

CareSource® MyCare Ohio (HMO D-SNP)

2027 ENROLLMENT GUIDE

OHIO



**Department of
Medicaid**

Next Generation MyCare



**Department of
Medicaid**

Next Generation MyCare

Typically, you may enroll in a 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 a 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 have Medicare and get full Medicaid benefits. I want to join or switch to a plan that coordinates coverage between my Medicare and Medicaid managed care plans (called an integrated Dual Eligible Special Needs Plan (D-SNP)).
- ☐ 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 have new options available to 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 Medicare and get full Medicaid benefits. I want to join or switch to a plan that coordinates coverage between my Medicare and Medicaid managed care plans (called an integrated Dual Eligible Special Needs Plan (D-SNP)).

- ☐ 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'm in a qualified State Pharmaceutical Assistance Program, or I'm losing help from a State Pharmaceutical Assistance Program.
- ☐ 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 **1-844-607-2830** (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 drugs.

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 **1-844-607-2830 (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, 2027.
- ☐ 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 Medicare 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.



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

Thank you for applying for the CareSource MyCare Ohio plan. We're glad you chose us for your Medicare and Medicaid health care needs. Here is what you can expect over the next few weeks:



1. Enrollment Confirmation

CareSource works with Medicare and the State, when needed, to process your enrollment. Once your enrollment is confirmed, CareSource will send you a **confirmation letter**. If Medicare needs more information from you, we will send you a notice that explains what to do next.

You will also receive a **welcome call** from CareSource to help answer any questions you may have about your new plan.



2. Watch for Important Mail

You will get your **Quick Guide** in the mail about two weeks after your confirmation letter. This guide has important information about your plan, your benefits and how to contact us if you need help.



Your CareSource member ID card will not be in your Quick Guide kit. It will come later in a separate mailing. Your member ID card is the only card you need to show when you get medical, dental, vision or hearing care, prescription drugs or supplies.

If you do not get your member ID card within 10 days of your start date, please call Member Services at 1-855-475-3163 (TTY: 1-833-711-4711 or 711). We will mail you a new card. We are open 8 a.m. to 8 p.m., Monday through Friday. From October 1 through March 31, we are open 8 a.m. to 8 p.m., seven days a week.



Your **Healthy Benefits+ card** will also come in a separate mailing. It will have \$300 on it and will reload each month. You can use it for covered over-the-counter items, extra dental, vision and hearing services and items at approved locations.



3. Connect With Your Care Team

As part of your care with CareSource MyCare Ohio, you'll be assigned a **care coordinator** who will support you every step of the way. Our care coordination team will call you within the first 90 days of your membership. A nurse or outreach worker can help with special health needs, help plan your care and more.



4. Complete Your Health Risk Assessment

The Health Risk Assessment (HRA) is a simple questionnaire that helps us understand your health needs, lifestyle and any concerns you may have.

You can **earn \$50 in rewards**¹ in your My CareSource Rewards® account when you complete the HRA.

Completing your HRA can also help show if you may qualify for Special Supplemental Benefits for the Chronically Ill (SSBCI). If you are approved for SSBCI, you can use your \$300 monthly allowance for more items and services at approved locations. These may include healthy food², utilities², rent and mortgage help² and more. Eligibility for this benefit cannot be determined without CareSource validation.

How to complete your HRA: Your care coordinator will reach out to help you complete your HRA. You can also contact Member Services at 1-855-475-3163 (TTY: 1-833-711-4711 or 711) who will connect you directly with your care coordinator.



5. Create Your CareSource MyLifeSM Account

CareSource MyLife is a simple online tool that helps you manage your health plan. You can find your member ID card, check your benefits and coverage, complete your HRA and view your care plan in one place.

To create your account, visit mylife.caresource.com or scan this QR code with your phone. You will need your Social Security number or member number.



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

¹Rewards are subject to change. Rewards may vary by age, gender, and health needs. Rewards may expire based on date of issuance. If you are no longer a CareSource member, your access to the rewards portal will be deactivated, but the reward amount will remain on the card.

²The benefits mentioned are Special Supplemental Benefits for the Chronically Ill (SSBCI). You may qualify for SSBCI if you are at high risk for hospitalization and require intensive care coordination to manage one or more chronic conditions such as cardiovascular disorders, diabetes, or overweight/obesity/metabolic syndrome, chronically disabling mental health conditions or neurologic disorders. For a full list of qualifying chronic conditions or to learn more about other eligibility requirements for SSBCI, please contact Member Services or your Care Coordinator.

Who can use this form?

People with Medicare who want to join a CareSource® MyCare Ohio (HMO D-SNP).

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 CareSource® MyCare Ohio (HMO D-SNP), 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](https://www.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.

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.

