

CareSource Advantage<sup>®</sup> Zero Premium (HMO)

# 2022 ENROLLMENT GUIDE

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CareSource Advantage® Zero Premium (HMO)

# 2022 SUMMARY OF BENEFITS

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***Service Area //***

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

# 2022 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](https://www.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](https://www.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: Ashland, Carroll, Cuyahoga, Geauga, Hancock, Holmes, Lawrence, Licking, Portage, Stark, Summit, Wayne

## 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](https://www.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](https://www.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](https://www.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](https://www.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 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 2022 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
<b>Inpatient Hospital Care<sup>1</sup></b>	\$380 copay per day for days 1-5; \$0 copay per day for days 6-90
<b>Outpatient Hospital<sup>1</sup></b>	<b>Ambulatory surgical center</b>
	\$250 copay
	<b>Outpatient hospital</b>
	\$295 copay
<b>Doctor's Office Visits</b>	<b>Primary care physician visit (PCP)</b> (Including Telehealth Visit)
	\$10 copay
	<b>Specialist visit</b>
	\$0 copay is applicable to services received from Dermatologists. \$50 copay for services received from all other Specialists.
<b>Preventive Care</b>	\$0 copay
<b>Emergency Care</b>	\$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.
<b>Urgent Care</b>	\$45 copay
<b>Diagnostic Tests, Lab/Radiology Services and X-Rays<sup>1</sup></b>	<b>Diagnostic tests and procedures</b>
	\$35 copay
	<b>Lab services</b>
	\$35 copay
	<b>Diagnostic radiology services</b> (such as MRIs, CT scans)
	\$175 copay
	<b>Therapeutic radiology services</b> (such as radiation treatment for cancer)
	20% coinsurance
	<b>Outpatient x-rays</b>
	\$50 copay (If Complex Radiology, such as MRI/CT Scan, received on same day at same location, only higher copay applies)

Services with a <sup>1</sup> may require prior authorization. Services with a <sup>2</sup> 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
<b>Hearing Services</b>	<b>Exam to diagnose and treat hearing and balance issues</b>
	\$50 copay
	<b>Routine hearing exam</b>
	\$0 copay 1 routine hearing exam every year
	<b>Hearing aid fitting/evaluation</b>
	\$0 copay 3 hearing exams for fitting/evaluation for hearing aid(s)
	<b>Hearing aid<sup>2</sup></b>
	\$699/\$999 copay One hearing aid per ear per year
	Hearing aid purchase includes: <ul style="list-style-type: none"> <li>– 3 provider visits within first year of hearing aid purchase</li> <li>– 45-day trial period</li> <li>– 3-year extended warranty</li> <li>– 48 batteries per aid for non-rechargeable models</li> </ul>

Services with a <sup>1</sup> may require prior authorization. Services with a <sup>2</sup> 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
<b>Dental Services — Medicare-Covered</b>	<p>\$50 copay</p> <p>Excludes services in connection with care, treatment, filling, removal, or replacement of teeth</p>
<b>Dental Services<sup>2</sup> — Preventive</b>	<p>\$0 copay for a single office visit that includes:</p> <ul style="list-style-type: none"> <li>– Cleaning (1 cleaning every six months)</li> <li>– Dental x-ray(s) (1 x-ray every year)</li> <li>– Oral exam (1 oral exam every six months)</li> </ul>
<b>Vision Services</b>	<b>Exam to diagnose and treat diseases and conditions of the eye</b>
	\$50 copay
	<b>Routine eye exam (1 every year)</b>
	\$0 copay
	<b>Diabetic retinal exam</b>
	\$0 copay
	<b>Eye wear<sup>2</sup></b>
	<p>\$0 copay</p> <p>\$100 maximum plan coverage amount for routine eye wear every year</p>
	<b>Eyeglasses or contact lenses after cataract surgery</b>
	\$50 copay

