

# Medicare Advantage

*CareSource Dual Advantage™  
(HMO D-SNP)*

*Kentucky 2022*



# 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.



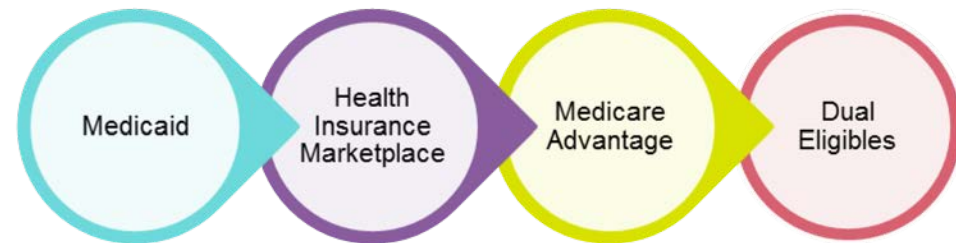
## ABOUT US

A nonprofit health plan and national leader in Managed Care

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

Currently serving over 2.1 million members\* in Georgia, Kentucky, Ohio, Indiana, Arkansas and West Virginia

4,500 employees located across 30 states



**2.1M+**  
members



*\*Based on members enrolled in all CareSource product lines across all states as of 7/13/2021*

# 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 (e.g., permanent kidney failure requiring dialysis or transplant)



# CareSource Dual Advantage Eligibility

- Eligible for Medicare Parts A & B
- Specific levels of Medicaid eligibility (Qualified Medicare Beneficiary, Qualified Medicare Beneficiary+, Full Benefit Dual Eligibles)
- Live in our service area



