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# CARESOURCE PRODUCER'S GUIDE

2021

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# ABOUT CARESOURCE

CareSource is nationally recognized for leading the government health programs industry in providing member-centric health care coverage. The company's managed care business model was founded in 1989, and today CareSource is one of the nation's largest Medicaid managed care plans. Headquartered in Dayton, Ohio, the company has built a legacy of providing quality health care coverage for Medicaid consumers. In addition to Medicaid coverage, CareSource has a diverse offering of insurance plans on the Health Insurance Marketplace. The company also offers Medicare plans that help consumers close the gap of coverage as they age. CareSource serves more than 2 million members across five states supported by a growing workforce of 4,500.

At CareSource, our mission is one we take to heart. In fact, we call our mission our "heartbeat." It is the essence of our company, and our unwavering dedication to it is a hallmark of our success.

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

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# DOING BUSINESS WITH CARESOURCE

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# CONTRACTING

To get contracted to sell CareSource health plans, you must utilize one of our exclusive Managing General Agencies located conveniently across your state. [Learn more about our General Agencies here.](#)

To begin the process, please [apply to be a broker here.](#)

# LICENSING & APPOINTMENT

Agents and agencies must be licensed in all states in which an appointment has been requested. Agents and agencies are responsible for maintaining an active license including all educational requirements. Sales Operations will verify license status using National Insurance Producer Registry (NIPR). Failure to maintain valid licensing may be grounds for disciplinary action up to and including a not-for-cause termination. Continuing Education may be required in some states to maintain the license, and it is the sole responsibility of the agent/agency to comply with all state requirements, including continuing education.

When all contracting and certification requirements have been met, Sales Operations will submit state appointment requests to each state requested (if applicable) based on the contracting case. Agent/agency must be appointed (if applicable) in the state(s) in which they intend to solicit and/or sell the CareSource portfolio of products. Agent/agencies are not considered Ready to Sell (RTS) in any state until CareSource has communicated that they are RTS in a specific state.

All levels of the hierarchy must be licensed and appointed (if applicable) in each state in which they or their downline represent CareSource in the marketing and/or sales of the CareSource portfolio of products.

Agents/agencies who are not appropriately credentialed to compliantly initiate a sale may be subject to corrective action up to and including termination. Uplines in the hierarchy who are not appropriately credentialed for a specific sale are not eligible to receive commission overrides on said sale.

# CERTIFICATION

All agents, regardless of level, must successfully complete certification requirements before they are eligible to become appointed with CareSource.

## The following guidelines apply:

**30 calendar-day requirement;** A Medicare sales agent must successfully complete all required certifications within 30 calendar-days of the signature date of the Agreement to move forward with the contracting process.

Medicare agents must provide a current year **America's Health Insurance Plans (AHIP) certificate** to contract with CareSource to sell a CareSource Medicare plan.

Agent must successfully complete all required **CareSource Medicare certifications** within five (5) attempts or fewer with a passing score of 85% or greater.

A Marketplace agent must have a current year **Federally Facilitated Marketplace (FFM) certificate** to contract with CareSource to sell a CareSource Marketplace plan.

**A principal of an entity may certify on behalf of said entity.** If the principal has successfully completed certifications, the entity is considered to have successfully completed certifications.

**Failure to certify timely will result in Sales Operations terminating the contracting process.** Agent may reapply by submitting a completed new contracting packet.

**Agents/agencies who are not appropriately credentialed prior to a Medicare sale** may be subject to corrective action up to and including termination.

**Agents/agencies who are not appropriately credentialed for a Marketplace sale** will not be paid commission on said sale.

In addition to onboarding certification requirements, each year, all active agents must successfully complete all required certifications for the new plan year. Incomplete certifications by December 31 may be subject to termination.

# BROKER PORTAL USERS GUIDE

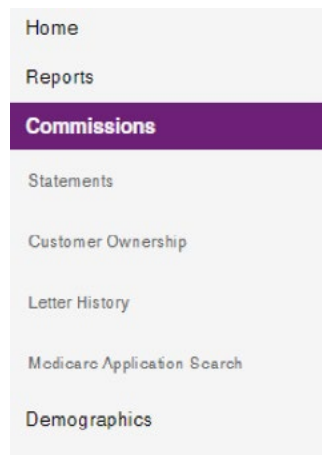
If you have never accessed the Broker Portal, your log on ID will be your NPN number. You will be requested to reset your password even if you have never previously logged in. After logging into the portal, you can view your book of business, statements and demographic information.

