

CareSource Dual Advantage™ (HMO D-SNP)

# 2023 ENROLLMENT GUIDE

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CareSource Dual Advantage™ (HMO D-SNP)

# 2023 SUMMARY OF BENEFITS

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## ***Service Area***

Adams, Athens, Belmont, 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

# 2023 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 like you for over 30 years. Our mission is to make a lasting difference in our members' lives by giving them resources to improve their health and well-being. CareSource Dual Advantage™ (HMO D-SNP) gives you more benefits, more savings, more care... and no hidden costs.

### More benefits than basic Medicare

The CareSource Dual Advantage plan (Part C) provides you with all the benefits of Part A and Part B, plus prescription drug coverage (Part D). But we offer more than just basic Medicare benefits. Our plan offers additional benefits such as preventive and comprehensive dental, vision care, and eyewear.

### New for 2023!

CareSource Dual Advantage now offers more to help you stay healthy and save money.

- \$0 copay for Tier 1 (Preferred Generic) drugs
- Enhanced hearing aid benefit at no additional cost
- Flex allowance debit card to use up to \$1,250 for supplemental hearing, vision, and dental services and accessories
- Unlimited transportation to plan-approved, health-related locations
- Increased allowances for over the counter (OTC) items (up to \$375), eyewear (up to \$450), and dental care (up to \$4,500)
- Special Supplemental Benefits for the Chronically Ill\*:
  - Eligible members receive up to 60 hours per year of support through Papa Companion Care Services for everyday needs like grocery shopping and household chores.
  - Through use of a debit card, members receive \$50 per month to spend on healthy foods and produce such as milk, eggs, fruits, vegetables, and more with participating retailers.

\*The benefits mentioned are a part of special supplemental program for the chronically ill. Not all members qualify.

## TIPS FOR COMPARING YOUR MEDICARE CHOICES

This Summary of Benefits booklet is a summary of what CareSource Dual Advantage covers and what you pay.

- If you want to compare our plan with other Medicare health plans in your area, 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 the “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 by joining CareSource Dual Advantage.
- Another choice is to get your Medicare through Original Medicare (fee-for-service Medicare). Original Medicare is run directly by the federal government.

## ABOUT THE PLAN

CareSource Dual Advantage is a Medicare Advantage Special Needs Plan (D-SNP) plan with a Medicare contract. This means that in addition to CareSource Dual Advantage coverage, Ohio Medicaid also shares some of the cost for your health care services.

How much Medicaid covers depends on your income, resources, and other factors. Some people get full Medicaid benefits. Some only get help to pay for certain Medicare costs, which may include premiums, deductibles, coinsurance, or copays.

If your category of Medicaid eligibility changes, your cost share may also increase or decrease. **You must renew your Medicaid enrollment to continue to receive your Medicaid coverage.**

## WHAT DO WE COVER?

With CareSource Dual Advantage, you will have coverage for services like inpatient hospital stays and preventive care. We also provide extra benefits that Original Medicare doesn't cover. To learn more about the benefits we offer, go to page 5.

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/DSNP](https://www.CareSource.com/DSNP).

You can see the complete list of covered Part D drugs (Formulary) and any restrictions on our website, [CareSource.com/DSNP](https://www.CareSource.com/DSNP) or call us and we will send you a copy of the drug list.

## WHO CAN JOIN?

To join CareSource Dual Advantage you must meet the following:

