# Medicare Advantage

CareSource Dual Advantage™ (HMO D-SNP)

Ohio 2021





# Welcome!

Thank you for considering CareSource Dual Advantage!

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

#### Our goal today:

Help you by sharing the information you need 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.

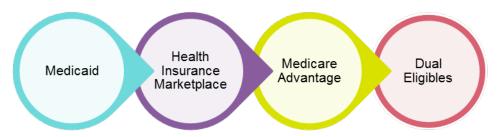


### **ABOUT US**

A nonprofit health plan and national leader in Managed Care

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





### 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 Dual Advantage 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 who have worked 40 quarters or 10 years
- Certain people with disabilities
- People with End-Stage Renal Disease (permanent kidney failure requiring dialysis or transplant)





### CareSource Dual Advantage Eligibility

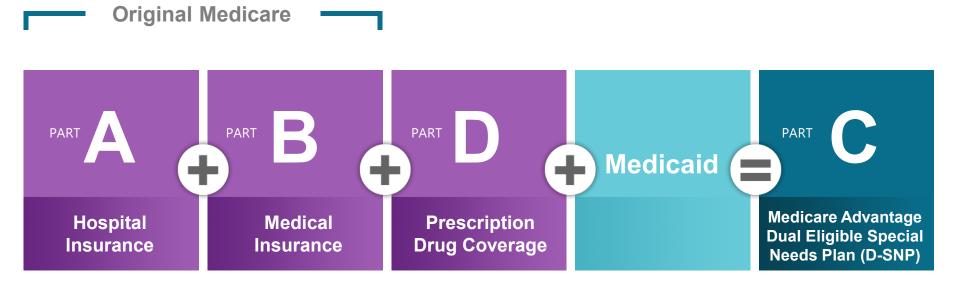
- Eligible for Medicare Parts A & B
- Specific levels of Medicaid eligibility (QMB, QMB+, FBDE)
- Live in our service area







### **ABCDs of Medicare**





### Service Area

#### **Counties Covered:**

Cuyahoga, Geauga, Holmes, Licking, Portage, Stark, Summit





### Service Area

#### **Counties Covered:**

Adams, Brown, Champaign, Clark, Columbiana, Delaware, Fairfield, Fayette, Fulton, Greene, Hamilton, Hocking, Lake, Lucas, Madison, Mahoning, Medina, Mercer, Miami, Pickaway, Shelby, Trumbull, Union, Wood





### Service Area

#### **Counties Covered:**

Auglaize, Butler, Clermont, Clinton, Coshocton, Crawford, Franklin, Hardin, Harrison, Henry, Highland, Logan, Lorain, Montgomery, Morrow, Ottawa, Perry, Preble, Putnam, Vinton, Warren







### Why CareSource Dual Advantage?

- Combines benefits of Medicare and Medicaid into a single plan
- Adds extra benefits Medicare and Medicaid don't provide







### \$0 Copay Covered Benefits



Primary Care Doctor / Specialist Office Visits



Home Health Care



Inpatient Hospital Care



**Ambulance Services** 



**Emergency Room Visits** 



**Durable Medical Equipment** 



**Urgent Care Visits** 



Telehealth Primary Care Provider Visit



**Preventive Care** 



### 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.





### \$0 Copay Extra Benefits

CareSource Dual Advantage also includes the following extra services (still no cost to you!) to help you live your best life:



Preventive dental care + \$2,000 allowance for comprehensive dental care including inlays, outlays and crowns



\$175 quarterly over-the-counter (OTC) pharmacy allowance



Routine vision exam



Routine hearing test and one hearing aid per ear per year (\$1000 max per ear)



60 one-way trips to medical appointments



Fitness benefit with access for you and a caregiver to local participating fitness centers or YMCAs OR your choice of home fitness kits



2 meals for 2 weeks after a hospital stay



\$250 allowance for glasses/contacts





### \$0 Copay Extra Benefits

CareSource Dual Advantage also includes the following extra services (still no cost to you!) to help you live your best life:



Preventive dental care + \$1,500 allowance for comprehensive dental care including inlays, outlays and crowns



\$150 quarterly over-the-counter (OTC) pharmacy allowance



Routine vision exam



Routine hearing test and one hearing aid per ear per year (\$1000 max per ear)



60 one-way trips to medical appointments



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### Prescription Drug Benefits

CareSource Dual Advantage covers most prescription drugs. Make sure all of the drugs you take are on our Preferred Drug List.