<https://caresource.callidusinsurance.net/ICM/FormActionServlet>



To view your book of business, navigate to **Reports > Book of Business**

Also, the **Excel Book of Business** option gives you a more detailed version and can be easily downloaded.

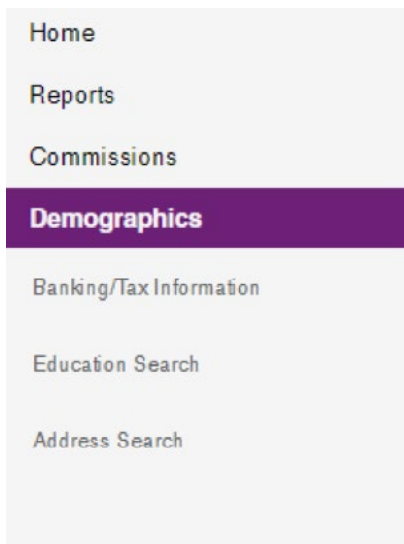


To view commission statements, navigate to **Commissions > Statements**

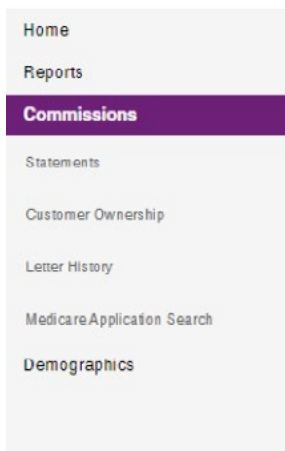
You can view all available statements. Just click on the statement you wish to view. You can then download it in Excel or pdf format.

A screenshot of the 'Statements' table in the Broker Portal. The table has a purple header and a grey background. It contains five rows of data, each with a checkbox, a statement ID, process month, process year, date generated, and three action links: Statement, Attachments, and Production.

<input type="checkbox"/>	StatementType Id	Process Month	Process Year	Date Generated			
<input type="checkbox"/>	Marketplace_Commis...	6	2020	06/10/2020	Statement	Attachments	Production
<input type="checkbox"/>	Marketplace_Commis...	5	2020	05/26/2020	Statement	Attachments	Production
<input type="checkbox"/>	Marketplace_Commis...	4	2020	04/27/2020	Statement	Attachments	Production
<input type="checkbox"/>	Marketplace_Commis...	3	2020	03/26/2020	Statement	Attachments	Production
<input type="checkbox"/>	Marketplace_Commis...	2	2020	02/25/2020	Statement	Attachments	Production



You can access any letters or notifications that we send to you. Additionally, from the **Demographics** tab, you can access your contact information such as address, phone numbers and email address.



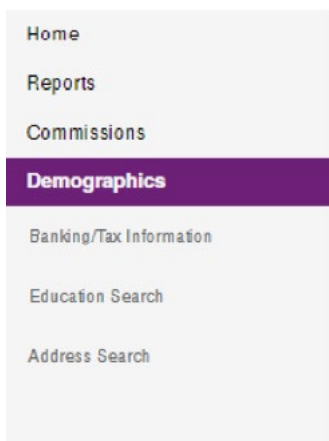
## Commissions

**Statements** – commission statements

**Customer Ownership** – similar to book of business with less detail; shows customer ID and date span of that agent’s ownership

**Letter History** – history of correspondence sent from ICM

**Medicare Application Search** – listing of Medicare applications under their hierarchy



## Demographics

**Banking/Tax Information** – for that person/entity only

**Education Search** – provides listing of education for each agent (sort by License Type ID/Education Status/Producer ID)

**Address Search** – agent demographic information



# COMMISSIONS

## 2021 Plan Year – Medicare Products

- First year = \$539
- Renewal = \$270

## 2021 Plan Year – Marketplace

### *Georgia, Indiana & Ohio*

- New Member = \$19
- Renewal = \$16

### *Kentucky & West Virginia*

- New Member = \$16
- Renewal = \$12

All rates are per member per month (PMPM)

- No cap on members
- Includes SEPs

### *New Member Bonus*

- 50-99 New Members = \$20 PM
- 100+ New Members = \$40 PM

Special bonuses may be offered in addition to these amounts. Commissions are paid on a monthly basis, typically the 16th of the month.

# MARKETING MATERIALS

Printed marketing materials are available for order at no cost to you from our online print shop, [PrintSource](#). After you complete contracting, you should receive an email from our PrintSource system with an invitation to login and create a password.

Digital marketing materials are available to download in the [Producer's section of CareSource.com](#).

# BROKER SERVICE DEPARTMENT

CareSource has a dedicated Broker Services department to support our contracted individual producers throughout the agent life cycle.

