CareSource Advantage® Zero Premium (HMO)

2021 SUMMARY OF BENEFITS

CareSource
OHIO

Service Area //

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

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

More benefits than basic Medicare.

Our Medicare CareSource Advantage Zero Premium 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 Zero Premium 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 Zero Premium.

WHO CAN JOIN?

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

The CareSource Advantage Zero Premium service area includes the following counties in Ohio:

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

WHICH DOCTORS, HOSPITALS AND PHARMACIES CAN I USE?

CareSource Advantage Zero Premium 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 Zero Premium
Monthly Premium	$0.00 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)	$7,550 for in-network medical services (does not include prescription drugs)

CareSource Advantage Zero Premium (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 Zero Premium
Inpatient Hospital Care[1]	$365 copay per day for days 1-5; $0 copay per day for days 6-90
Outpatient Hospital[1]	**Ambulatory surgical center**
	$250 copay
	Outpatient hospital
	$295 copay
Doctor's Office Visits	**Primary care physician visit** (Including Telehealth Visit)
	$15 copay
	Specialist visit
	$50 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	$45 copay
Diagnostic Tests, Lab/Radiology Services and X-Rays[1]	**Diagnostic tests and procedures**
	$35 copay
	Lab services
	$35 copay
	Diagnostic radiology services (such as MRIs, CT scans)
	$175 copay
	Therapeutic radiology services (such as radiation treatment for cancer)
	20% coinsurance
	Outpatient x-rays
	$50 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 Zero Premium
Hearing Services	**Exam to diagnose and treat hearing and balance issues**
	$50 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]
	$699/$999 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 Zero Premium
Dental Services — Medicare-Covered	$50 copay Excludes services in connection with care, treatment, filling, removal or replacement of teeth
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 $100 maximum plan coverage amount for routine eye wear every year
	Eyeglasses or contact lenses after cataract surgery
	$50 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 Zero Premium
Mental Health Care[1] Lifetime limit: Up to 190 days inpatient care in a psychiatric hospital	**Inpatient visit**
	$320 copay per day for days 1-5; $0 copay per day for days 6-90
	Outpatient group therapy visit (psychiatrist provided)
	20% coinsurance
	Outpatient individual therapy visit (psychiatrist provided)
	20% coinsurance
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**
	20% coinsurance
	Occupational therapy visit
	20% coinsurance
	Physical therapy and speech and language therapy visit
	20% coinsurance
	Supervised Exercise Therapy (SET)
	20% coinsurance
Ambulance[1]	$225 copay
Transportation	Not covered

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 Zero Premium
Part B Drugs[1] (such as chemotherapy)	20% coinsurance
Foot Care (podiatry services)	$50 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% coinsurance 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 Zero Premium
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
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 Zero Premium plan has a $175 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 Zero Premium
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)	$5 copay or $15 copay
Tier 2 (Generic)	$15 copay or $45 copay
Tier 3 (Preferred Brand)	$45 copay or $135 copay
Tier 4 (Non-Preferred Drug)	$100 copay or $300 copay
Tier 5 (Specialty Tier)	30% 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)	$0 copay
Tier 2 (Generic)	$30 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 Zero Premium
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
	$45 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 Zero Premium depends on contract renewal.



