



2027

MEDICARE + MEDICAID
BETTER TOGETHER



CareSource® MyCare Ohio (HMO D-SNP)

Welcome!

Thank you for considering
CareSource MyCare Ohio.

Our goal today:

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

Today we will review the following topics about your Medicare options:

1

**Medicare
eligibility**

2

**Accessing
your care**

3

**CareSource
MyCare Ohio
(HMO D-SNP)
Benefits –
Full Duals**

4

**How
to enroll**

5

**What
to expect
(after you
enroll)**

Today's Discussion



Our Mission



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



About Us

**Membership as of June 2026*

CareSource challenges convention by combining the scale and discipline of a national payer with the compassion and community roots of a mission-driven nonprofit. This powerful combination fuels our relentless drive to support members, state partners, providers and the communities we serve.

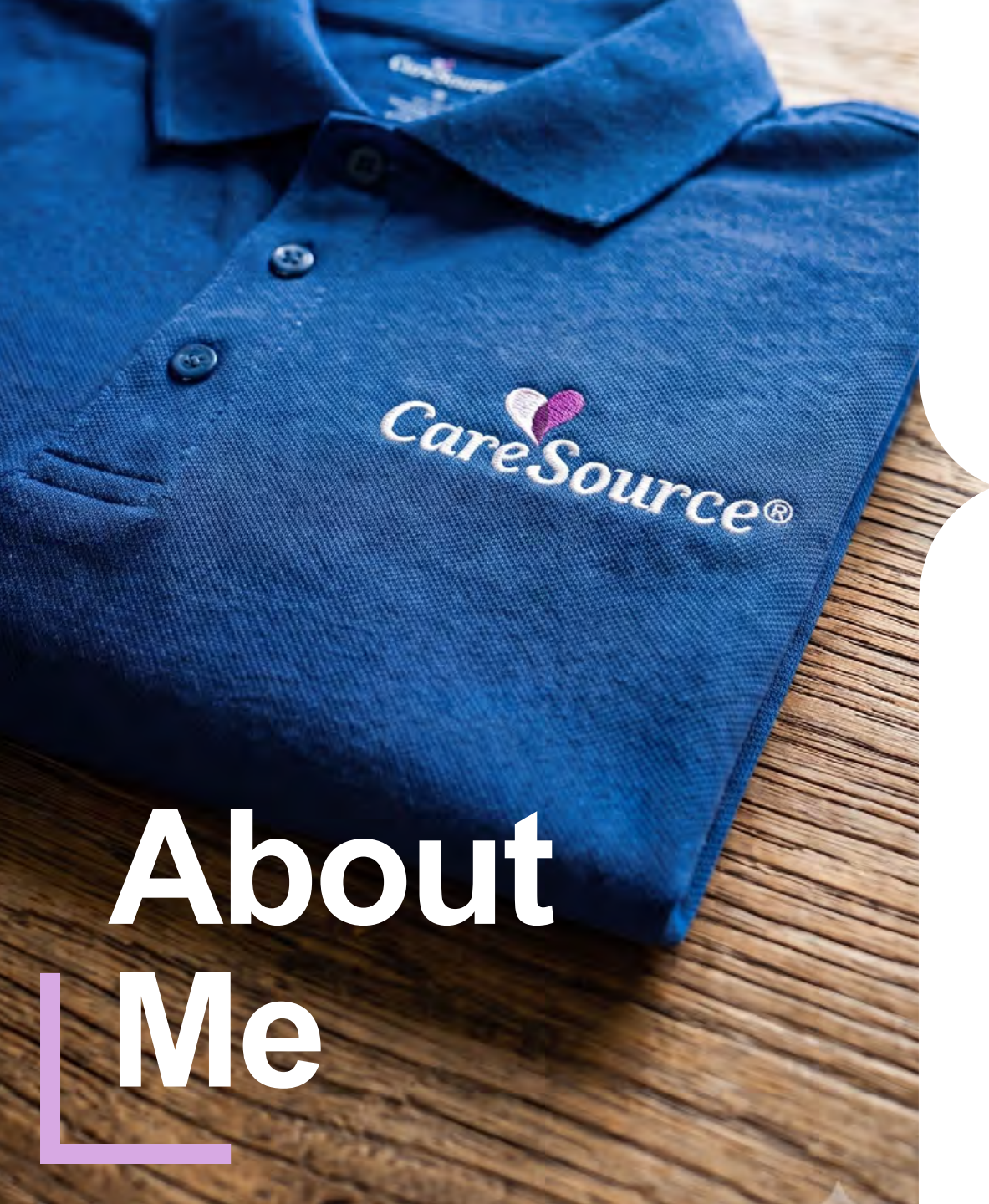
We act on the belief that every person deserves high-quality, accessible health care that addresses the whole person. We tackle complex needs head-on by connecting people to integrated medical, social and behavioral health services and maintaining connection throughout every stage of their health care journey.

