

2026 ENROLLMENT GUIDE

CareSource Dual Advantage™ (HMO D-SNP)

CareSource Dual Advantage™ Plus (HMO D-SNP)



Dual Advantage (HMO D-SNP)

GEORGIA



Typically, you may enroll in a Medicare Advantage plan only during the Annual Election Period (AEP) from October 15 through December 7 of each year. There are exceptions that may allow you to enroll in a Medicare Advantage plan outside of this period.

Please read the following statements carefully and check the box if the statement applies to you. By checking any of the following boxes you are certifying that, to the best of your knowledge, you are eligible for an Enrollment Period. If we later determine that this information is incorrect, you may be disenrolled.

- ☐ I am new to Medicare.
- ☐ I am enrolled in a Medicare Advantage plan and want to make a change during the Medicare Advantage Open Enrollment Period (MA OEP).
- ☐ I recently moved outside of the service area for my current plan, or I recently moved and this plan is a new option for me. I moved on (insert date) _____.
- ☐ I recently was released from incarceration. I was released on (insert date) _____.
- ☐ I recently returned to the United States (U.S.) after living permanently outside of the U.S. I returned to the U.S. on (insert date) _____.
- ☐ I recently obtained lawful presence status in the United States. I got this status on (insert date) _____.
- ☐ I recently had a change in my Medicaid (e.g., newly got Medicaid, had a change in level of Medicaid assistance or lost Medicaid) on (insert date) _____.
- ☐ I recently had a change in my Extra Help paying for Medicare prescription drug coverage (e.g., newly got Extra Help, had a change in the level of Extra Help or lost Extra Help) on (insert date) _____.
- ☐ I have both Medicare and Medicaid, or my state helps pay for my Medicare premiums, or I get Extra Help paying for my Medicare prescription drug coverage, but I haven't had a change.
- ☐ I am moving into, live in or recently moved out of a Long-Term Care (LTC) Facility (e.g., a nursing home). I moved/will move into/out of the facility on (insert date) _____.
- ☐ I recently left a Program of All-Inclusive Care for the Elderly (PACE) program on (insert date) _____.

- ☐ I recently involuntarily lost my creditable prescription drug coverage (e.g., coverage as good as Medicare's). I lost my drug coverage on (insert date) _____.
- ☐ I am leaving employer or union coverage on (insert date) _____.
- ☐ I belong to a pharmacy assistance program provided by my state.
- ☐ My plan is ending its contract with Medicare, or Medicare is ending its contract with my plan.
- ☐ I was enrolled in a plan by Medicare or my state, and I want to choose a different plan. My enrollment in that plan started on (insert date) _____.
- ☐ I was enrolled in a Special Needs Plan (SNP), but I have lost the special needs qualification required to be in that plan. I was disenrolled from the SNP on (insert date) _____.
- ☐ I was affected by an emergency or major disaster as declared by the Federal Emergency Management Agency (FEMA) or by a federal, state or local government entity. One of the other statements here applied to me, but I was unable to make my enrollment request because of the natural disaster.
- ☐ I'm in a plan that's had a star rating of less than 3 stars for the last 3 years. I want to join a plan with a star rating of 3 stars or higher.
- ☐ I'm in a plan that was recently taken over by the state because of financial issues. I want to switch to another plan.

If none of these statements apply to you or you're not sure, please contact CareSource at **1-844-829-6903** (TTY users should call **1-833-711-4711 or 711**) 8 a.m. to 8 p.m., Monday through Friday, and from October 1 to March 31, we are open the same hours, seven days a week.

WHAT HAPPENS NEXT?

What happens next as a New CareSource Dual Advantage™ (HMO D-SNP) or CareSource Dual Advantage Plus™ (HMO D-SNP) member?

Thank you for applying for a CareSource Dual Advantage or CareSource Dual Advantage Plus plan. We are glad you have chosen us for your Medicare health plan needs. While we confirm your enrollment with Medicare, here's what you can expect in the next few weeks:



1. CHECK YOUR MAILBOX! Once Medicare confirms your enrollment, you will receive your **confirmation letter** and other applicable materials. If Medicare requires more information from you so that we can complete your enrollment, we will send you a notification to let you know next steps.



2. YOU'LL RECEIVE YOUR NEW MEMBER KIT. This will come in the mail approximately two weeks after the confirmation letter. This kit contains important information about your plan, the benefits and how to contact us if you need help.

Your CareSource member ID card will not be in the new member kit. It will arrive later in a separate mailing. Your CareSource member ID will be the only card you will need to show each time you get medical, dental, vision, hearing care, prescription medications or supplies.

If you don't receive your CareSource member ID card within 10 days of your effective date, please call Member Services at **1-833-230-2020 (TTY: 1-833-711-4711 or 711)** to have a new card mailed to you. We are open 8 a.m. to 8 p.m., Monday through Friday, and from October 1 through March 31, we are open the same hours, seven days a week.





3. YOU WILL HAVE SEVERAL OPTIONS TO COMPLETE A HEALTH NEEDS ASSESSMENT (HNA) AS PART OF YOUR ENROLLMENT.

The HNA is a screening that helps identify your preventive care needs and health concerns. Your completion of the HNA helps us work together to improve or maintain your physical and mental health. Members can earn rewards for your My CareSource Rewards® account for completion of the HNA.

Earn \$50 for completing your HNA the first time.

After completing your first HNA, earn another \$50 for updating your HNA 181 days or more after the initial completion date*

Rewards expire one year from date of issuance. Rewards are subject to change. Rewards may vary by age, gender and health needs. If you are no longer a CareSource member you will lose access to the reward portal and your rewards will no longer be available.

*To earn the second HNA reward there must be 181 or more days between the first and second HNA completion.

You can complete the HNA online once your coverage begins by logging on to **MyLife.CareSource.com**. Choose Health Assessment in Settings to begin the assessment.

If you prefer, you may complete the printed version you receive in the mail and return it with the included business reply envelope.

If you need help completing the assessment, call Customer Care to connect with Care Management at **1-833-230-2020 (TTY: 1-833-711-4711 or 711)** or our Member Assessment Team at **1-833-230-2011 (TTY: 1-833-711-4711 or 711)**. Your enrollment specialist can help you complete this along with your application.



4. YOUR HEALTHY BENEFITS+ CARD WILL ARRIVE SEPARATELY

preloaded with allowances DSNP: \$240 / DSNP Plus \$196 per month to purchase over-the-counter items, supplemental flex dental, vision, hearing services, and accessories, food*, utilities*, pet care items* and more*!

*The benefits mentioned are special supplemental benefits for the chronically ill (SSBCI). Not all members qualify. To learn if you qualify, talk to your Care Manager.

Unused amounts roll over to the following month and will expire at the end of the year.



5. YOU WILL RECEIVE A CALL FROM OUR CARE MANAGEMENT TEAM

within the first 90 days of your membership. A nurse or outreach worker from our team can help address special medical problems, coordinate your health care needs and more!

CareSource is an HMO D-SNP with a Medicare and a state Medicaid contract. Enrollment in CareSource depends on contract renewal.

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CareSource Dual Advantage™ (HMO D-SNP) &
CareSource Dual Advantage™ Plus (HMO D-SNP)

Monthly Plan Premium for People who get Extra Help from Medicare to Help Pay for their Prescription Drug Costs

If you get Extra Help from Medicare to help pay for your Medicare prescription drug plan costs, your monthly plan premium will be lower than what it would be if you did not get Extra Help from Medicare.

If you get Extra Help, your monthly plan premium will be \$0 for our CareSource Dual Advantage and CareSource Dual Advantage Plus plans. (This does not include any Medicare Part B premium you may have to pay.)

Our CareSource Dual Advantage and CareSource Dual Advantage Plus plans have premiums that include coverage for both medical services and prescription drug coverage.

If you aren't getting Extra Help, you can see if you qualify by calling:

- 1-800-Medicare or TTY users call 1-877-486-2048 (24 hours a day/7 days a week),
- Your State Medicaid Office, or
- The Social Security Administration at 1-800-772-1213. TTY users should call 1-800-325-0778 between 8 a.m. and 7 p.m., Monday through Friday.

If you have any questions about this notice, please contact Member Services at **1-833-230-2020** (TTY users should call **1-833-711-4711 or 711**). We are open 8 a.m. to 8 p.m., Eastern Time (ET), Monday through Friday, and from October 1 through March 31, we are open the same hours, seven days a week.

CareSource is an HMO D-SNP with a Medicare and state Medicaid contract.
Enrollment in CareSource 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 at: **1-833-230-2020 (TTY: 1-833-711-4711 or 711)**.



UNDERSTANDING THE BENEFITS

- ☐ The Evidence of Coverage (EOC) provides a complete list of all coverage and services. It is important to review plan coverage, costs and benefits before you enroll. Visit **CareSource.com/DSNP** or call **1-833-230-2020 (TTY: 1-833-711-4711 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 medicine is in the network. If the pharmacy is not listed, you will likely have to select a new pharmacy for your prescriptions.
- ☐ Review the formulary to make sure your drugs are covered.

UNDERSTANDING IMPORTANT RULES

- ☐ 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/coinsurance may change on January 1, 2026.
- ☐ 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).
- ☐ 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 and are classified as Qualified Medicare Beneficiary (QMB), Qualified Medicare Beneficiary plus (QMB+), Specified Low Income Beneficiary Plus (SLMB+) or Full-Benefit Dual Eligible (FBDE).
- ☐ **Effect on Current Coverage.** If you are currently enrolled in a Medicare Advantage plan, your current Medicare Advantage health care coverage will end once your new Medicare Advantage coverage starts. If you have Tricare, your coverage may be affected once your new Medicare Advantage coverage starts. Please contact Tricare for more information. If you have a Medigap plan, once your Medicare Advantage coverage starts, you may want to drop your Medigap policy because you will be paying for coverage you cannot use.



Scope of Sales Appointment Confirmation Form

The Centers for Medicare & Medicaid Services requires agents to document the scope of a marketing appointment 48 hours prior to any face-to-face sales meeting to ensure understanding of what will be discussed between the agent and the Medicare beneficiary (or their authorized representative). All information provided on this form is confidential and should be completed by each person with Medicare or his/her authorized representative.

Please initial below beside the type of product(s) you want the agent to discuss.

