

Georgia CareSource Dual Advantage™
(HMO D-SNP) &
Georgia CareSource Dual Advantage™ Plus
(HMO D-SNP)

2026



Georgia

Welcome!

Thank you for considering
CareSource.

Selecting a CareSource 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 choices.



CARESOURCE

Our Vision

Transforming lives through
innovative health and life services.

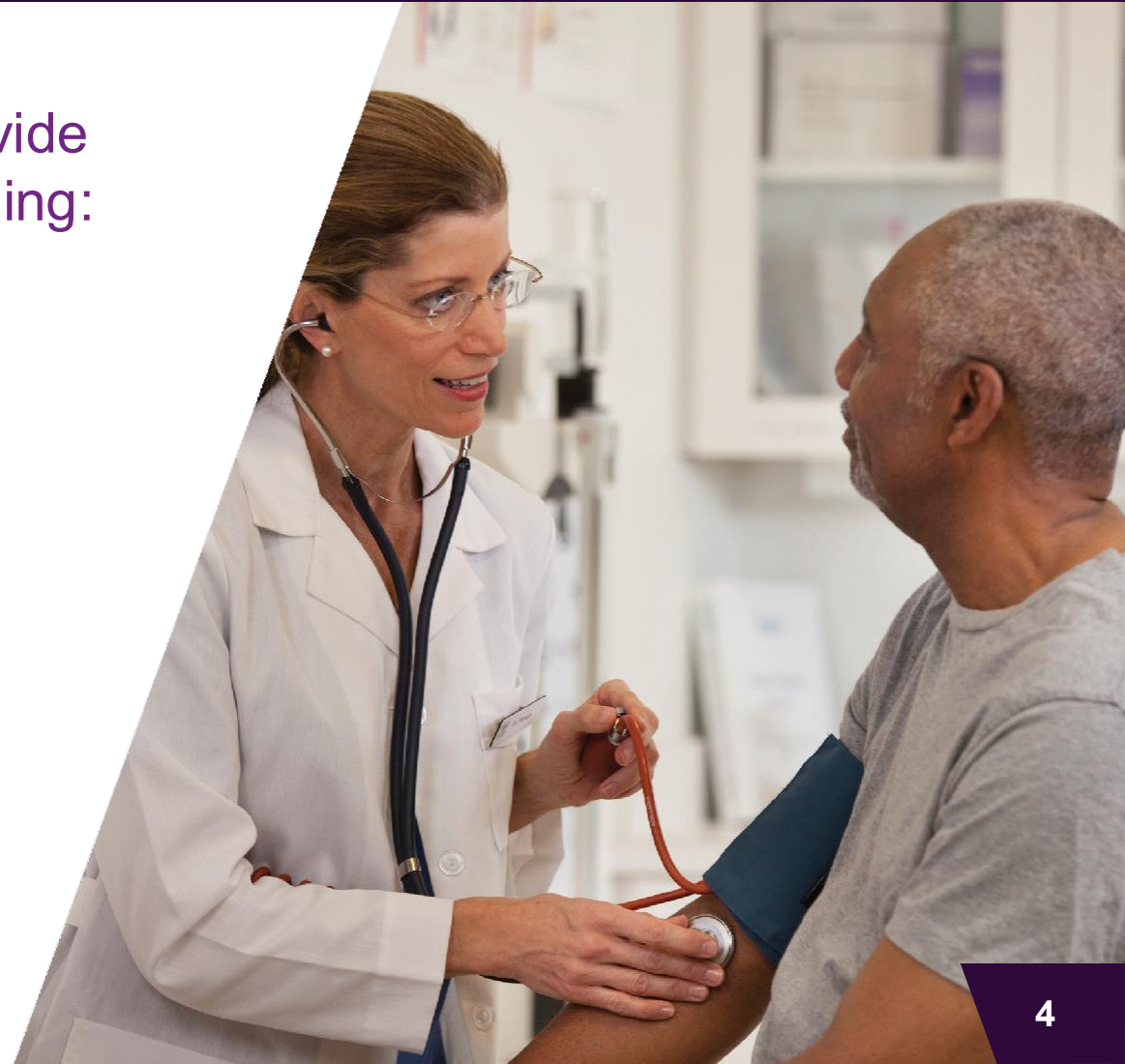
It's not just about making a **change**.
It's about making a ***difference***.



