



You deserve
more
than basic Medicare.

**Medicare Advantage
Enrollment Guide**

OHIO 2018


CareSource[®]

THANK YOU FOR YOUR INTEREST IN CARESOURCE MEDICARE ADVANTAGE (HMO) PLANS!

CareSource is a leading non-profit managed care company focused more on people than on profits. Our mission is to make a lasting difference in our members' lives by improving their health and well-being. We have more than 1.8 million members, and we have been there for our members for nearly three decades.





HERE IS WHAT WE HOPE IS HELPFUL INFORMATION ABOUT:

- The basics of Medicare
- How the CareSource Medicare Advantage plans give you MORE!
- How to choose the CareSource Medicare Advantage plan that's right for you
- How to enroll
- What you can expect after you enroll with us



**JUST CALL
1-844-607-2830**

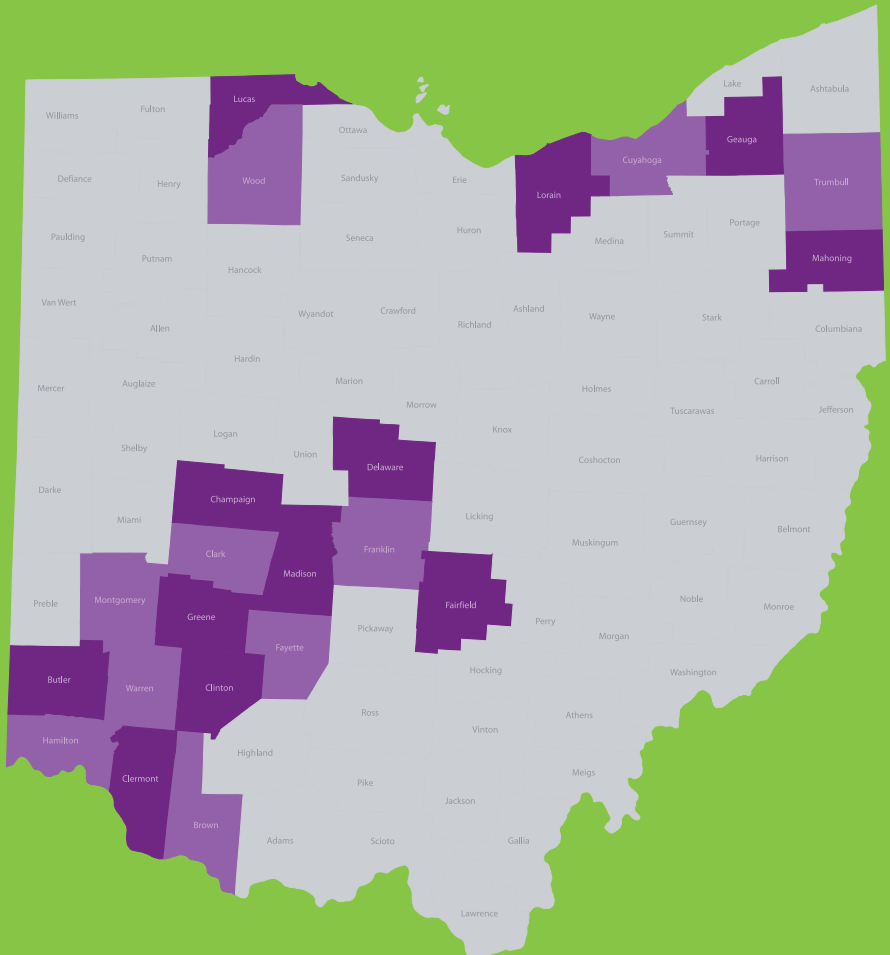
(TTY: 1-800-750-0750 or 711).

By calling this number, you will be directed to a licensed insurance agent. We are open 8 a.m. – 8 p.m. seven days a week from Oct. 1 – Feb. 14, and the same hours Monday through Friday the rest of the year.

We are here to answer your questions and help you compare your choices. We can help you either by phone or in person.

To be eligible for CareSource Medicare Advantage plans, you must be eligible for Medicare Part A and Part B and live in one of the following counties in Ohio:

- | | |
|-----------|------------|
| Brown | Geauga |
| Butler | Greene |
| Champaign | Hamilton |
| Clark | Lorain |
| Clermont | Lucas |
| Clinton | Madison |
| Cuyahoga | Mahoning |
| Delaware | Montgomery |
| Fairfield | Trumbull |
| Fayette | Warren |
| Franklin | Wood |



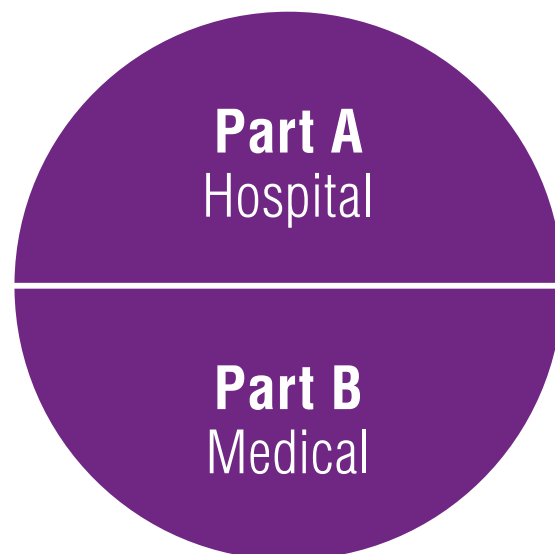


UNDERSTANDING MEDICARE BASICS

Let's start by reviewing the different parts of Medicare and how they work together. Medicare has four parts: Part A, Part B, Part C and Part D.

Original Medicare, Part A and Part B, are administered and run by the federal government. Hospital coverage through **Part A** includes inpatient care, such as hospital rooms, skilled nursing facility care, home health care, and hospice care. Medical coverage through **Part B** covers outpatient care, like doctor visits, medical equipment, outpatient procedures, lab tests, x-rays, ambulance services and some preventive services. Part B requires you to pay a monthly premium, whether you stay on Original Medicare or opt for a Medicare Advantage plan. Original Medicare does not include coverage for prescriptions. Original Medicare pays about 80 percent of medical expenses, leaving you to pay the remaining 20 percent of the cost of care or arrange for additional coverage. Original Medicare does not have a maximum out of pocket limit to your costs.

ORIGINAL MEDICARE





Part C, also known as **Medicare Advantage**, is administered and run by private insurers and regulated by the federal government. All Medicare Advantage plans must provide the same covered services as Original Medicare Parts A and B, and they typically add other benefits like pharmacy coverage that make each Medicare Advantage plan different. These plans may have a separate monthly premium cost for the additional benefits. You can choose a Medicare Advantage plan in place of Original Medicare.

Medicare **Part D** provides outpatient prescription drug coverage. It is administered by private insurance companies and regulated by the federal government. Part D is not included in Original Medicare. If you have Original Medicare and want pharmacy coverage, you must buy a Part D policy. This is called a “stand-alone” Prescription Drug Plan (PDP). Some Medicare Advantage plans, like those offered by CareSource, include drug coverage too. These are Medicare Advantage Prescription Drug (MA-PD) plans.

IF YOU WANT TO KNOW MORE

about the coverage and costs of original Medicare, view the “Medicare & You” handbook online at www.medicare.gov or get a copy by calling **1-800-MEDICARE (1-800-633-4227)**, 24 hours a day, 7 days a week. TTY users should call **1-877-486-2048**.

HEALTH INSURANCE 101

Premium is the monthly amount you pay to have health insurance.

Cost share, or **out-of-pocket costs**, is what you are responsible for paying when you have health care expenses. These costs can include:

Copay is a set amount you are charged for some types of health care costs. *For example, you may pay a copay each time you visit a specialist or get a prescription filled.*

Coinsurance is a percentage of the cost you owe for some health care services. *For example, with Original Medicare, you are responsible for 20% of the cost of a hospital stay.*

Deductible is the amount you are responsible for paying before your health insurance begins paying their share of the expenses.

Maximum out-of-pocket is the most you would have to pay for health care charges during the year.



CARESOURCE MEDICARE ADVANTAGE PLANS GIVE YOU MORE!

CareSource Medicare Advantage plans give you all of the Original Medicare benefits and more! They provide you:

Part C coverage, including Hospital (Part A) and Medical/Doctor (Part B)

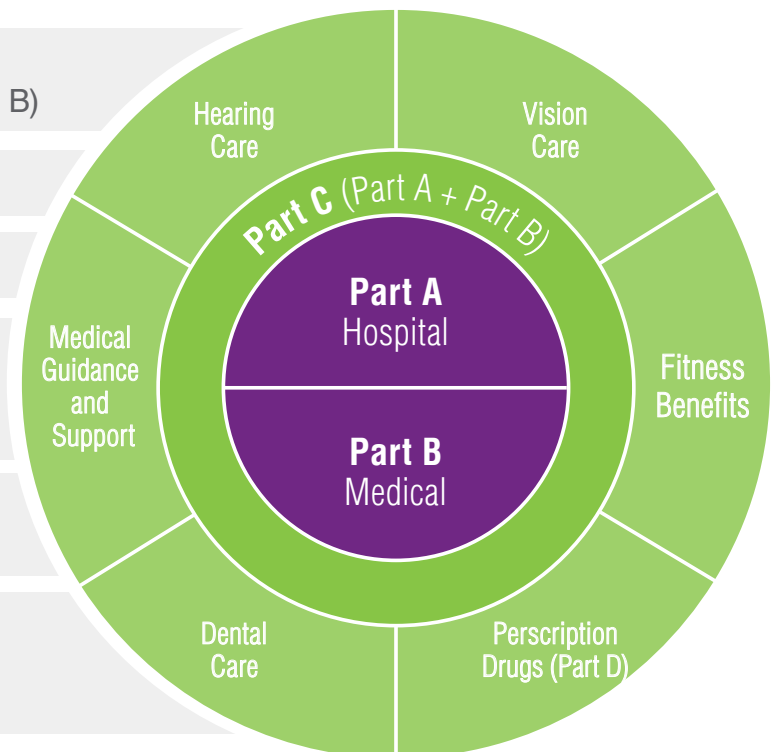
Prescription drug coverage (Part D)

Vision benefits powered by EyeMed®

Hearing benefits powered by TruHearing® with coverage for hearing aids

Comprehensive dental benefits with coverage for dentures

Silver&Fit® fitness benefit, including fitness center memberships or home fitness kits, at no extra cost





PLUS, COMPLIMENTARY TOOLS TO HELP YOU GET HEALTHY AND FIT YOUR LIFESTYLE!

