



more than
basic Medicare

**Medicare Advantage
Enrollment Guide**

OHIO 2019


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 1.9 million members*, and we have been there for our members for nearly three decades. We know that there's a lot to consider in making a decision on a Medicare plan, so we've created this guide to help.



THE FOLLOWING PAGES CONTAIN 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

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



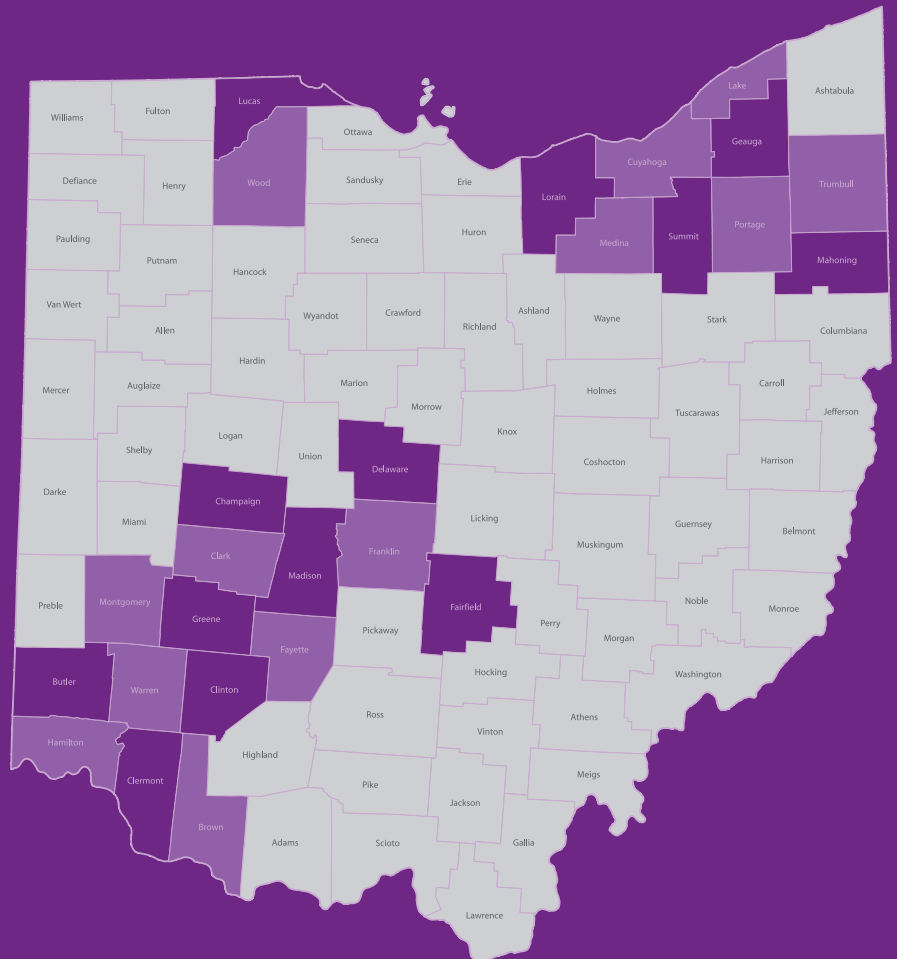
**JUST CALL
1-844-607-2830**

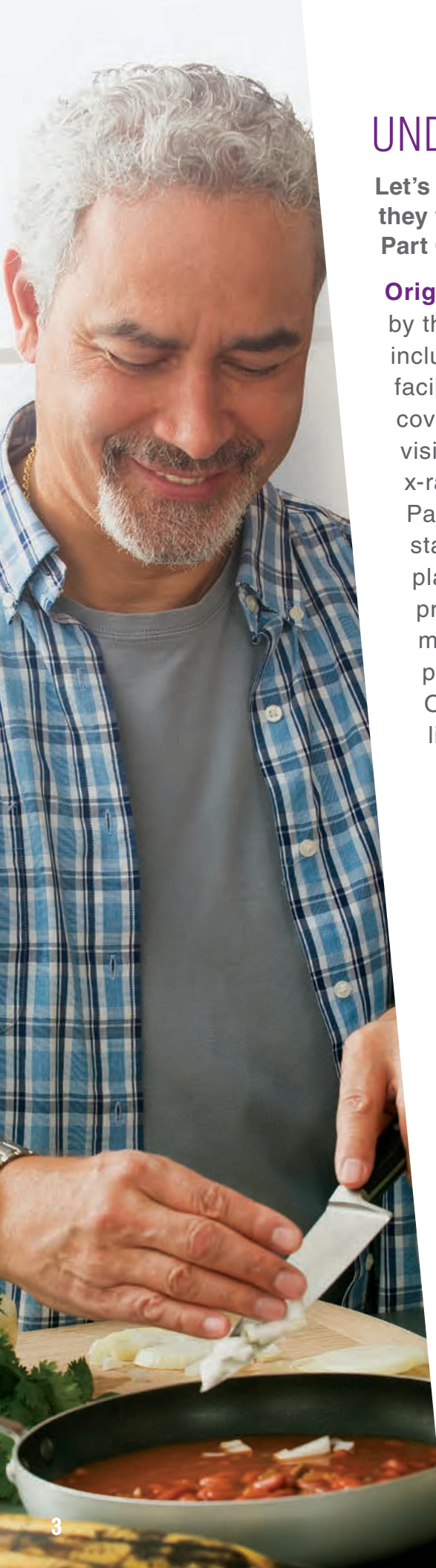
(TTY: 1-800-750-0750 or 711).