Today's Discussion

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

- Medicare eligibility
- Accessing your care
- Benefits
- How to enroll
- What to expect (after you enroll)



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 more than 2.1 million members* in Arkansas, Georgia, Indiana, Kentucky, Michigan, North Carolina, Ohio, West Virginia, Florida, Mississippi, Wisconsin, Nevada, Massachusetts and New York
- 4,900 employees located across 45 states

2.1 M+
MEMBERS



MEDICAID



HEALTH INSURANCE MARKETPLACE



DUAL ELIGIBLE

*Based on members enrolled in all CareSource product lines across all states as of 6/16/2025

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.



Serving 112 counties
effective 1/1/2026



Eligibility

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



Healthy Benefits+ Debit Card

DUAL ADVANTAGE: \$240 MONTHLY
DUAL ADVANTAGE PLUS: \$196 MONTHLY

ROLL OVER INCLUDED!

One debit card with access to multiple benefits.

The Healthy Benefits+ debit card provides:

CareSource Dual Advantage: \$240 and CareSource Dual Advantage Plus: \$196 per month to use on qualifying over-the-counter items, as well as Supplemental Dental, Vision and Hearing services and accessories at eligible locations.

Those with one or more qualifying condition may use the allowance for additional items and services, such as:

- *Healthy food
 - *Indoor air quality items
 - *Utilities
 - *Household cleaning supplies
 - *Rent & mortgage assistance
 - *Personal care items
 - *Home & bathroom safety items
 - *Pet care items
 - *Pest control retail items
- (Not including veterinary or grooming)

**Healthy
Benefits+**



*Those with one or more listed conditions may qualify for the Healthy Benefits+ allowance for additional items and services. To learn if you qualify, talk to your Care Coordinator



Special Supplemental Benefit for the Chronically Ill Eligible Conditions

SSBCI Conditions =

1. Autoimmune disorders
2. Cancer
3. Cardiovascular disorders
4. Chronic alcohol use disorder and other substance use disorders (SUDs)
5. Chronic and disabling mental health conditions
6. Chronic conditions that impair vision, hearing (deafness), taste, touch and smell
7. Chronic gastrointestinal disease
8. Chronic heart failure
9. Chronic kidney disease (CKD)
10. Chronic lung disorders
11. Conditions associated with cognitive impairment
12. Conditions that require continued therapy services for individuals to maintain or retain functioning
13. Conditions with functional challenges
14. Dementia
15. Diabetes mellitus
16. HIV/AIDS
17. Immunodeficiency and Immunosuppressive disorders
18. Neurologic disorders
19. Overweight obesity and metabolic syndrome
20. Post-organ transplantation
21. Severe hematologic disorders
22. Stroke

Those with one or more listed conditions may qualify for the Healthy Benefits+ allowance for additional items and services. To learn if you qualify, talk to your Care Coordinator



My CareSource Rewards

***Earn up to \$715 each year!**

- As a CareSource member you are automatically enrolled in the My CareSource Rewards® program. The rewards available are different depending on your health and needs.
- If not used, rewards will expire two years from the date they are added to your card.



Annual Physical (\$50)	Colorectal Cancer Screening (\$50)
A1C Test - 1 (\$50)	Breast Cancer Screening (\$50)
A1C Test - 2 (\$50)	Follow up Osteoporosis w/ Fracture (\$10)
Retinal Eye Exam with Eye Care Provider (\$50)	Engagement / MyLife app (\$10)
Kidney Evaluation for Patients with Diabetes (\$25)	Engagement with Care Coordinator within 30 days of Hospital discharge (\$50)
Flu Shot - 1 (\$50)	Postpartum Visit each Pregnancy (\$25)
Flu Shot - 2 (\$50)	7 Prenatal Visits each Pregnancy (\$85)
Health Needs Assessment (HNA) - 1 (\$50)	Dental cleaning 1x / year (\$10)
Health Needs Assessment (HNA) - 2 (\$50)	

Broader Drug Coverage for 2026 than 2025

CareSource Dual Advantage

- CareSource offers Medicare Part D List of Covered Drugs
- LIS Cost Sharing for all Part D covered drugs*



GA Dual Advantage	Your monthly plan premium is	Your yearly deductible is	Your cost-sharing amount for generic/preferred multi-source drugs is no more than	Your cost-sharing amount for all other drugs is no more than
	<Insert applicable amount>	\$0	LIS Category 1 = \$5.10 LIS Category 2 = \$1.60 LIS Category 3 = \$0	LIS Category 1 = \$12.65 LIS Category 2 = \$4.90 LIS Category 3 = \$0

- Choose the pharmacy option that suits you best!
 - 30-day, 60-day and 102-day supplies at your local pharmacy or home delivery†

*Must qualify for Medicare's Extra Help.

