

OHIO

# 2021 MEDICARE ADVANTAGE

Plan Information



  
**CareSource<sup>®</sup>**



# DON'T WORRY. CARESOURCE HAS YOU COVERED.

We know choosing a Medicare plan can be an overwhelming task, but don't worry—we are here to help. Our Medicare Advantage plans combine hospital, doctor, prescription drug, dental, vision, hearing and fitness coverage into **one** convenient plan and offer **more** benefits not covered by basic Medicare.

## We offer plans in the following counties:













Adams, Auglaize, Brown, Butler, Champaign, Clark, Clermont, Clinton, Columbiana, Coshocton, Crawford, Cuyahoga, Delaware, Fairfield, Fayette, Franklin, Fulton, Geauga, Greene, Hamilton, Hardin, Harrison, Henry, Highland, Hocking, Holmes, Lake, Licking, Logan, Lorain, Lucas, Madison, Mahoning, Medina, Mercer, Miami, Montgomery, Morrow, Ottawa, Perry, Pickaway, Portage, Preble, Putnam, Shelby, Stark, Summit, Trumbull, Union, Vinton, Warren and Wood.

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<sup>®</sup> Zero Premium (HMO)\*














For Medicare-eligible individuals who want great coverage with more benefits than basic Medicare with no monthly fee.

|  |  |
|--|--|
|    | \$0 Monthly premium  |
|    | Telehealth   |
|    | PCP copay as low as \$10 / \$50 specialist copay   |
|    | \$45 Urgent care copay   |
|    | \$90 Emergency room copay  |
|    | \$0 Preventive care copay  |
|    | Prescription drug copays as low as \$0   |
|    | Durable Medical Equipment at 20% coinsurance   |
|    | Routine vision exam; 1 Pair of glasses or contacts per year – \$0 copay, up to \$100 allowance |
|  | Routine hearing test; Hearing aids as low as \$699 – 1 per ear per year                        |
|  | \$0 Preventive Dental copay  |
|  | No-cost memberships at participating fitness centers or no-cost home fitness kits              |

\*Available in select counties

## CareSource Advantage<sup>®</sup> (HMO)

For Medicare-eligible individuals who want to protect themselves from high out-of-pocket health costs, get more benefits than basic Medicare and keep their monthly premium low.






|   |   |
|---|---|
|    | Monthly premium as low as \$21.60   |
|    | Telehealth  |
|    | PCP copay as low as \$0 / \$35 specialist copay   |
|    | \$35 Urgent care copay  |
|    | \$90 Emergency room copay   |
|    | \$0 Preventive care copay   |
|    | Durable Medical Equipment at 20% coinsurance  |
|    | Prescription drug copays as low as \$0  |
|    | \$25 Quarterly over-the-counter pharmacy allowance  |
|  | Routine vision exam; 1 Pair of glasses or contacts per year – \$0 copay, up to \$130 allowance                  |
|  | Routine hearing test; Hearing aids as low as \$499 – 1 per ear per year   |
|  | \$0 Copay for preventive dental; \$1000 annual allowance for comprehensive dental; 30-50% coinsurance may apply |
|  | No-cost memberships at participating fitness centers or no-cost home fitness kits                               |



# CareSource Dual Advantage™ (HMO D-SNP)

For individuals who qualify for Medicare and full Medicaid benefits (FBDE, QMB, QMB+).

## Covered Benefits – \$0 Copay!

|  |   |
|--|---|
|    | Telehealth  |
|    | Primary care doctor /specialist office visits   |
|    | 60 one-way trips to plan-approved locations   |
|    | Inpatient hospital care   |
|    | 2 meals per day for 2 weeks after an inpatient hospital stay  |
|    | Most prescription drugs covered – copays determined by the amount of Extra Help you receive                         |
|    | Urgent care visits  |
|    | Emergency room visits   |
|    | Preventive care   |
|    | Durable Medical Equipment   |
|    | Home health care  |
|    | Ambulance services  |
|   | Up to \$175 Quarterly over-the-counter pharmacy allowance   |
|  | Routine vision exam; \$250 Allowance for glasses and/or contacts  |
|  | Routine hearing test and one hearing aid per ear per year (\$1000 max per ear)                                      |
|  | Preventive dental care + up to \$2,000 allowance for comprehensive dental care including inlays, outlays and crowns |
|  | Fitness benefit with access to local participating fitness centers or YMCAs OR your choice of home fitness kits     |

# CHOOSE OR SWITCH

## 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

**CareSource.com/Medicare**





# HOW TO ENROLL

There are a few different ways to enroll in a CareSource Medicare Advantage plan:

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

Call us at 1-844-829-6903 (TTY: 711).

By calling this number, you will be directed to a licensed insurance agent to help you enroll by phone.

Speak to your local agent or broker about enrolling in CareSource.

**YES! I want information on CareSource Medicare Advantage Plans. There is no charge to send this back to us.**

First Name

Last Name

Address

City

State

Zip Code

Phone

Email

☒ I grant permission for a licensed sales agent to contact me.



By returning this card, you agree that a licensed sales representative from CareSource may contact you by phone, email or mail to answer your questions or provide additional information about our Medicare Advantage HMO Plans. Should you request a representative to come to your home or other setting for a face-to-face sales meeting, a scope of appointment form must be signed or a voice recorded scope of appointment must be completed prior to the appointment time. The representative who will discuss products with you is either employed or contracted by the plan and may be paid based on your enrollment. They do not work for the Federal government.

**Completed by CareSource**

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

Date: \_\_\_\_\_ Location: \_\_\_\_\_



**BUSINESS REPLY MAIL**

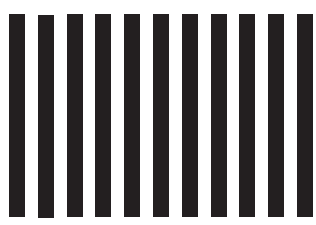
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CareSource is an HMO with a Medicare contract. Enrollment in CareSource depends on contract renewal.

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