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 – Mar. 31, and the same hours Monday through Friday the rest of the year.

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 | Hamilton |
| Butler | Lake |
| Champaign | Lorain |
| Clark | Lucas |
| Clermont | Madison |
| Clinton | Mahoning |
| Cuyahoga | Medina |
| Delaware | Montgomery |
| Fairfield | Portage |
| Fayette | Summit |
| Franklin | Trumbull |
| Geauga | Warren |
| Greene | Wood |



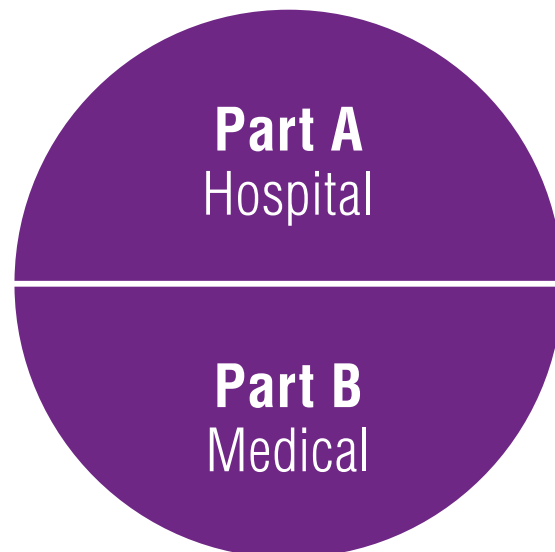


UNDERSTANDING MEDICARE BASICS

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, is 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 pharmacy coverage and other benefits 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 need pharmacy coverage, you may 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.

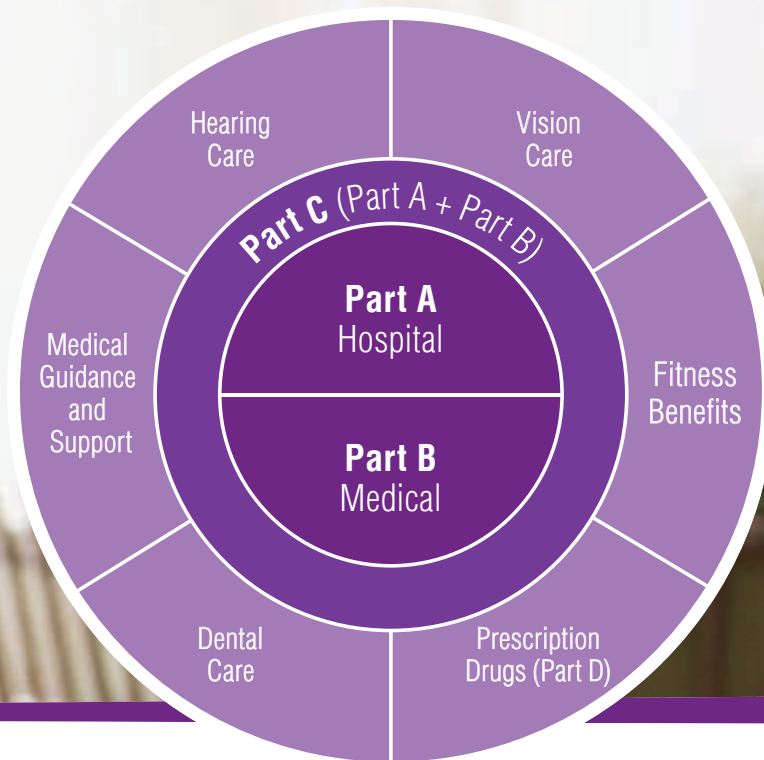
Cost share, or **out-of-pocket costs**, is what you are responsible for paying when you have health care expenses. These costs can include:

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: SO MUCH MORE THAN BASIC MEDICARE!

CareSource Medicare Advantage plans give you all of the Original Medicare benefits and more in a single package – without any surprise out-of-pocket charges, coinsurance fees or copays!