- Be entitled to Medicare Part A;
- Be enrolled in Medicare Part B;
- Be enrolled in one of the following:
  - **Qualified Medicare Beneficiary (QMB):** You get Medicaid coverage of Medicare cost-share but are not eligible for full Medicaid benefits. Medicaid pays your Part A and Part B premiums, deductibles, coinsurance, and copayments amounts only. You pay nothing, except for Part D prescription drug copays.
  - **Qualified Medicare Beneficiary Plus (QMB+):** You get Medicaid coverage of Medicare cost-share and are also eligible for full Medicaid benefits. Medicaid pays your Part A and Part B premiums, deductibles, coinsurance, and copayment amounts. You pay nothing, except for Part D prescription drug copays.
  - **Full Benefits Dual Eligible (FBDE):** Medicaid may provide limited assistance with Medicare cost-sharing. Medicaid also provides full Medicaid benefits. You are eligible for full Medicaid benefits. At times you may also be eligible for limited assistance from the State Medicaid Office in paying your Medicare cost share amounts. Generally, your cost share is 0% when the service is covered by both Medicare and Medicaid. There may be cases where you have to pay cost sharing when a service or benefit is not covered by Medicaid.
- Be a United States citizen or lawfully present in the United States;
- Live in our plan's service area.

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

Adams, Athens, Belmont, 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

## WHICH DOCTORS, HOSPITALS AND PHARMACIES CAN I USE?

CareSource Dual Advantage 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 use network pharmacies to fill your prescriptions for covered Part D drugs.

You can go to [CareSource.com/DSNP](https://www.caresource.com/DSNP) 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*.

# Questions?

If you are currently a member of this plan, call us toll-free at **1-833-230-2020 (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/DSNP](https://www.CareSource.com/DSNP).

## Hours of Operation

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

## Member Services

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 **1-833-230-2020**. (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 **1-833-230-2020**. (Los usuarios de TTY deben llamar al **711**.)

| MONTHLY PREMIUM, DEDUCTIBLE AND LIMITS   |   |
|--|---|
|  | CareSource Dual Advantage   |
| Monthly Premium  | \$0   |
| Annual Deductible<br>(See the <i>Prescription Drug Coverage</i> section for the Part D deductible) | \$0   |
| Annual Out-of-Pocket Maximum<br>(the limit on how much you will pay in a year)                     | \$0 annually for Medicare-covered services from in-network providers. |

## CareSource Dual Advantage 2023 Summary of Benefits Chart

Cost sharing for Medicare-covered benefits in the chart below are based on your level of Ohio Medicaid eligibility. Your services are paid first by Medicare and then by Medicaid. If a benefit is used up by Medicare, then Ohio Medicaid may provide coverage. No matter what your level of Medicaid eligibility is, CareSource Dual Advantage will cover the benefits described below.

If you have questions about your Medicaid eligibility and what benefits you are entitled to, call Ohio Department of Medicaid (ODM), 1-800-324-8680 for TTY call 711 during the hours of 7 a.m. - 8 p.m., Monday through Friday; 8 a.m. - 5 p.m., Saturday.

### COVERED MEDICAL AND HOSPITAL BENEFITS — IN-NETWORK ONLY

If you use providers that are not in our network, you may be responsible for the full cost of these services.

|  | CareSource Dual Advantage   | Ohio Medicaid |
|--|---|---------------|
| <b>Inpatient Hospital Care<sup>1</sup></b>                             | Days 1 through 60<br>\$0 copay per day                                  | Covered       |
| <b>Outpatient Hospital Care<sup>1</sup></b>                            | \$0 copay   | Covered       |
| <b>Ambulatory Surgical Center<sup>1</sup></b>                          | \$0 copay   | Covered       |
| <b>Doctor's Office Visits</b>  | <b>Primary care physician visit (PCP)</b> (Including Telehealth Visits) |               |
|  | \$0 copay   | Covered       |
|  | <b>Specialist visit</b>   |               |
|  | \$0 copay   | Covered       |
| <b>Preventive Care</b>   | \$0 copay   | Covered       |
| <b>Emergency Care</b>  | \$0 copay   | Covered       |
| <b>Urgently Needed Services</b>  | \$0 copay   | Covered       |
| <b>Diagnostic Tests, Lab/Radiology Services and X-Rays<sup>1</sup></b> | <b>Diagnostic tests and procedures</b>                                  |               |
|  | \$0 copay   | Covered       |
|  | <b>Lab services</b>   |               |
|  | \$0 copay   | Covered       |
|  | <b>Diagnostic radiology services</b> (such as MRIs, CT scans)           |               |
|  | \$0 copay   | Covered       |
|  | <b>Outpatient x-rays</b>  |               |
|  | \$0 copay   | Covered       |

Services with a <sup>1</sup> may require prior authorization.

