

OHIO

# Medicare Advantage Dual Special Needs Plan

CareSource Dual Advantage™  
(HMO D-SNP)

2024



# Welcome!

Thank you for considering  
CareSource Dual Advantage!

Selecting the **Dual Special Needs Plan** that  
is right for you is a very important decision  
for your peace of mind and health.

Our goal today:

Help you by sharing the information  
you need so you can make an  
**informed decision** about your  
health care needs.



# CARESOURCE

## Our Vision

**Transforming lives through innovative health and life services.**

It's not just about making a change.  
It's about making a **difference.**

# Our Mission

To make a **lasting difference** in our members' lives by improving their health and well-being.



## ABOUT US

A nonprofit health care plan and national leader in Managed Care

30+ year history of serving varied populations across multiple states and insurance products

Currently serving over 2.3 million members\* in

Arkansas, Georgia, Indiana, Kentucky, North Carolina, Ohio and West Virginia

4,500 employees located across 30 states



**2.35M+**  
members



Based on members enrolled in all CareSource product lines across all states as of 1/1/2023

# Today's Discussion

Today we will review the following topics to provide additional information about your Medicare options, including:

- **Medicare eligibility**
- **ABCDs of Medicare**
- **Accessing your care**
- **CareSource Dual Advantage benefits**
- **How to enroll**
- **What to expect (after you enroll)**



# About Me

## MY EXPERIENCE

- My background and expertise
- My personal mission

## As a Licensed Sales Agent:

- I do not represent the government, Medicare or Medicaid.
- I may be compensated based on your enrollment.
- I want you to know that you are under no obligation to join a plan.