They provide you:

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

Prescription drug coverage (Part D)

Comprehensive dental benefits with coverage for dentures (with CareSource Advantage® and CareSource Advantage® Plus)

Vision benefits powered by EyeMed®

Hearing benefits powered by TruHearing® with coverage for hearing aids

Silver&Fit® fitness program, 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

MORE BENEFITS. SAVINGS. CARE.

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







CHOOSE THE CARESOURCE MEDICARE ADVANTAGE PLAN THAT BEST FITS YOUR NEEDS

CareSource is offering three Medicare Advantage plans in Ohio in 2019. 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 <i>and</i> 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 our 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](https://www.caresource.com/Medicare).

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	\$32.90 Monthly Premium	\$67 Monthly Premium
Medical Deductible	\$0	\$0	\$0
Maximum Out-of-Pocket Cost	\$6,700	\$4,600	\$3,900
Primary Care Provider Visit	\$9 Copay for In-Network	\$0 Copay for In-Network	\$0 Copay for In-Network
Specialist Visit	\$50 Copay for In-network	\$49 Copay for In-network	\$30 Copay for In-network
Urgent Care	\$45 Copay	\$35 Copay	\$25 Copay
Emergency Room	\$90 Copay	\$90 Copay	\$90 Copay
Preventive Care	\$0 Copay	\$0 Copay	\$0 Copay
Routine Blood Work	\$30 Copay	\$0 Copay	\$0 Copay
Dental	\$0 copay for preventive dental	\$0 copay for preventive dental, \$1,000 annual allowance for comprehensive dental, including dentures, extractions and crowns 30-50% coinsurance may apply	\$0 copay for preventive dental, \$1,200 annual allowance for comprehensive dental, including dentures, extractions and crowns 30-50% coinsurance may apply
Prescription Drug Deductible	\$250	\$0	\$0

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 insurance agent. We are open 8 a.m. – 8 p.m. seven days a week from Oct. 1 – Mar. 31, and the same hours Monday through Friday the rest of the year.



	CARESOURCE ADVANTAGE ZERO PREMIUM	CARESOURCE ADVANTAGE	CARESOURCE ADVANTAGE PLUS
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
Vision	\$0 Copay for Annual Exam	\$0 Copay for Annual Exam	\$0 Copay for Annual Exam
	\$100 allowance for frames every 24 months or contact lenses every 12 months	\$130 allowance for frames every 24 months or contact lenses every 12 months	\$150 allowance for frames every 24 months or contact 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, including YMCAs, or free home fitness kits	No cost memberships at participating fitness facilities, including YMCAs, or free home fitness kits	No cost memberships at participating fitness facilities, including YMCAs, or home fitness kits



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 – Mar. 31, and the same hours Monday through Friday the rest of the year.
- Enroll online at **CareSource.com/MedicareAdvantage**
- 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. 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. We'll ask you to return your completed health assessment using the envelope provided in the kit or to complete it online.
- 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 or if you are enrolled in the CareSource Advantage Zero Premium plan, you will not receive an invoice for your plan premium. *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 – Mar. 31 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 **My.CareSource.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 [My.CareSource.com](https://www.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 Apple App Store® or Google Play® for Android.

SUMMARY OF BENEFITS



Introduction

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

With over 28 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, Lake, Lorain, Lucas, Madison, Mahoning, Medina, Montgomery, Portage, Summit, Trumbull, Warren and Wood.

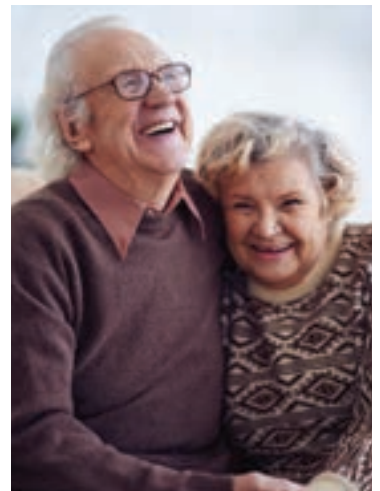
WHICH DOCTORS, HOSPITALS AND PHARMACIES CAN I USE?

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 March 31, you can call us 7 days a week from 8 a.m. to 8 p.m. Eastern time.

From April 1 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.	\$32.90	\$67.00
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)	\$3,900 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% coinsurance	\$295 copay	\$225 copay
Doctor's Office Visits¹	Primary care physician visit		
	\$9 copay	\$0 copay	\$0 copay
	Specialist visit		
	\$50 copay	\$49 copay	\$30 copay
Preventive Care	\$0 copay	\$0 copay	\$0 copay
Emergency Care Waived if admitted within 24 hours	\$90 copay	\$90 copay	\$90 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	\$150 copay	\$100 copay
	Diagnostic tests and procedures		
	\$30 copay	\$0 copay	\$0 copay
	Lab services		
	\$30 copay	\$0 copay	\$0 copay
	Outpatient x-rays		
	\$50 copay	\$25 copay	\$25 copay
	Therapeutic radiology services (such as radiation treatment for cancer)		
	20% coinsurance	20% coinsurance	20% coinsurance
Supervised Exercise Therapy (SET)¹	20% coinsurance	\$40 copay	\$25 copay

Services with a ¹ may require prior authorization. Services with a ² are not subject to the maximum out of pocket. Amounts shown are what you pay. Services are covered in-network only except for emergency care and ambulance.