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, you may be responsible for the full cost of these services.

|  | CareSource Dual Advantage  | Ohio Medicaid                    |
|--|--|----------------------------------|
| <b>Hearing Services</b>                                | <b>Exam to diagnose and treat hearing and balance issues</b>   |                                  |
|  | \$0 copay  | Covered                          |
|  | <b>Routine hearing exam</b>  |                                  |
|  | \$0 copay, 1 every year  | Covered                          |
|  | <b>Hearing aids<sup>2</sup></b>  |                                  |
|  | \$0 copay<br>TruHearing®† Advanced model hearing aids (available in rechargeable options), one per ear every 2 years<br><b>Hearing aid purchase includes:</b> <ul style="list-style-type: none"> <li>– <u>Unlimited</u> follow up visits within the first year of hearing aid purchase</li> <li>– 60-day trial period</li> <li>– 3-year extended warranty</li> <li>– 80 batteries per aid for non-rechargeable models</li> </ul> | Covered                          |
| <b>Dental Services</b><br>(continued on the next page) | <b>Medicare-covered services</b>   | <b>Medicaid-covered services</b> |
|  | \$0 copay  | Covered                          |
|  | <b>Preventive dental<sup>2</sup></b>   |                                  |
|  | \$0 copay for a single office visit that includes: <ul style="list-style-type: none"> <li>– 1 cleaning every six months</li> <li>– 1 dental x-ray every year</li> <li>– 1 oral exam every six months</li> <li>– 1 fluoride treatment every six months</li> </ul>   | Covered                          |

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.

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**COVERED MEDICAL AND HOSPITAL BENEFITS — IN-NETWORK ONLY** (continued)

If you use providers that are not in our network, you may be responsible for the full cost of these services.

|   | CareSource Dual Advantage   | Ohio Medicaid |
|---|---|---------------|
| <b>Dental Services</b><br>(continued)   | <b>Comprehensive dental<sup>2</sup></b>   |               |
|   | \$0 copay<br>Includes simple extractions, minor restorations, periodontics, and other non-Medicare covered comprehensive dental services such as occlusal guards and implants | Covered       |
|   | <b>Preventive and comprehensive dental allowance</b>  |               |
|   | \$4,500 maximum plan coverage amount for preventive and comprehensive dental benefits.  | Covered       |
| <b>Vision Services</b>  | <b>Exam to diagnose and treat diseases and conditions of the eye</b>  |               |
|   | \$0 copay   | Covered       |
|   | <b>Routine eye exam</b> (1 every year)  |               |
|   | \$0 copay   | Covered       |
|   | <b>Eyewear<sup>2</sup></b>  |               |
|   | \$0 copay, \$450 maximum plan coverage amount for routine eyewear every year  | Covered       |
|   | <b>Eyeglasses or contact lenses after cataract surgery</b>  |               |
|   | \$0 copay   | Covered       |
| <b>Mental Health Care<sup>1</sup></b><br>Lifetime limit:<br>Up to 190 days inpatient care in a psychiatric hospital | <b>Inpatient visit</b>  |               |
|   | Days 1 through 60<br>\$0 copay per day  | Covered       |
|   | <b>Outpatient group therapy visit</b> (psychiatrist provided)   |               |
|   | \$0 copay   | Covered       |
|   | <b>Outpatient individual therapy visit</b> (psychiatrist provided)  |               |
|   | \$0 copay   | 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, you may be responsible for the full cost of these services.