Medical guidance between doctor appointments

- CareSource24® 24-hour nurse advice line to help guide home treatment or decide when to go to the doctor or hospital
- Care managers as needed to coordinate medical issues and guidance among multiple providers
- Programs and resources to help you manage ongoing health conditions, like asthma or diabetes.
- Medication guidance from pharmacists

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
- Incentives to make healthy life choices

MORE BENEFITS. SAVINGS. CARE.

- Premiums as low as \$0 with CareSource Advantage® Zero Premium
- \$0 copays for preventive services
- \$0 deductible with CareSource Advantage® (HMO) and CareSource Advantage Plus® (HMO) plans
- \$0 copay for in-network PCP visits with CareSource Advantage® (HMO) and CareSource Advantage Plus® (HMO)
- Rx copays as low as \$0 with CareSource Advantage Plus®
- Hearing aids as low as \$199 each with CareSource Advantage Plus® (HMO)
- Dental benefits with coverage for dentures





CHOOSE THE CARESOURCE MEDICARE ADVANTAGE PLAN THAT BEST FITS YOUR NEEDS.

CareSource is offering three Medicare Advantage plans in Ohio in 2018. All three CareSource Medicare Advantage plans provide the same covered health care services. The difference is your monthly cost to have plan benefits (your premium) and your part of the cost to use your benefits (your out-of-pocket costs).

Wondering which CareSource Medicare Advantage plan is right for you?

Find the description below that fits you best:		Consider this CareSource plan:
<ul style="list-style-type: none"> • Have few medical issues and rarely use your insurance. • Want the lowest monthly premium. 	➔	<p>CareSource Advantage® Zero Premium (HMO) plan has no monthly premium but higher out of pocket expenses.</p>
<ul style="list-style-type: none"> • Want to protect yourself from unexpected out-of-pocket health costs and pay low monthly premiums. 	➔	<p>CareSource Advantage® (HMO) offers low monthly premiums, low copays, low preferred generic prescription costs and richer hearing and vision benefits.</p>
<ul style="list-style-type: none"> • Expect to use your health insurance often this year. • Willing to pay a higher monthly premium for low out-of-pocket costs and more predictable health care costs. 	➔	<p>CareSource Advantage Plus® (HMO) has a higher monthly premium, with the lowest out-of-pocket expenses, \$0 copays for PCP visits, \$0 copays for preferred generic prescriptions and the richest hearing aid and vision benefits.</p>



IMPORTANT INFORMATION

Members of CareSource Medicare Advantage plans must use hospitals, doctors and other health care providers that are in the CareSource Medicare Advantage plan network, except in emergencies or certain circumstances.

Members are encouraged to use prescriptions on our drug list, and will save more money by using generic medicines. Medicines that are not on our drug list require plan approval before they will be covered.

To explore our network of providers and our list of covered drugs, go online to **CareSource.com/Medicare**. Click the “Review Plan Benefits” button at the bottom of the page, choose your state, and click “Find a Doctor/Provider” or “Find My Prescription” in the “Quick Links” section on the left side of the page.

BENEFITS AT A GLANCE

This chart gives a quick overview of the benefits offered in each of our Medicare Advantage plans. You can find more details about what is covered by these plans and how the costs differ in the **Summary of Benefits**, found in this book.

	CARESOURCE ADVANTAGE ZERO PREMIUM	CARESOURCE ADVANTAGE	CARESOURCE ADVANTAGE PLUS
Premium	\$0 Monthly Premium	\$32 Monthly Premium	\$57 Monthly Premium
Medical Deductible	\$0	\$0	\$0
Maximum Out-of-Pocket Cost	\$6,700	\$4,600	\$4,600
Primary Care Provider Visit	\$9 Copay for In-Network	\$0 Copay for In-Network	\$0 Copay for In-Network
Specialist Visit	\$45 Copay for In-network	\$50 Copay for In-network	\$30 Copay for In-network
Urgent Care	\$45 Copay	\$35 Copay	\$25 Copay
Emergency Room	\$80 Copay	\$80 Copay	\$80 Copay
Preventive Care	\$0 Copay	\$0 Copay	\$0 Copay
Routine Blood Work	15% Coinsurance	\$0 Copay	\$0 Copay
Prescription Drug Deductible	\$250	\$0	\$0
Prescription Drug Copays (Preferred Generics)	Tier 1: As low as \$6 Copay for retail, \$0 Copay for 90-day mail order	Tier 1: As low as \$4 Copay for retail	Tier 1: As low as \$0 Copay for retail
	Tier 2: As low as \$15 Copay	Tier 2: As low as \$10 Copay	Tier 2: As low as \$10 Copay
	Tier 3: As low as \$47 Copay	Tier 3: As low as \$47 Copay	Tier 3: As low as \$47 Copay
	Tier 4: As low as \$100 Copay	Tier 4: As low as \$100 Copay	Tier 4: As low as \$100 Copay
	Tier 5: 28% of the Cost	Tier 5: 33% of the Cost	Tier 5: 33% of the Cost



	CARESOURCE ADVANTAGE ZERO PREMIUM	CARESOURCE ADVANTAGE	CARESOURCE ADVANTAGE PLUS
Dental	\$10 Copay for preventive dental	\$750 Annual Allowance for comprehensive dental, including dentures; 50% Coinsurance after allowance (preventive services do not count toward allowance)	\$1,000 Annual Allowance for comprehensive dental, including dentures; 50% Coinsurance after allowance (preventive services do not count toward allowance)
Vision	\$0 Copay for Annual Exam	\$0 Copay for Annual Exam	\$0 Copay for Annual Exam
	\$25 Copay, up to \$100 Allowance for eyeglasses (frames and lenses) every 12 months	\$25 Copay, up to \$130 Allowance for eyeglasses (frames and lenses) every 12 months	\$25 Copay, up to \$150 Allowance for eyeglasses (frames and lenses) every 12 months
Hearing	Hearing benefit with hearing aids as low as \$699 each	Hearing benefit with hearing aids as low as \$499 each	Hearing benefit with hearing aids as low as \$199 each
Fitness	No cost memberships at participating fitness centers or free home fitness kits	No cost memberships at participating fitness facilities or free home fitness kits	No cost memberships at participating fitness facilities or home fitness kits

If you have questions or would like to schedule an appointment to review these benefits and your specific needs, call **1-844-607-2830 (TTY: 1-800-750-0750 or 711)**. By calling this number, you will be directed to a licensed CareSource insurance agent. We are open 8 a.m. – 8 p.m. seven days a week from Oct. 1 – Feb. 14, and the same hours Monday through Friday the rest of the year.

HOW TO ENROLL

You can enroll with CareSource in different ways:

- Call us at **1-844-607-2830 (TTY: 1-800-750-0750 or 711)**. By calling this number, you will be directed to a licensed insurance agent to help you by phone or set a personal appointment. We are open 8 a.m. – 8 p.m. seven days a week from Oct. 1 – Feb. 14, and the same hours Monday through Friday the rest of the year.
- Enroll online at **CareSource.com/Medicare**
- Complete the enrollment form on the following pages and mail it, at no cost to you, in the envelope provided.
- Medicare beneficiaries may also enroll in CareSource Advantage® Zero Premium (HMO), CareSource Advantage® (HMO), or CareSource Advantage Plus® (HMO) through the CMS Medicare Online Enrollment Center located at **<http://www.medicare.gov>**



NEXT STEPS

Find out what happens after you enroll, including what you can expect from CareSource and how you can get started enjoying your benefits.

WHAT TO EXPECT AFTER YOU ENROLL

There are a few actions that will happen over the next few weeks after you enroll:

- CareSource will process your application and confirm your eligibility for our Medicare Advantage plan.
- Medicare will then confirm your enrollment.
- You'll receive your confirmation letter and other applicable materials (if eligible).
- You'll receive your New Member Kit in the mail approximately two weeks after the confirmation letter and your CareSource member ID card in a separate mailing. If you enroll during the open enrollment period from Oct. 15 – Dec. 7, you will receive your ID cards closer to your effective date of Jan. 1. Your CareSource member ID will be the only card you will need to show each time you get medical, dental, vision or hearing care, prescription medications, or supplies.
- You'll receive a Health Assessment as a part of your New Member Kit that we'll ask you to complete online or by paper form.
- You should expect to receive your first invoice approximately two weeks prior to your effective date. Payment is due by the last day of the month. If you choose to make your payments via Social Security or Railroad Retirement Board withholding, you will not receive an invoice. If you qualify for Extra Help (low income subsidy), please discuss monthly invoice details with your licensed CareSource agent as this action might not apply to you.

In the next few months, your CareSource representative will follow up to answer any questions you may have about your new plan.

