CareSource Advantage® (HMO)

2021 SUMMARY OF BENEFITS

CareSource
INDIANA

Service Area //

Allen, Elkhart, Hamilton, Hancock, Johnson, Marion

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 Advantage® (HMO) gives you more benefits, more savings, more care... and no hidden costs.

More benefits than basic Medicare.

Our Medicare CareSource Advantage 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 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.
- 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 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 a Medicare health plan, such as CareSource Advantage.

WHO CAN JOIN?

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

The CareSource Advantage service area includes the following counties in Indiana:

Allen, Elkhart, Hamilton, Hancock, Johnson, Marion

WHICH DOCTORS, HOSPITALS AND PHARMACIES CAN I USE?

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

You can go to **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**.

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**. Or, call us and we will send you a copy of the drug list.

Things to Know

ANNUAL OUT-OF-POCKET MAXIMUM

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

PREVENTIVE CARE

Our plan covers many preventive services, including:

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

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

Questions?

If you are a member of this plan, call us toll-free at **1-844-607-2827 (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**.

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 1-844-607-2827. (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 1-844-607-2827. (Los usuarios de TTY deben llamar al 711)

MONTHLY PREMIUM, DEDUCTIBLE AND LIMITS	
	CareSource Advantage
Monthly Premium	$24.50 In addition, you must keep paying your Medicare Part B premium
Annual Deductible	$0
Annual Out-of-Pocket Maximum (the limit on how much you will pay in a year)	$4,600 for in-network medical services (does not include prescription drugs)

CareSource Advantage (HMO) 2021 Summary of Benefits Chart

COVERED MEDICAL AND HOSPITAL BENEFITS — IN-NETWORK ONLY
If you use providers that are not in our network, we may not pay for these services.

	CareSource Advantage
Inpatient Hospital Care[1]	$285 copay per day for days 1-7; $0 copay per day for days 8-90
Outpatient Hospital[1]	**Ambulatory surgical center**
	$250 copay
	Outpatient hospital
	$295 copay
Doctor's Office Visits	**Primary care physician visit** (Including Telehealth Visit)
	$0 copay
	Specialist visit
	$35 copay
Preventive Care	$0 copay
Emergency Care	$90 copay Copay is waived if you are admitted to the hospital within 24 hours 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.
Urgent Care	$35 copay
Diagnostic Tests, Lab/Radiology Services and X-Rays[1]	**Diagnostic tests and procedures**
	$0 copay
	Lab services
	$0 copay
	Diagnostic radiology services (such as MRIs, CT scans)
	$150 copay
	Therapeutic radiology services (such as radiation treatment for cancer)
	20% coinsurance
	Outpatient x-rays
	$25 copay (If Complex Radiology, such as MRI/CT Scan, received on same day at same location, only higher copay applies)

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

COVERED MEDICAL AND HOSPITAL BENEFITS — IN-NETWORK ONLY (continued)
If you use providers that are not in our network, we may not pay for these services.

	CareSource Advantage
Hearing Services	**Exam to diagnose and treat hearing and balance issues**
	$45 copay
	Routine hearing exam
	$0 copay 1 routine hearing exam every year
	Hearing aid fitting/evaluation
	$0 copay 3 hearing exams for fitting/evaluation for hearing aid(s)
	Hearing aid[2]
	$499/$799 copay One hearing aid per ear per year Maximum coverage amount: No plan coverage limit
	Hearing aid purchase includes: – 3 provider visits within first year of hearing aid purchase – 45-day trial period – 3-year extended warranty – 48 batteries per aid for non-rechargeable models

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

COVERED MEDICAL AND HOSPITAL BENEFITS — IN-NETWORK ONLY (continued)
If you use providers that are not in our network, we may not pay for these services.

