

**2026**

CareSource® MyCare  
Ohio (HMO D-SNP)

# **Annual Notice of Change**

**CareSource MyCare Ohio (HMO D-SNP) offered by CareSource*****Annual Notice of Change for 2026*****Introduction**

You're currently enrolled as a member of our plan. Next year, there will be some changes to our benefits, coverage, and rules. This *Annual Notice of Change* tells you about the changes and where to find more information about them. To get more information about costs, benefits, or rules please review the *Evidence of Coverage*, which is located on our website at **CareSource.com/MyCare-SNP**. Call Member Services at the number at the bottom of the page to get a copy by mail. Key terms and their definitions appear in alphabetical order in the last chapter of your *Evidence of Coverage*.

**Additional resources**

- You can get this Annual Notice of Change for free in other languages or other formats such as large print, braille, or audio. Call Member Services at **1-855-475-3163 (TTY: 1-833-711-4711 or 711)**. Hours are 8 a.m. to 8 p.m. Monday through Friday, and from October 1 through March 31, the same hours seven days a week. This call is free. You only have to make this request one time. You can also change your request.

**Department of  
Medicaid**

Next Generation MyCare

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OMB Approval 0938-1444 (Expires: June 30, 2026)

**If you have questions**, please call CareSource MyCare Ohio at 1-855-475-3163 (TTY: 1-833-711-4711 or 711), 8 a.m. to 8 p.m. Monday through Friday, and from October 1 through March 31, the same hours seven days a week. The call is free. **For more information**, visit **CareSource.com/MyCare-SNP**.



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## A. Disclaimers

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

When this document says “we,” “us,” or “our,” it means CareSource. When it says “plan” or “our plan,” it means CareSource MyCare Ohio.

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## B. Reviewing your Medicare and Medicaid coverage for next year

It’s important to review your coverage now to make sure it will still meet your needs next year. If it doesn’t meet your needs, you may be able to leave our plan. Refer to **Section E** for more information on changes to your benefits for next year.

If you choose to leave our plan, your membership will end on the last day of the month in which your request was made. You’ll still be in the Medicare and Medicaid programs as long as you’re eligible. If you choose to leave our plan to enroll in another integrated MyCare plan, your Medicare and Medicaid membership will end on the last day of the month in which your request was made. If you choose to leave our Medicare plan to enroll in a different Medicare plan that isn’t integrated with Medicaid, you’ll continue to be enrolled with us as a Medicaid-only member as long as you’re eligible.

If you leave our plan, you can get information about your:

- Medicare options in the table in **Section G2**.
- Medicaid options and services in **Section G2**.

### B1. Information about CareSource MyCare Ohio

- CareSource MyCare Ohio is a health plan that contracts with both Medicare and Medicaid to provide benefits of both programs to members.
- When this *Annual Notice of Change* says “we,” “us,” “our,” or “our plan,” it means CareSource MyCare Ohio.

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**If you have questions**, please call CareSource MyCare Ohio at **1-855-475-3163 (TTY: 1-833-711-4711 or 711)**, 8 a.m. to 8 p.m. Monday through Friday, and from October 1 through March 31, the same hours seven days a week. The call is free. **For more information**, visit **CareSource.com/MyCare-SNP**.



## B2. Important things to do

- **Check if there are any changes to our benefits that may affect you.**
  - Are there any changes that affect the services you use?
  - Review benefit changes to make sure they'll work for you next year.
  - Refer to **Section E1** for information about benefit changes for our plan.
- **Check if there are any changes to our drug coverage that may affect you.**
  - Will your drugs be covered? Can you use the same pharmacies? Will there be any changes such as prior authorization, step therapy or quantity limits?
  - Review changes to make sure our drug coverage will work for you next year.
  - Refer to **Section E2** for information about changes to our drug coverage.
- **Check if your providers and pharmacies will be in our network next year.**
  - Are your doctors, including your specialists, in our network? What about your pharmacy? What about the hospitals or other providers you use?
  - Refer to **Section D** for information about our *Provider and Pharmacy Directory*.
- **Think about your overall costs in the plan.**
  - How do the total costs compare to other coverage options?
- **Think about whether you're happy with our plan.**

### If you decide to stay with CareSource MyCare Ohio:

If you want to stay with us next year, it's easy – you don't need to do anything. If you don't make a change, you automatically stay enrolled in CareSource MyCare Ohio.