REMINDER

If you don't receive your CareSource member ID card within 30 days of your effective date, please call **Member Services at 1-844-607-2827 (TTY: 1-800-750-0750 or 711)** for help and to have a second card mailed to you. We are open 8 a.m. – 8 p.m. Monday through Friday, and from Oct. 1 – Feb. 14 we are open the same hours 7 days a week.



START ENJOYING YOUR BENEFITS

TAKE A FREE HEALTH ASSESSMENT

Your New Member Kit will include information on how to complete your Health Assessment. You will answer questions that help us identify preventive care needs and health issues early and recommend ways we can work together to improve or maintain your physical and mental health. This important assessment helps to develop your wellness care plan and is updated at least annually to help you stay healthy.

You can complete the Health Assessment online by logging into the member portal at **MyCareSource.com**. Click on the “Health” tab to complete the assessment. The online Health Assessment is available to you after your coverage has started.

You can also fill out and mail the Health Assessment survey enclosed in your New Member Kit using the provided business reply envelope.

SCHEDULE YOUR “WELCOME TO MEDICARE” OR WELLNESS VISIT

If you are new to Medicare, schedule your “Welcome to Medicare” visit with your in-network CareSource primary care physician soon after your benefits start. Medicare encourages everyone to take advantage of this one-time benefit within their first year of Medicare eligibility. This preventive visit is more than your typical wellness visit and is covered by your plan. It will give you and your doctor a baseline for your health and let you work together on long and short-term goals to prevent disease and improve your health. Simply call your CareSource in-network doctor and ask to schedule your “Welcome to Medicare” visit.

Been with Medicare for more than a year? You can get a yearly “wellness” visit instead. This visit is also covered by your plan and can help you and your CareSource in-network doctor develop a personalized health plan.

CREATE YOUR MY CARESOURCE® ACCOUNT

Get the most out of your member experience by creating your personal online account at MyCareSource.com. Once you have your Member ID card, you can create your My CareSource account. It's fast, easy and secure.

This account allows you to:

- Pay your bill
- Select your doctor
- View claims and plan details
- View and print your Member ID card
- Update your contact information
- Access MyHealth online tools and resources
- And more



DOWNLOAD THE
CARESOURCE MOBILE APP

The CareSource Mobile app lets you manage your health plan on the go from your smartphone or tablet. You can access your My CareSource® account, view your ID card, find a doctor, contact Member Services and more! The CareSource app is available for both iPhone and Android systems, Download it for free through the App Store for Apple and Google Play for Android.



SUMMARY OF BENEFITS

Errata Sheet to the
 CareSource Advantage® Zero Premium (HMO), CareSource Advantage®
 (HMO) and CareSource Advantage Plus® (HMO)
 2018
 Summary of Benefits

October 16, 2017

This is important information on changes in the 2018 CareSource Advantage, CareSource Advantage Plus and CareSource Advantage Zero Premium coverage.

The original 2018 Summary of Benefits, marked Y0119_OHMA-M-0105 in the bottom left corner of each page, included errors. Below you will find information describing and correcting the errors. Please keep this information for your reference.

Changes to the 2018 CareSource Medicare Advantage Summary of Benefits

Where you can find the error in your 2018 Summary of Benefits	Original Information	Corrected Information	What does this mean for you?
2018 Summary of Benefits, page 7, 8, Covered Medical and Hospital Benefits— In-Network Only, Hearing aid, Comprehensive Dental, Dental Services – Preventive, Vision Services, Contact lenses, Eyeglass frames, Eyeglass lenses, CareSource Advantage, CareSource Advantage Plus, CareSource Advantage Zero Premium	All services are subject to the maximum out of pocket.	Services not subject to the maximum out of pocket are marked with a ² superscript.	These supplemental services do not count toward your maximum out of pocket.

Where you can find the error in your 2018 Summary of Benefits	Original Information	Corrected Information	What does this mean for you?
2018 Summary of Benefits, page 8, Covered Medical and Hospital Benefits— In-Network Only, Vision Services, CareSource Advantage, CareSource Advantage Plus, CareSource Advantage Zero Premium	The allowance every year is the total for contact lenses and eyeglasses.	Members may purchase either eyeglass lenses or contact lenses in the same benefit year at the copays listed.	The annual allowance applies only to eyeglass frames and contact lenses. Benefits for eyeglass frames, eyeglass lenses, and contact lenses are separately listed in the benefit table.
2018 Summary of Benefits, page 8, Covered Medical and Hospital Benefits— In-Network Only, Vision Services, CareSource Advantage, CareSource Advantage Plus, CareSource Advantage Zero Premium	Vision Services section header reads: Contact lenses (1 every year)	Vision Services section header now reads: Contact lenses (1 every year; in lieu of eyeglass lenses)	Members may purchase either eyeglass lenses or contact lenses in the same benefit year at the copays listed.

Where you can find the error in your 2018 Summary of Benefits	Original Information	Corrected Information	What does this mean for you?
2018 Summary of Benefits, page 8, Covered Medical and Hospital Benefits— In-Network Only, Vision Services, CareSource Advantage, CareSource Advantage Plus, CareSource Advantage Zero Premium	Vision Services section header reads: Eyeglasses (frames and lenses: 1 every year)	Vision Services section header was split into two sections which now read: Eyeglass frames (1 every 2 years) Eyeglass lenses (1 every year; in lieu of contact lenses)	Members pay \$0 copay (up to the annual limit) for eyeglass frames once every two years. Also, members may purchase either eyeglass lenses or contact lenses in the same benefit year at the copays listed.
2018 Summary of Benefits, page 8, Covered Medical and Hospital Benefits— In-Network Only, Vision Services, Eyeglasses, CareSource Advantage, CareSource Advantage Plus, CareSource Advantage Zero Premium	Eyeglass frames and lenses are listed as being covered once per year.	Eyeglass frames are covered once every two years.	Members pay \$0 copay (up to the annual limit) for eyeglass frames once every two years.
2018 Summary of Benefits, page 8, Covered Medical and Hospital Benefits— In-Network Only, Vision Services, Eyeglass Lenses, CareSource Advantage,	\$25 copay for standard lenses.	\$25 copay for single-vision lenses.	When members buy eyeglass lenses, their \$25 copay applies to single-vision lenses only.

Where you can find the error in your 2018 Summary of Benefits	Original Information	Corrected Information	What does this mean for you?
CareSource Advantage Plus, CareSource Advantage Zero Premium			
2018 Summary of Benefits, page 8, Covered Medical and Hospital Benefits— In-Network Only, Skilled Nursing Facility, CareSource Advantage, CareSource Advantage Plus, CareSource Advantage Zero Premium	Lifetime limit: up to 100 days	Limited to 100 days per benefit period.	Members may receive up to 100 days at a skilled nursing facility per benefit period rather than 100 days in their lifetime.
2018 Summary of Benefits, page 8, Covered Medical and Hospital Benefits— In-Network Only, Mental Health Care, CareSource Advantage, CareSource Advantage Plus, CareSource Advantage Zero Premium	Outpatient group therapy visit Outpatient individual therapy visit	Outpatient group therapy visit (psychiatrist provided) Outpatient individual therapy visit (psychiatrist provided)	The cost sharing listed applies to these outpatient mental health services when provided by a psychiatrist.
2018 Summary of Benefits, page 9, Covered Medical and Hospital Benefits— In-Network Only, Outpatient Rehabilitation,	Cardiac (heart) rehab services (for a maximum of 2 one-hour sessions per day	Cardiac (heart) rehab services	There is no limit on this benefit.

Where you can find the error in your 2018 Summary of Benefits	Original Information	Corrected Information	What does this mean for you?
Cardiac (heart) rehab services, CareSource Advantage, CareSource Advantage Plus, CareSource Advantage Zero Premium	for up to 36 sessions, up to 36 weeks)		
2018 Summary of Benefits, page 12, Prescription Drug Benefits (Initial Coverage) – In-Network Only, Part D Drugs – Retail, Tier 5 (Specialty Tier), Part D Drugs – Standard Mail Order Cost-Sharing, Tier 5 (Specialty Tier), CareSource Advantage, CareSource Advantage Plus, CareSource Advantage Zero Premium	CareSource Advantage Zero Premium: 28% of the cost CareSource Advantage: 33% of the cost CareSource Advantage Plus: 33% of the cost	Tier 5 (Specialty Tier) drugs 3-month supply is not covered.	Tier 5 (Specialty Tier) drugs may only be obtained as 1-month supplies through a retail pharmacy or mail.

You are not required to take any action in response to this document, but we recommend you keep this information for future reference. If you have any questions please call us at 1-844-607-2827 (TTY: 1-800-750-0750) from 8 a.m. to 8 p.m. through February 14, and the same hours Monday through Friday the rest of the year.

CareSource is an HMO with a Medicare contract. Enrollment in CareSource Advantage[®] Zero Premium (HMO), CareSource Advantage[®], and CareSource Advantage Plus[®] (HMO) depends on contract renewal. This information is not a complete description of benefits. Contact the plan for more information. Limitations, copayments, and restrictions may apply. Benefits, premiums and/or copayments/co-insurance may change on January 1 of each year. The Formulary, pharmacy network, and/or provider network may change at any time. You will receive notice when necessary. You must continue to pay your Medicare Part B premium.



Introduction

You deserve more. You deserve a health plan you can trust.

With over 27 years of service, CareSource is a leading nonprofit health insurance company located in your community. Trust matters, and our team lives in your community and understands what you want from health care. The CareSource Advantage gives you more benefits, more savings, more care... and no hidden costs.

More benefits than basic Medicare.

