

You deserve  
**more**  
than basic Medicare.



Medicare Advantage Decision Guide  
KENTUCKY 2017

 **CareSource**<sup>®</sup>



# THANK YOU FOR YOUR INTEREST IN CARESOURCE MEDICARE ADVANTAGE (HMO) PLANS!

CareSource is a leading nonprofit managed care company focused more on people than on profits. Our mission is to make a lasting difference in our members' lives by improving their health and well-being. We have over 1.5 million members, and have been helping our members for over 27 years.



# You deserve **more** than basic Medicare.

**JUST CALL**  
**1-888-222-9924**  
**(TTY: 1-800-648-6056)**

By calling this number, you will be directed to a licensed insurance agent. We are open 8 a.m. to 8 p.m. seven days a week from Oct. 1 – Feb. 14, and the same hours Monday through Friday the rest of the year.

## This book explains:

The basics of Medicare

How the CareSource Medicare Advantage plans give you MORE!

How to choose the CareSource Medicare Advantage plan that's right for you

How to enroll

What you can expect after you enroll

We are here to answer your questions and help you compare your choices, by phone or in person.

To be eligible for CareSource Medicare Advantage plans, you must be eligible for Medicare Part A and Part B and live in one of the following counties in Kentucky:

Anderson

Bath

Bourbon

Bullitt

Casey

Clark

Estill

Fayette

Fleming

Franklin

Garrard

Henry

Jackson

Jefferson

Jessamine

Menifee

Mercer

Nelson

Nicholas

Oldham

Owen

Robertson

Rockcastle

Shelby

Spencer

Trimble

Washington

Woodford



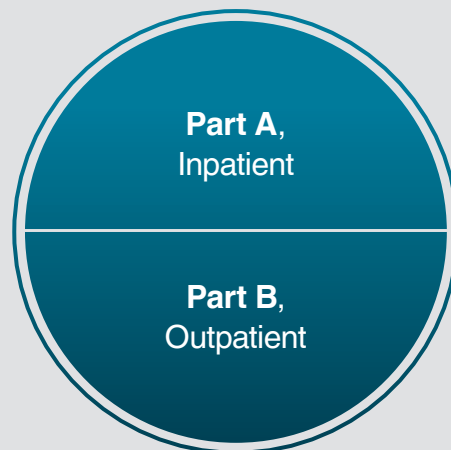


## Understanding Medicare Basics

Let's start by reviewing the different parts of Medicare and how they work together. Medicare has four parts: Part A, Part B, Part C and Part D.

**Original Medicare**, Part A and Part B, are administered and run by the federal government. **Part A** covers inpatient care, such as hospital care, skilled nursing facility care, home health care and hospice care. **Part B** covers outpatient care, like doctor visits, medical equipment, outpatient procedures, lab tests, X-rays, ambulance services and some preventive services. Part B requires you to pay a monthly premium, whether you stay on Original Medicare or opt for a Medicare Advantage plan. Original Medicare does not include coverage for prescriptions. Original Medicare pays about 80 percent of medical expenses, leaving you to pay the remaining 20 percent of the cost of care or arrange for additional coverage. Original Medicare does not have a maximum out-of-pocket limit to your costs.

### ORIGINAL MEDICARE



**Part C**, also known as **Medicare Advantage**, is administered and run by private insurers and regulated by the federal government. All Medicare Advantage plans must provide the same covered services as Original Medicare Parts A and B, and they typically add other benefits like pharmacy coverage that make each Medicare Advantage plan different. These plans may have a separate monthly premium cost for the additional benefits. You can choose a Medicare Advantage plan in place of Original Medicare.

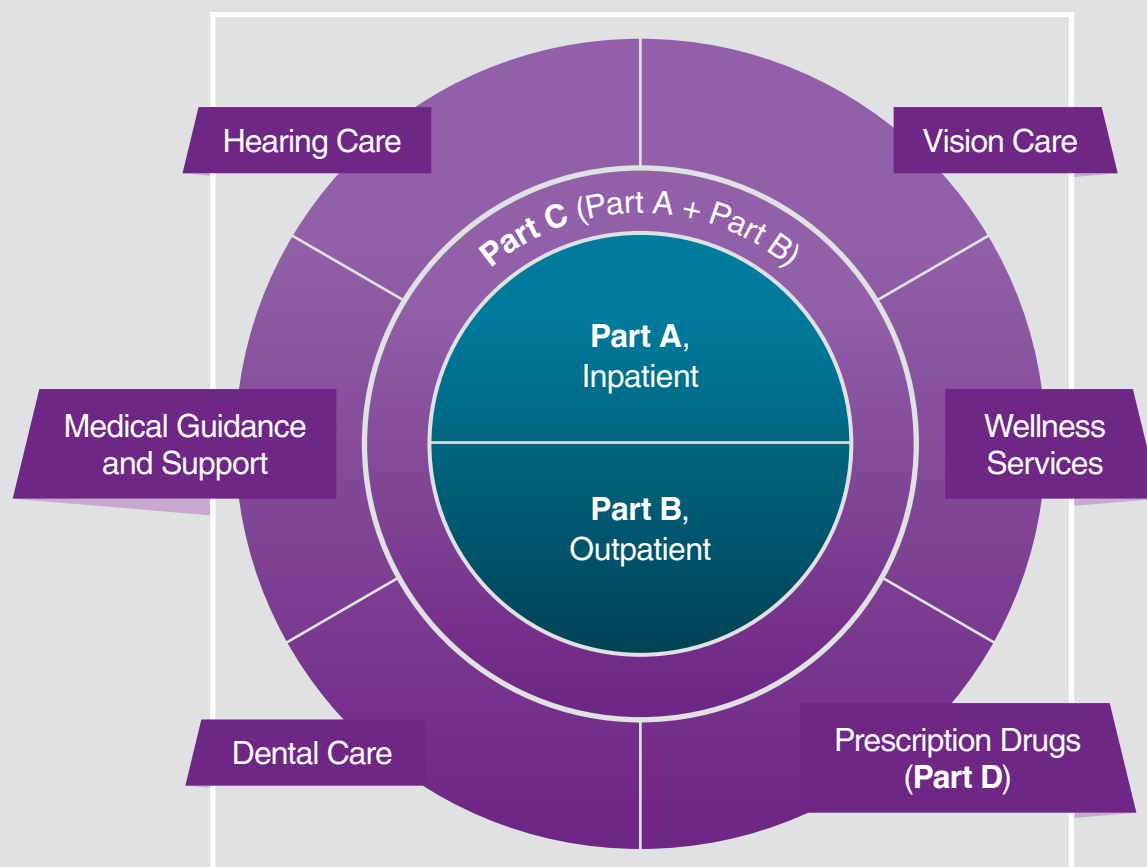
Medicare **Part D** provides outpatient prescription drug coverage. It is administered by private insurance companies and regulated by the federal government. Part D is not included in Original Medicare. If you have Original Medicare and want pharmacy coverage, you must buy a Part D policy. This is called a “stand-alone” Prescription Drug Plan (PDP). Some Medicare Advantage plans include drug coverage too. These are Medicare Advantage Prescription Drug (MA-PD) plans.

## IF YOU WANT TO KNOW MORE

about the coverage and costs of traditional Medicare, look in your current “Medicare & You” handbook.

View it online at [www.medicare.gov](http://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**.

## CARESOURCE MEDICARE ADVANTAGE PLANS (HMOS)







## CareSource Medicare Advantage Plans Give You More!

CareSource Medicare Advantage plans give you all of the Original Medicare benefits and more!

They provide you:

**Part C coverage**, including inpatient (Part A) and outpatient (Part B)

**Prescription drug coverage**, Medicare Part D

**Preventive dental benefits**

**Vision and hearing benefits**

### Medical guidance between doctor appointments:

24-hour CareSource24® nurse advice line to help guide home treatment or decide when to go to the doctor or hospital

Care managers as needed to coordinate medical issues and guidance among multiple providers

Disease management programs to help you manage ongoing health conditions, like diabetes or asthma

Medication guidance from pharmacists



PLUS, **NEW** TOOLS  
TO HELP YOU GET AND  
STAY HEALTHY AND  
FIT YOUR LIFESTYLE!

**Personalized online wellness plans  
and wellness coaches**

**Health assessments**

**Gym memberships or home exercise  
kits (if more convenient)**

**Incentives to make healthy life choices**



# CARESOURCE MEDICARE ADVANTAGE PLANS ARE EASY TO USE AND PROVIDE PEACE OF MIND.

## **A limit to your annual out-of-pocket costs for medical expenses!**

With Original Medicare, there is no limit to the amount of medical costs you may pay in a year. When you choose a CareSource Medicare Advantage plan, you can limit the amount you may need to pay for your medical costs in a year, regardless of how much you use your benefits.

**One insurance card and company for all health and medication coverage.** Many people who stay with Original Medicare buy separate policies for prescription drug coverage or gap coverage for unpaid Medicare expenses. They can end up juggling coverage and cards from three separate organizations.

**Premiums as low as \$0.** The CareSource Advantage Zero Premium™ (HMO) plan has no monthly premium.

**\$0 deductible with two CareSource Medicare Advantage plans.** Both CareSource Advantage® (HMO) and CareSource Advantage Plus™ (HMO) plans start helping pay covered health care expenses from the day your coverage starts. With Original Medicare, you generally pay \$1,288 before hospital coverage starts and \$166 before physician coverage begins.

**\$0 copay for in-network primary care visits with two CareSource Medicare Advantage plans.** See your in-network primary care physician with no charge for the visit from the first day your coverage begins with CareSource Advantage and CareSource Advantage Plus plans. With Original Medicare, you generally pay the first \$166 and 20% of the Medicare costs for each visit after.

**No referrals needed.** CareSource Medicare Advantage plans do not require you to get a referral to see a specialty physician.







## IMPORTANT INFORMATION

Members of CareSource Medicare Advantage plans must use hospitals, doctors and other health care providers that are in the CareSource Medicare Advantage plan network, except in emergencies or certain circumstances.

Members are encouraged to use prescriptions on our drug list, and will save more money by using generic medicines. Medicines that are not on our drug list require plan approval before they will be covered.

Go online to **CareSource.com/Medicare**, look under the Member Quick Links section on the right side of the page, and click on **Find a Doctor/Provider** or **Find My Prescription** to explore our network of providers and drug list.

# CHOOSE THE CARESOURCE MEDICARE ADVANTAGE PLAN THAT BEST FITS YOUR NEEDS.

CareSource is offering three Medicare Advantage plans in Kentucky in 2017. All three CareSource Medicare Advantage plans provide the same covered health care services.

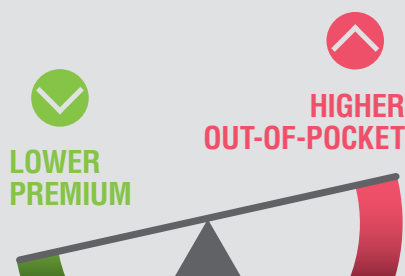
The difference is your monthly cost to have plan benefits (your premium) and your part of the cost to use your benefits (your out-of-pocket costs).