☐

Medicare Special Needs Plan (SNP)

Medicare Special Needs Plan (SNP) — A Medicare Advantage Plan that has a benefit package designed for people with special health care needs. Examples of the specific groups served include people who have both Medicare and Medicaid, people who reside in nursing homes and people who have certain chronic medical conditions.

By signing this form, you agree to a meeting with a sales agent to discuss the types of products you initialed above. Please note, the person who will discuss the products is either employed or contracted by a Medicare plan. They do not work directly for the Federal government. This individual may also be paid based on your enrollment in a plan.

Signing this form does NOT obligate you to enroll in a plan, affect your current or future enrollment status or automatically enroll you in a Medicare plan.

Beneficiary or Authorized Representative Signature and Signature Date:

[Sign Here] _____

Signature:

[Sign Here] _____

Signature Date: _____

Signature Time: _____

If you are the authorized representative, please sign above and print below:

Representative's Name: _____

Your Relationship to the Beneficiary: _____

To be completed by agent:

Agent Name:	Agent Phone:
Beneficiary Name:	Beneficiary Phone:
Beneficiary Address (Optional):	
Initial Method of Contact: (Indicate here if beneficiary was a walk-in.)	
Agent's Signature:	
Plan(s) the agent represented during this meeting:	
Date Appointment Completed:	
Appointment Time:	
Plan Use Only:	

Scope of Appointment documentation is subject to CMS record retention requirements

Who can use this form?

People with Medicare who want to join a Medicare Advantage Plan.

To join a plan, you must:

- Be a United States citizen or be lawfully present in the U.S.
- Live in the plan's service area

Important: To join a Medicare Advantage Plan, you must also have both:

- Medicare Part A (Hospital Insurance)
- Medicare Part B (Medical Insurance)

When do I use this form?

You can join a plan:

- Between October 15–December 7 each year (for coverage starting January 1)
- Within 3 months of first getting Medicare
- In certain situations where you're allowed to join or switch plans

Visit [Medicare.gov](https://www.Medicare.gov) to learn more about when you can sign up for a plan.

What do I need to complete this form?

- Your Medicare Number (The number on your red, white and blue Medicare card)
- Your permanent address and phone number

Note: You must complete all items in Section 1. The items in Section 2 are optional — you can't be denied coverage because you don't fill them out.

Reminders:

- If you want to join a plan during fall open enrollment (October 15–December 7), the plan must get your completed form by December 7.
- Your plan will send you a bill for the plan's premium. You can choose to sign up to have your premium payments deducted from your bank account or your monthly Social Security (or Railroad Retirement Board) benefit.

What happens next?

Send your completed and signed form to:

CareSource Enrollment
P.O. Box 1294
Dayton, OH 45401-9903

Once they process your request to join, they'll contact you.

How do I get help with this form?

Call CareSource at **1-844-829-6903**.

TTY users can call **1-833-711-4711 or 711**.

Or, call Medicare at 1-800-MEDICARE (1-800-633-4227). TTY users can call 1-877-486-2048.

En español: Llame a CareSource al **1-844-829-6903 (TTY: 1-833-711-4711 or 711)** o a Medicare gratis al 1-800-633-4227 y oprima el 8 para asistencia en español y un representante estará disponible para asistirle.

Individuals experiencing homelessness

If you want to join a plan but have no permanent residence, a Post Office Box, an address of a shelter or clinic, or the address where you receive mail (e.g., social security checks) may be considered your permanent residence address.

According to the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it displays a valid OMB control number. The valid OMB control number for this information collection is 0938-1378. The time required to complete this information is estimated to average 20 minutes per response, including the time to review instructions, search existing data resources, gather the data needed, and complete and review the information collection. If you have any comments concerning the accuracy of the time estimate(s) or suggestions for improving this form, please write to: CMS, 7500 Security Boulevard, Attn: PRA Reports Clearance Officer, Mail Stop C4-26-05, Baltimore, Maryland 21244-1850.

IMPORTANT

Do not send this form or any items with your personal information (such as claims, payments, medical records, etc.) to the PRA Reports Clearance Office. Any items we get that aren't about how to improve this form or its collection burden (outlined in OMB 0938-1378) will be destroyed. It will not be kept, reviewed or forwarded to the plan. See "What happens next?" on this page to send your completed form to the plan.

Section 1 – All fields on this page are required (unless marked optional)

Select the plan you want to join:

- ☐ CareSource Dual Advantage™ (HMO D-SNP)
☐ CareSource Dual Advantage™ Plus (HMO D-SNP)

FIRST name:

LAST name:

Optional: Middle Initial:

Birth date: (MM/DD/YYYY)
(/ /)

Sex:

☐ Male ☐ Female

Phone number:

()

Permanent Residence street address (Don't enter a PO Box. Note: For individuals experiencing homelessness, a PO Box may be considered your permanent residence address.):

City:

Optional: County:

State:

ZIP Code:

Mailing address, if different from your permanent address (PO Box allowed):

Street Address:

City:

State:

ZIP Code:

Your Medicare information:

Medicare Number: _ _ _ _ _ - _ _ _ _ _ - _ _ _ _ _

Answer these important questions:

Will you have other prescription drug coverage (like VA, TRICARE) in addition to CareSource?

☐ Yes ☐ No

Name of other coverage: _____

Member number for this coverage: _____

Group number for this coverage: _____

Are you presently on Medicaid?

☐ Yes ☐ No

If yes, is your eligibility level one of the following?

☐ FBDE ☐ QMB ☐ QMB+ ☐ SLMB+

Medicaid Number (length varies by state):

IMPORTANT: Read and sign below:

- I must keep both Hospital (Part A) and Medical (Part B) to stay in CareSource.
- By joining this Medicare Advantage Plan, I acknowledge that CareSource will share my information with Medicare, who may use it to track my enrollment, to make payments and for other purposes allowed by Federal law that authorize the collection of this information (see Privacy Act Statement below). Your response to this form is voluntary. However, failure to respond may affect enrollment in the plan.
- I understand that I can be enrolled in only one MA plan at a time – and that enrollment in this plan will automatically end my enrollment in another MA plan (exceptions apply for MA PFFS, MA MSA plans).
- I understand that when my CareSource coverage begins, I must get all of my medical and prescription drug benefits from CareSource. Benefits and services provided by CareSource and contained in my CareSource “Evidence of Coverage” document (also known as a member contract or subscriber agreement) will be covered. Neither Medicare nor CareSource will pay for benefits or services that are not covered.
- The information on this enrollment form is correct to the best of my knowledge. I understand that if I intentionally provide false information on this form, I will be disenrolled from the plan.
- I understand that my signature (or the signature of the person legally authorized to act on my behalf) on this application means that I have read and understand the contents of this application. If signed by an authorized representative (as described above), this signature certifies that:
 - This person is authorized under State law to complete this enrollment, and
 - Documentation of this authority is available upon request by Medicare.

Signature:

Today's date:

If you're the authorized representative, sign above and fill out these fields:

Name:

Address:

Phone number:

Relationship to enrollee:

Section 2 – All fields on this page are optional

Answering these questions is your choice. You can't be denied coverage because you don't fill them out.

Select one if you want us to send you information in a language other than English.

☐ Spanish

Select one if you want us to send you information in an accessible format.

☐ Braille

☐ Large print

☐ Audio CD

☐ Data CD

Please contact CareSource Member Services at **1-833-230-2020** if you need information in an accessible format other than what's listed above. Our office hours are 8 a.m. to 8 p.m., Monday through Friday, and from October 1 through March 31, we are open the same hours, seven days a week. TTY users can call **1-833-711-4711**.

Do you work? ☐ Yes ☐ No

Does your spouse work? ☐ Yes ☐ No

List your Primary Care Physician (PCP), clinic or health center:

I want to get the following materials via email. Select one or more.

☐ 2026 Georgia CareSource Dual Advantage™ (HMO D-SNP) Pre-Enrollment Kit

☐ 2026 Georgia CareSource Dual Advantage™ Plus (HMO D-SNP) Pre-Enrollment Kit

E-mail address: _____

For individuals helping enrollee with completing this form only

Complete this section if you're an individual (i.e. agents, brokers, SHIP, counselors, family members, or other third parties) helping an enrollee fill out the form.

Name: _____ Relationship to enrollee: _____

Signature: _____

National Producer Number (Agents/Brokers only) _____

PRIVACY ACT STATEMENT

The Centers for Medicare & Medicaid Services (CMS) collects information from Medicare plans to track beneficiary enrollment in Medicare Advantage (MA) Plans, improve care, and for the payment of Medicare benefits. Sections 1851 of the Social Security Act and 42 CFR §§ 422.50 and 422.60 authorize the collection of this information. CMS may use, disclose and exchange enrollment data from Medicare beneficiaries as specified in the System of Records Notice (SORN) "Medicare Advantage Prescription Drug (MARx)", System No. 09-70-0588. Your response to this form is voluntary. However, failure to respond may affect enrollment in the plan.



CareSource Dual Advantage™ PLUS (HMO D-SNP)

2026 SUMMARY OF BENEFITS



GEORGIA

2026 SUMMARY OF BENEFITS

Introduction

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

CareSource is a nonprofit health insurance company that has been meeting the needs of health care consumers like you for over 30 years. Our mission is to make a lasting difference in our members' lives by giving them resources to improve their health and well-being. CareSource Dual Advantage Plus™ (HMO D-SNP) gives you more benefits, more savings, more care... and no hidden costs.

ABOUT THE PLAN

CareSource Dual Advantage Plus is a Medicare Advantage Dual Eligible Special Needs Plan (D-SNP) plan with a Medicare and Medicaid contract. This means that in addition to CareSource Dual Advantage Plus coverage, Georgia Medicaid also shares some of the cost for your health care services. How much Medicaid covers depends on your income, resources, and other factors.

If your category of Medicaid eligibility changes, your cost share may also increase or decrease. **You must renew your Medicaid enrollment to continue to receive your Medicaid coverage.**

WHO CAN JOIN?

To join CareSource Dual Advantage Plus you must meet the following:

- Be entitled to Medicare Part A;
- Be enrolled in Medicare Part B;
- Be enrolled in one of the following:
 - **Qualified Medicare Beneficiary (QMB):** You get Medicaid coverage of Medicare cost-share but are not eligible for full Medicaid benefits. Medicaid pays your Part A and Part B premiums, deductibles, coinsurance, and copayments amounts only.
 - **Qualified Medicare Beneficiary Plus (QMB+):** You get Medicaid coverage of Medicare cost-share and are also eligible for full Medicaid benefits. Medicaid pays your Part A and Part B premiums, deductibles, coinsurance, and copayment amounts.