† See www.CareSource.com/oh/plans/mycare/plan-documents for more details. Home delivery is available for most, but not all, medications. See List of Covered Drugs www.caresource.com/oh/plans/mycare/plan-documents/. Express Scripts requires at least 35-day supply for most meds.



Broader Drug Coverage for 2026 than 2025

CareSource Dual Advantage Plus

- CareSource offers Medicare Part D List of Covered Drugs
- \$0 Copay for Tier 1 & 2
- LIS Cost Sharing for Tiers 3, 4 and 5*



GA Dual Advantage Plus (H8390-017)	Your monthly plan premium is	Your yearly deductible is	Your cost-sharing amount for generic/preferred multi-source drugs is no more than	Your cost-sharing amount for all other drugs is no more than
	<Insert applicable amount>	\$0	\$0 for Tier 1 and Tier 2 drugs and LIS cost sharing for each prescription for Tier 3, Tier 4 and Tier 5 drugs: LIS Category 1 = \$5.10 LIS Category 2 = \$1.60 LIS Category 3 = \$0	\$0 for Tier 1 and Tier 2 drugs and LIS cost-sharing for each prescription for Tier 3, Tier 4 and Tier 5 drugs: LIS Category 1 = \$12.65 LIS Category 2 = \$4.90 LIS Category 3 = \$0

- Choose the pharmacy option that suits you best!
 - 30-day, 60-day and 102-day supplies at your local pharmacy or home delivery†

*Must qualify for Medicare's Extra Help.

† See www.CareSource.com/oh/plans/mycare/plan-documents for more details. Home delivery is available for most, but not all, medications. See List of Covered Drugs www.caresource.com/oh/plans/mycare/plan-documents/. Express Scripts requires at least 35-day supply for most meds.

\$0 Copay Covered Medical Benefits

- Primary care provider (PCP)/Specialist office visits
- Inpatient hospital care
- Emergency room (ER) visits
- Urgent care visits
- Preventive care
- Routine podiatry
- Home health care
- Ambulance services
- Durable medical equipment (DME)
- Telehealth or behavioral health visit
- Annual physical
- Personal emergency response system



Dental Benefits

Shared Annual Preventive & Comprehensive Allowance

\$4,000

Preventive Services

- Oral Exam – *1x per 6 months*
- Cleaning – *1x per 6 months*
- X-ray – *1x per year*
- Fluoride – *1x per 6 months*

Comprehensive Services

- Restorations – *fillings/crowns*
- Endodontics – *root canals*
- Periodontics – *gum treatment*
- Prosthodontics – *bridges, dentures, implants*
- Oral Surgery – *extractions/other*
- Other Procedures – *sedation/anesthesia*



Vision Benefit

- **\$0 copay** routine eye exam
- **\$500 allowance** per year toward eyeglass frames, eyeglass lenses or contact lenses



Hearing Benefit

\$0 Copay

TruHearing: 32 Channels | 8 Styles

Superior hearing in most environments

- 2 TruHearing Advanced Level Hearing Aids every 3 years.
(limit 1 hearing aid per ear every 3 years)
- Rechargeable styles are available.

Your hearing aid purchase includes:

- Risk-free 60-day trial period
- 1 year of follow-up visits
- 80 batteries per non-rechargeable hearing aid
- Full 3-year manufacturer warranty



Fitness Benefit

- Fitness center membership** – *Gym membership*
- One home fitness kit** – *Choose one per benefit year*
- Workout plans** – *Customized workout plans*
- Digital workouts** – *On demand videos*
- Well-being club** – *Online resources*
- Well-being coaching** – *Lifestyle coaching*
- Silver&Fit Connected!** – *Tool to assist with tracking activity*



Transportation

Rides to where?

- Health care visits
- Renewal appointments with job and family services
- Pharmacy
- Gym
- Grocery store

How many trips?

- Unlimited!