# ABCDs of Medicare

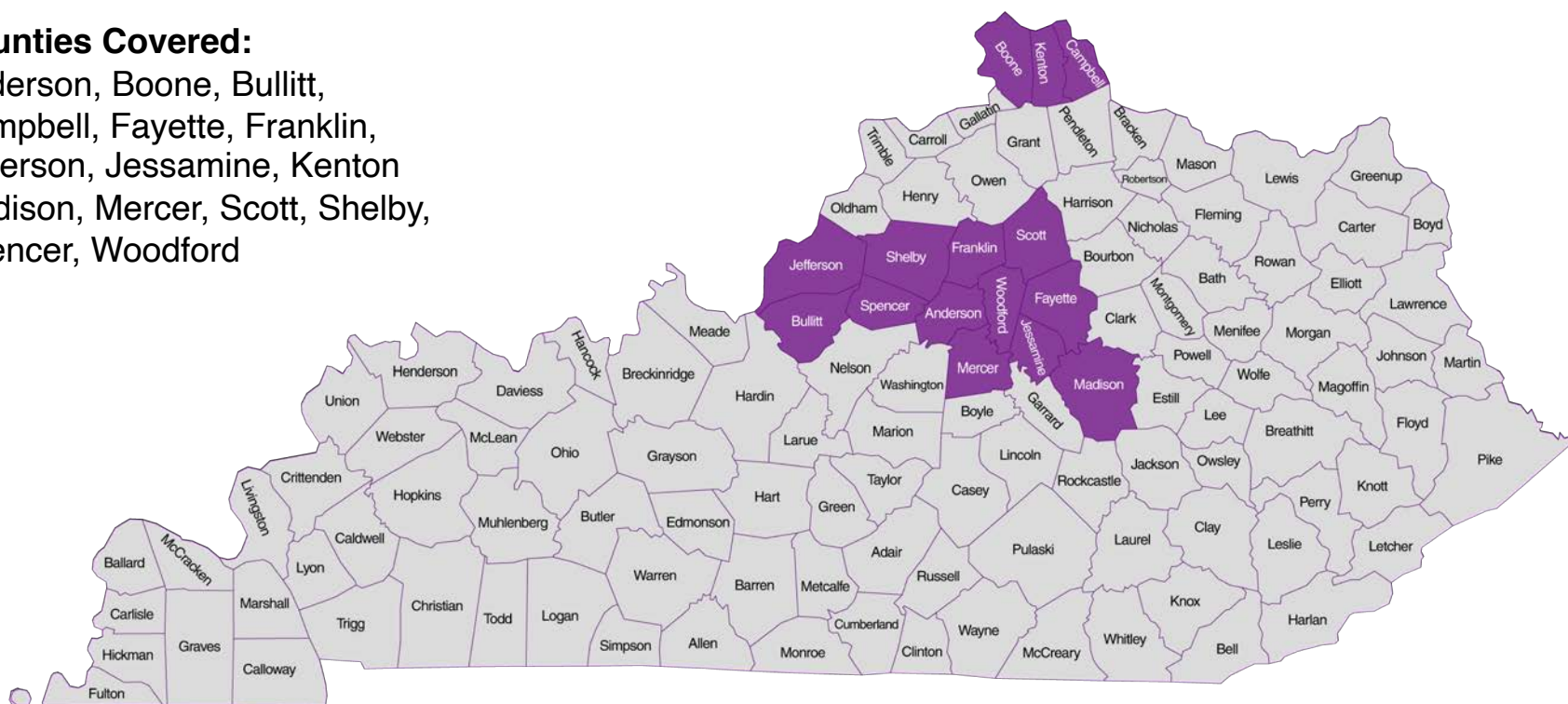
Original Medicare



# Service Area

## Counties Covered:

Anderson, Boone, Bullitt,  
Campbell, Fayette, Franklin,  
Jefferson, Jessamine, Kenton  
Madison, Mercer, Scott, Shelby,  
Spencer, Woodford





*Dual Advantage*


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




# Why CareSource Dual Advantage?

- Combines benefits of Medicare and Medicaid into a single plan
- Adds extra benefits Original Medicare and Medicaid don't provide
- New CareSource member ID card simplifies and improves member experience

**CareSource Dual Advantage™**  
(HMO D-SNP)

**Member Name:** <John Doe>  
**Member ID#:** <12345678900>  
**Medicaid ID#:** <12345678900>  
**Health Plan:** 80840 **Payer ID:** <XXXXX>  
**Primary Care Provider/Clinic Name:** <Good, I Am A.>  
**Provider/Clinic Phone:** <XXX-XXX-XXX>

**Effective Date:** <01/01/2021> **<OH>**

  
**RxBIN** - 610014  
**RxPCN** - MEDDPRIME  
**RxGrp** - RXINN02

**PROVIDERS:** Do **NOT** bill member.  
**Copays:**  
**Office:** <\$XX.XX> **ER:** <\$XX.XX>  
**Spec:** <\$XX.XX> **UrgCare:** <\$XX.XX>

**MedicareRx**  
Prescription Drug Coverage  
**CMS:** <XXXXX-XXX>

## CareSource.com/Medicare

This card does not guarantee coverage. To verify benefits, view claims, or find a provider, use the website or call:

**MEMBERS: 1-833-230-2020 TTY: 711**

### 24/7 Nurse Advice Line:

<X-XXX-XXX-XXXX>

### Vision Benefits:

EyeMed 1-866-299-1425

### Hearing Benefits:

TruHearing 1-833-759-6826

### Medical Claims:

CareSource  
P.O. Box 8730  
Dayton, OH 45401-8730

### Providers:

1-833-230-2176

### Dental Network:

DentaQuest <X-XXX-XXX-XXXX>

### Pharmacy:

<X-XXX-XXX-XXXX>

### Pharmacy Claims:

Express Scripts  
ATTN: Medicare Part D  
P.O. Box 14718  
Lexington, KY 40512-4718

**PROVIDERS:** Do **NOT** bill member. Please submit Medicare claims to the plan. Please bill Medicaid for any remaining charges.



# \$0 Copay Covered Benefits



Primary Care Provider  
(PCP) / Specialist Office  
Visits



Inpatient Hospital Care



Emergency Room Visits



Urgent Care Visits



Preventive Care



Home Health Care



Ambulance Services



Durable Medical Equipment



Telehealth PCP Visit



Annual Physical



# Telehealth



Thinking of going to the emergency room (ER) or urgent care center for a non-emergency health issue? Think about using CareSource's telehealth benefit! Simply speak to or see a U.S. board certified doctor using your computer, tablet, or mobile device.

Telehealth 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:



\$3,000 annual limit for preventive and comprehensive dental care including inlays, outlays and crowns



Routine vision exam, \$300 allowance for glasses and/or contacts



60 one-way (or 30 round trips) to medical appointments



Two meals per day for two weeks after an inpatient hospital stay



Personal Emergency Response System (PERS)



Mail order and/or debit card; \$425 quarterly over-the-counter (OTC) pharmacy allowance



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



Membership at participating fitness centers and home fitness kit (some kits include a wearable fitness tracker).



BrainHQ online brain health improvement tool



My CareSource Rewards®, which offer members opportunities to earn rewards for completing healthy activities, may be available to you



# BrainHQ Brain Health



BrainHQ® provides the exercise your brain needs to be at its sharpest. Think of it as a personal gym where you exercise your memory, attention, brain speed, people skills, navigation, intelligence and more! With over 30 years of development and research, BrainHQ offers cognitive training that's completely tailored to you. BrainHQ can be accessed using a computer or mobile device.