COVERED MEDICAL AND HOSPITAL BENEFITS — IN-NETWORK ONLY (continued)

If you use providers that are not in our network, 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		
	\$50 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 aid²		
	\$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	\$50 copay	\$50 copay	\$30 copay
	Excludes services in connection with care, treatment, filling, removal or replacement of teeth		
Comprehensive Dental^{1,2}	Not covered	30% coinsurance for simple extractions, minor restorations, and periodontics 50% coinsurance for all other non-Medicare covered comprehensive dental services Up to \$1,000 limit	30% coinsurance for simple extractions, minor restorations, and periodontics 50% coinsurance for all other non-Medicare covered comprehensive dental services Up to \$1,200 limit
	Not covered by Medicare:	Covered only under specific conditions:	
	<ul style="list-style-type: none"> – Non-routine services – Diagnostic services – Restorative services 	<ul style="list-style-type: none"> – Endodontics – Periodontics – Extractions – Prosthodontics, oral maxillofacial surgery, dentures and other services 	

Services with a ¹ may require prior authorization. Services with a ² are not subject to the maximum out of pocket. Amounts shown are what you pay. Services are covered in-network only except for emergency care and ambulance.

**COVERED MEDICAL AND HOSPITAL BENEFITS — IN-NETWORK ONLY (continued)**

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

	CareSource Advantage Zero Premium (HMO)	CareSource Advantage (HMO)	CareSource Advantage Plus (HMO)
Dental Services^{1,2} — Preventive	\$0 copay for a single office visit that includes: – Cleaning (1 every 6 months) – Dental x-ray(s) (1 every year) – Oral exam (1 every 6 months)	\$0 copay for a single office visit that includes: – Cleaning (1 every 6 months) – Dental x-ray(s) (1 every year) – Oral exam (1 every 6 months)	\$0 copay for a single office visit that includes: – Cleaning (1 every 6 months) – Dental x-ray(s) (1 every year) – Oral exam (1 every 6 months)
Vision Services	Exam to diagnose and treat diseases and conditions of the eye (including yearly glaucoma screening)		
Note: You may purchase either eyeglass lenses or contact lenses in the same benefit year at the copays listed.	\$50 copay	\$50 copay	\$30 copay
	Routine eye exam (1 every year)		
	\$0 copay	\$0 copay	\$0 copay
	Contact lenses² (1 every year; in lieu of eyeglass lenses)		
	\$0 copay, up to \$100 allowance	\$0 copay, up to \$130 allowance	\$0 copay, up to \$150 allowance
	Eyeglass frames² (1 every 2 years)		
	\$0 copay, up to \$100 allowance	\$0 copay, up to \$130 allowance	\$0 copay, up to \$150 allowance
	Eyeglass lenses² (1 every year; in lieu of contact lenses)		
\$25 copay for single vision lenses	\$25 copay for single vision lenses	\$25 copay for single vision lenses	
Eyeglasses or contact lenses after cataract surgery			
\$50 copay	\$50 copay	\$30 copay	
Mental Health Care¹	Inpatient visit		
Lifetime limit: Up to 190 days inpatient care in a psychiatric hospital	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 (psychiatrist provided)		
	\$40 copay	\$40 copay	\$30 copay
Outpatient individual therapy visit (psychiatrist provided)			
\$40 copay	\$40 copay	\$30 copay	

Services with a ¹ may require prior authorization. Services with a ² are not subject to the maximum out of pocket. Amounts shown are what you pay. Services are covered in-network only except for emergency care and ambulance.

