

CareSource®

2021 Member Handbook Georgia

A Guide to Your Health Care Benefits

Health Insurance Marketplace

CareSource is a Qualified Health Plan issuer in the Health Insurance Marketplace.



IMPORTANT NEXT STEPS

1. Your Member ID Card

- Look for your ID card in the mail (see page 12)
  - You will get your member ID card in a separate mailing.
  - You can also access your member ID card from your My CareSource® account, or view a digital copy of it on the CareSource mobile app.

2. Create Your Online My CareSource® Account (see page 6)

- Go to **MyCareSource.com**. Then select ***Sign Up*** to create an account or ***Login*** to update your existing account.
  - If you have a new member ID number, you will need to update your account with your new plan information.
- Download our CareSource mobile app to stay connected on the go.
- Get quick and easy access to your plan and account information, as well as health and wellness information through **MyCareSource.com** and the mobile app.
- Tell us if you want to **Go Green** and receive text or email when possible.

3. Learn about Your Benefits & Services (see pages 21-25)

- Read about your covered benefits and services. You can also find information about your covered benefits and services online at: **CareSource.com/marketplace**.
- Learn about our special programs such as Disease Management, Tobacco Cessation, and Care Coordination (see page 27) or call us at **1-833-230-2030**.

4. Choose an In-Network Primary Care Physician (PCP)

- **FIND:** Use our ***Find a Doctor*** tool to locate the right doctor for you (see page 14).
- **SELECT:** Sign in to **MyCareSource.com** and select ***Choose Provider*** on the Home page. Adding your PCP to your My CareSource account will help ensure the appropriate cost share amount is charged for each visit.
- **VISIT:** Make an appointment with your PCP. It's important to have regular checkups, even when you are not sick.

5. Complete your Health Needs Assessment through MyHealth (see page 27)

- Fill out your Health Needs Assessment (HNA). CareSource wants to help you stay healthy. You'll get a personal health score and a plan with tips for becoming or staying healthy!



The information provided in this Member Handbook is meant to serve as an informative and quick reference guide. If there is any conflict between this Member Handbook and your Evidence of Coverage, the Evidence of Coverage shall control. If a specific situation or question arises regarding your rights and benefits under your plan, please reference your Evidence of Coverage. In addition, your Evidence of Coverage and this Handbook can be found on our website at **CareSource.com/marketplace**. You may also contact CareSource Member Services for more information about your rights and benefits under the plan.

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WELCOME!

Thank you for being a CareSource member! We are glad to have you as a member of our health plan. At CareSource, we focus more on people than profits. Our marketplace health plans continue our long history of making health care coverage easy to understand and access. *It's health care with heart!*

Please review this handbook. It will help you better understand your benefits and coverage, and how to get the most out of your CareSource plan. In addition, please be sure to review your Schedule of Benefits (SB) and Evidence of Coverage (EOC). Your SB and EOC contains additional detailed information about your plan. Please read the entire SB and EOC and use it often as a reference for your covered services. You may also contact us with any questions you might have about your plan.

2021 HIGHLIGHTS

Enrollment Website: Visit **Enroll.CareSource.com** to update your Marketplace application if you have a change to your application information, such as adding a dependent, changing your address or reporting a change in income. The enrollment website makes it easy to keep your Marketplace plan up to date.

CareSource.com: Our website offers easy navigation and gives you information at your fingertips. Get the information you want and need – plan documents, forms, prescription provider information, even educational material, easier and faster than ever.

MyCareSource.com: Your secure, personal CareSource account. It holds your plan documents, cost information, claims, explanations of benefits, invoices, and more. It is also your portal to MyHealth and our rewards program, myStrength for emotional support, and MyResources to help you connect with community resources. If you've had a My CareSource account in the past, be sure to update it with your new Member ID number.

Go Green! New paperless options for invoices, explanations of benefits and more! Create or login to your **MyCareSource.com** account and go to the ***Preferences*** page. We will email or text you a notice when documents are available in your account. We can't email you notices for everything, but when we can, we will be happy to!

CareSource mobile app: Access to your digital ID card, view your claims and pay your premium wherever you go. The new Message Center is where you can find notifications from us about important health information and see when you have new documents to view online. Get one touch access to our Nurse Advice Line, CareSource24; and connect with a doctor anytime using the MYidealDOCTOR link. Our app makes using your CareSource benefits easy and convenient.

Vision Care: CareSource members have access to one of the largest and most recognized networks for vision care in the country. We provide annual vision exams and glasses or contacts under your pediatric vision coverage for children, and for all members who have optional Adult Dental, Vision and Fitness plans.

Hearing Care: All members can have a hearing test and select from a variety of hearing aid devices offered at a discount through our extensive network of providers.

Dental Care: CareSource now offers access to a robust provider network for pediatric dental care with all Marketplace plans, and for all members with optional Dental, Vision and Fitness plans.

MyResources: MyResources is a program for those times in life when you may be struggling with something other than your physical or behavioral health. We can direct you to local low cost and no-cost resources that will help with food, housing, emergency financial help, and more! Sign on to your **MyCareSource.com** account to begin your search.

Deductible Rollover into 2021! Reminder: any claim amounts accumulated toward your deductible from October through December 2020 will also be applied to your 2021 deductible. This can help you meet your deductible sooner and get more value from your plan.