We facilitate the CareSource/producer contracting process and verify credentials in order to submit a state appointment and make sure you're ready to sell.

We also manage the payment of commissions and investigate situations of non-payment.

If you have questions about contracting with CareSource or need help, you can reach out to us via email at [salesupport@caresource.com](mailto:salesupport@caresource.com).

# CHANGING AGENT OF RECORD

For a member to change their Agent of Record, the member must complete and sign a [Producer of Record Transfer Form](#) which may be requested from and emailed to [salesupport@caresource.com](mailto:salesupport@caresource.com).

# TRANSFERRING FMO

Please note transfers are not permitted from September 1 – December 31.

## Option A – Transfer with a signed release

- 1) You must have been under your current top of hierarchy for at least three consecutive months.
- 2) Print the “Notice of Intent – Transfer Release Form” and complete the **Transfer Release** portion.
- 3) Obtain signatures from your immediate upline and *the principal* of your top of hierarchy (if different) to authorize release. Signatures must be within 30 calendar days from date of submission to CareSource.
- 4) Request your new upline. Submit an onboarding request to **CareSource Sales Operations** at [salesupport@caresource.com](mailto:salesupport@caresource.com) including the completed Notice of Intent – Transfer Release Form. Signatures must be within 30 calendar days from date of submission to CareSource.

## Option B – Notice of Intent to Transfer

- 1) You must have been under your current top of hierarchy for at least three consecutive months.
- 2) Print the “Notice of Intent – Transfer Release Form” and complete the **Notice of Intent to Transfer** portion and submit it via email to your current top of hierarchy with a carbon copy (CC) to [salessupport@caresource.com](mailto:salessupport@caresource.com).
- 3) 90 calendar days after completion of step #2, request your new upline. Submit an onboarding request to *CareSource Sales Operations* at [salessupport@caresource.com](mailto:salessupport@caresource.com), including the original email from step 2, and completed Notice of Intent – Transfer Release Form.

If this option is chosen, the following rules apply:

- You may only transfer at your current contract level. Once you are approved under your new upline, you must remain at the same level for a minimum of three months. Then, provided you meet the appropriate criteria and there is room to move upward, you will be considered eligible for advancement to the next contract level
  - **Exception:** Licensed-Only Agents (LOAs) have the option to transfer at the Agent level.
- You must remain under the new hierarchy for a minimum of one year.
  - All agency downline agents will move with a transferring agency. However, after the move has been completed, those downline agents are not required to stay under the new top of hierarchy for one year. They may request release or submit their own *Notice of Intent to Transfer*.

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# PRODUCT INFORMATION

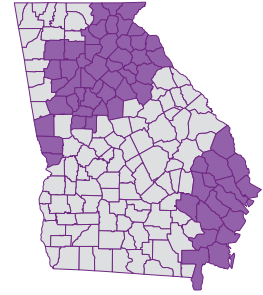
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# CARESOURCE MARKETPLACE

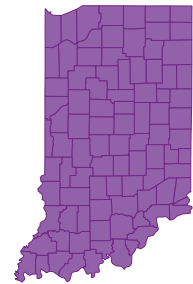
## CareSource Marketplace plans are available in the following GA counties:

Appling, Banks, Barrow, Bartow, Brantley, Bryan, Bulloch, Butts, Camden, Candler, Charlton, Chatham, Cherokee, Clarke, Clayton, Cobb, Coweta, Dawson, DeKalb, Douglas, Effingham, Elbert, Evans, Fayette, Forsyth, Franklin, Fulton, Glynn, Greene, Gwinnett, Habersham, Hall, Harris, Hart, Henry, Jackson, Jasper, Lamar, Liberty, Long, Lumpkin, Madison, McIntosh, Morgan, Muscogee, Newton, Oconee, Oglethorpe, Paulding, Pike, Rabun, Rockdale, Screven, Spalding, Stephens, Tattall, Towns, Troup, Union, Walton, Wayne, White



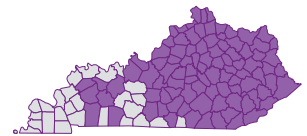
## CareSource Marketplace plans are available in the following IN counties:

CareSource covers every county in Indiana!