Services with a <sup>1</sup> may require prior authorization. Services with a <sup>2</sup> 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
<b>Mental Health Care<sup>1</sup></b> Lifetime limit: Up to 190 days inpatient care in a psychiatric hospital	<b>Inpatient visit</b>
	\$320 copay per day for days 1-5; \$0 copay per day for days 6-90
	<b>Outpatient group therapy visit (psychiatrist provided)</b>
	20% coinsurance
	<b>Outpatient individual therapy visit (psychiatrist provided)</b>
	20% coinsurance
<b>Skilled Nursing Facility<sup>1</sup></b> Limited to 100 days per benefit period	\$0 copay per day for days 1-20; \$184 copay per day for days 21-100
<b>Outpatient Rehabilitation<sup>1</sup></b>	<b>Cardiac (heart) rehab services</b>
	20% coinsurance
	<b>Occupational therapy visit</b>
	20% coinsurance
	<b>Physical therapy and speech and language therapy visit</b>
	20% coinsurance
	<b>Supervised Exercise Therapy (SET)</b>
	20% coinsurance
<b>Ambulance<sup>1</sup></b>	\$225 copay
<b>Transportation</b>	Not covered

Services with a <sup>1</sup> may require prior authorization. Services with a <sup>2</sup> 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
<b>Part B Drugs<sup>1</sup></b> (such as chemotherapy)	20% coinsurance
<b>Foot Care</b> (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 <i>Special Supplemental Benefits for the Chronically Ill</i> for details.
<b>Durable Medical Equipment<sup>1</sup></b> (wheelchairs, oxygen, etc.)	20% coinsurance
<b>Prosthetic Devices<sup>1</sup></b> (braces, artificial limbs, etc.)	<b>Prosthetic devices</b>
	20% coinsurance
	<b>Related medical supplies</b>
	20% coinsurance
<b>Diabetes Supplies and Services<sup>1</sup></b>	<b>Diabetes monitoring supplies</b>
	\$0 copay
	<b>Diabetes self-management training</b>
	\$0 copay
	<b>Therapeutic shoes or inserts</b>
	20% coinsurance
<b>Acupuncture</b> (for chronic low back pain)	\$30 copay
<b>Chiropractic Care</b>	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)
<b>Home Health Care<sup>1</sup></b>	\$0 copay

Services with a <sup>1</sup> may require prior authorization. Services with a <sup>2</sup> 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
<b>Hospice</b>	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.
<b>Outpatient Substance Abuse</b>	<b>Group therapy visit</b>
	\$40 copay
	<b>Individual therapy visit</b>
	\$40 copay
<b>Renal Dialysis</b>	20% coinsurance

Services with a <sup>1</sup> may require prior authorization. Services with a <sup>2</sup> 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
<p>The CareSource Advantage Zero Premium plan has a \$150 pharmacy deductible for prescriptions in Tiers 3, 4, and 5.</p> <p>You will pay the full cost of your prescription drugs in Tiers 3, 4, and 5 until you meet the deductible. Once you meet the deductible, you will move on to stage 2.</p>	<p>You pay the cost sharing on the following chart until your total yearly drug costs reach \$4,430. Total yearly drug costs are the total drug costs paid by both you and our Part D plan.</p> <p>You may get your drugs at network retail pharmacies and mail order pharmacies.</p> <p>If you reside in a long-term care facility, you pay the same as at a retail pharmacy.</p> <p>You may get drugs from an out-of-network pharmacy, but may pay more than you pay at an in-network pharmacy.</p>	<p>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 \$4,430.</p> <p>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 \$7,050, which is the end of the coverage gap. Not everyone will enter the coverage gap.</p>	<p>After your yearly out-of-pocket drug costs (including drugs purchased through your retail pharmacy and through mail order) reach \$7,050, you pay the greater of:</p> <p>5% of the cost, or \$3.95 copay for generic (including brand drugs treated as generic) and a \$9.85 copayment for all other drugs.</p>

**PRESCRIPTION DRUG BENEFITS (INITIAL COVERAGE)-IN-NETWORK ONLY****CareSource Advantage Zero Premium**Part B Drugs<sup>1</sup>  
(such as chemotherapy)