Driven by our nonprofit heritage, we prioritize what truly matters: enhancing quality of life and earning the trust of those who rely on us.

2M+
MEMBERS
across 12
states*

7,100
EMPLOYEES
across 46
states





About Me

My Experience

- ♥ My background and expertise
- ♥ My personal mission

As a Licensed Sales Agent:

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



CareSource MyCare Ohio

What is “Next Generation MyCare Ohio”?

Your Next Generation MyCare Ohio plan gives you all benefits available through the traditional Medicare and Medicaid programs. This includes long-term care services in the community, assisted living and in a nursing facility, as well as behavioral health services. The Ohio Department of Medicaid (ODM) designed its Next Generation MyCare Ohio plan to:

- ♥ Put you at the center of your care
- ♥ Help improve your overall health and wellness
- ♥ Create a care experience tailored just for you
- ♥ Help you live independently in your home
- ♥ Support providers in continuously improving care
- ♥ Make the plan easier to understand and more transparent



Next Generation MyCare Ohio



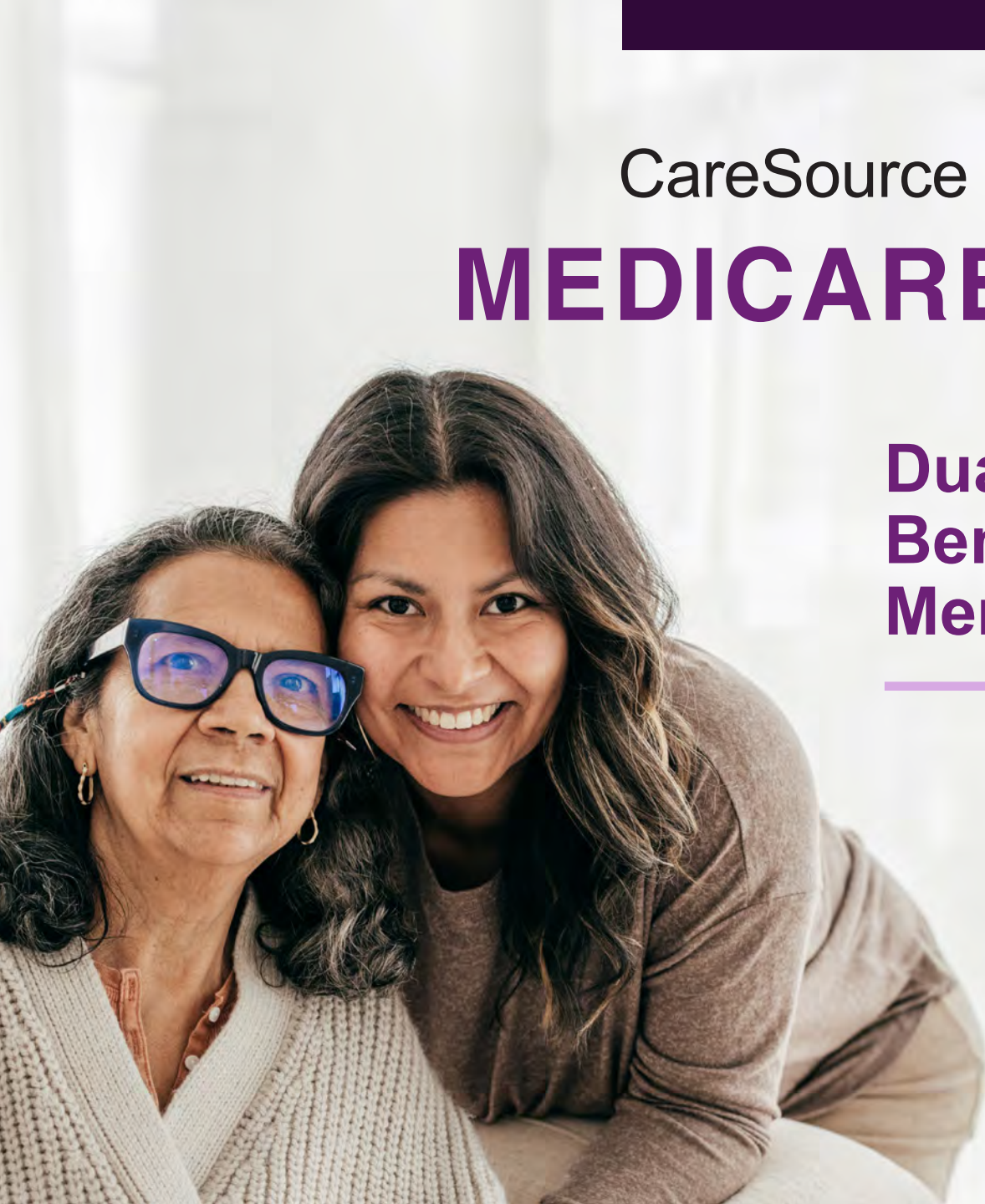
What are the benefits?

