<b>Annual Deductible</b>	None	None	None
<b>Annual Out-of-Pocket Maximum</b> (the limit on how much you will pay in a year)	\$6,700 for in-network medical services (does not include prescription drugs)	\$4,600 for in-network medical services (does not include prescription drugs)	\$3,900 for in-network medical services (does not include prescription drugs)
<b>Lifetime Maximum Benefit</b>	Our plan has a coverage limit every year for certain in-network benefits. Contact us for the services that apply.		



## COVERED MEDICAL AND HOSPITAL BENEFITS — IN-NETWORK ONLY

If you use providers that are not in our network, we may not pay for these services.

	CareSource Advantage Zero Premium (HMO)	CareSource Advantage (HMO)	CareSource Advantage Plus (HMO)
<b>Inpatient Hospital Care<sup>1</sup></b>	Days 1 through 5 \$350 copay per day	Days 1 through 7 \$285 copay per day	Days 1 through 7 \$225 copay per day
	Days 6 through 90 \$0 copay per day	Days 8 through 90 \$0 copay per day	Days 8 through 90 \$0 copay per day
<b>Outpatient Surgery<sup>1</sup></b>	<b>Ambulatory surgical center</b>		
	\$250 copay	\$250 copay	\$100 copay
	<b>Outpatient hospital</b>		
	20% coinsurance	\$295 copay	\$225 copay
<b>Doctor's Office Visits<sup>1</sup></b>	<b>Primary care physician visit</b>		
	\$9 copay	\$0 copay	\$0 copay
	<b>Specialist visit</b>		
	\$50 copay	\$49 copay	\$30 copay
<b>Preventive Care</b>	\$0 copay	\$0 copay	\$0 copay
<b>Emergency Care</b>  Waived if admitted within 24 hours	\$90 copay	\$90 copay	\$90 copay
<b>Urgent Care</b>	\$45 copay	\$35 copay	\$25 copay
<b>Diagnostic Tests, Lab/Radiology Services and X-Rays<sup>1</sup></b>	<b>Diagnostic radiology services (such as MRIs, CT scans)</b>		
	\$175 copay	\$150 copay	\$100 copay
	<b>Diagnostic tests and procedures</b>		
	\$30 copay	\$0 copay	\$0 copay
	<b>Lab services</b>		
	\$30 copay	\$0 copay	\$0 copay
	<b>Outpatient x-rays</b>		
\$50 copay	\$25 copay	\$25 copay	
	<b>Therapeutic radiology services (such as radiation treatment for cancer)</b>		
	20% coinsurance	20% coinsurance	20% coinsurance
<b>Supervised Exercise Therapy (SET)<sup>1</sup></b>	20% coinsurance	\$40 copay	\$25 copay

Services with a <sup>1</sup> may require prior authorization. Services with a <sup>2</sup> are not subject to the maximum out of pocket. Amounts shown are what you pay. Services are covered in-network only except for emergency care and ambulance.



## COVERED MEDICAL AND HOSPITAL BENEFITS — IN-NETWORK ONLY (continued)

If you use providers that are not in our network, we may not pay for these services.

