

OHIO

# Medicare Advantage Dual Special Needs Plan



CareSource Dual Advantage™  
(HMO D-SNP)

2025

# Welcome!

Thank you for considering  
**CareSource Dual Advantage!**

Selecting the **Dual Special Needs Plan** that is right for you is a very important decision for your peace of mind and health.

**Our goal today:**

Help you by sharing the information you need so you can make an **informed decision** about your health care needs.



CARESOURCE

# Our Vision

Transforming lives through  
innovative health and life services.

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



# Today's Discussion

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

- Medicare eligibility
- ABCDs of Medicare
- Accessing your care
- CareSource Dual Advantage benefits
- How to enroll
- What to expect (after you enroll)



# Our Mission

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

## About Us

**2.1M+**  
MEMBERS

- A nonprofit health care plan and national leader in Managed Care
- 30+ year history of serving varied populations across multiple states and insurance products
- Currently serving over 2.1 million members\* in Arkansas, Georgia, Indiana, Kentucky, Michigan, North Carolina, Ohio and West Virginia
- 4,500 employees located across 30 states

**MEDICAID**

**HEALTH INSURANCE MARKETPLACE**

**DUAL ELIGIBLE**

\*Based on members enrolled in all CareSource product lines across all states as of 6/1/2024



# ABOUT Me

## MY EXPERIENCE

- My background and expertise
- My personal mission

## As a Licensed Sales Agent:

- I do not represent the government, Medicare or Medicaid.
- I may be compensated based on your enrollment.
- I want you to know that you are under no obligation to join a plan.



# Medicare Eligibility

## GENERALLY, MEDICARE IS AVAILABLE FOR:

- People aged 65 or older who have worked 40 quarters or 10 years.
- Certain people with disabilities.
- People with End-Stage Renal Disease (ESRD). (e.g., permanent kidney failure requiring dialysis or transplant)



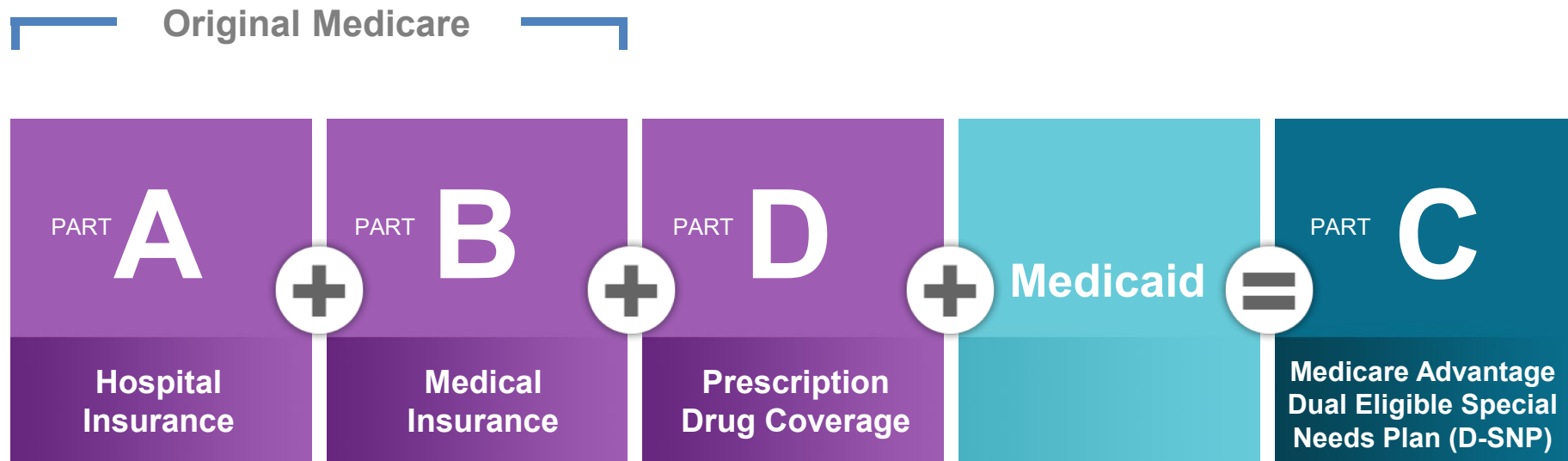
# CareSource Dual Advantage Eligibility

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





# ABCDs of Medicare







YOU DESERVE MORE THAN JUST BASIC MEDICARE...

**more** benefits,  
**more** savings,  
**more** care.



# Generous and Flexible Monthly Allowance

One debit card with access to multiple benefits.

