

CareSource® MyCare Ohio (HMO D-SNP)

# 2026 ENROLLMENT GUIDE

OHIO



**Department of  
Medicaid**

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Next Generation MyCare



**Typically, you may enroll in CareSource® MyCare Ohio (HMO D-SNP) plan only during the Annual Election Period (AEP) from October 15 through December 7 of each year.** There are exceptions that may allow you to enroll in a CareSource MyCare Ohio 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 (U.S.) 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 (e.g., 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 (e.g., 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 (LTC) Facility (e.g., a nursing home or long-term care facility). I moved/will move into/out of the facility on (insert date) \_\_\_\_\_.
- ☐ I recently left a Program of All-Inclusive Care for the Elderly (PACE) program on (insert date) \_\_\_\_\_.

- ☐ I recently involuntarily lost my creditable prescription drug coverage (e.g., 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 an emergency or major disaster as declared by the Federal Emergency Management Agency (FEMA) or by a federal, state or local government entity. One of the other statements here applied to me, but I was unable to make my enrollment request because of the natural disaster.
- ☐ I'm in a plan that's had a star rating of less than 3 stars for the last 3 years. I want to join a plan with a star rating of 3 stars or higher.
- ☐ I'm in a plan that was recently taken over by the state because of financial issues. I want to switch to another plan.

If none of these statements apply to you or you're not sure, please contact CareSource at **1-855-475-3163** (TTY users should call **1-833-711-4711 or 711**), 8 a.m. to 8 p.m., Monday through Friday, and from October 1 to March 31, we are open the same hours, seven days a week.

## 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.

If you get extra help, your monthly plan premium will be \$0 for our CareSource MyCare Ohio (HMO D-SNP) plan. (This does not include any Medicare Part B premium you may have to pay.)

CareSource's MyCare premium includes coverage for both medical services and prescription drug coverage.

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 8 a.m. and 7 p.m., Monday through Friday.

If you have any questions about this notice, please contact Member Services at **1-855-475-3163** (TTY users should call **1-833-711-4711 or 711**). We are open 8 a.m. to 8 p.m. Eastern Time (ET) Monday through Friday, and from October 1 through March 31 we are open the same hours, seven days a week.



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

# 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 member services at: **1-855-475-3163 (TTY: 1-833-711-4711 or 711)**.



## UNDERSTANDING THE BENEFITS

- ☐ The Evidence of Coverage (EOC) provides a complete list of all coverage and services. It is important to review plan coverage, costs and benefits before you enroll. Visit **CareSource.com/MyCare-SNP/** or call **1-855-475-3163 (TTY: 1-833-711-4711 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 medicine is in the network. If the pharmacy is not listed, you will likely have to select a new pharmacy for your prescriptions.
- ☐ Review the formulary to make sure your drugs are covered.

## UNDERSTANDING IMPORTANT RULES

- ☐ 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/coinsurance may change on January 1, 2026.
- ☐ 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).
- ☐ This plan is a Dual Eligible Special Needs Plan (D-SNP). Your ability to enroll will be based on verification that you are entitled to both Medicare and medical assistance from a state plan under Medicaid and are classified as Qualified Medicare Beneficiary plus (QMB+), Specified Low Income Beneficiary Plus (SLMB+) or Full-Benefit Dual Eligible (FBDE).
- ☐ **Effect on Current Coverage.** If you are currently enrolled in a Medicare Advantage plan, your current Medicare Advantage health care coverage will end once your new CareSource® MyCare Ohio (HMO D-SNP) coverage starts. If you have Tricare, your coverage may be affected once your CareSource MyCare Ohio coverage starts. Please contact Tricare for more information. If you have a Medigap plan, once your CareSource MyCare Ohio coverage starts, you may want to drop your Medigap policy, because you will be paying for coverage you cannot use.

# WHAT HAPPENS NEXT?

## What happens next as a CareSource® MyCare Ohio (HMO D-SNP) member?

Thank you for applying for the CareSource® MyCare Ohio (HMO D-SNP) plan. We are glad you have chosen us for your Medicare and Medicaid health plan needs. While we confirm your enrollment with Medicare, here's what you can expect in the next few weeks:



**1. CHECK YOUR MAILBOX!** Once Medicare confirms your enrollment, you will receive your confirmation letter and other applicable materials. If Medicare requires more information from you so that we can complete your enrollment, we will send you a notification to let you know next steps.



**2. YOU'LL RECEIVE YOUR NEW MEMBER KIT.** This will come in the mail approximately two weeks after the confirmation letter. This kit contains important information about your plan, the benefits and how to contact us if you need help.

Your CareSource member ID card will not be in the new member kit. It will arrive later in a separate mailing. Your member card will be the only card you will need to show each time you get medical, dental, vision, hearing care, prescription medications or supplies.

If you don't receive your member ID card within 10 days of your effective date, please call Member Services at **1-855-475-3163 (TTY: 1-833-711-4711 or 711)** to have a new card mailed to you. We are open 8 a.m. to 8 p.m., Monday through Friday, and from October 1 through March 31, we are open the same hours, seven days a week.



### 3. YOU WILL HAVE SEVERAL OPTIONS TO COMPLETE A HEALTH RISK ASSESSMENT (HRA) AS PART OF YOUR ENROLLMENT.

The HRA is a screening that helps identify your preventive care needs and health concerns. Your completion of the HRA helps us work together to improve or maintain your physical and mental health. Members can earn rewards for your My CareSource Rewards® account for completion of the HRA.

Earn \$50 for completing your HRA the first time.

After completing your first HRA, earn another \$50 for updating your HRA 181 days or more after the initial completion date.\*

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

\*To earn the second HRA reward, there must be 181 or more days between the first and second HRA completion.

You can complete the HRA online once your coverage begins by logging on to **MyLife.CareSource.com**. Choose Health Assessment in Settings to begin the assessment.

If you prefer, you may complete the printed version included in your new member kit and return it with the included business reply envelope.

If you need help completing the assessment, contact Member Services at **1-855-475-3163 (TTY: 1-833-711-4711 or 711)**.



**4. YOUR HEALTHY BENEFITS+ CARD WILL ARRIVE SEPARATELY,** preloaded monthly with \$287 to use on qualifying over-the-counter items, as well as supplemental dental, vision, and hearing services and accessories at eligible locations.



### 5. YOU WILL RECEIVE A CALL FROM OUR CARE COORDINATION TEAM

within the first 90 days of your membership. A nurse or outreach worker from our team can help address special medical problems, coordinate your health care needs and more!

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

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## Who can use this form?

People with Medicare who want to join a Medicare Advantage Plan.

### To join a plan, you must:

- Be a United States citizen or be lawfully present in the U.S.
- Live in the plan's service area

**Important:** To join a Medicare Advantage Plan, you must also have both:

- Medicare Part A (Hospital Insurance)
- Medicare Part B (Medical Insurance)

## When do I use this form?

You can join a plan:

- Between October 15–December 7 each year (for coverage starting January 1)
- Within 3 months of first getting Medicare
- In certain situations where you're allowed to join or switch plans

Visit **Medicare.gov** to learn more about when you can sign up for a plan.

## What do I need to complete this form?

- Your Medicare Number (The number on your red, white and blue Medicare card)
- Your permanent address and phone number

**Note:** You must complete all items in Section 1. The items in Section 2 are optional — you can't be denied coverage because you don't fill them out.

## Reminders:

- If you want to join a plan during fall open enrollment (October 15–December 7), the plan must get your completed form by December 7.
- Your plan will send you a bill for the plan's premium. You can choose to sign up to have your premium payments deducted from your bank account or your monthly Social Security (or Railroad Retirement Board) benefit.

## What happens next?

Send your completed and signed form to:

CareSource Enrollment  
P.O. Box 1294  
Dayton, OH 45401-9903

Once they process your request to join, they'll contact you.

## How do I get help with this form?

Call CareSource at **1-855-475-3163**.

TTY users can call **1-833-711-4711 or 711**.

Or, call Medicare at 1-800-MEDICARE (1-800-633-4227). TTY users can call 1-877-486-2048.

**En español:** Llame a CareSource al **1-855-475-3163 (TTY: 1-833-711-4711 or 711)** o a Medicare gratis al 1-800-633-4227 y oprima el 8 para asistencia en español y un representante estará disponible para asistirle.

## Individuals experiencing homelessness

If you want to join a plan but have no permanent residence, a Post Office Box, an address of a shelter or clinic, or the address where you receive mail (e.g., social security checks) may be considered your permanent residence address.

