Welcome!

Thank you for choosing CareSource®
MyCare Ohio (HMO D-SNP).

CareSource®

Welcome to CareSource® MyCare Ohio (HMO D-SNP)!

Thank you for choosing CareSource MyCare Ohio as your MyCare Ohio Next Generation health care plan. **Our mission is to make a difference in peoples' lives by improving their health care.** We are dedicated to making sure your health care is easy to use and simple to understand.

Use this guide to learn more about how to use the plan. You can:

- See what's included in your plan
- See how to use your pharmacy benefits
- Learn more about your dental, vision and hearing benefits
- Prepare for visits with your primary care provider (PCP)
- And more!

We have the most important phone numbers and resources listed for you. If you have questions, we're here to help.

Make this guide work for you! We've added these checkmarks to show you where you can write in your information. Fill it in so you can keep everything in one place.

CareSource
Health Care with Heart

Ohio Department of Medicaid
Next Generation MyCare

Call Member Services

If you still have questions after reading this guide, call us. Our Member Services phone number is listed on the bottom of each page throughout this guide.

Stay Connected!

Follow us on social media!

Facebook.com/CareSource

X.com/CareSource

Instagram.com/CareSource

**For your privacy, we do not answer Member Services questions directly on social media.*

What's in this Guide

Here's what you need to make the most of your health benefits and services. You can also find more information on our website at **CareSource.com/MyCare-SNP**.

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Questions? 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.

Getting Started

Know What's Covered

Review your plan documents.

- **Evidence of Coverage (EOC):** Details on what the plan covers, how to get services and more.
- **Summary of Benefits:** Overview of your plan and the covered services.
- **Comprehensive Formulary:** List of Medicare Part D drugs covered under your plan.
- **Medicaid List of Covered Drugs:** List of Medicaid covered drugs under your plan.
- **Provider and Pharmacy Directory:** List of the providers and pharmacies you can use.

You can get printed copies of these documents mailed to you. Use the request card in this kit. Plan Documents are also online at **CareSource.com/MyCare-SNP**. If you need a different format and/or language or help requesting documents, call Member Services.

Access CareSource MyLife

Convenience meets care with CareSource MyLife. Get health tips, support and plan details—all in one place. Through CareSource MyLife, you get:

- Easy access to resources, your health coverage and benefits
- Links to critical support like housing, transportation and telehealth
- Personalized, practical advice

Earn a $10 reward when you sign up for CareSource MyLife! Learn more on page 11.

To sign up, go to **MyLife.CareSource.com**. Once the screen loads, click ***Create an Account*** at the bottom of the page. Fill in your name and email. Click ***Create Account***. You're good to go!

Use the Find a Doctor Tool

Use the Find a Doctor online tool to find a provider or specialist. You can also see if your current providers are in the CareSource MyCare Ohio network.

- Go to **FindADoctor.CareSource.com**.
- Click ***Get Started*** and fill out location information.
- Under ***Choose Plans***, scroll to ***Ohio***. Under ***Medicare*** select ***CareSource MyCare Ohio.***
- Filter provider results further on the ***Choose Filters*** page or continue to see the full list.

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Fill out the Health Risk Assessment (HRA)

Your HRA helps identify ways we can work together to improve or maintain your health. It helps us identify if you have a qualifying health condition for the additional allowances you may be able to get on your Healthy Benefits+ card. Learn more on page 9.

If you haven't already completed the HRA, talk with your Care Coordinator. You can also complete it by logging into **CareSource.MyLife.com/Assess**. Choose ***Health Assessment*** in ***Settings***.

Use Your Pharmacy Benefits

You pay $0 for all Medicare and Medicaid covered drugs.

We partner with Express Scripts® to help manage your pharmacy benefits. Fill your prescriptions at an in-network local pharmacy or through mail order. Bring your CareSource member ID card when you are getting a prescription in-person. This will let the pharmacy know CareSource pays for your medications. Find a pharmacy close to you. Use the Find a Pharmacy tool at **CareSource.com/MyCare-SNP**.

A Getting Started Checklist!

Use this checklist to help you start using your plan!

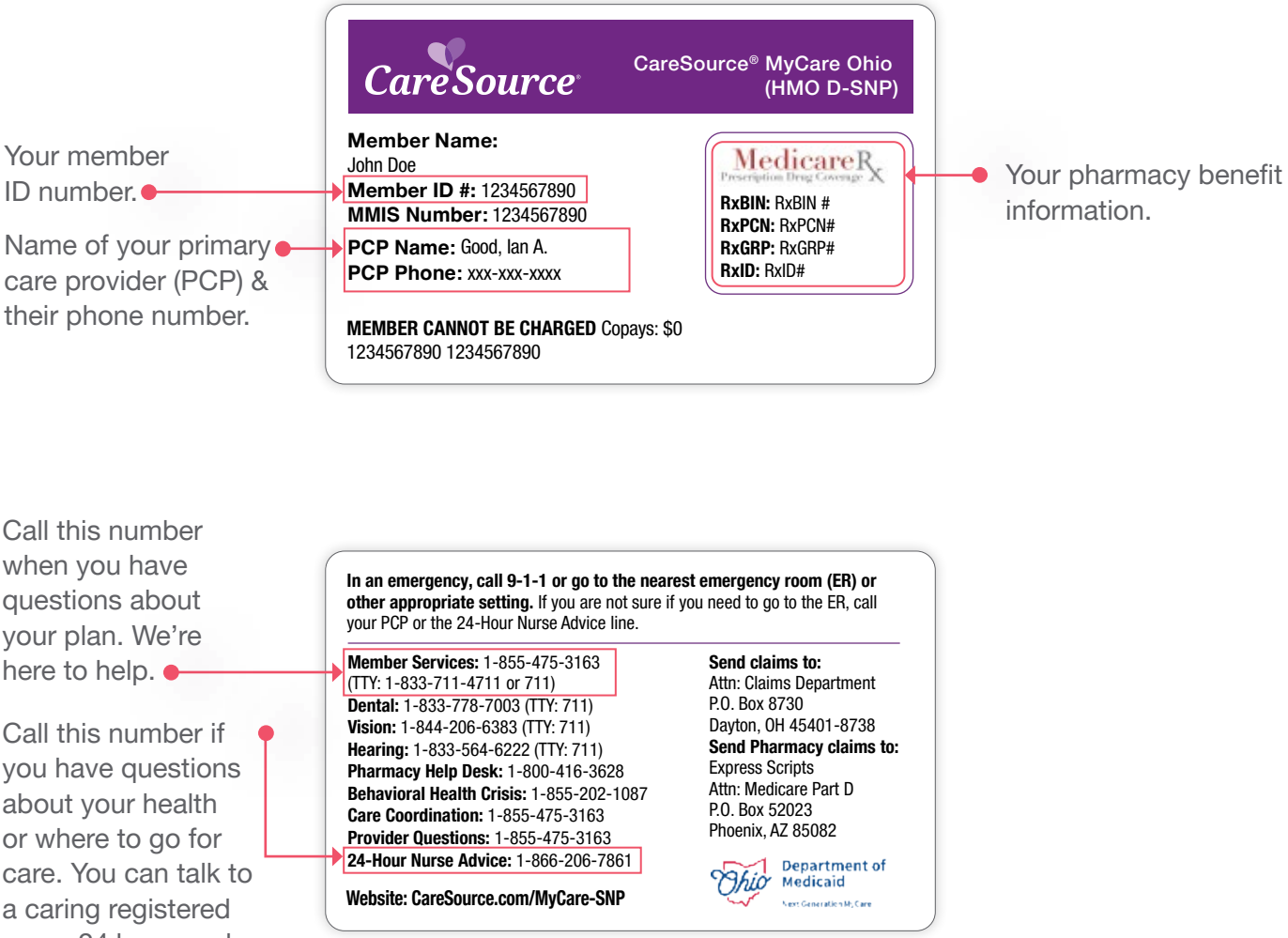
- [ ] Put your CareSource member ID card in your wallet. You will use this card whenever you get care or fill a prescription. See what your card looks like on page 6.
- [ ] Set up your CareSource MyLife account.
- [ ] Fill out the Health Risk Assessment (HRA).
- [ ] Use the ***Find a Doctor*** tool to find a provider or specialist.
- [ ] Use your pharmacy benefits! You can see more information about what's included on page 15.