## A shared Healthy Benefits+ Allowance:

- Food and produce
- Over-the-Counter items (OTC)
- Utilities
- Pet care items (excludes veterinary care and grooming)
- Personal care items
- Flex Allowance
  - Supplements Dental, Hearing and Vision services and accessories at eligible providers.

healthy benefits<sup>+</sup>

## My CareSource Rewards<sup>®</sup> Earn up to \$560 each year!

- As a CareSource member you are automatically enrolled in the My CareSource Rewards<sup>®</sup> program. The rewards available are different depending on your health and needs.
- You can earn up to \$560 by completing healthy activities like going to your annual wellness visit or getting a flu shot.
- If not used, rewards will expire one year from the date they are added to your card.



## Healthy Benefits+ Allowance

**\$255  
MONTHLY**

## My CareSource Rewards<sup>®</sup>

**UP TO \$560  
YEARLY**

# My CareSource Rewards®

Rewardable Program Activity	Frequency/Period	Amount Earned Per Completion	Maximum Earning Per Reward	Population
Kidney Health Evaluation for Patients with Diabetes	1x/calendar year	\$25	\$25	All Adults- Diagnosis for diabetes required
Retinal Eye Exam with an Eye Care Provider	1x/calendar year	\$50	\$50	All Adults- Diagnosis for diabetes required (IT: Please code as 18-125)
Health Needs Assessment - HNA	1x/calendar year	\$50	\$50	All Adult members
Colorectal Cancer Screening	1x/calendar year	\$50	\$50	All Adults
Breast Cancer Screening	1x/calendar year	\$50	\$50	All Adults
Annual Physical/Wellness Exam	1x/calendar year	\$100	\$100	All Adults
Annual Flu Shot	2x/calendar year	\$40	\$80	All Adults
A1C Test	2x/calendar year	\$50	\$100	All Adults- Diagnosis for diabetes required
Comprehensive Medication Review (CMR) Completion	1x/calendar year	\$25	\$25	All Adults meeting CMR Eligibility Criteria
RASA 100 Day Fill	1x/calendar year	\$10	\$10	All Adults filling RASA during plan year
Diabetes 100 Day Fill	1x/calendar year	\$10	\$10	All Adults filling any Diabetes Medication during plan year
Statin 100 Day Fill	1x/calendar year	\$10	\$10	All Adults filling Statin during plan year

## My CareSource Rewards® Earn up to \$560 each year!

- As a CareSource member you are automatically enrolled in the My CareSource Rewards® program. The rewards available are different depending on your health and needs.
- You can earn up to \$560 by completing healthy activities like going to your annual wellness visit or getting a flu shot.
- If not used, rewards will expire one year from the date they are added to your card.

Rewards are subject to change. Rewards may vary by age, gender and health needs. Rewards expire one year from date of issuance. If you are no longer a CareSource member, your access to the Rewards Portal will be deactivated and any unused Rewards may be no longer available.



# Flexible Coverage at \$0 Cost

If you receive “Extra Help” from Medicare to pay for your prescription drugs, all covered Part D drugs are \$0

## Flexibility to choose...

- A pharmacy within our national network that’s right for you.
- A 30-day supply, 60-day supply, or even a 102-day supply.
- Retail or mail order.

We recommend you fill the medications you take for a short-term at retail (like antibiotics used to treat an infection).

We recommend you fill 102-day supplies of those medications you have taken for a long time. Pick retail or mail order. Mail order gives you the flexibility of home delivery. Talk to your prescriber about which of your meds are right for 102-day supplies.



# What Is Extra Help?

- Help paying for any Medicare drug plan's monthly premium, yearly deductible and prescription copayments.
- People with limited income and resources may qualify for "Extra Help" from Medicare (also known as Low-Income Subsidy). Some people automatically qualify for Extra Help and don't need to apply. Medicare mails a letter to people who automatically qualify for Extra Help.
- Haven't received your letter? We can help!



# \$0 Copay Covered Medical Benefits

- Primary Care Provider (PCP)/Specialist Office Visits
- Inpatient Hospital Care
- Emergency Room (ER) Visits
- Urgent Care Visits
- Preventive Care
- Routine Podiatry
- Part D Drugs
- Home Health Care
- Ambulance Services
- Durable Medical Equipment (DME)
- Telehealth PCP or Behavioral Health Visit
- Annual Physical
- Personal Emergency Response System

\*Services may require prior authorization.