- ♥ **One Care Coordinator** to help manage both Medicare and Medicaid benefits.
- ♥ **One ID card.**
- ♥ **A single plan** to coordinate care, making things simple.
- ♥ **Get messages from only one place** to avoid confusion.

Why CareSource?

- ♥ **Community focus:** We're Ohio's only nonprofit Medicaid managed care organization, making decisions that benefit our local communities.
- ♥ **Easy access to care:** Our large network means less hassle in finding a provider, so you can easily get the care you need.
- ♥ **Personalized support:** We provide tailored care that respects members' unique needs and culture.
- ♥ **Experience you can trust:** We've served Ohio since 1989, so we know how to take care of our members.
- ♥ **Quick solutions:** We're here to help our members find the support they need, right when they need it.



A photograph of two women smiling and leaning against each other. The woman on the left is older, with grey hair and glasses, wearing a light-colored knit sweater. The woman on the right is younger, with long dark hair, wearing a brown sweater. They are both smiling warmly at the camera.

CareSource MyCare Ohio Plan

MEDICARE + MEDICAID

Dual Benefit Member

Receives both Medicare and Medicaid benefits through CareSource MyCare Ohio —
**one plan, one card,
one coordinated experience.**

As a dual benefit member, you receive the highest level of care coordination with more benefits and services for the most personalized care experience.





CareSource MyCare Ohio Plan

MEDICARE + MEDICAID

Who can join Next Generation MyCare Ohio?

To be eligible, you must:

Be 21 or older

Qualify for Medicare and full Medicaid benefits (Qualified Medicare Beneficiary Plus (QMB+), Specified Low-Income Medicare Beneficiary Plus (SLMB+), Full Benefit Dual Eligible (FBDE))

Live in Ohio



MEDICARE + MEDICAID

Dual-Eligible Special Enrollment Period (SEP)

Members with both Medicare and Medicaid can enroll in or switch to an integrated CareSource D-SNP once per month.

2027 CareSource MyCare Ohio Benefits

With CareSource MyCare Ohio, you **pay no cost share** for covered Medicare and Medicaid medical services and prescription drugs.

Medical Services \$0



Doctor Visits



Hospital Stays



Ambulance
Services



Emergency
Room/Urgent Care



Preventive
Care



Telehealth

Prescription Drugs \$0



Medicare- &
Medicaid-Covered
Drugs





\$300
Monthly
Allowance with
Rollover!

