

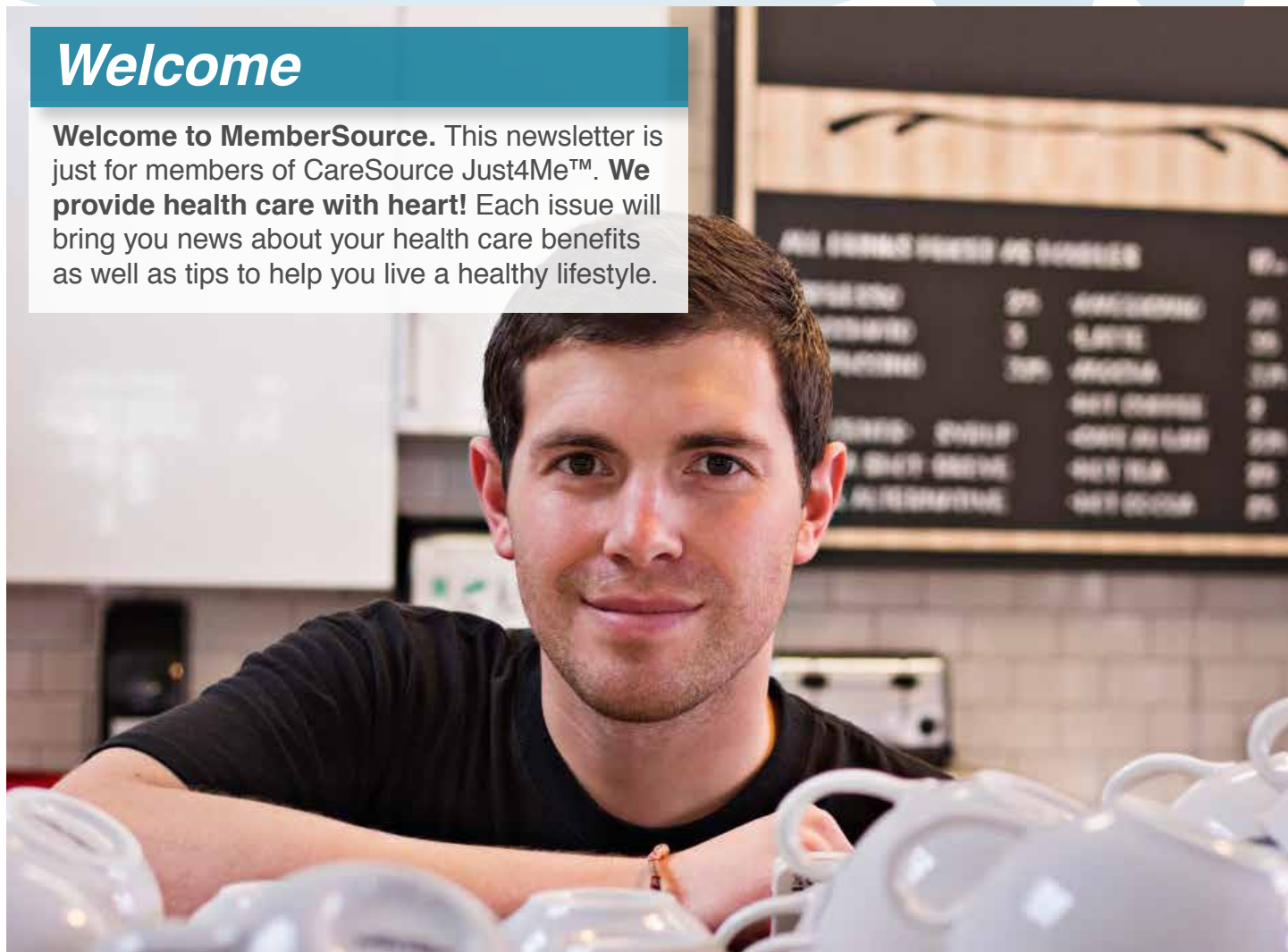
FALL 2014

MemberSource

A newsletter for CareSource Just4Me™ members

Welcome

Welcome to MemberSource. This newsletter is just for members of CareSource Just4Me™. **We provide health care with heart!** Each issue will bring you news about your health care benefits as well as tips to help you live a healthy lifestyle.



