



Medicare Advantage with Prescription Drug

Indiana 2021



Welcome!

Thank you for considering a **Medicare Advantage** plan from **CareSource**.

Selecting the **Medicare Advantage plan** that is right for you is a very important decision for your peace of mind, health and budget.

Our goal today:

Help you by sharing information so you can make an **informed decision** about your health care needs.



CareSource

Our Vision

Transforming lives through
innovative health and life services.

It's not just about making a change.
It's about making a ***difference***.

Our Mission

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

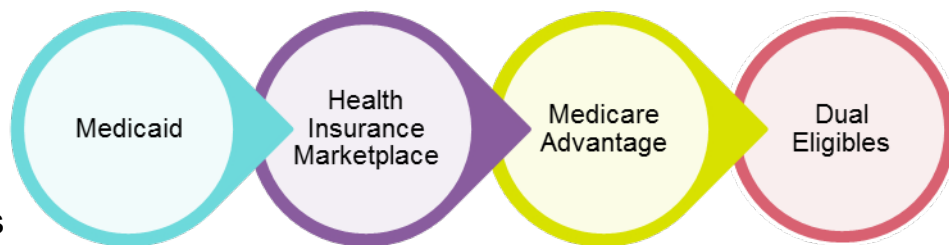


ABOUT US

A nonprofit health plan and national leader in Managed Care

Over 30-year history of serving varied populations across multiple states and insurance products

Currently serving over 1.8 million members in Georgia, Kentucky, Ohio, Indiana and West Virginia*



1.8M+
members



*as of 7/16/2020

Today's Discussion

Today we will review the following topics to provide additional information about your Medicare options, including:

- Medicare eligibility
- ABCDs of Medicare
- Accessing your care
- CareSource Advantage® Zero Premium (HMO) and CareSource Advantage® (HMO) benefits
- How to enroll
- What to expect (after you enroll)



About Me

MY EXPERIENCE

- My background and expertise
- My personal mission

As a Licensed Sales Agent:

- I do not represent the government, Medicare or Medicaid
- I may be compensated based on your enrollment
- I want you to know that you are under no obligation to join a plan

Let's Learn More About You

What **type** of plan do you have now?

What do you **like** about your coverage?

What would you **add** to your current coverage to make it ideal for you?

Have you assigned a **power of attorney** to someone to assist you with making health care decisions?



Medicare Eligibility

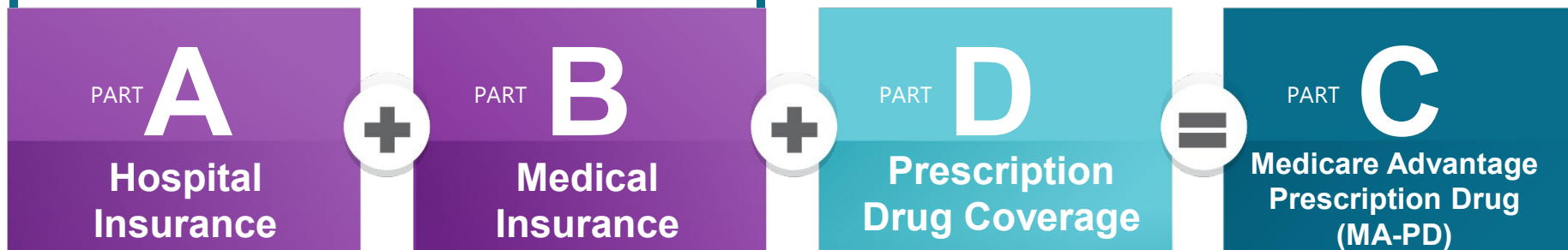
GENERALLY, MEDICARE IS AVAILABLE FOR:

- People age 65 or older
- Certain people with disabilities
- People with End-Stage Renal Disease (permanent kidney failure requiring dialysis or transplant)