### If you decide to change plans:

If you decide other coverage will better meet your needs, you may be able to switch plans (refer to **Section G2** for more information). If you enroll in a new plan, or change to Original Medicare, your new coverage will begin on the first day of the following month.

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## C. Changes to our plan name

On January 1, 2026, our plan name changes from CareSource Dual Advantage™ (HMO D-SNP) to CareSource® MyCare Ohio (HMO D-SNP).

You will get a new CareSource MyCare Ohio member ID card in a separate mailing. This ID card will identify you as a CareSource® MyCare Ohio (HMO D-SNP) member. 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.

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## D. Changes to our network providers and pharmacies

Our provider and pharmacy networks have changed for 2026.

**Please review the 2026 *Provider and Pharmacy Directory*** to find out if your providers (primary care provider, specialists, hospitals, etc.) or pharmacy are in our network. An updated *Provider and Pharmacy Directory* is located on our website at **CareSource.com/oh/plans/mycare-snp/plan-documents/**. You may also call Member Services at the numbers at the bottom of the page for updated provider information or to ask us to mail you a *Provider and Pharmacy Directory*.

It's important that you know that we may also make changes to our network during the year. If your provider leaves our plan, you have certain rights and protections. For more information, refer to **Chapter 3** of your *Evidence of Coverage* or call Member Services at the number at the bottom of the page for help.

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## E. Changes to benefits for next year

### E1. Changes to benefits for medical services

We're changing our coverage for certain medical services next year. The table below describes these changes.

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	2025 (this year)	2026 (next year)
<b>Healthy Benefits+ Allowance</b>	<p>Under the Value-Based Insurance Design (VBID) model, the plan covers \$255 per month for approved items, services, and accessories from eligible locations, including:</p> <ul style="list-style-type: none"> <li>• Food &amp; Produce</li> <li>• Over-The-Counter (OTC) Items</li> <li>• Utility Expenses</li> <li>• Personal Care Items</li> <li>• Pet Care Items (excluding veterinary care and grooming)</li> <li>• Dental</li> <li>• Vision</li> <li>• Hearing</li> </ul>	<p>The <b><i>Healthy Benefits+ debit card</i></b> provides all members <b>\$287 per month</b> to purchase the following qualifying items, services and accessories at eligible locations:</p> <ul style="list-style-type: none"> <li>• Over-the-counter items</li> <li>• Dental</li> <li>• Vision</li> <li>• Hearing</li> </ul> <p>Additionally, those with one or more qualifying conditions may use the allowance for additional items and services, such as:</p> <ul style="list-style-type: none"> <li>• Healthy Food*</li> <li>• Utilities*</li> <li>• Rent &amp; Mortgage Assistance*</li> <li>• Home &amp; Bathroom Safety Items*</li> <li>• Pest Control Retail Items*</li> <li>• Indoor Air Quality Items*</li> <li>• Household Cleaning Supplies*</li> <li>• Personal Care Items*</li> <li>• Pet Care Items (not including veterinary or grooming) *</li> </ul> <p>Unused amounts will roll over month-to-month and expire at the end of the year.</p> <p>*The benefits mentioned are Special Supplemental Benefits for the Chronically III (SSBCI). Not all members qualify. See plan documents for list of conditions.</p>