Your CareSource Member ID Card

You will get your CareSource member ID card in a separate mailing. Our members receive this card a few weeks after the application has been accepted by the Centers for Medicare & Medicaid Services (CMS).

You will show your CareSource member ID card each time you get medical, dental, vision or hearing care, medications, or supplies. Keep your card in a secure place.

Here's what your CareSource member ID card looks like:



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Resources

Member Services

Call Member Services at **1-855-475-3163 (TTY: 1-833-711-4711 or 711)** if you have any questions. We are open 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. We can help you:

- Learn about your CareSource benefits and how to use them.
- Get printed copies of your plan materials sent to you.
- Find a provider near you.
- Get a new CareSource member ID card.
- And so much more!

CareSource Website

CareSource.com/MyCare-SNP contains helpful information about your plan. You can see your benefits and services, how to find a provider, important plan documents, and many more resources.

24-Hour Nurse Advice Line

Call the 24-Hour Nurse Advice Line at **1-866-206-7861** any time you have a question about your health. A caring registered nurse will answer your questions and help you decide what kind of care you need. Nurses are available 24 hours a day, 365 days a year. The number is also on your CareSource member ID card.

Get Printed Copies of the MemberSource Newsletter

We have a MemberSource Newsletter with information on plan updates, health and wellness topics and more. These are mailed or emailed during the plan year.

Dental, Vision & Hearing Benefits

Dental Benefit

DELTA DENTAL®

We cover preventive and comprehensive dental services with a $0 copay! This includes teeth cleanings, exams, x-rays and other services.

☐ Check this box once you have made your dental appointment!

Date of Appointment:

_____

Earn a $10 reward when you get your annual dental exam! Learn more on page 11.

Vision Benefit

EyeMed

We cover routine eye exams and eyewear.

☐ Check this box once you have made your eye appointment!

Date of Appointment:

_____

Hearing Benefit

TruHearing®

You can get two TruHearing® Advanced Hearing model hearing aids every three years. This is one per ear per year every three years. Rechargeable options are available.

☐ Check this box once you have made your hearing appointment!

Date of Appointment:

_____

Learn more about your dental, vision and hearing benefits at **CareSource.com/MyCare-SNP.**

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Healthy Allowances and Rewards

Start Using Your Healthy Benefits+ Card

You will get the card in a separate mailing from this guide. The card will come with directions on how to it set up and use it. We're also here to help. If you have questions when you get the card or while setting it up, call Member Services! Learn more at www.HealthyBenefitsPlus.com/MyCare-SNP.

Use your Healthy Benefits+™ card for your healthy allowances and rewards.

- Everyone can use their Healthy Benefits+ card for over-the-counter items, dental, vision and hearing services & accessories and My CareSource Rewards.
- Anyone who has a qualifying health condition on file with CareSource MyCare Ohio can use the card for the additional allowances. See the next page for more information.

Every month you get $287 to use!

Spend it on:

- Over-the-Counter (OTC) Items
- Flex Dental, Vision and Hearing Services & Accessories
- Healthy Food
- Personal Care Items
- Pet Care Items* (excludes vet care and grooming)
- Rent & Mortgage Assistance*
- Home & Bathroom Safety Items*
- Pest Control Items*
- Indoor Air Quality Items*
- Household Cleaning Supplies*
- Utilities*

**The benefits mentioned are a part of special supplemental benefits for the chronically ill. Not all members qualify. See the next page for more information on eligibility.*

And if you don't use the whole $287 during the month, it will roll over! These funds won't expire until the end of 2026. Shop at participating retailers like Walmart® and Walmart.com. See a full list of where you can shop at www.HealthyBenefitsPlus.com/MyCare-SNP.

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

SSBCI stands for Special Supplemental Benefits for the Chronically Ill. These benefits are designed for those who have one or more complex chronic conditions and are at high risk for hospitalization or adverse health outcomes.