# Dental Benefits

Shared Annual Preventive  
& Comprehensive Allowance

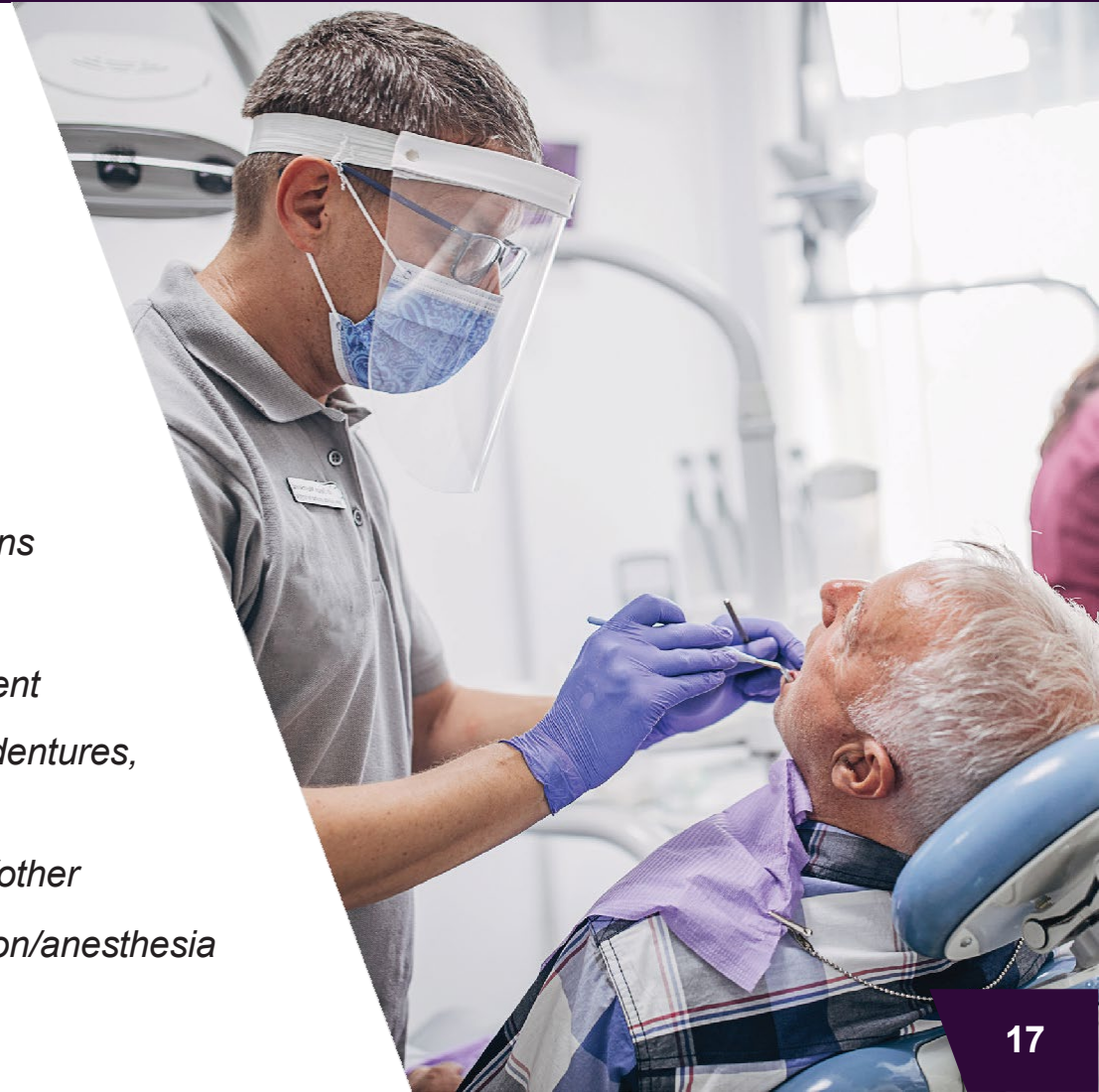
**\$6,000**

## Preventive Services

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

## Comprehensive Services

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



# Hearing Benefit

## CareSource Dual Advantage Exam:

\$0 Copay

## TruHearing Advanced:

32 Channels | 8 Styles

Superior hearing in most environments

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

## Your hearing aid purchase includes:

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



**TruHearing**<sup>®</sup>



# Vision Benefit

**\$0 copay** routine eye exam with dilation

**\$0 copay** retinal imaging

**\$600 allowance** per year toward eyeglass frames, eyeglass lenses or contact lenses



## Additional Savings...

- 20% off additional purchases (including frames, lenses and lens options).
- 40% off packages including frames, lenses and lens options purchased as a complete pair.
- 15% off retail or 5% off promotional price LASIK.
- 15% off conventional contact lenses once funded benefit has been used.