|   | CareSource Dual Advantage               | Ohio Medicaid |
|---|---|---------------|
| <b>Skilled Nursing Facility<sup>1</sup></b><br>Limited to 100 days per benefit period | Days 1 through 100<br>\$0 copay per day | Covered       |
| <b>Physical Therapy<sup>1</sup></b>   | \$0 copay                               | Covered       |
| <b>Ambulance<sup>1</sup></b>  | \$0 copay                               | Covered       |
| <b>Transportation</b>   | \$0 copay                               | Covered       |
| <b>Medicare Part B Drugs<sup>1</sup></b><br>(including chemotherapy)                  | \$0 copay                               | Not covered   |

Services with a <sup>1</sup> may require prior authorization.

Amounts shown are what you pay. Services are covered in-network only except for emergency care and ambulance.

## PREScription DRUG COVERAGE

Our plan groups each drug into one of five "tiers." You can use our drug list (formulary) located on [CareSource.com/DSNP](https://www.caresource.com/DSNP) to locate your drug's tier and cost sharing, and if your drug has additional requirements such as prior authorization or quantity limits. The amount you pay depends on if you qualify for "Extra Help," the drug's tier, what pharmacy you use, and what stage of the benefit you are currently in.

**Important Message About What You Pay for Vaccines** – Our plan covers most Part D vaccines at no cost to you even if you haven't paid your deductible. Call Member Services toll-free at **1-833-230-2020 (TTY: 711)** or access our website at [CareSource.com/DSNP](https://www.caresource.com/DSNP).

**Important Message About What You Pay for Insulin** – You won't pay more than \$35 for a one-month supply of each insulin product covered by our plan, no matter what cost-sharing tier it's on, even if you haven't paid your deductible.

### PREScription DRUG BENEFITS— IN-NETWORK ONLY

If you use pharmacies that are not in our network, you may be responsible for the full cost.

#### CareSource Dual Advantage

##### PHASE 1: DEDUCTIBLE

You pay the full cost of Tiers 2, 3, 4, and 5 drugs until you meet the deductible. (Tier 1 drug coverage begins in the Initial Coverage phase.)

**Part D Deductible**

\$505

##### PHASE 2: INITIAL COVERAGE

You stay in this phase until your total yearly drug costs reach \$4,660. This total includes drug costs paid by both you and our Part D plan. If you receive Extra Help, go to the Getting Extra Help section for additional cost-sharing information.

#### Standard Retail and Standard Mail Order Cost-Sharing

##### 1-month supply or 3-month supply

|                             |  |
|-----------------------------|--|
| Tier 1 (Preferred Generic)  | \$0 copay  |
| Tier 2 (Generic)            | 25% of the total cost or applicable Low-Income Subsidy (LIS) copay |
| Tier 3 (Preferred Brand)    | 25% of the total cost or applicable Low-Income Subsidy (LIS) copay |
| Tier 4 (Non-Preferred Drug) | 25% of the total cost or applicable Low-Income Subsidy (LIS) copay |
| Tier 5 (Specialty Tier)*    | 25% of the total cost or applicable Low-Income Subsidy (LIS) copay |

**Some prescription drugs have additional requirements. You can look at our drug list (formulary) to see if your drug requires prior authorization or has quantity limits. Mail order limited to 90-day supply.**

**\*Specialty medications are limited to a 30-day supply and are not available through mail order services.**

**PRESCRIPTION DRUG BENEFITS— IN-NETWORK ONLY**

If you use pharmacies that are not in our network, you may be responsible for the full cost.

**CareSource Dual Advantage****PHASE 3: COVERAGE GAP**

You stay in this phase until your costs total \$7,400. Note, not everyone will enter the coverage gap.