**COVERED MEDICAL AND HOSPITAL BENEFITS — IN-NETWORK ONLY (continued)**

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

	CareSource Advantage Zero Premium (HMO)	CareSource Advantage (HMO)	CareSource Advantage Plus (HMO)
Skilled Nursing Facility¹ Limited to 100 days per benefit period	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 \$172 copay per day	Days 21 through 100 \$172 copay per day	Days 21 through 100 \$172 copay per day
Outpatient Rehabilitation¹	Cardiac (heart) rehab services		
	20% coinsurance	\$10 copay	\$0 copay
	Occupational therapy visit		
	20% coinsurance	\$40 copay	\$30 copay
	Physical therapy and speech and language therapy visit		
	20% coinsurance	\$40 copay	\$25 copay
Ambulance¹	\$225 copay	\$225 copay	\$225 copay
Transportation	Not covered	Not covered	Not covered
Foot Care (podiatry services)	\$50 copay Includes foot exams and treatment if you have diabetes-related nerve damage or meet certain conditions	\$50 copay	\$30 copay
Durable Medical Equipment¹ (wheelchairs, oxygen, etc.)	20% coinsurance	20% coinsurance	20% coinsurance
Prosthetic Devices¹ (braces, artificial limbs, etc.)	Prosthetic devices		
	20% coinsurance	20% coinsurance	20% coinsurance
	Related medical supplies		
	20% coinsurance	20% coinsurance	20% coinsurance
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% coinsurance	20% coinsurance	20% coinsurance
Acupuncture	Not covered	Not covered	Not covered
Chiropractic Care¹	20% coinsurance Includes manipulation of the spine to correct a subluxation (when one or more of the bones of your spine move out of position)	\$20 copay	\$20 copay

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**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)
Home Health Care¹	\$0 copay	\$0 copay	\$0 copay
Hospice	You pay nothing for hospice care from a Medicare-certified hospice. You may have to pay part of the costs for drugs and respite care. Hospice is covered outside of our plan. Please contact us for more details.		
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% coinsurance	20% coinsurance	20% coinsurance

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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 \$3,820. 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 \$3,820.</p> <p>After you enter the coverage gap, you pay 25% of the plan’s cost for covered brand name drugs and 37% of the plan’s cost for covered generic drugs until your costs total \$5,100, 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 \$5,100, you pay the greater of:</p> <p>5% of the cost, or \$3.40 copay for generic (including brand drugs treated as generic) and a \$8.50 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% coinsurance	20% coinsurance	20% coinsurance
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% coinsurance (1-month supply only)	33% coinsurance (1-month supply only)	33% coinsurance (1-month supply only)
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)	Not covered	Not covered	Not covered

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)		
	\$90 copay	\$90 copay	\$90 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. Services with a ² are not subject to the maximum out of pocket. Amounts shown are what you pay. Services are covered in-network only except for emergency care and ambulance.

This information is not a complete description of benefits. Call 1-844-607-2827/TTY 1-800-750-0750 or 711 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.

MONTHLY PLAN PREMIUM FOR PEOPLE WHO GET EXTRA HELP FROM MEDICARE to Help Pay for their Prescription Drug Costs



If you get extra help from Medicare to help pay for your Medicare prescription drug plan costs, your monthly plan premium will be lower than what it would be if you did not get extra help from Medicare. The amount of extra help you get will determine your total monthly plan premium as a member of our Plan.

This table shows you what your monthly plan premium will be if you get extra help.

YOUR LEVEL OF EXTRA HELP	CARESOURCE ADVANTAGE® (HMO)	CARESOURCE ADVANTAGE PLUS® (HMO)
100%	\$0.00	\$34.10
75%	\$8.20	\$42.30
50%	\$16.40	\$50.50
25%	\$24.70	\$58.80

*Premium amounts listed above do not include any Medicare Part B premium you may have to pay. CareSource premium includes coverage for both medical services and prescription drug coverage.

If you have any questions, please call **CareSource Member Service** at **1-844-604-2827, (TTY: 1-800-750-0750)** from 8 a.m. – 8 p.m. seven days a week from Oct. 1 – Mar. 31 and from Monday through Friday the rest of the year.

If you aren't getting extra help, you can see if you qualify by calling:

1-800-Medicare or
TTY users call **1-877-486-2048**
(24 hours a day/7 days a week),

Your State Medicaid Office, or

The Social Security Administration
at **1-800-772-1213**
TTY users should call **1-800-325-0778**
between 7 a.m. and 7 p.m.,
Monday through Friday.



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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, religion 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，请致电 1-844-607-2827 or 711.



CareSource has partnered with EyeMed Vision Care to bring you a Medicare Advantage vision benefit solution that offers more

- Access to a large network with the most choice – including hundreds of independent providers, and truly in-network access to popular national retailers as well as regional favorites



- Service that is always open to new patients and without an appointment
- Locations with extended evening and weekend hours in convenient locations
- Online solutions that allow members and their caregivers to evaluate options at home and reduce stress at the provider office
- Benefit options that offer more flexibility, choice and savings



CareSource Medicare Advantage Vision Plan Options:	CareSource Advantage® Zero Premium (HMO)	CareSource Advantage® (HMO)	CareSource Advantage Plus® (HMO)
Exam with Dilation as Necessary	\$0 Copay	\$0 Copay	\$0 Copay
Frame	\$0 Copay; \$100 allowance	\$0 Copay; \$130 allowance	\$0 Copay; \$150 allowance
	20% off balance over \$100	20% off balance over \$130	20% off balance over \$150
Single Vision Lenses	\$25	\$25	\$25
-or-	\$0 Copay; \$100 allowance	\$0 Copay; \$130 allowance	\$0 Copay; \$150 allowance
Contact Lenses (conventional)	15% off balance over \$100	15% off balance over \$130	15% off balance over \$150

Additional savings include....