WHEN TO UPDATE YOUR INFORMATION

Use CareSource's enrollment website **Enroll.CareSource.com** when you need to change or update your household information, such as:

- When you move
- If you or someone in your household has a change in income
- If you adopt or have a child
- To permanently change your address or contact information

Our enrollment website provides an easy, no-hassle way to let the Marketplace know when you have changes to report. You can also call the Marketplace directly at 1-800-318-2596 (TTY: 855-889-4325) or go to Healthcare.gov.

WORKING WITH CARESOURCE

Self-Service Tools and Information

CareSource offers easy ways to access information about your plan and your benefits online, 24 hours a day.

Enroll.CareSource.com

CareSource's one-stop source for your Marketplace application and enrollment. Through our direct enrollment site you are able to:

1. Compare and shop for different CareSource Marketplace plans;
2. Update your application;
3. Gain access and insights into issues with your health insurance marketplace application.
4. Apply for and enroll in a new or different plan outside of the open enrollment period due to a life-changing event

CareSource.com/marketplace

Browse our website to get more information about your health plan. It provides resources you can use to get or stay healthy: educational videos, tips for self-care, and links to other sources of information, like the American Heart Association. On **CareSource.com** you'll find:

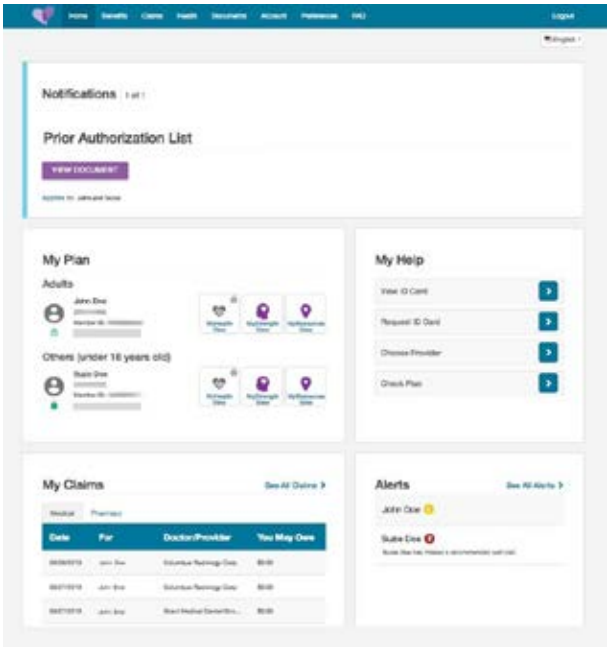
- General information about CareSource
- Plan specific documents – Schedule of Benefits, Summary of Benefits & Coverage, Evidence of Coverage, and more
- Forms
- Find a Doctor
- "Tell Us" Contact Form
- Drug Formulary
- Added benefits, such as Active&Fit®, Disease Management and our 5/3 Banking partnership



MyCareSource.com

Your secure, private portal containing your personal information such as your claims, invoices and plan documents. Here are just a few things that you can do with your My CareSource account:

- View and print your ID card, or request a new one be mailed
- Set your preference for receiving information from us. Choose mail, email or text alerts
- Pay your bill or set up automatic payments
- Check your copays and coinsurance
- See the status of your annual deductible and annual out of pocket amounts
- View your Explanation of Benefits (EOB) statements
- View claims
- View plan documents
- Take your Health Needs Assessment
- View important health alerts



The My CareSource Account Home Screen

CareSource Mobile App

You can download the free CareSource mobile app to your smartphone or tablet. The app is available on Google Play™ for Android™, and the Apple® App store for iPhones®. When you download the mobile app, you can:

- View your digital member ID card
- Access your secure My CareSource® account
- View your claims
- Check your copays, deductibles, balances and even make a payment (if applicable)
- Find a doctor, hospital, clinic, urgent care or pharmacy near you
- Call CareSource24® Nurse Advice Line, and speak with a registered nurse 24/7/365
- Connect with MYidealDOCTOR™, our telemedicine provider
- Check your message center for important updates
- And more!

Member Services

If you don't have access to the internet, have additional questions, or need assistance from a Member Services representative, call **1-833-230-2030** (TTY/TDD: 1-800-255-0056). We are open 7 a.m. to 7 p.m., Monday through Friday to take your call and answer your questions.

Call Member Services when you:

- Have questions about your benefits and services
- Need help finding a doctor or other health care provider
- Need information in another language or format

The Member Services phone number also appears on the back cover of this handbook, on your ID card, and most communication you will receive from us.

CareSource Member Services is closed on the following holidays:

New Year's Day	Friday, January 1, 2021
Memorial Day	Monday, May 31, 2021
Independence Day	Monday, July 5, 2021
Labor Day	Monday, September 6, 2021
Thanksgiving Thursday,	November 25, 2021
Day after Thanksgiving	Friday, November 26, 2021
Christmas EveFriday,	December 24, 2021
Christmas Day	Monday, December 27, 2021

Vision Care Member Services*

EyeMed® is the benefit manager for routine vision services for our pediatric members as well as adults with our optional Adult Dental, Vision and Fitness coverage. If you have questions or need help finding a vision care provider, call EyeMed directly at 1-833-337-3129.