**Standard Retail and Standard Mail Order Cost-Sharing**

|                             |  |
|-----------------------------|--|
| Tier 1 (Preferred Generic)  | \$0 copay  |
| Tier 2 (Generic)            | 25% of the total cost or applicable Low-Income Subsidy (LIS) copay |
| Tier 3 (Preferred Brand)    | 25% of the total cost or applicable Low-Income Subsidy (LIS) copay |
| Tier 4 (Non-Preferred Drug) | 25% of the total cost or applicable Low-Income Subsidy (LIS) copay |
| Tier 5 (Specialty Tier)*    | 25% of the total cost or applicable Low-Income Subsidy (LIS) copay |

**PHASE 4: CATASTROPHIC**

Once you reach this phase, you will stay in this payment stage until the end of the calendar year.

**Standard Retail and Standard Mail Order Cost-Sharing**

|                             |  |
|-----------------------------|--|
| Tier 1 (Preferred Generic)  | \$4.15 or 5% of the total cost (whichever is greater)  |
| Tier 2 (Generic)            | -OR-<br>applicable Low-Income Subsidy (LIS) copay      |
| Tier 3 (Preferred Brand)    | \$10.35 or 5% of the total cost (whichever is greater) |
| Tier 4 (Non-Preferred Drug) | -OR-<br>applicable Low-Income Subsidy (LIS) copay      |
| Tier 5 (Specialty Tier)*    | applicable Low-Income Subsidy (LIS) copay              |

**Some prescription drugs have additional requirements. You can look at our drug list (formulary) to see if your drug requires prior authorization or has quantity limits. Mail order limited to 90-day supply.**

**\*Specialty medications are limited to a 30-day supply and are not available through mail order services.**

## Getting Extra Help

Most CareSource Dual Advantage members receive “Extra Help”. Copays depend on income and resources as outlined in the table below.

| LIS Cost Sharing Chart for Initial Coverage phase  |           |                 |
|--|-----------|-----------------|
| <b>Low Income Subsidy (LIS) or “Extra Help” cost sharing</b><br><b>Part D Drugs – Retail: 1-month supply or 3-month supply</b><br><b>Part D Drugs – Standard Mail Order: 3-month supply</b><br>*Specialty medications are limited to a 30-day supply and/or may only be available through limited distribution |           |                 |
| LIS Level  | Drug Type | Cost Sharing    |
| Federal Poverty Level (FPL) Institutionalized  | Generic   | \$0 copay       |
|  | Brand     | \$0 copay       |
| Federal Poverty Level (FPL) <100%  | Generic   | \$1.45 copay    |
|  | Brand     | \$4.30 copay    |
| Federal Poverty Level (FPL) >100%  | Generic   | \$4.15 copay    |
|  | Brand     | \$10.35 copay   |
| Federal Poverty Level (FPL) 135-149%   | Generic   | 15% coinsurance |
|  | Brand     | 15% coinsurance |

## Other Benefits CareSource Dual Advantage Offers

| ADDITIONAL BENEFITS   |   |
|---|---|
|   | CareSource Dual Advantage   |
| <b>Acupuncture</b><br>(for chronic low back pain)                           | \$0 copay   |
| <b>CareSource24® 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 medications</li> <li>– Learn about healthy eating and staying well</li> </ul> |
| <b>Chiropractic Care</b>  | <p>\$0 copay</p> <p>Includes manipulation of the spine to correct a subluxation (when one or more of the bones of your spine move out of position)</p>  |
| <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>   |
|   | \$0 copay   |
|   | <b>Foot care (podiatry services)</b>  |
|   | <p>\$0 copay</p> <p>Includes foot exams and treatment if you have diabetes-related nerve damage or meet certain conditions</p>  |
| <b>Durable Medical Equipment<sup>1</sup></b><br>(wheelchairs, oxygen, etc.) | \$0 copay   |

Services with a <sup>1</sup> may require prior authorization.