Our three Medicare Advantage plans (Part C) provide you with all the benefits of Part A and Part B, plus prescription drug coverage (Part D). But we're about more than basic Medicare. Our plans are designed to provide you with the best care and save you money.



YOU HAVE CHOICES ABOUT HOW TO GET YOUR MEDICARE BENEFITS

- One choice is to get your Medicare benefits through Original Medicare (fee-for-service Medicare). Original Medicare is run directly by the federal government.
- Another choice is to get your Medicare benefits by joining a Medicare health plan, such as CareSource Advantage Zero Premium (HMO), CareSource Advantage (HMO) and CareSource Advantage Plus (HMO).



TIPS FOR COMPARING YOUR MEDICARE CHOICES

This Summary of Benefits booklet gives you a summary of what CareSource Advantage[®] Zero Premium (HMO), CareSource Advantage[®] (HMO) and CareSource Advantage Plus[®] (HMO) cover and what you pay.

- If you want to compare our plans with other Medicare health plans, ask the other plans for their Summary of Benefits booklets. Or, use the Medicare Plan Finder on **medicare.gov**.
- If you want to know more about the coverage and costs of Original Medicare, look in your current "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.





WHO CAN JOIN?

To join CareSource Advantage Zero Premium (HMO), CareSource Advantage (HMO) or CareSource Advantage Plus (HMO), you must be entitled to Medicare Part A, be enrolled in Medicare Part B and live in our service area.

Our service area includes the following counties in Ohio: Brown, Butler, Champaign, Clark, Clermont, Clinton, Cuyahoga, Delaware, Fairfield, Fayette, Franklin, Geauga, Greene, Hamilton, Lorain, Lucas, Madison, Mahoning, Montgomery, Trumbull, Warren and Wood.

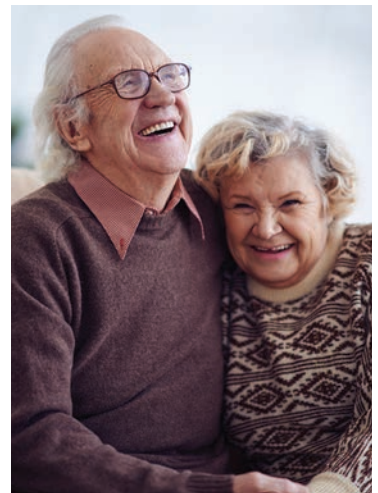
WHICH DOCTORS, HOSPITALS AND PHARMACIES CAN I USE?

CareSource Advantage Zero Premium (HMO), CareSource Advantage (HMO) and CareSource Advantage Plus (HMO) have a network of doctors, hospitals, pharmacies and other providers. If you use providers not in our network, the plans may not pay for services.

You must generally use network pharmacies to fill your prescriptions for covered Part D drugs.

You can see our plans' provider and pharmacy directories at our website: **CareSource.com/Medicare.**

Or, call us and we will send you a copy of the provider and pharmacy directories.





THINGS TO KNOW

Annual Out-of-Pocket Maximum

If you reach the limit on out-of-pocket costs, you will continue to receive coverage for hospital and medical services and we will pay the full cost for the rest of the year. Please note that you will still need to pay your monthly premiums and cost-sharing for your Part D prescription drugs.

Preventive Care

Our plan covers many preventive services, including:

- Abdominal aortic aneurysm screening
- Adult immunizations
- Annual wellness visit including personalized prevention plan services
- Bone mass measurements
- Cancer screenings to include: mammograms, cervical and vaginal cancer screening
- Cardiovascular screenings to include: cardiovascular disease testing and therapy for cardiovascular disease
- Colorectal screening
- Diabetes screening
- Diabetes self-management training
- Glaucoma screening
- Health and wellness education programs
- Hepatitis C screening
- HIV screening
- Initial preventive physical exam (“Welcome to Medicare” physical exam)
- Intensive behavioral therapy for cardiovascular disease
- Intensive behavioral therapy for obesity
- Medical nutrition therapy (for Medicare beneficiaries with diabetes or renal disease)
- Prostate cancer screening
- Routine eye exam
- Screening and behavioral counseling interventions in primary care to reduce alcohol misuse
- Screening for depression in adults
- Screening for lung cancer with low-dose computed tomography (LDCT)
- Screening for sexually transmitted infections (STIs) and high intensity behavioral counseling to prevent STIs
- Tobacco-use cessation counseling services

Any additional preventive services approved by Medicare during the contract year will be covered.



QUESTIONS?

If you are a member of one of these plans, call us toll-free at 1-844-607-2827 (TTY/TDD: 1-800-750-0750 or 711).

If you are not a member of one of these plans, call us toll-free 1-844-607-2830 (TTY/TDD: 1-800-750-0750 or 711).

You can also visit our website at [CareSource.com/Medicare](https://www.caresource.com/Medicare).

Hours of Operation

From October 1 to February 14, you can call us 7 days a week from 8 a.m. to 8 p.m. Eastern time.

From February 15 to September 30, you can call us Monday through Friday from 8 a.m. to 8 p.m. Eastern time.

Customer Service

This document is available in other formats such as Braille and large print.

This document may be available in a non-English language. For additional information, call us at 1-844-607-2827. (TTY/TDD users should call 1-800-750-0750 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 1-844-607-2827. (Los usuarios de TTY/TDD deben llamar al 1-800-750-0750 o 711.)



WHAT DO WE COVER?

Like all Medicare health plans, we cover everything that Original Medicare covers — and more.

For some of these benefits, you may pay more in our plans than you would in Original Medicare. For others, you may pay less. Some of the extra benefits are outlined in this booklet.

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/Medicare](https://www.caresource.com/Medicare).

We cover Part D drugs. In addition, we cover Part B drugs such as chemotherapy and some drugs administered by your provider.

You can see the complete plan formulary (list of Part D drugs) and any restrictions on our website, [CareSource.com/Medicare](https://www.caresource.com/Medicare). Or, call us and we will send you a copy of the formulary.



MONTHLY PREMIUM, DEDUCTIBLE AND LIMITS

	CareSource Advantage Zero Premium (HMO)	CareSource Advantage (HMO)	CareSource Advantage Plus (HMO)
Monthly Premium	\$0 In addition, you must keep paying your Medicare Part B premium.	\$32	\$57
Annual Deductible	None	None	None
Annual Out-of-Pocket Maximum (the limit on how much you will pay in a year)	\$6,700 for in-network medical services (does not include prescription drugs)	\$4,600 for in-network medical services (does not include prescription drugs)	\$4,600 for in-network medical services (does not include prescription drugs)
Lifetime Maximum Benefit	Our plan has a coverage limit every year for certain in-network benefits. Contact us for the services that apply.		



COVERED MEDICAL AND HOSPITAL BENEFITS — IN-NETWORK ONLY

If you use providers that are not in our network, we may not pay for these services.

	CareSource Advantage Zero Premium (HMO)	CareSource Advantage (HMO)	CareSource Advantage Plus (HMO)
Inpatient Hospital Care¹	Days 1 through 5 \$350 copay per day	Days 1 through 7 \$285 copay per day	Days 1 through 7 \$225 copay per day
	Days 6 through 90 \$0 copay per day	Days 8 through 90 \$0 copay per day	Days 8 through 90 \$0 copay per day
Outpatient Surgery¹	Ambulatory surgical center		
	\$250 copay	\$250 copay	\$100 copay
	Outpatient hospital		
	20% of the cost	\$295 copay	\$225 copay
Doctor's Office Visits¹	Primary care physician visit		
	\$9 copay	\$0 copay	\$0 copay
	Specialist visit		
	\$45 copay	\$50 copay	\$30 copay
Preventive Care	\$0 copay	\$0 copay	\$0 copay
Emergency Care Waived if admitted	\$80 copay	\$80 copay	\$80 copay
Urgent Care	\$45 copay	\$35 copay	\$25 copay
Diagnostic Tests, Lab/Radiology Services and X-Rays¹	Diagnostic radiology services (such as MRIs, CT scans)		
	\$175 copay	20% of the cost	\$100 copay
	Diagnostic tests and procedures		
	15% of the cost	\$0 copay	\$0 copay
	Lab services		
	15% of the cost	\$0 copay	\$0 copay
	Outpatient x-rays		
	\$50 copay	\$25 copay	\$25 copay
Therapeutic radiology services (such as radiation treatment for cancer)			
20% of the cost	20% of the cost	20% of the cost	

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, we may not pay for these services.

	CareSource Advantage Zero Premium (HMO)	CareSource Advantage (HMO)	CareSource Advantage Plus (HMO)
Hearing Services	Exam to diagnose and treat hearing and balance issues		
	\$45 copay	\$45 copay	\$45 copay
	Routine hearing exam		
	\$0 copay, 1 every year	\$0 copay, 1 every year	\$0 copay, 1 every year
	Hearing aid fitting/evaluation		
	\$0 copay	\$0 copay	\$0 copay
	Hearing aid		
	\$699/\$999 copay per hearing aid, up to 2 per year	\$499/\$799 copay per hearing aid, up to 2 per year	\$199/\$499 copay per hearing aid, up to 2 per year
Hearing aid purchase includes: <ul style="list-style-type: none"> – 3 provider visits within first year of hearing aid purchase – 45 day trial period – 3 year extended warranty – 48 batteries per aid 			
Dental Services¹ — Medicare-Covered	\$45 copay	\$50 copay	\$30 copay
	Excludes services in connection with care, treatment, filling, removal or replacement of teeth		
Comprehensive Dental¹	Not covered	50% coinsurance, up to \$750 limit	50% coinsurance, up to \$1,000 limit
	Not covered by Medicare: <ul style="list-style-type: none"> – Non-routine services – Diagnostic services – Restorative services 	Covered only under specific conditions: <ul style="list-style-type: none"> – Endodontics – Periodontics – Extractions – Prosthodontics, oral maxillofacial surgery, dentures and other services 	
Dental Services¹ — Preventive	\$10 copay for a single office visit that includes: <ul style="list-style-type: none"> – Cleaning (1 every 6 months) – Dental x-ray(s) (1 every year) – Oral exam (1 every 6 months) 	\$10 copay for a single office visit that includes: <ul style="list-style-type: none"> – Cleaning (1 every 6 months) – Dental x-ray(s) (1 every year) – Oral exam (1 every 6 months) 	\$10 copay for a single office visit that includes: <ul style="list-style-type: none"> – Cleaning (1 every 6 months) – Dental x-ray(s) (1 every year) – Oral exam (1 every 6 months)

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, we may not pay for these services.

