

Medicare Advantage with Prescription Drug

OHIO 2022



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.



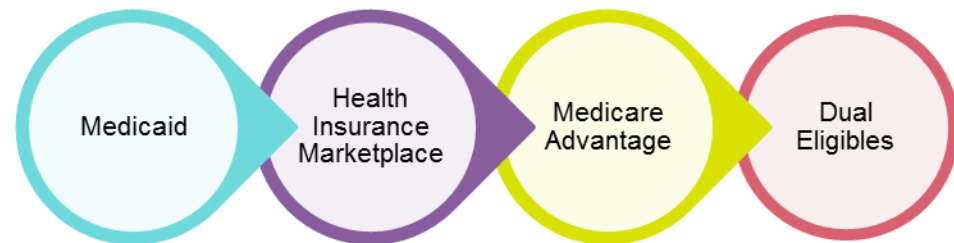
ABOUT US

A nonprofit health plan and national leader in Managed Care

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 Advantage Zero Premium and CareSource 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
- Certain people with disabilities
- People with End-Stage Renal Disease (permanent kidney failure requiring dialysis or transplant)

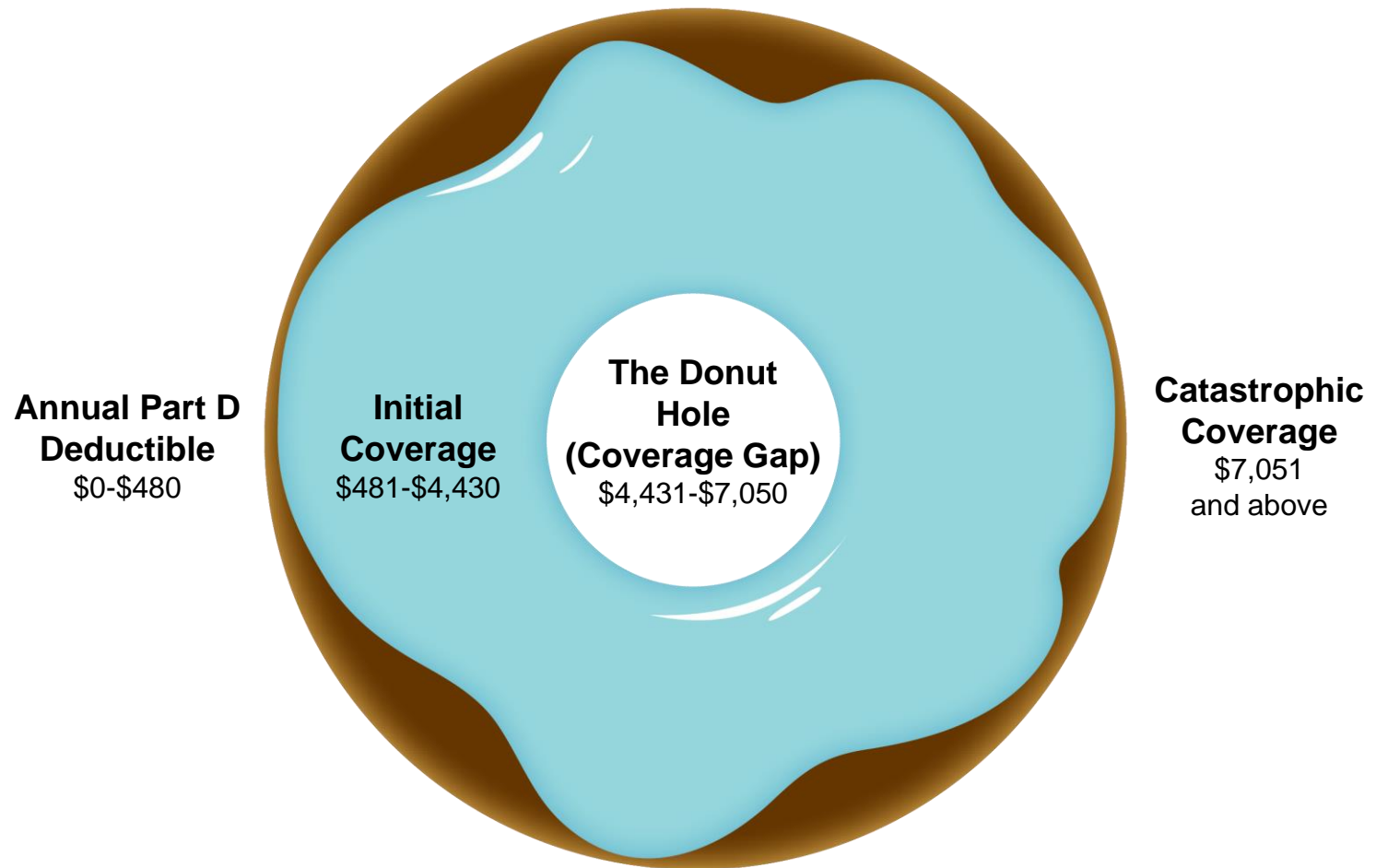


ABCDs of Medicare

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?