	CareSource Advantage Zero Premium (HMO)	CareSource Advantage (HMO)	CareSource Advantage Plus (HMO)
<b>Hearing Services</b>	<b>Exam to diagnose and treat hearing and balance issues</b>		
	\$50 copay	\$45 copay	\$45 copay
	<b>Routine hearing exam</b>		
	\$0 copay, 1 every year	\$0 copay, 1 every year	\$0 copay, 1 every year
	<b>Hearing aid fitting/evaluation</b>		
	\$0 copay	\$0 copay	\$0 copay
	<b>Hearing aid<sup>2</sup></b>		
\$699/\$999 copay per hearing aid, up to 2 per year	\$499/\$799 copay per hearing aid, up to 2 per year	\$199/\$499 copay per hearing aid, up to 2 per year	
Hearing aid purchase includes:			
<ul style="list-style-type: none"> <li>– 3 provider visits within first year of hearing aid purchase</li> <li>– 45 day trial period</li> <li>– 3 year extended warranty</li> <li>– 48 batteries per aid</li> </ul>			
<b>Dental Services<sup>1</sup> — Medicare-Covered</b>	\$50 copay	\$50 copay	\$30 copay
	Excludes services in connection with care, treatment, filling, removal or replacement of teeth		
<b>Comprehensive Dental<sup>1,2</sup></b>	Not covered	30% coinsurance for simple extractions, minor restorations, and periodontics  50% coinsurance for all other non-Medicare covered comprehensive dental services  Up to \$1,000 limit	30% coinsurance for simple extractions, minor restorations, and periodontics  50% coinsurance for all other non-Medicare covered comprehensive dental services  Up to \$1,200 limit
	Not covered by Medicare:	Covered only under specific conditions:	
	<ul style="list-style-type: none"> <li>– Non-routine services</li> <li>– Diagnostic services</li> <li>– Restorative services</li> </ul>	<ul style="list-style-type: none"> <li>– Endodontics</li> <li>– Periodontics</li> <li>– Extractions</li> <li>– Prosthodontics, oral maxillofacial surgery, dentures and other services</li> </ul>	

**Services with a <sup>1</sup> may require prior authorization. Services with a <sup>2</sup> are not subject to the maximum out of pocket. Amounts shown are what you pay. Services are covered in-network only except for emergency care and ambulance.**

**COVERED MEDICAL AND HOSPITAL BENEFITS — IN-NETWORK ONLY (continued)**

If you use providers that are not in our network, we may not pay for these services.

	CareSource Advantage Zero Premium (HMO)	CareSource Advantage (HMO)	CareSource Advantage Plus (HMO)
<b>Dental Services<sup>1,2</sup> — Preventive</b>	\$0 copay for a single office visit that includes: – Cleaning (1 every 6 months) – Dental x-ray(s) (1 every year) – Oral exam (1 every 6 months)	\$0 copay for a single office visit that includes: – Cleaning (1 every 6 months) – Dental x-ray(s) (1 every year) – Oral exam (1 every 6 months)	\$0 copay for a single office visit that includes: – Cleaning (1 every 6 months) – Dental x-ray(s) (1 every year) – Oral exam (1 every 6 months)
<b>Vision Services</b>	<b>Exam to diagnose and treat diseases and conditions of the eye (including yearly glaucoma screening)</b>		
Note: You may purchase either eyeglass lenses or contact lenses in the same benefit year at the copays listed.	\$50 copay	\$50 copay	\$30 copay
	<b>Routine eye exam (1 every year)</b>		
	\$0 copay	\$0 copay	\$0 copay
	<b>Contact lenses<sup>2</sup> (1 every year; in lieu of eyeglass lenses)</b>		
	\$0 copay, up to \$100 allowance	\$0 copay, up to \$130 allowance	\$0 copay, up to \$150 allowance
	<b>Eyeglass frames<sup>2</sup> (1 every 2 years)</b>		
	\$0 copay, up to \$100 allowance	\$0 copay, up to \$130 allowance	\$0 copay, up to \$150 allowance
	<b>Eyeglass lenses<sup>2</sup> (1 every year; in lieu of contact lenses)</b>		
\$25 copay for single vision lenses	\$25 copay for single vision lenses	\$25 copay for single vision lenses	
<b>Eyeglasses or contact lenses after cataract surgery</b>			
\$50 copay	\$50 copay	\$30 copay	
<b>Mental Health Care<sup>1</sup></b>	<b>Inpatient visit</b>		
Lifetime limit: Up to 190 days inpatient care in a psychiatric hospital	Days 1 through 5 \$320 copay per day	Days 1 through 7 \$230 copay per day	Days 1 through 7 \$225 copay per day
	Days 6 through 90 \$0 copay per day	Days 8 through 90 \$0 copay per day	Days 8 through 90 \$0 copay per day
	<b>Outpatient group therapy visit (psychiatrist provided)</b>		
	\$40 copay	\$40 copay	\$30 copay
<b>Outpatient individual therapy visit (psychiatrist provided)</b>			
\$40 copay	\$40 copay	\$30 copay	

**Services with a <sup>1</sup> may require prior authorization. Services with a <sup>2</sup> are not subject to the maximum out of pocket. Amounts shown are what you pay. Services are covered in-network only except for emergency care and ambulance.**

**COVERED MEDICAL AND HOSPITAL BENEFITS — IN-NETWORK ONLY (continued)**

If you use providers that are not in our network, we may not pay for these services.