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 **1-844-607-2830**

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 **1-844-607-2830 (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.

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: ☐ Male ☐ 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:	
Mailing address, if different from your permanent address (PO Box allowed): Street Address:					
City:		State:		ZIP Code:	

Your Medicare information:

Medicare Number: _ _ _ _ _ - _ _ _ _ - _ _ _ _ _

Your Medicaid information:

Dual Eligible Special Needs (D-SNP) plans are for those who qualify for Medicare and Medicaid. By enrolling in this plan, you understand that you must remain enrolled in your state Medicaid program to remain eligible for this plan,

1) Are you enrolled in your state Medicaid program? ☐ Yes ☐ No

2) If "yes", provide your Medicaid 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:

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.

☐ 2027 CareSource® MyCare Ohio (HMO D-SNP) Pre-Enrollment Kit

Email 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)

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:

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 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

CareSource.com/MyCare-SNP

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):
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Medicare Number:					-				-					
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Member ID Number:	RxGroup Number:
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Member ID Number:	RxGroup Number:
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Birth date: (MM/DD/YYYY)	Phone number:
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Birth date: (MM/DD/YYYY)	Phone number:
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Permanent residence street address (don't enter a P.O. Box unless you're experiencing homelessness):

City:	County (optional):	State:	ZIP code:
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City:	County (optional):	State:	ZIP code:
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City:	County (optional):	State:	ZIP code:
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City:	County (optional):	State:	ZIP code:
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Mailing address, if different from your permanent address (P.O. Box allowed):

Address: _____ City: _____ State: _____ ZIP code: _____

Address: _____ City: _____ State: _____ ZIP code: _____

Address: _____ City: _____ State: _____ ZIP code: _____

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:
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Signature:	Date:
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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): _____

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

Phone number:	Relationship to participant:
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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.

H6396_OH-SNP-M-4420605_C

Accepted: 9/16/2025



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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.

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**. We're also happy to help. If you have questions, call us at **1-855-475-3163 (TTY: 1-833-711-4711 or 711)**. 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.

H6396_OH-SNP-M-5996654_C

Accepted: 8/31/2026



**Department of
Medicaid**

Next Generation MyCare

CareSource® MyCare Ohio (HMO D-SNP)

Healthy Benefits+ Card



All Members:

The Healthy Benefits+ debit card provides all members with **\$300 per month** to purchase the following qualifying items, services and accessories at eligible locations:



Over-the-counter items:

- Pain relievers
- Toothpaste and floss
- Allergy, sinus, cold and flu medicine
- Feminine care
- Vitamins
- Eye and ear care



Dental, Vision, Hearing: Flex Allowance Supplemental Dental, Vision and Hearing services and accessories. (Not limited to Network Providers!)

- Dental items & services (cleanings, fillings, dentures)
- Vision items & services (eye exams, glasses, contacts)
- Hearing items & services (hearing tests, hearing aids)

Unused amounts will roll over month-to-month and expire at the end of the year.

Special Supplemental Benefits for the Chronically Ill – Approved Members¹:

For members approved for **Special Supplemental Benefits for the Chronically Ill (SSBCI)**, members may use the Healthy Benefits+ card for the following qualifying items and services at eligible locations:



Healthy food¹ – Fruit, vegetables, meat, cheese, milk, beans, grains, soups



Utilities^{1 2} – Internet, cell phone, cable, natural gas³, electricity, water, sewer, garbage



Rent & mortgage assistance^{1 2} – Helps cover bills toward rent and mortgage at participating retailers, where Mastercard is accepted



Household cleaning supplies¹ – Detergent, dish soap, toilet cleaner, bleach, trash bags, paper towels



Personal care items¹ – Shampoo, razors, mouthwash, moisturizers, soap, cleansers, antiperspirant, tissues



Haircut and barber services¹ – At covered retailers that accept Mastercard

A list of participating retailers and additional covered items can be found at HealthyBenefitsPlus.com/MyCare-SNP.

Here are a few examples:

- CVS
- Dollar General
- Kroger
- Giant Eagle
- Meijer
- Walgreens
- Walmart



How does it work?

You will receive the card separately in the mail. The card will come with directions on how to activate and use it. **If you don't use the whole \$300 during the month, it will rollover!** These funds won't expire until the end of 2027.

**Healthy
Benefits+**

What are the Special Supplemental Benefits for the Chronically Ill (SSBCI)?

SSBCI is designed to offer extra benefits to members with certain serious chronic health conditions. The goal is to help improve your health. The Centers for Medicare & Medicaid Services (CMS) require us to verify your chronic health condition for these extra benefits.

Having one of the conditions listed does not automatically qualify you for SSBCI benefits. Eligibility is determined by the plan, and you will be notified if you qualify. If CareSource is unable to verify that the eligibility requirements have been met, SSBCI benefits will not be available.