- **Full Benefits Dual Eligible (FBDE):** Medicaid may provide limited assistance with Medicare cost-sharing. Medicaid also provides full Medicaid benefits. You are eligible for full Medicaid benefits. At times you may also be eligible for limited assistance from the State Medicaid Office in paying your Medicare cost share amounts. Generally, your cost share is 0% when the service is covered by both Medicare and Medicaid. There may be cases where you have to pay cost sharing when a service or benefit is not covered by Medicaid.
- **Specified Low-Income Medicare Beneficiary with full Medicaid (SLMB+):** You get Medicaid coverage of Medicare cost-share but are not eligible for full Medicaid benefits. Medicaid helps pay Part B premium amounts.
- Be a United States citizen or lawfully present in the United States;
- Live in our plan's service area.

The CareSource Dual Advantage Plus service area includes the following counties in Georgia:

Appling, Atkinson, Bacon, Baldwin, Banks, Barrow, Bartow, Ben Hill, Berrien, Bibb, Bleckley, Brantley, Bryan, Burke, Butts, Camden, Candler, Charlton, Chattahoochee, Cherokee, Clarke, Clayton, Clinch, Cobb, Coffee, Columbia, Coweta, Crawford, Crisp, Dawson, Dodge, Dooly, Douglas, Echols, Elbert, Emanuel, Evans, Fannin, Fayette, Forsyth, Franklin, Fulton, Gilmer, Glascock, Greene, Gwinnett, Habersham, Hancock, Haralson, Heard, Henry, Houston, Irwin, Jackson, Jasper, Jeff Davis, Jefferson, Jenkins, Johnson, Jones, Lamar, Lanier, Laurens, Lincoln, Long, Lumpkin, Macon, Madison, Marion, McDuffie, McIntosh, Meriwether, Monroe, Montgomery, Morgan, Murray, Newton, Oconee, Oglethorpe, Paulding, Peach, Pickens, Pike, Polk, Pulaski, Putnam, Richmond, Rockdale, Screven, Spalding, Stephens, Talbot, Taliaferro, Tattnall, Taylor, Telfair, Tift, Toombs, Treutlen, Turner, Twiggs, Upson, Walton, Ware, Warren, Washington, Wayne, Wheeler, White, Wilcox, Wilkes, Wilkinson

WHICH DOCTORS, HOSPITALS AND PHARMACIES CAN I USE?

CareSource Dual Advantage Plus has a network of doctors, hospitals, pharmacies, and other providers. If you use providers that are out of our network, the Plan may not pay for those services.

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

You can go to **CareSource.com/DSNP** to view or search for a network provider or pharmacy using our online directories or call us and we will send you a copy of the *Provider & Pharmacy Directory*.

TIPS FOR COMPARING YOUR MEDICARE CHOICES

This *Summary of Benefits* booklet is a summary of what CareSource Dual Advantage Plus covers and what you pay.

- If you want to compare our plan with other Medicare health plans in your area, 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 the *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.

Questions?

If you are currently a member of this plan, call us toll-free at **1-833-230-2020** (TTY users should call **1-833-711-4711 or 711**).

If you are not a member of this plan, call us toll-free at **1-844-607-2830** (TTY: **1-833-711-4711 or 711**).

You can also visit our website at **CareSource.com/DSNP**

Hours of Operation

We are open 8 a.m. to 8 p.m. Monday through Friday, and from October 1 through March 31, the same hours seven days a week.

Member Services

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

This document may be available in a non-English language. For additional information, call us at **1-833-230-2020**. (TTY users should call **1-833-711-4711 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 **1-833-230-2020**. (Los usuarios de TTY deben llamar al **1-833-711-4711 o 711**.)

MONTHLY PREMIUM, DEDUCTIBLE AND LIMITS	
	CareSource Dual Advantage Plus
Monthly Premium	\$0
Annual Deductible (See the <i>Prescription Drug Coverage</i> section for the Part D deductible)	\$0
Annual Out-of-Pocket Maximum (the limit on how much you will pay in a year)	\$0 Annually for Medicare-covered services from in-network providers.

CareSource Dual Advantage Plus 2026 Summary of Benefits Chart

Cost sharing for Medicare-covered benefits in the chart below are based on your level of Georgia Medicaid eligibility. Your services are paid first by Medicare and then by Medicaid. If a benefit is used up by Medicare, then Georgia Medicaid may provide coverage. CareSource Dual Advantage Plus will cover the benefits described below.

If you have questions about your Medicaid eligibility and what benefits you are entitled to, call Georgia Medicaid, 1-866-211-0950 for TTY call 711 during the hours of 8 a.m. – 5 p.m., Monday through Friday.

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/DSNP](https://www.caresource.com/DSNP).

COVERED MEDICAL AND HOSPITAL BENEFITS — IN-NETWORK ONLY		
If you use providers that are not in our network, you may be responsible for the full cost of these services.		
	CareSource Dual Advantage Plus	Georgia Medicaid
Inpatient Hospital Care ¹	Days 1 through 90; 60 lifetime reserve days \$0 copay per day	Covered
Outpatient Hospital Care ¹	\$0 copay	Covered
Ambulatory Surgical Center (ASC) Services ¹	\$0 copay	Covered
Doctor's Office Visits	Primary care provider visit (PCP)	
	\$0 copay	Covered
	Specialist visit	
	\$0 copay	Covered
Preventive Care	\$0 copay	Covered
Emergency Care	\$0 copay	Covered
Urgently Needed Services	\$0 copay	Covered
Diagnostic Services, Labs, and Imaging ¹	Diagnostic tests and procedures	
	\$0 copay	Covered
	Lab services	
	\$0 copay	Covered
	Diagnostic radiology services (such as MRIs, CT scans)	
	\$0 copay	Covered
	Outpatient x-rays	
	\$0 copay	Covered

¹ Prior authorization is required for some services.

Amounts shown are what you pay. Services are covered in-network only except for emergency services and urgently needed services.

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

If you use providers that are not in our network, you may be responsible for the full cost of these services.

	CareSource Dual Advantage Plus	Georgia Medicaid
Hearing Services	Exam to diagnose and treat hearing and balance issues	
	\$0 copay	Covered for children
	Routine hearing exam	
	\$0 copay, 1 every year	Covered for children
	Hearing aids²	
	\$0 copay TruHearing®* Advanced model hearing aids (available in rechargeable options), one per ear every 3 years Hearing aid purchase includes: <ul style="list-style-type: none"> – Provider visits within the first year of hearing aid purchase – 60-day trial period – 3-year extended warranty – 80 batteries per aid for non-rechargeable models 	Covered for children
Dental Services (continued on the next page)	Medicare-covered services¹	
	\$0 copay	Not Applicable
	Preventive dental²	
Please see your <i>Medicaid Handbook</i> for additional details.	\$0 copay for a single office visit that includes: Every six months: <ul style="list-style-type: none"> – 1 cleaning – 1 oral exam – 1 fluoride treatment Every year: <ul style="list-style-type: none"> – 1 dental x-ray 	Covered

¹ Prior authorization is required for some services.

² Services are not subject to the maximum out of pocket.

Amounts shown are what you pay. Services are covered in-network only except for emergency services and urgently needed services.

* All content ©2025 TruHearing, Inc. All Rights Reserved. TruHearing® is a registered trademark of TruHearing, Inc. All other trademarks, product names, and company names are the property of their respective owners.

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

If you use providers that are not in our network, you may be responsible for the full cost of these services.

	CareSource Dual Advantage Plus	Georgia Medicaid
Dental Services (continued)	Comprehensive dental^{1,2}	
	\$0 copay Includes simple extractions, minor restorations, periodontics, and other non-Medicare covered comprehensive dental services such as dentures and implants	Covered
	Preventive and comprehensive dental allowance	
	\$4,000 maximum plan coverage amount for preventive and comprehensive dental benefits.	Not Covered
Vision Services	Exam to diagnose and treat diseases and conditions of the eye	
	\$0 copay	Covered
	Routine eye exam (1 every year)	
	\$0 copay	Covered
	Eyewear²	
	\$0 copay \$500 maximum plan coverage amount every year for all non-Medicare-covered eyewear.	Covered
	Medicare-covered eyeglasses or contact lenses after cataract surgery	
	\$0 copay	Not Applicable

¹ Prior authorization is required for some services.

² Services are not subject to the maximum out of pocket.

Amounts shown are what you pay. Services are covered in-network only except for emergency services and urgently needed services.

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

If you use providers that are not in our network, you may be responsible for the full cost of these services.

	CareSource Dual Advantage Plus	Georgia Medicaid
Mental Health Care¹ Lifetime limit: Up to 190 days inpatient care in a psychiatric hospital	Inpatient visit	
	Days 1 through 90; 60 lifetime reserve days \$0 copay per day	Covered
	Outpatient group therapy visit	
	\$0 copay	Covered
	Outpatient individual therapy visit	
	\$0 copay	Covered
Skilled Nursing Facility¹ Limited to 100 days per benefit period	Days 1 through 100 \$0 copay per day	Covered
Physical Therapy¹	\$0 copay	Covered
Ambulance¹	\$0 copay	Covered
Transportation	Plan approved health-related locations	
	\$0 copay	Covered
Medicare Part B Drugs¹ (including chemotherapy)	\$0 copay	Covered

¹ Prior authorization and/or step therapy is required for some services.

Amounts shown are what you pay. Services are covered in-network only except for emergency services and urgently needed services.

PREScription DRUG COVERAGE

You can use our complete "Drug List" (Formulary) located on **CareSource.com/DSNP** to find your drugs and to see if your drug has additional requirements or limits such as prior authorization or quantity limits. To get a hard copy, call us and we will send you a copy of the "Drug List."

For more information on the pharmacy-specific cost-sharing and the phases of the benefit, please call us toll-free at **1-833-230-2020 (TTY users should call 1-833-711-4711 or 711)** or access our website at **CareSource.com/DSNP**.

PREScription DRUG BENEFITS— IN-NETWORK ONLY

If you use pharmacies that are not in our network, you may be responsible for the full cost.