	CareSource Advantage Zero Premium (HMO)	CareSource Advantage (HMO)	CareSource Advantage Plus (HMO)
<b>Skilled Nursing Facility<sup>1</sup></b>  Limited to 100 days per benefit period	Days 1 through 20 \$0 copay per day	Days 1 through 20 \$0 copay per day	Days 1 through 20 \$0 copay per day
	Days 21 through 100 \$172 copay per day	Days 21 through 100 \$172 copay per day	Days 21 through 100 \$172 copay per day
<b>Outpatient Rehabilitation<sup>1</sup></b>	<b>Cardiac (heart) rehab services</b>		
	20% coinsurance	\$10 copay	\$0 copay
	<b>Occupational therapy visit</b>		
	20% coinsurance	\$40 copay	\$30 copay
	<b>Physical therapy and speech and language therapy visit</b>		
	20% coinsurance	\$40 copay	\$25 copay
<b>Ambulance<sup>1</sup></b>	\$225 copay	\$225 copay	\$225 copay
<b>Transportation</b>	Not covered	Not covered	Not covered
<b>Foot Care</b> (podiatry services)	\$50 copay Includes foot exams and treatment if you have diabetes-related nerve damage or meet certain conditions	\$50 copay	\$30 copay
<b>Durable Medical Equipment<sup>1</sup></b> (wheelchairs, oxygen, etc.)	20% coinsurance	20% coinsurance	20% coinsurance
<b>Prosthetic Devices<sup>1</sup></b> (braces, artificial limbs, etc.)	<b>Prosthetic devices</b>		
	20% coinsurance	20% coinsurance	20% coinsurance
	<b>Related medical supplies</b>		
	20% coinsurance	20% coinsurance	20% coinsurance
<b>Diabetes Supplies and Services</b>	<b>Diabetes monitoring supplies</b>		
	\$0 copay	\$0 copay	\$0 copay
	<b>Diabetes self-management training</b>		
	\$0 copay	\$0 copay	\$0 copay
	<b>Therapeutic shoes or inserts</b>		
	20% coinsurance	20% coinsurance	20% coinsurance
<b>Acupuncture</b>	Not covered	Not covered	Not covered
<b>Chiropractic Care<sup>1</sup></b>	20% coinsurance Includes manipulation of the spine to correct a subluxation (when one or more of the bones of your spine move out of position)	\$20 copay	\$20 copay

**Services with a <sup>1</sup> may require prior authorization. Services with a <sup>2</sup> are not subject to the maximum out of pocket. Amounts shown are what you pay. Services are covered in-network only except for emergency care and ambulance.**

**COVERED MEDICAL AND HOSPITAL BENEFITS — IN-NETWORK ONLY (continued)**

If you use providers that are not in our network, we may not pay for these services.

	CareSource Advantage Zero Premium (HMO)	CareSource Advantage (HMO)	CareSource Advantage Plus (HMO)
<b>Home Health Care<sup>1</sup></b>	\$0 copay	\$0 copay	\$0 copay
<b>Hospice</b>	You pay nothing for hospice care from a Medicare-certified hospice. You may have to pay part of the costs for drugs and respite care. Hospice is covered outside of our plan. Please contact us for more details.		
<b>Outpatient Substance Abuse</b>	<b>Group therapy visit</b>		
	\$40 copay	\$40 copay	\$30 copay
	<b>Individual therapy visit</b>		
	\$40 copay	\$40 copay	\$30 copay
<b>Over-the-Counter Items</b>	Not covered	Not covered	Not covered
<b>Renal Dialysis</b>	20% coinsurance	20% coinsurance	20% coinsurance

**Services with a <sup>1</sup> may require prior authorization. Services with a <sup>2</sup> are not subject to the maximum out of pocket. Amounts shown are what you pay. Services are covered in-network only except for emergency care and ambulance.**

# Summary of Benefits



## HOW WILL I DETERMINE MY DRUG COSTS?

Our plans group each medication into one of five “tiers.” You will need to use your formulary to locate your drug tier to determine how much it will cost you. The amount you pay depends on the drug’s tier and what stage of the benefit you have reached. Below are the benefit stages that occur.