Benefits will be activated only after eligibility has been confirmed. Once eligibility is approved, SSBCI benefits will become available within 10 business days of the confirmation date. Please allow this time for processing and activation.

Visit <https://www.CareSource.com/oh/plans/mycare-snp/benefits-services/SSBCI> to view the SSBCI Chronic Conditions.

SSBCI Eligibility

According to CMS guidelines, you must meet all the following criteria:

1. Have one or more qualifying chronic conditions;
2. Have a high risk of hospitalization or other adverse health outcomes;
3. Require intensive care coordination; and
4. Is eligible for the specific SSBCI benefit based on individual health and support needs.



Eligibility for SSBCI is determined by CareSource and must be confirmed by one of the following:

- Provider-submitted claims
- Provider-completed SSBCI Attestation Form
- Medical records or health assessments completed as part of your Care Coordination Program

If you still need to document your serious and/or complex health condition, call Member Services. We're here to help!

Call Member Services at **1-855-475-3163 (TTY: 1-833-711-4711 or 711)**.

We are open 8 a.m. – 8 p.m., Monday – Friday, April 1 – September 30; 8 a.m. – 8 p.m., 7 days a week, October 1 – March 31.



Healthy Benefits+ prepaid Mastercard funds can be used for eligible items at participating locations. Certain restrictions apply.

¹The benefits mentioned are Special Supplemental Benefits for the Chronically Ill (SSBCI). You may qualify for SSBCI if you are at high risk for hospitalization and require intensive care coordination to manage one or more chronic conditions such as cardiovascular disorders, diabetes, overweight/obesity/metabolic syndrome, chronic and disabling mental health conditions or neurologic disorders. For a full list of qualifying chronic conditions or to learn more about other eligibility requirements for SSBCI, please contact Member Services or your Care Coordinator.

²To process utility, rent, or mortgage payments, members must provide complete and accurate account information. This includes the company's name and mailing address, the account number, the service address (which must match the address on file with the plan), and the name listed on the account.

³Pay at the pump not allowed.

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

BETTER TOGETHER

MEDICARE + MEDICAID





Maximizing CareSource® MyCare Ohio (HMO D-SNP) Plan Benefits

Get easy access to your benefits and services. Use this guide to better understand the CareSource MyCare Ohio plan.

There are two plan options. The type of plan you have determines the benefits and services. The help we can provide is different depending on the plan you choose.

- 1) **Medicare + Medicaid member:** If you choose us for both Medicare and Medicaid services, managing your health plan will be easier. You will receive coordinated care and extra benefits and services.
- 2) **Medicaid-only member:** If you choose us for only your Medicaid benefits, you will have your Medicare benefits with a different plan. This means you will have to navigate two different health plans for your benefits.

We've broken down the similarities and differences between the plan options in the table on the following pages.

CareSource MyCare Ohio Benefits & Services

Medicare + Medicaid	Medicaid-only
✓ A single CareSource MyCare Ohio member ID card for your Medicare and Medicaid benefits	Multiple ID cards, including the CareSource MyCare Ohio Medicaid-Only ID card
✓ CareSource MyCare Ohio serves as your <u>single point of contact</u> for all of your Medicare and Medicaid services	CareSource MyCare Ohio serves as your point of contact for your Medicaid services only. A different plan serves as your point of contact for your Medicare services. You will have two health plans to navigate.
✓ A <u>care team</u> , which will include: • You • Your family • Your doctor(s) • Your CareSource MyCare Ohio health plan & Care Coordinator • Anyone else you choose to help you make decisions about your health care	✗ A <u>care team</u> , which will include: • You • Your family • Your doctor(s) • Your CareSource MyCare Ohio health plan & Care Coordinator • Your Medicare health plan • Anyone else you choose to help you make decisions about your health care
✓ 24-Hour Nurse Advice Line	✓ 24-Hour Nurse Advice Line
✓ Access to CareSource MyLife SM , where you can get personalized digital support, see your member ID card, plan and benefit information, connect with your Care Coordinator and more.	✓ Access to CareSource MyLife, where you can get personalized digital support, see your member ID card, plan and benefit information, connect with your Care Coordinator and more.
✓ \$0 copayment for Medicare + Medicaid-covered prescription drugs	\$0 cost for Medicaid-covered prescription drugs
✓ \$300 Healthy Benefits+ Monthly Allowance to use toward over-the-counter items, healthy food*, utilities*, personal care items* and more* 	This benefit is not available to Medicaid-only members
✓ Up to \$595 in My CareSource Rewards® for completing healthy activities**	This benefit is not available to Medicaid-only members
✓ Unlimited transportation for health-related covered services, pharmacy, community/ wellness services, grocery stores and the gym	Non-emergency transportation to covered health services that are 30 miles or more from member's home
✓ Fitness benefits through Silver&Fit® – including gym membership at participating fitness centers and select YMCAs and one home fitness kit per year	This benefit is not available to Medicaid-only members

