D-SNP
ENROLLMENT GUIDE

CareSource Dual Advantage™
(HMO D-SNP)

CareSource.com/DSNP

CareSource®
DUAL ADVANTAGE (HMO D-SNP)

CareSource Dual Advantage™ (HMO D-SNP)

2024 SUMMARY OF BENEFITS

CareSource OHIO

Service Area

Adams, Ashtabula, 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

2024 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™ gives you more benefits, more savings, more care... and no hidden costs.

ABOUT THE PLAN

CareSource Dual Advantage is a Medicare Advantage Dual Eligible 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.

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.**

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, Ashtabula, 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 that are out of 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** 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*.

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.
- 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 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.

Questions?

If you are currently a member of this plan, call us toll-free at **1-833-230-2020 (TTY** users should call **1-833-711-4711 or 711)**.

If you are not a member of this plan, call us toll-free at **1-844-607-2830 (TTY: 1-833-711-4711 or 711)**.

You can also visit our website at 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 **1-833-711-4711 or 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 **1-833-711-4711 o 711**.)

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

CareSource Dual Advantage 2024 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.

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**.

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
Inpatient Hospital Care[1]	Days 1 through 60 $0 copay per day	Covered
Outpatient Hospital Care[1]	$0 copay	Covered
Ambulatory Surgical Center (ASC) Services[1]	$0 copay	Covered
Doctor's Office Visits	**Primary care provider visit (PCP)** (Including Telehealth Visits)	
	$0 copay	Covered
	Specialist visit	
	$0 copay	Covered
Preventive Care	$0 copay	Covered
Emergency Care	$0 copay	Covered
Urgently Needed Services	$0 copay	Covered
Diagnostic Services, Labs, and Imaging[1]	**Diagnostic tests and procedures**	
	$0 copay	Covered
	Lab services	
	$0 copay	Covered
	Diagnostic radiology services (such as MRIs, CT scans)	
	$0 copay	Covered
	Outpatient x-rays	
	$0 copay	Covered

Services with a [1] 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
Hearing Services	**Exam to diagnose and treat hearing and balance issues**	
	$0 copay	Covered
	Routine hearing exam	
	$0 copay, 1 every year	Covered
	Hearing aids[2]	
	$0 copay TruHearing®† Advanced model hearing aids (available in rechargeable options), one per ear every 3 years **Hearing aid purchase includes:** – Provider visits within the first year of hearing aid purchase – 60-day trial period – 3-year extended warranty – 80 batteries per aid for non-rechargeable models	Covered
Dental Services (continued on the next page)	**Medicare-covered services**	
	$0 copay	Covered
	Preventive dental[2]	
	$0 copay for a single office visit that includes: Every six months: – 1 cleaning – 1 oral exam – 1 fluoride treatment Every year: – 1 dental x-ray	Covered

Services with a [2] 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
Dental Services (continued)	**Comprehensive dental[2]**	
	$0 copay Includes simple extractions, minor restorations, periodontics, and other non-Medicare covered comprehensive dental services such as dentures and implants	Covered
	Preventive and comprehensive dental allowance	
	$6,000 maximum plan coverage amount for preventive and comprehensive dental benefits.	Not Covered
Vision Services	**Exam to diagnose and treat diseases and conditions of the eye**	
	$0 copay	Covered
	Routine eye exam (1 every year)	
	$0 copay	Covered
	Eyewear[2]	
	$0 copay $450 maximum plan coverage amount per year for all non-Medicare-covered eyewear	Covered
	Eyeglasses or contact lenses after cataract surgery	
	$0 copay	Covered

Services with a [2] 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
Mental Health Care[1] Lifetime limit: Up to 190 days inpatient care in a psychiatric hospital	**Inpatient visit**	
	Days 1 through 60 $0 copay per day	Covered
	Outpatient group therapy visit	
	$0 copay	Covered
	Outpatient individual therapy visit	
	$0 copay	Covered
Skilled Nursing Facility[1] Limited to 100 days per benefit period	Days 1 through 100 $0 copay per day	Covered
Physical Therapy[1]	$0 copay	Covered
Ambulance[1]	$0 copay	Covered
Transportation	$0 copay	Covered
Medicare Part B Drugs[1] (including chemotherapy)	$0 copay	Covered

Services with a [1] 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** to locate your drug's tier and cost sharing, and if your drug has additional requirements such as prior authorization or quantity limits.