Vision Care Services Member Website

We are pleased to offer a website, www.EyeMed.com/csmp where you can find the following services related to your routine vision services:

1. View claims and explanation of benefits
2. Find a network provider
3. Confirm the cost of services
4. Verify what services you still have access to for the benefit year
5. Ordering contacts online
6. Find tutorials and information about the routine vision benefits and other vision related services available
7. Access discounts on laser vision correction and other services

**Routine vision services are available to all plan's pediatric members and adult members with our optional Adult Dental, Vision and Fitness plan.*

Hearing Care Member Services

CareSource members have access to hearing screening tests and discounted hearing aids through TruHearing. If you have questions about the program or need help finding a network provider, please call TruHearing directly at 1-866-202-2561.

Dental Care Member Services*

CareSource members have access to a wide network of dental providers through DentaQuest. If you have questions or need help finding a network provider, please call DentaQuest directly at 1-855-453-5284.

**Routine dental services are available to all plan's pediatric members and adult members with our optional Adult Dental, Vision and Fitness plan.*

Interpreter Services

If there is a CareSource member in your family whose primary language is not English, call us. We offer interpreters for members who need language assistance communicating with CareSource. By calling the Member Services department at **1-833-230-2030** you can speak with an interpreter over the phone.

We also provide some printed materials in other languages or formats such as large print, or we can explain materials orally, if needed. This is a free service to you.

We make it easy to stay in touch with CareSource. Let us know when you have questions. We are here to help.

TTY/TDD for the Hearing Impaired

Call 1-800-255-0056, or 711 if you are hearing impaired and have any questions, whether they are about your plan benefits and services or about your health and care.



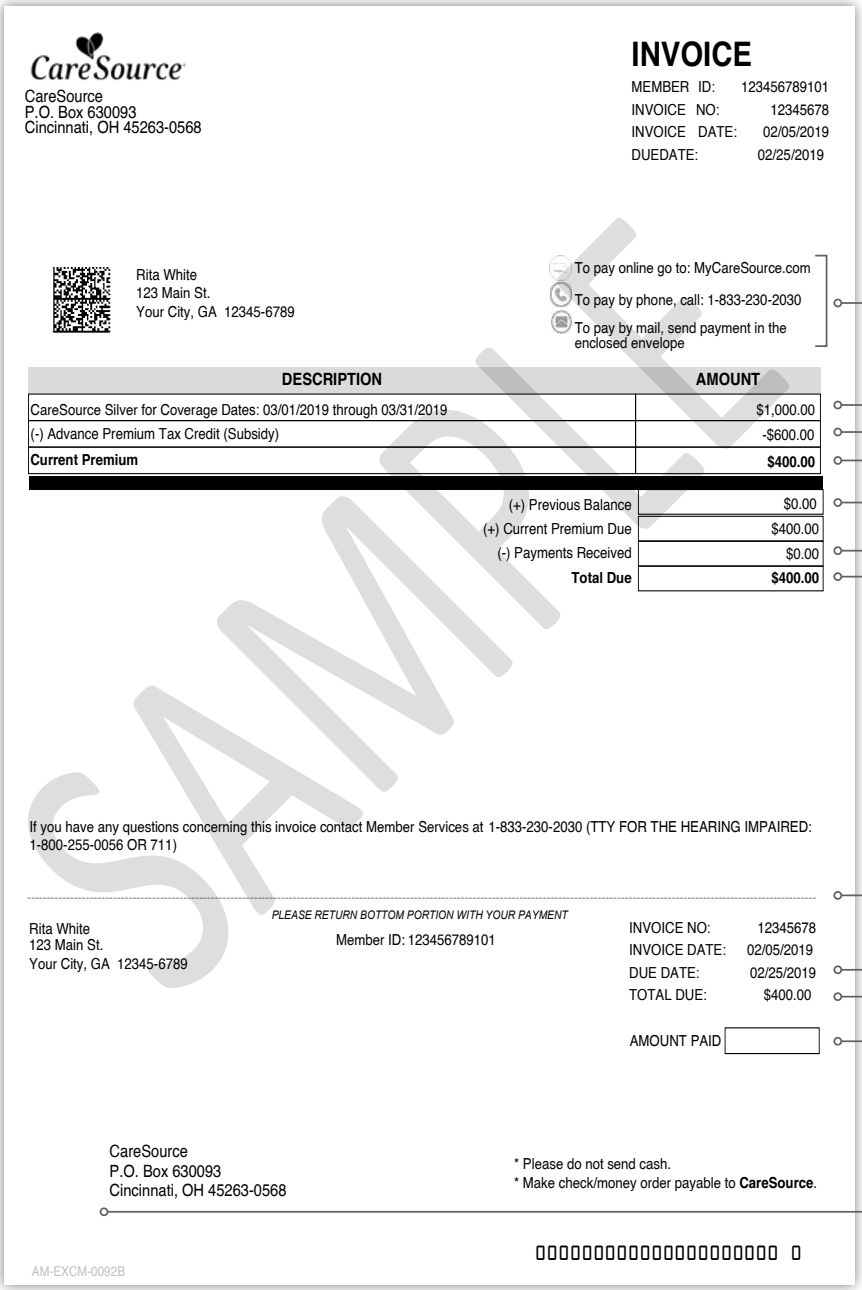
ALL ABOUT YOUR PREMIUM

Your CareSource Invoice

The payment you provide to CareSource for your health insurance coverage is called a premium. You will receive a monthly invoice from CareSource for the premium amount due for the upcoming month.