### THE FOUR STAGES OF DRUG COVERAGE

What you pay for your covered drugs depends, in part, on which coverage stage you are in.

Stage 1	Stage 2	Stage 3	Stage 4
Deductible	Initial Coverage	Coverage Gap	Catastrophic Coverage
<p>The CareSource Advantage Zero Premium (HMO) plan has a \$250 pharmacy deductible for prescriptions in tiers 3 – 5. You will pay the full cost of your prescription drugs in tiers 3 – 5 until you meet the <b>\$250</b> deductible. Once you meet the deductible, you will move on to stage 2.</p> <p>If you are in one of the other two CareSource plans, you have no pharmacy deductible to meet. You will skip to stage 2.</p>	<p>You pay the following until your total yearly drug costs reach <b>\$3,820</b>. Total yearly drug costs are the total drug costs paid by both you and our Part D plan.</p> <p>You may get your drugs at network retail pharmacies and mail order pharmacies.</p> <p>If you reside in a long-term care facility, you pay the same as at a retail pharmacy.</p> <p>You may get drugs from an out-of-network pharmacy, but may pay more than you pay at an in-network pharmacy.</p>	<p>Most Medicare drug plans have a coverage gap (also called the “donut hole”). This means that there’s a temporary change in what you will pay for your drugs. The coverage gap begins after the total yearly drug cost (including what our plan has paid and what you have paid) reaches <b>\$3,820</b>.</p> <p>After you enter the coverage gap, you pay <b>25%</b> of the plan’s cost for covered brand name drugs and <b>37%</b> of the plan’s cost for covered generic drugs until your costs total <b>\$5,100</b>, which is the end of the coverage gap. Not everyone will enter the coverage gap.</p>	<p>After your yearly out-of-pocket drug costs (including drugs purchased through your retail pharmacy and through mail order) reach <b>\$5,100</b>, you pay the greater of:</p> <p><b>5%</b> of the cost, or <b>\$3.40</b> copay for generic (including brand drugs treated as generic) and a <b>\$8.50</b> copayment for all other drugs.</p>

**PRESCRIPTION DRUG BENEFITS (INITIAL COVERAGE) — IN-NETWORK ONLY**

	CareSource Advantage Zero Premium (HMO)	CareSource Advantage (HMO)	CareSource Advantage Plus (HMO)
Part B Drugs <sup>1</sup> (such as chemotherapy)	20% coinsurance	20% coinsurance	20% coinsurance
<b>Part D Drugs — Retail</b>			
<b>1-month supply or 3-month supply</b>			
Tier 1 (Preferred Generic)	\$6 copay \$18 copay	\$4 copay \$12 copay	\$0 copay \$0 copay
Tier 2 (Generic)	\$15 copay \$45 copay	\$10 copay \$30 copay	\$10 copay \$30 copay
Tier 3 (Preferred Brand)	\$47 copay \$141 copay	\$47 copay \$141 copay	\$47 copay \$141 copay
Tier 4 (Non-Preferred Drug)	\$100 copay \$300 copay	\$100 copay \$300 copay	\$100 copay \$300 copay
Tier 5 (Specialty Tier)	28% coinsurance (1-month supply only)	33% coinsurance (1-month supply only)	33% coinsurance (1-month supply only)
<b>Part D Drugs — Standard Mail Order Cost-Sharing</b>			
<b>3-month supply</b>			
Tier 1 (Preferred Generic)	\$0 copay	\$10 copay	\$0 copay
Tier 2 (Generic)	\$37.50 copay	\$25 copay	\$25 copay
Tier 3 (Preferred Brand)	\$117.50 copay	\$117.50 copay	\$117.50 copay
Tier 4 (Non-Preferred Drug)	\$250 copay	\$250 copay	\$250 copay
Tier 5 (Specialty Tier)	Not covered	Not covered	Not covered

**Prescription drugs with a <sup>1</sup> may require prior authorization.**

Cost-sharing may change depending on the pharmacy you choose and when you enter another phase of the Part D benefit. For more information on the additional pharmacy-specific cost-sharing and the phases of the benefit, please call us toll-free at 1-844-607-2827 (TTY/TDD: 1-800-750-0750 or 711) or access our website [CareSource.com/Medicare](https://www.caresource.com/Medicare).

