

CareSource Dual Advantage™ (HMO D-SNP)

# 2021 SUMMARY OF BENEFITS

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***Service Area //***

Baldwin, Barrow, Cherokee, Fayette,  
Forsyth, Greene, Madison, Monroe, Morgan,  
Newton, Oconee, Oglethorpe, Paulding,  
Peach, Putnam

# 2021 SUMMARY OF BENEFITS

## Introduction

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

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

### More benefits than basic Medicare

Our Medicare D-SNP plan (Part C) provides you with all the benefits of Part A and Part B, plus prescription drug coverage (Part D). But we're about more than basic Medicare. Our plan is designed to provide you with the best care, additional benefits such as dental and vision care, and save you money.

## TIPS FOR COMPARING YOUR MEDICARE CHOICES

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

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

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

- One choice is to get your Medicare benefits through Original Medicare (fee-for-service Medicare). Original Medicare is run directly by the federal government.
- Another choice is to get your Medicare benefits by joining CareSource Dual Advantage.

## ABOUT THE PLAN

CareSource Dual Advantage is a Medicare Advantage HMO plan with a Medicare contract. To join this plan, you must be entitled to Medicare Part A, be enrolled in Medicare Part B, live within our service area listed on page 3, and be a United States citizen or lawfully present in the United States.

This plan is a Dual Eligible Special Needs Plan (D-SNP) for people who have both Medicare and Medicaid. How much Medicaid covers depends on your income, resources and other factors. Some people get full Medicaid benefits. Some only get help to pay for certain Medicare costs, which may include premiums, deductibles, coinsurance, or copays.

You can enroll in this plan if you are in one of these Medicaid categories:

- **Qualified Medicare Beneficiary (QMB):** You get Medicaid coverage of Medicare cost-share but are not eligible for full Medicaid benefits. Medicaid pays your Part A and Part B premiums, deductibles, coinsurance and copayments amounts only. You pay nothing, except for Part D prescription drug copays.
- **Qualified Medicare Beneficiary Plus (QMB+):** You get Medicaid coverage of Medicare cost-share and are also eligible for full Medicaid benefits. Medicaid pays your Part A and Part B premiums, deductibles, coinsurance and copayment amounts. You pay nothing, except for Part D prescription drug copays.
- **Full Benefits Dual Eligible (FBDE):** Medicaid may provide limited assistance with Medicare cost-sharing. Medicaid also provides full Medicaid benefits. You are eligible for full Medicaid benefits. At times you may also be eligible for limited assistance from the State Medicaid Office in paying your Medicare cost share amounts. Generally your cost share is 0% when the service is covered by both Medicare and Medicaid. There may be cases where you have to pay cost sharing when a service or benefit is not covered by Medicaid.

If your category of Medicaid eligibility changes, your cost share may also increase or decrease.

**You must recertify your Medicaid enrollment to continue to receive your Medicaid coverage.**

## WHO CAN JOIN?

To join CareSource Dual Advantage you must be entitled to Medicare Part A, be enrolled in Medicare Part B and live in our service area. You must also be enrolled in Georgia Medicaid.

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

Baldwin, Barrow, Cherokee, Fayette, Forsyth, Greene, Madison, Monroe, Morgan, Newton, Oconee, Oglethorpe, Paulding, Peach, Putnam

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

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

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

You can go to [CareSource.com/Medicare](https://www.caresource.com/Medicare) to view or search for a network provider or pharmacy using our online directories. Or, call us and we will send you a copy of the Provider & Pharmacy Directory.

## WHAT DO WE COVER?

Like all Medicare health plans, we cover everything that Original Medicare covers — and more. Some of the extra benefits are outlined in this booklet.

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

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

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

# Questions?

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

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

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

## Hours of Operation

From October 1 to March 31, you can call us 7 days a week from 8 a.m. to 8 p.m. Eastern time.  
From April 1 to September 30, you can call us Monday through Friday from 8 a.m. to 8 p.m. Eastern time.

## Customer Service

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

This document may be available in a non-English language. For additional information, call us at 1-833-230-2020. (TTY users should call 711.)

Es posible que este documento esté disponible en un idioma distinto al inglés. Para obtener información adicional, llame a servicio al cliente al 1-833-230-2020. (Los usuarios de TTY deben llamar al 711.)

MONTHLY PREMIUM, DEDUCTIBLE AND LIMITS	
	CareSource Dual Advantage
Monthly Premium	\$0
Annual Deductible	\$0
Annual Out-of-Pocket Maximum (the limit on how much you will pay in a year)	\$0 annually for Medicare-covered services from in-network providers.

## CareSource Dual Advantage (HMO D-SNP) 2021 Summary of Benefits Chart

Cost sharing for Medicare covered benefits in the chart below are based on your level of Georgia Medicaid eligibility.

