

CareSource
Dual Advantage™
(HMO D-SNP)

2024 Annual Notice of Change

GEORGIA //

Baldwin, Barrow, Cherokee, Fayette, Forsyth,
Greene, Houston, Jackson, Madison, Monroe,
Morgan, Newton, Oconee, Oglethorpe, Paulding,
Peach, Putnam, Spalding, Walton


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CareSource Dual Advantage™ (HMO D-SNP) offered by CareSource Georgia, Co.

Annual Notice of Changes for 2024

You are currently enrolled as a member of CareSource Dual Advantage. Next year, there will be changes to the plan's costs and benefits. ***Please see page 4 for a Summary of Important Costs, including Premium.***

This document tells about the changes to your plan. To get more information about costs, benefits, or rules please review the _____, which is located on our website at **CareSource.com/ga/plans/dsnp/plan-documents**. You may also call Member Services to ask us to mail you an _____.

What to do now

1. ASK: Which changes apply to you

Check the changes to our benefits and costs to see if they affect you.

Review the changes to Medical care costs (doctor, hospital).

Review the changes to our drug coverage, including authorization_____dx

Summary of Important Costs for 2024

The table below compares the 2023 costs and 2024 costs for CareSource Dual Advantage in several important areas. **Please note this is only a summary of costs.** If you are eligible for Medicare cost-sharing assistance under Medicaid, you pay \$0 for your deductible, doctor office visits, and inpatient hospital stays.

Cost	2023 (this year)	2024 (next year)
Monthly plan premium*	\$0	

* Your premium may be higher than this amount. See Section 1.1 for details.

Cost	2023 (this year)	2024 (next year)
	<p>Drug Tier 3: 25% of the total cost You pay \$35 per month supply of each covered insulin product on this tier.</p>	<p>Drug Tier 3: 25% of the total cost You pay \$35 per month supply of each covered insulin product on this tier.</p>
	<p>Drug Tier 4: 25% of the total cost You pay \$35 per month supply of each covered insulin product on this tier.</p>	<p>Drug Tier 4: 25% of the total cost You pay \$35 per month supply of each covered insulin product on this tier.</p>
	<p>Drug Tier 5: 25% of the total cost You pay \$35 per month supply of each covered insulin product on this tier.</p>	<p>Drug Tier 5: 25% of the total cost You pay \$35 per month supply of each covered insulin product on this tier.</p>
	<p>Catastrophic Coverage: During this payment stage, the plan pays most of the cost for your covered drugs. For each prescription, you pay whichever of these is larger: a payment equal to 5% of the cost of the drug (this is called coinsurance), or a copayment (\$4.15 for a generic drug or a drug that is treated like a generic, and \$10.35 for all other drugs.)</p>	<p>Catastrophic Coverage: During this payment stage, the plan pays the full cost for your Covered Part D drugs. You pay nothing.</p>

Cost	2023 (this year)	2024 (next year)
<p>Maximum out-of-pocket amount</p> <p>This is the <u>most</u> you will pay out-of-pocket for your covered Part A and Part B services. (See Section 1.2 for details.)</p>	<p style="text-align: center;">\$0</p> <p>You are not responsible for paying any out-of-pocket costs toward the maximum out-of-pocket amount for covered Part A and Part B services.</p>	<p style="text-align: center;">\$0</p> <p>You are not responsible for paying any out-of-pocket costs toward the maximum out-of-pocket amount for covered Part A and Part B services.</p>

SECTION 1 Changes to Benefits and Costs for 2024

Cost**2023 (this year)****2024 (next year)****Maximum out-of-pocket amount**

Because our members also get assistance from Medicaid, very few members ever reach this out-of-pocket maximum. You are not responsible for paying any out-of-pocket costs toward the maximum out-of-pocket amount for covered Part A and Part B services.

Section 1.4 – Changes to Benefits and Costs for Medical Services

Please note that the

tells you about changes to your Medicare

benefits and costs.

We are making changes to costs and benefits for certain medical services next year. The information below describes these changes.

Cost	2023 (this year)	2024 (next year)
Cardiac Rehabilitation Services	Prior authorization <u>is</u> required.	Prior authorization <u>is not</u> required.
Diabetic Supplies and Services	Services <u>are not</u> limited to specified manufacturers.	Services <u>are</u> limited to the following manufacturers: Test Strips: Abbott LifeScan Continuous Glucose

Cost

2023 (this year)

2024 (next year)

If you are affected by a change in drug coverage at the beginning of the year or during the year, please review Chapter 9 of your Evidence of Coverage and talk to your doctor to find out your options, such as asking for a temporary supply, applying for an exception and/or working to find a new drug. You can also contact Member Services for more information.