NEW: You can now opt to receive a notice via email or text that your invoice is ready to view on your My CareSource account instead of receiving a paper invoice in the mail. Go to your My CareSource account and click ***Preferences*** to update your email and text information.

Your monthly invoice will look something like this:



CareSource

CareSource
P.O. Box 630093
Cincinnati, OH 45263-0568

INVOICE

MEMBER ID: 123456789101
INVOICE NO: 12345678
INVOICE DATE: 02/05/2019
DUEDATE: 02/25/2019

Rita White
123 Main St.
Your City, GA 12345-6789

To pay online go to: MyCareSource.com
To pay by phone, call: 1-833-230-2030
To pay by mail, send payment in the enclosed envelope

DESCRIPTION	AMOUNT
CareSource Silver for Coverage Dates: 03/01/2019 through 03/31/2019	$1,000.00
(-) Advance Premium Tax Credit (Subsidy)	-$600.00
Current Premium	**$400.00**
(+) Previous Balance	$0.00
(+) Current Premium Due	$400.00
(-) Payments Received	$0.00
Total Due	**$400.00**

If you have any questions concerning this invoice contact Member Services at 1-833-230-2030 (TTY FOR THE HEARING IMPAIRED: 1-800-255-0056 OR 711)

PLEASE RETURN BOTTOM PORTION WITH YOUR PAYMENT

Rita White
123 Main St.
Your City, GA 12345-6789

Member ID: 123456789101

INVOICE NO: 12345678
INVOICE DATE: 02/05/2019
DUE DATE: 02/25/2019
TOTAL DUE: $400.00

AMOUNT PAID

CareSource
P.O. Box 630093
Cincinnati, OH 45263-0568

* Please do not send cash.
* Make check/money order payable to **CareSource**.

AM-EXCM-0092B

SAMPLE

Payment methods

Monthly premium
Monthly subsidy
Current premium due (premium minus subsidy)
Previous balance (any unpaid amount from previous months)
Payments received since the last invoice
Total amount due

Return only the bottom portion of the invoice

Payment due date
Total amount due

Enter the amount you are paying here (normally the total amount due)

Mailing address (please make sure that the address shows in the window of the envelope)

How to Pay Your Premium

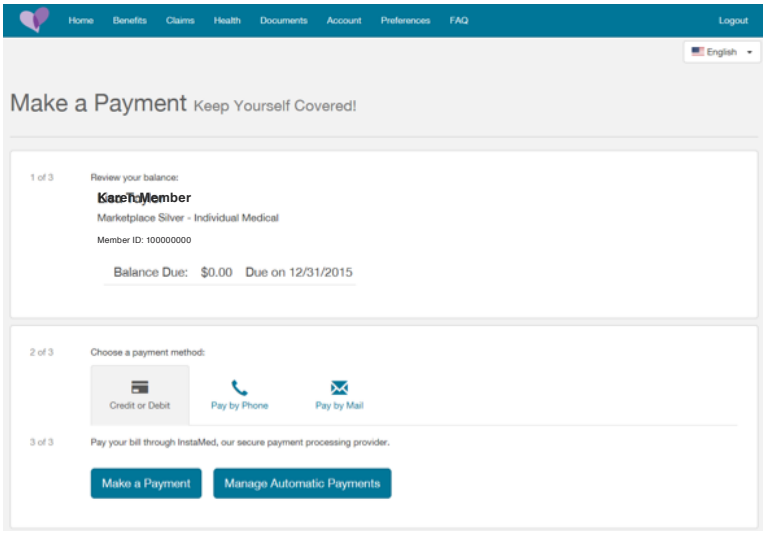
To pay your monthly premium to CareSource, you may:

Make an Express Payment online

- Go to **www.caresource.com/mppay** and enter your member information to be taken directly to the payment screen.

Pay online through your My CareSource account

- Go to your My CareSource account and select *Pay Bill*. You can choose ***Make a Payment*** or *Manage Automatic Payments*. Either option will take you to our secure, online payment processing vendor.
- To make a one-time payment, select ***Make a Payment*** and complete the payment form with the amount due, then complete the credit/debit card or bank account information on the secure form.
- If you want to set up automatic monthly payments, select ***Manage Automatic Payments***, and complete the automatic payment information on the secure form.



Pay by phone

- Call Member Services at **1-833-230-2030** and tell our automated attendant that you would like to make a payment.
- Phone payments can be made through credit card, debit card or checking account.

Pay by mail

- Detach the bottom portion of your invoice and write in the amount of your check or money order.
- Include the bottom portion (remittance slip) of your invoice and your check or money order. Make sure that our address shows through the window of the envelope.
- Please include your member ID number on the memo portion of the check or money order.

Paying Your Premium On-Time is Important

It is important to pay the total premium amount due by the due date! If we do not receive your premium payment by the due date on the invoice, then your account is past due. By not paying your premium payment on time and allowing your account to become past due, your medical and pharmacy benefits are at risk.

