

Welcome

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



*Thank you for choosing
CareSource MyCare Ohio
for your health insurance.*



**Department of
Medicaid**

Next Generation MyCare

We want you to get the best healthcare possible, so we're here to help you use and navigate the great benefits we offer.

Your coverage starts <effective coverage date>.

Please keep this letter as proof of your coverage.

Your New Member Welcome Center

Visit **CareSource.com/WelcomeMyCare** or scan the QR code to get started. The Welcome Center is your one-stop destination to:

- Create your CareSource MyLifeSM account
- Choose a doctor
- Explore your benefits



Get started in four easy steps



1. Create your CareSource MyLife account

CareSource MyLife is your digital health companion where you can manage your health plan. Find your member ID card, important plan documents, and view your care plan all in one place. To create your account, you'll need your Social Security Number or member ID number: <member #>.



2. Access your member ID card

After creating your account, you can immediately access your digital member ID card through CareSource MyLife. Your physical ID card will also arrive by mail in 5-7 days.

Use your member ID card whenever you visit a doctor, pharmacy, or other health care provider.



3. Find providers

CareSource MyCare Ohio has a broad network of providers. Beginning <effective coverage date>, your health care will be given or arranged by providers that are part of this network. To use a provider outside the network requires prior authorization and may result in charges to you.

Exceptions for out-of-network care include emergency care, urgently needed care, or out-of-area dialysis. The Evidence of Coverage, also known as the Member Handbook, has more details about in- and out-of-network care, as well as information about benefits.

It's easy to check if your providers are in our network using our Find a Doctor tool. Visit **findadoctor.caresource.com** to access the tool or find your assigned Primary Care Provider (PCP) through CareSource MyLife.



4. Meet your care team

As part of your care, you'll be assigned a Care Coordinator who will support you every step of the way. Your Care Coordinator will reach out to help you complete a Health Risk Assessment (HRA). The HRA is a simple questionnaire that helps us understand your health needs, lifestyle, and any concerns you may have. If you have questions or would like to schedule your HRA now, call Member Services and we'll connect you with your Care Coordinator. You can also complete your HRA in CareSource MyLife whenever it's convenient for you. You can also earn a \$50 reward for completing your HRA!*

Once you complete your HRA, your Care Coordinator will work with you to create a personalized care plan based on your unique needs and goals.

Make the most of your benefits

Plan documents

Visit [CareSource.com/WelcomeMyCare](https://www.caresource.com/WelcomeMyCare) to find important documents and details about your coverage, including:



- Evidence of Coverage (EOC)
- List of Covered Drugs (Formulary)
- Provider and Pharmacy Directory
- Your Rights and Responsibilities
- Notice of Privacy Practices and how to choose what health data you allow us to share with your providers and other health plans.

If you want a printed copy of any of these materials mailed to you, 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 to March 31, the same hours, seven days a week.

Lean on our experience. We're here to help.

We understand health insurance can be complicated, so we're here to support you. If you need more help or have additional questions about your health plan coverage, 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 to March 31, the same hours, seven days a week.

Changing Coverage

If you change your mind and do not want to be a member of CareSource MyCare Ohio, please call Member Services at the phone number listed in the box above.

Tell them that you want to cancel your enrollment in CareSource MyCare Ohio. The deadline for canceling your enrollment is within 7 calendar days of the date of this letter or by the day before the enrollment effective date, whichever is later.

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

Important Contact Information for Your Plan

CareSource MyCare Ohio Member Services Questions about prior authorizations, grievances, appeals and coverage determinations can be answered by 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: If you aren't sure what to ask or where to go for care, call our 24-Hour Nurse Advice Line. We're here for you 24 hours a day, 7 days a week.	1-866-206-7861 (TTY: 1-833-711-4711 or 711)
Behavioral Health Crisis Line	1-855-202-1087 or TTY: 711, 24 hours a day, 7 days a week
9-8-8 Suicide and Crisis Lifeline Hotline	Call or text 988, 24 hours a day, 7 days a week.
Emergency Services: 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. <i>Prior authorization, or approval, is not required for emergency services.</i>	911 Open 24 hours a day, 365 days a year when your provider is not available.
Care Coordination	1-855-475-3163 (TTY: 1-833-711-4711 or 711)
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
Delta Dental® Dental Benefit	1-833-778-7003 (TTY: 711)
EyeMed® Vision Benefit	1-844-206-6383 (TTY: 711)
Fitness Benefit	1-855-475-3163 (TTY: 1-833-711-4711 or 711)
Health Risk Assessment (HRA) support	1-855-475-3163 (TTY: 1-833-711-4711 or 711)
HealthyBenefits+ & Rewards	1-855-475-3163 (TTY: 1-833-711-4711 or 711)
Hearing Benefit	1-855-475-3163 (TTY: 1-833-711-4711 or 711)