According to the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it displays a valid OMB control number. The valid OMB control number for this information collection is 0938-1378. The time required to complete this information is estimated to average 20 minutes per response, including the time to review instructions, search existing data resources, gather the data needed, and complete and review the information collection. If you have any comments concerning the accuracy of the time estimate(s) or suggestions for improving this form, please write to: CMS, 7500 Security Boulevard, Attn: PRA Reports Clearance Officer, Mail Stop C4-26-05, Baltimore, Maryland 21244-1850.

### IMPORTANT

**Do not send this form or any items with your personal information (such as claims, payments, medical records, etc.) to the PRA Reports Clearance Office. Any items we get that aren't about how to improve this form or its collection burden (outlined in OMB 0938-1378) will be destroyed. It will not be kept, reviewed or forwarded to the plan. See "What happens next?" on this page to send your completed form to the plan.**



## Section 1 – All fields on this page are required (unless marked optional)

### Select the plan you want to join:

☐ CareSource® MyCare Ohio (HMO D-SNP)

FIRST name:	LAST name:	Optional: Middle Initial:
Birth date: (MM/DD/YYYY) (   /   /   )	Sex: <input type="checkbox"/> Male <input type="checkbox"/> Female	Phone number: (   )

**Permanent Residence street address** (Don't enter a PO Box. Note: For individuals experiencing homelessness, a PO Box may be considered your permanent residence address.):

City:	Optional: County:	State:	ZIP Code:
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**Mailing address, if different from your permanent address (PO Box allowed):**

Street Address:

City:	State:	ZIP Code:
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### Your Medicare information:

**Medicare Number:**   \_ \_ \_ \_ - \_ \_ \_ - \_ \_ \_ \_

### Answer these important questions:

Will you have other prescription drug coverage (like VA, TRICARE) in addition to CareSource?

☐ Yes   ☐ No

Name of other coverage: \_\_\_\_\_

Member number for this coverage: \_\_\_\_\_

Group number for this coverage: \_\_\_\_\_

## IMPORTANT: Read and sign below:

- I must keep both Hospital (Part A) and Medical (Part B) to stay in CareSource.
- By joining this Medicare Advantage, I acknowledge that CareSource will share my information with Medicare, who may use it to track my enrollment, to make payments and for other purposes allowed by Federal law that authorize the collection of this information (see Privacy Act Statement below). Your response to this form is voluntary. However, failure to respond may affect enrollment in the plan.
- I understand that I can be enrolled in only one MA plan at a time – and that enrollment in this plan will automatically end my enrollment in another MA plan (exceptions apply for MA PFFS, MA MSA plans).
- I understand that when my CareSource coverage begins, I must get all of my medical and prescription drug benefits from CareSource. Benefits and services provided by CareSource and contained in my CareSource “Evidence of Coverage” document (also known as a member contract or subscriber agreement) will be covered. Neither Medicare nor CareSource will pay for benefits or services that are not covered.
- 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 legally authorized to act on my behalf) on this application means that I have read and understand the contents of this application. If signed by an authorized representative (as described above), this signature certifies that:
  - This person is authorized under State law to complete this enrollment, and
  - Documentation of this authority is available upon request by Medicare.

**Signature:**

**Today's date:**

If you're the authorized representative, sign above and fill out these fields:

Name:

Address:

Phone number:

Relationship to enrollee:

## Section 2 – All fields on this page are optional

**Answering these questions is your choice. You can't be denied coverage because you don't fill them out.**

Select one if you want us to send you information in a language other than English.

☐ Spanish

Select one if you want us to send you information in an accessible format.

☐ Braille

☐ Large print

☐ Audio CD

☐ Data CD

Please contact CareSource at **1-855-475-3163** if you need information in an accessible format other than what's 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, seven days a week. TTY users can call **1-833-711-4711**.

Do you work? ☐ Yes ☐ No

Does your spouse work? ☐ Yes ☐ No

List your Primary Care Physician (PCP), clinic or health center:

I want to get the following materials via email. Select one or more.

☐ 2026 CareSource® MyCare Ohio (HMO D-SNP) Pre-Enrollment Kit

E-mail address: \_\_\_\_\_

## For individuals helping enrollee with completing this form only

Complete this section if you're an individual (i.e. agents, brokers, SHIP, counselors, family members, or other third parties) helping an enrollee fill out the form.

Name: \_\_\_\_\_ Relationship to enrollee: \_\_\_\_\_

Signature: \_\_\_\_\_

National Producer Number (Agents/Brokers only) \_\_\_\_\_

### PRIVACY ACT STATEMENT

The Centers for Medicare & Medicaid Services (CMS) collects information from Medicare plans to track beneficiary enrollment in Medicare Advantage (MA) Plans, improve care, and for the payment of Medicare benefits. Sections 1851 of the Social Security Act and 42 CFR §§ 422.50 and 422.60 authorize the collection of this information. CMS may use, disclose and exchange enrollment data from Medicare beneficiaries as specified in the System of Records Notice (SORN) "Medicare Advantage Prescription Drug (MARx)", System No. 09-70-0588. Your response to this form is voluntary. However, failure to respond may affect enrollment in the plan.





## Scope of Sales Appointment Confirmation Form

The Centers for Medicare & Medicaid Services requires agents to document the scope of a marketing appointment 48 hours prior to any face-to-face sales meeting to ensure understanding of what will be discussed between the agent and the Medicare beneficiary (or their authorized representative). All information provided on this form is confidential and should be completed by each person with Medicare or his/her authorized representative.

Please initial below beside the type of product(s) you want the agent to discuss.

☐

### Medicare Special Needs Plan (SNP)

Medicare Special Needs Plan (SNP) — A Medicare Advantage Plan that has a benefit package designed for people with special health care needs. Examples of the specific groups served include people who have both Medicare and Medicaid, people who reside in nursing homes and people who have certain chronic medical conditions.

By signing this form, you agree to a meeting with a sales agent to discuss the types of products you initialed above. Please note, the person who will discuss the products is either employed or contracted by a Medicare plan. They do not work directly for the Federal government. This individual may also be paid based on your enrollment in a plan.

Signing this form does NOT obligate you to enroll in a plan, affect your current or future enrollment status or automatically enroll you in a Medicare plan.

Beneficiary or Authorized Representative Signature and Signature Date:

[Sign Here] \_\_\_\_\_

Signature:

[Sign Here] \_\_\_\_\_

Signature Date: \_\_\_\_\_

Signature Time: \_\_\_\_\_

If you are the authorized representative, please sign above and print below:

Representative's Name: \_\_\_\_\_

Your Relationship to the Beneficiary: \_\_\_\_\_

To be completed by agent:

Agent Name:	Agent Phone:
Beneficiary Name:	Beneficiary Phone:
Beneficiary Address (Optional):	
Initial Method of Contact: (Indicate here if beneficiary was a walk-in.)	
Agent's Signature:	
Plan(s) the agent represented during this meeting:	
Date Appointment Completed:	
Appointment Time:	
Plan Use Only:	

\*Scope of Appointment documentation is subject to CMS record retention requirements\*



## Medicare Prescription Payment Plan participation request form

The Medicare Prescription Payment Plan is a payment option that works with your current drug coverage to help you manage your out-of-pocket costs for drugs covered by your plan by spreading them across the calendar year (January-December). **This payment option might help you manage your expenses, but it doesn't save you money or lower your drug costs.**

This payment option might not be the best choice for you if you get help paying for your prescription drug costs through programs like Extra Help from Medicare or a State Pharmaceutical Assistance Program (SPAP). Call your plan for more information.

### Complete all fields unless marked optional

I want to participate in the Medicare Prescription Payment Plan for the:

☐ Current Plan Year ☐ Upcoming Plan Year

FIRST name:

LAST name:

MIDDLE initial (optional):

Medicare Number:

					-					-				
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Member ID Number:

RxGroup Number:

Birth date: (MM/DD/YYYY)

Phone number:

Permanent residence street address (don't enter a P.O. Box unless you're experiencing homelessness):

City:

County (optional):

State:

ZIP code:

Mailing address, if different from your permanent address (P.O. Box allowed):

Address:

City:

State:

ZIP code:

### Read and sign below

- I understand this form is a request to participate in the Medicare Prescription Payment Plan. My plan will contact me if they need more information.
- I understand that signing this form means that I've read and understand the form and the attached terms and conditions.
- **My plan will let me know when my participation in the Medicare Prescription Payment Plan is active.** Until then, I understand that I'm not a participant in the Medicare Prescription Payment Plan.
- I understand that if I stay in the same health or drug plan, my plan will automatically renew my participation in the Medicare Prescription Payment Plan at the beginning of each calendar year, unless I contact my plan to opt out.

**Signature:**

**Date:**

If you're completing this form for someone else, complete the section below. Your signature certifies that you're authorized under State law to fill out this participation form and have documentation of this authority available if Medicare asks for it.