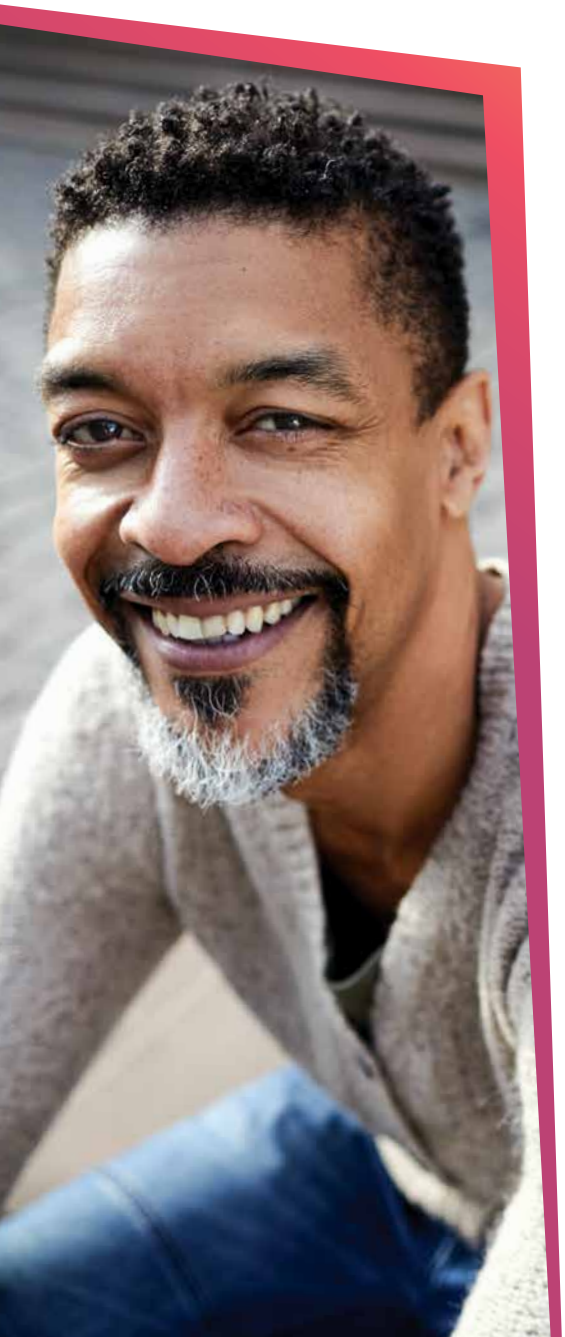
CareSource.com/Medicare

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File & Use 9/21/20

PRE-ENROLLMENT CHECKLIST

Before making an enrollment decision, it is important that you fully understand our benefits and rules. If you have any questions, you can call and speak to a customer service representative: **1-844-607-2827 (TTY: 711)**.

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UNDERSTANDING THE BENEFITS

- ☐ Review the full list of benefits found in the Evidence of Coverage (EOC), especially for those services that you routinely see a doctor. Call **1-844-607-2827 (TTY: 711)** or visit **CareSource.com/MedicareAdvantage** to view a copy of the EOC.
- ☐ Review the provider directory (or ask your doctor) to make sure the doctors you see now are in the network. If they are not listed, it means you will likely have to select a new doctor.
- ☐ Review the pharmacy directory to make sure the pharmacy you use for any prescription medicines is in the network. If the pharmacy is not listed, you will likely have to select a new pharmacy for your prescriptions.

UNDERSTANDING IMPORTANT RULES

- ☐ In addition to your monthly plan premium, you must continue to pay your Medicare Part B premium. This premium is normally taken out of your Social Security check each month.
- ☐ Benefits, premiums and/or copayments/coinsurance may change on January 1 of each year.
- ☐ Except in emergency or urgent situations, we do not cover services by out-of-network providers (doctors who are not listed in the provider directory).

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WHAT HAPPENS NEXT

What Happens Next as a New CareSource Medicare Advantage Member?

Thank you for applying for a CareSource Medicare Advantage plan. We are glad you have chosen us for your Medicare health plan needs. While we work to confirm your enrollment with Medicare, here's what you can expect in the next few weeks:

1. CHECK YOUR MAILBOX! Once Medicare confirms your enrollment, you will receive your **confirmation letter** and other applicable materials (things like a Low-Income Subsidy Rider if you're qualified).

If Medicare requires more information from you so that we can complete your enrollment, we will send you a notification to let you know next steps.

2. YOU'LL RECEIVE YOUR NEW MEMBER KIT in the mail approximately two weeks after the confirmation letter. This kit contains important information about your plan and benefits, as well as how to contact us if you need help.

CareSource®



Your CareSource Member ID card will not be in the new member kit. It will arrive later in a separate mailing. Your CareSource Member ID will be the only card you will need to show each time you get medical, dental, vision or hearing care, prescription medications or supplies.

If you don't receive your CareSource Member ID card within 10 days of your effective date, please call Member Services at 1-844-607-2827 (TTY: 711) to have a new card mailed to you. Member Services' hours are: 8 a.m. – 8 p.m., seven days a week from Oct. 1 – Mar. 31 and the same hours Monday – Friday the rest of the year.



3. YOU'LL RECEIVE A HEALTH NEEDS ASSESSMENT (HNA) as part of your new member kit. The HNA is a free screening that helps identify your preventive care needs and health concerns. Your completion of the HNA helps us work together to improve or maintain your physical and mental health.