## WHEN DECIDING WHICH PLAN IS RIGHT FOR YOU,

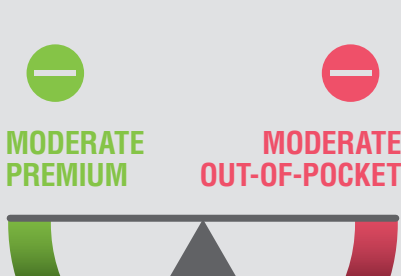
it may help to think of premiums and out-of-pocket costs like two sides of a balance scale – the lower the premium, the higher the out-of-pocket costs. And vice versa. The higher the premium, the lower the out-of-pocket costs when you use your benefits.



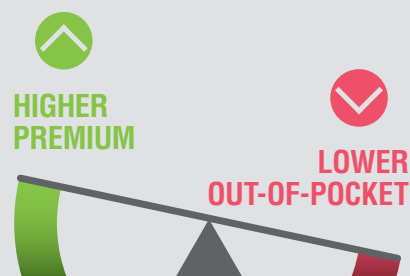
### CareSource Advantage Zero Premium



### CareSource Advantage






### CareSource Advantage Plus





# WONDERING WHICH CARESOURCE MEDICARE ADVANTAGE PLAN IS RIGHT FOR YOU?



Find the description below that fits you best:		Consider this CareSource plan:
Have few medical issues and rarely use your insurance. Want the lowest monthly premium.		<b>CareSource Advantage Zero Premium</b> plan has no monthly premium but higher out-of-pocket expenses.
Want to protect yourself from unexpected out-of-pocket health costs and pay low monthly premiums.		<b>CareSource Advantage</b> offers low monthly premiums, \$0 deductibles and low preferred generic prescription costs.
Expect to use your health insurance often this year. Willing to pay a higher monthly premium for low out-of-pocket costs and more predictable health care costs.		<b>CareSource Advantage Plus</b> has a higher monthly premium, with the lowest out-of-pocket expenses, \$0 deductibles and \$0 for preferred generic prescriptions.

## HEALTH INSURANCE 101

**Premium** is the monthly amount you pay to have health insurance.

**Cost share, or out-of-pocket costs,** is what you are responsible for paying when you have health care expenses. These costs can include:

**Copay** is a set amount you are charged for some types of health care costs. For example, you may pay a copay each time you visit a specialist or get a prescription filled.

**Coinsurance** is a percentage of the cost you owe for some health care services. For example, with Original Medicare, you are responsible for 20% of the cost of a hospital stay.

**Deductible** is the amount you are responsible for paying before your health insurance begins paying their share of the expenses.

**Maximum out-of-pocket** is the most you would have to pay for health care charges during the year.





## CareSource Medicare Advantage plan offerings

NEW FOR 2017!		
CareSource Advantage Zero Premium	CareSource Advantage	CareSource Advantage Plus
\$0 monthly premium with a deductible	Low monthly premiums with no deductible	Slightly higher monthly premiums with no deductible
Affordable out-of-pocket costs	Lower out-of-pocket costs	Lowest out-of-pocket costs
Rx copays as low as \$6	Rx copays as low as \$4	Rx copays as low as \$0
Supplemental Benefits: Vision, dental, pharmacy, hearing and fitness center/home fitness		

You can find more details about what is covered by these plans and how the costs differ in the Summary of Benefits, found on page 15 of this book. If you have questions or would like to schedule an appointment to review these benefits and your specific needs, call **1-888-222-9924 (TTY: 1-800-648-6056)**. By calling this number, you will be directed to a licensed CareSource insurance agent. We are open 8 a.m. to 8 p.m. seven days a week from Oct. 1 – Feb. 14, and the same hours Monday through Friday the rest of the year.





A person is sitting on a couch, partially visible on the left side of the frame. They are wearing a dark, textured garment. A light blue, ribbed blanket is draped over the back of the couch. The background is a bright, out-of-focus window with white curtains. A purple rectangular box is overlaid on the top right of the image, containing white text.

## SUMMARY OF BENEFITS

Find out more details about what is covered by these plans and how the costs differ.





# SECTION I – INTRODUCTION TO SUMMARY OF BENEFITS

The following applies to CareSource Advantage® , CareSource Advantage Plus™ and CareSource Advantage Zero Premium™	
<b>You have choices about how to get your Medicare benefits</b>	<ul style="list-style-type: none"> <li>• One choice is to get your Medicare benefits through Original Medicare (fee-for-service Medicare). Original Medicare is run directly by the Federal government.</li> <li>• Another choice is to get your Medicare benefits by joining a Medicare health plan (such as <b>CareSource Advantage</b>, <b>CareSource Advantage Plus</b> and <b>CareSource Advantage Zero Premium</b>).</li> </ul>
<b>Tips for comparing your Medicare choices</b>	<p>This Summary of Benefits booklet gives you a summary of what <b>CareSource Advantage</b>, <b>CareSource Advantage Plus</b> and <b>CareSource Advantage Zero Premium</b> cover and what you pay.</p> <ul style="list-style-type: none"> <li>• 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 <a href="http://www.medicare.gov">http://www.medicare.gov</a>.</li> <li>• If you want to know more about the coverage and costs of Original Medicare, look in your current “Medicare &amp; You” handbook. View it online at <a href="http://www.medicare.gov">http://www.medicare.gov</a> 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.</li> </ul>
<b>Sections in this booklet</b>	<ul style="list-style-type: none"> <li>• Things to Know About <b>CareSource Advantage</b>, <b>CareSource Advantage Plus</b> and <b>CareSource Advantage Zero Premium</b></li> <li>• Monthly Premium, Deductible, and Limits on How Much You Pay for Covered Services</li> <li>• Covered Medical and Hospital Benefits</li> <li>• Prescription Drug Benefits</li> </ul>
<b>Customer Service</b>	<ul style="list-style-type: none"> <li>• This document is available in other formats such as Braille and large print.</li> <li>• This document may be available in a non-English language. For additional information, call us at 1-800-833-3239 (TTY/TDD users should call 1-800-648-6056 or 711).</li> <li>• Es posible que este documento esté disponible en un idioma distinto al inglés. Para obtener información adicional, llame a servicio al cliente al 1-800-833-3239 (Los usuarios de TTY / TDD deben llamar al 1-800-648-6056 o 711).</li> </ul>
<b>Hours of Operation</b>	<p>Things to Know About <b>CareSource Advantage</b>, <b>CareSource Advantage Plus</b> and <b>CareSource Advantage Zero Premium</b></p> <ul style="list-style-type: none"> <li>• From Oct.1 to Feb.14, you can call us 7 days a week from 8:00 a.m. to 8:00 p.m. Eastern time.</li> <li>• From Feb. 15 to Sept. 30, you can call us Monday through Friday from 8:00 a.m. to 8:00 p.m. Eastern time.</li> </ul>
<b>Contact Information</b>	<p><b>CareSource Advantage</b>, <b>CareSource Advantage Plus</b> and <b>CareSource Advantage Zero Premium</b></p> <p>Phone Numbers and Website</p> <ul style="list-style-type: none"> <li>• If you are a member of one of these plans, call toll-free 1-800-833-3239</li> <li>• TTY/TDD: 1-800-648-6056 or 711.</li> </ul> <p>If you are not a member of one of these plans, call toll-free 1-888-222-9924</p> <p>TTY/TDD: 1-800-648-6056 or 711. Our website: <b>CareSource.com/medicare</b></p>

**The following applies to CareSource Advantage, CareSource Advantage Plus and CareSource Advantage Zero Premium**

<p><b>Service Area</b></p>	<p><b>Who can join?</b></p> <p>To join <b>CareSource Advantage, CareSource Advantage Plus or CareSource Advantage Zero Premium</b>, you must be entitled to Medicare Part A, be enrolled in Medicare Part B and live in our service area.</p> <p>Our service area includes the following counties in Kentucky:</p> <p>Anderson, Bath, Bourbon, Bullitt, Casey, Clark, Estill, Fayette, Fleming, Franklin, Garrard, Henry, Jackson, Jefferson, Jessamine, Menifee, Mercer, Nelson, Nicholas, Oldham, Owen, Robertson, Rockcastle, Shelby, Spencer, Trimble and Washington</p> <p><b>Which doctors, hospitals and pharmacies can I use?</b></p> <p><b>CareSource Advantage, CareSource Advantage Plus and CareSource Advantage Zero Premium</b> have a network of doctors, hospitals, pharmacies and other providers. If you use the providers not in our network, the plans may not pay for these services.</p> <p>You must generally use network pharmacies to fill your prescriptions for covered Part D drugs.</p> <p>You can see our plans' provider directories at our website: <a href="http://www.caresource.com/medicare">www.caresource.com/medicare</a></p> <p>You can see our plans' pharmacy directories at our website: <b>CaresSource.com/medicare</b></p> <p>Or, call us and we will send you a copy of the provider and pharmacy directories.</p>
	<p><b>What do we cover?</b></p> <p>Like all Medicare health plans, we cover everything that Original Medicare covers — and more.</p> <p>Our plan members get all of the benefits covered by Original Medicare. For some of these benefits, you may pay more in our plans than you would in Original Medicare. For others, you may pay less.</p> <p>Our plan members also get more than what is covered by Original Medicare. Some of the extra benefits are outlined in this booklet.</p> <p>We cover Part D drugs. In addition, we cover Part B drugs such as chemotherapy and some drugs administered by your provider.</p> <p>You can see the complete plan formulary (list of Part D prescription drugs) and any restrictions on our website, <a href="http://www.caresource.com/medicare">www.caresource.com/medicare</a>. Or, call us and we will send you a copy of the formulary.</p> <p><b>How will I determine my drug costs?</b></p> <p>Our plans group each medication into one of five “tiers.” You will need to use your formulary to locate what tier your drug is on 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. Later in this document, we discuss the benefit stages that occur: Initial Coverage, Coverage Gap and Catastrophic Coverage.</p>