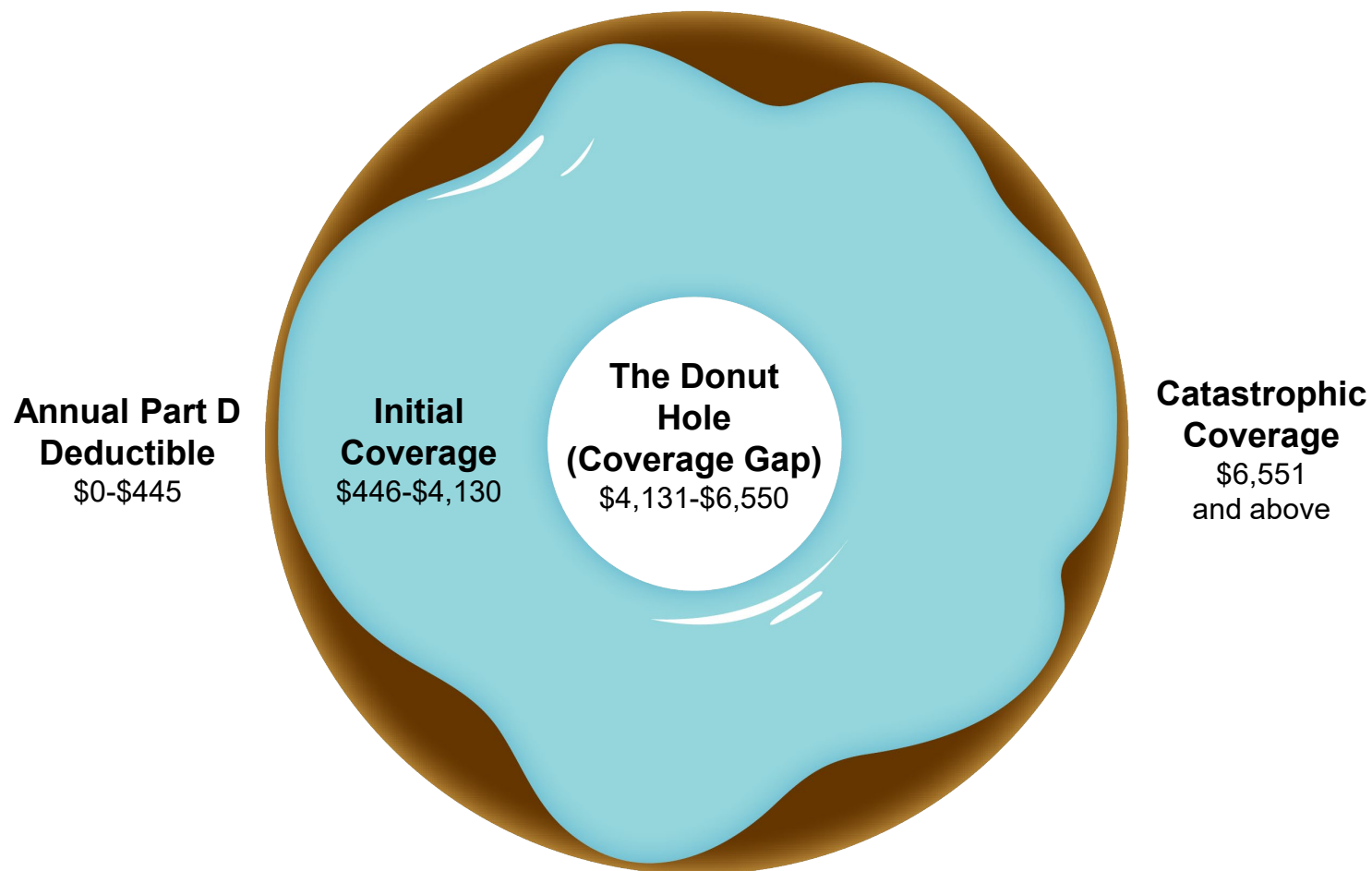


ABCDs of Medicare

Original Medicare



Coverage Gap



Source: Q1Medicare.com and Medicare.gov



Medicare Advantage

You deserve more than just
basic Medicare...
more benefits,
more savings,
more care.



Why A Medicare Advantage Plan From CareSource?