Department of
Medicaid
Next Generation MyCare

CareSource® MyCare Ohio (HMO D-SNP) Healthy Benefits+ Program

The Healthy Benefits+ debit card provides CareSource MyCare Ohio members with **\$300 per month (with rollover!)** to purchase the following qualifying items, services, and accessories at eligible locations:



Over-the-counter (OTC) Items – Allergy, sinus, cold and flu medicine, vitamins, pain relief, first-aid products and more!

Dental, Vision, Hearing – Glasses, contacts, fillings, hearing aids, hearing aid batteries and more!

Need Help Paying for Food, Utilities or Other Daily Needs?

Additional support is available for those who qualify for **Special Supplemental Benefits for the Chronically Ill (SSBCI)**. SSBCI is designed to offer extra benefits to those with certain serious chronic health conditions. Eligibility is determined by the plan, and **you will be notified if you qualify**. Once eligibility is approved, SSBCI benefits will become available within 10 business days of the confirmation date.

To learn more about SSBCI eligibility and validation criteria, visit **CareSource.com/MyCare-SSBCI** or **scan the code with your phone's camera to view the SSBCI Chronic Conditions**.



These details are also included in your Evidence of Coverage.

Members who qualify for SSBCI may use the Healthy Benefits+ card for the following qualifying items and services at eligible locations:

- **Healthy Food*** (Fruit, vegetables, meat, cheese, milk, beans, grains, soups)
- **Utilities*** (Internet, cell phone, cable, natural gas**, electricity, water, sewer, garbage***)
- **Rent & Mortgage Assistance*** (Helps cover bills towards rent and mortgage at participating retailers, where Mastercard® is accepted***)
- **Household Cleaning Supplies*** (Detergent, sponges, dish soap, toilet cleaner, bleach, brooms, trash bags, paper towels)

- **Personal Care Items*** (Shampoo, razors, mouthwash, moisturizers, soap, cleansers, antiperspirant, tissues)
- **Haircut and Barber Services*** (At covered retailers who accept Mastercard®)

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

How to use your Healthy Benefits+ Card

Activate your card

You will receive your Healthy Benefits+ card in the mail. It will come with directions on how to activate and use it, including how to download the Healthy Benefits+ mobile app and create an account. **You must activate your card before you can use it.**

If you already have a Healthy Benefits+ card, continue to use it until the end of 2026. Watch out for your new card in the mail, it will be light purple. You can activate and use your new card after January 1, 2027. Your old card will not work after January 1, 2027.

Need help with activation? Call Member Services at 1-855-475-3163 (TTY: 1-833-711-4711 or 711).

Use your card

Funds will be loaded on your card when you become eligible and the card is activated. Keep your current card until January 1, 2027 as your new card will not work until January 1, 2027. If you don't use the whole \$300 of your Healthy Benefits+ allowance each month, it will roll over! That means these funds won't expire until December 31, 2027.

Find a full list of items and retailers where you can use your Healthy Benefits+ card on your Healthy Benefits+ mobile app or at **HealthyBenefitsPlus.com/MyCare-SNP**.



When shopping online, you must spend at least \$35 (before applicable taxes) to qualify for free shipping.

One card for both My CareSource Rewards® and Healthy Benefits+

You will use the same card for your My CareSource Rewards and your Healthy Benefits+ monthly allowance****.

With My CareSource Rewards you may earn up to \$595 each year for completing eligible healthy activities, including:

- Health Risk Assessment (HRA) with your Care Coordinator
- Annual Physical
- Annual Flu Shot
- Annual Dental Exam
- Cancer Screening
- And more!

When you buy something, money comes out of your most restricted allowance first. For example, if you buy something that qualifies for rewards but not over-the-counter, the money will automatically come out of your rewards.