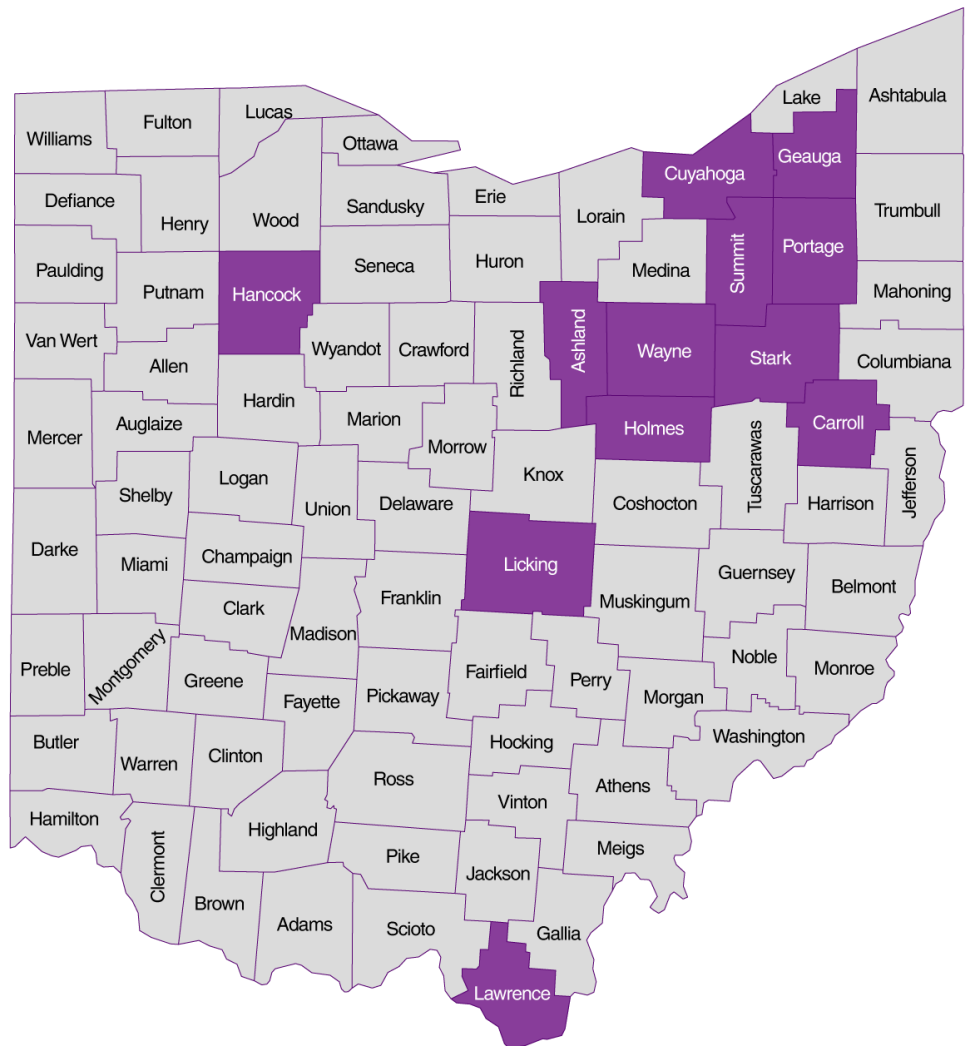
- Hospital, doctor, prescription drug, over-the-counter drug, vision, dental, hearing and fitness benefits in a single plan
- More benefits than Original Medicare
- Fixed copays so you know what your out-of-pocket expenses will be
- We will help you navigate Medicare and get the savings you deserve



Service Area

Counties Covered:

Ashland, Carroll, Cuyahoga, Geauga, Hancock, Holmes, Lawrence, Licking, Portage, Stark, Summit, Wayne



Service Area

Counties Covered:

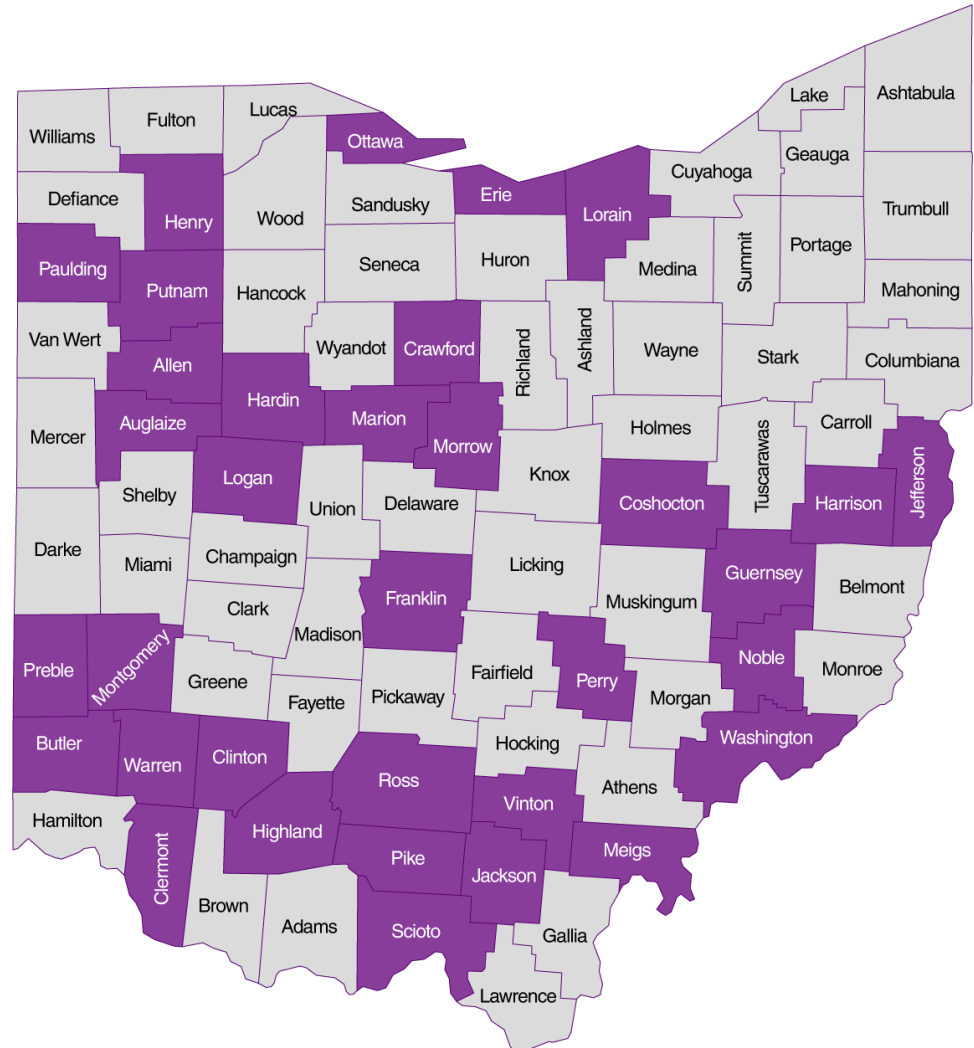
Adams, Athens, Brown, Champaign, Clark, Columbiana, Darke, Defiance, Delaware, Fairfield, Fayette, Fulton, Gallia, Greene, Hamilton, Hocking, Huron, Lake, Lucas, Madison, Mahoning, Medina, Mercer, Miami, Monroe, Morgan, Muskingum, Pickaway, Richland, Sandusky, Seneca, Shelby, Trumbull, Union, Van Wert, Williams, Wood, Wyandot






Service Area

Counties Covered:

Allen, Auglaize, Butler, Clermont, Clinton, Coshocton, Crawford, Erie, Franklin, Guernsey, Hardin, Harrison, Henry, Highland, Jackson, Jefferson, Logan, Lorain, Marion, Meigs, Montgomery, Morrow, Noble, Ottawa, Paulding, Perry, Pike, Preble, Putnam, Ross, Scioto, Vinton, Warren, Washington






Monthly Premium, Deductible and Limits

		CareSource Advantage® Zero Premium (HMO)	CareSource Advantage® (HMO)
	Monthly Premium	\$0	\$21.60
	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






Monthly Premium, Deductible and Limits

		CareSource Advantage® Zero Premium (HMO)	CareSource Advantage® (HMO)
	Monthly Premium	\$0	\$26.60
	Medical Deductible	\$0	\$0 copay
	Annual Out-of-Pocket Maximum (the limit on how much you will pay in a year)	\$7,550	\$7,550








Monthly Premium, Deductible and Limits

		CareSource Advantage® (HMO)
	Monthly Premium	\$46.00
	Medical Deductible	\$0 copay
	Annual Out-of-Pocket Maximum (the limit on how much you will pay in a year)	\$7,550








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








Key Benefits

		CareSource Advantage® Zero Premium (HMO)	CareSource Advantage® (HMO)
	Doctor / Specialist	PCP: \$15 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
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CareSource24® Nurse Advice Line








Thinking of going to the emergency room (ER) or urgent care center for a non-emergency health issue? Consider calling the CareSource24® Nurse Advice Line. You can call CareSource24 first at the number listed on your CareSource member ID card.