The formulary, pharmacy network, and/or provider network may change at any time. You will receive notice when necessary.



## ADDITIONAL BENEFITS

	CareSource Advantage Zero Premium (HMO)	CareSource Advantage (HMO)	CareSource Advantage Plus (HMO)
<b>Fitness<sup>1</sup></b>	\$0 copay	\$0 copay	\$0 copay
	No cost memberships at participating fitness centers or free home fitness kits		
<b>Worldwide ER and Urgent Care</b>	<b>Emergency Care</b> (waived if admitted)		
	\$90 copay	\$90 copay	\$90 copay
	<b>Urgent Care</b>		
	\$45 copay	\$35 copay	\$25 copay
<b>CareSource24<sup>®</sup> — 24 Hour Nurse Advice Line</b>	<p>You can call CareSource24<sup>®</sup> any time of the night or day — 24 hours a day, 7 days a week — to talk with a caring, experienced registered nurse. You can find the toll-free number on the front of your member identification card. CareSource24<sup>®</sup> services can be used at no cost to you. This provides you with an easy way to receive trusted health information and advice from the comfort of your home.</p> <p>Speaking directly with professional registered nurses can help you:</p> <ul style="list-style-type: none"> <li>– Decide when self-care, a doctor visit, or the emergency room is the right choice</li> <li>– Check your symptoms and help you figure out what to do</li> <li>– Understand a medical condition or recent diagnosis</li> <li>– Obtain medical information</li> <li>– Prepare questions for doctor visits</li> <li>– Find out more about prescriptions or over-the-counter medicines</li> <li>– Learn about healthy eating and staying well</li> </ul>		
<b>MyHealth Online Tool</b>	<p>With MyHealth, you'll have online access to resources for your health, including:</p> <ul style="list-style-type: none"> <li>– Health assessments</li> <li>– Personalized online wellness plans</li> <li>– Step-by-step guides on specific health needs</li> <li>– Online health journeys</li> <li>– Goal setting and tracking</li> <li>– Health tips and wellness information</li> </ul>		

**Services with a <sup>1</sup> may require prior authorization. Services with a <sup>2</sup> are not subject to the maximum out of pocket. Amounts shown are what you pay. Services are covered in-network only except for emergency care and ambulance.**

This information is not a complete description of benefits. Call 1-844-607-2827/TTY 1-800-750-0750 or 711 for more information. Limitations, copayments, and restrictions may apply.

Benefits, premiums and/or copayments/co-insurance may change on January 1 of each year. You must continue to pay your Medicare Part B premium.

CareSource is an HMO with a Medicare contract. Enrollment in CareSource Advantage<sup>®</sup> Zero Premium (HMO), CareSource Advantage<sup>®</sup> (HMO) or CareSource Advantage Plus<sup>®</sup> (HMO) depends on contract renewal.

## Pre-Enrollment Checklist

Before making an enrollment decision, it is important that you fully understand our benefits and rules. If you have any questions, you can call and speak to a customer service representative **1-844-607-2827 (TTY: 1-800-750-0750 or 711)**.

### 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. Visit [CareSource.com/plans/medicare/plan-documents](http://CareSource.com/plans/medicare/plan-documents) or call **1-844-607-2827 (TTY: 1-800-750-0750 or 711)** to view a copy of the EOC.
- 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.

### Understanding Important Rules

- In addition to your monthly plan premium, you must continue to pay your Medicare Part B premium. This premium is normally taken out of your Social Security check each month.
- Benefits, premiums and/or copayments/co-insurance may change on January 1, 2019.
- 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).

If you, or someone you're helping, have questions about CareSource, you have the right to get help and information in your language at no cost. To talk to an interpreter, call 1-844-607-2827 TTY:711.