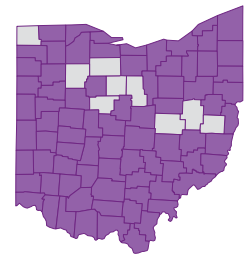
## CareSource Marketplace plans are available in the following KY counties:

Adair, Anderson, Barren, Bath, Bell, Boone, Bourbon, Boyd, Boyle, Bracken, Breathitt, Breckinridge, Bullitt, Campbell, Carroll, Carter, Casey, Christian, Clark, Clay, Cumberland, Elliott, Estill, Fayette, Fleming, Floyd, Franklin, Gallatin, Garrard, Grant, Green, Greenup, Hardin, Harlan, Harrison, Hart, Henry, Hopkins, Jackson, Jefferson, Jessamine, Johnson, Kenton, Knott, Knox, Larue, Laurel, Lawrence, Lee, Leslie, Letcher, Lewis, Lincoln, Logan, Madison, Magoffin, Marion, Martin, Mason, McCreary, McLean, Meade, Menifee, Mercer, Metcalfe, Montgomery, Morgan, Muhlenberg, Nelson, Nicholas, Ohio, Oldham, Owen, Owsley, Pendleton, Perry, Pike, Powell, Pulaski, Robertson, Rockcastle, Rowan, Russell, Scott, Shelby, Spencer, Taylor, Trimble, Washington, Wayne, Webster, Whitley, Wolfe, Woodford



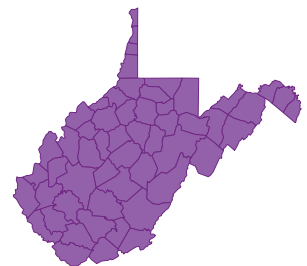
## CareSource Marketplace plans are available in the following OH counties:

Adams, Allen, Ashland, Ashtabula, Athens, Auglaize, Belmont, Brown, Butler, Carroll, Champaign, Clark, Clermont, Clinton, Columbiana, Cuyahoga, Darke, Defiance, Delaware, Erie, Fairfield, Fayette, Franklin, Fulton, Gallia, Geauga, Greene, Guernsey, Hamilton, Hardin, Henry, Highland, Hocking, Holmes, Huron, Jackson, Jefferson, Knox, Lake, Lawrence, Licking, Logan, Lorain, Lucas, Madison, Mahoning, Medina, Meigs, Mercer, Miami, Monroe, Montgomery, Morgan, Morrow, Muskingum, Noble, Ottawa, Paulding, Perry, Pickaway, Pike, Portage, Preble, Putnam, Ross, Sandusky, Scioto, Shelby, Stark, Summit, Trumbull, Union, Van Wert, Vinton, Warren, Washington, Wayne, Wood, Wyandot



## CareSource Marketplace plans are available in the following WV counties:

Barbour, Berkeley, Boone, Braxton, Brooke, Cabell, Calhoun, Clay, Doddridge, Fayette, Gilmer, Grant, Greenbrier, Hampshire, Hancock, Hardy, Harrison, Jackson, Jefferson, Kanawha, Lewis, Lincoln, Logan, Marion, Marshall, Mason, McDowell, Mercer, Mineral, Mingo, Monongalia, Monroe, Morgan, Nicolas, Ohio, Pendleton, Pleasants, Pocahontas, Preston, Putnam, Raleigh, Randolph, Ritchie, Roane, Summers, Taylor, Tucker, Tyler, Upshur, Wayne, Webster, Wetzel, Wirt, Wood, Wyoming



# GENERAL MARKETPLACE PLAN INFORMATION

## CareSource Gold

If you expect to have a lot of doctor appointments, need many prescription medicines, or need other health services, this may be a good choice for you. Gold plans have:

Higher premiums. You pay more each month for a Gold plan than you would for another metal level.

Lower out-of-pocket costs. With a Gold plan, the amount you pay each time you get a health service, such as seeing a doctor or filling a prescription, is less than what you'd pay if you have a Bronze or Silver plan

## CareSource Sliver

Many of our members find that Silver plans fit their health care coverage needs and budget best. Silver plans offer the highest value for those eligible for financial assistance.

**Health Care Coverage Your Way:** We offer three different Silver plan options so you can choose the one that fits your budget and health care needs – Low Premium, Low Deductible, or balance premium and deductible with the Standard Silver plan.

**Financial Assistance:** These are the only plans that offer cost-sharing reductions (CSRs) in addition to premium tax credits. CSRs help you save money on health insurance by lowering the amount you have to pay for deductibles, copayments and coinsurance.

## CareSource Bronze

Bronze plans offer the most affordable premiums. If you don't expect to have many doctor appointments or need many prescription drugs, this may be a good choice for you. Bronze plans have:

Lowest premiums. You pay less each month for a Bronze Plan, but these plans have the highest deductibles and other out-of-pocket costs.

## Two Different Bronze Plan Options:

**Standard Bronze** – Unlike our HSA-Eligible option, CareSource will begin covering certain services before you meet your deductible, such as primary care provider office Visits, Retail Clinics, Specialist Office Visits and Generic Prescription Drugs.