	CareSource Advantage Zero Premium (HMO)	CareSource Advantage (HMO)	CareSource Advantage Plus (HMO)
Vision Services Note: The allowance every year is the total for contact lenses and eyeglasses	Exam to diagnose and treat diseases and conditions of the eye (including yearly glaucoma screening)		
	\$50 copay	\$50 copay	\$30 copay
	Routine eye exam (1 every year)		
	\$0 copay	\$0 copay	\$0 copay
	Contact lenses (1 every year)		
	\$0 copay, up to \$100 allowance	\$0 copay, up to \$130 allowance	\$0 copay, up to \$150 allowance
	Eyeglasses (frame and lenses: 1 every year)		
	\$25 copay for standard lenses, up to \$100 allowance	\$25 copay for standard lenses, up to \$130 allowance	\$25 copay for standard lenses, up to \$150 allowance
	Eyeglasses or contact lenses after cataract surgery		
\$50 copay	\$50 copay	\$30 copay	
Mental Health Care¹ Lifetime limit: Up to 190 days inpatient care in a psychiatric hospital	Inpatient visit		
	Days 1 through 5 \$320 copay per day	Days 1 through 7 \$230 copay per day	Days 1 through 7 \$225 copay per day
	Days 6 through 90 \$0 copay per day	Days 8 through 90 \$0 copay per day	Days 8 through 90 \$0 copay per day
	Outpatient group therapy visit		
	20% of the cost	\$40 copay	\$30 copay
	Outpatient individual therapy visit		
	20% of the cost	\$40 copay	\$30 copay
Skilled Nursing Facility¹ Lifetime limit: up to 100 days	Days 1 through 20 \$0 copay per day	Days 1 through 20 \$0 copay per day	Days 1 through 20 \$0 copay per day
	Days 21 through 100 \$167.50 copay per day	Days 21 through 100 \$167.50 copay per day	Days 21 through 100 \$167.50 copay per day
	Cardiac (heart) rehab services (for a maximum of 2 one-hour sessions per day for up to 36 sessions, up to 36 weeks)		
20% of the cost	\$10 copay	\$0 copay	
Occupational therapy visit			
20% of the cost	\$40 copay	\$30 copay	
Physical therapy and speech and language therapy visit			
20% of the cost	\$40 copay	\$25 copay	

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, we may not pay for these services.

	CareSource Advantage Zero Premium (HMO)	CareSource Advantage (HMO)	CareSource Advantage Plus (HMO)
Ambulance¹	\$275 copay	\$250 copay	\$225 copay
Transportation	Not covered	Not covered	Not covered
Foot Care (podiatry services)	\$45 copay Includes foot exams and treatment if you have diabetes-related nerve damage or meet certain conditions		
Durable Medical Equipment¹ (wheelchairs, oxygen, etc.)	20% of the cost	20% of the cost	20% of the cost
Prosthetic Devices¹ (braces, artificial limbs, etc.)	Prosthetic devices		
	20% of the cost	20% of the cost	20% of the cost
	Related medical supplies		
	20% of the cost	20% of the cost	20% of the cost
Diabetes Supplies and Services	Diabetes monitoring supplies		
	\$0 copay	\$0 copay	\$0 copay
	Diabetes self-management training		
	\$0 copay	\$0 copay	\$0 copay
	Therapeutic shoes or inserts		
	20% of the cost	20% of the cost	20% of the cost
Acupuncture	Not covered	Not covered	Not covered
Chiropractic Care¹	20% of the cost	\$20 copay	\$20 copay
	Includes manipulation of the spine to correct a subluxation (when one or more of the bones of your spine move out of position)		
Home Health Care¹	\$0 copay	\$0 copay	\$0 copay

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, we may not pay for these services.

	CareSource Advantage Zero Premium (HMO)	CareSource Advantage (HMO)	CareSource Advantage Plus (HMO)
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.		
Outpatient Substance Abuse	Group therapy visit		
	\$40 copay	\$40 copay	\$30 copay
	Individual therapy visit		
	\$40 copay	\$40 copay	\$30 copay
Over-the-Counter Items	Not covered	Not covered	Not covered
Renal Dialysis	20% of the cost	20% of the cost	20% of the cost

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.

Summary of Benefits



HOW WILL I DETERMINE MY DRUG COSTS?

Our plans group each medication into one of five “tiers.” You will need to use your formulary to locate your drug tier to determine how much it will cost you. The amount you pay depends on the drug’s tier and what stage of the benefit you have reached. Below are the benefit stages that occur.

THE FOUR STAGES OF DRUG COVERAGE

What you pay for your covered drugs depends, in part, on which coverage stage you are in.

Stage 1	Stage 2	Stage 3	Stage 4
Deductible	Initial Coverage	Coverage Gap	Catastrophic Coverage
<p>The CareSource Advantage Zero Premium (HMO) plan has a \$250 pharmacy deductible for prescriptions in tiers 3 – 5. You will pay the full cost of your prescription drugs in tiers 3 – 5 until you meet the \$250 deductible. Once you meet the deductible, you will move on to stage 2.</p> <p>If you are in one of the other two CareSource plans, you have no pharmacy deductible to meet. You will skip to stage 2.</p>	<p>You pay the following until your total yearly drug costs reach \$3,750. Total yearly drug costs are the total drug costs paid by both you and our Part D plan.</p> <p>You may get your drugs at network retail pharmacies and mail order pharmacies.</p> <p>If you reside in a long-term care facility, you pay the same as at a retail pharmacy.</p> <p>You may get drugs from an out-of-network pharmacy, but may pay more than you pay at an in-network pharmacy.</p>	<p>Most Medicare drug plans have a coverage gap (also called the “donut hole”). This means that there’s a temporary change in what you will pay for your drugs. The coverage gap begins after the total yearly drug cost (including what our plan has paid and what you have paid) reaches \$3,750.</p> <p>After you enter the coverage gap, you pay 35% of the plan’s cost for covered brand name drugs and 44% of the plan’s cost for covered generic drugs until your costs total \$5,000, which is the end of the coverage gap. Not everyone will enter the coverage gap.</p>	<p>After your yearly out-of-pocket drug costs (including drugs purchased through your retail pharmacy and through mail order) reach \$5,000, you pay the greater of:</p> <p>5% of the cost, or \$3.35 copay for generic (including brand drugs treated as generic) and a \$8.35 copayment for all other drugs.</p>

**PRESCRIPTION DRUG BENEFITS (INITIAL COVERAGE) — IN-NETWORK ONLY**

	CareSource Advantage Zero Premium (HMO)	CareSource Advantage (HMO)	CareSource Advantage Plus (HMO)
Part B Drugs ¹ (such as chemotherapy)	20% of the cost	20% of the cost	20% of the cost
Part D Drugs — Retail			
1-month supply or 3-month supply			
Tier 1 (Preferred Generic)	\$6 copay \$18 copay	\$4 copay \$12 copay	\$0 copay \$0 copay
Tier 2 (Generic)	\$15 copay \$45 copay	\$10 copay \$30 copay	\$10 copay \$30 copay
Tier 3 (Preferred Brand)	\$47 copay \$141 copay	\$47 copay \$141 copay	\$47 copay \$141 copay
Tier 4 (Non-Preferred Drug)	\$100 copay \$300 copay	\$100 copay \$300 copay	\$100 copay \$300 copay
Tier 5 (Specialty Tier)	28% of the cost	33% of the cost	33% of the cost
Part D Drugs — Standard Mail Order Cost-Sharing			
3-month supply			
Tier 1 (Preferred Generic)	\$0 copay	\$10 copay	\$0 copay
Tier 2 (Generic)	\$37.50 copay	\$25 copay	\$25 copay
Tier 3 (Preferred Brand)	\$117.50 copay	\$117.50 copay	\$117.50 copay
Tier 4 (Non-Preferred Drug)	\$250 copay	\$250 copay	\$250 copay
Tier 5 (Specialty Tier)	28% of the cost	33% of the cost	33% of the cost

Prescription drugs with a ¹ may require prior authorization.

Cost-sharing may change depending on the pharmacy you choose and when you enter another phase of the Part D benefit. For more information on the additional pharmacy-specific cost-sharing and the phases of the benefit, please call us toll-free at 1-844-607-2827 (TTY/TDD: 1-800-750-0750 or 711) or access our website [CareSource.com/Medicare](https://www.caresource.com/Medicare).

The formulary, pharmacy network, and/or provider network may change at any time. You will receive notice when necessary.