For more information on the pharmacy-specific cost-sharing and the phases of the benefit, please call us toll-free at **1-833-230-2020 (TTY** users should call **1-833-711-4711 or 711)** or access our website at **CareSource.com/DSNP**.

You can see the complete list of covered Part D drugs ("Drug List") and any restrictions on our website, **CareSource.com/DSNP** or call us and we will send you a copy of the "Drug List."

If you qualify for "Extra Help," you will pay $0 for all Medicare Part D covered prescription drugs on your formulary, for all tiers, and through all stages.

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
Part D Deductible	$0

Below is what you pay for covered drugs in the deductible, initial coverage, coverage gap, and catastrophic coverage phase.

Standard Retail and Standard Mail Order Cost-Sharing	
1-month, 2-month, or 3-month supply	
Tier 1 (Preferred Generic)	$0 copay
Tier 2 (Generic)	
Tier 3 (Preferred Brand)	
Tier 4 (Non-Preferred Drug)	
Tier 5 (Specialty Tier)*	

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 102-day supply.

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

Other Benefits CareSource Dual Advantage Offers

ADDITIONAL BENEFITS	
	CareSource Dual Advantage
Acupuncture (for chronic low back pain)	$0 copay
CareSource24® Nurse Advice Line	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. Speaking directly with professional registered nurses can help you: – Decide when self-care, a doctor visit, or the emergency room is the right choice – Check your symptoms and help you figure out what to do – Understand a medical condition or recent diagnosis – Obtain medical information – Prepare questions for doctor visits – Find out more about prescriptions or over-the-counter (OTC) medications – Learn about healthy eating and staying well
Chiropractic Care	$0 copay Includes manipulation of the spine to correct a subluxation (when one or more of the bones of your spine move out of position)
Diabetes Supplies and Services[1]	**Diabetes monitoring supplies** $0 copay Diabetic supplies are limited to the following manufacturers: Blood glucose strips and meters – Abbott and Lifescan products Continuous glucose monitors (CGMs) – Abbott FreeStyle and Dexcom **Diabetes self-management training** $0 copay **Therapeutic shoes or inserts** $0 copay **Foot care (podiatry services)** $0 copay Includes foot exams and treatment if you have diabetes-related nerve damage or meet certain conditions

Services with a [1] 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
Durable Medical Equipment[1] (wheelchairs, oxygen, etc.)	$0 copay
Fitness	**Memory fitness**
	$0 copay Includes an online brain health improvement tool with exercises that address attention span, processing speed, short and long-term memory recall, and overall intelligence
	Physical fitness benefit
	$0 copay Includes membership at participating fitness centers and home fitness kit (some kits include a wearable fitness tracker)
Flex Allowance	Through the use of a debit card, members receive $1,000 per year for dental, hearing, and vision services and accessories when received from eligible locations.
Home Health Care[1]	$0 copay
Hospice	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.
Meals	Two meals a day for 14 days after each observation or inpatient hospitalization stay, up to $2,400 every year
MyHealth Online Tool	With MyHealth™, you'll have online access to resources for your health, including: – Health assessments – Personalized online wellness plans – Step-by-step guides on specific health needs – Online health journeys – Goal setting and tracking – Health tips and wellness information

Services with a [1] 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 Rehabilitation[1]	**Cardiac (heart) rehabilitation services**
	$0 copay
	Occupational therapy visits
	$0 copay
	Speech and language therapy visit
	$0 copay
	Supervised exercise therapy (SET)
	$0 copay
Outpatient Substance Abuse	**Group therapy visit**
	$0 copay
	Individual therapy visit
	$0 copay
Over-the-Counter (OTC) Items, Food and Produce	$0 copay Members use a debit card to purchase $150 per month of OTC, healthy food, and produce with participating retailers. **Unused allowances will not be carried over to the following month.**
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[1] (braces, artificial limbs, etc.)	**Prosthetic devices**
	$0 copay
	Related medical supplies
	$0 copay
Renal Dialysis	$0 copay
Social Needs Benefit	$0 copay For up to 60 hours per year, members have access to a network of friendly helpers available both in-person and virtually via a phone call. Members get support 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.

Services with a [1] 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
Therapeutic Radiology Services[1] (such as radiation treatment for cancer)	$0 copay
Worldwide ER, Urgent Care, and Transportation	$0 copay $10,000 maximum plan benefit coverage amount every year

Services with a [1] may require prior authorization.