To learn more about the My CareSource Rewards Program, visit **CareSource.com/MyCare-SNPRewards** or scan the code with your phone's camera.



We're here to help. If you have questions when you get the card or while setting it up, or if you don't receive your Healthy Benefits+ card before your coverage start date, call Member Services at 1-855-475-3163 (TTY: 1-833-711-4711 or 711). We are open 8am to 8pm, Monday through Friday, and from October 1 through March 31, we are open the same hours, seven days a week.

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

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

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

**Pay at the pump not allowed.

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

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

Understanding Advance Directives

An Advance Directive is an important document that lets you share your wishes about medical care in case you get too sick to speak for yourself. This includes what you want for both physical and mental health care.

Having an Advance Directive helps make sure that your doctors and family members know what you want when it comes to your treatment. This can help reduce stress for everyone during tough times. By making your wishes clear, you can feel more at ease knowing that your choices will be respected.

You have a choice.

You don't have to make an advance directive, but it's a good idea to do so. You can fill out an advance directive at any time while you're able to act for yourself. Health care providers must tell you that you have the right to express your wishes about your health care. They should also ask if you have your wishes written down and add your advance directive to your medical records.

When making an advance directive, think about your current and future health. Here are some important things to consider:

- **It's Your Choice:** Writing an advance directive is completely up to you.
- **You Have Rights:** The law allows you to make choices about your health care and whether to accept or refuse treatment.
- **It Doesn't Mean You Want to Die:** Having an advance directive does not mean you want your life to end; it just means you want your wishes respected.
- **Choosing a Decision Maker:** You can pick someone to make health care decisions for you if you can't make them yourself. You can also use the directive to prevent certain people from making decisions for you.
- **Be of Sound Mind:** You must be able to think clearly to create an advance directive.
- **Age Requirement:** You need to be at least 18 years old or an emancipated minor to create one.
- **Flexible:** You can change or cancel your advance directive at any time.

What kinds of forms are there?

Under Ohio law, there are four primary forms of Advance Directives that you can choose from based on your personal health needs and preferences:

- **Health Care Power of Attorney:** This document allows you to designate a person to make health care decisions on your behalf if you are unable to do so.
- **Living Will:** A Living Will outlines your preferences regarding life-sustaining treatment and other medical interventions in situations where you are terminally ill or permanently unconscious.
- **Declaration for Mental Health Treatment:** This form specifically addresses your wishes regarding mental health treatment and allows you to specify preferences for mental health care.
- **Do Not Resuscitate (DNR) Order:** A DNR order instructs medical personnel not to perform CPR or other resuscitation efforts if your heart stops or you stop breathing.

Frequently Asked Questions

Do I have to fill out an advance directive before I get medical care?

No. No one can make you fill out an advance directive. You decide if you want to fill one out.

Do I need a lawyer?

No, you don't need a lawyer to fill out an advance directive. If you have questions or want help, you can talk to a lawyer.

Do the people giving medical care have to follow my wishes?

Yes, your care providers must follow your wishes if allowed by state law. In Ohio, if a provider giving you medical care is unable to follow your wishes because they go against their personal beliefs, they will help you find someone else who will follow your wishes. If you think someone is not following your wishes, you may file a complaint with the Ohio Department of Health.

Can I change my advance directive?

Yes, you can change your advance directive whenever you want. It is a good idea to look over your advance directive from time to time. It is important to make sure they still say what you want and that they cover all areas needed especially if your health changes or if the people named in the document change.

If I don't have an advance directive, who chooses my medical care when I can't?

If you are in terminal condition or a permanently unconscious state and cannot make decisions for yourself, Ohio law recognizes an order of people who can make decisions for you if you don't have an advance directive. Ohio law recognizes this order of decision makers: legal guardian (if applicable), then your spouse, then most of adult children, then your parents and finally other closest relative.

Where do I get advance directive forms?

You can get advance directive forms from many doctors, hospitals and clinics. A lawyer could also help you.

What do I do with my forms after filling them out?