To qualify, you need to complete your HRA and have one or more qualifying conditions including:

- Autoimmune disorders
- Cancer
- Heart disorders
- Chronic alcohol use disorder
- Other substance use disorders (SUDs)
- Chronic and disabling mental health conditions
- Chronic conditions that impair vision, hearing, taste, touch, smell
- Gastrointestinal (digestive) disease
- Heart failure
- Kidney disease (CKD)
- Lung disorders
- Cognitive impairments
- Conditions that require continued therapy services in order for individuals to maintain or retain functioning
- Conditions with functional challenges
- Dementia
- Diabetes
- HIV/AIDS
- Immune system disorders
- Neurologic disorders
- Obesity and metabolic syndrome
- Post-organ transplant care
- Blood disorders
- Stroke

If you have one of these qualifying health conditions on file with CareSource, you'll have access to the additional allowances on your Healthy Benefits+ card. Talk with your Care Coordinator or call Member Services to learn more.

My CareSource Rewards®

Earn reward dollars 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.

How Do I Get Rewards?

1. You complete an eligible healthy activity.
2. Your provider sends CareSource a claim. This shows CareSource you completed the activity.
3. CareSource sees that you completed the activity and processes the claim.
4. CareSource adds the reward to your Healthy Benefits+ card.

It takes 45 to 60 days from the time your claim is processed with us to get the reward. You can redeem your rewards at participating retailers. Some restrictions apply. Check your balance at www.HealthyBenefitsPlus.com/MyCare-SNP or by calling Member Services.

NOTE: You will use your Healthy Benefits+ card to redeem your rewards. There are no fees to check your card balance. Keep your rewards card to use each year.

Keep Track of Your 2026 Rewards

Activity	Who is Eligible	Reward Amount	Keep track of your healthy activities:
Rewards for Immunizations			
Annual Flu Shot	All adults	$50 twice per calendar year (January 1 through March 31) (August 1 through December 31)	☐ Completed on _____ ☐ Completed on _____
Rewards for Preventive Care			
Annual Physical (Wellness Exam)	All adults	$50 once per calendar year	☐ Completed on _____
Annual Dental Exam	All adults	$10 once per calendar year	☐ Completed on _____
Fill out Health Risk Assessment (HRA)	All adults	$50 twice per calendar year	☐ Completed on _____
Colorectal Cancer Screening	All adults	$50 once per calendar year	☐ Completed on _____

Use the CareSource MyLife app at MyLife.CareSource.com	All adults	$10 once per calendar year	☐ Completed on _____
Breast Cancer Screening (Mammogram)	Females 40 and older only	$50 once per calendar year	☐ Completed on _____
Follow up visit for Osteoporosis after a fracture.	Females 67 or older only	$10 once per calendar year	☐ Completed on _____
Talk with Care Coordinator within 30 days of hospital discharge	All adults	$50 once per calendar year	☐ Completed on _____
Rewards for Diabetes Care			
A1C Test	All adults. Diabetes diagnosis required.	$50 per test twice per calendar year *must be at least 90 days apart	☐ Completed on _____
Kidney Health Evaluation for Patients with Diabetes	All adults. Diabetes diagnosis required.	$25 once per calendar year	☐ Completed on _____
Retinal Eye Exam with an Eye Care Provider	All adults. Diabetes diagnosis required.	$50 once per calendar year	☐ Completed on _____
Rewards for Expectant Moms			
Complete Seven Prenatal Visits	Adults who are pregnant	$85 once per pregnancy	☐ Completed on _____
Postpartum Visit	Adults who are pregnant	$25 once per pregnancy	☐ Completed on _____

** Rewards are subject to change. Rewards expire one year from date of issuance. If you are no longer a CareSource member you could lose access to the rewards portal and your rewards are no longer available. The rewards available will vary depending on your health care needs. Note that not all reward activities are covered services annually. Please check with your primary care provider (PCP) or Care Coordinator to see what services you may need.*

Enhanced Benefits & Services

Transportation

You get **unlimited** trips to and from health-related visits. We can help you get to:

Health care visits

The pharmacy

The grocery store

Renewal appointments with Job and Family Services

The gym

Community or wellness services

Call Member Services to schedule a ride.

1. Scheduling a Ride:
   - Request a ride at least 2 business days before you need it.
   - Wheelchair accessible rides are available. Please let us know when you call if this is something you will need.
   - Same or next day trip requests for unexpected needs may also be available.
2. Scheduling Public Transportation:
   - Request at least 3 business days prior to the date you need a ride.
   - Bus service must be available in your area.
3. Other Travel Options:
   - Call prior to your health care visit to see if mileage reimbursement is an option for you. Reimbursement limits apply.

Fitness Benefit

Silver&Fit

You have fitness benefits through The Silver&Fit® Healthy Aging and Exercise program! You can go to fitness centers and select YMCAs. Once per year you can also request one home fitness kit. The options include strength, toning, yoga, self-care or walking. You can also access on-demand workout videos, virtual events through the Well-Being club and specialized coaching sessions. These benefits are all available at no cost to you. Visit www.SilverandFit.com or call Member Services for more information and to get started.

☐ Check this box once you have found a fitness center near you!

Your Gym: _____

☐ Check this box once you have asked for your home fitness kit!

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Personal Emergency Response System (PERS)

A personal emergency response system (PERS) is a way you can get help in the event of an emergency, such as a fall in your home. **This is available to you at no cost.**

With a push of a button, you can connect with a 24-hour staffed call center. An experienced care specialist will quickly contact emergency services, caregivers or loved ones to get you the help you need.

To receive a PERS device, contact your Care Coordinator or Member Services. They can help you order your device and understand the set-up process. Learn more about your enhanced benefits at **CareSource.com/MyCare-SNP**.

Only for community-well members who are getting their long-term care and services in their own homes or communities.

Meal Delivery

After you have an inpatient hospitalization or skilled nursing stay, you qualify for meal delivery through Mom's Meals. You get two meals a day for 14 days after each inpatient hospitalization or skilled nursing stay. Talk to your Care Coordinator or call Member Services for more information.

Only for community-well members who are getting their long-term care and services in their own homes or communities.

Translation Services

We can help you get sign language interpreters or interpreters in the language you speak. Interpreters can help you talk with us or your providers. You can also get materials in other languages or formats at no cost to you. These formats include large print, braille or audio. Call Member Services to learn more.

Advance Care Planning

Get resources and help with advance care planning at no cost to you. Advance care planning is the process of preparing for decisions about future health care events. This includes:

- Deciding what your wishes are for your health care.
- Talking about your health care wishes with family, friends and providers.
- Writing these wishes down in a legal document, called an advance directive.