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	2025 (this year)	2026 (next year)
<b>Barium Enemas</b>	Barium enema benefit is covered	Barium enema benefit is <u>not</u> covered
<b>Dental Plan Allowance</b>	\$6,000 maximum plan allowance for preventive and comprehensive dental benefits every year	<p>One oral exam, one cleaning, fluoride treatments and dental implants are subject to \$5,000 dental allowance annual maximum.</p> <p>Prior authorization is required for some services.</p> <p><b>Because you have Medicaid</b>, many dental services including preventive and comprehensive dental services are covered. To view Medicaid dental coverage, visit <a href="https://medicaid.ohio.gov/families-and-individuals/srvcs/dental">https://medicaid.ohio.gov/families-and-individuals/srvcs/dental</a></p>
<b>Diabetic Supplies</b>	<p>Diabetic supplies are limited to the following manufacturers:</p> <p><b>Blood glucose test strips and meters:</b></p> <p>Abbott Diabetes and Lifescan products</p>	<p>Diabetic supplies are limited to the following manufacturer:</p> <p><b>Blood glucose test strips and meters:</b></p> <p>Abbott Diabetes</p>
<b>Personal Emergency Response System (PERS)</b>	Personal Emergency Response System (PERS) is covered	PERS is covered for Community Well members and members where Ohio Medicaid has determined a need for long-term care only.
<b>Telehealth Benefits (additional)</b>	Includes primary care physician services, individual sessions for mental health specialty services, individual sessions for psychiatric services	Non-emergency, same day visits with a behavioral health or general medicine provider over phone or video.

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	2025 (this year)	2026 (next year)
<b>Vision Care – Eye Exam</b>	One routine eye exam per year	The plan covers one comprehensive eye exam: <ul style="list-style-type: none"> <li>• Per 12-month period for members over 59 years of age; or</li> <li>• Per 24-month period for members 21 through 59 years of age</li> </ul>
<b>Vision Care - Eyewear</b>	\$600 maximum plan coverage amount every year for all non-Medicare-covered eyewear	The plan covers one complete frame and pair of lenses (contact lenses, if medically necessary): <ul style="list-style-type: none"> <li>• Per 12-month period for members over 59 years of age; or</li> <li>• Per 24-month period for members 21 through 59 years of age.</li> </ul>
<b>Augment Therapy</b>	Augment therapy is not covered	Therapy providing members with a qualifying condition with remote therapy to improve activities of daily living <u>is</u> covered.
<b>CareBridge</b>	CareBridge is not covered	Cellular enabled tablet for access to a trained medical team for members meeting certain requirements <u>is</u> covered.
<b>Centers for Independent Living (CIL) Peer Program</b>	CIL Peer Program is not covered	Core services including advocacy, information and referral, peer support, skills training, and assistance with transitioning from nursing homes or institutions to community-based living <u>is</u> covered
<b>Companionship</b>	Companionship support is not covered	Companionship support for members meeting certain attribution requirements <u>is</u> covered
<b>Express Banking</b>	Express Banking is not covered	Express Banking <u>is</u> covered. See plan documents for more information

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	2025 (this year)	2026 (next year)
<b>Pulsewrx – Cellular Phone</b>	Pulsewrx is not covered	Services to connect you to a free or low-cost cell phone <u>are</u> covered.
<b>Remote Patient Monitoring</b>	Remote Patient Monitoring is not covered	Remote patient monitoring such as pulse oximeters and glucometers <u>is</u> covered for dual benefit members only who meet certain conditions such as COPD or respiratory health condition and diabetes.
<b>Safety Kits</b>	Safety Kits are not covered	Safety kits <u>are</u> covered for members who meet the care team's assessment of being unsafe in their home due to a medical condition
<b>WW (formerly known as Weight Watchers)</b>	WW is not covered	12-week WW membership <u>is</u> covered for eligible members who participate in care management with a qualifying condition. See plan documents for more information.

## E2. Changes to drug coverage

### Changes to our *Drug List*

An updated *List of Covered Drugs* is located on our website at **CareSource.com/oh/plans/MyCare-snp/plan-documents/**. You may also call Member Services at the numbers at the bottom of the page for updated drug information or to ask us to mail you a *List of Covered Drugs*.

The *List of Covered Drugs* is also called the *Drug List*.

We made changes to our *Drug List*, which could include removing or adding drugs, changing drugs we cover and changes to the restrictions that apply to our coverage for certain drugs.

Review the *Drug List* to **make sure your drugs will be covered next year** and to find out if there are any restrictions.

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Most of the changes in the *Drug List* are new for the beginning of each year. However, we might make other changes that are allowed by Medicare and/or the state which will affect you during the calendar year. We update our online *Drug List* at least monthly to provide the most up to date list of drugs. If we make a change that will affect a drug you're taking, we'll send you a notice about the change.