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

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

	CareSource Dual Advantage
<b>Inpatient Hospital Care<sup>1</sup></b>	Days 1 through 7 \$0 copay per day
	Days 8 through 90 \$0 copay per day
<b>Outpatient Hospital<sup>1</sup></b>	<b>Ambulatory surgical center</b>
	\$0 copay
	<b>Outpatient hospital</b>
	\$0 copay
<b>Doctor's Office Visits</b>	<b>Primary care physician visit</b> (Including Telehealth Visit)
	\$0 copay
	<b>Specialist visit</b>
	\$0 copay
<b>Preventive Care</b>	\$0 copay
<b>Emergency Care</b>	0% coinsurance Coinsurance is waived if you are admitted to the hospital within 3 days for the same condition. You pay the inpatient hospital cost share instead of the emergency cost share. See the "Inpatient Hospital Care" section of this booklet for other costs.
<b>Urgent Care</b>	\$0 copay
<b>Diagnostic Tests, Lab/Radiology Services and X-Rays<sup>1</sup></b>	<b>Diagnostic tests and procedures</b>
	\$0 copay
	<b>Lab services</b>
	\$0 copay
	<b>Diagnostic radiology services</b> (such as MRIs, CT scans)
	\$0 copay
	<b>Therapeutic radiology services</b> (such as radiation treatment for cancer)
	\$0 copay
	<b>Outpatient x-rays</b>
	\$0 copay

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

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

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

	CareSource Dual Advantage
<b>Hearing Services</b>	<b>Exam to diagnose and treat hearing and balance issues</b>
	\$0 copay
	<b>Routine hearing exam</b>
	\$0 copay, 1 every year
	<b>Hearing aid fitting/evaluation</b>
	\$0 copay, 3 every year
	<b>Hearing aid<sup>2</sup></b>
	\$1000 allowance per hearing aid; one aid per ear per year
<b>Dental Services — Medicare-Covered</b>	\$0 copay Excludes services in connection with care, treatment, filling, removal or replacement of teeth
<b>Comprehensive Dental<sup>1, 2</sup></b>	\$0 copay for simple extractions, minor restorations, periodontics and other non-Medicare covered comprehensive dental services \$2,000 maximum plan coverage amount for comprehensive dental benefits every year
<b>Dental Services<sup>2</sup> — Preventive</b>	\$0 copay for a single office visit that includes: <ul style="list-style-type: none"> <li>– Cleaning (1 cleaning every six months)</li> <li>– Dental x-ray(s) (1 x-ray every year)</li> <li>– Oral exam (1 oral exam every six months)</li> </ul>
<b>Vision Services</b>	<b>Exam to diagnose and treat diseases and conditions of the eye</b>
	\$0 copay
	<b>Routine eye exam (1 every year)</b>
	\$0 copay
	<b>Eyewear<sup>2</sup></b>
	\$0 copay, up to \$250 allowance
	<b>Eyeglasses or contact lenses after cataract surgery</b>
	\$0 copay

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

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

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

	CareSource Dual Advantage
<b>Mental Health Care<sup>1</sup></b> Lifetime limit: Up to 190 days inpatient care in a psychiatric hospital	<b>Inpatient visit</b>
	Days 1 through 7 \$0 copay per day
	Days 8 through 90 \$0 copay per day
	<b>Outpatient group therapy visit (psychiatrist provided)</b>
	\$0 copay
	<b>Outpatient individual therapy visit (psychiatrist provided)</b>
	\$0 copay
<b>Skilled Nursing Facility<sup>1</sup></b> Limited to 100 days per benefit period	Days 1 through 20 \$0 copay per day
	Days 21 through 100 \$0 copay
<b>Outpatient Rehabilitation<sup>1</sup></b>	<b>Cardiac (heart) rehab services</b>
	\$0 copay
	<b>Occupational therapy visit</b>
	\$0 copay
	<b>Physical therapy and speech and language therapy visit</b>
	\$0 copay
	<b>Supervised Exercise Therapy (SET)</b>
	\$0 copay
<b>Ambulance<sup>1</sup></b>	\$0 copay
<b>Medicare Part B Drugs<sup>1</sup></b>	\$0 copay
<b>Foot Care</b> (podiatry services)	\$0 copay Includes foot exams and treatment if you have diabetes-related nerve damage or meet certain conditions
<b>Durable Medical Equipment<sup>1</sup></b> (wheelchairs, oxygen, etc.)	\$0 copay
<b>Prosthetic Devices<sup>1</sup></b> (braces, artificial limbs, etc.)	<b>Prosthetic devices</b>
	\$0 copay
	<b>Related medical supplies</b>
	\$0 copay