## SECTION II – SUMMARY OF BENEFITS

CareSource Advantage		CareSource Advantage Plus	CareSource Advantage Zero Premium
MONTHLY PREMIUM, DEDUCTIBLE AND LIMITS ON HOW MUCH YOU PAY FOR COVERED SERVICES			
<b>How much is the monthly premium?</b>	\$32.10 per month. In addition, you must keep paying your Medicare Part B premium.	\$56.60 per month. In addition, you must keep paying your Medicare Part B premium.	\$0 per month. You must keep paying your Medicare Part B premium.
<b>How much is the deductible?</b>	This plan does not have a deductible.	This plan does not have a deductible.	\$400 medical deductible \$250 pharmacy deductible (brand-only)
<b>Is there any limit on how much I will pay for my covered services?</b>	<p>Yes. Like all Medicare health plans, our plan protects you by having yearly limits on your out-of-pocket costs for medical and hospital care.</p> <p>Your yearly limit(s) in this plan:</p> <ul style="list-style-type: none"> <li>• \$4,600 for services you receive from in-network providers.</li> <li>• If you reach the limit on out-of-pocket costs, you keep getting covered hospital and medical services and we will pay the full cost for the rest of the year.</li> </ul> <p>Please note that you will still need to pay your monthly premiums and cost-sharing for your Part D prescription drugs.</p>	<p>Yes. Like all Medicare health plans, our plan protects you by having yearly limits on your out-of-pocket costs for medical and hospital care.</p> <p>Your yearly limit(s) in this plan:</p> <ul style="list-style-type: none"> <li>• \$4,600 for services you receive from in-network providers.</li> <li>• If you reach the limit on out-of-pocket costs, you keep getting covered hospital and medical services and we will pay the full cost for the rest of the year.</li> </ul> <p>Please note that you will still need to pay your monthly premiums and cost-sharing for your Part D prescription drugs.</p>	<p>Yes. Like all Medicare health plans, our plan protects you by having yearly limits on your out-of-pocket costs for medical and hospital care.</p> <p>Your yearly limit(s) in this plan:</p> <ul style="list-style-type: none"> <li>• \$6,700 for services you receive from in-network providers.</li> <li>• If you reach the limit on out-of-pocket costs, you keep getting covered hospital and medical services and we will pay the full cost for the rest of the year.</li> </ul> <p>Please note that you will still need to pay your monthly premiums and cost-sharing for your Part D prescription drugs.</p>
<b>Is there a limit on how much the plan will pay?</b>	Our plan has a coverage limit every year for certain in-network benefits. Contact us for the services that apply.	Our plan has a coverage limit every year for certain in-network benefits. Contact us for the services that apply.	Our plan has a coverage limit every year for certain in-network benefits. Contact us for the services that apply.

CareSource Advantage		CareSource Advantage Plus	CareSource Advantage Zero Premium
COVERED MEDICAL AND HOSPITAL BENEFITS			
<b>NOTE: Services with a <sup>1</sup> may require prior authorization. Services with a <sup>2</sup> may require a referral from your doctor.</b>			
<b>Inpatient Hospital Care<sup>1</sup></b>	In-network: <ul style="list-style-type: none"> <li>• \$279 copay per day for days 1 through 7</li> <li>• \$0 copay per day for days 8 through 90</li> </ul> Out-of-network: 100% of the cost per stay	In-network: <ul style="list-style-type: none"> <li>• \$200 copay per day for days 1 through 7</li> <li>• \$0 copay per day for days 8 through 90</li> </ul> Out-of-network: 100% of the cost per stay	In-network: <ul style="list-style-type: none"> <li>• \$250 copay per day for days 1 through 5</li> <li>• \$0 copay per day for days 6 through 90</li> </ul> Out-of-network: 100% of the cost per stay
<b>Doctor's Office Visits<sup>1</sup></b>	<b>Primary care physician visit:</b> <ul style="list-style-type: none"> <li>• In-network: \$0 copay</li> <li>• Out-of-network: 100% of the cost</li> </ul> <b>Specialist visit:</b> <ul style="list-style-type: none"> <li>• In-network: \$50 copay</li> <li>• Out-of-network: 100% of the cost</li> </ul>	<b>Primary care physician visit:</b> <ul style="list-style-type: none"> <li>• In-network: \$0 copay</li> <li>• Out-of-network: 100% of the cost</li> </ul> <b>Specialist visit:</b> <ul style="list-style-type: none"> <li>• In-network: \$30 copay</li> <li>• Out-of-network: 100% of the cost</li> </ul>	<b>Primary care physician visit:</b> <ul style="list-style-type: none"> <li>• In-network: \$10 copay</li> <li>• Out-of-network: 100% of the cost</li> </ul> <b>Specialist visit:</b> <ul style="list-style-type: none"> <li>• In-network: \$50 copay</li> <li>• Out-of-network: 100% of the cost</li> </ul>
<b>Preventive Care</b>	In-network: \$0 copay Out-of-network: 100% of the cost  Our plan covers many preventive services, including: <ul style="list-style-type: none"> <li>• Abdominal Aortic Aneurysm Screening;</li> <li>• Adult Immunizations;</li> <li>• Annual Wellness Visit Including Personalized Prevention Plan Services;</li> <li>• Bone Mass Measurements;</li> <li>• Cancer Screenings;</li> <li>• Cardiovascular Screening;</li> <li>• Diabetes Screening;</li> <li>• Diabetes Self-Management Training;</li> </ul>	In-network: \$0 copay Out-of-network: 100% of the cost  Our plan covers many preventive services, including: <ul style="list-style-type: none"> <li>• Abdominal Aortic Aneurysm Screening;</li> <li>• Adult Immunizations;</li> <li>• Annual Wellness Visit Including Personalized Prevention Plan Services;</li> <li>• Bone Mass Measurements;</li> <li>• Cancer Screenings;</li> <li>• Cardiovascular Screening;</li> <li>• Diabetes Screening;</li> <li>• Diabetes Self-Management Training;</li> </ul>	In-network: \$0 copay Out-of-network: 100% of the cost  Our plan covers many preventive services, including: <ul style="list-style-type: none"> <li>• Abdominal Aortic Aneurysm Screening;</li> <li>• Adult Immunizations;</li> <li>• Annual Wellness Visit Including Personalized Prevention Plan Services;</li> <li>• Bone Mass Measurements;</li> <li>• Cancer Screenings;</li> <li>• Cardiovascular Screening;</li> <li>• Diabetes Screening;</li> </ul>



	CareSource Advantage	CareSource Advantage Plus	CareSource Advantage Zero Premium
<b>Preventive Care (continued)</b>	<ul style="list-style-type: none"> <li>• Glaucoma Screening;</li> <li>• HIV Screening;</li> <li>• Initial Preventive Physical Exam (“Welcome to Medicare” Physical Exam);</li> <li>• Intensive Behavioral Therapy for Cardiovascular Disease;</li> <li>• Intensive Behavioral Therapy for Obesity;</li> <li>• Medical Nutrition Therapy (for Medicare beneficiaries with diabetes or renal disease);</li> <li>• Screening and Behavioral Counseling Interventions in Primary Care to Reduce Alcohol Misuse;</li> <li>• Screening for Depression in Adults;</li> <li>• Screening for Sexually Transmitted Infections (STIs) and High Intensity Behavioral Counseling to Prevent STIs; and</li> <li>• Tobacco-Use Cessation Counseling Services</li> <li>• Cancer Screenings to include: Mammograms, cervical and vaginal cancer screening</li> <li>• Cardiovascular Screenings include: Cardiovascular disease testing and therapy for cardiovascular disease</li> </ul> <p>Any additional preventive services approved by Medicare during the contract year will be covered.</p>	<ul style="list-style-type: none"> <li>• Glaucoma Screening;</li> <li>• HIV Screening;</li> <li>• Initial Preventive Physical Exam (“Welcome to Medicare” Physical Exam);</li> <li>• Intensive Behavioral Therapy for Cardiovascular Disease;</li> <li>• Intensive Behavioral Therapy for Obesity;</li> <li>• Medical Nutrition Therapy (for Medicare beneficiaries with diabetes or renal disease);</li> <li>• Screening and Behavioral Counseling Interventions in Primary Care to Reduce Alcohol Misuse;</li> <li>• Screening for Depression in Adults;</li> <li>• Screening for Sexually Transmitted Infections (STIs) and High Intensity Behavioral Counseling to Prevent STIs; and</li> <li>• Tobacco-Use Cessation Counseling Services</li> <li>• Cancer Screenings to include: Mammograms, cervical and vaginal cancer screening</li> <li>• Cardiovascular Screenings include: Cardiovascular disease testing and therapy for cardiovascular disease</li> </ul> <p>Any additional preventive services approved by Medicare during the contract year will be covered.</p>	<ul style="list-style-type: none"> <li>• Glaucoma Screening;</li> <li>• HIV Screening;</li> <li>• Initial Preventive Physical Exam (“Welcome to Medicare” Physical Exam);</li> <li>• Intensive Behavioral Therapy for Cardiovascular Disease;</li> <li>• Intensive Behavioral Therapy for Obesity;</li> <li>• Medical Nutrition Therapy (for Medicare beneficiaries with diabetes or renal disease);</li> <li>• Screening and Behavioral Counseling Interventions in Primary Care to Reduce Alcohol Misuse;</li> <li>• Screening for Depression in Adults;</li> <li>• Screening for Sexually Transmitted Infections (STIs) and High Intensity Behavioral Counseling to Prevent STIs; and</li> <li>• Tobacco-Use Cessation Counseling Services</li> <li>• Cancer Screenings to include: Mammograms, cervical and vaginal cancer screening</li> <li>• Cardiovascular Screenings include: Cardiovascular disease testing and therapy for cardiovascular disease</li> </ul> <p>Any additional preventive services approved by Medicare during the contract year will be covered.</p>