Talking about advance care planning is voluntary and you can decline this offer. To learn more, call Member Services.

Your Pharmacy Benefits

Fill Your Prescriptions

You pay $0 for all Medicare and Medicaid covered drugs. You have options to fill your prescriptions. You can:

- Fill your prescription at a local retail pharmacy.
  - You will need to fill your prescriptions at a pharmacy that takes CareSource MyCare Ohio. We call these in-network pharmacies. Find a Pharmacy at **CareSource.com/MyCare-SNP**.
- Set up medication home delivery through Express Scripts Pharmacy.
  - This way you can get your medications delivered to you through the mail. You can ask the pharmacist to coordinate the delivery of all your prescriptions at the same time. Call 1-800-354-3903 Monday through Friday, 8 a.m. to 8 p.m., Eastern Time (ET) for more information.

☐ Write down your pharmacy information and any medications you are taking on the *Your Health Information* sheet on page 19.

Ask Your CareSource Pharmacist

Get your questions about your medications answered. Talk to a CareSource pharmacist. No appointment needed! Call **1-833-230-2073**. We are open Monday through Friday, 9 a.m. to 5:30 p.m. Eastern Time (ET).

Take Your Medications the Right Way

Get personalized care with Medication Therapy Management (MTM). This program is tailored to your specific health needs, taking into account your medical history and current medications.

- **Getting Started:** You can take part in MTM at no cost to you. Ask your local pharmacy if they are part of MTM or call Member Services. Pharmacies may also reach out to you if they think you could benefit from MTM.
- **Personalized Care:** Qualified pharmacists deliver these services. MTM can help you with your medications, including how to take them and their benefits. The program can also help you decrease costs and stick to your treatment plan.

MTM helps you manage your medications safely and effectively, making it easier for you to stay healthy.

Access Your Care

You are currently enrolled to have your Medicare and Medicaid benefits with CareSource MyCare Ohio. We provide your Medicaid covered services through a provider agreement with the Ohio Department of Medicaid. If you have questions about the help you get from Medicaid, call the Ohio Medicaid Consumer Hotline at 1-800-324-8680 (TTY: 711), Monday through Friday from 7 a.m. to 8 p.m. and Saturday from 8 a.m. to 5 p.m.

ONE: Choose a Primary Care Provider (PCP)

☑ It's important to have a PCP who is in our provider network. Did you choose a provider?

- ☐ Yes, I picked a NEW primary care provider (PCP).
- ☐ Yes, I was able to keep the primary care provider (PCP) I already had.
- ☐ No, I still need to choose one. Use our ***Find a Doctor*** tool to find one. You can see how to use this tool on page 3. If you have not chosen a PCP within 30 days of enrollment, we will place a PCP on your CareSource member ID card.

Your PCP is listed on your CareSource member ID card. If you wish to change your PCP, you can call Member Services or log in to **MyLife.CareSource.com** and click ***Choose Provider*** to get started.

TWO: Schedule Your Welcome to Medicare or Wellness Visit

Once you have your PCP, make an appointment!

☑ **Is this the first year you have been able to get Medicare?**

- ☐ **Yes, this is my first year.**
  - You can schedule your *Welcome to Medicare* visit at no cost to you. This visit lets you and your provider talk about your health and any concerns you may have.
- ☐ **No, I have been with Medicare for more than a year.**
  - You can get an annual wellness visit or annual physical visit instead. This visit is at no cost to you. This visit helps you and your provider develop a health plan just for you.

THREE: Tell Us Your Preferences for Sharing Your Health Information

CareSource shares your health information to best handle your care and help with benefits. This includes sharing Sensitive Health Information. This information is shared with:

- Your past, current and future providers
- The Health Information Exchanges (HIE). This gives providers secure electronic access to your health information.

Read our Privacy Practices on **CareSource.com/MyCare-SNP** so you know how your health information may be used and given out. You can also see how you can get this information.

You have the right to tell CareSource if you do or do not want your health information shared. You can tell us what you want by filling out the *Member Consent/HIPAA Authorization* form.

☑ You can complete the form:

- ☐ Online through the CareSource MyLife portal at **MyLife.CareSource.com**.
- ☐ On our website at **CareSource.com/MyCare-SNP**.
- ☐ By mailing the printed copy of the form on page 32 to the address listed on the form.
- ☐ By calling Member Services.

FOUR: Team Up with your Care Coordinator

You will be teamed up with a Care Coordinator. Your Care Coordinator will work with you one-on-one at no additional cost. You will get a welcome call from us to talk about the ways Care Coordination can begin supporting you.

Our Care Coordinators can:

- Schedule your health-related appointments
- Answer questions about your plan benefits
- Find providers for you
- Schedule rides so you can get to your appointments
- And much more!

You can also set up an Interdisciplinary Care Team (ICT). This is a group of people who can help you with any barriers to care or unmet needs. This group of people can include:

- CareSource Care Coordination team members
- Your primary care provider (PCP)
- Any specialists you see
- Any family members or supporters you would like to include

Talk with your Care Coordinator to learn more about setting up an ICT.

☑ Write down the contact information for your Care Coordinator on page 19. That way you can have all your important health information in one place!

FIVE: Get Your Preventive Care and Screenings

There are many benefits offered to help you stay healthy! These are visits, screenings or check-ups that will help prevent you from getting sick. We call these preventive services. They are covered at no cost to you. They include:

- Flu shots
- Retinal eye exam, if needed
- Colorectal screening
- Mammograms
- Diabetes screenings
- Cancer screenings
- And more.

☑ Contact your primary care provider (PCP) to set up your visits to get these covered services. You can earn rewards for many of these! Read more about rewards on page 9. To see a list of recommended preventive care activities, visit **CareSource.com/MyCare-SNP**.

Your Health Information

Your Name: _____

Phone Number: _____

Allergies: _____

_____

Health Care Provider Information

Primary Care Provider (PCP): _____

Phone Number: _____

Other Providers: _____

_____

_____

_____

_____

Care Coordinator Information

Care Coordinator Name: _____

Phone Number: _____

Caregiver Information

Name: _____

Relationship to Patient: _____

Phone Number: _____

Alternate Phone Number: _____

Pharmacy Information

Your Pharmacy: _____

Phone Number: _____

Your Medications

Name of Medication	Dose	Reason for Taking	Name of Prescribing Doctor

Questions? 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.