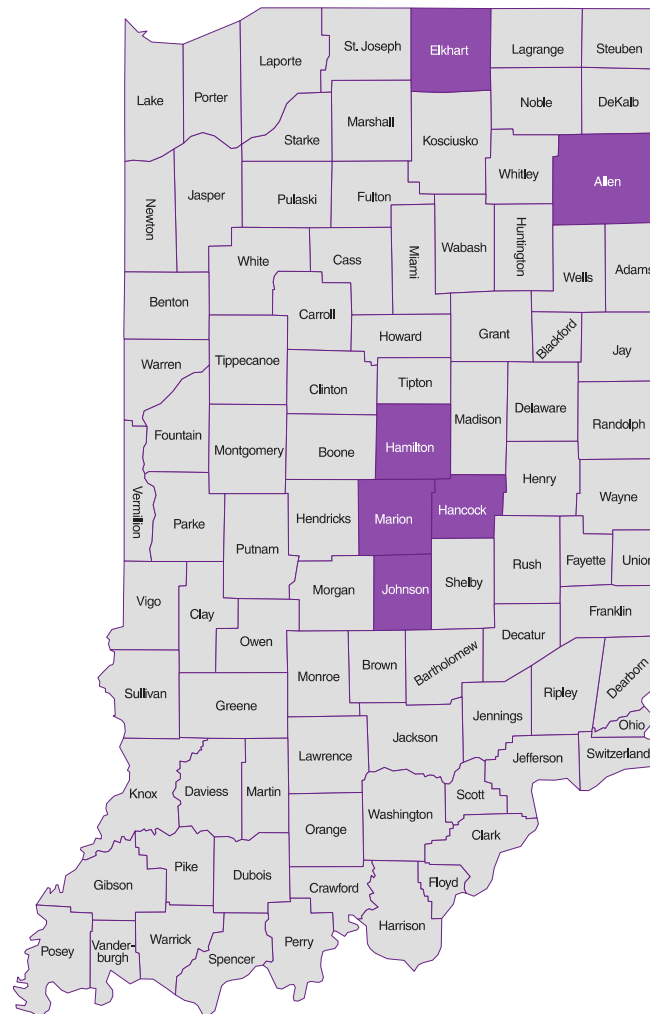
- Hospital, doctor, prescription drug, over-the-counter drug, vision, dental, hearing and fitness benefits in a single plan
- More benefits than Original Medicare
- Fixed copays so you know what your out-of-pocket expenses will be
- We will help you navigate Medicare and get the savings you deserve



Service Area

Counties Covered:

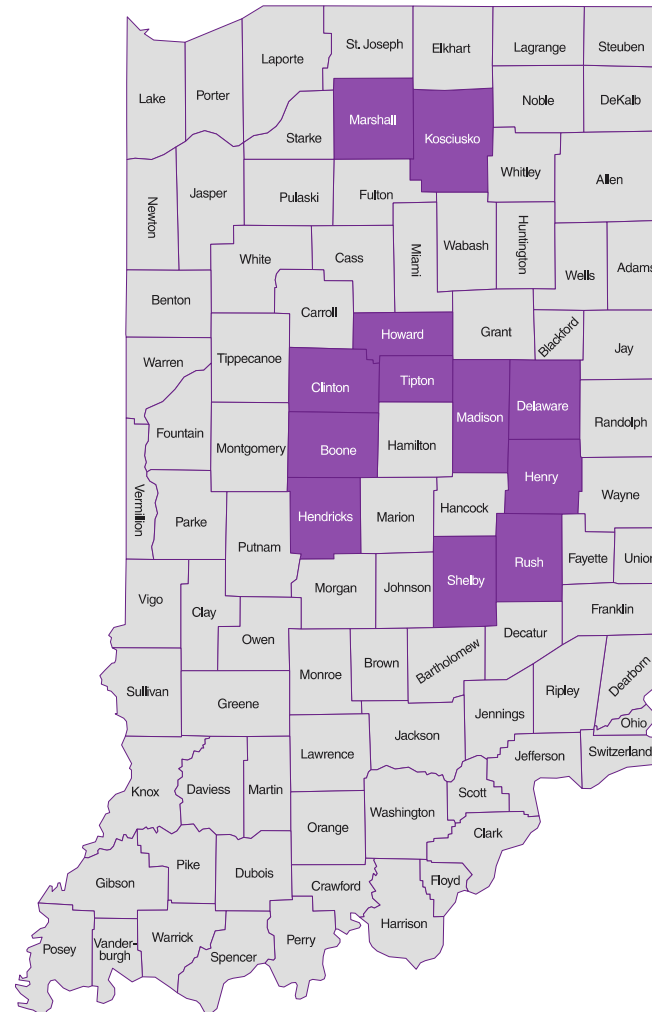
Allen, Elkhart, Hamilton,
Hancock, Johnson, Marion