You can complete your HNA online once your coverage begins by visiting **MyCareSource.com**. Click on the Health tab to begin the assessment.

If you prefer, you may complete the printed version in your new member kit and return it with the included pre-paid business reply envelope.

If you need help completing the assessment, call Member Services at 1-844-607-2827 (TTY: 711).

NOTE: If you enrolled in CareSource Advantage® (HMO), you should expect to receive your first bill approximately two weeks prior to your effective date.

Payment is due by the last day of the month. If you choose to make your payments via Social Security or Railroad Retirement Board withholding, you will not receive an invoice.

IMPORTANT: If you qualify for Extra Help (low income subsidy), please discuss billing with your licensed CareSource agent. You may receive a reduced bill or no bill at all.

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

OMB No. 0938-1378
Expires 7/31/2023

Who can use this form?

People with Medicare who want to join a Medicare Advantage Plan

To join a plan, you must:

- Be a United States citizen or be lawfully present in the U.S.
- Live in the plan's service area

Important: To join a Medicare Advantage Plan, you must also have both:

- Medicare Part A (Hospital Insurance)
- Medicare Part B (Medical Insurance)

When do I use this form?

You can join a plan:

- Between October 15–December 7 each year (for coverage starting January 1)
- Within 3 months of first getting Medicare
- In certain situations where you're allowed to join or switch plans

Visit Medicare.gov to learn more about when you can sign up for a plan.

What do I need to complete this form?

- Your Medicare Number (the number on your red, white, and blue Medicare card)
- Your permanent address and phone number

Note: You must complete all items in Section 1. The items in Section 2 are optional—you can't be denied coverage because you don't fill them out.

Reminders:

- If you want to join a plan during fall open enrollment (October 15–December 7), the plan must get your completed form by December 7.
- Your plan will send you a bill for the plan's premium. You can choose to sign up to have your premium payments deducted from your bank account or your monthly Social Security (or Railroad Retirement Board) benefit.

What happens next?

Send your completed and signed form to:

CareSource Enrollment
PO Box 1294
Dayton, OH 45401-9903

Once they process your request to join, they'll contact you.

How do I get help with this form?

Call CareSource at 1-844-607-2830.
TTY users can call 711.

Or, call Medicare at
1-800-MEDICARE (1-800-633-4227).
TTY users can call 1-877-486-2048.

En español: Llame a CareSource al 1-844-607-2830 (TTY: 711) o a Medicare gratis al 1-800-633-4227 y oprima el 2 para asistencia en español y un representante estará disponible para asistirle.

Section 1 – All fields on this page are required (unless marked optional)

Select the plan you want to join:

Plans for individuals residing in Cuyahoga, Geauga, Holmes, Licking, Portage, Stark or Summit counties:

- ☐ CareSource Advantage® Zero Premium (HMO) $0 per month
- ☐ CareSource Advantage® (HMO) $21.60 per month

Plans for individuals residing in Adams, Brown, Champaign, Clark, Columbiana, Delaware, Fairfield, Fayette, Fulton, Greene, Hamilton, Hocking, Lake, Lucas, Madison, Mahoning, Medina, Mercer, Miami, Pickaway, Shelby, Trumbull, Union or Wood counties:

- ☐ CareSource Advantage® Zero Premium (HMO) $0 per month
- ☐ CareSource Advantage® (HMO) $26.60 per month

Plans for individuals residing in Auglaize, Butler, Clermont, Clinton, Coshocton, Crawford, Franklin, Hardin, Harrison, Henry, Highland, Logan, Lorain, Montgomery, Morrow, Ottawa, Perry, Preble, Putnam, Vinton or Warren counties:

- ☐ CareSource Advantage® (HMO) $46.00 per month

FIRST name:	LAST name:	Optional: Middle Initial:

Birth date: (MM/DD/YYYY) ( )	Sex: ☐ Male ☐ Female	Phone number:

Permanent Residence street address (Don't enter a PO Box)
Street Address:

City:	County:	State:	ZIP Code:

Mailing address, if different from your permanent address (PO Box allowed)
Street Address:

City:	County:	State:	ZIP Code:

Your Medicare information:

Medicare Number: __ __ __ __ - __ __ __ - __ __ __ __

CareSource

Answer these important questions:

Will you have other prescription drug coverage (like VA, TRICARE) in addition to CareSource?