	Member Cost Share Per Benefit Phase		
	Deductible	Initial Coverage	Catastrophic
Tier 1 Preferred Generic	\$0	\$0	\$0
Tier 2 Generic	\$0	\$0	\$0
Tier 3 Preferred Brand	\$615 or Applicable Low-Income Subsidy (LIS) copay	25% or Applicable Low-Income Subsidy (LIS) copay	\$0
Tier 4 Non-Preferred Drug			\$0
Tier 5 Specialty Tier (up to a 30-day supply)			\$0

Extended day supplies through retail and mail-order are limited to a 102-day supply.

Other Benefits CareSource Dual Advantage Plus Offers

ADDITIONAL BENEFITS	
	CareSource Dual Advantage Plus
Acupuncture (for chronic low back pain)	\$0 copay
24-Hour Nurse Advice Line	<p>The 24-Hour Nurse Advice Line provides around-the-clock access to a caring and experienced staff of registered nurses. Members can call the toll-free number located on your CareSource member ID card 24 hours a day, 7 days a week, 365 days a year. These 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"> – Decide when self-care, a doctor visit, or the emergency room is the right choice – Check your symptoms and help you figure out what to do – Understand a medical condition or recent diagnosis – Obtain medical information – Prepare questions for doctor visits – Find out more about prescriptions or over-the-counter (OTC) items – Learn about healthy eating and staying well
Chiropractic Care	<p>\$0 copay</p> <p>Includes manipulation of the spine to correct a subluxation (when one or more of the bones of your spine move out of position)</p>
Diabetes Supplies and Services¹	Diabetes monitoring supplies
	<p>\$0 copay</p> <p>Diabetic supplies and services are limited to specified manufacturers:</p> <p>Blood glucose test strips and meters:</p> <ul style="list-style-type: none"> – Abbott Diabetes <p>Continuous glucose monitors (CGMs):</p> <ul style="list-style-type: none"> – Abbott FreeStyle & Dexcom
	Diabetes self-management training
	\$0 copay
	Therapeutic shoes or inserts
	\$0 copay
Durable Medical Equipment¹ (wheelchairs, oxygen, etc.)	\$0 copay

¹ Prior authorization is required for some services.

Amounts shown are what you pay. Services are covered in-network only except for emergency services and urgently needed services.

ADDITIONAL BENEFITS	
	CareSource Dual Advantage Plus
Fitness	<p>\$0 copay</p> <p>Includes membership at participating fitness centers and home fitness kit, as well as online features (on-demand workout videos, virtual events, and specialized coaching sessions)</p>
Healthy Benefits+™ Allowance	<p>The Healthy Benefits+ debit card provides \$196 per month to use on qualifying over-the-counter items as well as supplemental dental, vision, and hearing services and accessories at eligible locations.</p> <p>Additionally, those with one or more qualifying conditions may use the allowance for additional items and services, such as:</p> <ul style="list-style-type: none"> – Healthy Food* – Utilities* – Rent & Mortgage Assistance* – Home & Bathroom Safety Items* – Pest Control Retail Items* – Indoor Air Quality Items* – Household Cleaning Supplies* – Personal Care Items* – Pet Care Items (not including veterinary or grooming)* <p>Unused amounts will roll over month-to-month and expire at the end of the year.</p> <p>*The benefits mentioned are Special Supplemental Benefits for the Chronically Ill (SSBCI). Not all members qualify. Members with any of the following conditions qualify for SSBCI</p> <ul style="list-style-type: none"> – Automimmune disorders – Cancer – Cardiovascular disorders – Chronic alcohol use disorder and other substance use disorders (SUDs) – Chronic and disabling mental health conditions – Chronic conditions that impair vision, hearing (deafness) taste, touch, and smell – Chronic gastrointestinal disease – Chronic heart failure – Chronic kidney disease (CKD) – Chronic lung disorders – Conditions associated with cognitive impairment – Conditions that require continued therapy services for individuals to maintain or retain functioning – Conditions with functional challenges – Dementia – Diabetes mellitus – HIV/AIDS – Immunodeficiency and Immunosuppressive disorders – Neurologic disorders – Overweight, obesity, and metabolic syndrome – Post-organ transplantation – Severe hematologic disorders – Stroke

¹ Prior authorization is required for some services.

Amounts shown are what you pay. Services are covered in-network only except for emergency services and urgently needed services.

ADDITIONAL BENEFITS	
	CareSource Dual Advantage Plus
Home Health Care ¹	\$0 copay
Hospice ¹	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.
Meals	Benefit maximum per event consists of 2 meals per day for 14 days following an inpatient or skilled nursing facility stay. Number of events is unlimited.
MyHealth™ Online Tool	With MyHealth, you'll have online access to resources for your health, including: <ul style="list-style-type: none"> – Health assessments – Personalized online wellness plans – Step-by-step guides on specific health needs – Online health journeys – Goal setting and tracking – Health tips and wellness information
Outpatient Rehabilitation ¹	Cardiac (heart) rehabilitation services
	\$0 copay
	Occupational therapy visits
	\$0 copay
	Speech and language therapy visit
	\$0 copay
Outpatient Substance Abuse	Supervised exercise therapy (SET)
	\$0 copay
	Group therapy visit
	\$0 copay
Outpatient Substance Abuse	Individual therapy visit
	\$0 copay
Personal Emergency Response System (PERS)	A PERS consists of a home monitoring device that sends an alert to a 24-hour call center in the event of an emergency.
Podiatry	Medicare-covered services
	Includes foot exams and treatment if you have diabetes-related nerve damage or meet certain conditions
	Routine Foot Care
	\$0 copay Members get 6 additional visits per year for routine foot care

¹ Prior authorization is required for some services.

Amounts shown are what you pay. Services are covered in-network only except for emergency services and urgently needed services.

ADDITIONAL BENEFITS	
	CareSource Dual Advantage Plus
Prosthetic Devices¹ (braces, artificial limbs, etc.)	Prosthetic devices
	\$0 copay
	Related medical supplies
	\$0 copay
Renal Dialysis	\$0 copay
Therapeutic Radiology Services¹ (such as radiation treatment for cancer)	\$0 copay
Worldwide Emergency Services, Urgently Needed Services, and Transportation	\$0 copay \$10,000 maximum plan benefit coverage amount every year for the worldwide benefit.

¹ Prior authorization is required for some services.

Amounts shown are what you pay. Services are covered in-network only except for emergency services and urgently needed services.

This information is not a complete description of benefits. Call **1-833-230-2020** (TTY users should call **1-833-711-4711 or 711**) for more information. Limitations, copayments, and restrictions may apply.

Benefits, premiums and/or copayments/coinsurance may change on January 1 of each year. You must continue to pay your Medicare Part B premium. Plans may offer supplemental benefits in addition to Part C benefits and Part D benefits.

Out-of-network/non-contracted providers are under no obligation to treat CareSource members, except in emergency situations. Please call our customer service number or see your *Evidence of Coverage* for more information, including the cost-sharing that applies to out-of-network services.

CareSource is an HMO D-SNP with a Medicare and state Medicaid contract. Enrollment in CareSource depends on contract renewal.

Get free help in your language with interpreters and other written materials. Get free aids and support if you have a disability. Call **1-833-230-2020 (TTY: 1-833-711-4711 or 711)**.



Obtenga ayuda gratuita en su idioma a través de intérpretes y otros materiales en formato escrito. Obtenga ayudas y apoyo gratuitos si tiene una discapacidad. Por teléfono, llame al: **1-833-230-2020 (TTY: 1-833-711-4711 o 711)**.

احصل على مساعدة مجانية بلغتك من خلال المترجمين الفوريين والمواد المكتوبة الأخرى. إذا كنت من ذوي الاحتياجات الخاصة، ستحصل على المساعدات والدعم مجاًناً. اتصل على الرقم **1-833-230-2020 (TTY: "الهاتف النصي للصم وضعاف السمع" 1-833-711-4711 أو 711)**.

通过口译员和其他书面材料，获得您所使用语言的免费帮助。如果您有残疾，可获得免费的辅助设备和支持。请致电 **1-833-230-2020 (残障人士专用电话：1-833-711-4711 或拨打 711)**。

Erhalten Sie kostenlos Hilfe in Ihrer Sprache mit Dolmetschern und anderen schriftlichen Materialien. Erhalten Sie kostenlose Hilfsmittel und Unterstützung, wenn Sie eine Behinderung haben. Rufen Sie an unter **1-833-230-2020 (TTY: 1-833-711-4711 oder 711)**.

Obtenez une aide gratuite dans votre langue grâce à des interprètes et à des documents écrits. Bénéficiez d'aides et d'assistance gratuites, si vous souffrez d'un handicap. Appelez le **1-833-230-2020 (TTY: 1-833-711-4711 ou composez le 711)**.

Nhận trợ giúp miễn phí bằng ngôn ngữ của quý vị thông qua phiên dịch viên và các tài liệu dạng văn bản khác. Nhận trợ giúp và hỗ trợ miễn phí nếu quý vị bị khuyết tật. Gọi **1-833-230-2020 (TTY: 1-833-711-4711 hoặc 711)**.

Grick Hilfe mitaus Koscht in dei Schprooch mit Iwwersetzer un annere schriftliche Dinge. Grick Aids un Hilfe mitaus Koscht wann du en Behinderung hoscht. Ruf **1-833-230-2020 (TTY: 1-833-711-4711 odder 711)**.

आपकी भाषा के इंटरप्रेटर और आपकी भाषा में अन्य लिखित सामग्रियों संबंधी मदद फ्री पाएं। यदि आपको कोई डिसेबिलिटी हो, तो मुफ्त सहायता और सपोर्ट पाएं। कॉल करें **1-833-230-2020 (TTY: 1-833-711-4711 या 711)**।

통역사 및 기타 서면 자료를 통해 귀하의 언어로 무료 도움을 받으세요. 장애가 있을 경우, 무료 보조와 지원을 받으세요. 문의: **1-833-230-2020 (TTY: 1-833-711-4711 또는 711)**.

በአስተርጓሚዎች እና በሌሎች የጽሑፍ ቁሳቁሶች በቋንቋዎ ከክፍያ ነፃ እርዳታ ያግኙ። የአካል ጉዳት ካለብዎት ከክፍያ ነፃ እርዳታ እና ድጋፍ ያግኙ። **1-833-230-2020 (TTY: 1-833-711-4711 ወይም 711)** ላይ ይደውሉ።

Gba ìrànṣọ́wọ̀ ọ̀fẹ́ ní èdè rẹ̀ pẹ̀lú àwọn atúmọ̀ èdè àti àwọn ohun èlò míràn tí a kọ sílẹ̀. Gba àwọn ìrànṣọ́wọ̀ àti àtílẹ̀yìn ọ̀fẹ́ bí o bá ní àìlera kan. Pe **1-833-230-2020 (TTY: 1-833-711-4711 or 711)**.