After you fill out your advance directive forms, you should:

- Give copies to your provider and health care facility to put into your medical record.
- Give one to a trusted family member or friend. Make sure to tell your family and friends where they can find your advance directive, so they know what your wishes are when it matters.
- If you choose someone to be your Health Care Power of Attorney, give that person a copy.
- Keep a copy with your personal papers.
- You may want to give one to your lawyer or clergy person.
- Be sure to tell your Care Coordinator, family or friends about what you have done.

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. You can also talk with your Care Coordinator. Learn more online at **CareSource.com/MyCare**.



**Department of
Medicaid**
Next Generation MyCare

Medicare Prescription Payment Plan

The Medicare Prescription Payment Plan is a payment option that allows you to pay out-of-pocket prescription drug costs in the form of monthly payments over the course of your plan year instead of all at once at the pharmacy. It's completely voluntary to join, meaning it's your choice.

The goal is to help you manage your out-of-pocket Medicare Part D drug costs by spreading them across the calendar year (January-December). There are no fees or interest if payments are made on time. **This payment option may help you manage your expenses, but it does not save you money or lower your drug costs.**

Part D enrollees who face high cost-sharing earlier in the plan year are more likely to benefit from the program. This payment option may not be the best choice for you if you get help paying for your prescription drug costs through programs like Extra Help from Medicare or a State Pharmaceutical Assistance Program (SPAP). Before you make a decision, consider all of your options and what might work best for you.

CareSource® MyCare Ohio (HMO D-SNP) members have no copays for Medicare Part D prescription drugs if you receive "Extra Help."

To learn more visit **CareSource.com/MyCare-SNP**. We're also happy to help. If you have questions, call us at **1-855-475-3163 (TTY: 1-833-711-4711 or 711)**. We are open 8 a.m. to 8 p.m. Monday through Friday, and from October 1 through March 31 we are open the same hours, seven days a week.

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Accepted: 8/31/2026

Medicare Prescription Payment Plan participation request form

The Medicare Prescription Payment Plan is a payment option that works with your current drug coverage to help you manage your out-of-pocket costs for drugs covered by your plan by spreading them across the calendar year (January-December). **This payment option might help you manage your expenses, but it doesn't save you money or lower your drug costs.**

This payment option might not be the best choice for you if you get help paying for your prescription drug costs through programs like Extra Help from Medicare or a State Pharmaceutical Assistance Program (SPAP). Call your plan for more information.

Complete all fields unless marked optional

I want to participate in the Medicare Prescription Payment Plan for the:

☐ Current Plan Year ☐ Upcoming Plan Year

FIRST name:

LAST name:

MIDDLE initial (optional):

Medicare Number:

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Member ID Number:

RxGroup Number:

Birth date: (MM/DD/YYYY)

Phone number:

Permanent residence street address (don't enter a P.O. Box unless you're experiencing homelessness):

City:

County (optional):

State:

ZIP code:

Mailing address, if different from your permanent address (P.O. Box allowed):

Address:

City:

State:

ZIP code:

Read and sign below

- I understand this form is a request to participate in the Medicare Prescription Payment Plan. My plan will contact me if they need more information.
- I understand that signing this form means that I've read and understand the form and the attached terms and conditions.
- **My plan will let me know when my participation in the Medicare Prescription Payment Plan is active.** Until then, I understand that I'm not a participant in the Medicare Prescription Payment Plan.
- I understand that if I stay in the same health or drug plan, my plan will automatically renew my participation in the Medicare Prescription Payment Plan at the beginning of each calendar year, unless I contact my plan to opt out.

Signature:

Date:

If you're completing this form for someone else, complete the section below. Your signature certifies that you're authorized under State law to fill out this participation form and have documentation of this authority available if Medicare asks for it.

Name:

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

Phone number:

Relationship to participant:

How to submit this form

Submit your completed form to:

Express Scripts MPPP

P.O. Box 801101

Kansas City, MO 64180-1101

You can also complete the participation request form online at <https://www.express-scripts.com/mppp> or call us at **1.866.845.1803** to submit your request via telephone.

If you have questions or need help completing this form, call us at **1.866.845.1803**, 24 hours a day, 7 days a week. TTY users can call **1.800.716.3231**.

KEEP THIS PAGE FOR YOUR RECORDS

Medicare Prescription Payment Plan Terms and Conditions

By opting into the Medicare Prescription Payment Plan, you agree to the following terms and conditions:

1. **We'll Let Your Pharmacy Know**

We'll notify your pharmacy that you're using this payment option. It will apply only to Medicare Part D covered drugs that are processed after your participation request is approved.