CareSource24 can then help you decide the best course of action for your symptoms.








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








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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 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.



Prescription Drug Benefits

CareSource Advantage® (HMO)				CareSource Advantage® Zero Premium (HMO)			
Drug Tiers	30-day retail	90-day retail	90-day mail order	Drug Tiers	30-day retail	90-day retail	90-day mail order
	\$4	\$12	\$8	1	\$5	\$15	\$0
2	\$10	\$30	\$20	2	\$15	\$45	\$30
3	\$45	\$135	\$90	3	\$45	\$135	\$90
4	\$100	\$300	\$200	4	\$100	\$300	\$200
5	31%	N/a	N/a	5	30%	N/a	N/a
6*	\$0	\$0	\$0	6*	\$0	\$0	\$0



**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.*

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® Zero Premium (HMO)	CareSource Advantage® (HMO)
100%	\$0	\$0
75%	\$0	\$6.20
50%	\$0	\$12.50
25%	\$0	\$18.70



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Your Level of Extra Help	CareSource Advantage® Zero Premium (HMO)	CareSource Advantage® (HMO)
100%	\$0	\$0
75%	\$0	\$7.50
50%	\$0	\$15.00
25%	\$0	\$22.50



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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%	\$11.50
75%	\$19.80
50%	\$28.20
25%	\$36.60



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	\$1,094	\$1,472
Total Resources	\$7,970	\$11,960

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	\$1,308	\$1,762
Total Resources	\$7,970	\$11,960

QUALIFIED INDIVIDUAL (QI)

Fully covers the Medicare Part B premium.

	Single	Married
Monthly Income	\$1,469	\$1,980
Total Resources	\$7,970	\$11,960

QUALIFIED DISABLED AND WORKING INDIVIDUALS (QDWI)

Helps pay the Part A premium for disabled individuals who meet the income requirements and are no longer entitled to free Part A solely because they returned to work. For specific income and asset information, contact your local Job & Family Services office.



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 8 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.

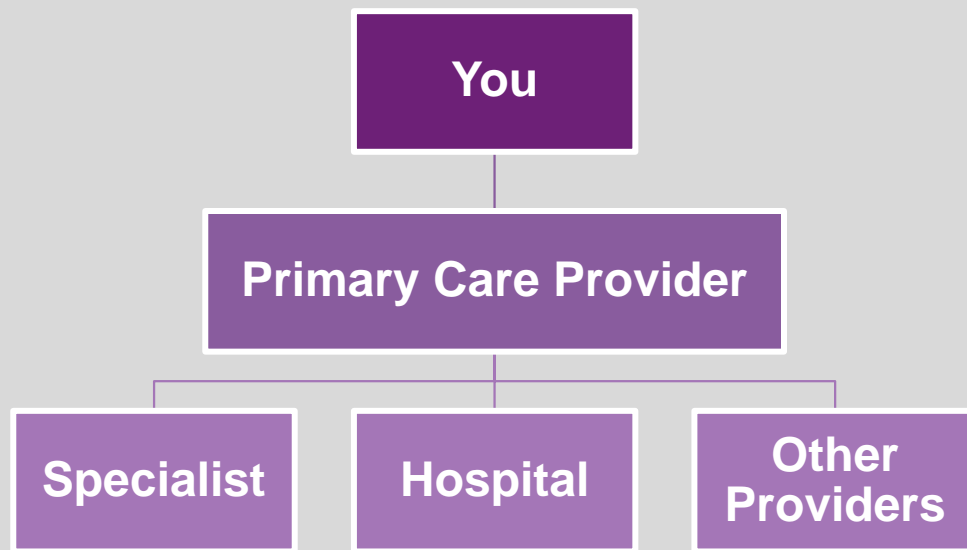


Your Primary Care Provider (PCP)



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 CareSource member 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

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



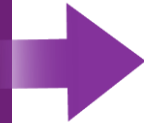
In addition, during the first 90 days of enrollment, you will receive a call from one of our Care Managers from our clinical care team to assist you in completing the Health Needs Assessment (HNA) and ensure you get the care and resources that meet your specific needs.



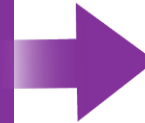
What To Expect

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/MedicareAdvantage

"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.

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 የሚያግዙት ግለሰብ፣ ስለ CareSource ጥያቄ ካላቸው፣ ያለ ምንም ክፍያ በቋንቋዎ እርዳታ መረጃ የማግኘት መብት አላቸው። 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 ရွေးချယ် ပြုပြင် သင်္ကြံ၏ အသံဖြင့် ကြိုကြက်ရပေါ်ရှိ အသံဖြင့် ကို ဝက်ဇ် ငြိမ်မှတ်စုစံကိုင်သို့သို့ 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>.