20% coinsurance

**Part D Drugs — Retail<sup>1</sup>****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

**Part D Drugs — Standard Mail Order Cost-Sharing<sup>1</sup>****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)

\$0 copay

**Prescription drugs with a <sup>1</sup> 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](https://www.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
<b>Meals</b>	Two meals a day for 14 days after an inpatient hospitalization, limited to \$2,400 every year
<b>Special Supplemental Benefits for the Chronically Ill</b>	<p>Members with diabetes who participate in Care Management Program are eligible to receive Medicare-covered diabetic podiatry services at \$0 copay.</p> <p>Members with diabetes or hypertension who participate in Care Management Program are eligible for transportation for up to 2 follow up appointments within the first 7 days and 14 days after discharge from an inpatient hospital stay. Limited to 24 one-way trips per year (no extensions to this benefit). These trips must be scheduled by a Care Manager.</p>
<b>Fitness</b>	Membership at participating fitness centers, free home fitness kit (some kits include a wearable fitness tracker), and brain fitness online tool available at no additional charge.
<b>Worldwide ER and Urgent Care</b>	<b>Emergency Care</b> (waived if admitted)
	\$90 copay, \$10,000 maximum plan benefit coverage amount
	<b>Urgent Care</b>
	\$45 copay
<b>CareSource24<sup>®</sup> Hour Nurse Advice Line</b>	<p>CareSource24 provides around-the-clock access to a caring and experienced staff of registered nurses. Members can call the CareSource24 toll-free number located on your CareSource member ID card 24 hours a day, 7 days a week, 365 days a year. 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.</p> <p>Speaking directly with professional registered nurses can help you:</p> <ul style="list-style-type: none"> <li>– Decide when self-care, a doctor visit, or the emergency room is the right choice</li> <li>– Check your symptoms and help you figure out what to do</li> <li>– Understand a medical condition or recent diagnosis</li> <li>– Obtain medical information</li> <li>– Prepare questions for doctor visits</li> <li>– Find out more about prescriptions or over-the-counter medicines</li> <li>– Learn about healthy eating and staying well</li> </ul>
<b>MyHealth Online Tool</b>	<p>With MyHealth, you'll have online access to resources for your health, including:</p> <ul style="list-style-type: none"> <li>– Health assessments</li> <li>– Personalized online wellness plans</li> <li>– Step-by-step guides on specific health needs</li> <li>– Online health journeys</li> <li>– Goal setting and tracking</li> <li>– Health tips and wellness information</li> </ul>

**Services with a <sup>1</sup> may require prior authorization. Services with a <sup>2</sup> 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 benefits and 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 Ohio, Inc. is an HMO with a Medicare contract. Enrollment in CareSource Advantage Zero Premium depends on contract renewal.



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. Please call the member services number on your member ID card.

## ARABIC

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 الأعضاء الموجود على بطاقة تعريف العضو الخاصة بك.

## AMHARIC

እርስዎ፣ ወይም እርስዎ የሚያግዙት ግለሰብ፣ ስለ CareSource ጥያቄ ካላችሁ፣ ያለ ምንም ከፍተኛ በቋንቋዎ እርዳታና መረጃ የማግኘት መብት አላችሁ። ከአስተርጓሚ ጋር እባክዎን በመታወቂያ ካርዱ ላይ ባለው የአገልግሎቶች ቁጥር ይደውሉ።

## BURMESE

CareSource အကြောင်း သင် သို့မဟုတ် သင်အကူအညီပေးနေသူ တစ်စုံတစ်ယောက်က မေးမြန်းလာပါက သင်ပြောဆိုသော ဘာသာစကားဖြင့် အကူအညီနှင့် အချက်အလက်များအား အခမဲ့ ရယူနိုင်ရန် အခွင့်အရေးရှိပါသည်။ ဘာသာပြန်တစ်ဦးအား ရွေးချယ်၍ ပြောပြ သင်၏ အသံဖြင့် ဖြိုကြက်ပေါ်ရှိ အသံဖြင့် ဖြို ဝက်ဇ် ငြိမ်မှုန်ကွက်သို့ သို့မဟုတ် စာမျက်နှာ။