	CareSource Advantage	CareSource Advantage Plus	CareSource Advantage Zero Premium
<b>Emergency Care</b>	\$75 copay If you are admitted to the hospital within 24 hours, you do not have to pay your share of the cost for emergency care. See the “Inpatient Hospital Care” section of this booklet for other costs.	\$75 copay If you are admitted to the hospital within 24 hours, you do not have to pay your share of the cost for emergency care. See the “Inpatient Hospital Care” section of this booklet for other costs.	\$75 copay If you are admitted to the hospital within 24 hours, you do not have to pay your share of the cost for emergency care. See the “Inpatient Hospital Care” section of this booklet for other costs.
<b>Urgent Care</b>	\$35 copay	\$25 copay	\$65 copay
<b>Diagnostic Tests, Lab and Radiology Services, and X-Rays<sup>1</sup></b>	<b>Diagnostic radiology services</b> (such as MRIs, CT scans): <ul style="list-style-type: none"> <li>• In-network: \$175 copay</li> <li>• Out-of-network: 100% of the cost</li> </ul> <b>Diagnostic tests and procedures:</b> <ul style="list-style-type: none"> <li>• In-network: \$0 copay</li> <li>• Out-of-network: 100% of the cost</li> </ul> <b>Lab services:</b> <ul style="list-style-type: none"> <li>• In-network: \$0 copay</li> <li>• Out-of-network: 100% of the cost</li> </ul> <b>Outpatient x-rays:</b> <ul style="list-style-type: none"> <li>• In-network: \$25 copay</li> <li>• Out-of-network: 100% of the cost</li> </ul> <b>Therapeutic radiology services (such as radiation treatment for cancer):</b> <ul style="list-style-type: none"> <li>• In-network: 20% of the cost</li> <li>• Out-of-network: 100% of the cost</li> </ul>	<b>Diagnostic radiology services</b> (such as MRIs, CT scans): <ul style="list-style-type: none"> <li>• In-network: \$175 copay</li> <li>• Out-of-network: 100% of the cost</li> </ul> <b>Diagnostic tests and procedures:</b> <ul style="list-style-type: none"> <li>• In-network: \$0 copay</li> <li>• Out-of-network: 100% of the cost</li> </ul> <b>Lab services:</b> <ul style="list-style-type: none"> <li>• In-network: \$0 copay</li> <li>• Out-of-network: 100% of the cost</li> </ul> <b>Outpatient x-rays:</b> <ul style="list-style-type: none"> <li>• In-network: \$25 copay</li> <li>• Out-of-network: 100% of the cost</li> </ul> <b>Therapeutic radiology services (such as radiation treatment for cancer):</b> <ul style="list-style-type: none"> <li>• In-network: 20% of the cost</li> <li>• Out-of-network: 100% of the cost</li> </ul>	<b>Diagnostic radiology services</b> (such as MRIs, CT scans): <ul style="list-style-type: none"> <li>• In-network: \$175 copay</li> <li>• Out-of-network: 100% of the cost</li> </ul> <b>Diagnostic tests and procedures:</b> <ul style="list-style-type: none"> <li>• In-network: 20% of the cost</li> <li>• Out-of-network: 100% of the cost</li> </ul> <b>Lab services:</b> <ul style="list-style-type: none"> <li>• In-network: \$0 copay</li> <li>• Out-of-network: 100% of the cost</li> </ul> <b>Outpatient x-rays:</b> <ul style="list-style-type: none"> <li>• In-network: \$50 copay</li> <li>• Out-of-network: 100% of the cost</li> </ul> <b>Therapeutic radiology services (such as radiation treatment for cancer):</b> <ul style="list-style-type: none"> <li>• In-network: 20% of the cost (not subject to the deductible)</li> <li>• Out-of-network: 100% of the cost</li> </ul>



	CareSource Advantage	CareSource Advantage Plus	CareSource Advantage Zero Premium
<b>Hearing Services<sup>1</sup></b>	<b>Exam to diagnose and treat hearing and balance issues:</b> <ul style="list-style-type: none"> <li>• In-network: \$50 copay</li> <li>• Out-of-network: 100% of the cost</li> </ul> <b>Routine hearing exam</b> (for up to 1 every year): <ul style="list-style-type: none"> <li>• In-network: \$0 copay</li> <li>• Out-of-network: 100% of the cost</li> </ul> <b>Hearing aid fitting/evaluation:</b> <ul style="list-style-type: none"> <li>• In-network: \$0 copay</li> <li>• Out-of-network: 100% of the cost</li> </ul> <b>Hearing aid:</b> <ul style="list-style-type: none"> <li>• In-network: \$0 copay</li> <li>• Out-of-network: 100% of the cost</li> </ul> Our plan pays up to \$500 every three years for hearing aids from any provider.	<b>Exam to diagnose and treat hearing and balance issues:</b> <ul style="list-style-type: none"> <li>• In-network: \$30 copay</li> <li>• Out-of-network: 100% of the cost</li> </ul> <b>Routine hearing exam</b> (for up to 1 every year): <ul style="list-style-type: none"> <li>• In-network: \$0 copay</li> <li>• Out-of-network: 100% of the cost</li> </ul> <b>Hearing aid fitting/evaluation:</b> <ul style="list-style-type: none"> <li>• In-network: \$0 copay</li> <li>• Out-of-network: 100% of the cost</li> </ul> <b>Hearing aid:</b> <ul style="list-style-type: none"> <li>• In-network: \$0 copay</li> <li>• Out-of-network: 100% of the cost</li> </ul> Our plan pays up to \$800 every three years for hearing aids from any provider.	<b>Exam to diagnose and treat hearing and balance issues:</b> <ul style="list-style-type: none"> <li>• In-network: \$50 copay</li> <li>• Out-of-network: 100% of the cost</li> </ul> <b>Routine hearing exam</b> (for up to 1 every year): <ul style="list-style-type: none"> <li>• In-network: \$0 copay</li> <li>• Out-of-network: 100% of the cost</li> </ul> <b>Hearing aid fitting/evaluation:</b> <ul style="list-style-type: none"> <li>• In-network: \$20 copay</li> <li>• Out-of-network: 100% of the cost</li> </ul> <b>Hearing aid:</b> <ul style="list-style-type: none"> <li>• In-network: \$0 copay</li> <li>• Out-of-network: 100% of the cost</li> </ul> Our plan pays up to \$150 every three years for hearing aids from any provider.

	CareSource Advantage	CareSource Advantage Plus	CareSource Advantage Zero Premium
<b>Dental Services<sup>1</sup></b>	<p><b>Limited dental services</b> (this does not include services in connection with care, treatment, filling, removal, or replacement of teeth):</p> <ul style="list-style-type: none"> <li>• In-network: \$50 copay</li> <li>• Out-of-network: 100% of the cost</li> </ul> <p><b>In-network preventive dental services</b> have a \$10 copay for a single office visit that includes:</p> <ul style="list-style-type: none"> <li>• Cleaning (for up to 1 every 6 months)</li> <li>• Dental x-ray(s) (for up to 1 every year)</li> <li>• Oral exam (for up to 1 every 6 months)</li> <li>• Out-of-network: 100% of the cost</li> </ul>	<p><b>Limited dental services</b> (this does not include services in connection with care, treatment, filling, removal, or replacement of teeth):</p> <ul style="list-style-type: none"> <li>• In-network: \$30 copay</li> <li>• Out-of-network: 100% of the cost</li> </ul> <p><b>In-network preventive dental services</b> have a \$10 copay for a single office visit that includes:</p> <ul style="list-style-type: none"> <li>• Cleaning (for up to 1 every 6 months)</li> <li>• Dental x-ray(s) (for up to 1 every year)</li> <li>• Oral exam (for up to 1 every 6 months)</li> <li>• Out-of-network: 100% of the cost</li> </ul>	<p><b>Limited dental services</b> (this does not include services in connection with care, treatment, filling, removal, or replacement of teeth):</p> <ul style="list-style-type: none"> <li>• In-network: \$50 copay</li> <li>• Out-of-network: 100% of the cost</li> </ul> <p><b>In-network preventive dental services</b> have a \$10 copay for a single office visit that includes:</p> <ul style="list-style-type: none"> <li>• Cleaning (for up to 1 every 6 months)</li> <li>• Dental x-ray(s) (for up to 1 every year)</li> <li>• Oral exam (for up to 1 every 6 months)</li> <li>• Out-of-network: 100% of the cost</li> </ul>



	CareSource Advantage	CareSource Advantage Plus	CareSource Advantage Zero Premium
<b>Vision Services</b>	<p><b>Exam to diagnose and treat diseases and conditions of the eye</b> (including yearly glaucoma screening):</p> <ul style="list-style-type: none"> <li>• In-network: \$50 copay</li> <li>• Out-of-network: 100% of the cost</li> </ul> <p><b>Routine eye exam</b> (for up to 1 every year):</p> <ul style="list-style-type: none"> <li>• In-network: \$25 copay</li> <li>• Out-of-network: 100% of the cost</li> </ul> <p><b>Contact lenses</b> (for up to 1 every year):</p> <ul style="list-style-type: none"> <li>• In-network: \$0 copay up to \$100 allowance</li> <li>• Out-of-network: 100% of the cost</li> </ul> <p><b>Eyeglasses (frames and lenses)</b> (for up to 1 every year):</p> <ul style="list-style-type: none"> <li>• In-network: \$0 copay up to \$100 allowance every year for contact lenses and eyeglasses (frames and lenses)</li> <li>• Out-of-network: 100% of the cost</li> </ul> <p><b>Eyeglasses or contact lenses after cataract surgery</b></p> <ul style="list-style-type: none"> <li>• In-network: \$50 copay</li> <li>• Out-of-network: 100% of the cost</li> </ul>	<p><b>Exam to diagnose and treat diseases and conditions of the eye</b> (including yearly glaucoma screening):</p> <ul style="list-style-type: none"> <li>• In-network: \$30 copay</li> <li>• Out-of-network: 100% of the cost</li> </ul> <p><b>Routine eye exam</b> (for up to 1 every year):</p> <ul style="list-style-type: none"> <li>• In-network: \$25 copay</li> <li>• Out-of-network: 100% of the cost</li> </ul> <p><b>Contact lenses</b> (for up to 1 every year):</p> <ul style="list-style-type: none"> <li>• In-network: \$0 copay up to \$100 allowance</li> <li>• Out-of-network: 100% of the cost</li> </ul> <p><b>Eyeglasses (frames and lenses)</b> (for up to 1 every year):</p> <ul style="list-style-type: none"> <li>• In-network: \$0 copay up to \$100 allowance every year for contact lenses and eyeglasses (frames and lenses)</li> <li>• Out-of-network: 100% of the cost</li> </ul> <p><b>Eyeglasses or contact lenses after cataract surgery</b></p> <ul style="list-style-type: none"> <li>• In-network: \$30 copay</li> <li>• Out-of-network: 100% of the cost</li> </ul>	<p><b>Exam to diagnose and treat diseases and conditions of the eye</b> (including yearly glaucoma screening):</p> <ul style="list-style-type: none"> <li>• In-network: \$50 copay</li> <li>• Out-of-network: 100% of the cost</li> </ul> <p><b>Routine eye exam</b> (for up to 1 every year):</p> <ul style="list-style-type: none"> <li>• In-network: \$25 copay</li> <li>• Out-of-network: 100% of the cost</li> </ul> <p><b>Contact lenses</b> (for up to 1 every year):</p> <ul style="list-style-type: none"> <li>• In-network: \$0 copay up to \$100 allowance</li> <li>• Out-of-network: 100% of the cost</li> </ul> <p><b>Eyeglasses (frames and lenses)</b> (for up to 1 every year):</p> <ul style="list-style-type: none"> <li>• In-network: \$0 copay up to \$100 allowance every year for contact lenses and eyeglasses (frames and lenses)</li> <li>• Out-of-network: 100% of the cost</li> </ul> <p><b>Eyeglasses or contact lenses after cataract surgery</b></p> <ul style="list-style-type: none"> <li>• In-network: \$50 copay</li> <li>• Out-of-network: 100% of the cost</li> </ul>