Healthy Benefits+ Card



All Members

The Healthy Benefits+ debit card provides all members a monthly allowance to purchase the following qualifying items, services and accessories at eligible locations:

- ♥ **Over-the-counter items** – Allergy, sinus, cold and flu medicine, vitamins, pain relief, first-aid products
- ♥ **Dental, Vision, Hearing** – Glasses, contacts, fillings, hearing aids, hearing aid batteries

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



SSBCI-Approved Members

Available to members with qualifying conditions*:

For members approved for Special Supplemental Benefits for the Chronically Ill, they may use their **\$300** monthly allowance on the Healthy Benefits+ debit card for the following qualifying items and services at eligible locations:

- ♥ **Healthy food***– Fruit, vegetables, meat, cheese, milk, beans, grains, soups
- ♥ **Utilities***– Internet, cell phone, cable, natural gas**, electricity, water, sewer, garbage
- ♥ **Rent & mortgage assistance***– Covers bills toward rent and mortgage

- ♥ **Household cleaning supplies***– Detergent, dish soap, toilet cleaner, bleach, trash bags, paper towels
- ♥ **Personal care items***– Shampoo, razors, mouthwash, moisturizers, soap, cleansers, antiperspirant, tissues
- ♥ **Haircut and barber services***– At covered retailers who accept Mastercard



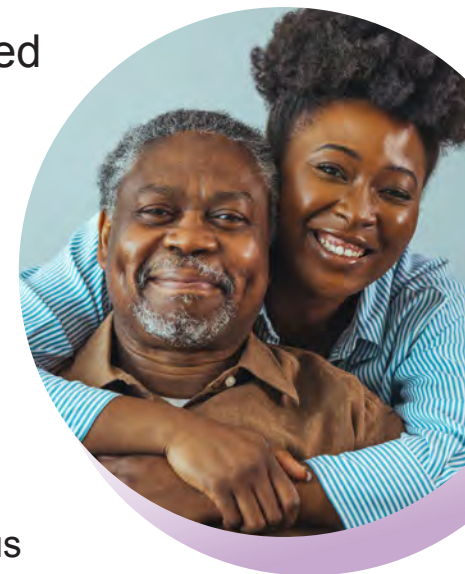
**The benefits mentioned are Special Supplemental Benefits for the Chronically Ill (SSBCI). You may qualify for SSBCI if you are at high risk for hospitalization and require intensive care coordination to manage one or more chronic conditions such as cardiovascular disorders, diabetes, overweight/obesity/metabolic 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.*

***Pay at the pump not allowed.*



SSBCI-Eligible Categories

CMS allows plans to offer Special Supplementary Benefits for the Chronically Ill (SSBCI) — non-primarily health-related benefits that would benefit chronically ill members.



STEP 1: Qualifying Condition

Member must have at least **ONE** condition below:

1. Autoimmune disorders
2. Cancer
3. Cardiovascular disorders
4. Chronic alcohol use disorder and other substance use disorders (SUDs)
5. Chronic and disabling mental health conditions
6. Chronic conditions that impair vision, hearing (deafness), taste, touch and smell
7. Chronic gastrointestinal disease
8. Chronic heart failure
9. Chronic kidney disease (CKD)
10. Chronic lung disorders
11. Conditions associated with cognitive impairment
12. Conditions that require continued therapy services for individuals to maintain or retain functioning
13. Conditions with functional challenges
14. Dementia
15. Diabetes mellitus
16. HIV/AIDS
17. Immunodeficiency and Immunosuppressive disorders
18. Neurologic disorders
19. Overweight, obesity and metabolic syndrome
20. Post-organ transplantation
21. Severe hematologic disorders
22. Stroke



SSBCI-Eligible Categories

(continued)

CMS allows plans to offer Special Supplementary Benefits for the Chronically Ill (SSBCI) — non-primarily health-related benefits that would benefit chronically ill members.

STEP 2: Member Requirements

Member must meet **ALL** three:

1. Have a documented, active qualifying chronic condition
2. Be at risk of hospitalization
3. Require intensive care coordination

STEP 3: Health Risk Assessment

Remember to complete your Health Risk Assessment (HRA) with your Care Coordinator or have your provider complete and submit a provider attestation form validating your condition.

Eligibility for this benefit cannot be determined without CareSource validation.



**\$50
My CareSource
Rewards® for
completion of
your HRA.***

**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.*



My CareSource Rewards[®]

***Earn
up to
\$595
each year!**

As a CareSource member you are automatically enrolled in the My CareSource Rewards[®] program. The rewards available are different depending on your health and needs.