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



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

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

	CareSource Dual Advantage
<b>Diabetes Supplies and Services</b>	<b>Diabetes monitoring supplies</b>
	\$0 copay
	<b>Diabetes self-management training</b>
	\$0 copay
	<b>Therapeutic shoes or inserts</b>
	\$0 copay
<b>Chiropractic Care<sup>1</sup></b>	\$0 copay Includes manipulation of the spine to correct a subluxation (when one or more of the bones of your spine move out of position)
<b>Acupuncture</b> (for chronic low back pain)	\$0 copay
<b>Home Health Care<sup>1</sup></b>	\$0 copay
<b>Hospice</b>	You pay nothing for hospice care from a Medicare-certified hospice. You may have to pay part of the costs for drugs and respite care. Hospice is covered outside of our plan. Please contact us for more details.
<b>Outpatient Substance Abuse<sup>1</sup></b>	<b>Group therapy visit</b>
	\$0 copay
	<b>Individual therapy visit</b>
	\$0 copay
<b>Over-the-Counter Items</b>	\$0 copay Plan covers up to \$165 every three months. Unused portions do not carry over to the next period.
<b>Renal Dialysis<sup>1</sup></b>	\$0 copay

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

## MEDICAID BENEFITS

The following chart provides information for individuals with Medicare and Medicaid. Your services are paid first by Medicare and then by Medicaid.

The benefits described below are covered by Medicaid. You can see what Georgia Medicaid covers and what our plan covers. If a benefit is used up or not covered by Medicare, then Medicaid may provide coverage. This depends on your type of Medicaid coverage.

Coverage of the benefits described below depends upon your level of Medicaid eligibility. No matter what your level of Medicaid eligibility is, CareSource Dual Advantage will cover the benefits described in the Covered Medical and Hospital Benefits section of the Summary of Benefits. If you have questions about your Medicaid eligibility and what benefits you are entitled to, call Georgia Medicaid, 1-877-423-4746.

Medicaid may pay your Medicare cost sharing amount, but it will depend on your Medicaid eligibility level. If Medicare doesn't cover a service or a benefit has run out, Medicaid may help, but you may have to pay a cost share.

Benefit	Georgia Medicaid	CareSource Dual Advantage
Doctor and nurse office visits (when you visit a doctor or nurse for checkups, lab tests, exams, or treatment)	Covered	Covered
Nurse visits in the home after delivery of the baby	Covered	Covered
Nursing facilities (nursing homes)	Covered	Covered
Emergency ambulance services	Covered	Covered
Preventive dental care, fillings and oral surgery for children	Covered	Covered
Certain emergency dental care for adults	Covered	Covered
Non-emergency transportation (to get to and from medical appointments)	Covered	Covered
Exams, immunizations (shots), and treatments for children	Covered	Covered
Family planning services (such as exams, drugs, treatment and counseling)	Covered	Covered
Hospice care services provided by a Medicaid hospice provider	Covered	Covered
Hearing services for children	Covered	Covered
Diagnostic, screening and preventive services	Covered	Covered

<b>Benefit</b>	<b>Georgia Medicaid</b>	<b>CareSource Dual Advantage</b>
Laboratory services	Covered	Covered
Mental health clinic services	Covered	Covered
Nurse midwife and nurse practitioner services	Covered	Covered
Psychological services (for people under the age of 21)	Covered	Covered
Therapy services (physical, occupational and speech)	Covered	Covered
Rural Health Clinic and Federally Qualified Health Center services	Covered	Covered
Childbirth education classes	Covered	Covered
Birthing center services	Covered	Covered
Dialysis and services for end-stage renal (kidney) disease	Covered	Covered
Vision services	Covered	Covered
Durable medical equipment, Medical equipment, and supplies prescribed by a doctor for use in your home (such as wheelchairs, crutches or walkers)	Covered	Covered
Home health services ordered by a doctor and received in your home (such as part-time nursing, physical therapy or home health aides)	Covered	Covered
Outpatient hospital services you receive in a hospital even though you do not stay in the hospital overnight	Covered	Covered
Inpatient hospital services (room and board, drugs, lab tests and other services when you have to stay in the hospital)	Covered	Covered
Prescription drugs	Covered	Covered

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

## CareSource Dual Advantage

Part B Drugs<sup>1</sup>  
(such as chemotherapy)

\$0 copay

Part D Drugs — Retail<sup>1</sup>

### 1-month supply or 3-month supply

Tier 1 (Preferred Generic)

25% of the total cost or applicable Low Income Subsidy (LIS) copay  
\*Specialty medications are limited to a 30-day supply and/or may only be available through limited distribution

Tier 2 (Generic)

25% of the total cost or applicable Low Income Subsidy (LIS) copay  
\*Specialty medications are limited to a 30-day supply and/or may only be available through limited distribution