Makakuha ng libreng tulong sa wika mo gamit ang mga interpreter at iba pang nakasulat na materyales. Makakuha ng mga libreng tulong at suporta kung may kapansanan ka. Tumawag sa **1-833-230-2020 (TTY: 1-833-711-4711 o 711)**.

په خپله ژبه کې د شفاهي ژباړونکو او نورو لیکل شویو موادو له لارې وړیا مرسته ترلاسه کړئ. که تاسو معلومات لری نو وړیا ملاتړ او مرستې ترلاسه کړئ. دې شمیرې ته زنگ ووهئ **1-833-230-2020 (TTY: 1-833-711-4711 یا 711)**.

మీ భాషలో వ్యాఖ్యాతలతో మరియు ఇతర వ్రాతపూర్వక మెటీరియల్స్ తో ఉచితంగా సహాయాన్ని పొందండి ఒకవేళ మీకు వైకల్యం ఉన్నట్లయితే, ఉచిత ఉపకరణాలను మరియు మద్దతును పొందండి. కాల్ చేయండి: **1-833-230-2020 (TTY: 1-833-711-4711 లేదా 711)**.

दोभासे तथा अन्य लिखित सामग्रीहरूका सहायताले आफ्नै भाषामा निःशुल्क मद्दत प्राप्त गर्नुहोस्। तपाईंलाई कुनै अपाङ्गता छ भने निःशुल्क सहायता प्राप्त गर्नुहोस्। **1-833-230-2020 (TTY: 1-833-711-4711 वा 711)** मा फोन गर्नुहोस्.

စကားပြန်များနှင့် အခြားပုံနှိပ်စာရွက်များကို သင့်ဘာသာစကားဖြင့် အခမဲ့အကူအညီရယူပါ။ သင်သည် မသန်စွမ်းသူတစ်ဦးဖြစ်ပါက အခမဲ့အကူအညီများနှင့် အထောက်အပံ့များ ရယူပါ။ **1-833-230-2020 (TTY: 1-833-711-4711 သို့မဟုတ် 711)** သို့ ခေါ်ဆိုပါ.

Jwenn èd gratis nan lang ou ak entèprèt ansanm ak materyèl ekri. Jwenn èd ak sipò gratis si w gen yon andikap. Rele **1-833-230-2020 (TTY: 1-833-711-4711 oswa 711)**.

Bök jibañ ilo an ejjelok wōnāān ikkijjien kajin eo am ibbān rukok ro im wāween ko jet ilo jeje. Bök kein jeralin jibañ im jibañ ko ilo an ejjelok wōnāer ñe ewōr am nañinmej in utamwe. Kall e **1-833-230-2020 (TTY: 1-833-711-4711 ako 711)**.

Y0119_Multi-DSNP-M-3287939_C



[CareSource.com/DSNP](https://www.caresource.com/DSNP)

Medicare Prescription Payment Plan participation request form

The Medicare Prescription Payment Plan is a payment option that works with your current drug coverage to help you manage your out-of-pocket costs for drugs covered by your plan by spreading them across the calendar year (January-December). **This payment option might help you manage your expenses, but it doesn't save you money or lower your drug costs.**

This payment option might not be the best choice for you if you get help paying for your prescription drug costs through programs like Extra Help from Medicare or a State Pharmaceutical Assistance Program (SPAP). Call your plan for more information.

Complete all fields unless marked optional

I want to participate in the Medicare Prescription Payment Plan for the:

☐ Current Plan Year ☐ Upcoming Plan Year

FIRST name:	LAST name:	MIDDLE initial (optional):
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Medicare Number:					-				-					

Member ID Number:	RxGroup Number:
-------------------	-----------------

Member ID Number:	RxGroup Number:
-------------------	-----------------

Birth date: (MM/DD/YYYY)	Phone number:
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Birth date: (MM/DD/YYYY)	Phone number:
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Permanent residence street address (don't enter a P.O. Box unless you're experiencing homelessness):	

City:	County (optional):	State:	ZIP code:

City:	County (optional):	State:	ZIP code:

City:	County (optional):	State:	ZIP code:

City:	County (optional):	State:	ZIP code:

Mailing address, if different from your permanent address (P.O. Box allowed):			
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Mailing address, if different from your permanent address (P.O. Box allowed):			
Address:	City:	State:	ZIP code:

Read and sign below

- I understand this form is a request to participate in the Medicare Prescription Payment Plan. My plan will contact me if they need more information.
- I understand that signing this form means that I've read and understand the form and the attached terms and conditions.
- **My plan will let me know when my participation in the Medicare Prescription Payment Plan is active.** Until then, I understand that I'm not a participant in the Medicare Prescription Payment Plan.
- I understand that if I stay in the same health or drug plan, my plan will automatically renew my participation in the Medicare Prescription Payment Plan at the beginning of each calendar year, unless I contact my plan to opt out.

Signature:	Date:
-------------------	--------------

Signature:	Date:
-------------------	--------------

If you're completing this form for someone else, complete the section below. Your signature certifies that you're authorized under State law to fill out this participation form and have documentation of this authority available if Medicare asks for it.

Name:	Address (Street, City, State, ZIP code):

Name:	Address (Street, City, State, ZIP code):

	(continued)

	(continued)

How to submit this form

Submit your completed form to:

Express Scripts MPPP

P.O. Box 801101

Kansas City, MO 64180-1101

You can also complete the participation request form online at **<https://www.express-scripts.com/mppp>** or call us at **1.866.845.1803** to submit your request via telephone.

If you have questions or need help completing this form, call us at **1.866.845.1803**, 24 hours a day, 7 days a week. TTY users can call **1.800.716.3231**.

KEEP THIS PAGE FOR YOUR RECORDS

Medicare Prescription Payment Plan Terms and Conditions

By opting into the Medicare Prescription Payment Plan, you agree to the following terms and conditions:

1. We'll Let Your Pharmacy Know

We'll notify your pharmacy that you're using this payment option. It will apply only to Medicare Part D covered drugs that are processed after your participation request is approved.

2. This Payment Plan Spreads Out Costs—It Doesn't Lower Them

While this payment option helps to manage your drug costs, it does not lower your drug costs. If you have limited income or resources, visit [Medicare.gov](https://www.medicare.gov) to learn about programs that can help lower your drug costs.

3. You Pay \$0 at the Pharmacy (You'll Be Billed Later)

When you get a prescription filled for an eligible drug, you won't pay anything at the pharmacy. But you will still be responsible for your share of the cost of the prescription covered by your Medicare Part D benefit under your plan. Before you pick up your prescription, make sure you understand how much you'll need to pay each month for the rest of the year. The pharmacy can help you understand your share of the prescription cost.

4. You'll Get a Monthly Bill

Each month, you'll receive a bill for the amount you owe, when it's due, and information on how to make a payment.

5. Your Monthly Payment May Change

Your payments may change every month because your monthly bill is based on what you would have paid for any prescriptions you get, plus your previous month's balance, divided by the number of months left in the year. But you'll never pay more than the total amount you would have paid out of pocket or the total annual out-of-pocket maximum.

6. If You Miss a Payment

If you miss a payment, you'll get a reminder notice. If you don't pay your bill by the due date listed, you'll be removed from this payment option. You're still required to pay the amount you owe, and you may not be able to elect back into this payment option.

7. If Your Medicare Part D Plan Changes

If you are disenrolled from your Medicare Part D plan for any reason, or you enroll in a new plan with drug coverage, your participation in this payment option will end. But you'll still continue to get a monthly bill for the amount you owe until your balance is paid in full. If you enroll in a new plan with drug coverage, you may be able to rejoin the Medicare Prescription Payment Plan by contacting your new plan.

8. Automatic Renewal

I understand that if I stay in the same health or drug plan, my plan will automatically renew my participation in the Medicare Prescription Payment Plan at the beginning of each calendar year, unless I contact my plan to opt out.

9. You Can Opt Out Anytime

You can leave this payment plan at any time without affecting your Medicare drug coverage and other Medicare benefits.

10. How to Opt Out of the Payment Plan

You can opt out online through the website or by calling the phone number listed on the back of your member ID card. After you opt out, you'll still get a bill each month for the amount you owe until your balance is paid.

11. Paying After You Opt Out

You'll pay the pharmacy directly for new out-of-pocket drug costs after you leave this payment plan.

12. Have a Concern?

If you have a concern, you have the right to file a complaint. Follow the grievance process found in your Member Handbook or Evidence of Coverage for how to do that.

13. Address Changed?

Express Scripts administers this program for your Medicare Part D plan. If your plan has a different address than the one filled out on the form, you'll need to contact your plan to update your address.

14. Online Account Access

Express Scripts works with a third-party supplier to offer the Medicare Prescription Payment Plan, to give you a website to view your account, schedule and make payments, and review your payment history. You can go to this website at <https://www.express-scripts.com/mppp>.

15. Protect Your Account

If you suspect that your online account or password has been compromised, call Express Scripts right away.

16. You'll Get Important Emails

By participating in this payment option, you'll automatically receive important relevant emails from Express Scripts or its delegate.

17. Phone Calls and Texts

I understand that my plan, Express Scripts and other third parties on their behalf may contact me, by phone or text at the phone numbers I provide in conjunction with my coverage. I acknowledge these calls or text messages may be delivered using an automated system. I understand I can opt out of calls and texts related to the Medicare Prescription Payment Plan by contacting Express Scripts or my health plan at any time.

18. Who Manages This Payment Plan?

Express Scripts, Evernorth's pharmacy benefit services business, administers this program for your prescription plan for your employer, plan sponsor, health plan, or benefit fund.

Medicare Prescription Payment Plan participation request form

The Medicare Prescription Payment Plan is a payment option that works with your current drug coverage to help you manage your out-of-pocket costs for drugs covered by your plan by spreading them across the calendar year (January-December). **This payment option might help you manage your expenses, but it doesn't save you money or lower your drug costs.**

This payment option might not be the best choice for you if you get help paying for your prescription drug costs through programs like Extra Help from Medicare or a State Pharmaceutical Assistance Program (SPAP). Call your plan for more information.