	CareSource Advantage	CareSource Advantage Plus	CareSource Advantage Zero Premium
<b>Mental Health Care<sup>1</sup></b>	<p><b>Inpatient visit:</b></p> <p>Our plan covers up to 190 days in a lifetime for inpatient mental health care in a psychiatric hospital. The inpatient hospital care limit does not apply to inpatient mental services provided in a general hospital.</p> <ul style="list-style-type: none"> <li>• In-network: <ul style="list-style-type: none"> <li>– \$220 copay per day for days 1 through 7</li> <li>– \$0 copay per day for days 8 through 90</li> </ul> </li> <li>• Out-of-network: 100% of the cost per stay</li> </ul> <p><b>Outpatient group therapy visit:</b></p> <ul style="list-style-type: none"> <li>• In-network: \$40 copay</li> <li>• Out-of-network: 100% of the cost</li> </ul> <p><b>Outpatient individual therapy visit:</b></p> <ul style="list-style-type: none"> <li>• In-network: \$40 copay</li> <li>• Out-of-network: 100% of the cost</li> </ul>	<p><b>Inpatient visit:</b></p> <p>Our plan covers up to 190 days in a lifetime for inpatient mental health care in a psychiatric hospital. The inpatient hospital care limit does not apply to inpatient mental services provided in a general hospital.</p> <ul style="list-style-type: none"> <li>• In-network: <ul style="list-style-type: none"> <li>– \$220 copay per day for days 1 through 7</li> <li>– \$0 copay per day for days 8 through 90</li> </ul> </li> <li>• Out-of-network: 100% of the cost per stay</li> </ul> <p><b>Outpatient group therapy visit:</b></p> <ul style="list-style-type: none"> <li>• In-network: \$30 copay</li> <li>• Out-of-network: 100% of the cost</li> </ul> <p><b>Outpatient individual therapy visit:</b></p> <ul style="list-style-type: none"> <li>• In-network: \$30 copay</li> <li>• Out-of-network: 100% of the cost</li> </ul>	<p><b>Inpatient visit:</b></p> <p>Our plan covers up to 190 days in a lifetime for inpatient mental health care in a psychiatric hospital. The inpatient hospital care limit does not apply to inpatient mental services provided in a general hospital.</p> <ul style="list-style-type: none"> <li>• In-network: <ul style="list-style-type: none"> <li>– \$250 copay per day for days 1 through 5</li> <li>– \$0 copay per day for days 6 through 90</li> </ul> </li> <li>• Out-of-network: 100% of the cost per stay</li> </ul> <p><b>Outpatient group therapy visit:</b></p> <ul style="list-style-type: none"> <li>• In-network: \$40 copay</li> <li>• Out-of-network: 100% of the cost</li> </ul> <p><b>Outpatient individual therapy visit:</b></p> <ul style="list-style-type: none"> <li>• In-network: \$40 copay</li> <li>• Out-of-network: 100% of the cost</li> </ul>
<b>Skilled Nursing Facility (SNF)<sup>1</sup></b>	<p><b>Our plan covers up to 100 days in a SNF.</b></p> <ul style="list-style-type: none"> <li>• In-network: <ul style="list-style-type: none"> <li>– \$0 copay per day for days 1 through 20</li> <li>– \$160 copay per day for days 21 through 100</li> </ul> </li> <li>• Out-of-network: 100% of the cost per stay</li> </ul>	<p><b>Our plan covers up to 100 days in a SNF.</b></p> <ul style="list-style-type: none"> <li>• In-network: <ul style="list-style-type: none"> <li>– \$0 copay per day for days 1 through 20</li> <li>– \$160 copay per day for days 21 through 100</li> </ul> </li> <li>• Out-of-network: 100% of the cost per stay</li> </ul>	<p><b>Our plan covers up to 100 days in a SNF.</b></p> <ul style="list-style-type: none"> <li>• In-network: <ul style="list-style-type: none"> <li>– \$0 copay per day for days 1 through 20</li> <li>– \$161 copay per day for days 21 through 100</li> </ul> </li> <li>• Out-of-network: 100% of the cost per stay</li> </ul>



	CareSource Advantage	CareSource Advantage Plus	CareSource Advantage Zero Premium
<b>Outpatient Rehabilitation<sup>1</sup></b>	<b>Cardiac (heart) rehab services</b> (for a maximum of 2 one-hour sessions per day for up to 36 sessions up to 36 weeks): <ul style="list-style-type: none"> <li>• In-network: \$10 copay</li> <li>• Out-of-network: 100% of the cost</li> </ul> <b>Occupational therapy visit:</b> <ul style="list-style-type: none"> <li>• In-network: \$40 copay</li> <li>• Out-of-network: 100% of the cost</li> </ul> <b>Physical therapy and speech and language therapy visit:</b> <ul style="list-style-type: none"> <li>• In-network: \$40 copay</li> <li>• Out-of-network: 100% of the cost</li> </ul>	<b>Cardiac (heart) rehab services</b> (for a maximum of 2 one-hour sessions per day for up to 36 sessions up to 36 weeks): <ul style="list-style-type: none"> <li>• In-network: \$0 copay</li> <li>• Out-of-network: 100% of the cost</li> </ul> <b>Occupational therapy visit:</b> <ul style="list-style-type: none"> <li>• In-network: \$30 copay</li> <li>• Out-of-network: 100% of the cost</li> </ul> <b>Physical therapy and speech and language therapy visit:</b> <ul style="list-style-type: none"> <li>• In-network: \$25 copay</li> <li>• Out-of-network: 100% of the cost</li> </ul>	<b>Cardiac (heart) rehab services</b> (for a maximum of 2 one-hour sessions per day for up to 36 sessions up to 36 weeks): <ul style="list-style-type: none"> <li>• In-network: 20% of the cost</li> <li>• Out-of-network: 100% of the cost</li> </ul> <b>Occupational therapy visit:</b> <ul style="list-style-type: none"> <li>• In-network: 20% of the cost</li> <li>• Out-of-network: 100% of the cost</li> </ul> <b>Physical therapy and speech and language therapy visit:</b> <ul style="list-style-type: none"> <li>• In-network: 20% of the cost</li> <li>• Out-of-network: 100% of the cost</li> </ul>
<b>Ambulance<sup>1</sup></b>	In-network: \$250 copay Out-of-network: \$250 copay	In-network: \$225 copay Out-of-network: \$225 copay	In-network: \$275 copay Out-of-network: \$275 copay
<b>Transportation</b>	Not covered	Not covered	Not covered
<b>Foot Care (podiatry services)<sup>1</sup></b>	Foot exams and treatment if you have diabetes-related nerve damage and/or meet certain conditions: <ul style="list-style-type: none"> <li>• In-network: \$50 copay</li> <li>• Out-of-network: 100% of the cost</li> </ul>	Foot exams and treatment if you have diabetes-related nerve damage and/or meet certain conditions: <ul style="list-style-type: none"> <li>• In-network: \$30 copay</li> <li>• Out-of-network: 100% of the cost</li> </ul>	Foot exams and treatment if you have diabetes-related nerve damage and/or meet certain conditions: <ul style="list-style-type: none"> <li>• In-network: \$45 copay</li> <li>• Out-of-network: 100% of the cost</li> </ul>
<b>Durable Medical Equipment (wheelchairs, oxygen, etc.)<sup>1</sup></b>	In-network: 20% of the cost Out-of-network: 100% of the cost	In-network: 20% of the cost Out-of-network: 100% of the cost	In-network: 20% of the cost (no deductible) Out-of-network: 100% of the cost

	CareSource Advantage	CareSource Advantage Plus	CareSource Advantage Zero Premium
<b>Prosthetic Devices (braces, artificial limbs, etc.)<sup>1</sup></b>	<b>Prosthetic devices:</b> <ul style="list-style-type: none"> <li>• In-network: 20% of the cost</li> <li>• Out-of-network: 100% of the cost</li> </ul> <b>Related medical supplies:</b> <ul style="list-style-type: none"> <li>• In-network: 20% of the cost</li> <li>• Out-of-network: 100% of the cost</li> </ul>	<b>Prosthetic devices:</b> <ul style="list-style-type: none"> <li>• In-network: 20% of the cost</li> <li>• Out-of-network: 100% of the cost</li> </ul> <b>Related medical supplies:</b> <ul style="list-style-type: none"> <li>• In-network: 20% of the cost</li> <li>• Out-of-network: 100% of the cost</li> </ul>	<b>Prosthetic devices:</b> <ul style="list-style-type: none"> <li>• In-network: 20% of the cost (not subject to deductible)</li> <li>• Out-of-network: 100% of the cost</li> </ul> <b>Related medical supplies:</b> <ul style="list-style-type: none"> <li>• In-network: 20% of the cost (not subject to deductible)</li> <li>• Out-of-network: 100% of the cost</li> </ul>
<b>Diabetes Supplies and Services</b>	<b>Diabetes monitoring supplies:</b> <ul style="list-style-type: none"> <li>• In-network: 20% of the cost</li> <li>• Out-of-network: 100% of the cost</li> </ul> <b>Diabetes self-management training:</b> <ul style="list-style-type: none"> <li>• In-network: \$0 copay</li> <li>• Out-of-network: 100% of the cost</li> </ul> <b>Therapeutic shoes or inserts:</b> <ul style="list-style-type: none"> <li>• In-network: 20% of the cost</li> <li>• Out-of-network: 100% of the cost</li> </ul>	<b>Diabetes monitoring supplies:</b> <ul style="list-style-type: none"> <li>• In-network: 20% of the cost</li> <li>• Out-of-network: 100% of the cost</li> </ul> <b>Diabetes self-management training:</b> <ul style="list-style-type: none"> <li>• In-network: \$0 copay</li> <li>• Out-of-network: 100% of the cost</li> </ul> <b>Therapeutic shoes or inserts:</b> <ul style="list-style-type: none"> <li>• In-network: 20% of the cost</li> <li>• Out-of-network: 100% of the cost</li> </ul>	<b>Diabetes monitoring supplies:</b> <ul style="list-style-type: none"> <li>• In-network: 20% of the cost (not subject to the deductible)</li> <li>• Out-of-network: 100% of the cost</li> </ul> <b>Diabetes self-management training:</b> <ul style="list-style-type: none"> <li>• In-network: 20% of the cost</li> <li>• Out-of-network: 100% of the cost</li> </ul> <b>Therapeutic shoes or inserts:</b> <ul style="list-style-type: none"> <li>• In-network: 20% of the cost (not subject to the deductible)</li> <li>• Out-of-network: 100% of the cost</li> </ul>
<b>Wellness</b>	\$0 copay for fitness benefit or home health kit when using an approved network fitness center or gym.	\$0 copay for fitness benefit or home health kit when using an approved network fitness center or gym.	\$0 copay for fitness benefit or home health kit when using an approved network fitness center or gym.