**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.*



My CareSource Rewards®

- | | | | |
|-------------|--|-------------|---|
| \$50 | Annual Physical | \$10 | Engagement with CareSource MyLife app |
| \$50 | Health Risk Assessment (HRA) | \$50 | Flu Shot – 1 |
| \$50 | A1C Test – 1 | \$50 | Engagement with Care Coordinator within 30 days of Hospital discharge |
| \$50 | Colorectal Cancer Screening | \$50 | Flu Shot – 2 |
| \$50 | A1C Test – 2 | \$10 | Annual Dental Exam |
| \$75 | Breast Cancer Screening | | |
| \$25 | Retinal Eye Exam with Eye Care Provider | | |
| \$50 | Follow-up for Osteoporosis after Fracture | | |
| \$25 | Kidney Evaluation for Patients with Diabetes | | |



If not used, rewards will expire two years from the date they are added to your card.

**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.*



\$0 Copay Prescription Drug Benefits

\$0 Cost Sharing

- ♥ **\$0 copayment for Medicare Part D-covered prescription drugs** for up to a 102-day supply of most medications through mail order and most retail pharmacies.
- +
- ♥ **\$0 copayment for Medicaid-covered drugs** including prescription vitamins, mineral products and over-the-counter (OTC) products: cough suppressants, vitamins, antacids, antidiarrheals, stool softeners, laxatives, wound protectants and artificial tears. Requires a prescription from health care provider.
- ♥ **OTC items** are also available with the Healthy Benefits+ card without a prescription.



For a majority of medications, Express Scripts Pharmacy (mail order for home delivery) will require a minimum of a 35-day supply.

Dental Benefits



- ♥ **Medicaid-covered dental services**
- ♥ **Preventive care** (e.g., exams, cleanings, X-rays and fluoride) and **comprehensive dental** (e.g., simple extractions, minor restorations, periodontics and other non-Medicare-covered comprehensive dental services, including extractions, crowns, implants and dentures).
- ♥ Plan limit of **\$3,000** toward supplemental oral exam, cleaning, fluoride treatments and dental implants.*
- +
- ♥ **Flex Allowance**** for supplemental dental services and accessories.

Medicaid covers many dental services including preventive and comprehensive dental services. To view Medicaid dental coverage, visit <https://medicaid.ohio.gov/families-and-individuals/srvcs/dental>. Prior authorization may be required.

**\$3,000 supplemental dental covers 1 oral exam, 1 cleaning, 2 fluoride treatments, plus implants*

***Swipe your card at a valid dental provider's office or facility that accepts Mastercard®. Not limited to CareSource providers.*





Hearing Benefit

\$0 copay hearing exam

- ♥ Routine **hearing exam** and **fitting/evaluation** is covered once per year + 2 hearing aids every 3 years (limit one per ear every 3 years).
- ♥ **Hearing aids** include conventional, digital and programmable devices. Batteries and accessories, including repair, are covered.
- ♥ Prior authorization may apply. Please work with your in-network CareSource provider for hearing services.
- +
- ♥ **Flex Allowance**** for supplemental hearing services and accessories.

***Swipe your Healthy Benefits+ card at a valid hearing provider's office or facility that accepts Mastercard®. Not limited to CareSource providers.*

Vision Benefit

♥ One eye exam every year, plus
a \$250 eyewear allowance annually.



♥ Flex allowance** for supplemental
vision services and accessories.

***Swipe your Healthy Benefits+ card at a valid vision
provider's office or facility that accepts Mastercard®.
Not limited to CareSource providers.*



eye
Med





How
many trips?
UNLIMITED

Transportation

Rides to where?