# Fitness Benefit

**CareSource Dual Advantage members are eligible for the Silver & Fit Healthy Aging & Exercise Program. This membership includes the following at no cost to you:**

**Fitness Center Membership** – *Participating fitness centers*

**One Home Fitness Kit** – *Options include a wearable tracker!*

**Workout Plans** – *customized workout plans*

**Digital Workouts** – *on-demand videos*

**Well-Being Club** – *online resources*

**Well-Being Coaching** – *sessions with a trained coach*

**Silver&Fit Connected!** – *tool to assist with tracking activity*

**Rewards** – *earn a hat and pins for reaching milestones*



# Unlimited Transportation!

## Rides to where?

Plan approved Health-related locations.

- Health care visits
- Renewal appointments with Job and Family Services
- Pharmacy
- Gym
- Grocery store

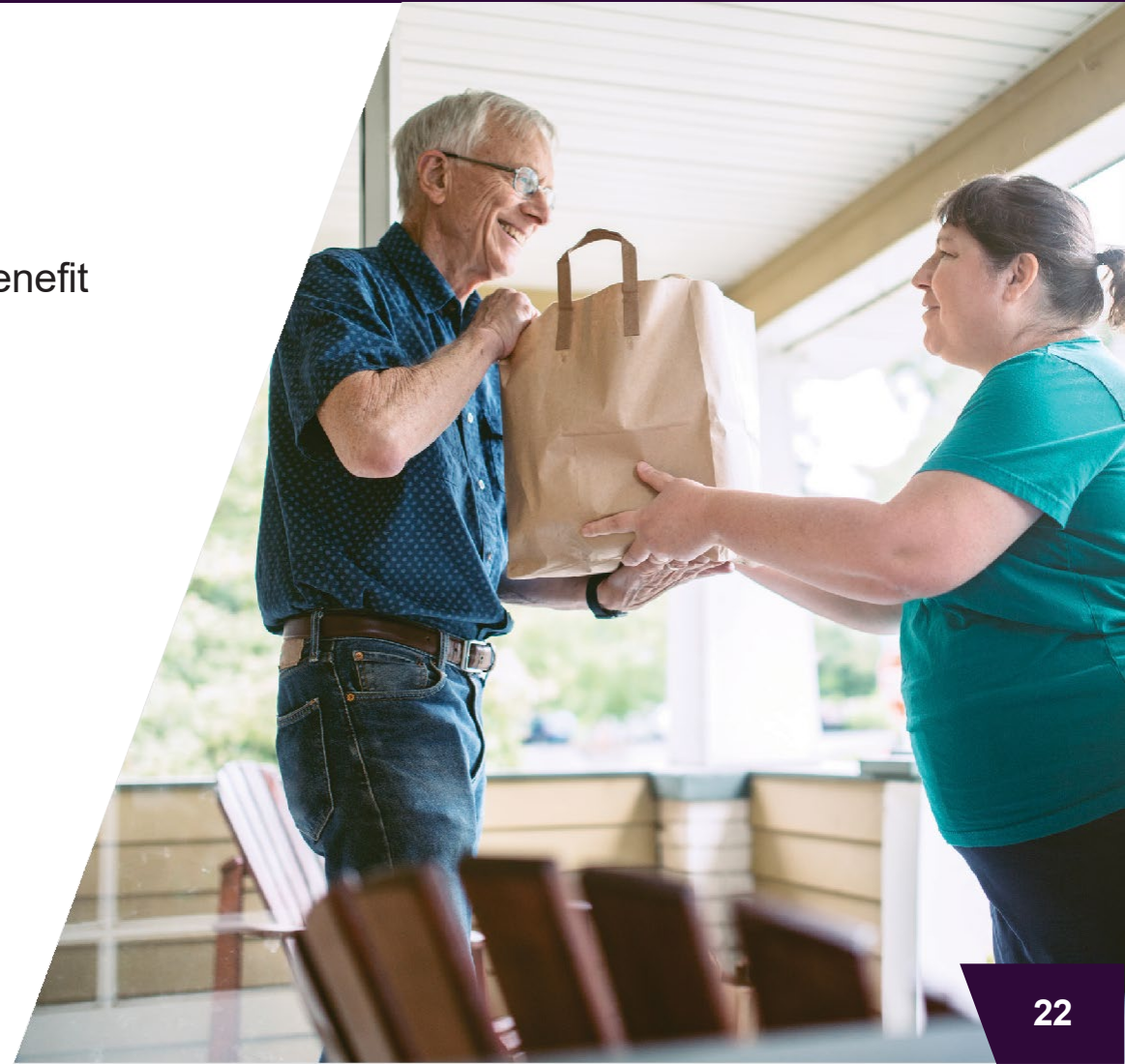


# Meals

Nutritionally-balanced refrigerated meals, ready to heat and eat, delivered to the member's door.