Where to Get Care

You have options to help you get care. The options listed below can prescribe medication and/or treatment if you need at no additional cost to you. CareSource MyCare Ohio works with certain doctors and providers to get you care. We call these in-network providers. To have your health care services covered by your CareSource MyCare Ohio plan, you must go to an in-network provider. ***Emergency care is covered by Medicare.***

Primary Care Provider (PCP)

Your main source for care. Usually open during regular business hours. Appointment needed. Used for routine care, common illnesses and advice. You will get most of your preventive care from your PCP. See your PCP most often when you need care.

Telehealth Services and Teladoc

Convenient access to a provider via phone or computer from wherever you are. Common illnesses such as coughs, sinus problems, rashes, mental health concerns and more. Ask your providers if they offer telehealth. You can also talk to a doctor 24/7 through Teladoc. Call 1-800-835-2362 or visit **Teladoc.com/CareSource** to get started.

Convenience Care Clinics

Typically, open 7 days a week with additional evening and weekend hours. When your provider is not available. Used for common illnesses like coughs, colds, sore throats and to get immunizations. They are found in many local drug and grocery stores.

Urgent Care

Usually open 7 days a week with additional evening and weekend hours. When your provider is not available. Common illnesses, x-rays, deep cuts, etc. Used to treat a condition or injury that can't wait for a PCP visit and is **not** life threatening.

Hospital Emergency Room (ER)

Open 24 hours a day, 365 days a year. When your provider is not available. Use for life-threatening situations such as chest pain, head injury or emergencies. Call 911 or go to the nearest ER. ***Emergency care is covered by Medicare.*** *Prior authorization, or approval, is not required for emergency services.*

24-Hour Nurse Advice Line

If you aren't sure where to go for care or have questions about your health, call our 24-Hour Nurse Advice Line at **1-866-206-7861**. We're here for you 24 hours a day, 7 days a week, 365 days a year.

Questions? 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.

Your Questions…Answered!

I don't have access to the internet. Can you help?

Yes! Please call Member Services. We can help connect you to community resources as well as the Federal Communications Commission's (FCC) Affordable Connectivity Program.

I lost my CareSource member ID card. What should I do?

If you lose your member ID card, you can request a new printed member ID card. Call Member Services to get a new one sent to you.

Can someone help me file an appeal?

Yes, please contact Member Services for help filing an appeal.

When should I use CareSource.com versus the CareSource MyLife Member Portal?

CareSource MyLife is personalized for you. This is where you can view your CareSource member ID card or request a new one. You can choose or change your primary care provider (PCP) and view your plan details. **CareSource.com** has helpful information for how to use your plan. You can see important plan documents and benefits and services. There are many resources for you on **CareSource.com**.

Can I change my primary care provider (PCP)?

You can change your PCP at any time. Call Member Services or log in to **MyLife.CareSource.com** and click ***Change*** to get started.

Can I get services covered when I am outside of the area?

If you get sick or hurt while traveling outside of our service area, you can get medically necessary covered services from a provider not in our network. Prior to seeking urgent care, we encourage you to call your primary care provider (PCP) for guidance, but this is not required. Get urgent care from the nearest and most appropriate care option. Emergency care is covered both in and out of our service area.

What is a prior authorization and how do I get one if I need one?

Some health care services and medications require your doctor or primary care provider (PCP) to get approval from CareSource before you can get the service. This is called prior authorization. We do this to make sure the care you get is appropriate and necessary. Your doctor or PCP will tell you when you need care that requires a prior authorization and will assist you in getting it from us. See your Evidence of Coverage for more information. You can also see the list of services that require approval on the ***Plan Documents*** page at **CareSource.com/MyCare-SNP.**

What should I do if a provider sends me a bill?

If you receive a bill from your provider, please call Member Services. CareSource MyCare Ohio members pay $0 for plan covered medical services.

We're Here to Help

Do you have other questions? Do you need help using or understanding your benefits? Call us!

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Benefits At-A-Glance

Make the most of your benefits this year. Here's a list of everything you have as a CareSource member. To see how you can put these benefits to use, review your Evidence of Coverage (EOC) at **CareSource.com/MyCare-SNP** or call Member Services at **1-855-475-3163 (TTY: 1-833-711-4711 or 711).**

Benefits

Behavioral Health

- Assertive Community Treatment (ACT)*
- Behavioral Health Care Coordination Services
- Electroconvulsive Therapy (ECT)
- Family, Group & Individual Counseling
- Inpatient Services*
- Intensive Outpatient Program (IOP) Services*
- Medication Assisted Treatment (MAT)
- Mental Health Day Treatment
- Opioid Treatment Program (OTP) Services*
- Partial Hospitalization Program (PHP) Services*
- Pharmacological (Medication) Management
- Psychiatric Diagnostic Evaluation
- Psychological Testing
- Substance Use Disorder (SUD) Residential*
- Transcranial Magnetic Stimulation (TMS)*

Dental*

- Routine Dental Exam & Cleaning √
- Dental X-Rays
- Anesthesia*/Sedation
- Crowns & Posts*
- Dental Labs & Tests
- Dentures/Partials*
- Fillings
- Gum Care (Periodontics)*
- Root Canals
- Routine Tooth Extractions
- Surgical Extractions* & Other Oral Surgery

Diagnostics

- Blood Work/Lab Testing*
- Scans*
- X-Rays

Heart

- Cardiac Rehabilitation Services
- Electrocardiogram (ECG/EKG)
- Heart Disease Risk Reduction Visit (Therapy for Cardiovascular Disease)
- Heart Disease Testing

Health Condition Management

- Chemotherapy & Radiation*
- Diabetes Self-Management Training
- Diabetic Services & Supplies* √
- Dialysis
- Kidney Disease Services & Supplies*
- Pulmonary (Lung) Rehabilitation Services

Health Care Visits

- Community Behavioral Health Centers (CBHCs)
- Convenience Care Clinics (Found at stores like CVS® & Walmart®)
- Emergency Room (ER)
- Federally Qualified Health Center (FQHC) & Rural Health Clinic (RHC)
- Hospital (Inpatient & Outpatient)*
- Primary Care Providers (PCPs) like Doctors, Physician Assistants & Nurse Practitioners
- Skilled Nursing Facility*
- Specialists

Questions? 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.