ADDITIONAL BENEFITS

	CareSource Advantage Zero Premium (HMO)	CareSource Advantage (HMO)	CareSource Advantage Plus (HMO)
Fitness¹	\$0 copay	\$0 copay	\$0 copay
	No cost memberships at participating fitness centers or free home fitness kits		
Worldwide ER and Urgent Care	Emergency Care (waived if admitted)		
	\$80 copay	\$80 copay	\$80 copay
	Urgent Care		
	\$45 copay	\$35 copay	\$25 copay
CareSource24[®] — 24 Hour Nurse Advice Line	<p>You can call CareSource24[®] any time of the night or day — 24 hours a day, 7 days a week — to talk with a caring, experienced registered nurse. You can find the toll-free number on the front of your member identification card. CareSource24[®] services can be used at no cost to you. This provides you with an easy way to receive trusted health information and advice from the comfort of your home.</p> <p>Speaking directly with professional registered nurses can help you:</p> <ul style="list-style-type: none"> – 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 medicines – Learn about healthy eating and staying well 		
MyHealth Online Tool	<p>With MyHealth, you'll have online access to resources for your health, including:</p> <ul style="list-style-type: none"> – 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.

This information is not a complete description of benefits. Contact the plan for more information. Limitations, copayments, and restrictions may apply.

Benefits, premiums and/or copayments/co-insurance may change on January 1 of each year. You must continue to pay your Medicare Part B premium.

CareSource is an HMO with a Medicare contract. Enrollment in CareSource Advantage[®] Zero Premium (HMO), CareSource Advantage[®] (HMO) or CareSource Advantage Plus[®] (HMO) depends on contract renewal.

THE SILVER&FIT® EXERCISE & HEALTHY AGING PROGRAM:

SOMETHING FOR EVERYONE™

Learn how to improve your health—and use our tools to do it. This program gives members:

- » No-cost access to fitness centers
- » Group classes made for older adults, where offered
- » The option to work out at home using up to 2 Home Fitness Kits per year (24 kits to choose from)
- » Healthy Aging classes 4 times a year (online or by mail)
- » A newsletter 4 times a year (online, by email, or by mail)
- » The Silver&Fit Connected!™ program, a fun and easy way to track exercise at a fitness center or through a wearable fitness device or app and earn rewards*
- » Other web tools like a fitness center search, challenges, and online classes

*Rewards subject to change; purchase of a wearable fitness device or application may be required and is not reimbursed by the Silver&Fit program.



YOU CHOOSE HOW YOU WANT TO GET HEALTHY! WANT TO LEARN MORE?

Call CareSource at 1-844-607-2830 (TTY: 1-800-750-0750 or 711), Oct. 1 – Feb. 14: 7 days a week, 8 a.m. – 8 p.m., Feb. 15 – Sept. 30: Monday – Friday, 8 a.m. – 8 p.m. You can also visit www.SilverandFit.com to find a participating fitness center near you.

Your use of the Silver&Fit Connected! program serves as your consent for American Specialty Health Fitness, Inc. (ASH Fitness) to receive information about your tracked activity and to use that data to process and administer available rewards to you under the program. The Silver&Fit program is provided by American Specialty Health Fitness, Inc. (ASH Fitness), a subsidiary of American Specialty Health Incorporated (ASH). All programs and services are not available in all areas. The people in this piece are not Silver&Fit members. Silver&Fit, Something for Everyone, Silver&Fit Connected!, and the Silver&Fit logo are trademarks of ASH. This information is not a complete description of benefits. Contact your health plan for more information.

CareSource is an HMO with a Medicare contract. Enrollment in CareSource Advantage[®] Zero Premium (HMO), CareSource Advantage[®] (HMO), and CareSource Advantage Plus[®] (HMO) depends on contract renewal. You must continue to pay your Medicare Part B premium. You must continue to pay your Medicare Part B premium. CareSource does not discriminate or treat individuals differently based on the basis of age, gender, gender identity, color, race, ethnicity, mental or physical disability, genetic information, national origin, marital status, sexual preference, religion affiliation, health status, claims experience, medical history, evidence of insurability, geographic location or public assistance status.

CareSource complies with applicable state and federal civil rights laws and does not discriminate on the basis of age, gender, gender identity, color, race, disability, national origin, marital status, sexual preference, religious affiliation, health status, or public assistance status.

Si usted o alguien a quien ayuda tienen preguntas sobre CareSource, tiene derecho a recibir esta información y ayuda en su propio idioma sin costo. Para hablar con un intérprete, llame al 1-844-607-2827 or 711.

如果您或者您在帮助的人对 CareSource 存有疑问, 您有权 免费获得以您的语言提供的帮助和信息。如果您需要与一位翻译交谈, 请致 1-844-607-2827 or 711.





INSTRUCTIONS FOR COMPLETING YOUR CARESOURCE 2018 ENROLLMENT FORM

It's easy to enroll into a CareSource Medicare Advantage plan. To complete the Enrollment Form, simply follow these 5 steps.

If you are enrolling during the Annual Election Period, which runs from Oct. 15 through Dec. 7, we must receive your completed and signed Enrollment Form no later than Dec. 7 so your coverage can be effective Jan. 1.

If you are eligible to enroll at other times of the year, we must receive your completed and signed Enrollment Form no later than the end of the month to be effective the first of the following month.

Step 1: Get your Medicare card

Before you start, take out your red, white, and blue Medicare card. Your Medicare card provides important information for completing the Enrollment Form.

Step 2: Complete your Enrollment Form

Please read the instructions and statements carefully. You must complete one Enrollment Form per person. If you have any questions, please call CareSource at **1-844-607-2830 (1-800-750-0750 or 711)**.

Step 3: Sign your Enrollment Form

Be sure to sign and date your Enrollment Form after you have completed every section. If you are the applicant's authorized representative, legal guardian, or power of attorney, please include a copy of the authorizing paperwork with the Enrollment Form. And don't forget, you must sign the Enrollment Form on behalf of the applicant.

Step 4: Complete the Attestation of Eligibility

Complete the Attestation of Eligibility in this section, which tells us you are able to enroll in Medicare.

Step 5: Submit your Enrollment Form and Attestation of Eligibility

After the application has been signed, please return the completed top white copy of each page of the enrollment form and the eligibility form. These can be mailed back to us at no cost to you using the envelope included with this book. Don't forget to save a copy of the enrollment form for your records.

Please contact CareSource if you need information in another language or format (Braille).

To Enroll in CareSource Advantage® Zero Premium (HMO) / CareSource Advantage® (HMO) / CareSource Advantage Plus® (HMO), Please Provide the Following Information:									
Please check which plan you want to enroll in:									
CareSource Advantage Zero Premium \$0 per month	CareSource Advantage \$32.00 per month	CareSource Advantage Plus \$57.00 per month							
LAST name:	FIRST name:	Middle Initial:	Mr. Mrs. Ms.						
Birth Date: (__/__/____) (MM/DD/YYYY)	Sex: M F	Home Phone Number:	Alternate Phone Number:						
Permanent Residence Street Address (P.O. Box is not allowed)									
City:	County:	State:	ZIP Code:						
Mailing Address (only if different from your Permanent Residence Address):									
Street Address: _____									
City: _____ State: _____ ZIP Code: _____									
E-mail Address:									
Please Provide Your Medicare Insurance Information									
<p>Please take out your red, white and blue Medicare card to complete this section</p> <ul style="list-style-type: none"> Fill out this information as it appears on your Medicare card. <p style="text-align: center; margin: 10px 0;">-OR-</p> <ul style="list-style-type: none"> Attach a copy of your Medicare card or your letter from Social Security or the Railroad Retirement Board 	<p>Name (as it appears on your Medicare card): _____</p> <p>Medicare Number: _____</p> <table style="width: 100%; border: none;"> <tr> <td style="width: 60%; border: none;">Is Entitled To</td> <td style="width: 40%; border: none;">Effective Date</td> </tr> <tr> <td style="border: none;">HOSPITAL (Part A) _____</td> <td style="border: none;">_____</td> </tr> <tr> <td style="border: none;">MEDICAL (Part B) _____</td> <td style="border: none;">_____</td> </tr> </table> <p>You must have Medicare Part A and Part B to join a Medicare Advantage plan</p>			Is Entitled To	Effective Date	HOSPITAL (Part A) _____	_____	MEDICAL (Part B) _____	_____
Is Entitled To	Effective Date								
HOSPITAL (Part A) _____	_____								
MEDICAL (Part B) _____	_____								

Paying Your Plan Premium

With the Zero Premium Plan – If we determine that you owe a late enrollment penalty (or if you currently have a late enrollment penalty), we need to know how you prefer to pay it. You can pay by mail, electronic check, credit card, debit card, or by phone each month or quarterly. You can also choose to pay your premium by automatic deduction from your Social Security or Railroad Retirement Board (RRB) benefit check each month. If you are assessed a Part D-Income related Monthly Adjustment Amount, you will be notified by the Social Security Administration. You will be responsible for paying this extra amount in addition to your plan premium. You will either have the amount withheld from your Social Security benefit check or be billed directly by Medicare or the RRB. DO NOT pay CareSource the Part-D IRMAA.

You can pay your monthly plan premium (including any late enrollment penalty that you currently have or may owe) by mail, electronic check, credit card, debit card, or by phone each month. You can also choose to pay your premium by automatic deduction from your Social Security or Railroad Retirement Board (RRB) benefit check each month.

If you are assessed a part D-Income Related Monthly Adjustment Amount, you will be notified by the Social Security Administration. You will be responsible for paying this extra amount in addition to your plan premium. You will either have the amount withheld from your Social Security benefit check or be billed directly by Medicare or RRB. DO NOT pay CareSource the Part D-IRMAA.