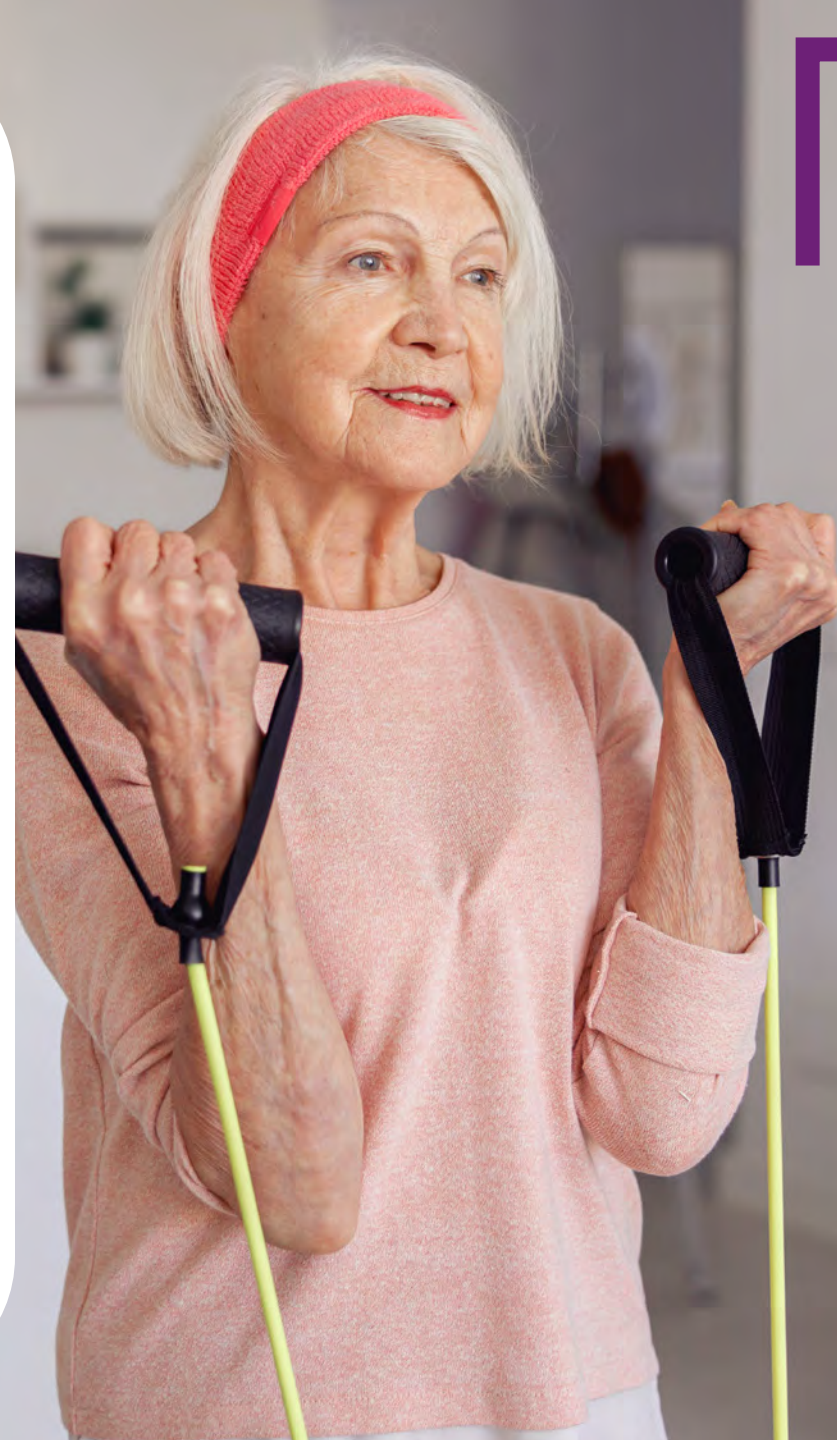
- ♥ Health care visits
- ♥ Renewal appointments with Job and Family Services
- ♥ Pharmacies to pick up your prescriptions
- ♥ Gyms
- ♥ Grocery stores
- ♥ Community and wellness services or events

Fitness Benefit

- ♥ **Fitness center membership** – Gym membership
- ♥ **One home fitness kit** – Choose one per benefit year
- ♥ **Workout plans** – Customized workout plans
- ♥ **Digital workouts** – On-demand videos
- ♥ **Well-being club** – Online resources
- ♥ **Well-being coaching** – Lifestyle coaching
- ♥ **Silver&Fit Connected!** – Tool to assist with tracking activity



The Silver&Fit® program is provided by American Specialty Health Fitness, Inc. (ASH Fitness), a subsidiary of American Specialty (ASH). Silver&Fit are trademarks of ASH and used with permission herein. Restrictions may apply. Only at participating locations.