**ARABIC**

إذا كان لديك، أو لدى أي شخص تساعد، أية استفسارات بخصوص CareSource، فيحق لك الحصول على مساعدة ومعلومات مجانًا وباللغة التي تتحدث بها. للتحدث إلى أحد المترجمين الفوريين، اتصل على 1-844-607-2827 TTY:711.

**AMHARIC**

እርስዎ፣ ወይም እርስዎ የሚያግዙት ግለሰብ፣ ስለ CareSource ጥያቄ አላችሁ፣ ያለ ምንም ክፍያ በቋንቋዎ እርዳታና መረጃ የማግኘት መብት አላችሁ። ከአስተርጓሚ ጋር ለመነጋገር፣ 1-844-607-2827 TTY:711 ይደውሉ።

**BURMESE**

CareSource အကြောင်း သင် သို့မဟုတ် သင်အကူအညီပေးနေသူ တစ်စုံတစ်ယောက်က မေးမြန်းလာပါက သင်ပြောဆိုသော ဘာသာစကားဖြင့် အကူအညီနှင့် အချက်အလက်များအား အခမဲ့ ရယူနိုင်ရန် အခွင့်အရေးရှိပါသည်။ ဘာသာပြန်တစ်ဦးအား စကားပြောဆိုရန် 1-844-607-2827 TTY:711 ဤတွင် နံပါတ်ဖြည့်သွင်းပါ] သို့ ခေါ်ဆိုပါ။

**CHINESE**

如果您或者您在帮助的人对 CareSource 存有疑问，您有权免费获得以您的语言提供的帮助和信息。如果您需要与一位翻译交谈，请致电 1-844-607-2827 TTY:711。

**CUSHITE – OROMO**

Isin yookan namni biraa isin deeggartan CareSource irratti gaaffii yo qabaattan, kaffaltii irraa bilisa haala ta'een afaan keessaniin odeeffannoo argachuu fi deeggarsa argachuuf mirga ni qabdu. Nama isiniif ibsu argachuuf, lakkoofsa bilbilaa 1-844-607-2827 TTY:711 tiin bilbilaa.

**DUTCH**

Als u, of iemand die u helpt, vragen heeft over CareSource, hebt u het recht om kosteloos hulp en informatie te ontvangen in uw taal. Als u wilt spreken met een tolk, bel dan naar 1-844-607-2827 TTY:711.

**FRENCH (CANADA)**

Des questions au sujet de CareSource? Vous ou la personne que vous aidez avez le droit d'obtenir gratuitement du soutien et de l'information dans votre langue. Pour parler à un interprète, veuillez téléphoner au 1-844-607-2827 TTY:711.

**GERMAN**

Wenn Sie, oder jemand dem Sie helfen, eine Frage zu CareSource haben, haben Sie das Recht, kostenfrei in Ihrer eigenen Sprache Hilfe und Information zu bekommen. Um mit einem Dolmetscher zu sprechen, rufen Sie die Nummer 1-844-607-2827 TTY:711 an.

**GUJARATI**

જો તમે અથવા તમે કોઈને મદદ કરી રહ્યાં તમે iથી કોઈને CareSource વિશે પ્રશ્નો ઊંર તો તમને મદદ અને મે ઉહ્તી મેળો નો અવિકર છ. તે ખર્ચ વિન તમ રી ભ ષ મ i પ્ર ખ કરી શક ર છ. દ ભ વપરો તિ કરિ મ ટે, આ 1-844-607-2827 TTY:711 પર કોલ કરો.

**HINDI**

यदि आपके, या आप जिसकी मदद कर रहे हैं उसके CareSource के बारे में कोई सवाल हैं तो आपके पास बगैर किसी लागत के अपनी भाषा में सहायता और जानकारी प्राप्त करने का अधिकार है। एक दूभाषिए से बात करने के लिए कॉल करें, 1-844-607-2827 TTY:711.

**ITALIAN**

Se Lei, o qualcuno che Lei sta aiutando, ha domande su CareSource, ha il diritto di avere supporto e informazioni nella propria lingua senza alcun costo. Per parlare con un interprete, chiami il 1-844-607-2827 TTY:711.