Amounts shown are what you pay. Services are covered in-network only except for emergency care and ambulance.

| ADDITIONAL BENEFITS                    |   |
|--|---|
|  | CareSource Dual Advantage   |
| Fitness                                | <b>Memory fitness</b>   |
|  | <p>\$0 copay</p> <p>Includes an online brain health improvement tool with exercises that address attention span, processing speed, short and long-term memory recall, and overall intelligence</p>  |
|  | <b>Physical fitness benefit</b>   |
|  | <p>\$0 copay</p> <p>Includes membership at participating fitness centers and home fitness kit (some kits include a wearable fitness tracker)</p>  |
| Flex Card                              | Through the use of a debit card, members can purchase up to \$1,250 per year on dental, hearing, and vision services and accessories  |
| Home Health Care <sup>1</sup>          | \$0 copay   |
| Hospice                                | <p>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.</p>  |
| Meals                                  | Two meals a day for 25 days after each observation or acute inpatient hospitalization stay, up to \$2,400 every year  |
| MyHealth Online Tool                   | <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> |
| Outpatient Rehabilitation <sup>1</sup> | <b>Cardiac (heart) rehab services</b>   |
|  | \$0 copay   |
|  | <b>Occupational therapy visits</b>  |
|  | \$0 copay   |
|  | <b>Speech and language therapy visit</b>  |
|  | \$0 copay   |
|  | <b>Supervised exercise therapy (SET)</b>  |
|  | \$0 copay   |

Services with a <sup>1</sup> may require prior authorization.

Amounts shown are what you pay. Services are covered in-network only except for emergency care and ambulance.

| ADDITIONAL BENEFITS   |   |
|---|---|
|   | CareSource Dual Advantage   |
| Outpatient Substance Abuse  | Group therapy visit   |
|   | \$0 copay   |
|   | Individual therapy visit  |
|   | \$0 copay   |
| Over-the-Counter (OTC) Items  | Through the use of a debit card, members can purchase up to \$375 of approved items every three months. Unused portions do not carry over to the next period.   |
| Personal Emergency Response System (PERS)   | A PERS consists of a home monitoring device that sends an alert to a 24-hour call center in the event of an emergency   |
| Prosthetic Devices <sup>1</sup><br>(braces, artificial limbs, etc.)                     | Prosthetic devices  |
|   | \$0 copay   |
|   | Related medical supplies  |
|   | \$0 copay   |
| Renal Dialysis  | \$0 copay   |
| Special Supplemental Benefits for the Chronically Ill (SSBCI) <sup>1*</sup>             | Social needs benefit  |
|   | \$0 copay<br>For up to 60 hours per year, members have access to Papa Pals, a network of friendly helpers available both in-person and virtually via a phone call. Papa Pals can support you with everyday tasks such as running errands, folding laundry, grocery shopping, preparing dinner, technology support, transportation for shopping and errands, helping with pets or simply providing great conversation. |
|   | Food and produce  |
|   | \$0 copay<br>Members who qualify use a debit card to purchase up to \$50 per month of healthy food and produce with participating retailers. Items include milk, eggs, bread, juices, water, yogurts, fruits, vegetables, and more. <b>Unused allowances will not be carried over to the following month.</b>   |
| Therapeutic radiology services <sup>1</sup><br>(such as radiation treatment for cancer) | \$0 copay   |
| Worldwide ER and Urgent Care  | \$0 copay, \$10,000 maximum plan benefit coverage amount  |

Services with a <sup>1</sup> may require prior authorization.

Amounts shown are what you pay. Services are covered in-network only except for emergency care and ambulance.

\*The benefits mentioned are a part of special supplemental program for the chronically ill. Not all members qualify. Contact your Care Manager or Member Services to determine eligibility.



This information is not a complete description of benefits. Call **1-833-230-2020 (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 D-SNP with a Medicare contract. Enrollment in CareSource Ohio, Inc. depends on contract renewal.