CareSource MyCare Ohio Benefits & Services

Medicare + Medicaid	Medicaid-only
✓ \$0 copayments for Medicaid-covered dental services PLUS \$3,000 supplemental dental allowance subject to one oral exam, one cleaning, two fluoride treatments, plus implants	\$0 copayment for Medicaid-covered dental services
✓ One eye exam plus a \$250 eyewear allowance per year	\$0 copayment for Medicaid-covered vision services
✓ One hearing exam per year and two hearing aids (limit one per ear every three years)	Medicaid covered hearing services only
✓ 28 meals following an inpatient or skilled nursing discharge***	This benefit is not available to Medicaid-only members
✓ Personal emergency response system (PERS)***	This benefit is not available to Medicaid-only members
✓ 12-week Weight Watchers membership. Must qualify with high blood pressure, diabetes, or obesity (body mass index over 30)	This benefit is not available to Medicaid-only members
✓ \$10,000 maximum for covered care for emergency medical services and urgent care that you may need while traveling outside of the United States and its territories	This benefit is not available to Medicaid-only members
✓ \$0 copayment for non-emergency services obtained in a hospital or emergency department	✓ \$0 copayment for non-emergency services obtained in a hospital or emergency department
✓ Center for Independent Living (CIL) Peer Program - provides core services including advocacy, information and referral, peer support, skills training and assistance with transitioning from nursing homes or institutions to community-based living	This benefit is not available to Medicaid-only members
✓ Safety kits for members who meet the care team's assessment of being unsafe in their home due to a medical condition	This benefit is not available to Medicaid-only members
✓ Companionship support for members meeting certain attribution requirements. Limit to two hours per week not to exceed 30 hours per year. Cannot be duplicative to existing covered services	This benefit is not available to Medicaid-only members



CareSource MyCare Ohio Benefits & Services

Medicare + Medicaid	Medicaid-only
✓ MyResources helps you find low- or no-cost programs in your community for food, shelter, school, work, financial support and more	✓ MyResources helps you find low- or no-cost programs in your community for food, shelter, school, work, financial support and more
✓ 40 hours of respite care each year is available to support unpaid caregivers of eligible MyCare Ohio Waiver members. Services are provided as personal care for the member and are in addition to services included in the member's care plan.	This benefit is not available to Medicaid-only members
✓ CareSource LifeServices® is available to both members and their caregivers, including:	✓ CareSource LifeServices® is available to both members and their caregivers, including:
✓ CareSource FoodConnect - access to culturally and medically appropriate meals in a timely manner	✓ CareSource FoodConnect - access to culturally and medically appropriate meals in a timely manner
✓ CareSource HousingConnect - housing support, including resources to facilitate repairs meant to make existing housing safe	✓ CareSource HousingConnect - housing support, including resources to facilitate repairs meant to make existing housing safe
✓ CareSource PeerConnect - certified peer supporters who have similar lived experience and can provide emotional support through life's challenges	✓ CareSource PeerConnect - certified peer supporters who have similar lived experience and can provide emotional support through life's challenges
✓ CareSource CaregiverConnect - support for caregivers through educational resources and social support	✓ CareSource CaregiverConnect - support for caregivers through educational resources and social support
✓ CareSource JobConnect - support toward educational attainment and job (re-)training	✓ CareSource JobConnect - support toward educational attainment and job (re-)training
✓ If you qualify, you can get a no-cost or low-cost smartphone through Pulsewrx with unlimited talk, text and data	This benefit is not available to Medicaid-only members
✓ Chance to share feedback on your plan through the Quarterly Member Advisory meetings	✓ Chance to share feedback on your plan through the Quarterly Member Advisory meetings



**Department of
Medicaid**

Next Generation MyCare

**The benefits mentioned are Special Supplemental Benefits for the Chronically Ill (SSBCI). You may qualify for SSBCI if you are at high risk for hospitalization and require intensive care coordination to manage one or more chronic conditions such as cardiovascular disorders, diabetes, overweight/obesity/metabolic syndrome, chronic and disabling mental health conditions or neurologic disorders. For a full list of qualifying chronic conditions or to learn more about other eligibility requirements for SSBCI, please contact Member Services or your Care Coordinator.*

*** Rewards are subject to change. Rewards may vary by age, gender, and health needs. Rewards may expire based on date of issuance. If you are no longer a CareSource member, your access to the rewards portal will be deactivated, but the reward amount will remain on the card.*

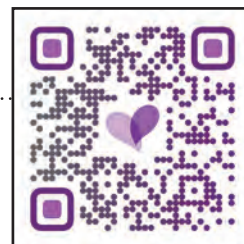
**** Only for community-well members who are getting their long-term services and support in their own homes or communities. Excludes those in home- and community-based services waiver and long-term care members.*

Members may have to receive approval from the plan to obtain the benefit, and/or other conditions may apply.