CareSource Advantage		CareSource Advantage Plus	CareSource Advantage Zero Premium
OTHER BENEFITS			
<b>Acupuncture</b>	Not covered	Not covered	Not covered
<b>Chiropractic Care<sup>1</sup></b>	<p>Manipulation of the spine to correct a subluxation (when 1 or more of the bones of your spine move out of position):</p> <ul style="list-style-type: none"> <li>• In-network: \$20 copay</li> <li>• Out-of-network: 100% of the cost</li> </ul>	<p>Manipulation of the spine to correct a subluxation (when 1 or more of the bones of your spine move out of position):</p> <ul style="list-style-type: none"> <li>• In-network: \$20 copay</li> <li>• Out-of-network: 100% of the cost</li> </ul>	<p>Manipulation of the spine to correct a subluxation (when 1 or more of the bones of your spine move out of position):</p> <ul style="list-style-type: none"> <li>• In-network: 20% of the cost</li> <li>• Out-of-network: 100% of the cost</li> </ul>
<b>Home Health Care<sup>1</sup></b>	<p>In-network: \$0 copay</p> <p>Out-of-network: 100% of the cost</p>	<p>In-network: \$0 copay</p> <p>Out-of-network: 100% of the cost</p>	<p>In-network: \$0 copay</p> <p>Out-of-network: 100% of the cost</p>
<b>Hospice</b>	<p>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.</p>	<p>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.</p>	<p>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.</p>
<b>Outpatient Substance Abuse<sup>1</sup></b>	<p><b>Group therapy visit:</b></p> <ul style="list-style-type: none"> <li>• In-network: \$40 copay</li> <li>• Out-of-network: 100% of the cost</li> </ul> <p><b>Individual therapy visit:</b></p> <ul style="list-style-type: none"> <li>• In-network: \$40 copay</li> <li>• Out-of-network: 100% of the cost</li> </ul>	<p><b>Group therapy visit:</b></p> <ul style="list-style-type: none"> <li>• In-network: \$30 copay</li> <li>• Out-of-network: 100% of the cost</li> </ul> <p><b>Individual therapy visit:</b></p> <ul style="list-style-type: none"> <li>• In-network: \$30 copay</li> <li>• Out-of-network: 100% of the cost</li> </ul>	<p><b>Group therapy visit:</b></p> <ul style="list-style-type: none"> <li>• In-network: \$40 copay</li> <li>• Out-of-network: 100% of the cost</li> </ul> <p><b>Individual therapy visit:</b></p> <ul style="list-style-type: none"> <li>• In-network: \$40 copay</li> <li>• Out-of-network: 100% of the cost</li> </ul>
<b>Outpatient Surgery<sup>1</sup></b>	<p><b>Ambulatory surgical center:</b></p> <ul style="list-style-type: none"> <li>• In-network: \$200 copay</li> <li>• Out-of-network: 100% of the cost</li> </ul> <p><b>Outpatient hospital:</b></p> <ul style="list-style-type: none"> <li>• In-network: \$250 copay</li> <li>• Out-of-network: 100% of the cost</li> </ul>	<p><b>Ambulatory surgical center:</b></p> <ul style="list-style-type: none"> <li>• In-network: \$100 copay</li> <li>• Out-of-network: 100% of the cost</li> </ul> <p><b>Outpatient hospital:</b></p> <ul style="list-style-type: none"> <li>• In-network: \$225 copay</li> <li>• Out-of-network: 100% of the cost</li> </ul>	<p><b>Ambulatory surgical center:</b></p> <ul style="list-style-type: none"> <li>• In-network: \$250 copay</li> <li>• Out-of-network: 100% of the cost</li> </ul> <p><b>Outpatient hospital:</b></p> <ul style="list-style-type: none"> <li>• In-network: 20% of the cost</li> <li>• Out-of-network: 100% of the cost</li> </ul>

	CareSource Advantage	CareSource Advantage Plus	CareSource Advantage Zero Premium
<b>Over-the-Counter Items</b>	Not covered	Not covered	Not covered
<b>Renal Dialysis</b>	In-network: 20% of the cost Out-of-network: 100% of the cost	In-network: 20% of the cost Out-of-network: 100% of the cost	In-network: 20% of the cost (not subject to deductible) Out-of-network: 100% of the cost
<b>PRESCRIPTION DRUG BENEFITS</b>			
<b>How much do I pay?</b>	<b>For Part B drugs such as chemotherapy drugs:</b> <ul style="list-style-type: none"> <li>In-network: 20% of the cost</li> <li>Out-of-network: 100% of the cost</li> </ul> <b>Other Part B drugs:</b> <ul style="list-style-type: none"> <li>In-network: 20% of the cost</li> <li>Out-of-network: 100% of the cost</li> </ul>	<b>For Part B drugs such as chemotherapy drugs:</b> <ul style="list-style-type: none"> <li>In-network: 20% of the cost</li> <li>Out-of-network: 100% of the cost</li> </ul> <b>Other Part B drugs:</b> <ul style="list-style-type: none"> <li>In-network: 20% of the cost</li> <li>Out-of-network: 100% of the cost</li> </ul>	<b>For Part B drugs such as chemotherapy drugs:</b> <ul style="list-style-type: none"> <li>In-network: 20% of the cost (not subject to deductible)</li> <li>Out-of-network: 100% of the cost</li> </ul> <b>Other Part B drugs:</b> <ul style="list-style-type: none"> <li>In-network: 20% of the cost (not subject to deductible)</li> <li>Out-of-network: 100% of the cost</li> </ul>
<b>Initial Coverage</b>	<p>You pay the following until your total yearly drug costs reach \$3,700. 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>You pay the following until your total yearly drug costs reach \$3,700. 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>You pay the following until your total yearly drug costs reach \$3,700. 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>

Initial Coverage (continued)	CareSource Advantage		CareSource Advantage Plus		CareSource Advantage Zero Premium	
	Standard Retail Cost-Sharing					
	One-month Supply	Three-month Supply	One-month Supply	Three-month Supply	One-month Supply	Three-month Supply
Tier 1 (Preferred Generic)	\$4 copay	\$12 copay	\$0 copay	\$0 copay	\$6 copay	\$18 copay
Tier 2 (Generic)	\$10 copay	\$30 copay	\$10 copay	\$30 copay	\$15 copay	\$45 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)	33% of the cost	33% of the cost	33% of the cost	33% of the cost	28% of the cost	28% of the cost
Initial Coverage (continued)	CareSource Advantage (HMO)		CareSource Advantage Plus (HMO)		CareSource Advantage Zero Premium	
	Standard Mail Order Cost-Sharing					
	Three-month Supply		Three-month Supply		Three-month Supply	
Tier 1 (Preferred Generic)	\$10 copay		\$0 copay		\$15 copay	
Tier 2 (Generic)	\$25 copay		\$25 copay		\$37.50 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)	33% of the cost		33% of the cost		28% of the cost	
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 1-800-833-3239 TTY/TDD: 1-800-648-6056 or 711 or access our website <b>CareSource.com/medicare</b> .						



	CareSource Advantage	CareSource Advantage Plus	CareSource Advantage Zero Premium
<b>Coverage Gap</b>	<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 \$3,700.</p> <p>After you enter the coverage gap, you pay 40% of the plan’s cost for covered brand name drugs and 51% of the plan’s cost for covered generic drugs until your costs total \$4,950, which is the end of the coverage gap. Not everyone will enter the coverage gap.</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 \$3,700.</p> <p>After you enter the coverage gap, you pay 40% of the plan’s cost for covered brand name drugs and 51% of the plan’s cost for covered generic drugs until your costs total \$4,950, which is the end of the coverage gap. Not everyone will enter the coverage gap.</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 \$3,700.</p> <p>After you enter the coverage gap, you pay 40% of the plan’s cost for covered brand name drugs and 51% of the plan’s cost for covered generic drugs until your costs total \$4,950, which is the end of the coverage gap. Not everyone will enter the coverage gap.</p>
<b>Catastrophic Coverage</b>	<p>After your yearly out-of-pocket drug costs (including drugs purchased through your retail pharmacy and through mail order) reach \$4,950, you pay the greater of:</p> <ul style="list-style-type: none"> <li>• 5% of the cost, or</li> <li>• \$3.30 copay for generic (including brand drugs treated as generic) and a \$8.25 copayment for all other drugs.</li> </ul>	<p>After your yearly out-of-pocket drug costs (including drugs purchased through your retail pharmacy and through mail order) reach \$4,950, you pay the greater of:</p> <ul style="list-style-type: none"> <li>• 5% of the cost, or</li> <li>• \$3.30 copay for generic (including brand drugs treated as generic) and a \$8.25 copayment for all other drugs.</li> </ul>	<p>After your yearly out-of-pocket drug costs (including drugs purchased through your retail pharmacy and through mail order) reach \$4,950, you pay the greater of:</p> <ul style="list-style-type: none"> <li>• 5% of the cost, or</li> <li>• \$3.30 copay for generic (including brand drugs treated as generic) and a \$8.25 copayment for all other drugs.</li> </ul>

**ENGLISH** 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 1-800-833-3239 TTY:711.

## ARABIC

إذا كان لديك، أو لدى أي شخص تساعد، أية استفسارات بخصوص CareSource، فيحق لك الحصول على مساعدة ومعلومات مجاناً وباللغة التي تتحدث بها. للتحدث إلى أحد المترجمين الفوريين، اتصل على 1-800-833-3239 TTY: 711.

## AMHARIC

እርስዎ፣ ወይም እርስዎ የሚያገዙት ግለሰብ፣ ስለ [insert SBM program name] ጥያቄ ካላቸው፣ ያለ ምንም ክፍያ በቋንቋዎ እርዳታና መረጃ የማግኘት መብት አላቸው። ከአስተርጓሚ ጋር ለመነጋገር፣ 1-800-833-3239 TTY:711 ይደውሉ።

## BURMESE

CareSource အကြောင်း သင် သိမဟုတ် သင်အကူအညီပေးနေသူ တစ်စုံတစ်ယောက်က မေးမြန်းလာပါက သင်ပြောဆိုသော ဘာသာစကားဖြင့် အကူအညီနှင့် အချက်အလက်များအား အခမဲ့ ရယူနိုင်ရန် အခွင့်အရေးရှိပါသည်။ ဘာသာပြန်တစ်ဦးအား စကားပြောဆိုရန် 1-800-833-3239 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 1-800-833-3239 TTY:711。

## CUSHITE – OROMO

Isin yookan namni biraa isin deeggartan [insert SBM program name] 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 1-800-833-3239 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 1-800-833-3239 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 1-800-833-3239 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 1-800-833-3239 TTY:711 an.

## GUJARATI

જો તમે અથવા તમે કોઈને મદદ કરી રહ્યાં છો તો તમે કોઈને [અસબીઅમ ક ર્યકરમન i ન મ મ કા] વાંચી પ્રશ્નો ડોર તો તમને મદદ અને મ હલતી મેળી નો અવકાશ છે. તે ખરચ વનિ તમ રી ભ પ મ i પ્ર પત કરી શક ર છે. દ ભ વપરો તિ કરમિ ટે, આ 1-800-833-3239 TTY:711 પર કાલ કરો.