Your prescription drug copays will be impacted by the amount of Extra Help you receive.







# Prescription Drug Copays

LIS Category Code	Deductible	Generic/ Preferred Multi- Source Drug	Other / Brand	Post-OOP Threshold – Generic	Post-OOP Threshold – Other/Brand
		(Maximum Beneficiary Cost-Sharing Up to OOP Threshold)		(Maximum Beneficiary Cost-Sharing Above OOP Threshold)	
1	\$0 copay	\$3.70 copay	\$9.20 copay	\$0 copay	\$0 copay
2	\$0 copay	\$1.30 copay	\$4 copay	\$0 copay	\$0 copay
3	\$0 copay	\$0 copay	\$0 copay	\$0 copay	\$0 copay
4	\$92 copay	15% coinsurance	15% coinsurance	\$3.70 copay	\$9.20 copay





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### What Is Extra Help?

- Help paying for any Medicare drug plan's monthly premium, yearly deductible and prescription copayments.
- People with limited income and resources may qualify for "Extra Help" from Medicare (also known as Low-Income Subsidy). Some people automatically qualify for Extra Help and don't need to apply. Medicare mails a letter to people who automatically qualify for Extra Help.
- Haven't received your letter?
   We can help!





# 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.

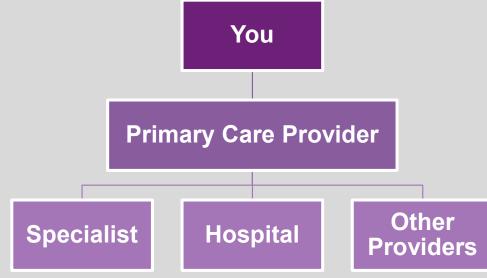




### Your Primary Care Provider



You can depend on us to work with your health care providers and pharmacists to maintain your health. You must select a CareSource Dual Advantage 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. This network may differ from the CareSource Medicaid network of providers.



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!

### Medicare Advantage Enrollment Periods

### Initial Enrollment Period

You can enroll in a Medicare plan anytime between three months before you turn 65 and three months after you turn 65.

### Annual Enrollment Period

Oct. 15 – Dec. 7
Open enrollment
begins! You can now
select a new Medicare
Advantage plan.

### Open Enrollment Period

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.

### Special Enrollment Periods

There are certain situations that may qualify you for enrollment in a Medicare Advantage plan outside of the other enrollment periods, including:

- A move
- Loss of creditable coverage
- Qualification for Extra Help
- Gaining or losing Medicaid eligibility

# Let's Get You Enrolled with my help today!

**COMPLETE AN APPLICATION!** 

Online at CareSource.com/DSNP

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

Online at Medicare.gov

### 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 Dual Advantage Member:

You will receive a Welcome call from a **CareSource** representative to answer any new questions about your new plan.



of your plan.

Help with scheduling an **Annual Wellness** Visit with an in-network provider (at no cost to you!) and other preventive screenings, included as part

You should expect to hear from our Care Management team within the next 90 days.



### CareSource Care Management

CareSource has nurses and other outreach workers on staff who can work with you oneon-one to help coordinate your health care needs. They may contact you by phone.

Our staff is trained to help you with any special medical problems like asthma, cancer, diabetes or other medical conditions. We can also work with you if you need help figuring out when to get medical care from your doctor, an urgent care center or the emergency room and more.