We're here to help you meet your health and wellness needs. Talk to your Care Coordinator to learn more. If you have questions about how to access any of these benefits or services, call Member Services at 1-855-475-3163 (TTY: 1-833-711-4711 or 711), Monday through Friday, 8 a.m. to 8 p.m., Eastern Time (ET), and from October 1 through March 31, we are open the same hours, seven days a week.

You can also see your benefits and services at a glance by scanning this QR Code or visit **CareSource.com/MyCare-SNP**.

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



CareSource® MyCare Ohio (HMO D-SNP)

2027 SUMMARY OF BENEFITS



**Department of
Medicaid**

Next Generation MyCare

CareSource MyCare Ohio (HMO D-SNP) 2027 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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**Department of
Medicaid**
Next Generation MyCare

H6396_OH-SNP-C-5678653_M



A. Disclaimers



This is a summary of health services covered by CareSource MyCare Ohio for 2027. This is only a summary. Please read the *Evidence of Coverage* for the full list of benefits. An up-to-date copy of the 2027 Evidence of Coverage is available on our website at <https://www.caresource.com/oh/plans/mycare-snp/plan-documents/>. 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 2027 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) or by calling 1-800-MEDICARE (1-800-633-4227), 24 hours per day, 7 days a week. 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. You can also call the special Ombudsman for people who have both Medicare and Medicaid at toll-free phone 1-800-282-1206.
- ❖ Language assistance, interpretation services, and auxiliary aids and services are available upon request at no cost to you. Services available include, but are not limited to: oral translation, written translation, and auxiliary aids. You can request these

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



services and/or auxiliary aids by calling 1-855-475-3163 during the hours listed above individuals with a hearing impairment may call 1-833-711-4711 or 711 during the hours listed above.

- ❖ 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.
- ❖ This document is available for free in Spanish.
- ❖ 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.
- ❖ CareSource is an HMO D-SNP with a Medicare and state Medicaid contract. Enrollment in CareSource depends on contract renewal.

B. Frequently asked questions (FAQ)

The following table lists frequently asked questions.

Frequently Asked Questions	Answers
What's a MyCare Plan	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.

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

Frequently Asked Questions	Answers
Will I get the same Medicare and Medicaid benefits in CareSource MyCare Ohio that I get now?	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. 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. 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 1-855-475-3163 (TTY: 1-833-711-4711 or 711).
Can I use the same doctors I use now? (continued on the next page)	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. • 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. You must use the providers in CareSource MyCare

Frequently Asked Questions	Answers
Can I use the same doctors I use now? (continued from previous page)	Ohio's network. If you use providers or pharmacies that aren't in our network, the plan may not pay for these services or drugs. • If you need urgent or emergency care or out-of-area dialysis services, you can use providers outside of CareSource MyCare Ohio's plan. • 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. • 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. To find out if your providers are in the plan's network, call Member Services at 1-855-475-3163 (TTY: 1-833-711-4711 or 711) or read CareSource MyCare Ohio's Provider and Pharmacy Directory on the plan's website at https://www.caresource.com/oh/plans/mycare-snp/plan-documents/. If CareSource MyCare Ohio is new for you, we'll work with you to develop an Individualized Care Plan to address your needs.
What's a CareSource MyCare Ohio care coordinator?	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.

Frequently Asked Questions	Answers
What are Long-term Services and Supports (LTSS)?	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.
What happens if I need a service but no one in CareSource MyCare Ohio's network can provide it?	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.
Where's CareSource MyCare Ohio available?	The service area for this plan includes all counties in Ohio. You must live in one of these areas to join the plan.
What's prior authorization? (continued on the next page)	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 before you get the services. CareSource MyCare Ohio may not cover the service, procedure, item, or drug if you don't get prior authorization. If you need urgent or emergency care or out-of-area dialysis services, you don't need to get prior authorization first. 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.

Frequently Asked Questions	Answers
What's prior authorization? (continued on the next page)	Refer to Chapter 3 of the <i>Evidence of Coverage</i> to learn more about prior authorization. Refer to the Benefits Chart in Chapter 4 of the <i>Evidence of Coverage</i> to learn which services require a prior authorization. If you have questions about whether prior authorization is required for specific services, procedures, items, or drugs, call Member Services at 1-855-475-3163 (TTY: 1-833-711-4711 or 711) for help.
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.
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.

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)
You need hospital care	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.