2. **This Payment Plan Spreads Out Costs—It Doesn't Lower Them**

While this payment option helps to manage your drug costs, it does not lower your drug costs. If you have limited income or resources, visit [Medicare.gov](https://www.Medicare.gov) to learn about programs that can help lower your drug costs.

3. **You Pay \$0 at the Pharmacy (You'll Be Billed Later)**

When you get a prescription filled for an eligible drug, you won't pay anything at the pharmacy. But you will still be responsible for your share of the cost of the prescription covered by your Medicare Part D benefit under your plan. Before you pick up your prescription, make sure you understand how much you'll need to pay each month for the rest of the year. The pharmacy can help you understand your share of the prescription cost.

4. **You'll Get a Monthly Bill**

Each month, you'll receive a bill for the amount you owe, when it's due, and information on how to make a payment.

5. **Your Monthly Payment May Change**

Your payments may change every month because your monthly bill is based on what you would have paid for any prescriptions you get, plus your previous month's balance, divided by the number of months left in the year. But you'll never pay more than the total amount you would have paid out of pocket or the total annual out-of-pocket maximum.

6. **If You Miss a Payment**

If you miss a payment, you'll get a reminder notice. If you don't pay your bill by the due date listed, you'll be removed from this payment option. You're still required to pay the amount you owe, and you may not be able to elect back into this payment option.

7. **If Your Medicare Part D Plan Changes**

If you are disenrolled from your Medicare Part D plan for any reason, or you enroll in a new plan with drug coverage, your participation in this payment option will end. But you'll still continue to get a monthly bill for the amount you owe until your balance is paid in full. If you enroll in a new plan with drug coverage, you may be able to rejoin the Medicare Prescription Payment Plan by contacting your new plan.

8. **Automatic Renewal**

I understand that if I stay in the same health or drug plan, my plan will automatically renew my participation in the Medicare Prescription Payment Plan at the beginning of each calendar year, unless I contact my plan to opt out.

9. **You Can Opt Out Anytime**

You can leave this payment plan at any time without affecting your Medicare drug coverage and other Medicare benefits.

10. **How to Opt Out of the Payment Plan**

You can opt out online through the website or by calling the phone number listed on the back of your member ID card. After you opt out, you'll still get a bill each month for the amount you owe until your balance is paid.

11. Paying After You Opt Out

You'll pay the pharmacy directly for new out-of-pocket drug costs after you leave this payment plan.

12. Have a Concern?

If you have a concern, you have the right to file a complaint. Follow the grievance process found in your Member Handbook or Evidence of Coverage for how to do that.

13. Address Changed?

Express Scripts administers this program for your Medicare Part D plan. If your plan has a different address than the one filled out on the form, you'll need to contact your plan to update your address.

14. Online Account Access

Express Scripts works with a third-party supplier to offer the Medicare Prescription Payment Plan, to give you a website to view your account, schedule and make payments, and review your payment history. You can go to this website at <https://www.express-scripts.com/mppp>.

15. Protect Your Account

If you suspect that your online account or password has been compromised, call Express Scripts right away.

16. You'll Get Important Emails

By participating in this payment option, you'll automatically receive important relevant emails from Express Scripts or its delegate.

17. Phone Calls and Texts

I understand that my plan, Express Scripts and other third parties on their behalf may contact me, by phone or text at the phone numbers I provide in conjunction with my coverage. I acknowledge these calls or text messages may be delivered using an automated system. I understand I can opt out of calls and texts related to the Medicare Prescription Payment Plan by contacting Express Scripts or my health plan at any time.

18. Who Manages This Payment Plan?

Express Scripts, Evernorth's pharmacy benefit services business, administers this program for your prescription plan for your employer, plan sponsor, health plan, or benefit fund.

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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

You may revoke your authorization at any time, but it will not affect information that we have already used and or disclosed.

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.

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 òfẹ ní èdè rẹ pẹlú àwọn ògbifò àti àwọn ohun èlò mírán tí a kọ sílẹ̀. Gba àwọn irànlówó àti àtílẹ̀yìn òfẹ 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 بنو (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 మెటీరియల్స్ తో 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 jeralin 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