If your premium payment becomes 30 days or more past due, your pharmacy benefits will be suspended. You will be expected to pay for prescriptions until your account is paid in full by the due date on the invoice.

In addition, if your premium payment becomes 30 days or more past due, your Medical benefits through a physician or facility are at risk. We are required to notify your providers regarding this delinquency. It will be up to the physician or facility to decide whether or not you will be required to pay at time of service.

In the event that you do not resolve your past due amount, your policy can be terminated and you will lose your coverage. You will not be able to purchase new coverage till the next Open Enrollment period or if you have a qualifying life event.

If you have applied for new coverage, payment for any past due premiums from the previous 12 months and the premium for the first month of new coverage must be paid in full by the due date to activate the new coverage.

For more information on what will occur if you do not pay your premium payments on time, please refer to your Evidence of Coverage - Section 2 - How the Plan Works.

Check your Payments and Balance

You can see when your last payment was posted by clicking ***Account*** at the top of the My CareSource account screen. This will show your total amount due. Click the link on the right side of the screen that says ***View Account Activity***, and you will be able to see each payment and when it was received. You can also view and print invoices or request a copy of an invoice.



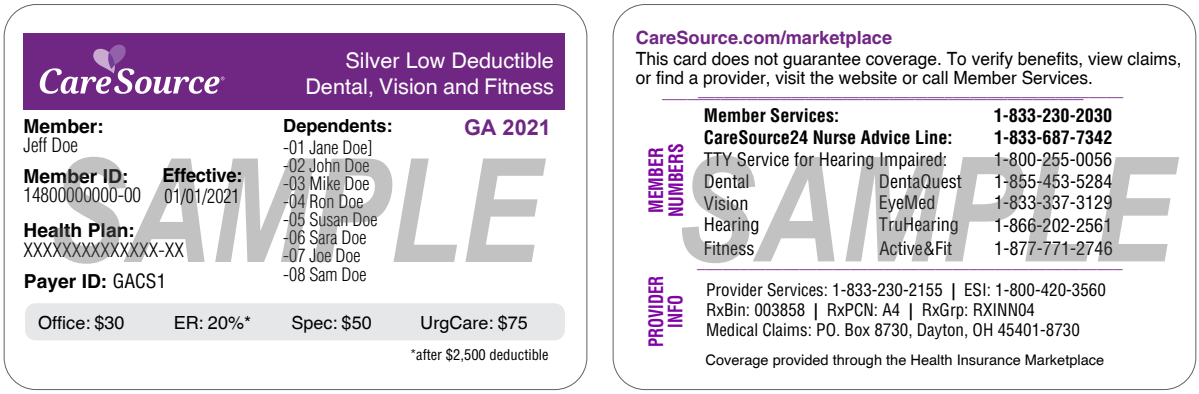


ID CARDS

You will receive a CareSource ID card in a separate mailing and it will be available on your My CareSource account and the CareSource mobile app. Your ID card lists each member of your family who has health insurance coverage under the Plan. Be sure to show your card each time you go to the doctor, hospital, urgent care center and pharmacy.

ID Cards will show additional important contact information to help you get to the right area fast, including our 24/7 Nurse Advice Line, Vision Benefits Manager, Hearing Benefits Manager and Fitness Benefits Manager.

NOTE: You should always have your ID card ready when you call Member Services or any of the Benefits Managers. The member ID number listed on your card will help us serve you faster.



Additional/Replacement ID Cards

If you need additional ID cards, or lose your ID card, you may print it from your My CareSource account, or view a digital copy on the CareSource mobile app. You can request a replacement ID card through your My CareSource account, or by calling Member Services and telling our automated attendant that you need a replacement ID card.

COMMUNICATION

In addition to your monthly invoice, CareSource may send you additional information to keep you up to date on your plan details and benefits available to all members.

Some of these communications may be about you or your family's specific health conditions, special programs offered to you, or care management opportunities. Some are just to keep you updated with the latest information about CareSource and your plan. Regular communications all members receive include our member newsletters and Explanations of Benefits.

Go Green! You can choose to receive many communications through your My CareSource account, or through text or email. When you choose email or text, we will send you a notice that a document is available in your My CareSource account. Please remember that even if you choose email and/or text notifications, you will still receive some mail from us when required by law.

Be sure to tell us your preferred method of contact through your My CareSource account as we continue to improve our delivery of communications.

Member Newsletters

Our MemberSource newsletter is sent out quarterly, and is also available online at **CareSource.com/marketplace**, under the ***Education*** link. The newsletter is used to help you take the fullest advantage of your plan benefits, give useful health and wellness information, and keep you up to date with what's happening at CareSource.

Explanation of Benefits

When you visit the doctor, or have other health care services, we will send you an Explanation of Benefits (EOB), or a notice by email or text that your EOB is available on your My CareSource account. Your EOB will outline the care you received, the total cost, what CareSource pays for the service and the part of the cost that you may be responsible for paying. Your EOB is not a bill. It will tell you:

- The member who got the service
- The provider who billed for the service
- The date the service was received
- A description of the service
- The amount CareSource paid for the service
- How much you owe or already paid for the service, if anything

If you do owe for a service, you will get a bill from the provider. We encourage you to save your EOB statements and pay only the amount listed as your responsibility. If you get a bill from a provider for more than the amount the EOB shows as your responsibility, or for services you did not receive, call Member Services at the number on the back of your ID card.