☐ Yes ☐ No

Name of other coverage:	Member number for this coverage:	Group number for this coverage:

IMPORTANT: Read and sign below:

- I must keep both Hospital (Part A) and Medical (Part B) to stay in a CareSource Medicare Advantage plan.
- By joining this Medicare Advantage Plan, I acknowledge that CareSource will share my information with Medicare, who may use it to track my enrollment, to make payments, and for other purposes allowed by Federal law that authorize the collection of this information (see Privacy Act Statement below).
- Your response to this form is voluntary. However, failure to respond may affect enrollment in the plan.
- The information on this enrollment form is correct to the best of my knowledge. I understand that if I intentionally provide false information on this form, I will be disenrolled from the plan.
- I understand that people with Medicare are generally not covered under Medicare while out of the country, except for limited coverage near the U.S. border.
- I understand that when my CareSource coverage begins, I must get all of my medical and prescription drug benefits from CareSource. Benefits and services provided by CareSource and contained in my CareSource "Evidence of Coverage" document (also known as a member contract or subscriber agreement) will be covered. Neither Medicare nor CareSource will pay for benefits or services that are not covered.
- I understand that my signature (or the signature of the person legally authorized to act on my behalf) on this application means that I have read and understand the contents of this application. If signed by an authorized representative (as described above), this signature certifies that:
  1) This person is authorized under State law to complete this enrollment, and
  2) Documentation of this authority is available upon request by Medicare.

Signature:	**Today's date:**

If you're the authorized representative, sign above and fill out these fields:

Name:	Address:
Phone number:	Relationship to enrollee:

CareSource

Section 2 – All fields on this page are optional

Answering these questions is your choice. You can't be denied coverage because you don't fill them out.

Select one if you want us to send you information in a language other than English.

☐ Spanish

Select one if you want us to send you information in an accessible format.

☐ Large Print

Please contact CareSource at 1-844-607-2827 if you need information in an accessible format other than what's listed above. Our office hours are 8 a.m. to 8 p.m. EST, seven days a week from October 1 to March 31, and Monday through Friday the rest of the year. TTY users can call 711.

Do you work? ☐ Yes ☐ No	Does your spouse work? ☐ Yes ☐ No

List your Primary Care Physician (PCP), clinic, or health center:

Paying your plan premiums

You can pay your monthly plan premium (including any late enrollment penalty that you currently have or may owe) by mail, electronic check, credit card, debit card, or by phone each month or quarterly. **You can also choose to pay your premium by having it automatically taken out of your Social Security or Railroad Retirement Board (RRB) benefit each month.**

If you have to pay a Part D-Income Related Monthly Adjustment Amount (Part D-IRMAA), you must pay this extra amount in addition to your plan premium. The amount is usually taken out of your Social Security benefit, or you may get a bill from Medicare (or the RRB). DON'T pay CareSource the Part D-IRMAA.

PRIVACY ACT STATEMENT

The Centers for Medicare & Medicaid Services (CMS) collects information from Medicare plans to track beneficiary enrollment in Medicare Advantage (MA), improve care, and for the payment of Medicare benefits. Sections 1851 and 1860D-1 of the Social Security Act and 42 CFR §§ 422.50 and 422.60 authorize the collection of this information. CMS may use, disclose and exchange enrollment data from Medicare beneficiaries as specified in the System of Records Notice (SORN) "Medicare Advantage Prescription Drug (MARx)", System No. 09-70-0588. Your response to this form is voluntary. However, failure to respond may affect enrollment in the plan.

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Health Care with Heart

P.O. Box 8738, Dayton, OH 45401-8738 | CareSource.com/Medicare

Typically, you may enroll in a Medicare Advantage plan only during the annual enrollment period from October 15 through December 7 of each year. There are exceptions that may allow you to enroll in a Medicare Advantage plan outside of this period.

Please read the following statements carefully and check the box if the statement applies to you. By checking any of the following boxes you are certifying that, to the best of your knowledge, you are eligible for an Enrollment Period. If we later determine that this information is incorrect, you may be disenrolled.

☐ I am new to Medicare.