- 40% off additional pair discount*
- 20% off non-prescription sunglasses*
- 20% off any remaining frame balance*

*These discounts are offered at in-network providers only.

Contact CareSource to learn more!

1-844-607-2830 (TTY: 1-800-750-0750 or 711), Oct. 1 – Mar. 31: 7 days a week, 8 a.m. – 8 p.m., Apr. 1 – Sept. 30: Monday – Friday, 8 a.m. – 8 p.m.

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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 or 711.

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.

don't worry

CARESOURCE COVERS YOUR SMILE



You shouldn't have to worry about whether your dental coverage will cover the services you need.

That's why CareSource offers comprehensive dental coverage with our CareSource Advantage® (HMO) and CareSource Advantage Plus® (HMO). For 2019, all plans now include preventive care without a copay!

Review the charts on the back of this page to determine which CareSource Medicare Advantage plan is designed to meet your financial and dental needs.

- ✓ **No deductible**
- ✓ **No waiting period**
- ✓ **No extra premium – included with your medical coverage**

Smile. We've Got You Covered!

1-844-607-2830 OR TTY: 711

CareSource.com/Medicare

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2019 DENTAL COVERAGE

2019 Dental Coverage	CareSource Advantage® Zero Premium (HMO)		CareSource Advantage® (HMO)		CareSource Advantage Plus® (HMO)	
	Covered/ Not Covered	Copay/ Coinsurance	Covered/ Not Covered	Copay/ Coinsurance	Covered/ Not Covered	Copay/ Coinsurance
			\$1000 Annual Limit For Comprehensive		\$1200 Annual Limit for Comprehensive	
Preventive Dental	Covered	\$0 copay	Covered	\$0 copay	Covered	\$0 copay
Preventive Dental Oral Exams*	Covered	\$0	Covered	\$0	Covered	\$0
Preventive Dental Prophylaxis*	Covered	\$0	Covered	\$0	Covered	\$0
Preventive Dental X-Rays**	Covered	\$0	Covered	\$0	Covered	\$0
Preventive Dental Fluoride Treatment	Not Covered	–	Not Covered	–	Not Covered	–
Comprehensive Dental (Medicare Covered)	Covered	\$50 copay	Covered	\$50 copay	Covered	\$30 copay
Comprehensive Dental	Not Covered	–	Covered	\$0 copay / 50% coinsurance, \$1,000 limit	Covered	\$0 copay / 50% coinsurance, \$1,200 limit
Lab and Other Tests	Not Covered	–	Covered	\$0 / 50.0%	Covered	\$0 / 50.0%
Emergency (Palliative)	Not Covered	–	Covered	\$0 / 50.0%	Covered	\$0 / 50.0%
Space Maintainers	Not Covered	–	Covered	\$0 / 50.0%	Covered	\$0 / 50.0%
Simple Extractions	Not Covered	–	Covered	\$0 / 30.0%	Covered	\$0 / 30.0%
Surgical Extractions	Not Covered	–	Covered	\$0 / 50.0%	Covered	\$0 / 50.0%
Oral Surgery	Not Covered	–	Covered	\$0 / 50.0%	Covered	\$0 / 50.0%
Anesthesia	Not Covered	–	Covered	\$0 / 50.0%	Covered	\$0 / 50.0%
Minor Restorations (i.e. fillings)	Not Covered	–	Covered	\$0 / 30.0%	Covered	\$0 / 30.0%
Major Restorations (i.e. crowns)	Not Covered	–	Covered	\$0 / 50.0%	Covered	\$0 / 50.0%
Periodontics	Not Covered	–	Covered	\$0 / 30.0%	Covered	\$0 / 30.0%
Endodontics	Not Covered	–	Covered	\$0 / 50.0%	Covered	\$0 / 50.0%
Dentures	Not Covered	–	Covered	\$0 / 50.0%	Covered	\$0 / 50.0%

* Limit 1, Every 6 Months

** Limit 1, Every Year

THE SILVER&FIT® EXERCISE & HEALTHY AGING PROGRAM:

SOMETHING FOR EVERYONE™

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

- » No extra cost access to fitness centers and YMCAs*
- » Group classes made for older adults, where offered
- » The option to work out at home using up to 2 home fitness kits per year (34 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) containing tips on healthy living, diet and exercise
- » 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
CAN HELP IMPROVE
YOUR HEALTH!**

WANT TO LEARN MORE? CALL:

CareSource at 1-844-607-2830 (TTY: 1-800-750-0750 or 711),
Oct. 1 – Mar. 31: 7 days a week, 8 a.m. – 8 p.m.,
Apr. 1 – 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.