Complete all fields unless marked optional

I want to participate in the Medicare Prescription Payment Plan for the:

☐ Current Plan Year ☐ Upcoming Plan Year

FIRST name:	LAST name:	MIDDLE initial (optional):
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Medicare Number:					-				-					

Member ID Number:	RxGroup Number:
-------------------	-----------------

Member ID Number:	RxGroup Number:
-------------------	-----------------

Birth date: (MM/DD/YYYY)	Phone number:
-----------------------------	---------------

Birth date: (MM/DD/YYYY)	Phone number:
-----------------------------	---------------

Permanent residence street address (don't enter a P.O. Box unless you're experiencing homelessness):	

City:	County (optional):	State:	ZIP code:

City:	County (optional):	State:	ZIP code:

City:	County (optional):	State:	ZIP code:

City:	County (optional):	State:	ZIP code:

Mailing address, if different from your permanent address (P.O. Box allowed):			
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Mailing address, if different from your permanent address (P.O. Box allowed):			
Address:	City:	State:	ZIP code:

Read and sign below

- I understand this form is a request to participate in the Medicare Prescription Payment Plan. My plan will contact me if they need more information.
- I understand that signing this form means that I've read and understand the form and the attached terms and conditions.
- **My plan will let me know when my participation in the Medicare Prescription Payment Plan is active.** Until then, I understand that I'm not a participant in the Medicare Prescription Payment Plan.
- I understand that if I stay in the same health or drug plan, my plan will automatically renew my participation in the Medicare Prescription Payment Plan at the beginning of each calendar year, unless I contact my plan to opt out.

Signature:	Date:
-------------------	--------------

Signature:	Date:
-------------------	--------------

If you're completing this form for someone else, complete the section below. Your signature certifies that you're authorized under State law to fill out this participation form and have documentation of this authority available if Medicare asks for it.

Name:	Address (Street, City, State, ZIP code):
-------	--

Name:	Address (Street, City, State, ZIP code):
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Phone number:	Relationship to participant:

Phone number:	Relationship to participant:

How to submit this form

Submit your completed form to:

Express Scripts MPPP

P.O. Box 801101

Kansas City, MO 64180-1101

You can also complete the participation request form online at **<https://www.express-scripts.com/mppp>** or call us at **1.866.845.1803** to submit your request via telephone.

If you have questions or need help completing this form, call us at **1.866.845.1803**, 24 hours a day, 7 days a week. TTY users can call **1.800.716.3231**.

KEEP THIS PAGE FOR YOUR RECORDS

Medicare Prescription Payment Plan Terms and Conditions

By opting into the Medicare Prescription Payment Plan, you agree to the following terms and conditions:

1. We'll Let Your Pharmacy Know

We'll notify your pharmacy that you're using this payment option. It will apply only to Medicare Part D covered drugs that are processed after your participation request is approved.

2. This Payment Plan Spreads Out Costs—It Doesn't Lower Them

While this payment option helps to manage your drug costs, it does not lower your drug costs. If you have limited income or resources, visit [Medicare.gov](https://www.medicare.gov) to learn about programs that can help lower your drug costs.

3. You Pay \$0 at the Pharmacy (You'll Be Billed Later)

When you get a prescription filled for an eligible drug, you won't pay anything at the pharmacy. But you will still be responsible for your share of the cost of the prescription covered by your Medicare Part D benefit under your plan. Before you pick up your prescription, make sure you understand how much you'll need to pay each month for the rest of the year. The pharmacy can help you understand your share of the prescription cost.

4. You'll Get a Monthly Bill

Each month, you'll receive a bill for the amount you owe, when it's due, and information on how to make a payment.

5. Your Monthly Payment May Change

Your payments may change every month because your monthly bill is based on what you would have paid for any prescriptions you get, plus your previous month's balance, divided by the number of months left in the year. But you'll never pay more than the total amount you would have paid out of pocket or the total annual out-of-pocket maximum.

6. If You Miss a Payment

If you miss a payment, you'll get a reminder notice. If you don't pay your bill by the due date listed, you'll be removed from this payment option. You're still required to pay the amount you owe, and you may not be able to elect back into this payment option.

7. If Your Medicare Part D Plan Changes

If you are disenrolled from your Medicare Part D plan for any reason, or you enroll in a new plan with drug coverage, your participation in this payment option will end. But you'll still continue to get a monthly bill for the amount you owe until your balance is paid in full. If you enroll in a new plan with drug coverage, you may be able to rejoin the Medicare Prescription Payment Plan by contacting your new plan.

8. Automatic Renewal

I understand that if I stay in the same health or drug plan, my plan will automatically renew my participation in the Medicare Prescription Payment Plan at the beginning of each calendar year, unless I contact my plan to opt out.

9. You Can Opt Out Anytime

You can leave this payment plan at any time without affecting your Medicare drug coverage and other Medicare benefits.

10. How to Opt Out of the Payment Plan

You can opt out online through the website or by calling the phone number listed on the back of your member ID card. After you opt out, you'll still get a bill each month for the amount you owe until your balance is paid.

11. Paying After You Opt Out

You'll pay the pharmacy directly for new out-of-pocket drug costs after you leave this payment plan.

12. Have a Concern?

If you have a concern, you have the right to file a complaint. Follow the grievance process found in your Member Handbook or Evidence of Coverage for how to do that.

13. Address Changed?

Express Scripts administers this program for your Medicare Part D plan. If your plan has a different address than the one filled out on the form, you'll need to contact your plan to update your address.

14. Online Account Access

Express Scripts works with a third-party supplier to offer the Medicare Prescription Payment Plan, to give you a website to view your account, schedule and make payments, and review your payment history. You can go to this website at <https://www.express-scripts.com/mppp>.

15. Protect Your Account

If you suspect that your online account or password has been compromised, call Express Scripts right away.

16. You'll Get Important Emails

By participating in this payment option, you'll automatically receive important relevant emails from Express Scripts or its delegate.

17. Phone Calls and Texts

I understand that my plan, Express Scripts and other third parties on their behalf may contact me, by phone or text at the phone numbers I provide in conjunction with my coverage. I acknowledge these calls or text messages may be delivered using an automated system. I understand I can opt out of calls and texts related to the Medicare Prescription Payment Plan by contacting Express Scripts or my health plan at any time.

18. Who Manages This Payment Plan?

Express Scripts, Evernorth's pharmacy benefit services business, administers this program for your prescription plan for your employer, plan sponsor, health plan, or benefit fund.



Medicare Prescription Payment Plan

The Medicare Prescription Payment Plan is a payment option that allows you to pay out-of-pocket prescription drug costs in the form of monthly payments over the course of your plan year instead of all at once at the pharmacy. It's completely voluntary to join, meaning it's your choice.

The goal is to help you manage your out-of-pocket Medicare Part D drug costs by spreading them across the calendar year (January-December). There are no fees or interest if payments are made on time. **This payment option may help you manage your expenses, but it does not save you money or lower your drug costs.**

Part D enrollees who face high cost-sharing earlier in the plan year are more likely to benefit from the program. This payment option may not be the best choice for you if you get help paying for your prescription drug costs through programs like Extra Help from Medicare or a State Pharmaceutical Assistance Program (SPAP). Before you make a decision, consider all of your options and what might work best for you.

In 2026, CareSource Dual Advantage™ Plus members have no copays for Medicare Part D prescription drugs if you receive “Extra Help.”

To learn more visit [CareSource.com/plans/dsnp/pharmacy/drug-cost-help/MPPP](https://www.caresource.com/plans/dsnp/pharmacy/drug-cost-help/MPPP). We're also happy to help. If you have questions, call us at **1-833-230-2020 (TTY: 1-833-711-4711 or 711)**. We are open 8 a.m. to 8 p.m. Monday through Friday, and from October 1 through March 31 we are open the same hours, seven days a week.



Medicare Prescription Payment Plan

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In 2026, CareSource Dual Advantage™ members have no copays for Medicare Part D prescription drugs if you receive “Extra Help.”

To learn more visit <[CareSource.com/plans/dsnp/pharmacy/drug-cost-help/MPPP](https://www.caresource.com/plans/dsnp/pharmacy/drug-cost-help/MPPP)>. We're also happy to help. If you have questions, call us at <1-833-230-2020 (TTY: 1-833-711-4711 or 711)>. We are open 8 a.m. to 8 p.m. Monday through Friday, and from October 1 through March 31 we are open the same hours, seven days a week.

CareSource Dual Advantage™ (HMO D-SNP)

2026 SUMMARY OF BENEFITS



GEORGIA

2026 SUMMARY OF BENEFITS

Introduction

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

CareSource is a nonprofit health insurance company that has been meeting the needs of health care consumers like you for over 30 years. Our mission is to make a lasting difference in our members' lives by giving them resources to improve their health and well-being. CareSource Dual Advantage™ (HMO D-SNP) gives you more benefits, more savings, more care... and no hidden costs.

ABOUT THE PLAN

CareSource Dual Advantage is a Medicare Advantage Dual Eligible Special Needs Plan (D-SNP) plan with a Medicare and Medicaid contract. This means that in addition to CareSource Dual Advantage coverage, Georgia Medicaid also shares some of the cost for your health care services. How much Medicaid covers depends on your income, resources, and other factors.

If your category of Medicaid eligibility changes, your cost share may also increase or decrease. **You must renew your Medicaid enrollment to continue to receive your Medicaid coverage.**

WHO CAN JOIN?

To join CareSource Dual Advantage you must meet the following:

- Be entitled to Medicare Part A;
- Be enrolled in Medicare Part B;
- Be enrolled in one of the following:
 - **Qualified Medicare Beneficiary (QMB):** You get Medicaid coverage of Medicare cost-share but are not eligible for full Medicaid benefits. Medicaid pays your Part A and Part B premiums, deductibles, coinsurance, and copayments amounts only.
 - **Qualified Medicare Beneficiary Plus (QMB+):** You get Medicaid coverage of Medicare cost-share and are also eligible for full Medicaid benefits. Medicaid pays your Part A and Part B premiums, deductibles, coinsurance, and copayment amounts.