Name:

Address (Street, City, State, ZIP code):

Phone number:

Relationship to participant:

## **How to submit this form**

Submit your completed form to:

Express Scripts MPPP

P.O. Box 801101

Kansas City, MO 64180-1101

You can also complete the participation request form online at <https://www.express-scripts.com/mppp> or call us at **1.866.845.1803** to submit your request via telephone.

If you have questions or need help completing this form, call us at **1.866.845.1803**, 24 hours a day, 7 days a week. TTY users can call **1.800.716.3231**.

## KEEP THIS PAGE FOR YOUR RECORDS

### Medicare Prescription Payment Plan Terms and Conditions

By opting into the Medicare Prescription Payment Plan, you agree to the following terms and conditions:

1. **We'll Let Your Pharmacy Know**

We'll notify your pharmacy that you're using this payment option. It will apply only to Medicare Part D covered drugs that are processed after your participation request is approved.

2. **This Payment Plan Spreads Out Costs—It Doesn't Lower Them**

While this payment option helps to manage your drug costs, it does not lower your drug costs. If you have limited income or resources, visit [Medicare.gov](https://www.Medicare.gov) to learn about programs that can help lower your drug costs.

3. **You Pay \$0 at the Pharmacy (You'll Be Billed Later)**

When you get a prescription filled for an eligible drug, you won't pay anything at the pharmacy. But you will still be responsible for your share of the cost of the prescription covered by your Medicare Part D benefit under your plan. Before you pick up your prescription, make sure you understand how much you'll need to pay each month for the rest of the year. The pharmacy can help you understand your share of the prescription cost.

4. **You'll Get a Monthly Bill**

Each month, you'll receive a bill for the amount you owe, when it's due, and information on how to make a payment.

5. **Your Monthly Payment May Change**

Your payments may change every month because your monthly bill is based on what you would have paid for any prescriptions you get, plus your previous month's balance, divided by the number of months left in the year. But you'll never pay more than the total amount you would have paid out of pocket or the total annual out-of-pocket maximum.

6. **If You Miss a Payment**

If you miss a payment, you'll get a reminder notice. If you don't pay your bill by the due date listed, you'll be removed from this payment option. You're still required to pay the amount you owe, and you may not be able to elect back into this payment option.

7. **If Your Medicare Part D Plan Changes**

If you are disenrolled from your Medicare Part D plan for any reason, or you enroll in a new plan with drug coverage, your participation in this payment option will end. But you'll still continue to get a monthly bill for the amount you owe until your balance is paid in full. If you enroll in a new plan with drug coverage, you may be able to rejoin the Medicare Prescription Payment Plan by contacting your new plan.

8. **Automatic Renewal**

I understand that if I stay in the same health or drug plan, my plan will automatically renew my participation in the Medicare Prescription Payment Plan at the beginning of each calendar year, unless I contact my plan to opt out.

9. **You Can Opt Out Anytime**

You can leave this payment plan at any time without affecting your Medicare drug coverage and other Medicare benefits.

10. **How to Opt Out of the Payment Plan**

You can opt out online through the website or by calling the phone number listed on the back of your member ID card. After you opt out, you'll still get a bill each month for the amount you owe until your balance is paid.



**11. Paying After You Opt Out**

You'll pay the pharmacy directly for new out-of-pocket drug costs after you leave this payment plan.

**12. Have a Concern?**

If you have a concern, you have the right to file a complaint. Follow the grievance process found in your Member Handbook or Evidence of Coverage for how to do that.

**13. Address Changed?**

Express Scripts administers this program for your Medicare Part D plan. If your plan has a different address than the one filled out on the form, you'll need to contact your plan to update your address.

**14. Online Account Access**

Express Scripts works with a third-party supplier to offer the Medicare Prescription Payment Plan, to give you a website to view your account, schedule and make payments, and review your payment history. You can go to this website at <https://www.express-scripts.com/mppp>.

**15. Protect Your Account**

If you suspect that your online account or password has been compromised, call Express Scripts right away.

**16. You'll Get Important Emails**

By participating in this payment option, you'll automatically receive important relevant emails from Express Scripts or its delegate.

**17. Phone Calls and Texts**

I understand that my plan, Express Scripts and other third parties on their behalf may contact me, by phone or text at the phone numbers I provide in conjunction with my coverage. I acknowledge these calls or text messages may be delivered using an automated system. I understand I can opt out of calls and texts related to the Medicare Prescription Payment Plan by contacting Express Scripts or my health plan at any time.

**18. Who Manages This Payment Plan?**

Express Scripts, Evernorth's pharmacy benefit services business, administers this program for your prescription plan for your employer, plan sponsor, health plan, or benefit fund.

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**Department of  
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Next Generation MyCare

## Medicare Prescription Payment Plan

The Medicare Prescription Payment Plan is a payment option that allows you to pay out-of-pocket prescription drug costs in the form of monthly payments over the course of your plan year instead of all at once at the pharmacy. It's completely voluntary to join, meaning it's your choice.

The goal is to help you manage your out-of-pocket Medicare Part D drug costs by spreading them across the calendar year (January-December). There are no fees or interest if payments are made on time. **This payment option may help you manage your expenses, but it does not save you money or lower your drug costs.**

Part D enrollees who face high cost-sharing earlier in the plan year are more likely to benefit from the program. This payment option may not be the best choice for you if you get help paying for your prescription drug costs through programs like Extra Help from Medicare or a State Pharmaceutical Assistance Program (SPAP). Before you make a decision, consider all of your options and what might work best for you.

**In 2026, CareSource® MyCare Ohio (HMO D-SNP) members have no copays for Medicare Part D prescription drugs if you receive "Extra Help."**

To learn more visit [<CareSource.com/MyCare-SNP>](https://www.caresource.com/MyCare-SNP). We're also happy to help. If you have questions, call us at [<1-855-475-3163 \(TTY: 1-833-711-4711 or 711\)>](tel:1-855-475-3163). We are open 8 a.m. to 8 p.m. Monday through Friday, and from October 1 through March 31 we are open the same hours, seven days a week.

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Accepted: 9/15/2025

CareSource® MyCare Ohio (HMO D-SNP)

# 2026 SUMMARY OF BENEFITS

OHIO



**Department of  
Medicaid**

Next Generation MyCare

# CareSource MyCare Ohio (HMO D-SNP) 2026 Summary of Benefits

## Introduction

This document is a brief summary of the benefits and services covered by CareSource® MyCare Ohio (HMO D-SNP). It includes answers to frequently asked questions, important contact information, an overview of benefits and services offered, and information about your rights as a member of CareSource MyCare Ohio. Key terms and their definitions appear in alphabetical order in the last chapter of the *Evidence of Coverage*.

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**If you have questions**, please call CareSource MyCare Ohio at **1-855-475-3163 (TTY: 1-833-711-4711 or 711)**, October 1 – March 31: 8 a.m. – 8 p.m., Monday through Sunday; April 1 – September 30: 8 a.m. – 8 p.m., Monday through Friday. The call is free. **For more information**, visit **CareSource.com/MyCare-SNP**.



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## A. Disclaimers



This is a summary of health services covered by CareSource MyCare Ohio for 2026. This is only a summary. Please read the *Evidence of Coverage* for the full list of benefits. An up-to-date copy of the 2026 Evidence of Coverage is available on our website at **CareSource.com/MyCare-SNP**. You may also call Member Services at **1-855-475-3163 (TTY: 1-833-711-4711 or 711)** to ask us to mail you a 2026 Evidence of Coverage.

### Hours of Operation

We are open 8 a.m. to 8 p.m. Monday through Friday, and from October 1 through March 31, the same hours seven days a week.

- ❖ We have free interpreter services to answer any questions that you may have about our health or drug plan. To get an interpreter, just call us at **1-855-475-3163 (TTY: 1-833-711-4711 or 711)** during the hours listed above. Someone who speaks your language can help you. This is a free service.
- ❖ *ATENCIÓN: Si habla español, tiene disponible los servicios de asistencia de idioma gratis. Llame al 1-855-475-3163 (TTY: 1-833-711-4711 o 711). La llamada es gratis. El horario de atención es del 1 de octubre al 31 de marzo: de 8 a. m. a 8 p. m., de lunes a domingo; entre el 1 de abril y el 30 de septiembre: de 8 a. m. a 8 p. m., de lunes a viernes.*
- ❖ For more information about Medicare, you can read the *Medicare & You* handbook. It has a summary of Medicare benefits, rights, and protections and answers to the most frequently asked questions about Medicare. You can get it at the Medicare website ([www.medicare.gov](http://www.medicare.gov)) or by calling 1-800-MEDICARE (1-800-633-4227). TTY users should call 1-877-486-2048.
- ❖ For more information about Medicaid, you can check the Ohio Department of Medicaid website [www.medicaid.ohio.gov](http://www.medicaid.ohio.gov). You can also call the special Ombudsman for people who have both Medicare and Medicaid at toll-free phone 1-800-282-1206.
- ❖ You can get this document for free in other formats, such as large print, braille, or audio. Call **1-855-475-3163 (TTY: 1-833-711-4711 or 711)** during the hours listed above. The call is free.
- ❖ To receive this document in a language other than English or in an alternate format, please let our Member Services department know. We will keep a record of that request. For help or if you need to change your request, call Member Services at **1-855-475-3163 (TTY: 1-833-711-4711 or 711)** during the hours listed above. This call is free.