Meal options available based on preferences and needs. Meal benefit available following each inpatient stay or skilled nursing stay.

**2 meals per day for 14 days.**



# How to Apply for Extra Help and Medicare Savings Programs

## EXTRA HELP

Complete an application with Social Security:

- Online at <https://ssa.gov/prescriptionhelp>
- Call 1-800-772-1213  
(TTY: 1-800-325-0778)  
Monday – Friday 7 a.m. – 7 p.m.

## MEDICARE SAVINGS PROGRAMS

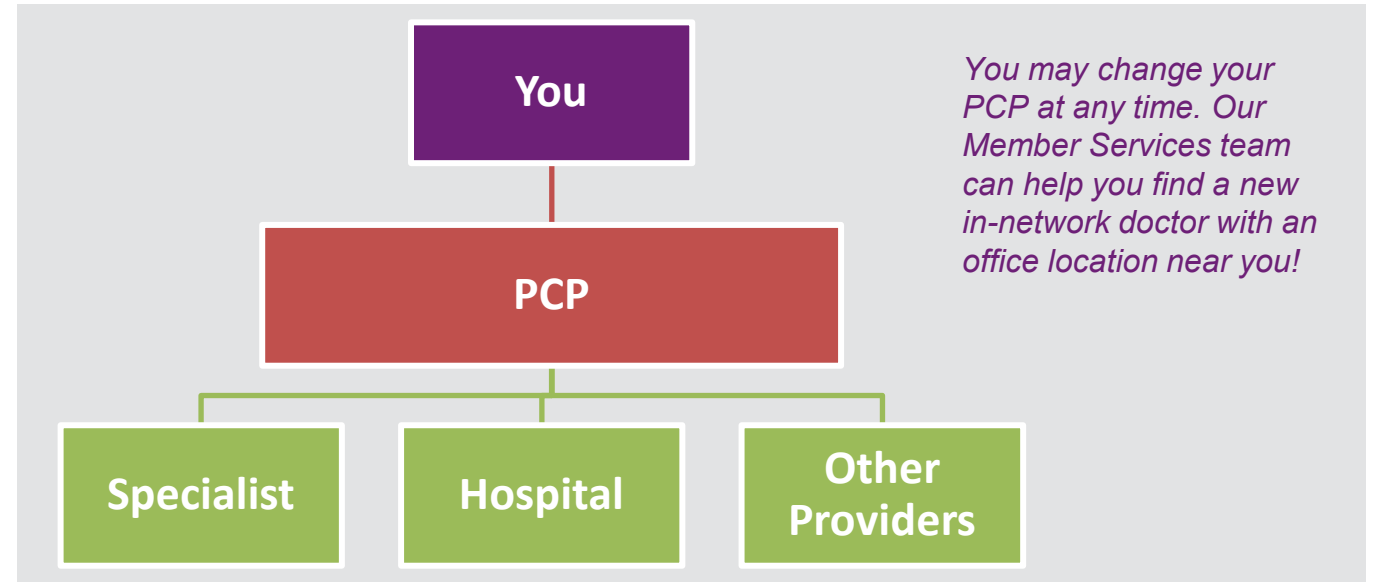
Fill out and hand in a Medicare Savings Program application or

- Online at <https://www.medicare.gov/medicare-savings-programs>



# The role of your Primary Care Provider

You can depend on us to work with your health care providers and pharmacists to maintain your health. We encourage you to select a CareSource Dual Advantage in-network primary care provider (PCP) that will coordinate all your health care needs except for urgent and emergency care and out-of-area dialysis services.



For those times when you can't get a same day appointment with your provider, or your provider's office is closed, Teladoc is a great option to use from the comfort of your home. Skip the trip and the wait. Save money, time and worry when you use Teladoc. You and your family can talk to a Teladoc provider by phone or video from wherever you are.