	CareSource Advantage
Dental Services — Medicare-Covered	$50 copay Excludes services in connection with care, treatment, filling, removal or replacement of teeth
Comprehensive Dental[1, 2]	30% to 50% coinsurance for simple extractions, minor restorations, periodontics and other non-Medicare covered comprehensive dental services $1,000 maximum plan coverage amount for comprehensive dental benefits every year
	Not covered by Medicare: – Non-routine services – Diagnostic services – Restorative services Covered only under specific conditions: – Endodontics – Periodontics – Extractions – Prosthodontics, oral maxillofacial surgery, dentures, and other services
Dental Services[2] — Preventive	$0 copay for a single office visit that includes: – Cleaning (1 cleaning every six months) – Dental x-ray(s) (1 x-ray every year) – Oral exam (1 oral exam every six months)
Vision Services	**Exam to diagnose and treat diseases and conditions of the eye**
	$50 copay
	Routine eye exam (1 every year)
	$0 copay
	Diabetic retinal exam
	$0 copay
	Eyewear[2]
	$0 copay $130 maximum plan coverage amount for routine eye wear every year
	Eyeglasses or contact lenses after cataract surgery
	$50 copay

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COVERED MEDICAL AND HOSPITAL BENEFITS — IN-NETWORK ONLY (continued) If you use providers that are not in our network, we may not pay for these services.	
	CareSource Advantage
Mental Health Care[1] Lifetime limit: Up to 190 days inpatient care in a psychiatric hospital	**Inpatient visit**
	$230 copay per day for days 1-7; $0 copay per day for days 8-90
	Outpatient group therapy visit (psychiatrist provided)
	$35 copay
	Outpatient individual therapy visit (psychiatrist provided)
	$35 copay
Skilled Nursing Facility[1] Limited to 100 days per benefit period	$0 copay per day for days 1-20; $184 copay per day for days 21-100
Outpatient Rehabilitation[1]	**Cardiac (heart) rehab services**
	$10 copay
	Occupational therapy visit
	$40 copay
	Physical therapy and speech and language therapy visit
	$40 copay
	Supervised Exercise Therapy (SET)
	$10 copay
Ambulance[1]	$225 copay
Transportation	Not covered

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COVERED MEDICAL AND HOSPITAL BENEFITS — IN-NETWORK ONLY (continued) If you use providers that are not in our network, we may not pay for these services.	
	CareSource Advantage
Part B Drugs[1] (such as chemotherapy)	20% coinsurance
Foot Care (podiatry services)	$35 copay Includes foot exams and treatment if you have diabetes-related nerve damage or meet certain conditions. The copay may be waived if you meet certain criteria. Please see *Special Supplemental Benefits for the Chronically Ill* for details.
Durable Medical Equipment[1] (wheelchairs, oxygen, etc.)	20% coinsurance
Prosthetic Devices[1] (braces, artificial limbs, etc.)	**Prosthetic devices**
	20% coinsurance
	Related medical supplies
	20% coinsurance
Diabetes Supplies and Services	**Diabetes monitoring supplies**
	$0 copay
	Diabetes self-management training
	$0 copay
	Therapeutic shoes or inserts
	20% coinsurance
Acupuncture (for chronic low back pain)	$30 copay
Chiropractic Care[1]	$20 copay Includes manipulation of the spine to correct a subluxation (when one or more of the bones of your spine move out of position)
Home Health Care[1]	$0 copay

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

COVERED MEDICAL AND HOSPITAL BENEFITS — IN-NETWORK ONLY (continued) If you use providers that are not in our network, we may not pay for these services.	
	CareSource Advantage
Hospice	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.
Outpatient Substance Abuse[1]	**Group therapy visit**
	$40 copay
	Individual therapy visit
	$40 copay
Over-the-Counter Items	$0 copay Plan covers up to $25 every three months. Unused portions do not carry over to the next period.
Renal Dialysis[1]	20% coinsurance
Lifetime Maximum Benefit	Our plan has a coverage limit every year for certain in-network benefits. Contact us for the services that apply.

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

Summary of Benefits

HOW WILL I DETERMINE MY DRUG COSTS?