- **Full Benefits Dual Eligible (FBDE):** Medicaid may provide limited assistance with Medicare cost-sharing. Medicaid also provides full Medicaid benefits. You are eligible for full Medicaid benefits. At times you may also be eligible for limited assistance from the State Medicaid Office in paying your Medicare cost share amounts. Generally, your cost share is 0% when the service is covered by both Medicare and Medicaid. There may be cases where you have to pay cost sharing when a service or benefit is not covered by Medicaid.
 - **Specified Low-Income Medicare Beneficiary with full Medicaid (SLMB+):** You get Medicaid coverage of Medicare cost-share but are not eligible for full Medicaid benefits. Medicaid helps pay Part B premium amounts.
- Be a United States citizen or lawfully present in the United States;
 - Live in our plan's service area.

The CareSource Dual Advantage service area includes the following counties in Georgia:

Appling, Atkinson, Bacon, Baldwin, Banks, Barrow, Bartow, Ben Hill, Berrien, Bibb, Bleckley, Brantley, Bryan, Burke, Butts, Camden, Candler, Charlton, Chattahoochee, Cherokee, Clarke, Clayton, Clinch, Cobb, Coffee, Columbia, Coweta, Crawford, Crisp, Dawson, Dodge, Dooly, Douglas, Echols, Elbert, Emanuel, Evans, Fannin, Fayette, Forsyth, Franklin, Fulton, Gilmer, Glascock, Greene, Gwinnett, Habersham, Hancock, Haralson, Heard, Henry, Houston, Irwin, Jackson, Jasper, Jeff Davis, Jefferson, Jenkins, Johnson, Jones, Lamar, Lanier, Laurens, Lincoln, Long, Lumpkin, Macon, Madison, Marion, McDuffie, McIntosh, Meriwether, Monroe, Montgomery, Morgan, Murray, Newton, Oconee, Oglethorpe, Paulding, Peach, Pickens, Pike, Polk, Pulaski, Putnam, Richmond, Rockdale, Screven, Spalding, Stephens, Talbot, Taliaferro, Tattnall, Taylor, Telfair, Tift, Toombs, Treutlen, Turner, Twiggs, Upson, Walton, Ware, Warren, Washington, Wayne, Wheeler, White, Wilcox, Wilkes, Wilkinson

WHICH DOCTORS, HOSPITALS AND PHARMACIES CAN I USE?

CareSource Dual Advantage has a network of doctors, hospitals, pharmacies, and other providers. If you use providers that are out of our network, the Plan may not pay for those services.

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

You can go to **CareSource.com/DSNP** to view or search for a network provider or pharmacy using our online directories or call us and we will send you a copy of the *Provider & Pharmacy Directory*.

TIPS FOR COMPARING YOUR MEDICARE CHOICES

This *Summary of Benefits* booklet is a summary of what CareSource Dual Advantage covers and what you pay.

- If you want to compare our plan with other Medicare health plans in your area, 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 the *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.

Questions?

If you are currently a member of this plan, call us toll-free at **1-833-230-2020** (TTY users should call **1-833-711-4711 or 711**).

If you are not a member of this plan, call us toll-free at **1-844-607-2830** (TTY: **1-833-711-4711 or 711**).

You can also visit our website at **CareSource.com/DSNP**

Hours of Operation

We are open 8 a.m. to 8 p.m. Monday through Friday, and from October 1 through March 31, the same hours seven days a week.

Member Services

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

This document may be available in a non-English language. For additional information, call us at **1-833-230-2020**. (TTY users should call **1-833-711-4711 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 **1-833-230-2020**. (Los usuarios de TTY deben llamar al **1-833-711-4711 o 711**.)

MONTHLY PREMIUM, DEDUCTIBLE AND LIMITS	
	CareSource Dual Advantage
Monthly Premium	\$0
Annual Deductible (See the <i>Prescription Drug Coverage</i> section for the Part D deductible)	\$0
Annual Out-of-Pocket Maximum (the limit on how much you will pay in a year)	\$0 Annually for Medicare-covered services from in-network providers.

CareSource Dual Advantage 2026 Summary of Benefits Chart

Cost sharing for Medicare-covered benefits in the chart below are based on your level of Georgia Medicaid eligibility. Your services are paid first by Medicare and then by Medicaid. If a benefit is used up by Medicare, then Georgia Medicaid may provide coverage. CareSource Dual Advantage will cover the benefits described below.

If you have questions about your Medicaid eligibility and what benefits you are entitled to, call Georgia Medicaid, 1-866-211-0950 for TTY call 711 during the hours of 8 a.m. – 5 p.m., Monday through Friday.

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/DSNP](https://www.caresource.com/DSNP).

COVERED MEDICAL AND HOSPITAL BENEFITS — IN-NETWORK ONLY If you use providers that are not in our network, you may be responsible for the full cost of these services.		
	CareSource Dual Advantage	Georgia Medicaid
Inpatient Hospital Care¹	Days 1 through 90; 60 lifetime reserve days \$0 copay per day	Covered
Outpatient Hospital Care¹	\$0 copay	Covered
Ambulatory Surgical Center (ASC) Services¹	\$0 copay	Covered
Doctor's Office Visits	Primary care provider visit (PCP)	
	\$0 copay	Covered
	Specialist visit	
	\$0 copay	Covered
Preventive Care	\$0 copay	Covered
Emergency Care	\$0 copay	Covered
Urgently Needed Services	\$0 copay	Covered
Diagnostic Services, Labs, and Imaging¹	Diagnostic tests and procedures	
	\$0 copay	Covered
	Lab services	
	\$0 copay	Covered
	Diagnostic radiology services (such as MRIs, CT scans)	
	\$0 copay	Covered
	Outpatient x-rays	
	\$0 copay	Covered

¹ Prior authorization is required for some services.

Amounts shown are what you pay. Services are covered in-network only except for emergency services and urgently needed services.

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

If you use providers that are not in our network, you may be responsible for the full cost of these services.

	CareSource Dual Advantage	Georgia Medicaid
Hearing Services	Exam to diagnose and treat hearing and balance issues	
	\$0 copay	Covered for children
	Routine hearing exam	
	\$0 copay, 1 every year	Covered for children
	Hearing aids²	
	\$0 copay TruHearing®* Advanced model hearing aids (available in rechargeable options), one per ear every 3 years Hearing aid purchase includes: <ul style="list-style-type: none"> – Provider visits within the first year of hearing aid purchase – 60-day trial period – 3-year extended warranty – 80 batteries per aid for non-rechargeable models 	Covered for children
Dental Services (continued on the next page) Please see your <i>Medicaid Handbook</i> for additional details.	Medicare-covered services¹	
	\$0 copay	Not Applicable
	Preventive dental²	
	\$0 copay for a single office visit that includes: Every six months: <ul style="list-style-type: none"> – 1 cleaning – 1 oral exam – 1 fluoride treatment Every year: <ul style="list-style-type: none"> – 1 dental x-ray 	Covered

¹ Prior authorization is required for some services.

² Services are not subject to the maximum out of pocket.

Amounts shown are what you pay. Services are covered in-network only except for emergency services and urgently needed services.

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

If you use providers that are not in our network, you may be responsible for the full cost of these services.

	CareSource Dual Advantage	Georgia Medicaid
Dental Services (continued)	Comprehensive dental^{1,2}	
	\$0 copay Includes simple extractions, minor restorations, periodontics, and other non-Medicare covered comprehensive dental services such as dentures and implants	Covered
	Preventive and comprehensive dental allowance	
	\$4,000 maximum plan coverage amount for preventive and comprehensive dental benefits.	Not Covered
Vision Services	Exam to diagnose and treat diseases and conditions of the eye	
	\$0 copay	Covered
	Routine eye exam (1 every year)	
	\$0 copay	Covered
	Eyewear²	
	\$0 copay \$500 maximum plan coverage amount every year for all non-Medicare-covered eyewear.	Covered
	Medicare-covered eyeglasses or contact lenses after cataract surgery	
	\$0 copay	Not Applicable

¹ Prior authorization is required for some services.

² Services are not subject to the maximum out of pocket.

Amounts shown are what you pay. Services are covered in-network only except for emergency services and urgently needed services.

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

If you use providers that are not in our network, you may be responsible for the full cost of these services.

	CareSource Dual Advantage	Georgia Medicaid
Mental Health Care¹ Lifetime limit: Up to 190 days inpatient care in a psychiatric hospital	Inpatient visit	
	Days 1 through 90; 60 lifetime reserve days \$0 copay per day	Covered
	Outpatient group therapy visit	
	\$0 copay	Covered
	Outpatient individual therapy visit	
	\$0 copay	Covered
Skilled Nursing Facility¹ Limited to 100 days per benefit period	Days 1 through 100 \$0 copay per day	Covered
Physical Therapy¹	\$0 copay	Covered
Ambulance¹	\$0 copay	Covered
Transportation	Plan approved health-related locations	
	\$0 copay	Covered
Medicare Part B Drugs¹ (including chemotherapy)	\$0 copay	Covered

¹ Prior authorization and/or step therapy is required for some services.

Amounts shown are what you pay. Services are covered in-network only except for emergency services and urgently needed services.

PREScription DRUG COVERAGE

You can use our complete "Drug List" (Formulary) located on **CareSource.com/DSNP** to find your drugs and to see if your drug has additional requirements or limits such as prior authorization or quantity limits. To get a hard copy, call us and we will send you a copy of the "Drug List."

For more information on the pharmacy-specific cost-sharing and the phases of the benefit, please call us toll-free at **1-833-230-2020** (TTY users should call **1-833-711-4711 or 711**) or access our website at **CareSource.com/DSNP**.

PREScription DRUG BENEFITS— IN-NETWORK ONLY

If you use pharmacies that are not in our network, you may be responsible for the full cost.

	Member Cost Share Per Benefit Phase		
	Deductible	Initial Coverage	Catastrophic
Tier 1 Generic & Brand Drugs	\$615 or Applicable Low-Income Subsidy (LIS) copay	25% or Applicable Low-Income Subsidy (LIS) copay	\$0

Extended day supplies through retail and mail-order are limited to a 102-day supply.