# Let's Get You Enrolled

## COMPLETE AN APPLICATION!

- By calling  
**1-844-829-6903 (TTY: 1-833-711-4711 or 711)**
- Online at  
**CareSource.com/DSNP**
- Online at  
**Medicare.gov**



# In the Next Few Weeks

- CareSource will process your application and confirm your eligibility.
- Medicare will confirm your enrollment.
- You'll receive your confirmation letter or call & Low-Income Subsidy rider (if eligible).
- Receive your CareSource member ID card and Healthy Benefits+ card within a few weeks after you enroll.
- Your New Member Kit will arrive in the mail.
- During the first 90 days of enrollment, you will receive a call from one of our Care Managers from our clinical care team. They will assist you in completing the Health Needs Assessment (HNA) and ensure you get the care and resources that meet your specific needs. You can also complete the HNA at the time of enrollment.



# What to Expect

As a New CareSource Dual Advantage Member:

**1**

You will receive a welcome call from a CareSource representative to answer any questions about your new plan.

**2**

Help with scheduling an Annual Wellness Visit with an in-network provider (at no cost to you!) and other preventive screenings.

**3**

Expect to hear from our Care Management team within the next 90 days.

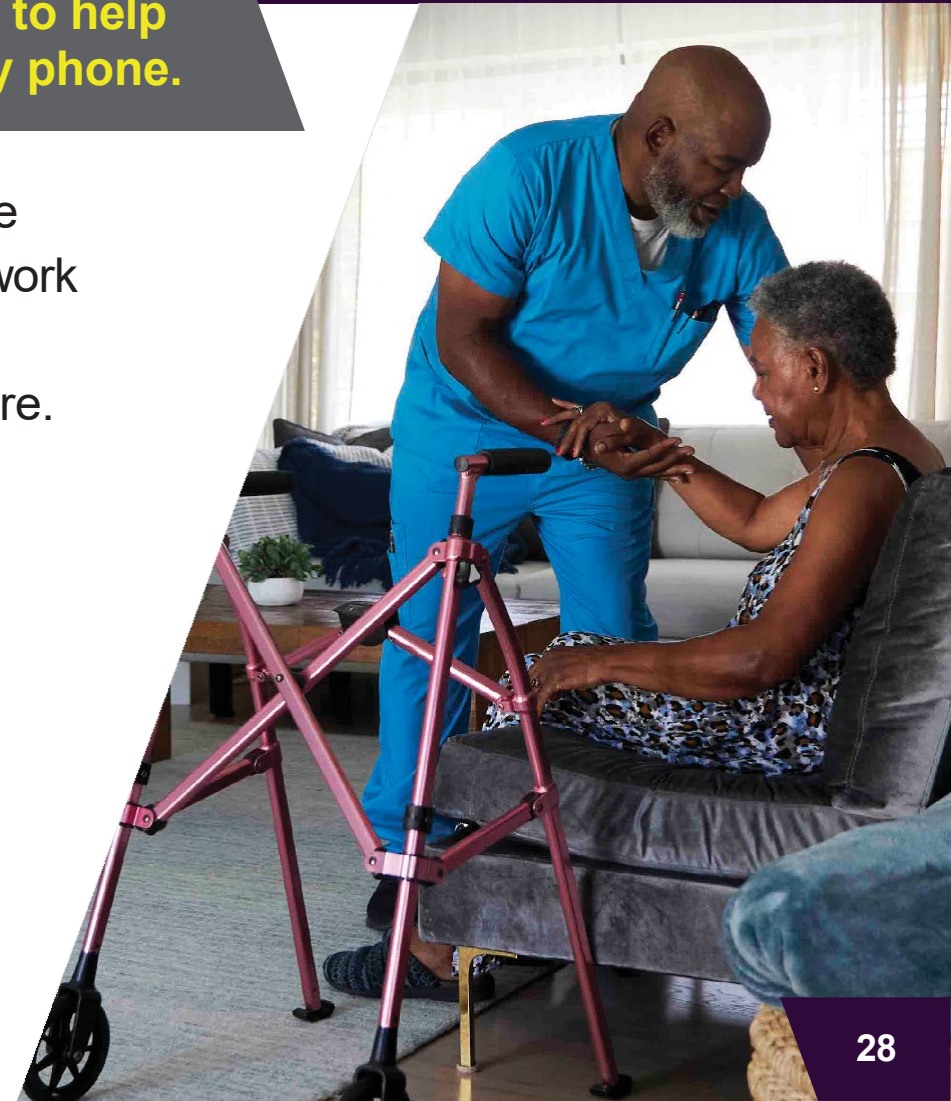


# CareSource Care Management

**CareSource has nurses and other outreach workers on staff to help coordinate your health care needs. They may contact you by phone.**

Our staff is trained to help you with any special medical problems like asthma, cancer, diabetes or other medical conditions. We can also work with you if you need help figuring out when to get medical care from your provider, an urgent care center or the emergency room and more.