5 Available Home Fitness Kits

Strength Kit



Toning Kit



Yoga Kit



Self-Care Kit



Walking Kit



Meals

MOM'S
MEALS®

- ♥ Nutritionally-balanced refrigerated meals, ready to heat and eat, delivered to your door.
- ♥ Meal options available based on preferences and needs.
- ♥ 2 meals per day for 14 days following each inpatient hospitalization or skilled nursing facility stay.
- ♥ Available for community-well members* only.

**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.*





Personal Emergency Response System (PERS)

- ♥ A personal emergency response system (PERS) device at no cost to you.
- ♥ PERS lets you connect to help in an emergency situation such as a fall in your home.
- ♥ With one push of a button, you can connect with a 24-hour staffed call center.
- ♥ Available for community-well members* only.

**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.*

CareSource Care Coordination

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

Our staff is trained to help you with any special medical problems like asthma, cancer, diabetes or other medical conditions.

- ♥ Help completing your Health Risk Assessment (HRA)
- ♥ Find community resources
- ♥ Schedule provider appointments
- ♥ Answer any questions you may have about your plan benefits
- ♥ Find in-network specialists or providers for you
- ♥ Scheduling transportation (rides) so you can get to your appointments
- ♥ Discuss medications (if applicable)



Thanks

for Your Time!



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

To complete an application or learn more:

- ♥ Contact me directly at <000-000-0000> or <email@domain.org>
- ♥ Call CareSource at: 1-877-607-2830 (TTY: 1-833-711-4771 or 711)
- ♥ Online at [CareSource.com/MyCare-SNP](https://www.caresource.com/MyCare-SNP/)
- ♥ Online at [Medicare.gov](https://www.medicare.gov)

After

Application Submission

- ♥ CareSource works with CMS and the State, as applicable, to process the enrollment.
- ♥ You will receive a confirmation letter or call & Low-Income Subsidy rider.
- ♥ You will receive a welcome call from a CareSource representative to answer any questions about your new plan.
- ♥ Your Quick Guide will arrive in the mail once the applications are approved.
- ♥ You will also receive your CareSource member ID card and Healthy Benefits+ card separately within a few weeks after enrollment.
- ♥ During the first 90 days of enrollment, you will receive a call from one of our Care Coordinators from our clinical care team to assist you in completing the Health Risk Assessment (HRA) and ensure you get the care and resources that meet your specific needs.



CareSource MyLifeSM

Your digital health companion for managing coverage, benefits and health.

- ♥ View, share and print your digital ID card
- ♥ Access your care plan and keep track of appointments
- ♥ View and connect with your care team
- ♥ Track grievances and appeals and prior authorizations
- ♥ Find in-network providers near you – search by plan, specialty, language and more
- ♥ Choose how you want us to contact you
- ♥ See your rewards and how to use them
- ♥ And more!



Visit **MyLife.CareSource.com** to sign up now!
It's fast, easy and secure.



CareSource® MyCare Ohio (HMO D-SNP) *is a health plan that contracts with both Medicare and Ohio Medicaid to provide benefits of both programs to enrollees. Enrollment in CareSource depends on contract renewal.*

Contact CareSource:

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

Hours of operation for both Sales and Member Services:

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.

*Or call **1-800-MEDICARE** (1-800-633-4227) (TTY: 1-877-486-2048), 24 hours a day / 7 days a week.*

Notice of Availability

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 مجاناً. اتصل على الرقم **1-855-475-3163 (TTY: 1-833-711-4711 أو 711)**.

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

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

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

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

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

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

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

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

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

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

مور کولی شو ستاسو د روغتیا پاملرنې په اړه ستاسو په ژبه کې او د نورو ښې (یعنې فارمیټونو) له لارې له تاسو سره وړیا مرسته وکړو. آیا زموږ د موادو لوستلو لپاره ملاتړ یا مرستې ته اړتیا لرئ؟ آیا تاسو له مور سره خبرو کولو لپاره د ژبې خدمتونه غواړئ؟ زنگ ووهئ په **1-855-475-3163 (TTY: 1-833-711-4711 یا 711)**.

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)**.

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

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

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

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

H6396_OH-SNP-M-4151482_C

ODM Approved: 08/31/2025



Department of
Medicaid

Next Generation MyCare