## 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，请拨打您的会员 ID 卡上的会员服务电话号码。

## 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, Maaloo lakkoofsa bilbilaa isa waraqaa eenyummaa keessan irra jiruun tajaajila miseensaatiif 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 naar het nummer voor ledendiensten op uw lidkaart

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

## GERMAN

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-Service-Nummer auf Ihrer Mitglieder-ID-Karte an

## GUJARATI

જો તમે અથવા તમે કોઈને મદદ કરી રહ્યાં તમે થી કોઈને CareSource વિશે પ્રશ્નો હોય તો તમને મદદ અને મહત્તી મેળિનો અવિકર છે. તે અર્થ વિન તમ રી ભ પ મ i પ્ર ન ક રી શક ર છે. દ ભ વપરો નિ કરિ મ દે, કૃપા કરીને તમારા સભ્ય આઈડી કાર્ડ પર સભ્ય સેવા માટે ના નંબર પર ફોન કરો.

## HINDI

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

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

## 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、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。

## KOREAN

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.

## PENNSYLVANIA DUTCH

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.

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

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

## 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 обслуговування учасників, який вказано на вашому посвідченні учасника

## VIETNAMESE

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>.



**CareSource.com/Medicare**

# 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: **1-844-829-6903 (TTY: 711)**.



## UNDERSTANDING THE BENEFITS

- ☐ Review the full list of benefits found in the Evidence of Coverage (EOC), especially for those services for which you routinely see a doctor. Call **1-844-829-6903 (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, 2023.
- ☐ 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).





# EXTRA HELP



## Monthly Plan Premium for People who get Extra Help from Medicare to Help Pay for their Prescription Drug Costs

If you get extra help from Medicare to help pay for your Medicare prescription drug plan costs, your monthly plan premium will be lower than what it would be if you did not get extra help from Medicare. The amount of extra help you get will determine your total monthly plan premium as a member of our Plan.

This table shows you what your monthly plan premium will be if you get extra help.

Your level of extra help	Monthly Premium for CareSource Advantage® Zero Premium (HMO)*	Monthly Premium for CareSource Advantage® (HMO)*
100%	\$0	\$0
75%	\$0	\$6.20
50%	\$0	\$12.50
25%	\$0	\$18.70

\*This does not include any Medicare Part B premium you may have to pay.

CareSource's premium includes coverage for both medical services and prescription drug coverage.

If you aren't getting extra help, you can see if you qualify by calling:

**1-800-MEDICARE** or TTY users call  
**1-877-486-2048** (24 hours a day/7 days a week),

Your State Medicaid Office, or

The Social Security Administration at  
**1-800-772-1213**. TTY users should call  
**1-800-325-0778** between 8 a.m. and 7 p.m.,  
Monday through Friday.

If you have any questions, please call  
Member Services at **1-844-607-2827 (TTY: 711)**  
from 8 a.m. – 8 p.m. Monday through Friday.  
From October 1 through March 31, we are open  
the same hours, seven days a week.

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

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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 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.

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. We are open 8 a.m. to 8 p.m. Monday through Friday, and from October 1 to March 31 we are open the same hours, seven days a week.



**3. YOU WILL HAVE SEVERAL OPTIONS TO COMPLETE A HEALTH NEEDS ASSESSMENT (HNA) AS PART OF YOUR ENROLLMENT.** 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. New and current members can earn rewards for their My CareSource Rewards® card for completion of the HNA.

**New Members**

\$50 if completed within the first 30 days of eligibility;

\$25 if completed within 31-90 days of eligibility

**All Current Members**

\$25 – annual reassessment within 365 days of initial/continuously enrolled  
1x/calendar year

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 the Member Assessment Team at **1-833-230-2011 (TTY: 711)**.