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## B. Frequently asked questions (FAQ)

The following table lists frequently asked questions.

Frequently Asked Questions	Answers
<b>What's a MyCare Plan</b>	MyCare Ohio is a managed care program designed for Ohioans who receive BOTH Medicaid and Medicare benefits. This program has a team approach to coordinating your care based on your needs – a team with you at the center. The MyCare Ohio plan that you choose provides all the same benefits that Medicare and Medicaid offer, including long-term care services and mental/behavioral health services. Plus, your MyCare Ohio plan can include additional services to you.
<b>Will I get the same Medicare and Medicaid benefits in CareSource MyCare Ohio that I get now? (continued on the next page)</b>	<p>You'll get most of your covered Medicare and Medicaid benefits directly from CareSource MyCare Ohio. You'll work with a team of providers who will help determine what services will best meet your needs. This means that some of the services you get now may change based on your needs, and your doctors' and care coordinator's assessments. You may also get other benefits outside of your health plan the same way you do now, directly from a State or county agency, specialty mental health and substance use disorder services, or regional center services.</p> <p>When you enroll in CareSource MyCare Ohio, you and your care team will work together to develop an Individualized Care Plan to address your health and support needs, reflecting your personal preferences and goals.</p>

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Frequently Asked Questions	Answers
<p><b>Will I get the same Medicare and Medicaid benefits in CareSource MyCare Ohio that I get now?</b> (continued from the previous page)</p>	<p>If you're taking any Medicare Part D drugs that CareSource MyCare Ohio doesn't normally cover, you can get a temporary supply and we'll help you to transition to another drug or get an exception for CareSource MyCare Ohio to cover your drug if medically necessary. For more information, call Member Services at <b>1-855-475-3163 (TTY: 1-833-711-4711 or 711)</b>.</p>
<p><b>Can I use the same doctors I use now?</b> (continued on the next page)</p>	<p>This is often the case. If your providers (including doctors, hospitals, therapists, pharmacies, and other health care providers) work with CareSource MyCare Ohio and have a contract with us, you can keep going to them.</p> <ul style="list-style-type: none"> <li>• Providers with an agreement with us are “in-network.” Network providers participate in our plan. That means they accept members of our plan and provide services our plan covers. <b>You must use the providers in CareSource MyCare Ohio's network.</b> If you use providers or pharmacies that aren't in our network, the plan may not pay for these services or drugs.</li> <li>• If you need urgent or emergency care or out-of-area dialysis services, you can use providers outside of CareSource MyCare Ohio's plan.</li> <li>• The plan must ensure member access to any federally qualified health center (FQHC) and/or rural health clinic (RHC), regardless of whether it's an in-network provider.</li> <li>• If you're currently under treatment with a provider that's out of CareSource MyCare Ohio's network, or have an established relationship with a provider that's out of CareSource MyCare Ohio's network, call Member Services to check about staying connected.</li> </ul>

Frequently Asked Questions	Answers
<b>Can I use the same doctors I use now?</b> (continued from previous page)	<p>To find out if your providers are in the plan's network, call Member Services at <b>1-855-475-3163 (TTY: 1-833-711-4711 or 711)</b> or read CareSource MyCare Ohio's <i>Provider and Pharmacy Directory</i> on the plan's website at <b>CareSource.com/MyCare-SNP</b>.</p> <p>If CareSource MyCare Ohio is new for you, we'll work with you to develop an Individualized Care Plan to address your needs.</p>
<b>What's a CareSource MyCare Ohio care coordinator?</b>	A CareSource MyCare Ohio care coordinator is one main person for you to contact. This person helps to manage all your providers and services and make sure you get what you need.
<b>What are Long-term Services and Supports (LTSS)?</b>	Long-term services and supports refers to the services provided to help individuals safely perform daily tasks like bathing, getting dressed, or preparing meals. They can be offered in a home or community-based setting or in a facility like a nursing facility or assisted living facility. They include things like personal care aide services, home delivered meals, memory care, home health nursing and many others.
<b>What happens if I need a service but no one in CareSource MyCare Ohio's network can provide it?</b>	Most services will be provided by our network providers. If you need a service that can't be provided within our network, CareSource MyCare Ohio will pay for the cost of an out-of-network provider.
<b>Where's CareSource MyCare Ohio available?</b>	The service area for this plan includes all counties in Ohio. You must live in one of these areas to join the plan.

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Frequently Asked Questions	Answers
What's prior authorization?	<p>Prior authorization means an approval from CareSource MyCare Ohio to seek services outside of our network or to get services not routinely covered by our network <b>before</b> you get the services. CareSource MyCare Ohio may not cover the service, procedure, item, or drug if you don't get prior authorization.</p> <p><b>If you need urgent or emergency care or out-of-area dialysis services, you don't need to get prior authorization first.</b> CareSource MyCare Ohio can provide you or your provider with a list of services or procedures that require you to get prior authorization from CareSource MyCare Ohio before the service is provided.</p> <p>Refer to <b>Chapter 3</b> of the <i>Evidence of Coverage</i> to learn more about prior authorization. Refer to the Benefits Chart in <b>Chapter 4</b> of the <i>Evidence of Coverage</i> to learn which services require a prior authorization.</p> <p>If you have questions about whether prior authorization is required for specific services, procedures, items, or drugs, call Member Services at <b>1-855-475-3163 (TTY: 1-833-711-4711 or 711)</b> for help.</p>
Do I pay a monthly amount (also called a premium) under CareSource MyCare Ohio?	No. Because you have Medicaid you won't pay any monthly premiums, including your Medicare Part B premium, for your health coverage.
Do I pay a deductible as a member of CareSource MyCare Ohio?	No. You don't pay deductibles in CareSource MyCare Ohio.

Frequently Asked Questions	Answers
What's the maximum out-of-pocket amount that I'll pay for medical services as a member of CareSource MyCare Ohio?	There's no cost sharing for medical services in CareSource MyCare Ohio, so your annual out-of-pocket costs will be \$0.

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## C. List of covered services

The following table is a quick overview of what services you may need, your costs, and rules about the benefits.

Health need or concern	Services you may need	Your costs for in-network providers	Limitations, exceptions, & benefit information (rules about benefits)
<b>You need hospital care</b>	Inpatient hospital stay	\$0	Days 1 through 90; 60 lifetime reserve days  Except in an emergency, your health care provider must tell the plan of your hospital admission.  Prior authorization is required for some services.
	Outpatient hospital services, including observation	\$0	Prior authorization is required for some services.
	Ambulatory surgical center (ASC) services	\$0	Prior authorization is required for some services.
	Doctor or surgeon care	\$0	Prior authorization is required for some services.
<b>You want a doctor (continued on the next page)</b>	Visits to treat an injury or illness	\$0	
	Care to keep you from getting sick, such as flu shots and screenings to check for cancer	\$0	
	Wellness visits, such as a physical	\$0	This plan covers up to one physical exam every year.

Health need or concern	Services you may need	Your costs for in-network providers	Limitations, exceptions, & benefit information (rules about benefits)
<b>You want a doctor (continued from the previous page)</b>	“Welcome to Medicare” (preventive visit one time only)	\$0	
	Specialist care	\$0	
<b>You need emergency care</b>	Emergency room services	\$0	Emergency room services are provided both in and out-of-network. Prior authorization is NOT required.
	Urgent care	\$0	Urgent care services are provided both in and out-of-network. Prior authorization is NOT required.
<b>You need medical tests</b>	Diagnostic radiology services (for example, X-rays or other imaging services, such as CAT scans or MRIs)	\$0	Prior authorization is required for some services.
	Lab tests and diagnostic procedures, such as blood work	\$0	Prior authorization is required for some services.