Tier 3 (Preferred Brand)

25% of the total cost or applicable Low Income Subsidy (LIS) copay  
\*Specialty medications are limited to a 30-day supply and/or may only be available through limited distribution

Tier 4 (Non-Preferred Drug)

25% of the total cost or applicable Low Income Subsidy (LIS) copay  
\*Specialty medications are limited to a 30-day supply and/or may only be available through limited distribution

Tier 5 (Specialty Tier)

25% of the total cost or applicable Low Income Subsidy (LIS) copay  
(3-month supply is not covered)

Tier 6 (Select Care Drugs)

\$0 copay or applicable Low Income Subsidy (LIS) copay  
(3-month supply is not covered)

**3-month supply**

Tier 1 (Preferred Generic)	25% of the total cost or applicable Low Income Subsidy (LIS) copay *Specialty medications are limited to a 30-day supply and/or may only be available through limited distribution
Tier 2 (Generic)	25% of the total cost or applicable Low Income Subsidy (LIS) copay *Specialty medications are limited to a 30-day supply and/or may only be available through limited distribution
Tier 3 (Preferred Brand)	25% of the total cost or applicable Low Income Subsidy (LIS) copay *Specialty medications are limited to a 30-day supply and/or may only be available through limited distribution
Tier 4 (Non-Preferred Brand)	25% of the total cost or applicable Low Income Subsidy (LIS) copay *Specialty medications are limited to a 30-day supply and/or may only be available through limited distribution
Tier 5 (Specialty Tier)	Not covered
Tier 6 (Select Care Drugs)	Not covered

## LIS Cost Sharing Chart for Initial Coverage phase

### Low Income Subsidy (LIS) or “Extra Help” cost sharing

#### Part D Drugs – Retail: 1-month supply or 3-month supply

#### Part D Drugs – Standard Mail Order: 3-month supply

\*Specialty medications are limited to a 30-day supply and/or may only be available through limited distribution

LIS Level	Drug Type	Cost Sharing
Federal Poverty Level (FPL) Institutionalized	Generic	\$0 copay
	Brand	\$0 copay
Federal Poverty Level (FPL) <100%	Generic	\$1.30 copay
	Brand	\$4.00 copay
Federal Poverty Level (FPL) >100%	Generic	\$3.70 copay
	Brand	\$9.20 copay
Federal Poverty Level (FPL) 135-149%	Generic	15% coinsurance
	Brand	15% coinsurance

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

CareSource Dual Advantage members receive “Extra Help” so copay depends on income and institutional status.

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 **1-833-230-2020 (TTY: 711)** or access our website [CareSource.com/Medicare](https://www.caresource.com/Medicare).

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

ADDITIONAL BENEFITS	
	CareSource Dual Advantage
<b>Meals</b>	Two meals a day for 14 days after an inpatient hospitalization
<b>Transportation</b>	\$0 copay, 60 one-way trips annually
<b>Fitness</b>	\$0 copay No cost memberships at participating fitness centers or free home fitness kits
<b>Worldwide ER and Urgent Care</b>	<b>Emergency Care</b> (waived if admitted)
	\$0 copay, \$10,000 maximum plan benefit coverage amount
	<b>Urgent Care</b> \$0 copay
<b>CareSource24® — 24 Hour Nurse Advice Line</b>	<p>You can call CareSource24® any time of the night or day — 24 hours a day, 7 days a week — to talk with a caring, experienced registered nurse. You can find the toll-free number on the back of your CareSource member ID card. CareSource24® services can be used at no cost to you. This provides you with an easy way to receive trusted health information and advice from the comfort of your home.</p> <p>Speaking directly with professional registered nurses can help you:</p> <ul style="list-style-type: none"> <li>– Decide when self-care, a doctor visit, or the emergency room is the right choice</li> <li>– Check your symptoms and help you figure out what to do</li> <li>– Understand a medical condition or recent diagnosis</li> <li>– Obtain medical information</li> <li>– Prepare questions for doctor visits</li> <li>– Find out more about prescriptions or over-the-counter medicines</li> <li>– Learn about healthy eating and staying well</li> </ul>
<b>MyHealth Online Tool</b>	<p>With MyHealth, you'll have online access to resources for your health, including:</p> <ul style="list-style-type: none"> <li>– Health assessments</li> <li>– Personalized online wellness plans</li> <li>– Step-by-step guides on specific health needs</li> <li>– Online health journeys</li> <li>– Goal setting and tracking</li> <li>– Health tips and wellness information</li> </ul>

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

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

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

CareSource Dual Advantage is an HMO with a Medicare contract. Enrollment in CareSource Dual Advantage depends on contract renewal.

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



**CareSource.com/DSNP**