# CareSource Dual Advantage Eligibility

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



# ABCDs of Medicare

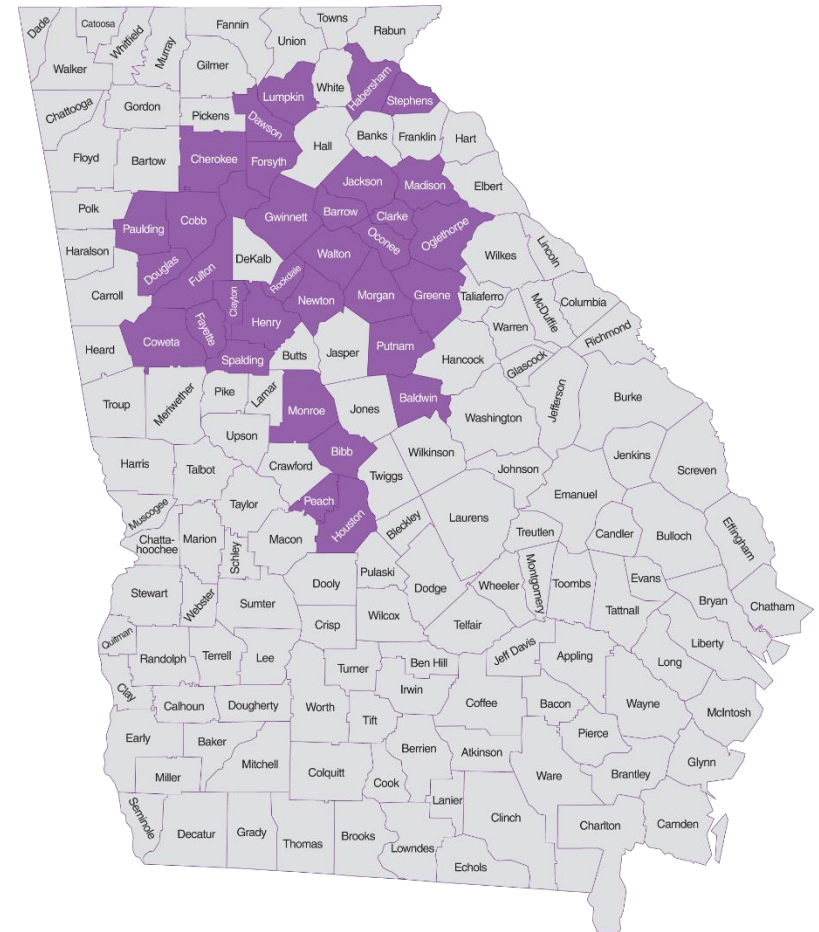
Original Medicare



# Service Area

## Covered Counties:

**Baldwin, Barrow, Bibb, Cherokee, Clarke, Clayton, Cobb, Coweta, Dawson, Douglas, Fayette, Forsyth, Fulton, Greene, Gwinnett, Habersham, Henry, Houston, Jackson, Lumpkin, Madison, Monroe, Morgan, Newton, Oconee, Oglethorpe, Paulding, Peach, Putnam, Rockdale, Spalding, Stephens, Walton**





You deserve more than  
just basic Medicare...

**more benefits,  
more savings,  
more care.**



# \$0 Copay Covered Benefits



**Primary Care Provider  
(PCP) / Specialist Office  
Visits**



**Inpatient Hospital Care**



**Emergency Room (ER)  
Visits**



**Urgent Care Visits**



**Preventive Care**



**Home Health Care**



**Ambulance Services**



**Durable Medical Equipment  
(DME)**



**Telehealth Provider or  
Behavioral Health Visit**



**Annual Physical**



# Extra Benefits

CareSource Dual Advantage also includes the following extra services (still no cost to you!) to help you live your best life:



**\$4,000 annual limit for preventive and comprehensive dental care including inlays, outlays and crowns**



**Routine vision exam, \$350 annual allowance for glasses and/or contacts**



**60 one-way trips for plan-approved health-related locations – including doctor visits, pharmacy, gym & grocery**



**2 meals per day for 14 days following an observation or inpatient stay** (max amount \$2,400 per year)



**Personal Emergency Response System (PERS)**



**\$500 per quarter over-the-counter (OTC) allowances to use at participating retailers** (unused allowances will not be carried forward into the following quarter)



**TruHearing® advanced model hearing aids every 3 years** (one hearing aid per ear)



**\$1,100 Flex annual allowance to use toward dental, hearing and vision**



**Silver&Fit® gym membership, home fitness kit** (options include Fitbit® & Garmin® trackers), digital workouts and online resources



**BrainHQ® online brain health improvement tool**



# BrainHQ Brain Health



**BrainHQ® provides the exercise your brain needs to be at its sharpest.**

**Think of it as a personal gym where you exercise your memory, attention, brain speed, people skills, navigation, intelligence and more!**

**With over 30 years of development and research, BrainHQ offers cognitive training that's completely tailored to you. BrainHQ can be accessed using a computer, tablet or mobile device.**



# Prescription Drug Benefits

## CareSource Dual Advantage covers most prescription drugs.

Your CareSource representative can help look up your medications and the costs. Using drugs on our preferred drug list will lower your out-of-pocket costs.

**NEW in 2024** – you can fill up to 102-day supplies of your Part D prescription drugs.

Your prescription drug copays will depend on the amount of “Extra Help” you receive. Some people qualify for “Extra Help” automatically and other people have to apply.



# Prescription Drug Benefits

## What do you pay for your Part D prescription Drugs?

Drug Tiers	30 day retail	60 day retail	Up to 102 day mail order
Tier 1 Preferred Generic drugs	\$0 copay	\$0 copay	\$0 copay
Tier 2 Generic drugs	25% coinsurance or applicable LIS copay	25% coinsurance or applicable LIS copay	25% coinsurance or applicable LIS copay
Tier 3 Preferred Brand drugs	Same as Tier 2	Same as Tier 2	Same as Tier 2
Tier 4 Non preferred Brand drugs	Same as Tier 2	Same as Tier 2	Same as Tier 2
Tier 5 Generic and Brand Specialty drugs	Same as Tier 2	N/a	N/a

If you receive “Extra Help” to pay for your **prescription drugs**, your costs for covered drugs will depend on the level of “Extra Help” you receive during the Initial Coverage phase. During the Catastrophic Coverage Stage, your costs will be \$0.