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Health need or concern	Services you may need	Your costs for in-network providers	Limitations, exceptions, & benefit information (rules about benefits)
<b>You need hearing/auditory services</b>	Hearing screenings	\$0	One routine hearing exam per year
	Hearing aids	\$0	<p>TruHearing®* Advanced model hearing aids (available in rechargeable options), one per ear every 3 years</p> <p><b>Fitting/Evaluation visits</b> with provider during first year of purchase</p> <p><b>Hearing aid purchase includes:</b></p> <ul style="list-style-type: none"> <li>• Provider visits within the first year of hearing aid purchase</li> <li>• 60-day trial period</li> <li>• 3-year extended warranty</li> <li>• 80 batteries per aid for non-rechargeable models</li> </ul> <p>* All content ©2025 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.</p>

Health need or concern	Services you may need	Your costs for in-network providers	Limitations, exceptions, & benefit information (rules about benefits)
<b>You need dental care</b>	Dental check-ups and preventive care	\$0	<p>Members may receive up to two oral exams, cleanings, and fluoride treatments per year.</p> <p><b>Note:</b> One oral exam, one cleaning, fluoride treatments and dental implants are subject to <b>\$5,000 dental allowance</b> annual maximum.</p> <p><b>Because you have Medicaid</b>, many dental services including preventive and comprehensive dental services are covered. To view Medicaid dental coverage, visit <a href="https://medicaid.ohio.gov/families-and-individuals/srvcs/dental">https://medicaid.ohio.gov/families-and-individuals/srvcs/dental</a></p>
	Restorative and emergency dental care	\$0	<p>To find dental providers in your network, please visit <a href="https://caresource.com/oh/plans/mycare-snp/plan-documents/">caresource.com/oh/plans/mycare-snp/plan-documents/</a></p> <p>Prior authorization is required for some services.</p>

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Health need or concern	Services you may need	Your costs for in-network providers	Limitations, exceptions, & benefit information (rules about benefits)
<b>You need eye care</b>	Eye exams	\$0	The plan covers one comprehensive eye exam: <ul style="list-style-type: none"> <li>• Per 12-month period for members over 59 years of age; or</li> <li>• Per 24-month period for members 21 through 59 years of age</li> </ul>
	Glasses or contact lenses	\$0	The plan covers one complete frame and pair of lenses (contact lenses, if medically necessary): <ul style="list-style-type: none"> <li>• Per 12-month period for members over 59 years of age; or</li> <li>• Per 24-month period for members 21 through 59 years of age.</li> </ul>
	Other vision care (such as an annual glaucoma screening for high-risk patients, and annual exam for diabetic retinopathy)	\$0	
<b>You need behavioral health services (continued on the next page)</b>	Behavioral health services	\$0	<p>This plan provides coverage for a full range of inpatient and outpatient mental health services, including substance use disorder services.</p> <p>To view additional Medicaid behavioral health coverage, visit <a href="https://medicaid.ohio.gov/families-and-individuals/srvcs/bh/bh">https://medicaid.ohio.gov/families-and-individuals/srvcs/bh/bh</a></p> <p>Prior authorization is required for some services.</p>

Health need or concern	Services you may need	Your costs for in-network providers	Limitations, exceptions, & benefit information (rules about benefits)
<b>You need behavioral health services (continued from the previous page)</b>	Inpatient and outpatient care and community-based services for people who need behavioral health services	\$0	<p>CareSource MyCare Ohio provides coverage for inpatient and outpatient mental health services including, but not limited to, crisis intervention and psychiatric hospitalization, case management, therapeutic and rehabilitative services, and residential treatment.</p> <p>190-day lifetime limit for inpatient psychiatric hospital services.</p> <p>Prior authorization is required for some services.</p>

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Health need or concern	Services you may need	Your costs for in-network providers	Limitations, exceptions, & benefit information (rules about benefits)
<b>You need substance use disorder services</b>	Substance use disorder services	\$0	<p>CareSource MyCare Ohio provides coverage for a full range of addiction services including outpatient and intensive outpatient services, case management, residential and opioid treatment services.</p> <p>Prior authorization is required for some services.</p> <p>If you need behavioral health and/or substance abuse services, please call either your Care Coordinator or Member Services. You may also self-refer directly to an Ohio Department of Mental Health and Addiction Services (MHAS) facility and/or a certified community behavioral health provider.</p>
<b>You need a place to live with people available to help you</b>	Skilled nursing care	\$0	Prior authorization is required for some services.
	Nursing home care	\$0	Prior authorization is required for some services.
	Adult Foster Care and Group Adult Foster Care	\$0	Prior authorization is required for some services.
<b>You need therapy after a stroke or accident</b>	Occupational, physical, or speech therapy	\$0	Prior authorization is required for some services.

Health need or concern	Services you may need	Your costs for in-network providers	Limitations, exceptions, & benefit information (rules about benefits)
<b>You need help getting to health services</b>	Ambulance services	\$0	Prior authorization is required for some services.
	Emergency transportation	\$0	
	Transportation to medical appointments and services	\$0	Unlimited non-emergency medical transportation (NEMT) for medically necessary Medicaid-covered services, pharmacy services, community/wellness services, and SDOH (Social Determinants of Health)-related services including grocery stores, fitness program participating gyms.  Please contact Member Services for additional information.
<b>You need drugs to treat your illness or condition (continued on the next page)</b>	Medicare Part B drugs	\$0	Part B drugs include drugs given by your doctor in their office, some oral cancer drugs, and some drugs used with certain medical equipment. Read the <i>Evidence of Coverage</i> for more information on these drugs.  Step therapy and prior authorization are required for some services.

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Health need or concern	Services you may need	Your costs for in-network providers	Limitations, exceptions, & benefit information (rules about benefits)
<b>You need drugs to treat your illness or condition (continued from the previous page)</b>	Medicare Part D drugs  Tier 1: Preferred Generic Tier 2: Generic Tier 3: Preferred Brand Tier 4: Non-Preferred Drug Tier 5: Specialty Tier	\$0 for a 30-day supply.	There may be limitations on the types of drugs covered. Please refer to CareSource MyCare Ohio's <i>List of Covered Drugs (Drug List)</i> for more information.  Extended-day supplies are available for most drugs through your retail pharmacy and our mail-order pharmacy option for up to a 102-day supply at no cost to you.
<b>You need help getting better or have special health needs</b>	Rehabilitation services	\$0	Prior authorization is required for some services.
	Medical equipment for home care, including waiver and supplemental adaptive	\$0	Prior authorization is required for some services.
	Dialysis services	\$0	
<b>You need foot care</b>	Podiatry services	\$0	Members get 6 additional visits per year for routine foot care.
	Orthotic services	\$0	Prior authorization is required for some services.

Health need or concern	Services you may need	Your costs for in-network providers	Limitations, exceptions, & benefit information (rules about benefits)
<b>You need durable medical equipment (DME)</b>  <b>Note:</b> This isn't a complete list of covered DME. For a complete list, contact Member Services or refer to <b>Chapter 4</b> of the <i>Evidence of Coverage</i> .	Wheelchairs, crutches, and walkers	\$0	Prior authorization is required for some services.
	Nebulizers	\$0	Prior authorization is required for some services.
	Oxygen equipment and supplies	\$0	Prior authorization is required for some services.
<b>You need help living at home (continued on the next page)</b>	Home health services	\$0	Prior authorization is required for some services.
	Home services, such as cleaning or housekeeping, or home modifications such as grab bars	\$0	These services are available only if Ohio Medicaid determines a need for long-term care.  If you would like to see if you are eligible for waiver services, talk to your CareSource MyCare Ohio Care Coordinator.
	Adult day health	\$0	
	Assisted living services	\$0	
	Community integration services	\$0	
	Enhanced community living services	\$0	

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Health need or concern	Services you may need	Your costs for in-network providers	Limitations, exceptions, & benefit information (rules about benefits)
<b>You need help living at home (continued from the previous page)</b>	Home delivered meals	\$0	Community Well members and members where Ohio Medicaid has determined a need for long-term care only. If you would like to see if you are eligible, talk to your CareSource MyCare Ohio Care Coordinator.
	Out-of-home respite	\$0	These services are available only if Ohio Medicaid determines a need for long-term care.
	Personal emergency response services	\$0	Community Well members and members where Ohio Medicaid has determined a need for long-term care only.
	Waiver nursing	\$0	These services are available only if Ohio Medicaid determines a need for long-term care.  If you would like to see if you are eligible for waiver services, talk to your CareSource MyCare Ohio Care Coordinator.
	Waiver social work counseling	\$0	
	Waiver transportation	\$0	
	Day habilitation services	\$0	
	Services to help you live on your own (home health care services or personal care attendant services)	\$0	These services are available only if Ohio Medicaid determines a need for long-term care.  County Department of Job and Family Services will determine if your income and certain expenses require you to have a patient liability.