**JAPANESE**

ご本人様、または身の回りの方で、CareSourceに関するご質問がございましたら、ご希望の言語でサポートを受けたり、情報を入力したりすることができます (無償)。通訳をご利用の場合は、1-844-607-2827 TTY:711 にご連絡ください。

**KOREAN**

귀하 본인이나 귀하께서 돕고 계신 분이 CareSource에 대해 궁금한 점이 있으시면, 원하는 언어로 별도 비용 없이 도움을 받을 수 있습니다. 통역사가 필요하시면 다음 번호로 전화해 주십시오: 1-844-607-2827 TTY:711.

**PENNSYLVANIA DUTCH**

Wann du hoscht en Froog, odder ebber, wu du helpscht, hot en Froog baut CareSource, hoscht du es Recht fer Hilf un Information in deinre eegne Schprooch griege, un die Hilf koschtet nix. Wann du mit me Interpreter schwetze witt, kannscht du 1-844-607-2827 TTY:711 uffrufe.

**RUSSIAN**

Если у Вас или у кого-то, кому Вы помогаете, есть вопросы относительно CareSource, Вы имеете право бесплатно получить помощь и информацию на Вашем языке. Для разговора с переводчиком, позвоните по номеру 1-844-607-2827 TTY:711.

**SPANISH**

Si usted o alguien a quien ayuda tienen preguntas sobre CareSource, tiene derecho a recibir esta información y ayuda en su propio idioma sin costo. Para hablar con un intérprete, llame al 1-844-607-2827 TTY:711.

**UKRAINIAN**

Якщо у вас, чи в особи, котрій ви допомагаєте, виникнуть запитання щодо CareSource, ви маєте право безкоштовно отримати допомогу та інформацію вашою мовою. Щоб замовити перекладача, зателефонуйте за номером 1-844-607-2827 TTY:711.

**VIETNAMESE**

Nếu bạn hoặc ai đó bạn đang giúp đỡ, có thắc mắc về CareSource, bạn có quyền được nhận trợ giúp và thông tin bằng ngôn ngữ của mình miễn phí. Để nói chuyện với một thông dịch viên, vui lòng gọi số 1-844-607-2827 TTY:711.

CareSource complies with applicable state and federal civil rights laws and does not discriminate on the basis of age, gender, gender identity, color, race, disability, national origin, marital status, sexual preference, religious affiliation, health status, or public assistance status. CareSource does not exclude people or treat them differently because of age, gender, gender identity, color, race, disability, national origin, marital status, sexual preference, religious affiliation, health status, or public assistance status.

CareSource provides free aids and services to people with disabilities to communicate effectively with us, such as: (1) qualified sign language interpreters, and (2) written information in other formats (large print, audio, accessible electronic formats, other formats). In addition, CareSource provides free language services to people whose primary language is not English, such as: (1) qualified interpreters, and (2) information written in other languages. If you need these services, please contact CareSource at 1-844-607-2827 TTY:711.

If you believe that CareSource has failed to provide the above mentioned services to you or discriminated in another way on the basis of age, gender, gender identity, color, race, disability, national origin, marital status, sexual preference, religious affiliation, health status, or public assistance status, you may file a grievance, with:

CareSource  
Attn: Civil Rights Coordinator  
P.O. Box 1947, Dayton, Ohio 45401  
1-844-539-1732, TTY: 711  
Fax: 1-844-417-6254

CivilRightsCoordinator@CareSource.com

You can file a grievance by mail, fax, or email. If you need help filing a grievance, the Civil Rights Coordinator is available to help you.

You may also file a civil rights complaint with the U.S. Department of Health and Human Services, Office for Civil Rights, electronically through the Office of Civil Rights Complaint Portal, available at <https://ocrportal.hhs.gov/ocr/portal/lobby.jsf>, or by mail or phone at:

U.S. Department of Health and Human Services  
200 Independence Avenue, SW Room 509F  
HHH Building Washington, D.C. 20201  
1-800-368-1019, 800-537-7697 (TDD)

Complaint forms are available at <http://www.hhs.gov/ocr/office/file/index.html>.