**HSA-Eligible** – Our Bronze HSA-Eligible plan is a high-deductible health plan, compatible with a tax advantaged Health Savings Account (HSA). Outside of specific preventive services and prescriptions, this plan requires your deductible to be met before we contribute to your benefits. However, your pre-tax/tax-deductible HSA contributions will offset some of the costs. An HSA account can be opened at most financial institutions.

## Supplemental Benefits (Dental, Vision, Fitness)

### **Pediatric & Accidental Dental Services**

All CareSource Marketplace plans cover pediatric dental and vision services, and adult dental services when related to accidental injury. See your Evidence Of Coverage or Schedule of Benefits for more information on these services.

### **Optional Dental, Vision & Fitness Plans**

The optional CareSource Dental, Vision and Fitness Plan gives adults an annual eye exam and twice-yearly dental checkups. Eyeglasses, contacts, and routine, basic and major dental services are covered, up to a maximum amount each year. Adults on these optional plans also have access to fitness benefits through the Active&Fit® program.

### **EyeMed® Vision Network**

CareSource members now have access to one of the largest and most recognized networks for vision care in the country. EyeMed will be our exclusive network of providers for annual vision exams and glasses or contacts for our pediatric vision coverage, and for our members with optional adult Dental & Vision plans. Call EyeMed directly at 1-833-337-3129 for more information.

### **DentaQuest® Dental Network**

Now members have access to a larger network of dental providers through DentaQuest. Children on all plans and adults with optional adult Dental, Vision and Fitness plans can get routine dental care like check-ups, X-rays and fillings with a DentaQuest dental provider. Call DentaQuest directly at 1-855-388-6252 for more information.

### **TruHearing® Choice Program**

All members can have an annual routine hearing screening and select from a variety of hearing aid devices offered at a discount exclusively through TruHearing network providers. Call TruHearing directly at 1-866-202-2561 for more information.



## **Active&Fit®**

Choosing a CareSource plan with Dental, Vision and Fitness coverage brings the added value of access to a fitness benefit through the Active&Fit program. The program allows you to choose between a free fitness center membership or up to two home fitness kits, in addition to other health and wellness-focused resources.

## **Express Banking**

Your financial health can play a part in our overall health and wellness. Express Banking is a bank account from Fifth Third Bank with no monthly service charge, no balance requirement, no overdraft fees and a debit card for purchases. Visit [53.com/CareSource](https://www.53.com/CareSource) for more information. Express Banking is provided by Fifth Third Bank.

## **KidsHealth®**

KidsHealth is a trusted source of health info for your family. KidsHealth gives you easy-to-read articles, videos, interactive health tools and doctor-reviewed advice on hundreds of health topics.

## **MyResources**

CareSource is now able to offer our members help for their social needs as well as care for their physical and mental health. MyResources is an exciting new program for those times in life when you may be struggling with something other than your physical health. We can direct you to resources that will help with food, housing, emergency financial help and much more!

## **myStrength**

Take charge of your mental health and try our wellness tool called myStrength. This is a safe and secure tool designed just for you. It offers personalized support to help improve your mood, mind, body and spirit. You can access it online or on your mobile device at no cost to you. The myStrength program offers online learning, empowering self-help tools, wellness resources and inspirational quotes and articles.

## **MyHealth for Adults**

Take charge of your health with our online wellness program, MyHealth. MyHealth is available to all members at no additional cost. Through MyHealth, CareSource members have access to an interactive health assessment, personalized health tools called Journeys, the ability to track exercise goals, and small step guides that help members manage health and wellness topics specific to their needs.

To get started with the CareSource online wellness program, simply login to your personal online My CareSource account, click on the Health tab and then select the link for the MyHealth – Wellness Program.

## Drug Coverage

### Find My Prescription

The Find My Prescription search tool below will help verify coverage and costs of prescription drugs and some supplies.

CareSource uses a formulary, also called the CareSource Marketplace Drug Formulary. The formulary is a list of prescription drugs that are covered by our plan and we like our providers to prescribe. You may also review or print the complete CareSource Marketplace Drug Formulary and share with your health care provider.

The plan in which you are enrolled is printed on your member ID card. You will need your plan name to use the search tool. We encourage our members to talk with their pharmacists about their medications and refer to the formulary tools for help. Our members deserve to get the best results from the prescriptions they take, along with saving money.

### Filing Exception Request

If you would like to submit a request for the review of a non-preferred medication by the CareSource Pharmacy department, [fill out the form here](#). It will be evaluated within 72 hours.