*Not all YMCAs participate in the network. Please check the searchable directory on the Silver&Fit website to see if your location participates in the program. 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. Contact your health plan for more information.

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TruHearing® Select

Better Hearing Better Health

Your CareSource hearing aid benefit provides you with high-quality hearing aids and local professional care at a fraction of the cost. Not all health plans—including traditional Medicare—offer a hearing aid benefit, leaving you to pay \$2,000–3,000 per hearing aid on the retail market.*



2019 Hearing Aid Coverage

Your plan covers up to two hearing aids per year.

Your Health Plan	Your Hearing Coverage		
	Exam	TruHearing Advanced 19	TruHearing Premium 19
	Performed by in-network provider	32 Channels 6 Programs Retail: \$2,455	48 Channels 6 Programs Retail: \$3,125
CareSource Advantage® Zero Premium (HMO)	\$0 exam fee	\$699 copay/aid	\$999 copay/aid
CareSource Advantage® (HMO)	\$0 exam fee	\$499 copay/aid	\$799 copay/aid
CareSource Advantage Plus®(HMO)	\$0 exam fee	\$199 copay/aid	\$499 copay/aid



TruHearing Advanced 19

Features new HD Spatial algorithms that replicate the natural way we localize sound

TruHearing Premium 19

Uses Ultra HD e2e technology for clear speech understanding in virtually every environment

→ Call TruHearing to learn more and schedule an appointment

1-855-205-5499 | For TTY, dial 711

Hours: 8am–8pm, Monday–Friday

10/1 to 03/31 - 8am - 9pm, Monday - Friday; 11am - 11pm, Saturday - Sunday

How to Take Advantage of Your Hearing Benefit

- 1 Call TruHearing
- 2 Schedule a hearing exam
- 3 Order your hearing aid
- 4 Return for fitting and programming

Your Purchase Includes:

- › 3 in-person, follow-up visits with a local, in-network provider for fitting and adjustments
- › Extended 3-year manufacturer warranty for repairs and one-time loss and damage replacement
- › 45-day trial
- › 48 batteries per hearing aid included with non-rechargeable models

2019 TruHearing Hearing Aid Models Feature:

- › Additional channels and programs for a more customized listening experience
- › State-of-the-art technology that helps you hear speech even in noisy environments
- › Own Voice Processing (OVP™) for a more natural sound to your own voice
- › Smartphone-compatible so you can stream audio and phone calls directly to your ears[†]
- › Rechargeable battery upgrade option on the TruHearing Premium 19 RIC Li model for \$75 per aid

→ Call TruHearing to learn more and schedule an appointment

1-855-205-5499 | For TTY, dial 711

Hours: 8am–8pm, Monday–Friday

10/1 to 03/31 - 8am - 9pm, Monday - Friday; 11am - 11pm, Saturday - Sunday

**Prices surveyed from audiology clinics nationwide, completed 2016*

†TruHearing hearing aids connect directly to iPhone®, iPad®, and iPod® Touch devices. Connectivity also available to many Android® phones with use of an accessory.

Three follow-up visits must be used within one year after the date of initial purchase. Free battery offer is not applicable to the purchase of rechargeable hearing aid models. Three-year warranty includes repairs and one-time loss and damage replacement. Hearing aid repairs and replacements are subject to provider and manufacturer fees. For questions regarding fees, contact TruHearing customer service.

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

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.

All content ©2018 TruHearing, Inc. All Rights Reserved. TruHearing® is a registered trademark of TruHearing, Inc. All other trademarks, product names, and company names are the property of their respective owners. Retail pricing average based on a survey of national retail hearing aid prices. | <CS_SELECT_AEPF_0518>



INSTRUCTIONS FOR COMPLETING YOUR CARESOURCE 2019 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.

PRE-ENROLLMENT CHECKLIST



Before making an enrollment decision, it is important that you fully understand our benefits and rules. If you have any questions, you can call and speak to a customer service representative **1-844-607-2827 (TTY: 1-800-750-0750 or 711)**.



UNDERSTANDING THE BENEFITS

- Review the full list of benefits found in the Evidence of Coverage (EOC), especially for those services that you routinely see a doctor. Visit **CareSource.com/medicare** or call **1-844-607-2827 (TTY: 1-800-750-0750 or 711)** to view a copy of the EOC.
- Review the provider directory (or ask your doctor) to make sure the doctors you see now are in the network. If they are not listed, it means you will likely have to select a new doctor.
- Review the pharmacy directory to make sure the pharmacy you use for any prescription medicines is in the network. If the pharmacy is not listed, you will likely have to select a new pharmacy for your prescriptions.