☐ I am enrolled in a Medicare Advantage plan and want to make a change during the Medicare Advantage Open Enrollment Period (MA OEP).

☐ I recently moved outside of the service area for my current plan or I recently moved and this plan is a new option for me. I moved on (insert date) _____.

☐ I recently was released from incarceration. I was released on (insert date) _____.

☐ I recently returned to the United States after living permanently outside of the U.S. I returned to the U.S. on (insert date)_____.

☐ I recently obtained lawful presence status in the United States. I got this status on (insert date)_____.

☐ I recently had a change in my Medicaid (newly got Medicaid, had a change in level of Medicaid assistance, or lost Medicaid) on (insert date)_____.

☐ I recently had a change in my Extra Help paying for Medicare prescription drug coverage (newly got Extra Help, had a change in the level of Extra Help, or lost Extra Help) on (insert date)_____.

☐ I have both Medicare and Medicaid (or my state helps pay for my Medicare premiums) or I get Extra Help paying for my Medicare prescription drug coverage, but I haven't had a change.

☐ I am moving into, live in, or recently moved out of a Long-Term Care Facility (for example, a nursing home or long term care facility). I moved/will move into/out of the facility on (insert date)_____.

☐ I recently left a PACE program on (insert date)_____.

☐ I recently involuntarily lost my creditable prescription drug coverage (coverage as good as Medicare's). I lost my drug coverage on (insert date)_____.

☐ I am leaving employer or union coverage on (insert date)_____.

☐ I belong to a pharmacy assistance program provided by my state.

☐ My plan is ending its contract with Medicare, or Medicare is ending its contract with my plan.

☐ I was enrolled in a plan by Medicare (or my state) and I want to choose a different plan. My enrollment in that plan started on (insert date)_____.

☐ I was enrolled in a Special Needs Plan (SNP) but I have lost the special needs qualification required to be in that plan. I was disenrolled from the SNP on (insert date)_____.

☐ I was affected by an emergency or major disaster (as declared by the Federal Emergency Management Agency (FEMA) or by a Federal, state or local government entity. One of the other statements here applied to me, but I was unable to make my enrollment request because of the natural disaster.

☐ I'm in a plan that's had a star rating of less than 3 stars for the last 3 years. I want to join a plan with a star rating of 3 stars or higher.

☐ I'm in a plan that was recently taken over by the state because of financial issues. I want to switch to another plan.

If none of these statements applies to you or you're not sure, please contact CareSource at **1-844-607-2827** (TTY users should call **711**) to see if you are eligible to enroll. We are open 8 a.m. to 8 p.m. seven days a week from October 1 through March 31, and the same hours Monday through Friday the rest of the year.

2021 Star Ratings

CareSource - H6396

2021 Medicare Star Ratings

Every year, Medicare evaluates plans based on a 5-star rating system. Medicare Star Ratings help you know how good a job our plan is doing. You can use these Star Ratings to compare our plan's performance to other plans. The two main types of Star Ratings are:

1. An Overall Star Rating that combines all of our plan's scores.
2. Summary Star Ratings that focus on our medical or our prescription drug services.

Some of the areas Medicare reviews for these ratings include:

- How our members rate our plan's services and care;
- How well our doctors detect illnesses and keep members healthy;
- How well our plan helps our members use recommended and safe prescription medications.

For 2021, CareSource received the following Overall Star Rating from Medicare.

★★★½
3.5 Stars

We received the following Summary Star Ratings for CareSource's health/drug plan services:

Health Plan Services:	★★★ 3 Stars
Drug Plan Services:	★★★½ 3.5 Stars

The number of stars shows how well our plan performs.

★★★★★	5 stars - excellent
★★★★	4 stars - above average
★★★	3 stars - average
★★	2 stars - below average
★	1 star - poor

Learn more about our plan and how we are different from other plans at www.medicare.gov.

You may also contact us 7 days a week from 8:00 a.m. to 8:00 p.m. Eastern time at 844-607-2830 (toll-free) or 711 (TTY), from October 1 to March 31. Our hours of operation from April 1 to September 30 are Monday through Friday from 8:00 a.m. to 8:00 p.m. Eastern time.

Current members please call 844-607-2827 (toll-free) or 711 (TTY).

Star Ratings are based on 5 Stars. Star Ratings are assessed each year and may change from one year to the next.

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