Service Area




Counties Covered:

Boone, Clinton, Delaware,
Hendricks, Henry, Howard,
Kosciusko, Madison, Marshall,
Rush, Shelby, Tipton








Monthly Premium, Deductible And Limits

	CareSource Advantage® Zero Premium (HMO)	CareSource Advantage® (HMO)
 Monthly Premium	\$0	\$24.50
 Medical Deductible	\$0	\$0 copay
 Annual Out-of-Pocket Maximum (the limit on how much you will pay in a year)	\$6,700	\$4,600










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 Medical Deductible	\$0	\$0 copay
 Annual Out-of-Pocket Maximum (the limit on how much you will pay in a year)	\$7,550	\$5,600










Key Benefits

	CareSource Advantage® Zero Premium (HMO)	CareSource Advantage® (HMO)
 Doctor / Specialist	PCP: \$10 Specialist: \$50	PCP: \$0 copay Specialist: \$35 copay
 Urgent Care	\$45	\$35 copay
 Emergency Room (waived if admitted within 24 hours)	\$90 copay	\$90 copay
 Preventive Care	\$0 copay	\$0 copay
 Durable Medical Equipment	20% coinsurance	20% coinsurance





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MYidealDOCTOR®








Thinking of going to the emergency room (ER) or urgent care center for a non-emergency health issue? Think about using MYidealDOCTOR! Simply speak to or see a U.S. board certified doctor using your phone or PC.

MYidealDOCTOR is available with all CareSource Medicare Advantage plans.










Extra Benefits

		CareSource Advantage® Zero Premium (HMO)	CareSource Advantage® (HMO)
	Over-the-Counter (OTC) Items	Not covered	\$25 quarterly allowance
	Glasses or Contacts	\$100 limit for glasses/contacts	\$130 limit for glasses/contacts
	Hearing Aids	\$699/\$999 copay up to one aid per ear per year	\$499/\$799 copay up to one aid per ear per year
	Dental	\$0 copay for preventive dental	\$0 copay for preventive dental; \$1000 annual allowance for comprehensive dental; 30-50% coinsurance may apply
	Fitness	\$0 copay	\$0 copay
		No-cost memberships at participating fitness centers or no-cost home fitness kits	





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Prescription Drugs

3 Months of Prescriptions for the Price of 2 with Mail Order*!

		CareSource Advantage® Zero Premium (HMO)	CareSource Advantage® (HMO)
 Prescription Drug Copays	Tier 1 (Preferred Generic) 90-day Mail	\$0 copay	\$8 copay
	Tier 2 (Generic) 90-day Mail	\$30 copay	\$20 copay
	Tier 3 (Preferred Brand) 90-day Mail	\$90 copay	\$90 copay
	Tier 4 (Non-Preferred Drug) 90-day Mail	\$200 copay	\$200 copay
	Tier 5 (Specialty Tier) 30-Day Retail	31% coinsurance	32% coinsurance
	Tier 6 (Select Care) 30-Day Retail	\$0 copay	\$0 copay




*Mail order only available on tiers 1-4



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	Tier 4 (Non-Preferred Drug) 90-day Mail	\$200 copay	\$200 copay
	Tier 5 (Specialty Tier) 30-Day Retail	30% coinsurance	31% coinsurance
	Tier 6 (Select Care) 30-Day Retail	\$0 copay	\$0 copay



*Mail order only available on tiers 1-4

IN Region 2



Prescription Drug Benefits

CareSource Medicare Advantage plans cover most prescription drugs. Make sure all of the drugs you take are on our Preferred Drug List.

If you receive Extra Help, your prescription drug copays will be decreased by the amount of Extra Help you receive.





How To Get Help With Drug Costs

What is Extra Help?

Many Medicare members may be eligible to receive assistance with prescription drug costs and don't even know it! If you meet qualifications, Medicare could pay up to 100% of your drug costs including monthly prescription drug premiums, annual deductibles, coinsurance and copayments. Qualified members will not have a coverage gap or late enrollment penalty.

LOW-INCOME SUBSIDY (LIS) PREMIUMS

This table shows you what your monthly plan premium will be if you get Extra Help.