## Grievances & Appeals

### What is a Grievance?

A grievance is an official complaint. This is the first step of the review process if you are unhappy with your benefits and services or if you do not agree with a decision that was made regarding your medical care.

You have the right to file a grievance when:

- You cannot get a timely appointment with a provider.
- You think the provider's office staff did not treat you fairly.
- You are not satisfied with the quality of care you received.
- CareSource denies a service.
- CareSource gives partial approval to cover a service.
- CareSource denies payment of a service.

We will send you a letter letting you know the outcome of the grievance review. If you do not agree with the decision, you can file an appeal.

**What is an Appeal?**

If you do not agree with the outcome of the grievance, you have the right to appeal. An appeal is a request to reconsider and change the decision made or the action taken.

For more specific information about any of these topics, please see your plan's Evidence of Coverage on the Plan Documents page on [CareSource.com](https://www.caresource.com).

**What is an External Review?**

External reviews are conducted by Independent Review Organizations. If you are unhappy with a CareSource decision made in response to an internal appeal that you filed regarding a denial to cover or pay for a service, you may request an external review. In most cases, you must go through all of the steps in the internal appeal process before you can ask for an external review.

# CARESOURCE DUAL ADVANTAGE™ (HMO D-SNP)

CareSource Dual Advantage is a \$0 premium plan that combines the benefits of Medicare and Medicaid into one convenient plan and offers more benefits not covered by either Medicare or Medicaid.

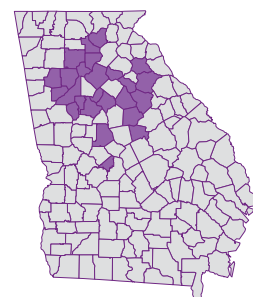
## Eligibility

Individuals who meet the following criteria are eligible for CareSource Dual Advantage:

- Eligible for Medicare Parts A & B
- Eligible for full Medicaid benefits (QMB, QMB+, FBDE)
- Live in CareSource's service area

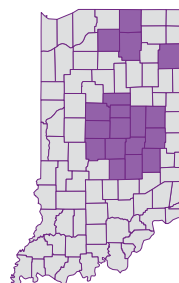
CareSource Dual Advantage plans are available in the following GA counties:

Baldwin, Barrow, Cherokee, Clayton, Cobb, Dawson, Douglas, Fayette, Forsyth, Fulton, Greene, Gwinnett, Henry, Lumpkin, Madison, Monroe, Morgan, Newton, Oconee, Oglethorpe, Paulding, Peach, Putnam, Rockdale



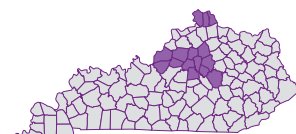
CareSource Dual Advantage plans are available in the following IN counties:

Allen, Boone, Clinton, Delaware, Elkhart, Hamilton, Hancock, Hendricks, Henry, Howard, Johnson, Kosciusko, Madison, Marion, Marshall, Rush, Shelby, Tipton



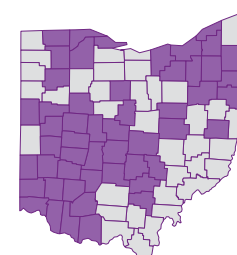
CareSource Dual Advantage plans are available in the following KY counties:

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



CareSource Dual Advantage plans are available in the following OH counties:

Adams, Auglaize, Brown, Butler, Champaign, Clark, Clermont, Clinton, Columbiana, Coshocton, Crawford, Cuyahoga, Delaware, Fairfield, Fayette, Franklin, Fulton, Geauga, Greene, Hamilton, Hardin, Harrison, Henry, Highland, Hocking, Holmes, Lake, Licking, Logan, Lorain, Lucas, Madison, Mahoning, Medina, Mercer, Miami, Montgomery, Morrow, Ottawa, Perry, Pickaway, Portage, Preble, Putnam, Shelby, Stark, Summit, Trumbull, Union, Vinton, Warren, Wood



## GENERAL PLAN INFORMATION

CareSource Dual Advantage covers the following standard benefits at \$0 cost to the member:

- Telehealth
- PCP or Specialist Visits
- Inpatient Hospital Care
- ER Visits
- Urgent Care Visits
- Preventive Care (e.g., flu vaccine, diabetic screening)
- Routine Vision Exam (one per year)
- Ambulance Services
- Telehealth Primary Care Provider Visit
- Home Health Care
- Durable Medical Equipment
- *And more*

Additionally, the plan includes the following extra benefits at no cost to the member:

- Preventive dental care + up to \$2,000 allowance for comprehensive dental care including inlays, outlays and crowns (allowance varies by state/region)
- 60 one-way or 30 round-trip rides to medical appointments
- 2 meals a day for 2 weeks after an inpatient hospital stay
- Up to \$190 quarterly over-the-counter (OTC) pharmacy allowance (allowance varies by state/region)
- Routine hearing test and one hearing aid per ear, per year (\$1,000 max per ear)
- Fitness benefit with access for you and a caregiver to local participating fitness centers or YMCAs OR your choice of home-fitness kits
- \$250 allowance for glasses and/or contacts
- Personal Emergency Response System that connects you to 24-hour help with the push of a button

## PREScription DRUG COVERAGE

CareSource RxInnovations™ has partnered with Express Scripts to help members manage their prescriptions and save money.

[Drug Search](#): Check coverage and price of medication.

[Pharmacy Search](#): Find a pharmacy near you.

[Printed Formulary](#): Get more details about your medication coverage, including when you might need a pre-authorization and when you may need to try step-therapy.

[Tier 6 Select Care Drug List](#): Drugs in the Select Care Tier have a \$0 copay for up to a 90-day supply (initial coverage limit only).

### Prescription Drug Benefits

CareSource Dual Advantage plans cover all medically-necessary prescription drugs under Medicare Part B; see the Evidence of Coverage on the Plan Documents page for specific details. The plans use a formulary (a list of covered drugs) for drugs covered under Medicare Part D.

Here are some more important facts about the prescription program:

- Members may have copayments for their prescriptions.
- Members have to go to a pharmacy that accepts CareSource Dual Advantage plans to get prescriptions.
- Members' medication may have certain limitations.
- The prior authorization requirements for medicines may change.
- To learn more about covered drugs, review our [Drug Formulary webpage](#).

Drug Tiers	30-day retail	90-day retail	90-day mail order
Tier 1 (Preferred Generic)	25% coinsurance or applicable LIS copay	25% coinsurance or applicable LIS copay	25% coinsurance or applicable LIS copay
Tier 2 (Generic)	25% coinsurance or applicable LIS copay	25% coinsurance or applicable LIS copay	25% coinsurance or applicable LIS copay
Tier 3 (Preferred Brand)	25% coinsurance or applicable LIS copay	25% coinsurance or applicable LIS copay	25% coinsurance or applicable LIS copay
Tier 4 (Non-Preferred Brand)	25% coinsurance or applicable LIS copay	25% coinsurance or applicable LIS copay	25% coinsurance or applicable LIS copay
Tier 5 (Specialty Tier)	25% coinsurance or applicable LIS copay	Not covered	Not covered
Tier 6* (Select Care Drugs)	\$0 copay or applicable Low Income Subsidy (LIS) copay	\$0	\$0

Certain medications called specialty medications are limited to no more than a 30-day supply per refill.

\*Initial coverage limit

LIS Level	Drug Type	Cost Sharing
FPL Institutionalized	Generic Brand	\$0 copay \$0 copay
FPL < 100%	Generic Brand	\$1.30 copay \$4.00 copay
FPL > 100%	Generic Brand	\$3.70 copay \$9.20 copay
FPL 135 – 149%	Generic Brand	15% coinsurance 15% coinsurance

## Pharmacies

CareSource has contracts with pharmacies that equal or exceed CMS requirements for pharmacy access in our service area. Members may go to any of our network pharmacies. To find a network pharmacy near you, use our [Find a Pharmacy](#) search tool and select Medicare Advantage Dual Special Needs Plan from the filter options.

CareSource offers mail-order service for prescription drugs. You can find additional information about this service on the [Mail Order Drugs page](#) and in the Evidence of Coverage on the [Plan Documents](#) page.

## Drug Transition Policy

Under certain circumstances, CareSource can offer a temporary supply of a drug to you when your drug is not on the drug list or when it is restricted in some way. Doing this gives you time to talk with your provider about the change in coverage and figure out what to do.

Learn more about the [Drug Transition Policy](#).

## Medication Therapy Management Program

CareSource offers a Medication Therapy Management (MTM) program to ensure your covered Part D drugs are appropriate, to improve your medication use, and to reduce the risk of adverse events like drug interactions.

Learn more about the [MTM program](#).

## Dental Coverage

CareSource utilizes the DentaQuest network for our dental coverage. To find an in-network dentist, please use our [Find-A-Doc tool](#).