# 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 Benefits

Drug Tiers	30-day retail*	90-day retail*	90-day mail order*
1	25% coinsurance or applicable LIS copay	25% coinsurance or applicable LIS copay	25% coinsurance or applicable LIS copay
2	Same as Tier 1	Same as Tier 1	Same as Tier 1
3	Same as Tier 1	Same as Tier 1	Same as Tier 1
4	Same as Tier 1	Same as Tier 1	Same as Tier 1
5	Same as Tier 1	N/a	N/a
6*	\$0	\$0	\$0

LIS Level	Drug Type	Cost Sharing
(1) FPL > 100%	Generic Brand	\$3.95 copay \$9.85 copay
(2) FPL < 100%	Generic Brand	\$1.35 copay \$4.00 copay
(3) FPL Institutionalized	Generic Brand	\$0 copay \$0 copay
(4) FPL 135% - 149%	Generic Brand	15% coinsurance 15% coinsurance



*\*Tier 6 Select Care drugs have a \$0 cost-share during the Initial Coverage stage. As a Medicare beneficiary the cost of your medication could change depending on the pharmacy you choose, days' supply, your Extra Help level and if/when you enter another phase of the Part D benefit.*

# 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](https://ssa.gov/prescriptionhelp)
- **Call** 1-800-772-1213  
(TTY: 1-800-325-0778)  
Monday – Friday 8 a.m. – 7 p.m.

## MEDICARE SAVINGS PROGRAMS

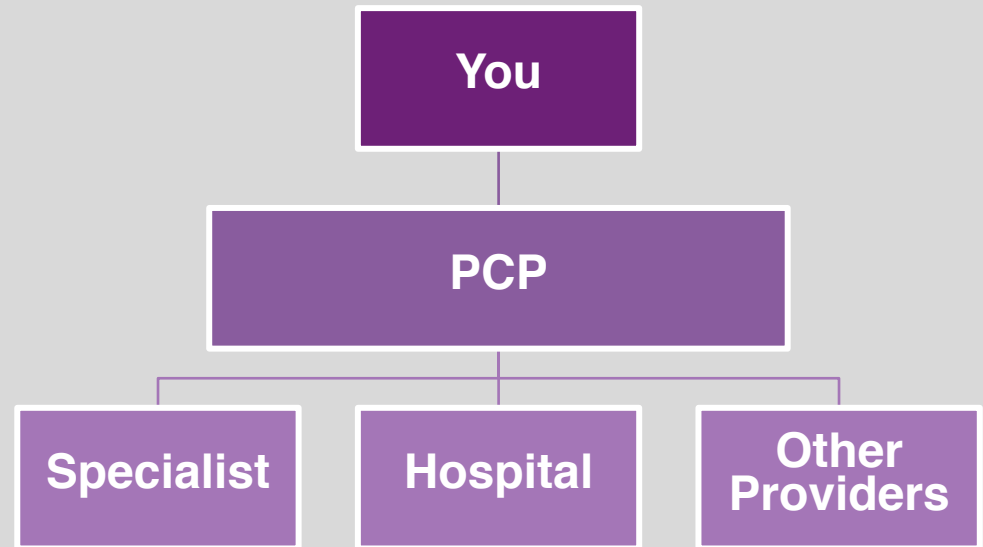
Fill out and hand in a Medicaid application.



# Your PCP



You can depend on us to work with your health care providers and pharmacists to maintain your health. You must select a CareSource 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!*

# Let's Get You Enrolled

with my help today!

**COMPLETE AN APPLICATION!**

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

Online at  
**CareSource.com/DSNP**

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.



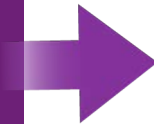
In addition, during the first 90 days of enrollment, you will receive a call from one of our Care Managers from our clinical care team to assist you in completing the Health Needs Assessment (HNA) and ensure you get the care and resources that meet your specific needs. You may also have the opportunity to complete the HNA at the time of enrollment.



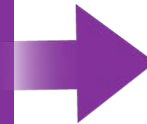
# What To Expect

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.



Help with scheduling an 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 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 one-on-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 provider, an urgent care center or the emergency room and more.