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

This information is not a complete description of benefits. Call **1-833-230-2020 (TTY** users should call **1-833-711-4711 or 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 is an HMO D-SNP with a Medicare and state Medicaid contract. Enrollment in CareSource depends on contract renewal.

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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 pagsasaling-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 quí vị cần thông dịch viên xin gọi 1-833-230-2020 sẽ có nhân viên nói tiếng Việt giúp đỡ quí vị. Đây là dịch vụ miễn phí.

German: Unser kostenloser Dolmetscherservice beantwortet Ihren Fragen zu unserem Gesundheits- und Arzneimittelplan. 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 답해 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 جدول الأدوية لدينا. للحصول على مترجم فوري، ليس عليك سوى الاتصال بنا على 1-833-230-2020. سيقوم 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 दुभाषिया सेवाएँ उपलब्ध हैं. एक दुभाषिया प्रापत 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, contattare 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 oswa 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ございます。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

Form Approved OMB# 0938-1421
Form CMS-10802 (Expires 12/31/25)

Notice of Non-Discrimination

CareSource

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

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®

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 at: **1-833-230-2020 (TTY: 1-833-711-4711).**

CareSource

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: 1-833-711-4711)** 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, 2025.
- ☐ 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 plus (QMB+), or Full-Benefit Dual Eligible (FBDE).
- ☐ **Effect on Current Coverage.** If you are currently enrolled in a Medicare Advantage plan, your current Medicare Advantage healthcare coverage will end once your new Medicare Advantage coverage starts. If you have Tricare, your coverage may be affected once your new Medicare Advantage coverage starts. Please contact Tricare for more information. If you have a Medigap plan, once your Medicare Advantage coverage starts, you may want to drop your Medigap policy because you will be paying for coverage you cannot use.

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. This will come 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, 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: 1-833-711-4711)** 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.

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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

4. YOUR FLEXCARD WILL ARRIVE SEPARATELY

preloaded with allowances for healthy food, over-the-counter (OTC), and flex benefits.

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: 1-833-711-4711)**. Your enrollment specialist can help you complete this along with your application.

5. 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!

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

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OMB No. 0938-1378
Expires: 7/31/2024

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

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) (/ /)	Sex: ☐ Male ☐ Female	Phone number: ( )

Permanent Residence street address (Don't enter a PO Box):
Street Address:

City:	County:	State:	ZIP Code:

Mailing address, if different from your permanent address (PO Box allowed):
Street Address:

City:	County:	State:	ZIP Code:

Your Medicare information:

Medicare Number: __ __ __ __ - __ __ __ - __ __ __ __

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):

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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:

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Top Copy: CareSource
Bottom Copy: Applicant
Y0119_Multi-DSNP-M-2217054a_C
CMS Approved: 8/23/2023

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.

- ☐ No, not of Hispanic, Latino/a, or Spanish origin
- ☐ Yes, Puerto Rican
- ☐ Yes, another Hispanic, Latino/a, or Spanish origin
- ☐ I choose not to answer.
- ☐ Yes, Mexican, Mexican American, Chicano/a
- ☐ Yes, Cuban

What is your race? Select all that apply.

- ☐ American Indian or Alaska Native
- ☐ American Chinese
- ☐ Japanese
- ☐ Other Asian
- ☐ Vietnamese
- ☐ Asian Indian
- ☐ Filipino
- ☐ Korean
- ☐ Other Pacific Islander
- ☐ White
- ☐ Black or African
- ☐ Guamanian or Chamorro
- ☐ Native Hawaiian
- ☐ Samoan
- ☐ 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 **1-833-711-4711**.

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

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Typically, you may enroll in a Medicare Advantage plan only during the Annual Election Period (AEP) 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.

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IMPORTANT INFORMATION:

Official U.S. Government Medicare Information

CMS CENTERS FOR MEDICARE & MEDICAID SERVICES

2024 Medicare Star Ratings

CareSource - H6396

For 2024, CareSource - H6396 received the following Star Ratings from Medicare:

Overall Star Rating:	★★★★½
Health Services Rating:	★★★★½
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**.

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 833-711-4711 (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 833-711-4711 (TTY).

CareSource®

DUAL ADVANTAGE (HMO D-SNP)

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