Benefits	Coverage/Limits
Preventive Dental (Not covered by Original Medicare)	Included
Preventive Dental Oral Exams	Limit 1, Every 6 Months
Preventive Dental Prophylaxis	Limit 1, Every 6 Months
Preventive Dental X-Rays	Limit 1, Every Year
Preventive Dental Fluoride Treatment	Included
Comprehensive Dental	\$1,500 to \$2,000 yearly limit Includes coverage for Inlays, Outlays and Crowns
Simple Extractions	Included
Surgical Extractions	Included
Oral Surgery	Included
Anesthesia	Included
Restorations	Included
Periodontics	Included
Endodontics	Included
Dentures	Included



## Vision Coverage

CareSource has partnered with EyeMed® Vision Care to bring a vision benefit solution that offers...

- Access to EyeMed's Insight network, a vision network made up of the right mix of independent providers, national retail and regional retail providers, including:
  - Independent Provider Network, LensCrafters, Pearle Vision and Target Optical
- Service that is always open to new patients and without an appointment
- Locations with extended evening and weekend hours in convenient locations
- Online solutions that allow members and their caregivers to evaluate options at home and reduce stress at the provider office
- Benefit options that offer more flexibility, choice and savings

Routine Exam with Dilation as Necessary	\$0 copay, one per year
Exam to Diagnose and Treat Diseases and Conditions of the Eye	\$0 copay
Eyewear & Contact Lenses (includes frames and lenses, one every year)	\$250 allowance per year toward eyeglass frames, eyeglass lenses or contact lenses

Call EyeMed at 1-866-299-1425 (TTY: 711) to learn more and to find a network provider.

### Additional Savings...

- 40% off additional pair discount
- 15% off retail or 5% off promotional price LASIK

## Hearing Coverage

CareSource has partnered with TruHearing to provide you with high-quality hearing aids and local professional care at a fraction of the cost. Traditional Medicare doesn't offer a hearing aid benefit, leaving you to pay \$2,000–3,000 per hearing aid on the retail market. Your plan covers up to two hearing aids per year.

In-Network	CareSource Dual Advantage
Routine Hearing Test	\$0 copay, one every year
Exam to diagnose and treat hearing and balance issues	\$0 copay
Hearing aid fitting/evaluation	\$0 copay, three every year
Hearing Aids	\$1,000 allowance per hearing aid; one hearing aid per ear per year

Call TruHearing at 1-833-759-6826 (TTY: 711) to learn more and to find a network provider.

## Fitness

CareSource Dual Advantage offers fitness benefits through the Silver&Fit® Exercise & Healthy Aging program. You can choose from a variety of participating fitness centers across the country, at no additional cost to you. You'll receive an orientation at the fitness center to learn more about the fitness options available at that location. You can see a list of participating fitness centers by visiting [SilverandFit.com](https://SilverandFit.com).

Or you can stay fit in your own home. The Silver&Fit Home Fitness Program allows you to request up to two home fitness kits each year for members to work out at home. Each kit contains general information and fitness routines you can do in your home.

[SilverandFit.com](https://SilverandFit.com) also offers other tools to support your fitness goals.

## My CareSource Rewards®

CareSource wants to ensure its members are healthy and happy. The goal of the rewards and incentive program is to encourage members to complete their preventative care activities and at the same time earn rewards for completion of select activities. Please note that the eligible activities and reward amounts may vary by market. More information about the rewards program for a specific market can be found on [CareSource.com](https://CareSource.com).

## Medicare Advantage with Prescription Drug Plans

CareSource also offers Medicare Advantage with prescription drug plans in select counties in Ohio, Indiana, Georgia and Kentucky. Please see <https://www.caresource.com/plans/medicare> for more details or contact your broker representative.

## FAQ

### **Once contracted, when can I start writing?**

Once you have completed your part of the contracting, it then comes back to our team so that we can review all of the documentation and make sure that everything is in order and we will submit a state appointment on your behalf. Some of you actually ask for multiple state appointments, and we will do that all at the same time. Once that is completed, we will send you a welcome letter, and we will include the states in which you are appointed. At that point, you are considered Ready to Sell.

### **How do we find participating Silver&Fit/Active&Fit locations?**

To find participating Silver&Fit (the fitness benefit for our Medicare-related products) gym locations, please visit <https://www.silverandfit.com/search>.

To find participating Active&Fit (the fitness benefit for our enhanced Marketplace plans) gym locations, please visit <https://www.activeandfit.com/> and select the “Fitness Centers” option in the main menu.

### **Can clients use hospital systems across state lines?**

In some cases yes. We have contracts with some of our contiguous states. When you do a search for a client, go to the Find a Doc site and select the plan and state that your client is a member of (e.g., Marketplace Kentucky). Expand the search radius if necessary to find contracted health providers in a broader area, but any health provider that appears is contracted for the state and plan you have selected.