- Help completing your Health Needs Assessment (HNA)
- Find community resources
- Schedule provider appointments
- Answer any questions you may have about your plan benefits
- Find in-network specialists or providers for you
- Scheduling transportation (rides) so you can get to your appointments
- Discuss medications associated with your chronic condition



# My CareSource®

## Your Personal Online Account

### Get the most out of your member experience.

- Select or change your PCP
- Request a new CareSource member ID card
- View claims and plan details
- Update your contact information
- Receive a customized wellness plan
- And more

**Visit [MyCareSource.com](https://www.mycaresource.com) to sign up now!**  
**It's fast, easy and secure.**

**Want to talk to someone instead?**  
**Call us at**

**1-833-230-2020**

**(TTY: 1-833-711-4711 or 711)**

From Oct. 1 to Mar. 31, seven days a week 8 a.m. – 8 p.m.

From Apr. 1 to Sep. 30, Monday – Friday 8 a.m. – 8 p.m.



THANKS FOR YOUR TIME  
Any Questions?

**Here's Where to Find Information:**

- **CareSource.com/DSNP**
- “Medicare and You” handbook  
**Medicare.gov**
- Call us!  
**1-844-829-6903**  
(TTY: 1-833-711-4711 or 711)



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

**Contact CareSource:**

Sales/Enrollment: **1-844-829-6903 (TTY: 1-833-711-4711 or 711)**

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

**Hours of operation for both Sales and Member Services:**

From October 1 to March 31, seven days a week from 8 a.m. to 8 p.m.

From April 1 to September 30, Monday through Friday from 8 a.m. to 8 p.m.

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

If you wish to file a complaint about an agent or marketing materials, please contact Member Services at **1-833-230-2020 (TTY: 833-711-4711 or 711)** October 1 to March 31, seven days a week from 8 a.m. to 8 p.m., and, April 1 to September 30, Monday through Friday from 8 a.m. to 8 p.m. When possible, please include the agent or broker's name in your complaint.



**English:** We have free interpreter services to answer any questions you may have about our health or drug plan. To get an interpreter, just call us at **1-833-230-2020**. Someone who speaks your language can help you. This is a free service.

**Spanish:** Tenemos servicios de intérprete sin costo alguno para responder cualquier pregunta que pueda tener sobre nuestro plan de salud o medicamentos. Para hablar con un intérprete, por favor llame al 1-833-230-2020. Alguien que hable español le podrá ayudar. Este es un servicio gratuito.

**Chinese Mandarin:** 我们提供免费的翻译服务，帮助您解答关于健康或药物保险的任何疑问。如果您需要此翻译服务，请致电 1-833-230-2020。我们的中文工作人员很乐意帮助您。这是一项免费服务。

**Chinese Cantonese:** 您對我們的健康或藥物保險可能存有疑問，為此我們提供免費的翻譯服務。如需翻譯服務，請致電 1-833-230-2020。我們講中文的人員將樂意為您提供幫助。這是一項免費服務。

**Tagalog:** Mayroon kaming libreng serbisyo sa pagsasalang-wika upang masagot ang anumang mga katanungan ninyo hinggil sa aming planong pangkalusugan o panggamot. Upang makakuha ng tagasaling-wika, tawagan lamang kami sa 1-833-230-2020. Maaari kayong tulungan ng isang nakakapagsalita ng Tagalog. Ito ay libreng serbisyo.

**French:** Nous proposons des services gratuits d'interprétation pour répondre à toutes vos questions relatives à notre régime de santé ou d'assurance-médicaments. Pour accéder au service d'interprétation, il vous suffit de nous appeler au 1-833-230-2020. Un interlocuteur parlant Français pourra vous aider. Ce service est gratuit.

**Vietnamese:** Chúng tôi có dịch vụ thông dịch miễn phí để trả lời các câu hỏi về chương sức khỏe và chương trình thuốc men. Nếu quý vị cần thông dịch viên xin gọi 1-833-230-2020 sẽ có nhân viên nói tiếng Việt giúp đỡ quý vị. Đây là dịch vụ miễn phí.

**German:** Unser kostenloser Dolmetscherservice beantwortet Ihren Fragen zu unserem Gesundheits- und Arzneimittelplan. Unsere Dolmetscher erreichen Sie unter 1-833-230-2020. Man wird Ihnen dort auf Deutsch weiterhelfen. Dieser Service ist kostenlos.