Your enrollment specialist can help you complete this along with your application.

**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.



## Who can use this form?

People with Medicare who want to join a Medicare Advantage Plan.

### To join a plan, you must:

- Be a U.S. 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 and December 7 each year (for coverage starting January 1).
- Within three months of the month you are entitled to Medicare.
- Within three months of first getting Medicare.
- In certain situations where you're allowed to join or switch plans.

Visit [Medicare.gov](https://www.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 meaning 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 to 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 we process your request to join, we will contact you.

## How do I get help with this form?

Call CareSource at 1-844-829-6903.  
TTY users can call 711.

Or, call Medicare at  
1-800-MEDICARE (1-800-633-4227).  
TTY users can call 1-877-486-2048.  
1-800-MEDICARE is open 24 hours/7 days a week.

**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 Ashland, Carroll, Cuyahoga, Geauga, Hancock, Holmes, Lawrence, Licking, Portage, Stark, Summit or Wayne counties:

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

☐ CareSource Advantage® (HMO)  
\$25 per month

Plans for individuals residing in 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 or Wyandot counties:

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

☐ CareSource Advantage® (HMO)  
\$30 per month

Plans for individuals residing in 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 or Washington counties:

☐ CareSource Advantage® (HMO)  
\$45 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: \_ \_ \_ \_ - \_ \_ \_ - \_ \_ \_ \_

Effective Date for Part A:

Effective Date for Part B:

## 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:



## 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. We are open 8 a.m. to 8 p.m. Monday through Friday, and from October 1 through March 31 we are open the same hours, seven days a week. TTY users call **711**.

Do you work? ☐ Yes ☐ No

Does your spouse work? ☐ Yes ☐ No

List your primary care provider (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.

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

### 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.

National Producer Number (NPN)

Rep Name (Printed)

Rep Signature

Requested effective coverage date

FOR AGENT USE ONLY

 **CareSource**



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 (U.S.) 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 (e.g., 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 (e.g., 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 (LTC) Facility (e.g., a nursing home or long-term care facility). I moved/will move into/out of the facility on (insert date)\_\_\_\_\_.
- ☐ I recently left a Program of All-Inclusive Care for the Elderly (PACE) program on (insert date)\_\_\_\_\_.
- ☐ I recently involuntarily lost my creditable prescription drug coverage (e.g., 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 **1-844-829-6903** (TTY users should call **711**) 8 a.m. to 8 p.m. Monday through Friday, and from October 1 to March 31 we are open the same hours, seven days a week.



## IMPORTANT INFORMATION:

### 2022 Medicare Star Ratings

#### CareSource - H6396



**For 2022, CareSource - H6396 received the following Star Ratings from Medicare:**

**Overall Star Rating:** ★★☆☆☆

**Health Services Rating:** ★★☆☆☆

**Drug Services Rating:** ★★☆☆☆

Every year, Medicare evaluates plans based on a 5-star rating system.

### Why Star Ratings Are Important

Medicare rates plans on their health and drug services.

This lets you easily compare plans based on quality and performance.

Star Ratings are based on factors that include:

- Feedback from members about the plan's service and care
- The number of members who left or stayed with the plan
- The number of complaints Medicare got about the plan
- Data from doctors and hospitals that work with the plan

More stars mean a better plan – for example, members may get better care and better, faster customer service.

**The number of stars show how well a plan performs.**

★★★★★ EXCELLENT

★★★★☆ ABOVE AVERAGE

★★★☆☆ AVERAGE

★★☆☆☆ BELOW AVERAGE

★☆☆☆☆ POOR

### Get More Information on Star Ratings Online

Compare Star Ratings for this and other plans online at [medicare.gov/plan-compare](https://www.medicare.gov/plan-compare).

### Questions about this plan?

Contact CareSource 7 days a week from 8:00 a.m. to 8:00 p.m. Eastern time at **1-844-607-2830 (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 **1-844-607-2827 (toll-free) or 711 (TTY)**.

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**CareSource.com/Medicare**