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

THE FOUR STAGES OF DRUG COVERAGE

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

Stage 1	Stage 2	Stage 3	Stage 4
Deductible	**Initial Coverage**	**Coverage Gap**	**Catastrophic Coverage**
The CareSource Advantage plan has a $30 pharmacy deductible for prescriptions in Tier 3, 4, and 5. You will pay the full cost of your prescription drugs in Tier 3, 4, and 5 until you meet the deductible. Once you meet the deductible, you will move on to stage 2.	You pay the following until your total yearly drug costs reach $4,130. Total yearly drug costs are the total drug costs paid by both you and our Part D plan. You may get your drugs at network retail pharmacies and mail order pharmacies. If you reside in a long-term care facility, you pay the same as at a retail pharmacy. You may get drugs from an out-of-network pharmacy, but may pay more than you pay at an in-network pharmacy.	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 $4,130. After you enter the coverage gap, you pay 25% of the plan’s cost for covered brand name drugs and 25% of the plan’s cost for covered generic drugs until your costs total $6,550, which is the end of the coverage gap. Not everyone will enter the coverage gap.	After your yearly out-of-pocket drug costs (including drugs purchased through your retail pharmacy and through mail order) reach $6,550, you pay the greater of: 5% of the cost, or $3.70 copay for generic (including brand drugs treated as generic) and a $9.20 copayment for all other drugs.

PRESCRIPTION DRUG BENEFITS (INITIAL COVERAGE)-IN-NETWORK ONLY	
	CareSource Advantage
Part B Drugs[1] (such as chemotherapy)	20% coinsurance
Part D Drugs — Retail[1]	
1-month supply or 3-month supply	
Tier 1 (Preferred Generic)	$4 copay or $12 copay
Tier 2 (Generic)	$10 copay or $30 copay
Tier 3 (Preferred Brand)	$45 copay or $135 copay
Tier 4 (Non-Preferred Drug)	$100 copay or $300 copay
Tier 5 (Specialty Tier)	32% of the total cost (3-month supply is not covered)
Tier 6 (Select Care Drugs)	$0 copay (3-month supply is not covered)
Part D Drugs — Standard Mail Order Cost-Sharing[1]	
3-month supply	
Tier 1 (Preferred Generic)	$8 copay
Tier 2 (Generic)	$20 copay
Tier 3 (Preferred Brand)	$90 copay
Tier 4 (Non-Preferred Brand)	$200 copay
Tier 5 (Specialty Tier)	Not covered
Tier 6 (Select Care Drugs)	Not covered

Prescription drugs with a [1] may require prior authorization.

Cost-sharing may change depending on the pharmacy you choose, days' supply and when you enter another phase of the Part D benefit. For more information on the additional pharmacy specific cost-sharing and the phases of the benefit, please call us toll-free at **1-844-607-2827 (TTY: 711)** or access our website CareSource.com/Medicare. The formulary, pharmacy network and/or provider network may change at any time. You will receive notice when necessary.

ADDITIONAL BENEFITS	
	CareSource Advantage
Meals	Two meals a day for 14 days after an inpatient hospitalization
Special Supplemental Benefits for the Chronically Ill	Members with diabetes who participate in Care Management Program are eligible to receive Medicare-covered podiatry services at $0 copay Members diagnosed with diabetes or hypertension participating in associated Care Management Program are eligible for up to 24 one-way trips every year to plan-approved health-related locations via taxi, rideshare services, bus/subway, van, medical transport for $0 copay. Transportation must be set-up through Care Manager and is limited to 2 round trips per hospital discharge.
Fitness	$0 copay No cost memberships at participating fitness centers or free home fitness kits
Worldwide ER and Urgent Care	**Emergency Care** (waived if admitted)
	$90 copay, $10,000 maximum plan benefit coverage amount
	Urgent Care
	$35 copay
CareSource24® — 24 Hour Nurse Advice Line	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. Speaking directly with professional registered nurses can help you: – Decide when self-care, a doctor visit, or the emergency room is the right choice – Check your symptoms and help you figure out what to do – Understand a medical condition or recent diagnosis – Obtain medical information – Prepare questions for doctor visits – Find out more about prescriptions or over-the-counter medicines – Learn about healthy eating and staying well
MyHealth Online Tool	With MyHealth, you'll have online access to resources for your health, including: – Health assessments – Personalized online wellness plans – Step-by-step guides on specific health needs – Online health journeys – Goal setting and tracking – Health tips and wellness information

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

This information is not a complete description of benefits. Call **1-844-607-2827 (TTY: 711)** for more information. Limitations, copayments, and restrictions may apply.

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

Out-of-network/non-contracted providers are under no obligation to treat CareSource members, except in emergency situations. Please call our customer service number or see your Evidence of Coverage for more information, including the cost-sharing that applies to out-of-network services. CareSource is an HMO with a Medicare contract. Enrollment in CareSource Advantage depends on contract renewal.

CareSource.com/Medicare