Your Level of Extra Help	CareSource Advantage [®] (HMO)
100%	\$0
75%	\$6.10
50%	\$12.20
25%	\$18.40





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Medicare Savings Programs

Medicare Savings Programs are offered to people who are not eligible for full Medicaid benefits but still need help paying the out-of-pocket costs of Medicare.

QUALIFIED MEDICARE BENEFICIARY (QMB)

Covers all deductibles, coinsurance & copayments that Medicare does not pay. Fully covers the Medicare Part B premium.

	Single	Married
Monthly Income	\$1,084	\$1,457
Total Resources	\$7,860	\$11,800

SPECIFIED LOW-INCOME MEDICARE BENEFICIARY (SLMB)

Fully covers the Medicare Part B premium as well as Part B premium amounts for the 3 months previous to the beneficiary's SLMB qualification.

	Single	Married
Monthly Income	\$1,296	\$1,744
Total Resources	\$7,860	\$11,800

QUALIFYING INDIVIDUAL (QI)

Fully covers the Medicare Part B premium.

	Single	Married
Monthly Income	\$1,456	\$1,960
Total Resources	\$7,860	\$11,800

QUALIFIED DISABLED AND WORKING INDIVIDUALS (QDWI)

Helps pay the Part A premium for disabled individuals who meet the below income requirements and are no longer entitled to free Part A solely because they returned to work.

	Single	Married
Monthly Income	\$4,438	\$5,832
Total Resources	\$4,000	\$6,000



How To Apply For Extra Help And Medicare Savings Programs

EXTRA HELP

Complete an application with Social Security

- Online at ssa.gov/prescriptionhelp
- Call 1-800-772-1213
(TTY: 1-800-325-0778)
Monday – Friday 7 a.m. – 7 p.m.

MEDICARE SAVINGS PROGRAMS

Fill out and hand in a Medicaid application. Applications are on hand at your county's Job & Family Services office.

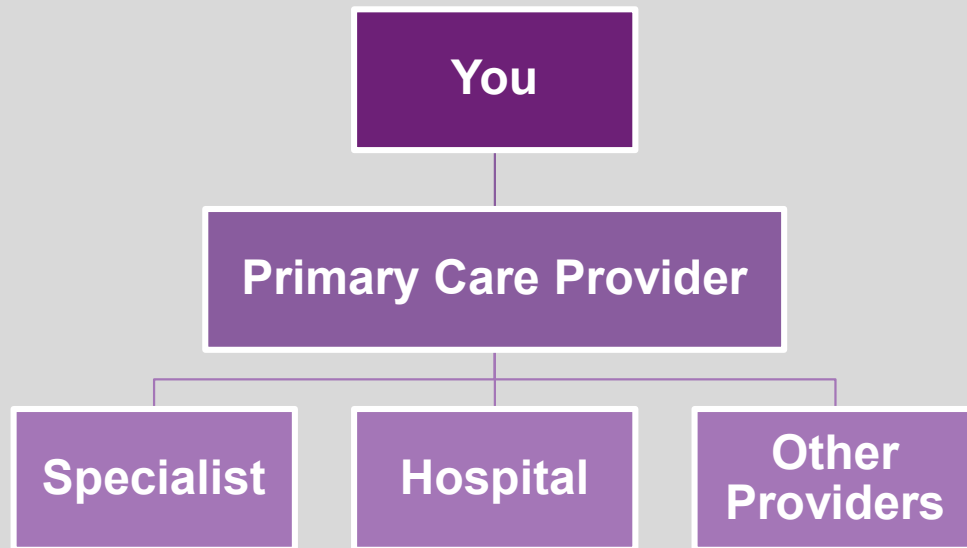


Your Primary Care Provider



You can depend on us to work with your health care providers and pharmacists to maintain your health.

You must select an in-network primary care provider (PCP) that will coordinate all of your health care needs except for urgent and emergency care and out-of-area dialysis services.



You may change your PCP at any time. Our Member Services team can help you find a new in-network doctor with an office location near you!

My CareSource®

Your Personal Online Account

Get the most out of your member experience.

- ✓ Change your doctor
- ✓ Request a new ID card
- ✓ View claims and plan details
- ✓ Update your contact information
- ✓ And more

Visit [MyCareSource.com](https://www.mycaresource.com) to sign up now! It's fast, easy and secure.