People with limited incomes may qualify for extra help to pay for their prescription drug costs. If eligible, Medicare could pay for 75% or more of your drug costs including monthly prescription drug premiums, annual deductibles, and co-insurance. Additionally, those who qualify will not be subject to the coverage gap or a late enrollment penalty. Many people are eligible for these savings and don't even know it. For more information about this extra help, contact your local Social Security office, or call Social Security at 1-800-772-1213. TTY users should call 1-800-325-0778. You can also apply for extra help online at www.socialsecurity.gov/prescriptionhelp.

If you qualify for extra help with your Medicare prescription drug coverage costs, Medicare will pay all or part of your plan premium. If Medicare pays only a portion of this premium, we will bill you for the amount that Medicare doesn't cover.

If you don't select a payment option, you will get a bill each month.

Please select a premium payment option:

Get a bill

Automatic deduction from your monthly Social Security or Railroad Retirement Board (RRB) benefit check. I get monthly benefits from: Social Security RRB

(The Social Security/RRB deduction may take two or more months to begin after Social Security or RRB approves the deduction. In most cases, if Social Security or RRB accepts your request for automatic deduction, the first deduction from your Social Security or RRB benefit check will include all premiums due from your enrollment effective date up to the point withholding begins. If Social Security or RRB does not approve your request for automatic deduction, we will send you a paper bill for your monthly premiums.)

Please read and answer these important questions:

1. Do you have End-Stage Renal Disease (ESRD)? Yes No

If you have had a successful kidney transplant and/or you don't need regular dialysis any more, **please attach a note or records** from your doctor showing you have had a successful kidney transplant or you don't need dialysis, otherwise we may need to contact you to obtain additional information.

2. Some individuals may have other drug coverage, including other private insurance, TRICARE, Federal employee health benefits coverage, VA benefits, or State pharmaceutical assistance programs.

Will you have other **prescription** drug coverage in addition to CareSource? Yes No
If "yes", please list your other coverage and your identification (ID) number(s) for this coverage:

Name of other coverage: _____

ID# for this coverage: _____

Group # for this coverage: _____

3. Are you a resident in a long-term care facility, such as a nursing home? Yes No

If "yes", please provide the following information:

Name of Institution: _____

Address and Phone Number of Institution (number and street): _____

4. Are you enrolled in your State Medicaid program? Yes No

If yes, please provide your Medicaid number: _____

5. Do you or your spouse work? Yes No

6. Please choose the name of a Primary Care Physician (PCP), clinic, or health center:

Please check one of the boxes below if you would prefer us to send you information in another format: Large Print

Please contact CareSource at 1-844-607-2830 if you need information in another format or language than what is listed above. Our office hours are open 8 a.m. - 8 p.m. Monday through Friday, and from Oct. 1 - Feb. 14 we are open the same hours 7 days a week. TTY users should call 1-800-750-0750 or 711.



Please Read this Important Information

If you currently have health coverage from an employer or union, joining CareSource could affect your employer or union health benefits. You could lose your employer or union health coverage if you join CareSource. Read the communications your employer or union sends you. If you have questions, visit their website, or contact the office listed in their communications. If there isn't any information on whom to contact, your benefits administrator or the office that answers questions about your coverage can help.

Please Read and Sign Below

By completing this enrollment application, I agree to the following:

CareSource is a Medicare Advantage plan and has a contract with the Federal government. I will need to keep my Medicare Parts A and B. I can be in only one Medicare Advantage plan at a time, and I understand that my enrollment in this plan will automatically end my enrollment in another Medicare health plan or prescription drug plan. It is my responsibility to inform you of any prescription drug coverage that I have or may get in the future. Enrollment in this plan is generally for the entire year. Once I enroll, I may leave this plan or make changes only at certain times of the year when an enrollment period is available (Example: Oct. 15–Dec. 7 of every year), or under certain special circumstances.

CareSource serves a specific service area. If I move out of the area that CareSource serves, I need to notify the plan so I can disenroll and find a new plan in my new area. Once I am a member of CareSource, I have the right to appeal plan decisions about payment or services if I disagree. I will read the Evidence of Coverage from CareSource when I get it to know which rules I must follow to get coverage with this Medicare Advantage plan. I understand that people with Medicare aren't usually covered under Medicare while out of the country except for limited coverage near the U.S. border.

I understand that beginning on the date CareSource coverage begins, I must get all of my health care from CareSource, except for emergency or urgently needed services or out-of-area dialysis services. Services authorized by CareSource and other services contained in my CareSource Evidence of Coverage document (also known as a member contract or subscriber agreement) will be covered. Without authorization, **NEITHER MEDICARE NOR CARESOURCE WILL PAY FOR THE SERVICES.**

I understand that if I am getting assistance from a sales agent, broker, or other individual employed by or contracted with CareSource, he/she may be paid based on my enrollment in CareSource.

Release of Information: By joining this Medicare health plan, I acknowledge that CareSource will release my information to Medicare and other plans as is necessary for treatment, payment and health care operations. I also acknowledge that CareSource will release my information including my prescription drug event data to Medicare, who may release it for research and other purposes which follow all applicable Federal statutes and regulations. 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 authorized to act on my behalf under the laws of the State where I live) on this application means that I have read and understand the contents of this application. If signed by an authorized individual (as described above), this signature certifies that 1) this person is authorized under State law to complete this enrollment and 2) documentation of this authority is available upon request from Medicare.

Signature:	Today's Date:
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If you are the authorized representative, you must sign above and provide the following information

Name: _____
Address: _____
Phone Number: _____
Relationship to Enrollee: _____

Office Use Only:

Name of staff member/agent/broker (if assisted in enrollment): _____
Plan ID #: _____
Effective Date of Coverage: _____
ICEP/IEP: _____ AEP: _____ SEP (type): _____ Not Eligible: _____
Agent/Broker Writing # or National Producer #: _____
Agent Receipt Date: _____

CareSource is an HMO with a Medicare contract. Enrollment in CareSource Advantage Zero Premium® (HMO), CareSource Advantage® (HMO) or CareSource Advantage Plus® (HMO) depends on contract renewal. Premiums may change on January 1 of each year. You must continue to pay your Medicare Part B premium.



P.O. Box 8738, Dayton, OH 45401-8738 | CareSource.com/Medicare

Typically, you may enroll in a Medicare Advantage plan only during the annual enrollment period from October 15 through December 7 of each year. There are exceptions that may allow you to enroll in a Medicare Advantage plan outside of this period.

Please read the following statements carefully and check the box if the statement applies to you. By checking any of the following boxes you are certifying that, to the best of your knowledge, you are eligible for an Enrollment Period. If we later determine that this information is incorrect, you may be disenrolled.

I am new to Medicare.

I 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 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 have both Medicare and Medicaid or my state helps pay for my Medicare premiums.

I get extra help paying for Medicare prescription drug coverage.

I no longer qualify for extra help paying for my Medicare prescription drugs. I stopped receiving extra help on (insert date) _____.

I am moving into, live in, or recently moved out of a Long-Term Care Facility (for example, a nursing home or long term care facility). I moved/will move into/out of the facility on (insert date) _____.

I recently left a PACE program on (insert date) _____.

I recently involuntarily lost my creditable prescription drug coverage (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 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) _____.

If none of these statements applies to you or you're not sure, please contact CareSource at **1-844-607-2827** (TTY users should call **1-800-750-0750**) to see if you are eligible to enroll. We are open 8 a.m. to 8 p.m. seven days a week from Oct. 1 – Feb. 14, and the same hours Monday through Friday the rest of the year.

Y0119_OHMA-M-0034-V.2 Accepted

If you, or someone you're helping, have questions about CareSource, you have the right to get help and information in your language at no cost. To talk to an interpreter, call 1-844-607-2827 TTY:711.

ARABIC

إذا كان لديك، أو لدى أي شخص تساعد، أية استفسارات بخصوص CareSource، فيحق لك الحصول على مساعدة ومعلومات مجانًا وباللغة التي تتحدث بها. للتحدث إلى أحد المترجمين الفوريين، اتصل على 1-844-607-2827 TTY:711.

AMHARIC

እርስዎ፣ ወይም እርስዎ የሚያግዙት ግለሰብ፣ ስለ CareSource ጥያቄ አላችሁ፣ ያለ ምንም ክፍያ በቋንቋዎ እርዳታና መረጃ የማግኘት መብት አላችሁ። ከአስተርጓሚ ጋር ለመነጋገር፣ 1-844-607-2827 TTY:711 ይደውሉ።

BURMESE

CareSource အကြောင်း သင် သိမဟုတ် သင်အကူအညီပေးနေသူ တစ်စုံတစ်ယောက်က မေးမြန်းလာပါက သင်ပြောဆိုသော ဘာသာစကားဖြင့် အကူအညီနှင့် အချက်အလက်များအား အခမဲ့ ရယူနိုင်ရန် အခွင့်အရေးရှိပါသည်။ ဘာသာပြန်တစ်ဦးအား စကားပြောဆိုရန် 1-844-607-2827 TTY:711 ဤတွင် နံပါတ်ဖြည့်သွင်းပါ] သို့ ခေါ်ဆိုပါ။

CHINESE

如果您或者您在帮助的人对 CareSource 存有疑问，您有权免费获得以您的语言提供的帮助和信息。如果您需要与一位翻译交谈，请致电 1-844-607-2827 TTY:711。

CUSHITE – OROMO

Isin yookan namni biraa isin deeggartan CareSource irratti gaaffii yo qabaattan, kaffaltii irraa bilisa haala ta'een afaan keessaniin odeeffannoo argachuu fi deeggarsa argachuuf mirga ni qabdu. Nama isiniif ibsu argachuuf, lakkoofsa bilbilaa 1-844-607-2827 TTY:711 tiin bilbilaa.