- Help completing Health Risk Assessment (HRA)
- Help finding community resources
- Help scheduling doctor's appointments
- Help understanding your benefits
- Help finding specialist doctors
- Help getting transportation to appointments



# 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 to sign up now! It's fast, easy and secure.

Want to talk to someone instead? Call us at

1-833-230-2020

(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.



### Thanks For Your Time

# Any Questions?

**Here's Where To Find Information:** 

CareSource.com/DSNP

"Medicare and You" handbook Medicare.gov

Call us! 1-844-607-2830 (TTY: 711)





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

#### **Contact CareSource:**

Sales/Enrollment: 1-844-607-2830 (TTY: 711) Member Services: 1-833-230-2020 (TTY: 711)

#### Hours of operation for both Sales and 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.

#### Notice of Non-Discrimination



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 1-833-230-2020 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.

#### Care Source

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 1-833-230-2020 TTY:711.

#### ARABIC

إذا كان لديك، أو لدى أي شخص تساعده، آية استفسارات بخصوص CareSource، فيحق لك الحصول على مساعدة ومعلومات مجانًا وباللغة التي تتحدث بها. للتحدث إلى أحد المترجمين الفوريين، اتصل على .TTY:7110 2020-233-18-1

#### **AMHARIC**

አርስዎ፣ ወይም አርስዎ የሚያግዙት ግለሰብ፣ ስለ CareSource ጥያቄ ካላቸው፣ ያለ ምንም ክፍያ በቋንቋዎ አርዳታና መረጃ የተማኘት ሙበት አላቸው። ከአስተርጓሚ ጋር ለመነጋበር፣ 1-833-230-2020 TTY:7II ይደውሉ።

#### BURMESE

CareSource အကြောင်း သင် သို့မဟုတ် သင်အကူအညီပေးနေသူ တစ်စုံတစ်ယောက်က မေးမြန်းလာပါက သင်ပြောဆိုသော ဘာသာစကားဖြင့် အကူအညီနှင့် အချက်အလက်များအား အစခဲ့ ရယူနိုင်ရန် အစင့်အရေးရှိပါသည်။ ဘာသာပြန်တစ်ဦးအား စကားပြောဆိုရန် 1-833-230-2020 TTY:711 ဤတွင် နံပါတ်ဖြည့်သွင်းပါ] သို့ ခေါ် ဆိုပါ။

#### 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 1-833-230-2020 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 1-833-230-2020 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 1-833-230-2020 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 1-833-230-2020 TTY:711.

#### GERMAI

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 1-833-230-2020 TTY:711 an.

GUJARATI જો તમે અથવા તમે કોઇતે મદદ કરી રહ્યાં તેમ iથી કોઇતે CareSource વિશે પ્રશ્ના હોર તો તમને મદદ અને મેં હહતી મોળી નો અવિક ર છે. તે અર્થ વિન તમ રી ભ ષ મ i પ્રપ્ત કરી શક ર છે. દ ભ વયરો તિ કાર્ર મ ટે, આ 1-833-230-2020 TTY:711 પર કૌલ કરો.

#### HIND

परिवार 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 दुमारिए से बात करने के लिए कॉल करें, 1-833-230-2020

#### 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 1-833-230-2020 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、1-833-230-2020 TTY:711 にご連絡ください。

KOREAN 귀하 본인이나 귀하께서 돌고 계신 분이 CareSource에 대해 궁금한 점이 있으시면 원하는 언어로 별도 비용 없이 도움을 받으실수 있습니다. 통역사가 필요하시면 다음 번호로 전화해 주십시오: 1-833-230-2020 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 griege, un die Hilf koschtet nix. Wann du mit me Interpreter schwetze witt, kannscht du 1-833-230-2020 TTY:711 uffrufe.

#### 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 1-833-230-2020 ТТҮ: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 1-833-230-2020 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 1-833-230-2020 ТТУ:711.

#### VIETNAMESE

Nếu bạn hoặc ai đó ban đang giúp đỡ, có thắc mắc về CareSource, ban 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 1-833-230-2020 TTY:711.