If you're affected by a change in drug coverage, we encourage you to:

- Work with your doctor (or other prescriber) to find a different drug that we cover.
  - You can call Member Services at the numbers at the bottom of the page or contact your care coordinator to ask for a *List of Covered Drugs* that treat the same condition.
  - This list can help your provider find a covered drug that might work for you.
- Ask us to cover a temporary supply of the drug.
  - In some situations, we cover a **temporary** supply of the drug during the first 90 days of the calendar year.
  - This temporary supply is for up to 30 days. (To learn more about when you can get a temporary supply and how to ask for one, refer to **Chapter 5** of your *Evidence of Coverage*.)
  - When you get a temporary supply of a drug, talk with your doctor about what to do when your temporary supply runs out. You can either switch to a different drug our plan covers or ask us to make an exception for you and cover your current drug.

Any current formulary exceptions you may have will still be covered next year as long as the coverage determination has not expired.

## Changes to drug costs

There are no changes to the amount you pay for drugs in 2026. Read below for more information about your drug coverage.

The following table shows your costs for drugs in each of our 5 drug tiers.

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	2025 (this year)	2026 (next year)
<b>Drugs in Tier 1</b> (Preferred Generic)  Cost for a one-month supply of a drug in Tier 1 that's filled at a network pharmacy	Your copay for a one-month (30-day) supply is <b>\$0</b> .	Your copay for a one-month (30-day) supply is <b>\$0</b> .
<b>Drugs in Tier 2</b> (Generic)  Cost for a one-month supply of a drug in Tier 2 that's filled at a network pharmacy	Your copay for a one-month (30-day) supply is <b>\$0</b> .	Your copay for a one-month (30-day) supply is <b>\$0</b> .
<b>Drugs in Tier 3</b> (Preferred Brand)  Cost for a one-month supply of a drug in Tier 3 that's filled at a network pharmacy	Your copay for a one-month (30-day) supply is <b>\$0</b> .	Your copay for a one-month (30-day) supply is <b>\$0</b> .
<b>Drugs in Tier 4</b> (Non-Preferred)  Cost for a one-month supply of a drug in Tier 4 that's filled at a network pharmacy	Your copay for a one-month (30-day) supply is <b>\$0</b> .	Your copay for a one-month (30-day) supply is <b>\$0</b> .
<b>Drugs in Tier 5</b> (Specialty Tier)  Cost for a one-month supply of a drug in Tier 5 that's filled at a network pharmacy	Your copay for a one-month (30-day) supply is <b>\$0</b> .	Your copay for a one-month (30-day) supply is <b>\$0</b> .

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## F. Administrative changes

In 2026, CareSource Dual Advantage (HMO D-SNP) will change to a Fully Integrated Dual Eligible Special Needs Plan (FIDE SNP) called **CareSource MyCare Ohio** (HMO D-SNP). This means that both your Medicare and Medicaid coverage will be managed by CareSource under one plan.

	2025 (this year)	2026 (next year)
Plan Name Change	CareSource® Dual Advantage (HMO D-SNP)	CareSource® MyCare Ohio (HMO D-SNP)

## G. Choosing a plan

### G1. Staying in our plan

We hope to keep you as a plan member. You don't have to do anything to stay in our plan. Unless you sign up for a different Medicare plan or change to Original Medicare, you'll automatically stay enrolled as a member of our plan for 2026.

### G2. Changing plans

Most people with Medicare can end their membership during certain times of the year. Because you have Medicaid, you can end your membership in our plan any month of the year. Since CareSource MyCare Ohio covers both Medicare and Medicaid services, your Medicaid coverage is aligned to match your selected MyCare Medicare plan. As long as you're enrolled in this MyCare plan for your Medicare benefits, your Medicaid enrollment will be with CareSource MyCare Ohio plan as well.

In addition, you may end your membership in our plan during the following periods:

- The **Open Enrollment Period**, which lasts from October 15 to December 7. If you choose a new plan during this period, your membership in our plan ends on December 31 and your membership in the new plan starts on January 1.
- The **Medicare Advantage (MA) Open Enrollment Period**, which lasts from January 1 to March 31. If you choose a new plan during this period, your membership in the new plan starts the first day of the next month.