It is important that you review your EOBs to be sure that you are being charged for the correct services and the correct amounts. Your review ensures that you are only being charged for services that you have received, and can help us prevent fraud.



WHERE TO GET CARE

Generally, you must receive care from a CareSource network provider. A network provider is a doctor, pharmacy, hospital, clinic or other health care provider contracted with CareSource to provide health care services to our members. Please refer to your plan's Evidence of Coverage for details and exceptions to using a network provider.

You can find network providers listed through our mobile app, on our ***Find a Doctor*** tool at **CareSource.com/marketplace**, or you can request a printed Provider Directory for a listing of providers near you. You may also call Member Services and a representative will help find a network provider near you.

Dental, Vision and Hearing Providers

CareSource partners with select vendors to provide expanded benefits and services including expertise in the services and broadened networks. These are exclusive relationships for the services considered, which means that for these services, you must use a provider within the benefit manager's network in order for CareSource to cover the services.

Benefit Category & Manager	Eligible Members	Services Overview	Member Contact
Routine Hearing (TruHearing)	All Marketplace Members	Routine hearing exams & hearing aids	1-866-202-2561
Routine Vision (EyeMed)	• All pediatric members • Adults on Dental, Vision, and Fitness plans	Routine eye exam, glasses, contacts, and other value-added services	1-833-337-3129
Routine Dental (DentaQuest)	• All pediatric members • Adults on Dental, Vision, and Fitness plans	Preventive, diagnostic, restorative, basic/major, and pediatric includes medically necessary orthodontics.	1-855-453-5284

For more details on covered services, please see your Evidence of Coverage. These providers are shown within our ***Find A Doctor*** tool or you can use the above phone number, which is also on the back of your member ID card, to locate a provider. Please call if you need assistance in any way.

Primary Care Provider

Your main source of care should be your Primary Care Provider (PCP), also known as a doctor, a primary care physician, a physician, a health care provider, or just provider. Your PCP will get to know you, and can coordinate any additional or extra care you may need, such as testing. It is always a good idea to check with your doctor or with CareSource to ensure a test, specialist or treatment is covered. The more familiar your PCP is with you and your medical history, the better your PCP will be able to treat you. You can see any in-network PCP or provider that you like.

Naming your PCP in your My CareSource account or the CareSource mobile app will let us know who your PCP is, and ensure that we are applying the right cost share amount to your claims. It will also allow us to communicate more effectively with your PCP about your care. You do not have to notify us if you change your PCP, but it is helpful in order to coordinate your care and ensure you receive recommended preventive services.

To locate a PCP, specialist or other in-network provider, use our ***Find A Doctor*** tool available through **CareSource.com/marketplace** or on the CareSource mobile app. You may also call Member Services and they will help you locate a provider.

CareSource24 Nurse Advice Line

Our CareSource24®, Nurse Advice Line is available 24 hours a day, 365 days a year. If you are injured or sick, call the CareSource24 number on the back of your member ID card. A Registered Nurse will ask you questions and advise you: if care is needed, what kind of care, when it is needed and who should provide it.* If the nurse refers you to MYidealDOCTOR for a telemedicine visit, you can be connected without making another phone call. CareSource24 services are available at no cost to you.

When you call CareSource24, a nurse can help you*:

- Discuss care for an injury or illness
- Decide when to visit a health care provider, urgent care, or emergency room
- Understand a health condition
- Make a list of questions to ask before visiting a health care provider
- Learn about medication side effects, generic substitutes, and drug-to-drug interactions

Call CareSource24 at **1-833-687-7342 (833-NurseGA)**.

** CareSource24 Registered Nurses do not provide care or treatment and cannot diagnose conditions. CareSource24 Registered Nurses provide you with general information about your health related questions. In the case of a true medical emergency, always call 911 first.*

Telehealth Medicine

Your PCP or other local provider may offer telehealth visits. Many reasons for a PCP visit can be taken care of over the phone or computer. Conditions such as medication check ins, rashes, allergies, sinus issues, and more. Check with your provider to see if telehealth visits are offered, and get the details of how to schedule and have an appointment over the phone.

If your provider doesn't offer telehealth, or you need to have an appointment after hours or on the weekend, you can use MYidealDOCTOR for your consultation. You can speak with a doctor anytime using your phone or computer with MYidealDOCTOR. MYidealDOCTOR is not meant to replace your primary care provider, but to augment the care you get from your PCP. If you need to see a provider soon, but can't get an appointment quickly, or if your need is urgent but not an emergency, consider MYidealDOCTOR.

Getting care is easy. With one phone call, you can consult with a board certified physician, receive advice, and if necessary, have a prescription called in to a local pharmacy. MYidealDOCTOR is available 24 hours a day, 7 days a week. There are easy ways to access MYidealDOCTOR.

1. Call 1-855-879-4332
2. Go online to myidealdoctortelehealth.com
3. Download the app to your phone
4. Use the CareSource app for one-touch access

If it is your first visit, you will need to register using information on your CareSource ID card. Then enter the reason for your call. A doctor will call you back for your consultation, normally within 15 minutes.