Health need or concern	Services you may need	Your costs for in-network providers	Limitations, exceptions, & benefit information (rules about benefits)
<b>Additional Services</b> (continued on the next page)	Healthy Benefits+	\$0	<p>The Healthy Benefits+ debit card provides all members \$287 per month to purchase the following qualifying items, services and accessories at eligible locations:</p> <ul style="list-style-type: none"> <li>• Over-the-counter items</li> <li>• Dental</li> <li>• Vision</li> <li>• Hearing</li> </ul> <p>Additionally, those with one or more qualifying conditions may use the allowance for additional items and services, such as:</p> <ul style="list-style-type: none"> <li>• Healthy Food*</li> <li>• Utilities*</li> <li>• Rent &amp; Mortgage Assistance*</li> <li>• Home &amp; Bathroom Safety Items*</li> <li>• Pest Control Retail Items*</li> <li>• Indoor Air Quality Items*</li> <li>• Household Cleaning Supplies*</li> <li>• Personal Care Items*</li> <li>• Pet Care Items (not including veterinary or grooming) *</li> </ul> <p>Unused amounts will roll over month-to-month and expire at the end of the year.</p>

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Health need or concern	Services you may need	Your costs for in-network providers	Limitations, exceptions, & benefit information (rules about benefits)
<b>Additional services (continued from the previous page)</b>	Healthy Benefits+	\$0	<ul style="list-style-type: none"> <li>• Overweight, obesity, and metabolic syndrome</li> <li>• Post-organ transplantation</li> <li>• Severe hematologic disorders</li> <li>• Stroke</li> </ul>
<b>Additional services</b>	Augment Therapy	\$0	Augment Therapy provides members with one of the qualifying conditions (stroke, cerebrovascular accident, risk of fall, total joint replacements and joint pain) with remote therapy to improve activities of daily living. To learn more, talk to your Care Coordinator.
	CareBridge	\$0	CareBridge cellular enabled tablet for access 24/7 365 to a trained medical team for members meeting certain attribution requirements. To see you if you qualify, talk to your care coordinator.
	Chiropractic services	\$0	Coverage includes diagnostic x-rays and manual manipulation (adjustments) of the spine to correct alignment.
	Centers for Independent Living (CIL) Peer Program	\$0	CILs provide core services including advocacy, information and referral, peer support, skills training, and assistance with transitioning from nursing homes or institutions to community-based living.

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Health need or concern	Services you may need	Your costs for in-network providers	Limitations, exceptions, & benefit information (rules about benefits)
<b>Additional services</b>	Companionship	\$0	Companionship support for members meeting certain attribution requirements. To learn more talk to your Care Coordinator.
	24-Hour Nurse Advice Line	\$0	<p>24-Hour Nurse Advice Line provides around-the-clock access to a caring and experienced staff of registered nurses. Members can call the 24-Hour Nurse Advice Line toll-free number located on your CareSource MyCare Ohio member ID card 24 hours a day, 7 days a week, 365 days a year. The 24-Hour Nurse Advice Line 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"> <li>– Decide when self-care, a doctor visit, or the emergency room is the right choice</li> <li>– Check your symptoms and help you figure out what to do</li> <li>– Understand a medical condition or recent diagnosis</li> <li>– Obtain medical information</li> <li>– Prepare questions for doctor visits</li> <li>– Find out more about prescriptions or over-the-counter (OTC) items</li> <li>– Learn about healthy eating and staying well</li> </ul>

Health need or concern	Services you may need	Your costs for in-network providers	Limitations, exceptions, & benefit information (rules about benefits)
<b>Additional Services</b>	Diabetes supplies and services	\$0	<p>Diabetic supplies and services are limited to specified manufacturers:</p> <ul style="list-style-type: none"> <li>• Blood glucose test strips and meters: <ul style="list-style-type: none"> <li>○ Abbott Diabetes products</li> </ul> </li> <li>• Continuous glucose monitors (CGMs): <ul style="list-style-type: none"> <li>○ Abbott FreeStyle &amp; Dexcom</li> </ul> </li> </ul> <p>Prior authorization is required for some services.</p>
	Express Banking	\$0	Express Banking offers our members a bank account with no monthly service charge, no balance requirement, no overdraft fees and a debit card for bill paying and purchases. Contact Member Services for more information.
	FindHelp	\$0	MyResources helps you find low or no-cost programs in your community for food, shelter, school, work, financial support and more! Go to <a href="http://CareSource.findhelp.com">CareSource.findhelp.com</a> . You can also call Member Services to find support near you.
	Fitness, health, and wellness education programs	\$0	Includes membership at participating fitness centers and home fitness kit, as well as online features (on-demand workout videos, virtual events, and specialized coaching sessions)

**If you have questions**, please call CareSource MyCare Ohio at **1-855-475-3163 (TTY: 1-833-711-4711 or 711)**, October 1 – March 31: 8 a.m. – 8 p.m., Monday through Sunday; April 1 – September 30: 8 a.m. – 8 p.m., Monday through Friday. The call is free. **For more information**, visit [CareSource.com/MyCare-SNP](http://CareSource.com/MyCare-SNP).



Health need or concern	Services you may need	Your costs for in-network providers	Limitations, exceptions, & benefit information (rules about benefits)
<b>Additional Services</b>	LifeServices	\$0	<p>CareSource LifeServices is available to both members and their caregivers. These resources are available to you:</p> <p><b>FoodConnect</b> helps ensure that members have access to culturally and medically appropriate meals in a timely manner. ·</p> <p><b>HousingConnect</b> connects members to housing supports, including resources to facilitate repairs meant to make existing housing safe. ·</p> <p><b>PeerConnect</b> connects members with certified peer supporters who have similar lived experience and who can provide emotional support through life's challenges. ·</p> <p><b>CaregiverConnect</b> is designed specifically to support the caregivers who support our members through educational resources and social support.</p> <p><b>CareSource JobConnect</b> supports members and their key supporters in their path toward educational attainment and job (re-)training.</p>
	MyLife App	\$0	<p>Personalized digital experience for members to obtain their ID, plan and benefit information, connect with their Care Coordinator, and more from their phone.</p>

Health need or concern	Services you may need	Your costs for in-network providers	Limitations, exceptions, & benefit information (rules about benefits)
<b>Additional Services</b>	myStrength	\$0	myStrength <sup>SM</sup> has personalized support to better your mood, mind, body and spirit. To get started, log in to CareSource MyLife and click on the myStrength tab.
	Prosthetic services	\$0	Prior authorization is required for some services.
	Pulsewrx – Cellular Phone		We can connect you to a program that can help you get access to a free or low-cost smartphone. If you qualify, you can get a phone with unlimited talk, text and data.
	Radiation therapy	\$0	Prior authorization is required for some services.
	Remote Patient Monitoring	\$0	Remote patient monitoring such as pulse oximeters and glucometers for members who meet certain conditions such as COPD, heart failure, hypertension or diabetes. To learn more talk to your Care Coordinator.
	Safety Kits	\$0	Safety kits for members only who meet the care team's assessment of being unsafe in their home due to medical condition. To learn more talk to your Care Coordinator.
	Services to help manage your disease	\$0	

**If you have questions**, please call CareSource MyCare Ohio at **1-855-475-3163 (TTY: 1-833-711-4711 or 711)**, October 1 – March 31: 8 a.m. – 8 p.m., Monday through Sunday; April 1 – September 30: 8 a.m. – 8 p.m., Monday through Friday. The call is free. **For more information**, visit **CareSource.com/MyCare-SNP**.



Health need or concern	Services you may need	Your costs for in-network providers	Limitations, exceptions, & benefit information (rules about benefits)
<b>Additional Services</b>	WW (formerly known as Weight Watchers)	\$0	Benefit consists of a 12-week WW membership to eligible members who participate in care management with a qualifying of high blood pressure, diabetes, or obesity (body mass index over 30). To learn more talk to your Care Coordinator.
	Worldwide Emergency Services, Urgently Needed Services, and Transportation		Maximum amount of \$10,000

The above summary of benefits is provided for informational purposes only and isn't a complete list of benefits. For a complete list and more information about your benefits, you can read the CareSource MyCare Ohio *Evidence of Coverage*. If you don't have an *Evidence of Coverage*, call CareSource MyCare Ohio Member Services at **1-855-475-3163 (TTY: 1-833-711-4711 or 711)** to get one. If you have questions, you can also call Member Services or visit **CareSource.com/MyCare-SNP**.

## D. Benefits covered outside of CareSource MyCare Ohio

There are some services that you can get that aren't covered by CareSource MyCare Ohio but are covered by Medicare, Medicaid, or a State or county agency. This isn't a complete list. Call Member Services at **1-855-475-3163 (TTY: 1-833-711-4711 or 711)** to find out about these services.