**If you have questions**, please call CareSource MyCare Ohio at **1-855-475-3163 (TTY: 1-833-711-4711 or 711)**, 8 a.m. to 8 p.m. Monday through Friday, and from October 1 through March 31, the same hours seven days a week. The call is free. **For more information**, visit **CareSource.com/MyCare-SNP**.



There may be other situations when you're eligible to make a change to your enrollment. For example, when:

- you moved out of our service area,
- your eligibility for Medicaid or Extra Help changed, **or**
- you recently moved into or are currently getting care in an institution (like a skilled nursing facility or a long-term care hospital). If you recently moved out of an institution, you can change plans or change to Original Medicare for two full months after the month you move out.

### **Your Medicare services**

You have three options for getting your Medicare services listed below any month of the year. You have an additional option listed below during certain times of the year including the **Open Enrollment Period** and the **Medicare Advantage Open Enrollment Period** or other situations described in **Section G2**. By choosing one of these options, you automatically end your membership in our plan. You may also make a selection of a different integrated MyCare Ohio plan in any month of the year. This will result in your membership with us ending, and your enrollment will transfer to the MyCare plan you choose for both your Medicare and Medicaid benefits on the first of the month following when your selection is made.

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<p><b>1. You can change to:</b></p> <p><b>Another plan that provides your Medicare and most or all of your Medicaid benefits and services in one plan, also known as an integrated dual-eligible special needs plan (D-SNP) or a Program of All-inclusive Care for the Elderly (PACE) plan, if you qualify.</b></p>	<p><b>Here is what to do:</b></p> <p>Call Medicare at 1-800-MEDICARE (1-800-633-4227). TTY users should call 1-877-486-2048.</p> <p>For Program of All-inclusive Care for the Elderly (PACE) inquiries, call 1-800-266-4346 Monday through Friday 8 a.m. to 5 p.m. (TTY: Dial 711).</p> <p>If you need help or more information:</p> <ul style="list-style-type: none"> <li>• Call the Ohio Senior Health Insurance Information Program (OSHIIP) program at (800) 686-1578 or email <a href="mailto:oshiipmail@insurance.ohio.gov">oshiipmail@insurance.ohio.gov</a> Monday - Friday 7:30am - 5:00pm. For more information or to find a local OSHIIP office in your area, please visit <a href="http://www.insurance.ohio.gov/about-us/divisions/oshiip">www.insurance.ohio.gov/about-us/divisions/oshiip</a>.</li> </ul> <p><b>OR</b></p> <p>Enroll in a new integrated D-SNP.</p> <p>You'll automatically be disenrolled from our plan when your new plan's coverage begins.</p> <p>Ohio Medicaid will automatically align your Medicaid enrollment to match your plan selection.</p>
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<p><b>2. You can change to:</b></p> <p><b>Original Medicare with a separate Medicare drug plan</b></p>	<p><b>Here is what to do:</b></p> <p>Call Medicare at 1-800-MEDICARE (1-800-633-4227). TTY users should call 1-877-486-2048.</p> <p>If you need help or more information:</p> <ul style="list-style-type: none"> <li>• Call the Ohio Senior Health Insurance Information Program (OSHIIP) program at (800) 686-1578 or email <a href="mailto:oshiipmail@insurance.ohio.gov">oshiipmail@insurance.ohio.gov</a> Monday - Friday 7:30am - 5:00pm. For more information or to find a local OSHIIP office in your area, please visit <a href="http://www.insurance.ohio.gov/about-us/divisions/oshiip">www.insurance.ohio.gov/about-us/divisions/oshiip</a>.</li> </ul> <p><b>OR</b></p> <p>Enroll in a new Medicare drug plan.</p> <p>You'll automatically be disenrolled from our plan when your Original Medicare coverage begins.</p> <p>Switching to Original Medicare won't affect your Ohio Medicaid enrollment.</p>
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<p><b>3. You can change to:</b></p> <p><b>Original Medicare without a separate Medicare drug plan</b></p> <p><b>NOTE:</b> If you switch to Original Medicare and don't enroll in a separate Medicare prescription drug plan, Medicare may enroll you in a drug plan, unless you tell Medicare you don't want to join.</p> <p>You should only drop prescription drug coverage if you have drug coverage from another source, such as an employer or union. If you have questions about whether you need drug coverage, call the Ohio Senior Health Insurance Information Program (OSHIIP) program at (800) 686-1578 or email <a href="mailto:oshiipmail@insurance.ohio.gov">oshiipmail@insurance.ohio.gov</a> Monday - Friday 7:30am - 5:00pm. For more information or to find a local OSHIIP office in your area, please visit <a href="http://www.insurance.ohio.gov/about-us/divisions/oshiip">www.insurance.ohio.gov/about-us/divisions/oshiip</a>.</p>	<p><b>Here is what to do:</b></p> <p>Call Medicare at 1-800-MEDICARE (1-800-633-4227). TTY users should call 1-877-486-2048.</p> <p>If you need help or more information:</p> <ul style="list-style-type: none"> <li>• Call the Ohio Senior Health Insurance Information Program (OSHIIP) program at (800) 686-1578 or email <a href="mailto:oshiipmail@insurance.ohio.gov">oshiipmail@insurance.ohio.gov</a> Monday - Friday 7:30am - 5:00pm. For more information or to find a local OSHIIP office in your area, please visit <a href="http://www.insurance.ohio.gov/about-us/divisions/oshiip">www.insurance.ohio.gov/about-us/divisions/oshiip</a>.</li> </ul> <p>You'll automatically be disenrolled from our plan when your Original Medicare coverage begins.</p> <p>Switching to Original Medicare won't affect your Ohio Medicaid enrollment.</p>
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**If you have questions**, please call CareSource MyCare Ohio at **1-855-475-3163 (TTY: 1-833-711-4711 or 711)**, 8 a.m. to 8 p.m. Monday through Friday, and from October 1 through March 31, the same hours seven days a week. The call is free. **For more information**, visit **CareSource.com/MyCare-SNP**.