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)
You want a doctor	Visits to treat an injury or illness	\$0	Prior authorization is required for some services.
	Care to keep you from getting sick, such as flu shots and screenings to check for cancer	\$0	Covered Medicare Part B services include: Pneumonia vaccine Flu vaccine Hepatitis B vaccine COVID-19 vaccine Prior authorization may be required for some services
	Wellness visits, such as a physical	\$0	
	“Welcome to Medicare” (preventive visit one time only)	\$0	
	Specialist care	\$0	
You need emergency care (continued on the next page)	Emergency room services	\$0	Emergency room services are provided both in and out-of-network. Prior authorization is NOT required.

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](https://www.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)
You need emergency care (continued from the previous page)	Urgent care	\$0	Urgent care services are provided both in and out-of-network. Prior authorization is NOT required.
You need medical tests	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.
You need hearing/auditory services	Hearing screenings	\$0	Members receive: • One routine hearing exam each year. • Two hearing aids every 3 years, one for each ear. • One fitting and evaluation each year. See the Healthy Benefits+ benefit for additional hearing coverage. Prior authorization is required for some services.
	Hearing aids	\$0	

Health need or concern	Services you may need	Your costs for in-network providers	Limitations, exceptions, & benefit information (rules about benefits)
You need dental care	Dental check-ups and preventive care	\$0	You must use a participating Delta Dental provider. To find dental providers in your network, please visit providers4you.com/ohiogp. Members may receive up to two oral exams, cleanings, and fluoride treatments each year. *Note: One oral exam, one cleaning, fluoride treatments and dental implants are subject to \$3,000 dental allowance annual maximum.
	Restorative and emergency dental care	\$0	See the Healthy Benefits+ benefit for additional dental coverage. Because you have Medicaid, many dental services including preventive and comprehensive dental services are covered. To view Medicaid dental coverage, visit https://medicaid.ohio.gov/families-and-individuals/srvcs/dental 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)
You need eye care	Eye exams	\$0	One eye exam each year.
	Glasses or contact lenses	\$0	Members receive up to a \$250 allowance each year that covers glasses and contact lenses. You must use a participating EyeMed Vision Care provider. See the Healthy Benefits+ benefit for additional vision coverage.
	Other vision care (such as an annual glaucoma screening for high-risk patients, and annual exam for diabetic retinopathy)	\$0	
You need behavioral health services (continued on the next page)	Behavioral health services	\$0	This plan provides coverage for a full range of inpatient and outpatient mental health services, including substance use disorder services. To view additional Medicaid behavioral health coverage, visit https://medicaid.ohio.gov/families-and-individuals/srvcs/bh/bh 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)
You need behavioral health services (continued from the previous page)	Inpatient and outpatient care and community-based services for people who need behavioral health services	\$0	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. 190-day lifetime limit for inpatient psychiatric hospital services. 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)
You need substance use disorder services	Substance use disorder services	\$0	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. 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. Prior authorization is required for some services.
You need a place to live with people available to help you	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.

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](https://www.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)
You need therapy after a stroke or accident	Occupational, physical, or speech therapy	\$0	Prior authorization is required for some services.
You need help getting to health services	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.

Health need or concern	Services you may need	Your costs for in-network providers	Limitations, exceptions, & benefit information (rules about benefits)
You need drugs to treat your illness or condition (continued on the next page)	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. We may require you to try a different drug first before we agree to cover the drug you ask for. This is known as Step Therapy. 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)
You need drugs to treat your illness or condition (continued from the previous page)	Medicare Part D drugs	\$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. An extended-day supply up to 102-days of some drugs is available through mail order and most retail pharmacies. For more information, please refer to our <i>List of Covered Drugs</i> to view those drugs available for an extended-day supply. Quantity Limits and/or Step Therapy may apply. 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)
You need drugs to treat your illness or condition (continued from the previous page)	Non-Medicare Prescription (RX)/Over-the-Counter (OTC) Drugs	\$0	Medicaid covered drugs and products include prescription vitamins and mineral products and OTC products: cough suppressants, vitamins, antacids, antidiarrheals, stool softeners, laxatives wound protectants, and artificial tears that are not covered under Medicare Part B or Part D. There may be limitations on the types of drugs covered. Some Medicaid covered drugs may require prior authorization or require you to try another drug first, known as Step Therapy. Quantity limits may also apply. For more information, please refer to the Medicaid List of Covered Drugs. You may also obtain OTC items through the Healthy Benefits+. Please refer to Healthy Benefits+ for more information.