This service is available 24/7/365 and can be used to treat many common health problems, like:

- Coughs/Colds/Flu
- Congestion/sinus infection
- Allergies
- Rashes

Best of all, a MYidealDOCTOR consult has the same copay as a PCP visit!

MYidealDOCTOR is a registered trademark of MYidealDOCTOR, LLC.

Convenience Care Clinics

Convenience care clinics offer an easy option when you need care for minor injuries or illness. CareSource members can visit clinics located inside select drug and grocery stores for care. Most clinics are open into the evening and on weekends, and most take walk-ins. You can visit convenience care clinics for the same cost as a PCP visit copay. You can find convenience care clinics by using our ***Find A Doctor*** tool on **CareSource.com** or using the CareSource mobile app. Look under "Clinic" for Type and then under "Urgent Care/After Hours" for the Specialty to find convenience care clinics near you. You can also call Member Services if you do not have internet access or need assistance finding a clinic near you. If you aren't sure if a convenience care clinic is right for your situation, please call CareSource24 for guidance.

Urgent Care Clinics

Urgent care clinics should be used for situations that require prompt attention, when you cannot get in to see your Primary Care Physician (PCP) quickly enough. You should also consider going to an urgent care clinic when you require a higher level of care than your PCP or local convenience care clinic can provide. If you aren't sure where to go for care, call our 24 hour Nurse Advice Line, CareSource24. The number is on the back of your ID card.

To find the nearest urgent care clinic, use our ***Find a Doctor*** online tool and look under "Clinic" for Type, then select "Urgent Care/After Hours" for the Specialty. You can call our Member Services department, or CareSource24 and they can help you find an urgent care clinic near you. You can also call an urgent care clinic near you directly and ask them if they accept CareSource Marketplace plans.

Hospital Emergency Room

A hospital emergency room visit should be reserved only for true emergencies. They are typically the most expensive course of action for you, and if your issue is not a true emergency, you may have to wait an extended time to get attention, and your claim may not be covered. Some examples of when emergency services are needed include:

- Miscarriage/pregnancy with vaginal bleeding
- Severe chest pain
- Shortness of breath
- Loss of consciousness
- Seizures/convulsions
- Uncontrolled bleeding
- Severe vomiting
- Rape
- Major burns
- Drug overdose
- Psychosis

You do not have to contact CareSource for an OK before you get emergency services. If you have an emergency, call 911 or go to the nearest emergency room (ER) or other appropriate setting. If you are not sure whether you need to go to the emergency room, call your PCP or the CareSource24 Nurse Advice Line at **1-833-687-7342 (833-NurseGA)** (TTY: 1-800-255-0056 or 711). Your PCP or the CareSource24 Registered Nurse can talk to you about your medical problem and give you advice on what you should do.

Remember, if you need emergency services:

- Go to the nearest hospital emergency room or other appropriate setting. Be sure to tell them that you are a CareSource member and show your ID card.
- If the provider treating you for an emergency takes care of your emergency but thinks you need other medical care to treat the problem that caused your emergency, then you or the provider must call CareSource.
- If you are able, call your PCP as soon as you can to let him or her know that you had a medical emergency, or have someone call for you. Call your PCP as soon as you can after the emergency to schedule any follow-up services.
- If the hospital has you stay (admits you to a room in the hospital), please make sure that CareSource is called within 24 hours.

NOTE: The use of non-network hospitals for emergency services is a benefit of your plan, but will only be covered to the extent outlined in your Evidence of Coverage. Members that receive emergency services from non-network hospitals may be responsible for the balance of any charges that are not paid by CareSource. Please refer to your Evidence of Coverage, Section 5 – Your Covered Services – Emergency Health Care Services, for more information.

When you are Outside of our Service Area

You may get sick or hurt while traveling outside of our service area. If this happens and you are within the United States, you can get medically necessary covered services for urgent or emergency care from a provider that is not in our network.

Prior to seeking urgent or emergency care, we encourage you to call your PCP or CareSource24 for guidance, but this is not required. You should get urgent care from the nearest and most appropriate health care provider. Urgent and emergency care is covered both in and out of our service area.

If you receive urgent or emergency care from a provider who is not a network provider, you may need to submit the bill you receive to CareSource with a claim form. You can get a member claim form online at **CareSource.com/marketplace**, on the ***Forms*** page under ***Tools and Resources***, or by calling Member Services at **1-833-230-2030** (TTY/TDD: 1-800-255-0056 or 711).





CURRENT TREATMENT PLANS AND CONTINUITY OF CARE

Sometimes members who enroll in CareSource plans already have treatment or care planned. If the associated provider is not in our network, please contact us prior to obtaining that service. CareSource will be able to confirm if you qualify for a “Continuity of Care” exception to see an out of network provider. Note that these exceptions are limited to specific situations and will only be approved for certain timeframes. Except for emergencies, services obtained from an out of network provider without prior approval will not be covered. See the Prior Authorization section of this handbook for more information.

COVERED SERVICES

CareSource covers a wide range of services to help keep you healthy. They include:

- Primary care and specialty physician services
- Prescription drug coverage
- Outpatient services
- Hospitalizations
- Emergency services
- Maternity and newborn care
- Mental health and substance abuse treatment
- Preventive and wellness services
- Rehabilitative and habilitative services and devices
- Laboratory services
- Chronic disease management
- Covered clinical trials
- Podiatry care
- Pediatric dental and vision services
- Optional Adult Dental, Vision and Fitness Plans cover dental and vision services for adults, and provide access to fitness center memberships or home fitness kits.