CareSource complies with applicable state and federal civil rights laws. We do not discriminate, exclude people, or treat them differently because of age, gender, gender identity, color, race, disability, national origin, ethnicity, marital status, sexual preference, sexual orientation, religious affiliation, health status, or public assistance status. CareSource offers free aids and services to people with disabilities or those whose primary language is not English. We can get sign language interpreters or interpreters in other languages so they can communicate effectively with us or their providers. Printed materials are also available in large print, braille or audio at no charge. Please call Member Services at the number on your CareSource ID card if you need any of these services. If you believe we have not provided these services to you or discriminated in another way, you may file a grievance.

Mail: CareSource  
Attn: Civil Rights Coordinator  
P.O. Box 1947  
Dayton, Ohio 45401

Email: CivilRightsCoordinator@CareSource.com  
Phone: 1-800-488-0134 (TTY: 711)  
Fax: 1-844-417-6254

You may also file a civil rights complaint with the U.S. Department of Health and Human Services, Office for Civil Rights:

Mail: U.S. Dept of Health and Human Services  
200 Independence Ave, SW Room 509F HHH Building  
Washington, D.C. 20201

Online: [ocrportal.hhs.gov/ocr/portal/lobby.jsf](http://ocrportal.hhs.gov/ocr/portal/lobby.jsf)

Phone: 1-800-368-1019 (TTY: 1-800-537-7697)

Complaint forms are found at: <http://www.hhs.gov/ocr/office/file/index.html>.



**CareSource.com/DSNP**

# 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: **1-833-230-2020 (TTY: 711)**.



## UNDERSTANDING THE BENEFITS

- ☐ The Evidence of Coverage (EOC) provides a complete list of all coverage and services. It is important to review plan coverage, costs and benefits before you enroll. Visit **CareSource.com/DSNP** or call **1-833-230-2020 (TTY: 711)** 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 medicine is in the network. If the pharmacy is not listed, you will likely have to select a new pharmacy for your prescriptions.
- ☐ Review the formulary to make sure your drugs are covered.

## UNDERSTANDING IMPORTANT RULES

- ☐ 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/co-insurance may change on January 1, 2024.
- ☐ 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).
- ☐ This plan is a dual eligible special needs plan (D-SNP). Your ability to enroll will be based on verification that you are entitled to both Medicare and medical assistance from a state plan under Medicaid and are classified as Qualified Medicare Beneficiary (QMB), Qualified Medicare Beneficiary + (QMB+) or Full-Benefit Dual Eligible (FBDE).





# WHAT HAPPENS NEXT

## What Happens Next as a New CareSource Dual Advantage™ (HMO D-SNP) Member?

Thank you for applying for the CareSource Dual 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, the benefits and 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 **1-833-230-2020 (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 through 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

You can complete the 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 included in your new member kit and return it with the included business reply envelope.

If you need help completing the assessment, call our Member Assessment Team at **1-833-230-2011 (TTY: 711)**. Your enrollment specialist can help you complete this along with your application.



**4. YOU WILL RECEIVE A CALL FROM OUR CARE MANAGEMENT TEAM** within the first 90 days of your membership. A nurse or outreach worker from our team will be able to help address special medical problems, coordinate your health care needs and more!

## 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](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 — 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  
P.O. 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 1-844-829-6903.  
TTY users can call 711.

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

**En español:** Llame a CareSource al 1-844-829-6903 (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.

## Individuals experiencing homelessness

If you want to join a plan but have no permanent residence, a Post Office Box, an address of a shelter or clinic, or the address where you receive mail (e.g., social security checks) may be considered your permanent residence address.

According to the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it displays a valid OMB control number. The valid OMB control number for this information collection is 0938-1378. The time required to complete this information is estimated to average 20 minutes per response, including the time to review instructions, search existing data resources, gather the data needed, and complete and review the information collection. If you have any comments concerning the accuracy of the time estimate(s) or suggestions for improving this form, please write to: CMS, 7500 Security Boulevard, Attn: PRA Reports Clearance Officer, Mail Stop C4-26-05, Baltimore, Maryland 21244-1850.