<p><b>4. You can change to:</b></p> <p><b>Any Medicare health plan</b> during certain times of the year including the <b>Open Enrollment Period</b> and the <b>Medicare Advantage Open Enrollment Period</b> or other situations described in <b>Section A</b>.</p>	<p><b>Here is what to do:</b></p> <p>Call Medicare at 1-800-MEDICARE (1-800-633-4227). TTY users should call 1-877-486-2048.</p> <p>For Program of All-Inclusive Care for the Elderly (PACE) inquiries, call 1-800-266-4346 Monday through Friday 8 a.m. to 5 p.m. (TTY: Dial 711).</p> <p>If you need help or more information:</p> <ul style="list-style-type: none"> <li>• Call the Ohio Senior Health Insurance Information Program (OSHIIP) program at (800) 686-1578 or email <a href="mailto:oshiipmail@insurance.ohio.gov">oshiipmail@insurance.ohio.gov</a> Monday - Friday 7:30am - 5:00pm. For more information or to find a local OSHIIP office in your area, please visit <a href="http://www.insurance.ohio.gov/about-us/divisions/oshiip">www.insurance.ohio.gov/about-us/divisions/oshiip</a>.</li> </ul> <p><b>OR</b></p> <p>Enroll in a new Medicare plan.</p> <p>You're automatically disenrolled from our Medicare plan when your new plan's coverage begins.</p> <p>Your Medicaid won't be affected by switching Medicare plans, unless you're choosing a PACE program. If you choose PACE coverage, then your Medicaid will be covered through PACE.</p>
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**If you have questions**, please call CareSource MyCare Ohio at **1-855-475-3163 (TTY: 1-833-711-4711 or 711)**, 8 a.m. to 8 p.m. Monday through Friday, and from October 1 through March 31, the same hours seven days a week. The call is free. **For more information**, visit **CareSource.com/MyCare-SNP**.



## Your Medicaid services

For questions about how to get your Medicaid services after you leave our plan, contact the Ohio Medicaid Hotline at 1-800-324-8680, Monday through Friday from 7:00 am to 8:00 pm and Saturday from 8:00 am to 5:00 pm. TTY users should call the Ohio Relay Service at 7-1-1. Ask how joining another plan or returning to Original Medicare affects how you get your Medicaid coverage.