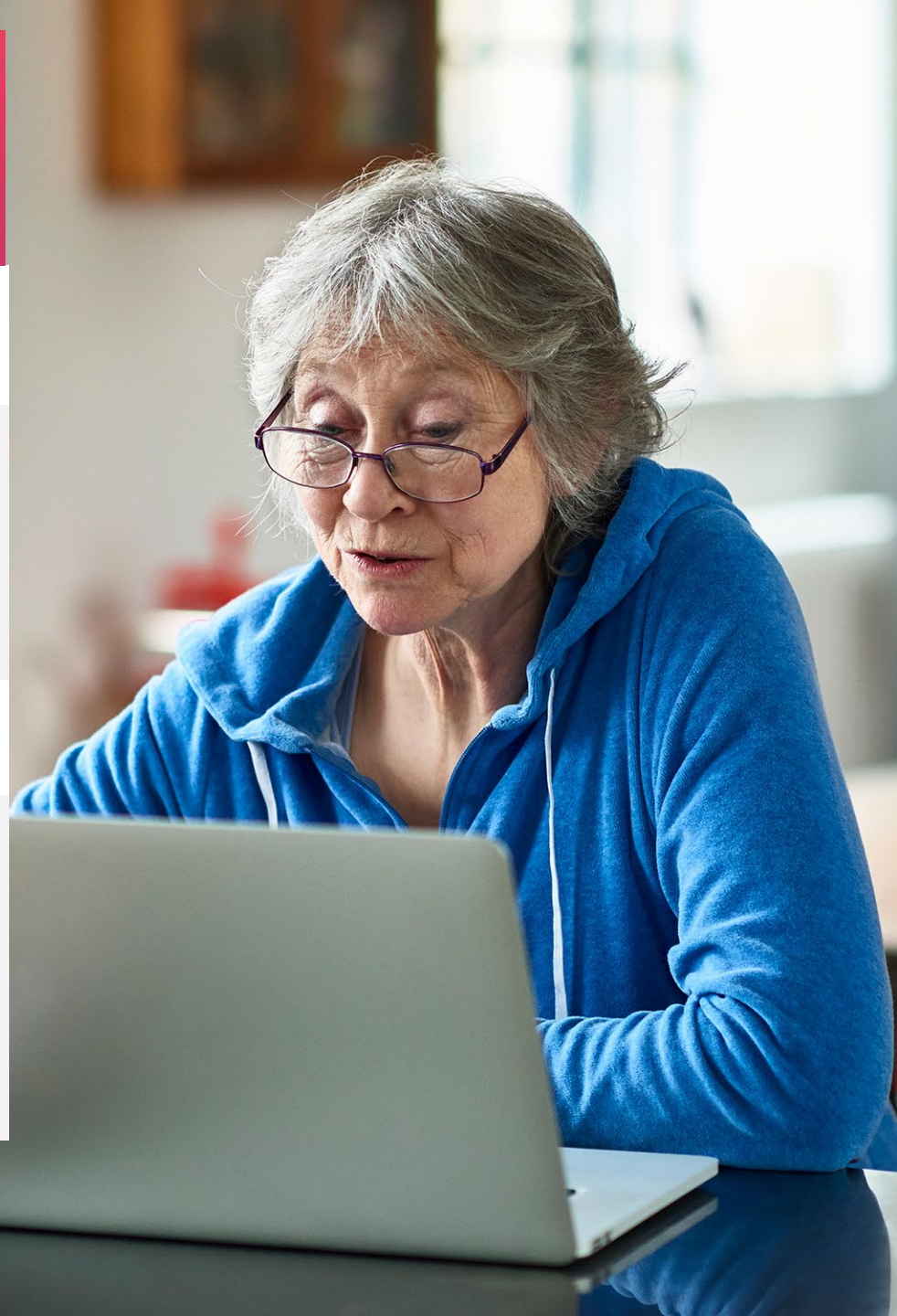
Want to talk to someone instead? Call us at

1-844-607-2827

(TTY: 711)

From Oct. 1 to Mar. 31 seven days a week
8 a.m. – 8 p.m.

From Apr. 1 to Sep. 30, Monday – Friday
8 a.m. – 8 p.m.