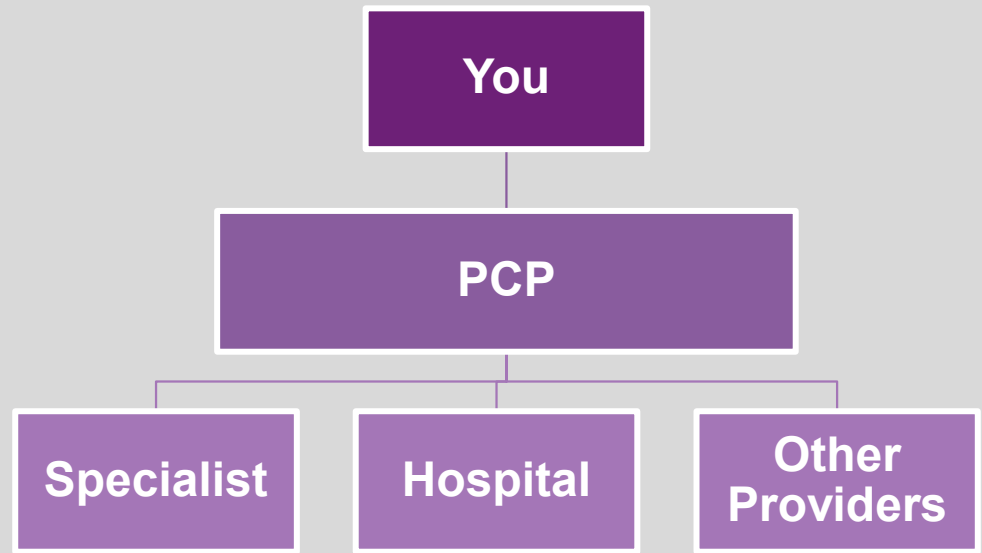
# What Is Extra Help?

- **Help paying for any Medicare drug plan's monthly premium, yearly deductible and prescription copayments.**
- **People with limited income and resources may qualify for "Extra Help" from Medicare (also known as Low-Income Subsidy). Some people automatically qualify for Extra Help and don't need to apply. Medicare mails a letter to people who automatically qualify for Extra Help.**
- **Haven't received your letter? We can help!**



# The role of your Primary Care Provider

You can depend on us to work with your health care providers and pharmacists to maintain your health. We encourage you to select a CareSource Dual Advantage in-network primary care provider (PCP) that will coordinate all your health care needs except for urgent and emergency care and out-of-area dialysis services.



You may change your PCP at any time. Our Member Services team can help you find a new in-network doctor with an office location near you!



For those times when you can't get a same-day appointment with your provider, or your provider's office is closed, Teladoc is a great option to use from the comfort of your home. Skip the trip and the wait. Save money, time and worry when you use Teladoc. You and your family can talk to a Teladoc provider by phone or video from wherever you are.



# How to Apply for Extra Help and Medicare Savings Programs

## EXTRA HELP

Complete an application with Social Security:

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

## MEDICARE SAVINGS PROGRAMS

Fill out and hand in a Medicare Savings Program application or:

- **Online** at [www.medicare.gov/medicare-savings-programs](https://www.medicare.gov/medicare-savings-programs)



# Let's Get You Enrolled

with my help today!

**COMPLETE AN APPLICATION!**

By calling

**1 844-823-6880 (TTY: 1-833-711-4711 or 711)**

Online at

**CareSource.com/DSNP**

Online at

**Medicare.gov**

# In the Next Few Weeks



CareSource will process your application and confirm your eligibility.



Medicare will confirm your enrollment.



You'll receive your confirmation letter or call & Low-Income Subsidy rider (if eligible).



Receive your CareSource member ID card within a few weeks after you enroll.



Your New Member Kit will arrive in the mail.



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



# What to Expect

## As a New CareSource Dual Advantage Member:

1

You will receive a Welcome call from a CareSource representative to answer any questions about your new plan.