UNDERSTANDING IMPORTANT RULES

- In addition to your monthly plan premium, you must continue to pay your Medicare Part B premium. This premium is normally taken out of your Social Security check each month.
- Benefits, premiums and/or copayments/co-insurance may change on January 1, 2019.
- Except in emergency or urgent situations, we do not cover services by out-of-network providers (doctors who are not listed in the provider directory).

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: <input type="checkbox"/> CareSource Advantage Zero Premium \$0 per month <input type="checkbox"/> CareSource Advantage \$32.90 per month <input type="checkbox"/> CareSource Advantage Plus \$67.00 per month									
LAST name:	FIRST name:	Middle Initial:	<input type="checkbox"/> Mr. <input type="checkbox"/> Mrs. <input type="checkbox"/> Ms.						
Birth Date: (__ / __ / ____) (MM/DD/YYYY)	Sex: <input type="checkbox"/> M <input type="checkbox"/> 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									
Please take out your red, white and blue Medicare card to complete this section <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 	Name (as it appears on your Medicare card): _____ Medicare Number: _____ <table style="width: 100%; border: none;"> <tr> <td style="width: 60%;">Is Entitled To</td> <td style="width: 40%; text-align: right;">Effective Date</td> </tr> <tr> <td>HOSPITAL (Part A)</td> <td style="text-align: right;">_____</td> </tr> <tr> <td>MEDICAL (Part B)</td> <td style="text-align: right;">_____</td> </tr> </table> You must have Medicare Part A and Part B to join a Medicare Advantage plan			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 CareSource Advantage 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.

With the CareSource Advantage and CareSource Advantage Plus plans – 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'll 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 Advantage Zero Premium, CareSource Advantage or CareSource Advantage Plus? 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 an accessible format:

Spanish Large Print

Please contact CareSource at 1-844-607-2827 if you need information in another format or language than what is listed above. Our office hours are 8 a.m. to 8 p.m. Monday through Friday, and from October 1 through March 31 we are open the same hours 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 Advantage Zero Premium, CareSource Advantage or CareSource Advantage Plus 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 Advantage Zero Premium, CareSource Advantage, and CareSource Advantage Plus are Medicare Advantage plans and have 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:
-------------------	----------------------

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.



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 am enrolled in a Medicare Advantage plan and want to make a change during the Medicare Advantage Open Enrollment Period (MA OEP).
- I recently moved outside of the service area for my current plan or I recently moved and this plan is a new option for me. I moved on (insert date) _____.
- I recently was released from incarceration. I was released on (insert date) _____.
- I recently returned to the United States after living permanently outside of the U.S. I returned to the U.S. on (insert date) _____.
- I recently obtained lawful presence status in the United States. I got this status on (insert date) _____.
- I recently had a change in my Medicaid (newly got Medicaid, had a change in level of Medicaid assistance, or lost Medicaid) on (insert date) _____.
- I recently had a change in my Extra Help paying for Medicare prescription drug coverage (newly got Extra Help, had a change in the level of Extra Help, or lost Extra Help) on (insert date) _____.
- I have both Medicare and Medicaid (or my state helps pay for my Medicare premiums) or I get Extra Help paying for my Medicare prescription drug coverage, but I haven't had a change.

- I am moving into, live in, or recently moved out of a Long-Term Care 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 plan by Medicare (or my state) and I want to choose a different plan. My enrollment in that plan started on (insert date) _____.
- I was enrolled in a Special Needs Plan (SNP) but I have lost the special needs qualification required to be in that plan. I was disenrolled from the SNP on (insert date) _____.
- I was affected by a weather-related emergency or major disaster (as declared by the Federal Emergency Management Agency (FEMA). One of the other statements here applied to me, but I was unable to make my enrollment because of the natural disaster.

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 October 1 through March 31, and the same hours Monday through Friday the rest of the year.

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 သို့မဟုတ် 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 ઊંર તો તમને મદદ અને મે ઉહ્તી મેળિનો અવિકર છ. તે ખર્ચ વિન તમ રી ભ ષ મ i પ્ર ખત કરી શક ર છ. 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 दूभाषिए 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

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 – Mar. 31 we are open the same hours 7 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. Call **1-844-607-2827 (TTY: 1-800-750-0750 or 711)** for more information.

*Not all 1.9 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 20, 2018.

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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

2019 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 2019, CareSource received the following Overall Star Rating from Medicare.

★★★
2.5 Stars

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

Health Plan Services: ★★
2 Stars

Drug Plan Services: ★★½
2.5 Stars

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 8:00 a.m. to 8:00 p.m. Eastern time at 844-607-2830 (toll-free) or 800-750-0750 (TTY), from October 1 to March 31. Our hours of operation from April 1 to September 30 are Monday through Friday from 8:00 a.m. to 8:00 p.m. Eastern time.

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

*Star Ratings are based on 5 Stars. Star Ratings are assessed each year and may change from one year to the next.