### IMPORTANT

Do not send this form or any items with your personal information (such as claims, payments, medical records, etc.) to the PRA Reports Clearance Office. Any items we get that aren't about how to improve this form or its collection burden (outlined in OMB 0938-1378) will be destroyed. It will not be kept, reviewed or forwarded to the plan. See "What happens next?" on this page to send your completed form to the plan.



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

### Select the plan you want to join:

☐ CareSource Dual Advantage™ (HMO D-SNP)

|   |   |                           |
|---|---|---------------------------|
| FIRST name:                               | LAST name:  | Optional: Middle Initial: |
| Birth date: (MM/DD/YYYY)<br>(   /   /   ) | Sex:<br><input type="checkbox"/> Male <input type="checkbox"/> Female | Phone number:<br>(   )    |

### 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:**   \_ \_ \_ \_ \_ - \_ \_ \_ \_ \_ - \_ \_ \_ \_ \_

## 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: |
|-------------------------|----------------------------------|---------------------------------|

Are you presently on Medicaid?

☐ Yes   ☐ No

If yes, is your eligibility level one of the following?

☐ QMB   ☐ QMB+   ☐ FBDE

**Medicaid Number (length varies by state):**

## IMPORTANT: Read and sign below:

- I must keep both Hospital (Part A) and Medical (Part B) to stay in CareSource.
- By joining this Medicare Advantage, 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.
- I understand that I can be enrolled in only one MA plan at a time – and that enrollment in this plan will automatically end my enrollment in another MA plan (exceptions apply for MA PFFS, MA MSA plans).
- 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.
- 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 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:
  - This person is authorized under State law to complete this enrollment, and
  - 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.**

Are you Hispanic, Latino/a, or Spanish origin? Select all that apply.

- |   |  |
|---|--|
| <input type="checkbox"/> No, not of Hispanic, Latino/a, or Spanish origin   | <input type="checkbox"/> Yes, Mexican, Mexican American, Chicano/a |
| <input type="checkbox"/> Yes, Puerto Rican                                  | <input type="checkbox"/> Yes, Cuban                                |
| <input type="checkbox"/> Yes, another Hispanic, Latino/a, or Spanish origin |  |
| <input type="checkbox"/> I choose not to answer.                            |  |

Are you Hispanic, Latino/a, or Spanish origin? Select all that apply.

- |   |   |  |
|---|---|--|
| <input type="checkbox"/> American Indian or Alaska Native | <input type="checkbox"/> Asian Indian           | <input type="checkbox"/> Black or African      |
| <input type="checkbox"/> American Chinese                 | <input type="checkbox"/> Filipino               | <input type="checkbox"/> Guamanian or Chamorro |
| <input type="checkbox"/> Japanese                         | <input type="checkbox"/> Korean                 | <input type="checkbox"/> Native Hawaiian       |
| <input type="checkbox"/> Other Asian                      | <input type="checkbox"/> Other Pacific Islander | <input type="checkbox"/> Samoan                |
| <input type="checkbox"/> Vietnamese                       | <input type="checkbox"/> White                  |  |
| <input type="checkbox"/> I choose not to answer.          |   |  |

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.

- ☐ Braille                      ☐ Large print                      ☐ Audio CD

Please contact CareSource at **1-833-230-2020** 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., Monday through Friday, and from October 1 through March 31, we are open the same hours, seven days a week. 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:

### PRIVACY ACT STATEMENT

The Centers for Medicare & Medicaid Services (CMS) collects information from Medicare plans to track beneficiary enrollment in Medicare Advantage (MA) Plans, improve care, and for the payment of Medicare benefits. Sections 1851 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)

Requested effective coverage date

*FOR AGENT USE ONLY*

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





**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 apply 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:

### 2023 Medicare Star Ratings



#### CareSource - H6396

For 2023, 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 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 833-230-2020 (toll-free) or 711 (TTY).



**CareSource.com/DSNP**