## HINDI

यदि आपके, या आप जिसकी मदद कर रहे हैं उसके CareSource के बारे में कोई सवाल है तो आपके पास बगैर किसी लागत के अपनी भाषा में सहायता और जानकारी प्राप्त करने का अधिकार है। एक दुभाषाई से बात करने के लिए कल करें, 1-800-833-3239 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 1-800-833-3239 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、情報を入手したりすることができます (無償)。通訳をご利用の場合は、1-800-833-3239 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: 1-800-833-3239 TTY:711.

## PENNSYLVANIA DUTCH

Wann du hoscht en Froog, odder ebber, wu du helpscht, hot en Froog baut [insert SBM program name], 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 1-800-833-3239 TTY:711 uffrue.

## 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 1-800-833-3239 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 1-800-833-3239 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 1-800-833-3239 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 1-800-833-3239 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, religion 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, religion 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 1-800-833-3239 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, religion 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  
1-800-539-1732, TTY: 711  
Fax: 1-800-417-6254

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>.



**ENGLISH** 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 1-800-833-3239 TTY:711.

## ARABIC

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## AMHARIC

እርስዎ፣ ወይም እርስዎ የሚያገዙት ግለሰብ፣ ስለ [insert SBM program name] ጥያቄ ካላቸው፣ ያለ ምንም ክፍያ በቋንቋዎ እርዳታና መረጃ የማግኘት መብት አላቸው። ከአስተርጓሚ ጋር ለመነጋገር፣ 1-800-833-3239 TTY:711 ይደውሉ።

## BURMESE

CareSource အကြောင်း သင် သိမဟုတ် သင်အကူအညီပေးနေသူ တစ်စုံတစ်ယောက်က မေးမြန်းလာပါက သင်ပြောဆိုသော ဘာသာစကားဖြင့် အကူအညီနှင့် အချက်အလက်များအား အခမဲ့ ရယူနိုင်ရန် အခွင့်အရေးရှိပါသည်။ ဘာသာပြန်တစ်ဦးအား စကားပြောဆိုရန် 1-800-833-3239 TTY:711 ဤတွင် နံပါတ်ဖြည့်သွင်းပါ] သို့ ခေါ်ဆိုပါ။

## CHINESE

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## CUSHITE – OROMO

Isin yookan namni biraa isin deeggartan [insert SBM program name] 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 1-800-833-3239 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 1-800-833-3239 TTY:711.

## FRENCH (CANADA)

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## 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 1-800-833-3239 TTY:711 an.

## GUJARATI

જો તમે અથવા તમે કોઈને મદદ કરી રહ્યાં છો તો તમે કોઈને [અસબીઅમ ક ર્યકરમન i ન મ મ કા] વાંચી પ્રશ્નનો હોર તો તમને મદદ અને મ હલતી મેળીનો અવકાશ છે. તે ખરચ વનિ તમ રો ભ પ મ i પ્ર પત કરી શક ર છે. દ ભ વપરો તિ કરમિ દે, આ 1-800-833-3239 TTY:711 પર કાલ કરો.

## HINDI

यदि आपके, या आप जिसकी मदद कर रहे हैं उसके CareSource के बारे में कोई सवाल है तो आपके पास बगैर किसी लागत के अपनी भाषा में सहायता और जानकारी प्राप्त करने का अधिकार है। एक दुभाषी से बात करने के लिए कल करें, 1-800-833-3239 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 1-800-833-3239 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、情報を入手したりすることができます (無償)。通訳をご利用の場合は、1-800-833-3239 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: 1-800-833-3239 TTY:711.

## PENNSYLVANIA DUTCH

Wann du hoscht en Froog, odder ebber, wu du helpscht, hot en Froog baut [insert SBM program name], 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 1-800-833-3239 TTY:711 uffrue.

## 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 1-800-833-3239 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 1-800-833-3239 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 1-800-833-3239 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 1-800-833-3239 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 1-800-833-3239 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  
1-800-539-1732, TTY: 711  
Fax: 1-800-417-6254

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>.











## HOW TO ENROLL

You can enroll with CareSource in different ways:

Call us at **1-888-222-9924**  
(TTY: 1-800-648-6056).

By calling this number, you will be directed to a licensed CareSource insurance agent to help you by phone or set a personal appointment. We are open 8 a.m. to 8 p.m. seven days a week from Oct. 1 – Feb. 14, and the same hours Monday through Friday the rest of the year.

Enroll online at  
**CareSource.com/Medicare**

Complete the enrollment form on the following pages and mail it, at no cost to you, in the envelope provided.

Or enroll through the Medicare online enrollment center at  
**www.Medicare.gov.**





## Instructions for Completing your CareSource 2017 Enrollment Form

It's easy to enroll into a CareSource Medicare Advantage plan. Simply complete the Enrollment Form in this section by following these five steps.

If you are enrolling during the Annual Election Period, which runs from Oct. 15 through Dec. 7, we must receive your completed and signed Enrollment Form no later than Dec. 7 so your coverage can be effective Jan. 1.

If you are eligible to enroll at other times of the year, we must receive your completed and signed Enrollment Form no later than the end of the month to be effective the first of the following month.



### Step 1: Get your Medicare card

Before you start, take out your red, white and blue Medicare card. Your Medicare card provides important information for completing the Enrollment Form.



### Step 2: Complete your Enrollment Form

Please read the instructions and statements carefully. You must complete one Enrollment Form per person. If you have any questions, please call CareSource at **1-888-222-9924 (TTY: 1-800-648-6056)**.



### Step 3: Sign your Enrollment Form

Be sure to sign and date your Enrollment Form after you have completed every section. If you are the applicant's authorized representative, legal guardian or power of attorney, please include a copy of the authorizing paperwork with the Enrollment Form. And don't forget, you must sign the Enrollment Form on behalf of the applicant.



### Step 4: Complete the Attestation of Eligibility

Complete the Attestation of Eligibility in this section, which tells us you are able to enroll in Medicare.



### Step 5: Submit your Enrollment Form and Attestation of Eligibility

After the application has been signed, please return the completed top white copy of each page of the enrollment form and the eligibility form. These can be mailed back to us at no cost to you using the envelope included at the back of this book. Don't forget to save the last copy of the enrollment form for your records.



Please contact CareSource if you need information in another language or format (Braille).

**To Enroll in CareSource Advantage® (HMO) / CareSource Advantage Plus™ (HMO) / CareSource Advantage Zero Premium™ (HMO), Please Provide the Following Information:**

Please check which plan you want to enroll in:

☐ CareSource Advantage Zero Premium \$0 per month
 ☐ CareSource Advantage \$32.10 per month
 ☐ CareSource Advantage Plus \$56.60 per month

LAST name: \_\_\_\_\_ FIRST name: \_\_\_\_\_ Middle Initial: \_\_\_\_\_
 ☐ Mr. ☐ Mrs.  
☐ Ms.

Birth Date: ( \_\_ / \_\_ / \_\_\_\_ ) (MM/DD/YYYY)  
 Sex: ☐ M ☐ F  
 Home Phone Number: (     )  
 Alternate Phone Number: (     )

Permanent Residence Street Address (P.O. Box is not allowed)

City: \_\_\_\_\_ County: \_\_\_\_\_ State: \_\_\_\_\_ ZIP Code: \_\_\_\_\_

Mailing Address (only if different from your Permanent Residence Address):

Street Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ ZIP Code: \_\_\_\_\_

E-mail Address: \_\_\_\_\_

**Please Provide Your Medicare Insurance Information**

Please take out your Medicare card to complete this section

· Please fill in these blanks so they match your red, white and blue Medicare card

**"OR"**

· Attach a copy of your Medicare card or your letter from Social Security or the Railroad Retirement Board

You must have Medicare Part A and Part B to join a Medicare Advantage plan

**MEDICARE**



**HEALTH INSURANCE**

SAMPLE ONLY

Name: \_\_\_\_\_

Medicare Claim Number: \_\_\_\_\_ Sex: \_\_\_\_\_

\_\_\_\_ - \_\_\_\_ - \_\_\_\_ - \_\_\_\_

Is Entitled To

Effective Date

HOSPITAL (Part A)

MEDICAL (Part B)



## Paying Your Plan Premium

**With the Zero Premium Plan – If we determine that you owe a late enrollment penalty (or if you currently have a late enrollment penalty), we need to know how you prefer to pay it. You can pay by mail, electronic check, credit card, debit card, or by phone each month or quarterly. You can also choose to pay your premium by automatic deduction from your Social Security or Railroad Retirement Board (RRB) benefit check each month. If you are assessed a Part D-Income related Monthly Adjustment Amount, you will be notified by the Social Security Administration. You will be responsible for paying this extra amount in addition to your plan premium. You will either have the amount withheld from your Social Security benefit check or be billed directly by Medicare or the RRB. DO NOT pay CareSource the Part-D IRMAA.**

**You can pay your monthly plan premium (including any late enrollment penalty that you currently have or may owe, by mail, electronic check, credit card, debit card, or by phone each month. You can also choose to pay your premium by automatic deduction from your Social Security or Railroad Retirement Board (RRB) benefit check each month or quarterly.**

**You can pay your monthly plan premium (including any late enrollment penalty that you currently have or may owe, by mail, electronic check, credit card, debit card, or by phone each month. You can also choose to pay your premium by automatic deduction from your Social Security or Railroad Retirement Board (RRB) benefit check each month.**

**If you are assessed a part D-Income Related Monthly Adjustment Amount, you will be notified by the Social Security Administration. You will be responsible for paying this extra amount in addition to your plan premium. You will either have the amount withheld from your Social Security benefit check or be billed directly by Medicare or RRB. DO NOT pay CareSource the Part D-IRMAA.**

People with limited incomes may qualify for extra help to pay for their prescription drug costs. If eligible, Medicare could pay for 75% or more of your drug costs including monthly prescription drug premiums, annual deductibles, and co-insurance. Additionally, those who qualify will not be subject to the coverage gap or a late enrollment penalty. Many people are eligible for these savings and don't even know it. For more information about this extra help, contact your local Social Security office, or call Social Security at 1-800-772-1213. TTY users should call 1-800-325-0778. You can also apply for extra help online at [www.socialsecurity.gov/prescriptionhelp](http://www.socialsecurity.gov/prescriptionhelp).

If you qualify for extra help with your Medicare prescription drug coverage costs, Medicare will pay all or part of your plan premium. If Medicare pays only a portion of this premium, we will bill you for the amount that Medicare doesn't cover.

If you don't select a payment option, you will get a bill each month.

**Please select a premium payment option:**

- ☐ Get a bill
- ☐ Automatic deduction from your monthly Social Security or Railroad Retirement Board (RRB) benefit check. (The Social Security/RRB deduction may take two or more months to begin after Social Security or RRB approves the deduction. In most cases, if Social Security or RRB accepts your request for automatic deduction, the first deduction from your Social Security or RRB benefit check will include all premiums due from your enrollment effective date up to the point withholding begins. If Social Security or RRB does not approve your request for automatic deduction, we will send you a paper bill for your monthly premiums.)