Other services covered by Medicare, Medicaid, or a State Agency	Your costs
<p>These services are available only if Ohio Medicaid determines a need for long-term care.</p> <p>If you would like to see if you are eligible for waiver services, talk to your CareSource MyCare Ohio Care Coordinator.</p> <ul style="list-style-type: none"><li>• Supplemental Transportation Services</li><li>• Home Maintenance and Chore Service</li><li>• Observation Services</li><li>• RN Assessment</li><li>• Private Duty Nursing</li><li>• Substance Use Detox</li><li>• Residential treatment</li><li>• Partial Hospitalization</li><li>• Opioid Treatment program</li><li>• Certain hospice care services covered outside of CareSource MyCare Ohio</li></ul>	\$0

**If you have questions**, please call CareSource MyCare Ohio at **1-855-475-3163 (TTY: 1-833-711-4711 or 711)**, October 1 – March 31: 8 a.m. – 8 p.m., Monday through Sunday; April 1 – September 30: 8 a.m. – 8 p.m., Monday through Friday. The call is free. **For more information**, visit **CareSource.com/MyCare-SNP**.



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## E. Services that CareSource MyCare Ohio, Medicare, and Medicaid don't cover

This isn't a complete list. Call Member Services at **1-855-475-3163** (TTY: **1-833-711-4711 or 711**) to find out about other excluded services.

Services CareSource MyCare Ohio, Medicare, and Medicaid don't cover	
Services considered not "reasonable and necessary," according to the standards of Medicare and Medicaid, unless these services are listed by our plan as covered services.	Cosmetic surgery or other cosmetic work, unless it is needed because of an accidental injury or to improve a part of the body that is not shaped right. However, the plan will cover reconstruction of a breast after a mastectomy and for treating the other breast to match it.
Experimental medical and surgical treatments, items, and drugs, unless covered by Medicare or under a Medicare-approved clinical research study or by our plan. Experimental treatment and items are those that are not generally accepted by the medical community.	Chiropractic care, other than diagnostic x-rays and manual manipulation (adjustments) of the spine to correct alignment consistent with Medicare and Medicaid coverage guidelines.
Surgical treatment for morbid obesity, except when it is medically needed and Medicare covers it.	Infertility services.
A private room in a hospital, except when it is medically needed.	

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## F. Your rights as a member of the plan

As a member of CareSource MyCare Ohio, you have certain rights. You can exercise these rights without being punished. You can also use these rights without losing your health care services. We will tell you about your rights at least once a year. For more information on your rights, please read the *Evidence of Coverage*. Your rights include, but aren't limited to, the following:

- **You have a right to respect, fairness, and dignity.** This includes the right to:
  - Get covered services without concern about medical condition, health status, receipt of health services, claims experience, medical history, disability (including mental impairment), marital status, age, sex (including sex stereotypes and gender identity) sexual orientation, national origin, race, color, religion, creed, or public assistance
  - Get information in other languages and formats (for example, large print, braille, or audio) free of charge

- Be free from any form of physical restraint or seclusion
- **You have the right to get information about your health care.** This includes information on treatment and your treatment options. This information should be in a language and format you can understand. This includes the right to get information on:
  - Description of the services we cover
  - How to get services
  - How much services will cost you
  - Names of health care providers and care coordinator
- **You have the right to make decisions about your care, including refusing treatment.** This includes the right to:
  - Choose a primary care provider (PCP) and change your PCP at any time during the year
  - Use a women's health care provider without a referral
  - Get your covered services and drugs quickly
  - Know about all treatment options, no matter what they cost or whether they're covered
  - Refuse treatment, even if your health care provider advises against it
  - Stop taking medicine, even if your health care provider advises against it
  - Ask for a second opinion. CareSource MyCare Ohio will pay for the cost of your second opinion visit
  - Make your health care wishes known in an advance directive
- **You have the right to timely access to care that doesn't have any communication or physical access barriers.** This includes the right to:
  - Get timely medical care
  - Get in and out of a health care provider's office. This means barrier-free access for people with disabilities, in accordance with the Americans with Disabilities Act

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**If you have questions**, please call CareSource MyCare Ohio at **1-855-475-3163 (TTY: 1-833-711-4711 or 711)**, October 1 – March 31: 8 a.m. – 8 p.m., Monday through Sunday; April 1 – September 30: 8 a.m. – 8 p.m., Monday through Friday. The call is free. **For more information**, visit **CareSource.com/MyCare-SNP**.





- Have interpreters to help with communication with your health care providers and your health plan
- **You have the right to seek emergency and urgent care when you need it.** This means you have the right to:
  - Get emergency services without prior authorization in an emergency
  - Use an out-of-network urgent or emergency care provider, when necessary
- **You have a right to confidentiality and privacy.** This includes the right to:
  - Ask for and get a copy of your medical records in a way that you can understand and to ask for your records to be changed or corrected
  - Have your personal health information kept private
  - Have privacy during treatment
- **You have the right to make complaints about your covered services or care.** This includes the right to:
  - File a complaint or grievance against us or our providers
  - File a complaint with State Department of Managed Health Care at 800-324-8680 and TTY 711.
  - Appeal certain decisions made by State Department of Managed Health Care or our providers
  - Ask for a State Hearing
  - Get a detailed reason for why services were denied

For more information about your rights, you can read the *Evidence of Coverage*. If you have questions, you can call CareSource MyCare Ohio Member Services at **1-855-475-3163 (TTY: 1-833-711-4711 or 711)**.

You can also call the special Ombudsperson for people who have Medicare and Medicaid at 1-800-282-1206, or the Medicaid Office of the Ombudsperson at 1-800-282-1206.

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## G. How to file a complaint or appeal a denied service

If you have a complaint or think CareSource MyCare Ohio should cover something we denied, call Member Services at **1-855-475-3163 (TTY: 1-833-711-4711 or 711)**. You may be able to appeal our decision.

For questions about complaints and appeals, you can read **Chapter 9** of the *Evidence of Coverage*. You can also call CareSource MyCare Ohio Member Services at **1-855-475-3163 (TTY: 1-833-711-4711 or 711)**.

You may also mail information to us:

CareSource MyCare Ohio Complaints  
P.O. Box 1307  
Dayton, OH 45401-1307

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## H. What to do if you suspect fraud

Most health care professionals and organizations that provide services are honest. Unfortunately, there may be some who are dishonest.

If you think a doctor, hospital or other pharmacy is doing something wrong, please contact us.

- Call us at CareSource MyCare Ohio Member Services. Phone numbers are **1-855-475-3163 (TTY: 1-833-711-4711 or 711)**.
- Or, call Medicare at 1-800-MEDICARE (1-800-633-4227). TTY users may call 1-877-486-2048. You can call these numbers for free.
- Or, call the Ohio Attorney General's Medicaid Fraud Control Unit at 1-614-466-0722, or the Ohio Attorney General's Help Center at 1-800-282-0515.

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**If you have questions**, please call CareSource MyCare Ohio at **1-855-475-3163 (TTY: 1-833-711-4711 or 711)**, October 1 – March 31: 8 a.m. – 8 p.m., Monday through Sunday; April 1 – September 30: 8 a.m. – 8 p.m., Monday through Friday. The call is free. **For more information**, visit **CareSource.com/MyCare-SNP**.



**If you have general questions or questions about our plan, services, service area, billing, or Member ID Cards, please call CareSource MyCare Ohio Member Services: 1-855-475-3163.** Calls to this number are free.

**TTY: 1-833-711-4711 or 711.** This number requires special telephone equipment and is only for people who have difficulties with hearing or speaking. Calls to this number are free.

## Hours of Operation

We are open 8 a.m. to 8 p.m. Monday through Friday, and from October 1 through March 31, the same hours seven days a week.

Member Services also has free language interpreter services available for non-English speakers.

### **If you have questions about your health:**

Call your primary care provider (PCP). Follow your PCP's instructions for getting care when the office is closed.

If your PCP's office is closed, you can also call the 24-Hour Nurse Advice Line. A nurse will listen to your problem and tell you how to get care.

(*Example:* urgent care or emergency room). The numbers for the 24-Hour Nurse Advice Line are: **1-833-687-7360 (TTY: 1-833-711-4711).**

Calls to this number are free. This hotline is available 24 hours a day, seven days a week.

CareSource MyCare Ohio also has free language interpreter services available for non-English speakers.

### **If you need immediate behavioral health care, please call the Behavioral Health Crisis Line:**

Dial **988** or **(800) 273-8255** (Suicide Prevention hotline) or the 24-Hour Nurse Advice Line at: **1-833-687-7360 (TTY: 1-833-711-4711)**

Calls to these numbers are free 24 hours a day, seven days a week.