Health need or concern	Services you may need	Your costs for in-network providers	Limitations, exceptions, & benefit information (rules about benefits)
You need help getting better or have special health needs	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	
You need foot care	Podiatry services	\$0	Diagnosis and medical or surgical treatment of injuries and diseases of the foot (such as hammer toe or heel spurs.) Routine foot care for members with conditions affecting the legs, such as diabetes. Prior authorization is required for some services.
	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)
You need durable medical equipment (DME) Note: This isn't a complete list of covered DME. For a complete list, contact Member Services or refer to Chapter 4 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.
You need help living at home (continued on the next page)	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.
	Adult day health	\$0	

Health need or concern	Services you may need	Your costs for in-network providers	Limitations, exceptions, & benefit information (rules about benefits)
You need help living at home (continued from the previous page)	Assisted living services	\$0	If you would like to see if you are eligible for waiver services, talk to your CareSource MyCare Ohio Care Coordinator.
	Community integration services	\$0	
	Enhanced community living services	\$0	
	Home delivered meals	\$0	Only for community-well members who are getting their long-term services and support in their own homes or communities. Excludes those in home- and community-based services waiver and long-term care members.
	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	Only for community-well members who are getting their long-term services and support in their own homes or communities. Excludes those in home- and community-based services waiver and long-term care members.
	Waiver nursing	\$0	These services are available only if Ohio Medicaid determines a need for long-term care.
	Waiver social work counseling	\$0	
	Waiver transportation	\$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](https://www.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)
You need help living at home (continued from the previous page)	Day habilitation services	\$0	If you would like to see if you are eligible for waiver services, talk to your CareSource MyCare Ohio Care Coordinator.
	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)
Additional Services (continued on the next page)	Healthy Benefits+	\$0	Members receive \$300 each month on the Healthy Benefits+ debit card to purchase the following qualifying items, services, and accessories at eligible locations: • Over the counter (OTC) items • Dental • Vision • Hearing For members approved for Special Supplemental Benefits for the Chronically Ill, members may use the Healthy Benefits+ card for the following qualifying items and services at eligible locations: • Healthy Food* • Utilities* • Rent & Mortgage Assistance* • Household Cleaning Supplies* • Personal Care Items* • Haircut & Barber Services* Unused amounts roll over each month and expire at the end of the year.

Health need or concern	Services you may need	Your costs for in-network providers	Limitations, exceptions, & benefit information (rules about benefits)
Additional Services (continued from the previous page)	Healthy Benefits+	\$0	Remember to complete your Health Risk Assessment with your Care Coordinator or have your provider complete and submit a provider attestation form validating your condition. *The benefits mentioned are Special Supplemental Benefits for the Chronically Ill (SSBCI). You may qualify for SSBCI if you are at high risk for hospitalization and require intensive care coordination to manage one or more chronic conditions such as cardiovascular disorders, diabetes, overweight/obesity/metabolic syndrome, chronic and disabling mental health conditions or neurologic disorders. For a full list of qualifying chronic conditions or to learn more about other eligibility requirements for SSBCI, please contact Member Services or your Care Coordinator. You can also refer to your Evidence of Coverage to learn more.

Health need or concern	Services you may need	Your costs for in-network providers	Limitations, exceptions, & benefit information (rules about benefits)
Additional Services (continued from the previous page)	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. To learn more talk to your Care Coordinator.
	Community-Based Palliative Care Services	\$0	Community-based palliative care services are available for eligible members with serious or life-threatening illness and focus on improving quality of life at any stage of the condition. Services are provided by an interdisciplinary team of healthcare professionals and may include advance care planning, management of physical symptoms (including medications), and ongoing support to address complex care needs.

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)
Additional Services (continued from the previous page)	Companionship	\$0	Members who meet certain requirements receive up to 2 hours each week not exceeding 30 hours each year. Cannot be duplicative to existing covered services. To learn more talk to your Care Coordinator.
	Meals	\$0	2 meals per day for 14 days following an inpatient or skilled nursing facility stay. Number of events is unlimited. Only for community-well members who are getting their long-term services and support in their own homes or communities. Excludes those in home- and community-based services waiver and long-term care members.

Health need or concern	Services you may need	Your costs for in-network providers	Limitations, exceptions, & benefit information (rules about benefits)
Additional Services (continued from the previous page)	Personal Emergency Response (PERS)	\$0	PERS consists of a home monitoring device that sends an alert to a 24-hour call center in the event of an emergency. Only for community-well members who are getting their long-term services and support in their own homes or communities. Excludes those in home- and community-based services waiver and long-term care members.