- Help completing your Health Needs Assessment (HNA)
- Find community resources
- Schedule provider appointments
- Answer any questions you may have about your plan benefits
- Find specialist providers for you
- Scheduling transportation (rides) so you can get to your appointments



# My CareSource<sup>®</sup>

Your Personal Online Account

**Get the most out of your member experience.**

- ✓ Select or change your PCP
- ✓ Request a new CareSource member ID card
- ✓ View claims and plan details
- ✓ Update your contact information
- ✓ Receive a customized wellness plan
- ✓ 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

**1-833-230-2020**

**(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!**

**1-844-818-4436 (TTY: 711)**

  
**CareSource®**



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

**Contact CareSource:**

Sales/Enrollment: **1-844-818-4436 (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.*

إذا كان لديك، أو لدى أي شخص تساعد، أية استفسارات بخصوص CareSource، فيحق لك الحصول على مساعدة ومعلومات مجاناً وباللغة التي تتحدث بها. للتحدث إلى أحد المترجمين الفوريين، رجي الاتصال على رقم خدمة الاعضاء الموجود على بطاقة تعريف العضو الخاصة بك.

እርስዎ፣ ወይም እርስዎ የሚያግዙትን ግለሰብ፣ ስለ CareSource ጥያቄ ካላችሁ፣ ያለ ምንም ክፍያ በቋንቋዎ እርዳታ መረጃ የሚገኘት መብት አላችሁ። ከአስተርጓሚ ጋር እባክዎን በመታወቂያ ካርዱ ላይ ባለው የአገልግሎቶች ቁጥር ይደውሉ።

CareSource အကြောင်း သင် သို့မဟုတ် သင်အကူအညီပေးနေသူ တစ်စုံတစ်ယောက်က မေးမြန်းလာပါက သင်ပြောဆိုသော ဘာသာစကားဖြင့် အကူအညီနှင့် အချက်အလက်များအား အခမဲ့ ရယူနိုင်ရန် အခွင့်အရေးရှိပါသည်။ ဘာသာပြန်တစ်ဦးအား ချေးချက ပြုပြင် သင်္ကြံ၏ အသံဖြင့် ကြိုကြက်ရပေါ်ရှိ အသံဖြင့် ကြို ဝက်ဇ ငြိမ်မှုဝက်ဝန်ကသိသို့ ဓာရိယာ။

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，请拨打您的会员 ID 卡上的会员服务电话号码。

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, Maaloo lakkoofsa bilbilaa isa waraqa eenyummaa keessan irra jiruun tajaajila miseensaatiif bilbilaa.

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 naar het nummer voor ledendiensten op uw lidkaart

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 communiquer avec les services aux membres au numéro indiqué sur votre carte de membre.

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, Bitte rufen Sie die Mitglieder-Servicenummer auf Ihrer Mitglieder-ID-Karte an

**GUJARATI** જો તમે અથવા તમે કોઈને મદદ કરી રહ્યાં તેમ િથી કોઈને CareSource વિશે પ્રશ્નો હોર તો તમને મદદ અને મ હલતી મેળિનિનો અવિક ર છે. તે ખર્ચ વિન તમ રી ભ પ મ િ પ્ર પ્ત કરી શક ર છે. દ ભ વપરો તિ કરિ મ ટે,કૃપા કરીને તમારા સભ્ય આઈડી કાર્ડ પર સભ્ય સેવા માટે ના નંબર પર કોન કરો.

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 दुभाषिण से बात करने के लिए कॉल करें, कृपया अपने सदस्य आईडी कार्ड पर दिये सदस्य सेवा नंबर पर कॉल करें।

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. Chiamare il numero dei servizi ai soci riportato sulla tessera di iscrizione.

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、お持ちの会員IDカードにある、会員サービスの電話番号までお問い合わせ下さい。

귀하 본인이나 귀하께서 돕고 계신 분이 CareSource에 대해 궁금한 점이 있으시면, 원하는 언어로 별도 비용 없이 도움을 받으실 수 있습니다. 통역사가 필요하시면 다음 번호로 전화해 귀하의 회원 ID 카드에 적힌 회원 서비스 팀 번호로 전화하십시오.

Wann du hoscht en Froog, odder ebber, wu du helpscht, hot en Froog baut CareSource, hoscht du es Recht fer Hilf un Information in deinre eegne Schprooch griegie, un die Hilf koschtet nix. Wann du mit me Interpreter schwetze witt, Bel alstublieft met het Ledenservice nummer op uw lid ID -kaart.

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. Пожалуйста, позвоните по телефону отдела обслуживания клиентов, указанному на вашей идентификационной карточке клиента.

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. Por favor, llame al número de Servicios para Afiliados que figura en su tarjeta de identificación.

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 обслуговування учасників, який вказано на вашому посвідченні учасника

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 dịch vụ thành viên trên thẻ ID thành viên của bạn.

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 call the member services number on your member ID card.

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>.