You got covered, now get connected

Getting health care coverage is the first step on the road to better health. But have you taken the next important step – getting connected with a doctor?

Choose a primary care provider (PCP) in the CareSource Just4Me network to provide most of your routine care. Going to the same PCP each time you need care will help your PCP get to know you and your needs. The more your PCP knows about you and your medical history, the better he or she can provide care for you.

TIP: Get established as a patient with a primary care provider now. Doctors often schedule new patient visits a few weeks in advance—and you won't want to wait when you are sick or hurt.

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Checkup checklist

Keep these tips in mind for your next doctor's visit.

- ✓ Make sure your doctor is in the CareSource Just4Me provider network as well as any facilities he or she may use for services, such as hospitals or labs.
- ✓ Show your CareSource Just4Me ID card at the doctor's office. Know your co-pay and deductible responsibility.
- ✓ Let your doctor know of any other doctors you are seeing.
- ✓ Give your doctor a list of medicines you are taking and the name and phone number of the network pharmacy you use.
- ✓ Ask how the visit, or any needed follow-up services, will be billed (preventive or diagnostic)

Why should you visit a doctor when you are not sick?

People who only visit doctors when they are sick miss out on one of the best benefits of health insurance — free preventive care to help them stay healthy!

Preventive care includes yearly visits to your doctor even when you do not feel sick. Routine checkups and screenings can help your doctor find and treat problems early before they become serious.

The preventive care that is right for you depends on your age, gender, family history and physical condition. **Some examples of common preventive care services include:**

- Blood pressure screening
- Cholesterol screening
- Colorectal screening for adults over 50
- Depression screening
- Developmental screening for children under 3
- Diabetes screening
- Immunizations/vaccines
- Well-woman visits for women under 65 — Includes mammograms for women over 40, cervical cancer screenings and routine Pap smears

If you have not yet had a yearly checkup, call your primary care provider today to schedule a preventive care visit.

Preventive vs. diagnostic care: Know the difference

CareSource Just4Me covers both preventive and diagnostic services. It is important to know the difference to help manage your health care costs.

Preventive services

These are for members with no current symptoms or prior history of a medical condition associated with the service. Examples are yearly physical exams and flu shots.

Preventive services have **no co-pays**.

Diagnostic services

Tests or procedures performed when you have specific symptoms, such as CT scans or MRIs. They help diagnose or monitor your condition.

Diagnostic services **require a co-pay or deductible**.

TIP: Some services can be provided as either preventive or diagnostic, depending on the reason they are ordered, such as mammograms or lab work. Ask your doctor if you are not sure if a service is preventive or diagnostic.

Where to get prescription drugs

You can get prescriptions filled at any pharmacy that accepts CareSource Just4Me. A list of network pharmacies is provided in your member handbook and online. You can learn more about our preferred drug list on our website. You can also find out about any limits on certain drugs or prior approvals that may be needed. If you take a specialty medication, you get those from CVS Caremark Specialty Pharmacy. **Your doctor can help you get them.**



Your right to an independent external review

As a CareSource Just4Me member, you have the right to request an outside review of our benefit decisions, also known as an Independent External Review of an Adverse Benefit Determination. This review is conducted by an outside agency that has no prior involvement with your case. In order for the External Review to occur, you must submit the request in writing except in the case of an urgent (Expedited) request, which can also be submitted either orally or in writing. You have 180 days from the date of the Final Adverse Benefit Determination to request the External Review.

For more detailed information regarding your appeal rights, refer to Section 8 of the Just4Me Evidence of Coverage document, located at **CareSource.com/Just4Me/Plan-documents** or call Member Services at **1-800-479-9502**.



Use network providers to save money

Keep your health care costs as low as possible. Make sure you use doctors, hospitals, pharmacies and labs that are in the CareSource Just4Me provider network. In most cases, CareSource Just4Me does not pay for charges from providers that are not in our Just4Me provider network.