Stage	2023 (this year)	2024 (next year)
	<p>Tier 5 Specialty Tier: You pay 25% of the total cost.</p> <hr/> <p>Once your total drug costs have reached \$4,660, you will move to the next stage (the Coverage Gap Stage).</p>	<p>Tier 5 Specialty Tier: You pay 25% of the total cost. You pay \$35 per month supply of each covered insulin product on this tier.</p> <hr/> <p>Once your total drug costs have reached \$5,030, you will move to the next stage (the Coverage Gap Stage).</p>

Changes to the Coverage Gap and Catastrophic Coverage Stages

The other two drug coverage stages – the Coverage Gap Stage and the Catastrophic Coverage Stage – are for people with high drug costs. **Most members do not reach the Coverage Gap Stage or the Catastrophic Coverage Stage.**

Beginning in 2024, if you reach the Catastrophic Coverage Stage, you pay nothing for covered Part D drugs.

For specific information about your costs in these stages, look at Chapter 6, Sections 6 and 7, in your

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Section 2.2 – If you want to change plans

We hope to keep you as a member next year but if you want to change plans for 2024 follow these steps:

Step 1: Learn about and compare your choices

You can join a different Medicare health plan,

-- You can change to Original Medicare. If you change to Original Medicare, you will need to decide whether to join a Medicare drug plan.

To learn more about Original Medicare and the different types of Medicare plans, use the Medicare Plan Finder (www.medicare.gov/plan-compare), read the handbook, call your State Health Insurance Assistance Program (see Section 4), or call Medicare (see Section 6.2).

Step 2: Change your coverage

To **change to a different Medicare health plan**, enroll in the new plan. You will automatically be disenrolled from CareSource Dual Advantage.

To **change to Original Medicare with a prescription drug plan**, enroll in the new drug plan. You will automatically be disenrolled from CareSource Dual Advantage.

To **change to Original Medicare without a prescription drug plan**, you must either:

- Send us a written request to disenroll. Contact Member Services if you need more information on how to do so.
- Contact **Medicare**, at 1-800-MEDICARE (1-800-633-4227), 24 hours a day, 7 days a week, and ask to be disenrolled. TTY users should call 1-877-486-2048.

If you switch to Original Medicare and do **not** enroll in a separate Medicare prescription drug plan, Medicare may enroll you in a drug plan unless you have opted out of automatic enrollment.

SECTION 3 Changing Plans

If you want to change to a different plan or to Original Medicare for next year, you can do it from **October 15 until December 7**. The change will take effect on January 1, 2024.

Are there other times of the year to make a change?

In certain situations, changes are also allowed at other times of the year. Examples include, people with Medicaid, those who get “Extra Help” paying for their drugs, those who have or are leaving employer coverage, and those who move out of the service area.

Because you have Georgia Medicaid, you may be able to end your membership in our plan or switch to a different plan one time during each of the following **Special Enrollment Periods**:

January to March

April to June

July to September

If you enrolled in a Medicare Advantage plan for January 1, 2024, and don't like your plan choice, you can switch to another Medicare health plan (either with or without Medicare prescription drug coverage) or switch to Original Medicare (either with or without Medicare prescription drug coverage) between January 1 and March 31, 2024.

If you recently moved into, currently live in, or just moved out of an institution (like a skilled nursing facility or long-term care hospital), you can change your Medicare coverage **at any time**. You can change to any other Medicare health plan (either with or without Medicare prescription drug coverage) or switch to Original Medicare (either with or without a separate Medicare prescription drug plan) at any time.

SECTION 4 Programs That Offer Free Counseling about Medicare and Medicaid

The State Health Insurance Assistance Program (SHIP) is an independent government program with trained counselors in every state. In Georgia, the SHIP is called Georgia SHIP.

It is a state program that gets money from the Federal government to give **free** local health insurance counseling to people with Medicare. Georgia SHIP counselors can help you with your Medicare questions or problems. They can help you understand your Medicare plan choices and answer questions about switching plans. You can call Georgia SHIP at 1-866-552-4464 (TTY: 711). You can learn more about Georgia SHIP by visiting their website (<https://aging.georgia.gov/georgia-ship>).

For questions about your Georgia Medicaid

Section 6.3 – Getting Help from Medicaid

To get information from Medicaid you can call Georgia Medicaid at 1-866-211-0950. TTY users should call 711.