- Urgent Care
- Telehealth via Phone or Online including Teladoc®

Hearing

- Hearing Aid Evaluation & Fitting
- Hearing Aids
- Routine Hearing Exams

Home Health Care

- Home Infusion Therapy*
- Home Nursing Services (e.g., Skilled Nursing, Private Duty, Certified Nurse Aid & Social Worker)

Medical Supplies

- Cochlear Implants*
- Durable Medical Equipment (DME) & Related Supplies*
- Incontinence Supplies
- Prosthetic Devices & Related Supplies*

Pharmacy & Medications**

- Brand & Generic Prescription Drugs**
- Mail Order Drugs
- Medicaid Covered Non-Part D Drugs and Over-the-Counter Items

Preventive & Early Detection Care/Screenings

- Abdominal Aortic Aneurysm Screening
- Alcohol Misuse Screening & Counseling
- Bone Mass Measurements
- Blood Pressure Screening
- Breast Cancer Screening (Mammogram) √
- Cardiovascular Disease Screening Tests
- Cervical & Vaginal Cancer Test (Pap Smear)
- Cholesterol Screening
- Colorectal Cancer Screening √
- Counseling to Prevent Tobacco Use
- Depression Screening
- Diabetes Screening (Kidney Screening) √
- Disease Screening & Treatments (e.g., Hepatitis, HIV & STI/STD)
- Intensive Behavioral Therapy for Obesity
- Immunizations (Shots)
- Lung Cancer Screening
- Medical Nutrition Therapy
- Nutritional Counseling
- Prolonged Preventive Services
- Prostate Cancer Screening
- Screening Pelvic Exams

Transportation Services

- Emergency (e.g., Ambulance, Air Flights, etc.)
- Non-Emergency Medical Transportation*

Vision & Eye Care

- Glasses
- Glaucoma Screenings
- Optometrist & Ophthalmologist Services
- Routine Eye Exams

Other Care

- Acupuncture
- Allergy Testing & Treatment
- Chiropractic Services
- Hospice & Palliative (comfort) Care, including Short-Term Respite Care*
- Long-Term Acute Care (LTAC)*
- Obesity Screening & Therapy (Weight loss)
- Pain Management*
- Physical, Occupational & Speech Therapy*
- Podiatry (Foot) Services
- Supervised Exercise Therapy (SET)
- Surgeries* (e.g., General, Bariatric, Reconstructive & Transplant)
- TMJ treatment (Jaw Pain or Problems with Jaw Movement)*

Other Programs & Services

- Care Coordination

- 24-Hour Nurse Advice Line
- Disease Management
- Health & Wellness Education Programs
- Medication Therapy Management (MTM)
- MyHealth Online Tool
- myStrength℠ Online Mental Health Tool

Additional Medicare & Medicaid Plan Benefits

- Healthy Benefits+ Monthly Allowance
  - Over-the-Counter (OTC) Items
  - Dental, Vision & Hearing Services (including Accessories)
  - Healthy Food*
  - Utilities*
  - Rent & Mortgage Assistance*
  - Home & Bathroom Safety items*
  - Pest Control Retail Items*
  - Indoor Air Quality Items*
  - Household Cleaning Supplies*
  - Personal Care Items*
  - Pet Care Items*

  **The benefits mentioned are a part of special supplemental benefits for the chronically ill. Not all members qualify.*
- Dental Coverage for Oral Exam & Cleaning, Fluoride Treatments, plus Implants+
- Enhanced Hearing Benefits
- $0 Medicare Part D Drugs
- Annual Wellness Visit (Physical Exam) √
- Non-Emergency Enhanced Transportation Including Health Care Visits, Community/Wellness Services, Pharmacy, Gym & Grocery (Scheduled Ride, Bus, Wheelchair Access)
- My CareSource Rewards Program® √
- Access to the Silver&Fit® Exercise & Healthy Aging program.
- Mom's Meals, two meals per day for 14 days after an observation or inpatient hospitalization or skilled nursing facility stay (max 28 per stay) (Community Well Only)
- Personal Emergency Response System (PERS) (Community Well Only)

KEY

* Approval or prior authorization required.

** Some drugs have additional requirements or limits. Please see your plan's Medicare Part D List of Covered Drugs (Formulary) and/or Medicaid List of Covered Drugs.

\+ Each dental benefit/service may have a specific limit (e.g., maximum allowance, number of procedures, &/or frequency of services)

√ Healthy activities you can complete & earn rewards through My CareSource Rewards Program.

This information is not a complete description of benefits. Not everyone can get all of the benefits listed. Questions? 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.

All covered services outlined in this document are subject to the conditions, exclusions, limitations, terms and rules of the Evidence of Coverage (EOC), which is the controlling document, including any rider/enhancements or amendments. For more detailed information about your covered services, please refer to the EOC at: **CareSource.com/MyCare-SNP**.

Privacy Practices

THIS NOTICE DESCRIBES HOW MEDICAL INFORMATION ABOUT YOU MAY BE USED AND DISCLOSED AND HOW YOU CAN GET ACCESS TO THIS INFORMATION. PLEASE REVIEW IT CAREFULLY

This notice is for CareSource® MyCare Ohio (HMO D-SNP). We will refer to ourselves simply as "CareSource" in this notice.

Your Rights

When it comes to your health information, you have certain rights:

Get a copy of your health and claims records

- You can ask to see or get a copy of your health and claims records. You can also get other health information we have about you. Ask us how to do this.
- We will give you a copy or a summary of your health and claims records. We often do this within 30 days of your request. We may charge a fair, cost-based fee.

Ask us to fix health and claims records

- You can ask us to fix your health and claims records if you think they are wrong or not complete. Ask us how to do this.
- We may say "no" to your request. If we do, we will tell you why in writing within 60 days.

Ask for private communications

- You can ask us to contact you in a specific way, such as home or office phone. You can ask us to send mail to a different address.
- We will think about all fair requests. We must say "yes" if you tell us you would be in danger if we do not.