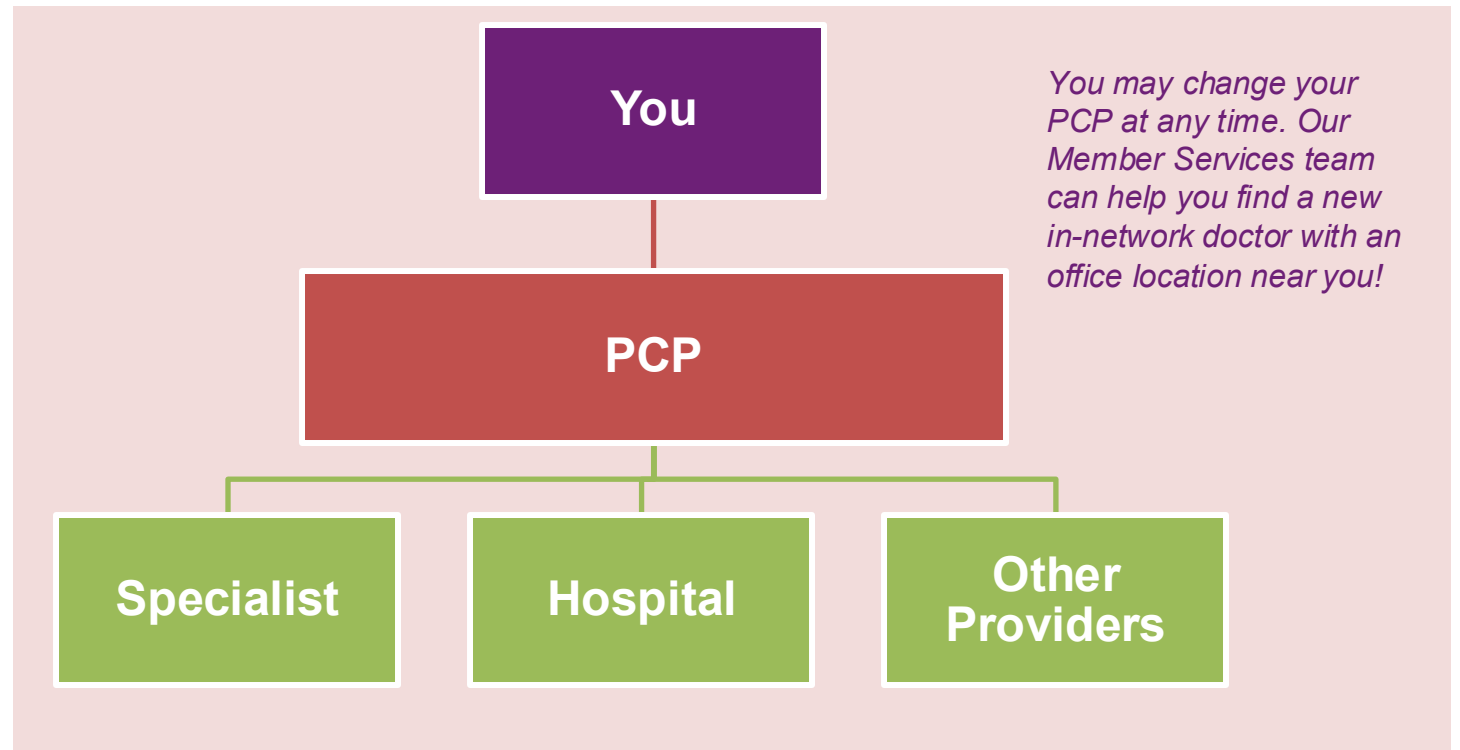
Meals

- Nutritionally-balanced refrigerated meals, ready to heat and eat, delivered to the member's door.
- Meal options available based on preferences and needs. Meal benefit available following each inpatient stay or skilled nursing stay.
- 2 meals per day for 14 days (max 28 per stay).



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 an 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.



Let's Get You Enrolled

Complete An Application!

- By calling
1-844-607-2830 (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.
- During the first 90 days of enrollment, you will receive a call from a Care Coordination. They will assist you in completing the Health Needs Assessment (HNA) and ensure you get the care and resources that meet your specific needs. You can also complete the HNA at the time of enrollment.



What to Expect

As a New CareSource 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 Coordination team within the next 90 days.