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## H. Getting help

### H1. Our plan

We're here to help if you have any questions. Call Member Services at the numbers at the bottom of the page during the days and hours of operation listed. These calls are toll-free.

### Read your *Evidence of Coverage*

Your *Evidence of Coverage* is a legal, detailed description of our plan's benefits. It has details about benefits for 2026. It explains your rights and the rules to follow to get services and drugs we cover.

The *Evidence of Coverage for 2026 will be available by October 15*. An up-to-date copy of the *Evidence of Coverage* is available on our website at **CareSource.com/MyCare-SNP**. You may also call Member Services at the numbers at the bottom of the page to ask us to mail you an *Evidence of Coverage* for 2026.

### Our website

You can visit our website at **CareSource.com/MyCare-SNP**. As a reminder, our website has the most up-to-date information about our provider and pharmacy network (*Provider and Pharmacy Directory*) and our *Drug List (List of Covered Drugs)*.

### H2. Ohio Senior Health Insurance Information Program (OSHIIP)

You can also call the state health insurance program (SHIP). In Ohio the SHIP is called the Ohio Senior Health Insurance Information Program (OSHIIP) OSHIIP can help you understand your plan choices and answer questions about switching plans. OSHIIP isn't connected with us or with any insurance company or health plan. OSHIIP has trained counselors in every county and services are free. OSHIIP phone number is (800) 686-1578 [TTY 711] For more information or to find a local OSHIIP office in your area, please visit [www.insurance.ohio.gov/about-us/divisions/oshiip](http://www.insurance.ohio.gov/about-us/divisions/oshiip).

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**If you have questions**, please call CareSource MyCare Ohio at **1-855-475-3163 (TTY: 1-833-711-4711 or 711)**, 8 a.m. to 8 p.m. Monday through Friday, and from October 1 through March 31, the same hours seven days a week. The call is free. **For more information**, visit **CareSource.com/MyCare-SNP**.



### H3. MyCare Ohio Ombudsperson

*The Ombudsperson Program can help you if you have a problem with our plan. The ombudsperson's services are free and available in all languages. The Ombudsperson Program:*

- works as an advocate on your behalf. They can answer questions if you have a problem or complaint and can help you understand what to do.
- makes sure you have information related to your rights and protections and how you can get your concerns resolved.
- isn't connected with us or with any insurance company or health plan. The phone number for the Ombudsperson Program is 1-800-282-1206. TTY users should call 1-800-750-0750. The MyCare Ohio Ombudsman is available Monday through Friday from 8 am to 5 pm.

### H4. Medicare

To get information directly from Medicare, call 1-800-MEDICARE (1-800-633-4227). TTY users should call 1-877-486-2048.

- chat live at [www.Medicare.gov/talk-to-someone](https://www.Medicare.gov/talk-to-someone)
- write to Medicare at PO Box 1270, Lawrence, KS 66044.

#### Medicare's Website

You can visit the Medicare website ([www.medicare.gov](https://www.medicare.gov)). If you choose to disenroll from our plan and enroll in another Medicare plan, the Medicare website has information about costs, coverage, and quality ratings to help you compare plans.

You can find information about Medicare plans available in your area by using Medicare Plan Finder on Medicare's website. (For information about plans, refer to [www.medicare.gov](https://www.medicare.gov) and click on "Find plans.")

#### Medicare & You 2026

You can read the *Medicare & You 2026* handbook. Every year in the fall, this booklet is mailed to people with Medicare. It has a summary of Medicare benefits, rights and protections, and answers to the most frequently asked questions about Medicare. This handbook is also available in Spanish, Chinese, and Vietnamese.

If you don't have a copy of this booklet, you can get it at the Medicare website ([www.medicare.gov/Pubs/pdf/10050-medicare-and-you.pdf](https://www.medicare.gov/Pubs/pdf/10050-medicare-and-you.pdf)) or by calling 1-800-MEDICARE (1-800-633-4227). TTY users should call 1-877-486-2048.

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**If you have questions**, please call CareSource MyCare Ohio at **1-855-475-3163 (TTY: 1-833-711-4711 or 711)**, 8 a.m. to 8 p.m. Monday through Friday, and from October 1 through March 31, the same hours seven days a week. The call is free. **For more information**, visit **CareSource.com/MyCare-SNP**.