**Korean:** 당사는 의료 보험 또는 약품 보험에 관한 질문에 대해 드리고자 무료 통역 서비스를 제공하고 있습니다. 통역 서비스를 이용하려면 전화 1-833-230-2020 번으로 문의해 주십시오. 한국어를 하는 담당자가 도와 드릴 것입니다. 이 서비스는 무료로 운영됩니다.

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

**Russian:** Если у вас возникнут вопросы относительно страхового или медикаментного плана, вы можете воспользоваться нашими бесплатными услугами переводчиков. Чтобы воспользоваться услугами переводчика, позвоните нам по телефону 1-833-230-2020. Вам окажет помощь сотрудник, который говорит по-русски. Данная услуга бесплатная.

**Arabic:** إننا نقدم خدمات المترجم الفوري المجانية للإجابة عن أي أسئلة تتعلق بالصحة أو جنول الأدوية لدينا. للحصول على مترجم فوري، ليس عليك سوى الاتصال بنا على 1-833-230-2020. سيقوم شخص ما يتحدث العربية بمساعدتك. هذه خدمة مجانية.

**Hindi:** हमारे स्वास्थ्य या दवा की योजना के बारे में आपके किसी भी प्रश्न के जवाब देने के लिए हमारे पास मुफ्त दुभाषिणी सेवाएँ उपलब्ध हैं. एक दुभाषिणी प्राप्त करने के लिए, बस हमें 1-833-230-2020 पर फोन करें. कोई व्यक्ति जो हिन्दी बोलता है आपकी मदद कर सकता है. यह एक मुफ्त सेवा है.

**Italian:** È disponibile un servizio di interpretariato gratuito per rispondere a eventuali domande sul nostro piano sanitario e farmaceutico. Per un interprete, contattare il numero 1-833-230-2020. Un nostro incaricato che parla Italianovi fornirà l'assistenza necessaria. È un servizio gratuito.

**Portuguese:** Dispomos de serviços de interpretação gratuitos para responder a qualquer questão que tenha acerca do nosso plano de saúde ou de medicação. Para obter um intérprete, contacte-nos através do número 1-833-230-2020. Irá encontrar alguém que fale o idioma Português para o ajudar. Este serviço é gratuito.

**French Creole:** Nou genyen sèvis entèprèt gratis pou reponn tout kesyon ou ta genyen konsènan plan medikal oswa dwòg nou an. Pou jwenn yon entèprèt, jis rele nou nan 1-833-230-2020. Yon moun ki pale Kreyòl kapab ede w. Sa a se yon sèvis ki gratis.

**Polish:** Umożliwiamy bezpłatne skorzystanie z usług tłumacza ustnego, który pomoże w uzyskaniu odpowiedzi na temat planu zdrowotnego lub dawkowania leków. Aby skorzystać z pomocy tłumacza znającego język polski, należy zadzwonić pod numer 1-833-230-2020. Ta usługa jest bezpłatna.

**Japanese:** 当社の健康 健康保険と薬品 処方薬プランに関するご質問にお答えするために、無料の通訳サービスがあります。通訳をご用命になるには、1-833-230-2020にお電話ください。日本語を話す人が支援いたします。これは無料のサービスです。



CareSource complies with applicable state and federal civil rights laws. We do not discriminate, exclude people, or treat them differently because of age, gender, gender identity, color, race, disability, national origin, ethnicity, marital status, sexual preference, sexual orientation, religious affiliation, health status, or public assistance status. CareSource offers free aids and services to people with disabilities or those whose primary language is not English. We can get sign language interpreters or interpreters in other languages so they can communicate effectively with us or their providers. Printed materials are also available in large print, braille or audio at no charge. Please call Member Services at the number on your CareSource ID card if you need any of these services. If you believe we have not provided these services to you or discriminated in another way, you may file a grievance.

Mail: CareSource  
Attn: Civil Rights Coordinator  
P.O. Box 1947  
Dayton, Ohio 45401

Email: [CivilRightsCoordinator@CareSource.com](mailto:CivilRightsCoordinator@CareSource.com)  
Phone: 1-800-488-0134 (TTY: 711)  
Fax: 1-844-417-6254

You may also file a civil rights complaint with the U.S. Department of Health and Human Services, Office for Civil Rights:

Mail: U.S. Dept of Health and Human Services  
200 Independence Ave, SW Room 509F HHH Building  
Washington, D.C. 20201

Online: [ocrportal.hhs.gov/ocr/portal/lobby.jsf](http://ocrportal.hhs.gov/ocr/portal/lobby.jsf)

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

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