**Please read and answer these important questions:**

1. Do you have End-Stage Renal Disease (ESRD)? ☐ Yes ☐ No

If you have had a successful kidney transplant and/or you don't need regular dialysis anymore, **please attach a note or records** from your doctor showing you have had a successful kidney transplant or you don't need dialysis, otherwise we may need to contact you to obtain additional information.

2. Some individuals may have other drug coverage, including other private insurance, TRICARE, Federal employee health benefits coverage, VA benefits, or State pharmaceutical assistance programs.

Will you have other **prescription** drug coverage in addition to CareSource? ☐ Yes ☐ No

If "yes", please list your other coverage and your identification (ID) number(s) for this coverage:

Name of other coverage:

ID# for this coverage:

Group # for this coverage:

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

3. Are you a resident in a long-term care facility, such as a nursing home? ☐ Yes ☐ No

If "yes", please provide the following information:

Name of Institution: \_\_\_\_\_

Address and Phone Number of Institution (number and street): \_\_\_\_\_

4. Are you enrolled in your State Medicaid program? ☐ Yes ☐ No

If yes, please provide your Medicaid number: \_\_\_\_\_

5. Do you or your spouse work? ☐ Yes ☐ No

**6. Please choose the name of a Primary Care Physician (PCP), clinic, or health center:**

**Please check one of the boxes below if you would prefer us to send you information in another format:** ☐ Large Print

Please contact CareSource at 1-888-222-9924 if you need information in another format or language than what is listed above. Our office hours are open 8 a.m. - 8 p.m. Monday through Friday, and from Oct. 1 - Feb. 14 we are open the same hours 7 days a week. TTY users should call 1-800-648-6056 or 711.



### Please Read this Important Information

**If you currently have health coverage from an employer or union, joining CareSource could affect your employer or union health benefits. You could lose your employer or union health coverage if you join CareSource.** Read the communications your employer or union sends you. If you have questions, visit their website, or contact the office listed in their communications. If there isn't any information on whom to contact, your benefits administrator or the office that answers questions about your coverage can help.

### Please Read and Sign Below

**By completing this enrollment application, I agree to the following:**

CareSource is a Medicare Advantage plan and has a contract with the Federal government. I will need to keep my Medicare Parts A and B. I can be in only one Medicare Advantage plan at a time, and I understand that my enrollment in this plan will automatically end my enrollment in another Medicare health plan or prescription drug plan. It is my responsibility to inform you of any prescription drug coverage that I have or may get in the future. Enrollment in this plan is generally for the entire year. Once I enroll, I may leave this plan or make changes only at certain times of the year when an enrollment period is available (Example: Oct. 15–Dec. 7 of every year), or under certain special circumstances.

CareSource serves a specific service area. If I move out of the area that CareSource serves, I need to notify the plan so I can disenroll and find a new plan in my new area. Once I am a member of CareSource, I have the right to appeal plan decisions about payment or services if I disagree. I will read the Evidence of Coverage from CareSource when I get it to know which rules I must follow to get coverage with this Medicare Advantage plan. I understand that people with Medicare aren't usually covered under Medicare while out of the country except for limited coverage near the U.S. border.

I understand that beginning on the date CareSource coverage begins, I must get all of my health care from CareSource, except for emergency or urgently needed services or out-of-area dialysis services. Services authorized by CareSource and other services contained in my CareSource Evidence of Coverage document (also known as a member contract or subscriber agreement) will be covered. Without authorization, **NEITHER MEDICARE NOR CARESOURCE WILL PAY FOR THE SERVICES.**



I understand that if I am getting assistance from a sales agent, broker, or other individual employed by or contracted with CareSource, he/she may be paid based on my enrollment in CareSource.

**Release of Information:** By joining this Medicare health plan, I acknowledge that CareSource will release my information to Medicare and other plans as is necessary for treatment, payment and health care operations. I also acknowledge that CareSource will release my information including my prescription drug event data to Medicare, who may release it for research and other purposes which follow all applicable Federal statutes and regulations. 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 authorized to act on my behalf under the laws of the State where I live) on this application means that I have read and understand the contents of this application. If signed by an authorized individual (as described above), this signature certifies that 1) this person is authorized under State law to complete this enrollment and 2) documentation of this authority is available upon request from Medicare.

**Signature:**

**Today's Date:**

If you are the authorized representative, you must sign above and provide the following information

**Name:** \_\_\_\_\_

**Address:** \_\_\_\_\_

**Phone Number:**( \_\_\_\_ ) \_\_\_\_ - \_\_\_\_\_

**Relationship to Enrollee:** \_\_\_\_\_

**For Office Use Only:**

Name of staff member/agent/broker (if assisted in enrollment): \_\_\_\_\_

Plan ID #: \_\_\_\_\_

Effective Date of Coverage: \_\_\_\_\_

ICEP/IEP: \_\_\_\_\_ AEP: \_\_\_\_\_ SEP (type): \_\_\_\_\_ Not Eligible: \_\_\_\_\_



P.O. Box 8738, Dayton, OH 45401-8738 | [CareSource.com/Medicare](http://CareSource.com/Medicare)

**Typically, you may enroll in a Medicare Advantage plan only during the annual enrollment period 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 recently moved outside of the service area for my current plan or I recently move 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 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 have both Medicare and Medicaid or my state helps pay for my Medicare premiums.
- ☐ I get extra help paying for Medicare prescription drug coverage.
- ☐ I no longer qualify for extra help paying for my Medicare prescription drugs. I stopped receiving extra help on (insert date) \_\_\_\_\_.
- ☐ I am moving into, live in, or recently moved out of a Long-Term Care Facility (for example, a nursing home or long term care facility). I moved/will move into/out of the facility on (insert date) \_\_\_\_\_.
- ☐ I recently left a PACE program on (insert date) \_\_\_\_\_.
- ☐ I recently involuntarily lost my creditable prescription drug coverage (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 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) \_\_\_\_\_.

If none of these statements applies to you or you're not sure, please contact CareSource at **1-800-833-3239** (TTY users should call **1-800-648-6056**) to see if you are eligible to enroll. We are open 8 a.m. to 8 p.m. seven days a week from Oct. 1 – Feb. 14, and the same hours Monday through Friday the rest of the year.

Y0119\_KYMA-M-0272 Accepted









## NEXT STEPS

This section explains what happens after you enroll, including what you can expect from CareSource and how you can get started enjoying your benefits.







## What to Expect After You Enroll

There are a few actions that will happen over the next few weeks after you enroll:

CareSource will process your application and confirm your eligibility for our Medicare Advantage plan.

Medicare will then confirm your enrollment.

You'll receive your confirmation letter and other applicable materials (if eligible).

You'll receive your CareSource member ID card and your New Member Kit in the mail approximately two weeks after the confirmation letter.

You'll receive a Health Risk Assessment that we'll ask you to complete online or by paper form.

You should expect to receive your first invoice approximately two weeks prior to your effective date. Payment is due by the last day of the month. If you choose to make your payments via Social Security or Railroad Retirement Board withholding, you will not receive an invoice. *If you qualify for Extra Help (low income subsidy), please discuss monthly invoice details with your licensed CareSource agent as this action might not apply to you.*

## CREATE YOUR MY CARESOURCE ACCOUNT

Get the most out of your member experience by creating your personal online account at **MyCareSource.com**. Once you have your Member ID card, you can create your My CareSource account. It's fast, easy and secure.

[Pay your bill](#)

[Select your doctor](#)

[View claims and plan details](#)

[View and print your member ID card](#)

[Update your contact information](#)

[And more](#)

In the next few months, your CareSource representative will follow up to answer any questions you may have about your new plan.

### REMINDER:

*If you don't receive your CareSource member ID card within 30 days of your effective date, please call Member Services at **1-800-833-3239 (TTY: 1-800-648-6056 or 711)** to have a second card mailed to you. We are open 8 a.m. to 8 p.m. Monday through Friday, and from Oct. 1 – Feb. 14 we are open the same hours seven days a week. You can also view your member ID and print your member ID card seven days after you have enrolled by going to the CareSource website at **MyCareSource.com**.*



### Take a Free Health Assessment

Your New Member Kit will include information on how to complete your Health Risk Assessment (HRA). You will answer questions that help us identify preventive care needs and health issues early and recommend ways we can work together to improve or maintain your physical and mental health. This important assessment helps to develop your wellness care plan and is updated at least annually.

You can complete the HRA online by logging into the member portal at [MyCareSource.com](https://www.mycaresource.com). Click on the Health tab to complete the assessment. The online HRA is available to you after your coverage has started.

You can also fill out and mail the enclosed Health Risk Assessment survey using the provided business reply envelope in the New Member Kit.

### Schedule Your “Welcome to Medicare” or Wellness Visit

If you are new to Medicare, schedule your “Welcome to Medicare” visit with your CareSource in-network primary care physician soon after your benefits start. Medicare encourages everyone to take advantage of this one-time benefit within their first year of Medicare eligibility. This preventive visit is more than your typical wellness visit and is covered by your plan. It will give you and your doctor a baseline for your health and let you work together on long- and short-term goals to prevent disease and improve your health. Simply call your CareSource in-network doctor and ask to schedule your “Welcome to Medicare” visit.

Been with Medicare for over a year? You can get a yearly “wellness” visit instead. This visit is also covered by your plan and can help you and your CareSource in-network doctor develop a personalized health plan.



## THANK YOU FOR CHOOSING CARESOURCE.

We look forward to serving your health and wellness needs. If at any time you have questions about your CareSource Medicare Advantage plan benefits, call Member Services at **1-800-833-3239 (TTY: 1-800-648-6056 or 711)**. We are open 8 a.m. to 8 p.m. Monday through Friday, and from Oct. 1 – Feb. 14 we are open the same hours seven days a week.



CareSource is an HMO with a Medicare contract. Enrollment in CareSource Advantage Zero Premium, CareSource Advantage and CareSource Advantage Plus depends on contract renewal. This information is not a complete description of benefits. Contact the plan for more information. Limitations, copayments, and restrictions may apply. Benefits, formulary, pharmacy network, provider network, premium and/or copayments/coinsurance may change on Jan. 1 of each year. You must continue to pay your Medicare Part B Premium. This information is available for free in other languages. Please call our customer service number at 1-800-833-3239 (TTY: 1-800-648-6056 or 711). We are open 8 a.m. to 8 p.m. Monday through Friday, and from Oct. 1 – Feb. 14 we are open the same hours seven days a week. CareSource Advantage Zero Premium, CareSource Advantage and CareSource Advantage Plus do not discriminate, exclude people or treat them differently on the basis of race, color, religion, national origin, mental or physical disability, age, sex, gender identity, sexual orientation, claims experience, medical history, genetic information, evidence of insurability, geographic location, or health status in the administration of the plan, including enrollment and benefit determinations.



## OUR MISSION

To make a lasting difference in  
our members' lives by improving  
their health and well-being.



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