## H5. Quality Improvement Organization (QIO)

Our state has an organization called QIO. This is a group of doctors and other health care professionals who help improve the quality of care for people with Medicare. The QIO is an independent organization. It's not connected with our plan.

<b>CALL</b>	1-888-524-9900
<b>TTY</b>	1-888-985-8775  <i>This number is for people who have difficulty with hearing or speaking. You must have special telephone equipment to call it.</i>
<b>WRITE</b>	10820 Guilford Rd., Suite 202  Annapolis Junction, MD 20701
<b>WEBSITE</b>	<a href="http://www.livantaqio.com/">http://www.livantaqio.com/</a>

Contact the QIO for help with:

- questions about your health care rights
- making a complaint about the care you got if you:
  - have a problem with the quality of care such as getting the wrong medication, unnecessary tests or procedures, or a misdiagnosis,
  - think your hospital stay is ending too soon, **or**
  - think your home health care, skilled nursing facility care, or comprehensive outpatient rehabilitation facility (CORF) services are ending too soon.

## H6. Medicaid

Medicaid helps with medical and long-term services and supports costs for people with limited incomes and resources.

You're enrolled in Medicare and in Medicaid. If you have questions about the help you get from Medicaid, call the Ohio Medicaid Hotline 1-800-324-8680 Customer Service: Mon-Fri 7am-8pm and Sat 8am-5pm ET.

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**If you have questions**, please call CareSource MyCare Ohio at **1-855-475-3163 (TTY: 1-833-711-4711 or 711)**, 8 a.m. to 8 p.m. Monday through Friday, and from October 1 through March 31, the same hours seven days a week. The call is free. **For more information**, visit **CareSource.com/MyCare-SNP**.



You may also contact your local County Department of Job and Family Services if you have questions or need to submit changes to your address, income, or other insurance. Contact information is available online at: [jfs.ohio.gov/County/County\\_Directory.pdf](https://jfs.ohio.gov/County/County_Directory.pdf).

<b>CALL</b>	1-800-324-8680  Monday through Friday from 7:00 am to 8:00 pm and Saturday from 8:00 am to 5:00 pm.
<b>TTY</b>	TTY users should call the Ohio Relay Service at 7-1-1.
<b>WRITE</b>	505 South High Street Columbus, Ohio 43215
<b>EMAIL</b>	<a href="mailto:bmhc@medicaid.ohio.gov">bmhc@medicaid.ohio.gov</a>
<b>WEBSITE</b>	<a href="http://www.ohiomh.com">www.ohiomh.com</a>

## H7. The Medicare Prescription Payment Plan

The Medicare Prescription Payment Plan is a payment option that may help you manage your out-of-pocket costs for drugs covered by our plan by spreading them across the calendar year (January-December) as monthly payments. This program doesn't save you money or lower your drug costs.

"Extra Help" from Medicare and help from your state's pharmaceutical assistance program (SPAP) and the AIDS Drug Assistance Program (ADAP), for those who qualify, is more advantageous than participation in the Medicare Prescription Payment Plan alone. All enrollees are eligible to participate in this program, regardless of income level. To learn more about this program please contact us at the phone number at the bottom of this page or visit [www.medicare.gov](http://www.medicare.gov).

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**If you have questions**, please call CareSource MyCare Ohio at **1-855-475-3163 (TTY: 1-833-711-4711 or 711)**, 8 a.m. to 8 p.m. Monday through Friday, and from October 1 through March 31, the same hours seven days a week. The call is free. **For more information**, visit **CareSource.com/MyCare-SNP**.



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



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

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

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

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

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

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

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

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

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

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

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

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

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

వ్యాఖ్యాతలు మరియు ఇతర రాతపూర్వక 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 मद्दत प्राप्त गर्नुहोस्। तपाईंलाई अशक्तता छ भने निःशुल्क सहायता र समर्थन प्राप्त गर्नुहोस्। **1-855-475-3163 (TTY: 1-833-711-4711 वा 711)** मा कल गर्नुहोस्।

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

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

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

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ODM Approved: 08/31/2025



**Department of  
Medicaid**

Next Generation MyCare