2

Help with scheduling an Annual Wellness Visit with an in-network provider (at no cost to you!) and other preventive screenings.

3

Expect to hear from our Care Management team within the next 90 days.



# CareSource Care Management

**CareSource has nurses and other outreach workers on staff who can work with you one-on-one to help coordinate your health care needs. They may contact you by phone.**

**Our staff is trained to help you with any special medical problems like asthma, cancer, diabetes or other medical conditions. We can also work with you if you need help figuring out when to get medical care from your provider, an urgent care center or the emergency room and more.**

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



# My CareSource®

## Your Personal Online Account

Get the most out of  
your member experience.

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

Visit [MyCareSource.com](https://www.mycaresource.com) to sign up now!  
It's fast, easy and secure.

Want to talk to someone instead? Call us at

**1-833-230-2020**

**(TTY: 1-833-711-4711 or 711)**

From Oct. 1 to Mar. 31, seven days a week  
8 a.m. – 8 p.m.

From Apr. 1 to Sep. 30, Monday – Friday  
8 a.m. – 8 p.m.



Thanks for Your Time

# Any Questions?

**Here's Where to Find Information:**

CareSource.com/DSNP

"Medicare and You" handbook Medicare.gov

Call us!

**1-844-823-6880 (TTY: 711)**



**CareSource is an HMO D-SNP with a Medicare and state Medicaid contract. Enrollment in CareSource depends on contract renewal.**

**Contact CareSource:**

**Sales/Enrollment: 1-844-823-6880 (TTY: 1-833-711-4711 or 711)**

**Member Services: 1-833-230-2020 (TTY: 1-833-711-4711 or 711)**

**Hours of operation for both Sales and Member Services:**

**From October 1 to March 31, seven days a week from 8 a.m. to 8 p.m.**

**From April 1 to September 30, Monday through Friday from 8 a.m. to 8 p.m.**

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

**If you wish to file a complaint about an agent or marketing materials, please contact Member Services at 1 833 230 2020 (TTY: 833 711 4711) October 1 to March 31, seven days a week from 8 a.m. to 8 p.m., and April 1 to September 30, Monday through Friday from 8 a.m. to 8 p.m. When possible, please include the agent or broker s name in your complaint.**

**English:** We have free interpreter services to answer any questions you may have about our health or drug plan. To get an interpreter, just call us at **1-833-230-2020**. Someone who speaks your language can help you. This is a free service.

**Spanish:** Tenemos servicios de intérprete sin costo alguno para responder cualquier pregunta que pueda tener sobre nuestro plan de salud o medicamentos. Para hablar con un intérprete, por favor llame al 1-833-230-2020. Alguien que hable español le podrá ayudar. Este es un servicio gratuito.

**Chinese Mandarin:** 我们提供免费的翻译服务，帮助您解答关于健康或药物保险的任何疑问。如果您需要此翻译服务，请致电 1-833-230-2020。我们的中文工作人员很乐意帮助您。这是一项免费服务。

**Chinese Cantonese:** 您對我們的健康或藥物保險可能存有疑問，為此我們提供免費的翻譯服務。如需翻譯服務，請致電 1-833-230-2020。我們講中文的人員將樂意為您提供幫助。這是一項免費服務。

**Tagalog:** Mayroon kaming libreng serbisyo sa pagsasalang-wika upang masagot ang anumang mga katanungan ninyo hinggil sa aming planong pangkalusugan o panggamot. Upang makakuha ng tagasaling-wika, tawagan lamang kami sa 1-833-230-2020. Maaari kayong tulungan ng isang nakakapagsalita ng Tagalog. Ito ay libreng serbisyo.

**French:** Nous proposons des services gratuits d'interprétation pour répondre à toutes vos questions relatives à notre régime de santé ou d'assurance-médicaments. Pour accéder au service d'interprétation, il vous suffit de nous appeler au 1-833-230-2020. Un interlocuteur parlant Français pourra vous aider. Ce service est gratuit.