Ask us to limit what we use or share

- You can ask us not to use or share certain health information for care, payment or our operations.
- We do not have to agree to your request. We may say "no" if it would affect your care or for certain other reasons.

Get a list of those with whom we've shared information

- You can ask for a list (accounting) of the times we've shared your health information. This is limited to six years before the date you ask. You may ask who we shared it with, and why.

- We will include all the disclosures except for those about:
  - care,
  - payment(s),
  - health care operations, and
  - certain other disclosures (such as any you asked us to make).

  We will give you one list each year for free. If you ask for another within 12 months, we will charge a fair, cost-based fee.

Get a copy of this privacy notice

- You can ask for a paper copy of this notice at any time. You can ask even if you have agreed to get the notice electronically. We will give you a paper copy promptly.

Give CareSource consent to speak to someone on your behalf

- You can give CareSource consent to talk about your health information with someone else on your behalf.
- If you have a legal guardian, that person can use your rights and make choices about your health information. CareSource will give out health information to your legal guardian. We will make sure a legal guardian has this right and can act for you. We will do this before we take any action.

File a complaint if you feel your rights are violated

- You can complain if you feel we have violated your rights by contacting us. Use the information at the end of this notice.
- You can file a complaint with the U.S. Department of Health and Human Services Office for Civil Rights. You can send a letter to 200 Independence Avenue, S.W., Washington, D.C. 20201, call 1-877-696-6775, or visit www.hhs.gov/ocr/privacy/hipaa/complaints/.
- We will not take action against you for filing a complaint. We may not require you to give up your right to file a complaint as a condition of:
  - care,
  - payment,
  - enrollment in a health plan, or
  - eligibility for benefits.

Your Choices

For certain health information, you can tell us your choices about what we share. If you have a clear choice for how we share your information in the situations described below, talk to us. Tell us what you want us to do. We will follow your instructions.

In these cases, you have both the right and choice to tell us to:

- Share information with your family, close friends or others involved in payment for your care
- Share information in a disaster relief situation

If you are not able to tell us your choice, such as if you are unconscious, we may go ahead and share your information. We may share it if we believe it is in your best interest. We may also share your information when needed to lessen a serious and close threat to health or safety.

In these cases, we often cannot share your information unless you give us written consent:

- Marketing purposes
- Sale of your information
- Disclosure of psychotherapy notes

Consent to Share Health Information

CareSource shares your health information, including Sensitive Health Information (SHI). SHI can be information related to drug and/or alcohol treatment, genetic testing results, HIV/AIDS, mental health, sexually transmitted diseases (STD), or communicable/other diseases that are a danger to your health. This information is shared to handle your care and treatment or to help with benefits. This information is shared with your past, current, and future treating providers. It is also shared with Health Information Exchanges (HIE). An HIE lets providers view information that CareSource has about members. You have the right to tell CareSource you do not want your health information (including SHI) shared. If you do not agree to share your health information, it will not be shared with providers to handle your care and treatment or to help with benefits. It will be shared with the provider who treats you for the specific SHI. If you do not approve sharing, all providers helping care for you may not be able to manage your care as well as they could if you did approve sharing. To the extent we collect or process substance use treatment-related records under 42 U.S.C. §290dd-2 and 42 C.F.R. Part 2 (“Part 2”), we follow the confidentiality protections of Part 2.

Other Uses and Disclosures

How do we typically use or share your health information? We typically use or share your health information in these ways (we have included some examples, but we have not listed every permissible use or disclosure):

Help you get health care treatment.

- We can use your health information and share it with experts who are treating you
  - **Example:** *We may arrange more care for you based on information sent to us by your doctor.*

Run our organization.

- We can use and give out your information to run our company. We use it to contact you when needed.
- We are not allowed to use genetic information to decide whether we will give you coverage. We cannot use it to decide the price of that coverage.
  - **Example:** *We may use your information to review and improve the quality of health care you and others get. We may give your health information to outside groups so they can assist us with our business. Such outside groups include lawyers, accountants, consultants and others. We require them to keep your health information private, too.*

Pay for your health care.

- We can use and give out your health information as we pay for your health care.
  - **Example:** *We share information about you with your dental plan to arrange payment for your dental work.*

How else can we use or share your health information? We are allowed or required to share your information in other ways. These ways are often to help the public good, such as public health and research. We have to meet many conditions in the law before we can share your information for these reasons. To learn more, go to www.hhs.gov/ocr/privacy/hipaa/understanding/consumers/index.html

To help with public health and safety issues

- We can share health information about you for certain reasons such as:
  - Preventing disease
  - Helping with product recalls
  - Reporting harmful reactions to drugs
  - Reporting suspected abuse, neglect, or domestic violence
  - Preventing or reducing a serious threat to anyone's health or safety

To do research

- We can use or share your information for health research. We can do this as long as certain privacy rules are met.

To obey the law.

- We will share information about you if state or federal laws require it. This includes the Department of Health and Human Services if it wants to see that we are obeying federal privacy laws.

To respond to organ and tissue donation requests

- We can share health information about you with organ procurement organizations.

To work with a medical examiner or funeral director

- We can share health information with a coroner, medical examiner or funeral director when a person dies.

To address workers' compensation, law enforcement and other government requests

- We can use or share health information about you:
    - For workers' compensation claims
    - For law enforcement purposes or with a law enforcement official
    - With health oversight agencies for activities allowed by law
    - For special government functions such as military, national security, and presidential protective services

To respond to lawsuits and legal actions

- We can share health information about you in response to a court or administrative order, or in response to a court order.

We may also make a collection of "de-identified" information that cannot be traced back to you.

Part 2 Records: To the extent we collect or process any Part 2 records, in a civil, criminal, administrative or legislative proceeding against an individual, we will not use or share information about your Part 2 records unless a court order requires us to do so, or you give us your written permission.

Our Responsibilities

- We protect our members' health information in many ways. This includes information that is written, spoken or available online using a computer.
  - CareSource employees are trained on how to protect member information.
  - Member information is spoken in a way so that it is not inappropriately overheard.
  - CareSource makes sure that computers used by employees are safe by using firewalls and passwords.
  - CareSource limits who can access member health information. We make sure that only those employees with a business reason to access information use and share that information.
- We are required by law to keep the privacy and security of your protected health information. We are required to give you a copy of this notice.
- We will let you know quickly if a breach occurs that may have compromised the privacy or security of your information.
- We must follow the duties and privacy practices described in this notice. We must give you a copy of it.
- We will not use or share your information other than as listed here unless you tell us we can in writing. If you tell us we can, you may change your mind at any time. Let us know in writing if you change your mind.