DUTCH

Als u, of iemand die u helpt, vragen heeft over CareSource, hebt u het recht om kosteloos hulp en informatie te ontvangen in uw taal. Als u wilt spreken met een tolk, bel dan naar 1-844-607-2827 TTY:711.

FRENCH (CANADA)

Des questions au sujet de CareSource? Vous ou la personne que vous aidez avez le droit d'obtenir gratuitement du soutien et de l'information dans votre langue. Pour parler à un interprète, veuillez téléphoner au 1-844-607-2827 TTY:711.

GERMAN

Wenn Sie, oder jemand dem Sie helfen, eine Frage zu CareSource haben, haben Sie das Recht, kostenfrei in Ihrer eigenen Sprache Hilfe und Information zu bekommen. Um mit einem Dolmetscher zu sprechen, rufen Sie die Nummer 1-844-607-2827 TTY:711 an.

GUJARATI

જો તમે અથવા તમે કોઈને મદદ કરી રહ્યાં તમે iથી કોઈને CareSource વિશે પ્રશ્નો હોય તો તમને મદદ અને મેહુલી મેળવિનો અધિકાર છે. તે અર્થે વિન તમ રી ભ ષ મ i પ્ર પ્ત કરી શક ર છે. દ ભ વપરો તિ કરિ મ ટે, આ 1-844-607-2827 TTY:711 પર કોલ કરો.

HINDI

यदि आपके, या आप जिसकी मदद कर रहे हैं उसके CareSource के बारे में कोई सवाल हैं तो आपके पास बगैर किसी लागत के अपनी भाषा में सहायता और जानकारी प्राप्त करने का अधिकार है। एक दुभाषिए से बात करने के लिए कॉल करें, 1-844-607-2827 TTY:711.

ITALIAN

Se Lei, o qualcuno che Lei sta aiutando, ha domande su CareSource, ha il diritto di avere supporto e informazioni nella propria lingua senza alcun costo. Per parlare con un interprete, chiami il 1-844-607-2827 TTY:711.

JAPANESE

ご本人様、または身の回りの方で、CareSourceに関するご質問がございましたら、ご希望の言語でサポートを受けたり、情報を入力したりすることができます(無償)。通訳をご利用の場合は、1-844-607-2827 TTY:711にご連絡ください。

KOREAN

귀하 본인이나 귀하께서 돕고 계신 분이 CareSource에 대해 궁금한 점이 있으시면, 원하는 언어로 별도 비용 없이 도움을 받을 수 있습니다. 통역사가 필요하시면 다음 번호로 전화해 주십시오: 1-844-607-2827 TTY:711.

PENNSYLVANIA DUTCH

Wann du hoscht en Froog, odder ebber, wu du helpscht, hot en Froog baut CareSource, hoscht du es Recht fer Hilf un Information in deinre eegne Schprooch griegie, un die Hilf koschtet nix. Wann du mit me Interpreter schwetze witt, kannscht du 1-844-607-2827 TTY:711 uffrufe.

RUSSIAN

Если у Вас или у кого-то, кому Вы помогаете, есть вопросы относительно CareSource, Вы имеете право бесплатно получить помощь и информацию на Вашем языке. Для разговора с переводчиком, позвоните по номеру 1-844-607-2827 TTY:711.

SPANISH

Si usted o alguien a quien ayuda tienen preguntas sobre CareSource, tiene derecho a recibir esta información y ayuda en su propio idioma sin costo. Para hablar con un intérprete, llame al 1-844-607-2827 TTY:711.

UKRAINIAN

Якщо у вас, чи в особи, котрій ви допомагаєте, виникнуть запитання щодо CareSource, ви маєте право безкоштовно отримати допомогу та інформацію вашою мовою. Щоб замовити перекладача, зателефонуйте за номером 1-844-607-2827 TTY:711.

VIETNAMESE

Nếu bạn hoặc ai đó bạn đang giúp đỡ, có thắc mắc về CareSource, bạn có quyền được nhận trợ giúp và thông tin bằng ngôn ngữ của mình miễn phí. Để nói chuyện với một thông dịch viên, vui lòng gọi số 1-844-607-2827 TTY:711.

CareSource complies with applicable state and federal civil rights laws and does not discriminate on the basis of age, gender, gender identity, color, race, disability, national origin, marital status, sexual preference, religious affiliation, health status, or public assistance status. CareSource does not exclude people or treat them differently because of age, gender, gender identity, color, race, disability, national origin, marital status, sexual preference, religious affiliation, health status, or public assistance status.

CareSource provides free aids and services to people with disabilities to communicate effectively with us, such as: (1) qualified sign language interpreters, and (2) written information in other formats (large print, audio, accessible electronic formats, other formats). In addition, CareSource provides free language services to people whose primary language is not English, such as: (1) qualified interpreters, and (2) information written in other languages. If you need these services, please contact CareSource at 1-844-607-2827 TTY:711.

If you believe that CareSource has failed to provide the above mentioned services to you or discriminated in another way on the basis of age, gender, gender identity, color, race, disability, national origin, marital status, sexual preference, religious affiliation, health status, or public assistance status, you may file a grievance, with:

CareSource
Attn: Civil Rights Coordinator
P.O. Box 1947, Dayton, Ohio 45401
1-844-539-1732, TTY: 711
Fax: 1-844-417-6254

CivilRightsCoordinator@CareSource.com

You can file a grievance by mail, fax, or email. If you need help filing a grievance, the Civil Rights Coordinator is available to help you.

You may also file a civil rights complaint with the U.S. Department of Health and Human Services, Office for Civil Rights, electronically through the Office of Civil Rights Complaint Portal, available at <https://ocrportal.hhs.gov/ocr/portal/lobby.jsf>, or by mail or phone at:

U.S. Department of Health and Human Services
200 Independence Avenue, SW Room 509F
HHH Building Washington, D.C. 20201
1-800-368-1019, 800-537-7697 (TDD)

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



THANK YOU FOR CHOOSING CARESOURCE.

We look forward to serving your health and wellness needs. If at any time you have questions about your CareSource Medicare Advantage plan benefits, call Member Services at **1-844-607-2827** (TTY: **1-800-750-0750** or 711).

We are open 8 a.m. – 8 p.m. Monday through Friday, and from Oct. 1 – Feb. 14 we are open the same hours seven days a week.



CareSource is an HMO with a Medicare contract. Enrollment in CareSource Advantage Zero[®] Premium (HMO), CareSource Advantage[®] (HMO) and CareSource Advantage Plus[®] (HMO) depends on contract renewal. This information is not a complete description of benefits. Contact the plan for more information. Limitations, copayments, and restrictions may apply. Benefits, premiums and/or copayments/coinsurance may change on Jan. 1 of each year. You must continue to pay your Medicare Part B premium. The Formulary, pharmacy network, and/or provider network may change at any time. You will receive notice when necessary.

Not all 1.8 million members who receive health care through CareSource receive their health care through a CareSource Medicare Advantage plan and is based upon member enrollment in all of CareSource's health plans across multiple states as of July 5, 2017.

This information is available for free in other languages. Please call our customer service number at **1-844-607-2827** (TTY: **1-800-750-0750** or 711). We are open 8 a.m. – 8 p.m. Monday through Friday, and from Oct. 1 – Feb. 14 we are open the same hours SEVEN days a week. CareSource Advantage[®] Zero Premium (HMO), CareSource Advantage[®] (HMO) and CareSource Advantage Plus[®] (HMO) do not discriminate, exclude people or treat them differently on the basis of race, color, religion, national origin, mental or physical disability, age, sex, gender identity, sexual orientation, claims experience, medical history, genetic information, evidence of insurability, geographic location, or health status in the administration of the plan, including enrollment and benefit determinations.

Silver&Fit is a federally registered trademark of American Specialty Health Incorporated (ASH) and used with permission herein. The Silver&Fit program is provided by American Specialty Health Fitness, Inc., a subsidiary of ASH.

OUR MISSION

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



[CareSource.com/Medicare](https://www.caresource.com/Medicare)



CareSource – H6396

2018 Medicare Star Ratings*

The Medicare Program rates all health and prescription drug plans each year, based on a plan's quality and performance. Medicare Star Ratings help you know how good a job our plan is doing. You can use these Star Ratings to compare our plan's performance to other plans. The two main types of Star Ratings are:

1. An Overall Star Rating that combines all of our plan's scores.
2. Summary Star Rating that focuses on our medical or our prescription drug services.

Some of the areas Medicare reviews for these ratings include:

- How our members rate our plan's services and care;
- How well our doctors detect illnesses and keep members healthy;
- How well our plan helps our members use recommended and safe prescription medications.

For 2018, CareSource received the following Overall Star Rating from Medicare.

Plan too new to be measured

We received the following Summary Star Rating for CareSource's health/drug plan services:

Health Plan Services: Plan too new to be measured

Drug Plan Services: Plan too new to be measured

The number of stars shows how well our plan performs.

- ★★★★★ 5 stars - excellent
- ★★★★ 4 stars - above average
- ★★★ 3 stars - average
- ★★ 2 stars - below average
- ★ 1 star - poor

Learn more about our plan and how we are different from other plans at www.medicare.gov.

You may also contact us 7 days a week from 8 a.m. to 8 p.m. Eastern time at 1-844-607-2830 (toll-free) or 1-800-750-0750 or 711 (TTY), from October 1 to February 14. Our hours of operation from February 15 to September 30 are Monday through Friday from 8 a.m. to 8 p.m. Eastern time.

Current members please call 1-844-607-2827 (toll-free) or 1-800-750-0750 or 711 (TTY).

Medicare evaluates plans based on a 5-star rating system. Star Ratings are calculated each year and may change from one year to the next.

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