**Vietnamese:** Chúng tôi có dịch vụ thông dịch miễn phí để trả lời các câu hỏi về chương sức khỏe và chương trình thuốc men. Nếu quý vị cần thông dịch viên xin gọi 1-833-230-2020 sẽ có nhân viên nói tiếng Việt giúp đỡ quý vị. Đây là dịch vụ miễn phí.

**German:** Unser kostenloser Dolmetscherservice beantwortet Ihren Fragen zu unserem Gesundheits- und Arzneimittelpflicht. Unsere Dolmetscher erreichen Sie unter 1-833-230-2020. Man wird Ihnen dort auf Deutsch weiterhelfen. Dieser Service ist kostenlos.

**Korean:** 당사는 의료 보험 또는 약품 보험에 관한 질문에 대해 드리고자 무료 통역 서비스를 제공하고 있습니다. 통역 서비스를 이용하려면 전화 1-833-230-2020 번으로 문의해 주십시오. 한국어를 하는 담당자가 도와 드릴 것입니다. 이 서비스는 무료로 운영됩니다.

**Russian:** Если у вас возникнут вопросы относительно страхового или медикаментного плана, вы можете воспользоваться нашими бесплатными услугами переводчиков. Чтобы воспользоваться услугами переводчика, позвоните нам по телефону 1-833-230-2020. Вам окажет помощь сотрудник, который говорит по-русски. Данная услуга бесплатная.

**Arabic:** إننا نقدم خدمات المترجم الفوري المجانية للإجابة عن أي أسئلة تتعلق بالصحة أو جنول الأدوية لدينا. للحصول على مترجم فوري، ليس عليك سوى الاتصال بنا على 1-833-230-2020. يقوم شخص ما يتحدث العربية بمساعدتك. هذه خدمة مجانية.

**Hindi:** हमारे स्वास्थ्य या दवा की योजना के बारे में आपके किसी भी प्रश्न के जवाब देने के लिए हमारे पास मुफ्त दुभाषा सेवाएँ उपलब्ध हैं. एक दुभाषा प्राप्त करने के लिए, बस हमें 1-833-230-2020 पर फोन करें. कोई व्यक्ति जो हिन्दी बोलता है आपकी मदद कर सकता है. यह एक मुफ्त सेवा है.

**Italian:** È disponibile un servizio di interpretariato gratuito per rispondere a eventuali domande sul nostro piano sanitario e farmaceutico. Per un interprete, contattate il numero 1-833-230-2020. Un nostro incaricato che parla Italianovi fornirà l'assistenza necessaria. È un servizio gratuito.

**Portuguese:** Dispomos de serviços de interpretação gratuitos para responder a qualquer questão que tenha acerca do nosso plano de saúde ou de medicação. Para obter um intérprete, contacte-nos através do número 1-833-230-2020. Irá encontrar alguém que fale o idioma Português para o ajudar. Este serviço é gratuito.

**French Creole:** Nou genyen sèvis entèprèt gratis pou reponn tout kesyon ou ta genyen konsènan plan medikal ouwa dwòg nou an. Pou jwenn yon entèprèt, jis rele nou nan 1-833-230-2020. Yon moun ki pale Kreyòl kapab ede w. Sa a se yon sèvis ki gratis.

**Polish:** Umożliwiamy bezpłatne skorzystanie z usług tłumacza ustnego, który pomoże w uzyskaniu odpowiedzi na temat planu zdrowotnego lub dawkowania leków. Aby skorzystać z pomocy tłumacza znającego język polski, należy zadzwonić pod numer 1-833-230-2020. Ta usługa jest bezpłatna.

**Japanese:** 当社の健康 健康保険と薬品 処方薬プランに関するご質問にお答えするために、無料の通訳サービスがあります。通訳をご用命になるには、1-833-230-2020にお電話ください。日本語を話す人 者が支援いたします。これは無料のサービスです。

**TTY: 1-833-711-4711 or 711**



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](mailto: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>.