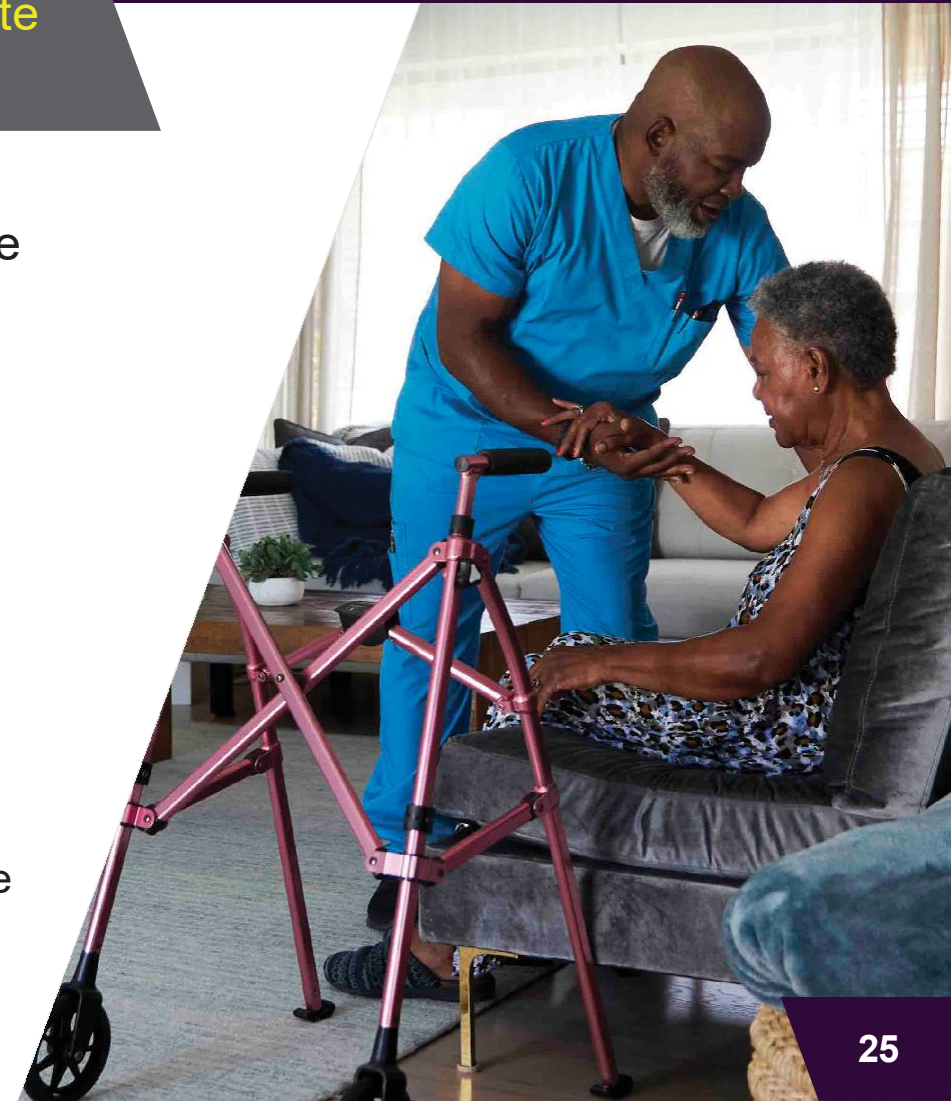


CareSource Care Coordination

CareSource has nurses and other outreach staff 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.

- 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 specialists or providers for you
- Scheduling transportation (rides) so you can get to your appointments
- Discuss medications associated with your chronic condition if applicable



CareSource MyLifeSM

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 **MyLife.CareSource.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)

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.



THANKS FOR YOUR TIME

Any Questions?

Here's where to find information:

- [CareSource.com/DSNP](https://www.CareSource.com/DSNP)
- Call us!
1-844-607-2830 (TTY: 1-833-711-4711 or 711)



Georgia CareSource Dual Advantage™ (HMO D-SNP) & Georgia CareSource Dual Advantage Plus™ (HMO D-SNP)
are health plans that contract with both Medicare and Georgia Medicaid to provide benefits of both programs to enrollees. Enrollment in CareSource depends on contract renewal.

Contact CareSource:

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

Hours of operation for both Sales and Member Services:

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.

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



We follow all state and federal civil rights laws. We do not discriminate, exclude, or treat people differently based on race, color, national origin, disability, age, religion, sex (which includes pregnancy, gender, gender identity, sexual preference, and sexual orientation), or based on marital, health, or public assistance status. We want all people to have a fair and just chance to be as healthy as they can be.

We offer free aids, services, and reasonable modifications if you have a disability. We can get a sign language interpreter. This helps you talk with us or to your providers. Get your printed materials in large print, audio, or braille at no cost. We can also help if you speak a language other than English. We can get an interpreter who speaks your language. Or get printed materials in your language. You can get this all at no cost to you.

You may file a grievance if we did not provide these services to you or if you think we discriminated in any other way.*

Mail:

CareSource

Attn: Civil Rights Coordinator

P.O. Box 1947

Dayton, Ohio 45401

Email: CivilRightsCoordinator@CareSource.com

Phone: [1-844-539-1732](tel:1-844-539-1732)

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. S.W.

Room 509F HHH Building

Washington, D.C. 20201

Mail the complaint form found at www.hhs.gov/sites/default/files/ocr-cr-complaint-form-package.pdf.

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

Online: ocrportal.hhs.gov