We have been busy adding many new doctors and hospital providers to our network. Explore your options by using the Find A Doctor/Provider search tool on our website for a current list of health care providers you can go to for care. You can search based on the type of doctor you need. You can search for doctors who are close to where you live. You can also find hospitals and labs in our network. Our directory includes data such as:

- Provider address, phone number and office hours
- Providers who are accepting new patients
- Languages spoken by the provider

We update our list of network providers often, but you should always check with the provider to confirm they accept CareSource Just4Me. CareSource has a different list of providers for each type of health plan we offer. So please make sure that you search for and choose providers who accept **CareSource Just4Me**.

How to access the Find a Doctor tool

1. Visit our website at **CareSource.com/Just4Me**.
2. Click on “Members.”
3. In the “Quick Links” section, click on “Find a Doctor/Provider” to get started.
4. Before selecting a provider, confirm **Ohio Just4Me** is listed beside the Programs heading.

Open enrollment starts November 15, 2014

Open enrollment is a specified time frame when you can choose your health insurance plan for the next year. 2015 open enrollment starts November 15, 2014 and ends February 15, 2015.

You will be notified by the Health Insurance Marketplace if you are eligible to continue with the same health insurance coverage in 2015 and if your options for financial assistance have changed. If you are eligible to continue to receive Marketplace coverage, you can either keep your current plan or change plans during open enrollment. You must have health insurance in 2015 or pay a penalty.

If you had a change in circumstance or a life event (such as a change in income, getting married or having a baby) let the Marketplace know. You may need to apply for a new plan through the Marketplace. These life events can change the amount of your subsidy, which affects how much you pay per month for health insurance.

Visit **CareSource.com/educate** for more information.



Share the Health

Do you have friends or family who need health insurance?
Share the Health! Many people who need health insurance don't know they may qualify for help to pay for their health coverage.

People who have had a life change, like a move, job loss, drop in income, marriage, etc., may be able to enroll now. Open enrollment for 2015 starts November 15. Visit **CareSource.com/Just4Me** for more information or to refer a friend.

GET CONNECTED!

Follow us on social media for:

- Health and wellness tips to keep you and your family healthy
- Tips to help you understand and get the most out of your coverage
- Photos of how CareSource is involved in your community, and more

Just click the links below to follow our pages.



Facebook.com/CareSource



Twitter.com/CareSource



Instagram.com/CareSource



Pinterest.com/CareSource

MemberSource is a publication of Just4Me™, a Qualified Health Plan offered through the Health Insurance Marketplace. The CareSource Just4Me™ policy has exclusions, limitations, reduction of benefits, and terms under which the policy may be continued in force or discontinued. For costs and complete details of the coverage, visit **CareSource.com/Just4Me** or call **1-800-479-9502**.

You may terminate coverage under this Plan by providing at least fourteen (14) days prior notice to us. Such termination shall be effective fourteen (14) days after we receive your request for termination unless otherwise agreed upon in accordance with 45 CFR 155.430.

Some exclusions may apply. See your CareSource Just4Me Evidence of Coverage document for details at **CareSourceJust4Me.com**



P.O. Box 8738, Dayton, OH 45401-8738

CareSource.com

HOW TO REACH US

Member Services Department:
1-800-479-9502

(TTY: 1-800-750-0750 OR 711)

CareSource24®, 24-Hour Nurse
Advice Line: **1-866-206-4240**

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Pinterest.com/CareSource

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We can help

We all need a little help sometimes. That's why CareSource Just4Me offers care management services. They are available to children and adults with special health care needs. We can work with you one-on-one to help coordinate your care. This may include finding appropriate community resources. We may contact you if:

- Your doctor requests it
- You request it
- Our staff feels it would be helpful to you or your family

We also offer disease management programs. They can help you learn about your health and how you can better manage your specific health conditions. Our goal is to make sure you have the right tools to stay as healthy as possible. We have programs for diabetes, asthma, heart disease and more.

These programs are available to you at no cost. To reach a care manager, just call **1-844-280-5463**.

Maintaining quality care

We want to make sure you get quality health care. So we monitor and evaluate quality of care, safety and the services you receive. We monitor the services provided by our practitioners, providers, hospital, utilization management, care management and pharmacy programs. Member satisfaction and health outcomes are monitored through routine health plan reporting and assessment of provider and member satisfaction. Our performance is assessed against goals and objectives that are in keeping with industry standards. We want to make sure you get the right care at the right time in the right setting. Your health is our top priority.