For more information see: www.hhs.gov/ocr/privacy/hipaa/understanding/consumers/noticepp.html.

Effective date and changes to the terms of this notice

The original notice was effective April 14, 2003 and was further updated on June 18, 2018. This version is effective as of January 1, 2026. We must follow the terms of this notice as long as it is in effect. If needed, we can change the notice. The new one would apply to all health information we keep. If this happens, the new notice will be available upon request. It will also be posted on our website. You can ask for a paper copy of our notice at any time by mailing a request to the CareSource Privacy Officer.

The CareSource Privacy Officer can be reached by:

Mail: CareSource
Attn: Privacy Officer
P.O. Box 8738
Dayton, OH 45401-8738

Email: HIPAAPrivacyOfficer@caresource.com

Phone: **1-855-475-3163 (TTY: 1-833-711-4711 or 711)** We are open 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.

Member Consent/HIPAA Authorization Form

This form lets CareSource® MyCare Ohio (HMO D-SNP) share your health care information as described below. All of this form must be filled out. Mail or fax it to the address listed at the end of this form. You may also fill out this form online at **CareSource.com/MyCare-SNP**.

Section 1: Your Information

Last Name	MI	First Name	Date of Birth
Street Address	City	State	Zip Code
Last Name		Last Name	

By giving your cell phone number, you are saying that CareSource MyCare Ohio may use it to reach you.

Section 2: Consent

This form gives your consent to share your health care information with others or on your own health care apps. It may be shared with your past, current, or future providers. It also may be shared with Health Information Exchanges (HIE). An HIE lets providers view the health care information that CareSource MyCare Ohio has about you. You can ask for a list of people who were given your health care information by CareSource MyCare Ohio.

☐ Check this box if you want your health care information shared with your past, current, or future providers or on health care apps. It will be shared for treatment, to manage your care, and to help with benefits. It includes sensitive health information. This includes treatment for substance use and HIV/AIDS. You have more control over what is shared on health care apps.

Or –

☐ Check this box if you do not want* your health care information shared with your past, current, or future providers. It will not be shared with your providers except:

- Your provider may see the physical and behavioral health treatment you have received. Treatment for substance use or HIV/AIDS will not be shared.
- Your health care information may be shared with a HIE. Treatment for substance use or HIV/AIDS will not be shared.

** Your providers may not be able to care for you as well as they could if you do not approve sharing.*

Section 3: Representative Designation

Fill out the lines below to name someone that CareSource MyCare Ohio can speak to on your behalf. Your health care information will also be shared with this person.

Your Representative

Last Name	MI	First Name	Date of Birth
Entity Name (if law firm or other)			
Street Address	City	State	Zip Code
Phone Number			

Section 4: Review and Approval

By signing my name, I agree: To let CareSource MyCare Ohio share my health care information as marked in Sections 2 and/or 3. The person or entity receiving the health care information could share it again. Federal privacy laws may no longer protect it. Treatment for substance use is private and cannot be shared again without my permission.

Signing this form is my choice. I may cancel this consent at any time. I must send a written letter to CareSource MyCare Ohio to cancel. I may mail or fax the letter to the address at the bottom of this form. I may also cancel on **CareSource.com/MyCare-SNP**. Cancelling this consent will not change the actions CareSource MyCare Ohio took before I cancelled. My treatment, payment, enrollment or benefits do not depend on whether I sign this form. **Please sign below.**

Your Signature (Parent/Guardian for Minors or Legal Representative*)	Date:
Date this Consent Ends:	
Consent ends on the date above or when a minor turns 18 years old. It does not end if no date is given.	

**You must have a copy of the Power of Attorney or court papers if this is signed by a legal representative. The lines below must also be filled out.*

Legal Representative

Fill out the lines below to name someone that CareSource MyCare Ohio can speak to on your behalf. Your health care information will also be shared with this person.

Your Representative

<table>
<tr><td colspan="2">First and Last Name</td><td colspan="2">Choose one:
☐ Power of Attorney
☐ Court-Appointed Guardian or Custodian
☐ Other:</td></tr>
<tr><td>Street Address</td><td>City</td><td>State</td><td>Zip Code</td></tr>
</table>

Please send this form to:

Mail: CareSource
Attn: Privacy Office
P.O. Box 8738
Dayton, OH 45401-8738

Fax: 1-833-334-4722

Online: CareSource.com/MyCare-SNP

Ohio Department of Medicaid
Next Generation MyCare

To help you understand this notice, 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 services and/or auxiliary aids by calling **1-855-475-3163**; individuals with a hearing impairment may call **1-833-711-4711** or **711**.

Important Contact Information for Your Plan

You'll hear from us throughout the year. We will send you plan updates and health reminders. If you ever have questions, call us.

CareSource Member Services*:	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
24-Hour Nurse Advice Line:	1-866-206-7861 24 hours a day, 7 days a week
Behavioral Health Crisis Line: **9-8-8 Suicide and Crisis Lifeline Hotline**	1-855-202-1087 24 hours a day, 7 days a week Call or text 988, 24 hours a day, 7 days a week
Care Coordination:	1-844-679-7867 (TTY: 1-833-711-4711 or 711) 24 hours a day, 7 days a week
Health Risk Assessment (HRA) Support:	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
CareSource Pharmacists:	1-833-230-2073 (TTY: 1-833-711-4711 or 711) 9 a.m. to 5:30 p.m. ET, Monday through Friday
EyeMed® Vision Benefit:	1-844-206-6383 (TTY: 711)
TruHearing® Hearing Benefit:	1-833-564-6222 (TTY: 711)
Delta Dental® Dental Benefit:	1-833-778-7003 (TTY: 711)
Fitness Benefit:	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
Healthy Benefits & Rewards:	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

**Questions about prior authorizations, grievances, appeals and coverage determinations can be answered by Member Services.*

CareSource®

Member Services

1-855-475-3163

(TTY: 1-833-711-4711 or 711)

Monday through Friday,
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CareSource.com/MyCare-SNP

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