Health need or concern	Services you may need	Your costs for in-network providers	Limitations, exceptions, & benefit information (rules about benefits)
Additional Services (continued from the previous page)	24-Hour Nurse Advice Line	\$0	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. 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. Speaking directly with professional registered nurses can help you: – Decide when self-care, a doctor visit, or the emergency room is the right choice – Check your symptoms and help you figure out what to do – Understand a medical condition or recent diagnosis – Obtain medical information – Prepare questions for doctor visits – Find out more about prescriptions or over-the-counter (OTC) items – Learn about healthy eating and staying well

Health need or concern	Services you may need	Your costs for in-network providers	Limitations, exceptions, & benefit information (rules about benefits)
Additional Services (continued from the previous page)	Telehealth	\$0	Additional telehealth is offered through Teladoc® for urgent general medical services to treat everyday conditions like flu, allergies, sinus infection, rash, sore throat, backache, arthritis and more. Members can continue to have telehealth appointments via their providers, if their providers offer that option. See the Physician/Provider services, including doctor's office visits section for additional Telehealth coverage details. Teladoc also has mental health providers available seven days a week from 7 a.m. to 9 p.m. They can help with anxiety, depression, stress, substance use, trauma and more. Visits for mental health must be scheduled ahead of time.

Health need or concern	Services you may need	Your costs for in-network providers	Limitations, exceptions, & benefit information (rules about benefits)
Additional Services (continued from the previous page)	Diabetes supplies and services	\$0	Diabetic supplies and services are limited to specified manufacturers: • Blood glucose test strips and meters: ○ Abbott Diabetes and Trividia products • Continuous glucose monitors (CGMs): ○ Abbott FreeStyle & Dexcom Prior authorization is required for some services.
	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 CareSource.findhelp.com. You can also call Member Services to find support near you.

Health need or concern	Services you may need	Your costs for in-network providers	Limitations, exceptions, & benefit information (rules about benefits)
Additional Services (continued from the previous page)	Fitness, health, and wellness education programs	\$0	This benefit includes: • Access to a network of participating fitness centers. • One home fitness kit each year (choose from options like: strength, toning, yoga, self-care, or walking kits; options may vary based on availability) • Online fitness and wellness resources through the Well-Being Club, including: ○ On-demand workout videos ○ Live virtual classes and events ○ Health and wellness coaching sessions

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

Health need or concern	Services you may need	Your costs for in-network providers	Limitations, exceptions, & benefit information (rules about benefits)
Additional Services (continued from the previous page)	CareSource MyLife SM App	\$0	Personalized digital experience for members to obtain their ID, plan and benefit information, connect with their Care Coordinator, and more from their phone.
	Health & Wellness Online Tools	\$0	Online platform to help deliver personalized wellness, mental health, and self-management tools that can help you better understand your health, take action, and more easily access the support and care you need.
	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.
	Caregiver Respite	\$0	If you qualify as a MyCare Ohio waiver member, your caregiver may receive up to 40 hours of respite care each year. These services are provided as personal care for you and are in addition to the services in your care plan.

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)
Additional Services (continued from the previous page)	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	Prior authorization is required for some services.
	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 each year.

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**.

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**.

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
Certain hospice care services covered outside of CareSource MyCare Ohio	\$0

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.

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

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.	

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'll 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, 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

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**.

- 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
 - 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.

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).

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**.



You may also mail information to us:

CareSource

Attn: Member Grievance & Appeals

P.O. Box 1947

Dayton, OH 45401-1947

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.

 **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](https://www.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.

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.

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.

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: 1-866-206-7861 (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: 1-866-206-7861 (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: "الهاتف النصي للصم وضعاف السمع" 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)**.

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

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మనకు మరియు ఇతర రాతపూర్వ క మెటీరియల్స్ తో మీ భాషలో ఉచిత సహాయాన పొందండి. ఒకవేళ మీకు వైకల్పం ఉంటే, ఉచిత ఉపకరణాలు మరియు మద్దతు పొందండి. కాల్ చేయండి:

1-855-475-3163 (TTY: 1-833-711-4711 ཅེ་ 711).

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

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

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

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ODM Approved: 08/31/2025



**Department of
Medicaid**

Next Generation MyCare

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**.



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



IMPORTANT INFORMATION:

2026 Medicare Star Ratings

Official U.S.
Government
Medicare
Information



CareSource MyCare Ohio (HMO D-SNP) - H6396

For 2026, CareSource MyCare Ohio (HMO D-SNP) - 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 MyCare Ohio (HMO D-SNP) 7 days a week from 8:00 a.m. to 8:00 p.m. Eastern time at 844-607-2830 (toll-free) or 833-711-4711 (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 855-475-3163 (toll-free) or 833-711-4711 (TTY).

The number of stars show how well a plan performs.

★★★★★ EXCELLENT

★★★★☆ ABOVE AVERAGE

★★★☆☆ AVERAGE

★★☆☆☆ BELOW AVERAGE

★☆☆☆☆ POOR

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)**.

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వ్యాఖ్యాతలు మరియు ఇతర రాతపూర్వక మెటీరియల్స్‌తో 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)**.

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