Other Benefits CareSource Dual Advantage Offers

ADDITIONAL BENEFITS	
	CareSource Dual Advantage
Acupuncture (for chronic low back pain)	\$0 copay
24-Hour Nurse Advice Line	<p>The 24-Hour Nurse Advice Line provides around-the-clock access to a caring and experienced staff of registered nurses. Members can call the toll-free number located on your CareSource member ID card 24 hours a day, 7 days a week, 365 days a year. These 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"> – Decide when self-care, a doctor visit, or the emergency room is the right choice – Check your symptoms and help you figure out what to do – Understand a medical condition or recent diagnosis – Obtain medical information – Prepare questions for doctor visits – Find out more about prescriptions or over-the-counter (OTC) items – Learn about healthy eating and staying well
Chiropractic Care	<p>\$0 copay</p> <p>Includes manipulation of the spine to correct a subluxation (when one or more of the bones of your spine move out of position)</p>
Diabetes Supplies and Services¹	Diabetes monitoring supplies
	<p>\$0 copay</p> <p>Diabetic supplies and services are limited to specified manufacturers:</p> <p>Blood glucose test strips and meters:</p> <ul style="list-style-type: none"> – Abbott Diabetes <p>Continuous glucose monitors (CGMs):</p> <ul style="list-style-type: none"> – Abbott FreeStyle & Dexcom
	Diabetes self-management training
	\$0 copay
	Therapeutic shoes or inserts
	\$0 copay
Durable Medical Equipment¹ (wheelchairs, oxygen, etc.)	\$0 copay

¹ Prior authorization is required for some services.

Amounts shown are what you pay. Services are covered in-network only except for emergency services and urgently needed services.

ADDITIONAL BENEFITS	
	CareSource Dual Advantage
Fitness	<p>\$0 copay</p> <p>Includes membership at participating fitness centers and home fitness kit, as well as online features (on-demand workout videos, virtual events, and specialized coaching sessions)</p>
Healthy Benefits+™ Allowance	<p>The Healthy Benefits+ debit card provides \$240 per month to use on qualifying over-the-counter items as well as supplemental dental, vision, and hearing services and accessories at eligible locations.</p> <p>Additionally, those with one or more qualifying conditions may use the allowance for additional items and services, such as:</p> <ul style="list-style-type: none"> – Healthy Food* – Utilities* – Rent & Mortgage Assistance* – Home & Bathroom Safety Items* – Pest Control Retail Items* – Indoor Air Quality Items* – Household Cleaning Supplies* – Personal Care Items* – Pet Care Items (not including veterinary or grooming)* <p>Unused amounts will roll over month-to-month and expire at the end of the year.</p> <p>*The benefits mentioned are Special Supplemental Benefits for the Chronically Ill (SSBCI). Not all members qualify. Members with any of the following conditions qualify for SSBCI</p> <ul style="list-style-type: none"> – Automimmune disorders – Cancer – Cardiovascular disorders – Chronic alcohol use disorder and other substance use disorders (SUDs) – Chronic and disabling mental health conditions – Chronic conditions that impair vision, hearing (deafness) taste, touch, and smell – Chronic gastrointestinal disease – Chronic heart failure – Chronic kidney disease (CKD) – Chronic lung disorders – Conditions associated with cognitive impairment – Conditions that require continued therapy services for individuals to maintain or retain functioning – Conditions with functional challenges – Dementia – Diabetes mellitus – HIV/AIDS – Immunodeficiency and Immunosuppressive disorders – Neurologic disorders – Overweight, obesity, and metabolic syndrome – Post-organ transplantation – Severe hematologic disorders – Stroke

¹ Prior authorization is required for some services.

Amounts shown are what you pay. Services are covered in-network only except for emergency services and urgently needed services.

ADDITIONAL BENEFITS	
	CareSource Dual Advantage
Home Health Care ¹	\$0 copay
Hospice ¹	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.
Meals	Benefit maximum per event consists of 2 meals per day for 14 days following an inpatient or skilled nursing facility stay. Number of events is unlimited.
MyHealth™ Online Tool	With MyHealth, you'll have online access to resources for your health, including: <ul style="list-style-type: none"> – Health assessments – Personalized online wellness plans – Step-by-step guides on specific health needs – Online health journeys – Goal setting and tracking – Health tips and wellness information
Outpatient Rehabilitation ¹	Cardiac (heart) rehabilitation services
	\$0 copay
	Occupational therapy visits
	\$0 copay
	Speech and language therapy visit
	\$0 copay
Outpatient Substance Abuse	Supervised exercise therapy (SET)
	\$0 copay
	Group therapy visit
	\$0 copay
Outpatient Substance Abuse	Individual therapy visit
	\$0 copay
Personal Emergency Response System (PERS)	A PERS consists of a home monitoring device that sends an alert to a 24-hour call center in the event of an emergency.
Podiatry	Medicare-covered services
	Includes foot exams and treatment if you have diabetes-related nerve damage or meet certain conditions
	Routine Foot Care
	\$0 copay Members get 6 additional visits per year for routine foot care

¹ Prior authorization is required for some services.

Amounts shown are what you pay. Services are covered in-network only except for emergency services and urgently needed services.

ADDITIONAL BENEFITS	
	CareSource Dual Advantage
Prosthetic Devices¹ (braces, artificial limbs, etc.)	Prosthetic devices
	\$0 copay
	Related medical supplies
	\$0 copay
Renal Dialysis	\$0 copay
Therapeutic Radiology Services¹ (such as radiation treatment for cancer)	\$0 copay
Worldwide Emergency Services, Urgently Needed Services, and Transportation	\$0 copay \$10,000 maximum plan benefit coverage amount every year for the worldwide benefit.

¹ Prior authorization is required for some services.

Amounts shown are what you pay. Services are covered in-network only except for emergency services and urgently needed services.

This information is not a complete description of benefits. Call **1-833-230-2020** (TTY users should call **1-833-711-4711 or 711**) for more information. Limitations, copayments, and restrictions may apply.

Benefits, premiums and/or copayments/coinsurance may change on January 1 of each year. You must continue to pay your Medicare Part B premium. Plans may offer supplemental benefits in addition to Part C benefits and Part D benefits.

Out-of-network/non-contracted providers are under no obligation to treat CareSource members, except in emergency situations. Please call our customer service number or see your *Evidence of Coverage* for more information, including the cost-sharing that applies to out-of-network services.

CareSource is an HMO D-SNP with a Medicare and state Medicaid contract. Enrollment in CareSource depends on contract renewal.

Get free help in your language with interpreters and other written materials. Get free aids and support if you have a disability. Call **1-833-230-2020 (TTY: 1-833-711-4711 or 711)**.



Obtenga ayuda gratuita en su idioma a través de intérpretes y otros materiales en formato escrito. Obtenga ayudas y apoyo gratuitos si tiene una discapacidad. Por teléfono, llame al: **1-833-230-2020 (TTY: 1-833-711-4711 o 711)**.

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በአስተርጓሚዎች እና በሌሎች የጽሑፍ ቁሳቁሶች በቋንቋዎ ከክፍያ ነፃ እርዳታ ያግኙ። የአካል ጉዳት ካለብዎት ከክፍያ ነፃ እርዳታ እና ድጋፍ ያግኙ። **1-833-230-2020 (TTY: 1-833-711-4711 ወይም 711)** ላይ ይደውሉ።

Gba ìrànṣọ́wọ̀ ọ̀fẹ́ ní èdè rẹ̀ pẹ̀lú àwọn atúmọ̀ èdè àti àwọn ohun èlò míràn tí a kọ̀ sílẹ̀. Gba àwọn ìrànṣọ́wọ̀ àti àtílẹ́yìn ọ̀fẹ́ bí o bá ní àìlera kan. Pe **1-833-230-2020 (TTY: 1-833-711-4711 or 711)**.

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మీ భాషలో వ్యాఖ్యాతలతో మరియు ఇతర వ్రాతపూర్వక మెటీరియల్స్ తో ఉచితంగా సహాయాన్ని పొందండి ఒకవేళ మీకు వైకల్యం ఉన్నట్లయితే, ఉచిత ఉపకరణాలను మరియు మద్దతును పొందండి. కాల్ చేయండి: **1-833-230-2020 (TTY: 1-833-711-4711 లేదా 711)**.

दोभासे तथा अन्य लिखित सामग्रीहरूका सहायताले आफ्नै भाषामा निःशुल्क मद्दत प्राप्त गर्नुहोस्। तपाईंलाई कुनै अपाङ्गता छ भने निःशुल्क सहायता प्राप्त गर्नुहोस्। **1-833-230-2020 (TTY: 1-833-711-4711 वा 711)** मा फोन गर्नुहोस्.

စကားပြန်များနှင့် အခြားပုံနှိပ်စာရွက်များကို သင့်ဘာသာစကားဖြင့် အခမဲ့အကူအညီရယူပါ။ သင်သည် မသန်စွမ်းသူတစ်ဦးဖြစ်ပါက အခမဲ့အကူအညီများနှင့် အထောက်အပံ့များ ရယူပါ။ **1-833-230-2020 (TTY: 1-833-711-4711 သို့မဟုတ် 711)** သို့ ခေါ်ဆိုပါ.

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IMPORTANT INFORMATION:

2026 Medicare Star Ratings

Official U.S.
Government
Medicare
Information



CareSource - H8390

For 2026, CareSource - H8390 received the following Star Ratings from Medicare:

Overall Star Rating:	Not enough data available*
Health Services Rating:	Not enough data available
Drug Services Rating:	Not enough data available

**Some plans do not have enough data to rate performance.*

Every year, Medicare evaluates plans based on a 5-star rating system.

Why Star Ratings Are Important

Medicare rates plans on their health and drug services.

This lets you easily compare plans based on quality and performance.

Star Ratings are based on factors that include:

- Feedback from members about the plan's service and care
- The number of members who left or stayed with the plan
- The number of complaints Medicare got about the plan
- Data from doctors and hospitals that work with the plan

The number of stars show how well a plan performs.

- ★★★★★ EXCELLENT
- ★★★★☆ ABOVE AVERAGE
- ★★★☆☆ AVERAGE
- ★★☆☆☆ BELOW AVERAGE
- ★☆☆☆☆ POOR

More stars mean a better plan – for example, members may get better care and better, faster customer service.

Get More Information on Star Ratings Online

Compare Star Ratings for this and other plans online at [Medicare.gov/plan-compare](https://www.medicare.gov/plan-compare).

Questions about this plan?

Contact CareSource 7 days a week from 8:00 a.m. to 8:00 p.m. Eastern time at 844-607-2830 (toll-free) or 711 (TTY), from October 1 to March 31. Our hours of operation from April 1 to September 30 are Monday through Friday from 8:00 a.m. to 8:00 p.m. Eastern time. Current members please call 833-230-2020 (toll-free) or 833-711-4711 (TTY).

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