Medicare Advantage Enrollment Periods

Initial Enrollment Period	Annual Enrollment Period	Open Enrollment Period	Special Enrollment Periods
You can enroll in a Medicare plan anytime between three months before you turn 65 and three months after you turn 65.	Oct. 15 – Dec. 7 Open enrollment begins! You can now select a new Medicare Advantage plan.	Jan. 1 – Mar. 31 Current Medicare Advantage plan members may disenroll from their Medicare Advantage plan and select a new Medicare Advantage plan or return to Original Medicare.	There are certain situations that may qualify you for enrollment in a Medicare Advantage plan outside of the other enrollment periods, including: <ul style="list-style-type: none">• A move• Loss of creditable coverage• Qualification for Extra Help• Gaining or losing Medicaid eligibility

Note: You can only be enrolled in one Medicare Advantage plan at a time!

Let's Get You Enrolled with my help today!

COMPLETE AN APPLICATION!

Online at
[CareSource.com/MedicareAdvantage](https://www.caresource.com/MedicareAdvantage)

By calling
1-844-607-2830 (TTY: 711)

In The Next Few Weeks



CareSource will process your application and confirm your eligibility



Medicare will confirm your enrollment



You'll receive your confirmation letter or call & Low-Income Subsidy rider (if eligible)



Receive your CareSource Member ID card within a few weeks after you enroll



Your New Member Kit will arrive in the mail



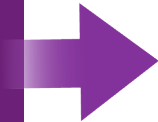
In addition, during the first 90 days of enrollment, you will receive a call from one of our Care Managers from our clinical care team to assist you in completing the Health Risk Assessment (HRA) and ensure you get the care and resources that meet your specific needs



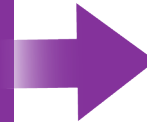
What To Expect

As A New CareSource Medicare Advantage Member:

Your CareSource Representative will follow up to answer any questions about your new plan



Schedule your Annual Wellness Visit with an in-network provider (at no cost to you!) and other preventive screenings, included as part of your plan



You should expect to receive your invoice on the 15th of each month*



**Subject to change. If beneficiary enrolls in CareSource Advantage Zero Premium (HMO) or qualifies for a Low-Income Subsidy, then beneficiary may not receive an invoice.*

Thanks For Your Time
Any Questions?

Here's Where To Find Information:

CareSource.com/Medicare

"Medicare and You" handbook
Medicare.gov

Call us!

1-844-607-2830 (TTY: 711)


CareSource®



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

Contact CareSource:

Member Services: 1-844-607-2827 (TTY: 711)

Hours of operation for Member Services:

From October 1 to March 31, seven days a week from 8 a.m. to 8 p.m.

From April 1 to September 30, Monday through Friday from 8 a.m. to 8 p.m.

Or call 1-800-MEDICARE (TTY: 1-877-486-2048), 24 hours a day / 7 days a week.

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

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

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

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

CivilRightsCoordinator@CareSource.com

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

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

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

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

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

ARABIC

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

AMHARIC

ከርሶም፣ ወይም ከርሶም የሚያግዙት ግለሰብ፣ ስለ CareSource ጥያቄ ካላቸው፣ ያለ ምንም ከፍተኛ በደብዳቤ ወይም በስልክ የሚገኝበት መብት አላቸው። ከአስተርጓሚ ጋር ለመነጋገር፣ 1-844-607-2827 TTY:711 ይደውሉ።

BURMESE

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

CHINESE

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

CUSHITE – OROMO

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

DUTCH

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

FRENCH (CANADA)

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

GERMAN

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

GUJARATI

જો તમે અથવા તમે કોઈને મદદ કરી રહ્યાં તેમ જો કોઈને CareSource (કરે સોર્સ) વિશે તમારે મદદ અને માહિતીની જરૂર છે, તો તમે વિન તમ રી ભ ય મ િ િ ય ન કરી શક ર છે. દ ભ વયરો (ન કરિ મ રે,અ 1-844-607-2827 TTY:711 પર કોલ કરો.

HINDI

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

ITALIAN

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

JAPANESE

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

KOREAN

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

PENNSYLVANIA DUTCH

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

RUSSIAN

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

SPANISH

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

UKRAINIAN

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

VIETNAMESE

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