Get free help in your language with interpreters and other written materials. Get free aids and support if you have a disability. Call **1-855-475-3163 (TTY: 1-833-711-4711 or 711)**.



Obtenga ayuda gratuita en su idioma a través de intérpretes y otros materiales en formato escrito. Obtenga ayudas y apoyo gratuitos si tiene una discapacidad. Llame **1-855-475-3163 (TTY: 1-833-711-4711 o 711)**.

احصل على مساعدة مجانية بلغتك من خلال المترجمين الفوريين والمواد المكتوبة الأخرى. إذا كنت من ذوي الاحتياجات الخاصة، ستحصل على المساعدات والدعم مجانًا. اتصل على الرقم **1-855-475-3163 (TTY: 1-833-711-4711 أو 711)**.

通过口译员和其他书面材料，获得您所使用语言的免费帮助。如果您有残疾，可以获得免费的辅助设备和支持。请致电：**1-855-475-3163 (TTY 专线：1-833-711-4711 或 711)**。

Erhalten Sie kostenlose Hilfe in Ihrer Sprache durch Dolmetscher und andere schriftliche Unterlagen. Beziehen Sie kostenlose Hilfsmittel und Unterstützung, wenn Sie eine Behinderung haben. Rufen Sie folgende Telefonnummer an: **1-855-475-3163 (TTY: 1-833-711-4711 oder 711)**.

Obtenez une aide gratuite dans votre langue grâce à des interprètes et à d'autres documents écrits. Si vous souffrez d'un handicap, vous bénéficiez d'aides et d'assistance gratuites. Appelez le **1-855-475-3163 (TTY: 1-833-711-4711 ou le 711)**.

Nhận trợ giúp miễn phí bằng ngôn ngữ của quý vị với thông dịch viên và các tài liệu bằng văn bản khác. Nhận trợ giúp và hỗ trợ miễn phí nếu quý vị bị khuyết tật. Gọi **1-855-475-3163 (TTY: 1-833-711-4711 hoặc 711)**.

Grick Hilfe mitaus Koscht in dei Schprooch mit Iwwersetzer un annere schriftliche Dinge. Grick Aids un Hilfe mitaus Koscht wann du en Behinderung hoscht. Ruf **1-855-475-3163 (TTY: 1-833-711-4711 odder 711)**.

आपकी भाषा के इंटरप्रेटर तथा आपकी भाषा में अन्य लिखित सामग्रियों संबंधी फ्री मदद पाएं। यदि आपको कोई डिसेबिलिटी हो, तो मुफ्त सहायता और सपोर्ट प्राप्त करें। कॉल करें **1-855-475-3163 (TTY: 1-833-711-4711 या 711)**।

통역사와 기타 서면 자료의 도움을 귀하의 언어로 무료로 받으세요. 장애가 있을 경우, 보조와 지원을 무료로 받으세요. **1-855-475-3163 (TTY: 1-833-711-4711 또는 711)** 로 문의하세요.

በአስተርጓሚዎች እና በሌሎች የጽሑፍ ቁሳቁሶች በቋንቋዎ ከክፍያ ነፃ እርዳታ ያግኙ። የአካል ጉዳት ካለብዎት ከክፍያ ነፃ እርዳታ እና ድጋፍ ያግኙ። ወደ **1-855-475-3163 (TTY: 1-833-711-4711 ወይም 711)** ይደውሉ።

Gba irànlówó ọfẹ ní èdè rẹ pẹlú àwọn ògbifò àti àwọn ohun èlò mírán tí a kọ sílẹ̀. Gba àwọn irànlówó àti àtílẹ̀yìn ọfẹ bí o bá ní àìlera kan. Pe **1-855-475-3163 (TTY: 1-833-711-4711 tàbí 711)**.

Makakuha ng libreng tulong sa wika mo gamit ang mga interpreter at mga ibang nakasulat na materyales. Makakuha ng mga libreng pantulong at suporta kung may kapansanan ka. Tumawag sa **1-855-475-3163 (TTY: 1-833-711-4711 o 711)**.

موڤر كولى شو ستاسو د روغتيا پاملرني په اړه ستاسو په ژبه كې او د نورو بنو (يعني فارميتونو) له لارې له تاسو سره وړيا مرسته وكړو. آيا زموږ د موادو لوستلو لپاره ملاتړ يا مرستې ته اړتيا لرئ؟ آيا تاسو له موږ سره خبرو كولو لپاره د ژبې خدمتونه غواړئ؟ زنگ ووهئ په **1-855-475-3163 (TTY: 1-833-711-4711) يا 711**.

వ్యాఖ్యాతలు మరియు ఇతర రాతపూర్వక మెటీరియల్స్ తో మీ భాషలో ఉచిత సహాయాన్ని పొందండి. ఒకవేళ మీకు వైకల్యం ఉంటే, ఉచిత ఉపకరణాలు మరియు మద్దతు పొందండి. కాల్ చేయండి: **1-855-475-3163 (TTY: 1-833-711-4711 లేదా 711)**.

दोभाषे र अन्य लिखित सामग्रीहरूको माध्यमद्वारा आफ्नो भाषामा निःशुल्क मद्दत प्राप्त गर्नुहोस्। तपाईंलाई अशक्तता छ भने निःशुल्क सहायता र समर्थन प्राप्त गर्नुहोस्। **1-855-475-3163 (TTY: 1-833-711-4711 वा 711)** मा कल गर्नुहोस्।

သင့်ဘာသာစကားအတွက် စကားပြန်များနှင့် အခြားပုံနှိပ်စာရွက်များကို အခမဲ့အကူအညီရယူပါ။ သင်သည် မသန်စွမ်းသူတစ်ဦးဖြစ်ပါက အခမဲ့အကူအညီများနှင့် အထောက်အပံ့များ ရယူပါ။ ဖုန်းခေါ်ရန် - **1-855-475-3163 (TTY: 1-833-711-4711 သို့မဟုတ် 711)**.

Jwenn èd gratis nan lang ou ak entèprèt ansanm ak lòt materyèl ekri. Jwenn èd ak sipò gratis si w gen yon andikap. Rele **1-855-475-3163 (TTY: 1-833-711-4711 oubyen 711)**.

Bök jibañ ilo an ejjelok wōnāān ikkijjien kajin eo am ibbān rukok ro im wāween ko jet ilo jeje. Bök jerbalin jibañ ko ilo an ejjelok wōnāer im jibañ ko ñe ewōr am nañinmejin utamwe. Kalle **1-855-475-3163 (TTY: 1-833-711-4711 ak 711)**.

H6396\_OH-SNP-M-4151482\_C

ODM Approved: 08/31/2025



**Department of  
Medicaid**

Next Generation MyCare



**[CareSource.com/MyCare-SNP/](https://www.caresource.com/MyCare-SNP/)**



## IMPORTANT INFORMATION:

### 2025 Medicare Star Ratings

Official U.S.  
Government  
Medicare  
Information



#### CareSource - H6396

For 2025, CareSource - H6396 received the following Star Ratings from Medicare:

**Overall Star Rating:** ★★★★★

**Health Services Rating:** ★★★★★

**Drug Services Rating:** ★★★★★

Every year, Medicare evaluates plans based on a 5-star rating system.

#### Why Star Ratings Are Important

Medicare rates plans on their health and drug services.

This lets you easily compare plans based on quality and performance.

Star Ratings are based on factors that include:

- Feedback from members about the plan's service and care
- The number of members who left or stayed with the plan
- The number of complaints Medicare got about the plan
- Data from doctors and hospitals that work with the plan

More stars mean a better plan – for example, members may get better care and better, faster customer service.

#### Get More Information on Star Ratings Online

Compare Star Ratings for this and other plans online at [Medicare.gov/plan-compare](https://www.medicare.gov/plan-compare).

#### Questions about this plan?

Contact CareSource 7 days a week from 8:00 a.m. to 8:00 p.m. Eastern time at 844-607-2830 (toll-free) or 711 (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 833-230-2020 (toll-free) or 833-711-4711 (TTY).

Y0119\_OH-DSNP-C-3349351\_M CMS Accepted

The number of stars show how well a plan performs.

- ★★★★★ EXCELLENT
- ★★★★☆ ABOVE AVERAGE
- ★★★☆☆ AVERAGE
- ★★☆☆☆ BELOW AVERAGE
- ★☆☆☆☆ POOR

**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 tagasalang-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 Arzneimittelpfen. 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 جدول 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 दुभाषिया सेवाएँ उपलब्ध हैं. एक दुभाषिया 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 者が支援いたします。これは無料のサービスです。



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

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200 Independence Ave, SW Room 509F HHH Building  
Washington, D.C. 20201

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

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