Please refer to your Evidence of Coverage (EOC) for more details and any limits that may apply.

Visits to behavioral health specialists, like visits to other specialists, do not require you to have a referral. However, you may want to work with your Primary Care Provider (PCP) to coordinate your care. If you need a list of behavioral health specialists, you can use our ***Find a Doctor*** online tool, or contact Member Services at **1-833-230-2030** (TTY: 1-800-255-0056, or 711) for assistance.

Preventive Care

Preventive care means making regular visits to your Primary Care Provider (PCP), even when you do not feel sick. Routine checkups, tests and screenings can help your doctor find and treat problems early before they become serious.

Certain preventive care services received from in-network providers are covered at no cost to you. These include screening mammograms, pap tests, vision and hearing screenings, as well as behavioral health screenings, like a depression screening.

Below are some of the preventive care screenings and exams recommended for men and women of different ages. Many of these preventive care steps are covered by your CareSource benefits. To see the preventive care visits for children, visit **CareSource.com/marketplace** and choose ***KidsHealth*** under the **Education** menu.

Recommended Activities	20s	30s	40s	50s	60 & Older
Annual Physical Exam	✓	✓	✓	✓	✓
Breast Cancer Screen (Women Only)			✓	✓	✓
Cholesterol Screen	✓	✓	✓	✓	✓
Diabetes Screen			✓	✓	✓
Dental Exam (covered for all Pediatric members and adults with optional Dental, Vision & Fitness plans)	✓	✓	✓	✓	✓
Eye Exam(covered for all Pediatric members and adults with optional Dental, Vision & Fitness plans)	✓	✓	✓	✓	✓
Chlamydia Screen (women only)	Under 25				
Cervical Cancer Screen (women only)	✓	✓	✓	✓	✓
Colon Cancer Screen				✓	✓
Lung Cancer Screen					✓
AAA Screen					65-75
Flu Shot	✓	✓	✓	✓	✓
Pneumococcal Vaccine					✓
Shingles Vaccine					✓
Td Vaccine (Tetanus, Diptheria)	✓	✓	✓	✓	✓

Children have additional tests, screenings and vaccines that are needed from newborn through age 18. Talk to your child's pediatrician or visit our KidsHealth pages on **CareSource.com** for more information.

Staying Healthy

Your health is important. Here are some easy ways that you can maintain or improve your health:

- Establish a relationship with a PCP.
- Make sure you and your family have regular checkups with your PCP and get appropriate preventive services.
- If you have a chronic condition (such as asthma or diabetes), see your provider regularly. Follow the treatment that your provider has given you. Make sure that you take the medications that are prescribed for you. Take advantage of CareSource's Care Management services as well.
- Remember, the CareSource24 Nurse Advice Line is available to help you. You can call the number on your member ID card anytime day or night, any day of the year.
- CareSource has programs that can help you maintain or improve your health. You can call **1-833-230-2030** (TTY: 1-800-255-0056 or 711) for more information about these programs.

Routine Hearing Benefits

All CareSource members have access to hearing benefits and a hearing aid discount program. Members can have a routine hearing test at no charge, and then select from a variety of hearing aid devices at varying price points, if needed.

Pediatric Dental and Vision Benefits

All CareSource marketplace plans cover pediatric dental and vision services and accidental/medical adult dental service. Pediatric vision services are covered through our EyeMed partnership, allowing us to offer one of the largest nationwide network of providers, covering annual eye exams, glasses contact lenses, and more. To find a provider for routine vision services, you can use our Find A Doctor tool, or call EyeMed directly at 1-855-453-5284.

Routine dental services* are provided through our partnership with DentaQuest, offering a robust network of providers. Be sure that your provider is in the DentaQuest network before receiving services. You can call DentaQuest directly at 1-855-209-3945.

**Accidental dental care does not require the use of a DentaQuest provider.*

Optional Adult Dental, Vision and Fitness Benefits

If you chose our Adult Dental, Vision and Fitness Plan for 2021, adult members gain access to:

1. An annual routine eye exam
2. An annual allowance for eyewear (glasses or contacts)
3. Two dental checkups annually
4. An annual allowance for routine, basic and major dental services
5. Access to a network of itness centers (see the Active&Fit Program section for more details)

See your EOC and Schedule of Benefits for your cost sharing amounts and more details, or call Member Services for more information. To find a provider for routine vision services you can use our ***Find A Doctor*** tool, or call EyeMed directly at 1-833-337-3129.

Routine dental care* providers can be found by calling DentaQuest member services at 1-855-453-5284. You may also use our ***Find a Doctor*** tool and search for “Dentistry” as the specialty to locate a provider near you.

**Accidental dental care does not require the use of a DentaQuest provider. Call Member Services for help finding accidental dental care providers.*

Active&Fit Program

NO COST Fitness Center Memberships with Adult Dental, Vision and Fitness Plans

Another advantage of choosing a CareSource plan with Adult Dental, Vision and Fitness coverage is that adults 18 and over can participate in the Active&Fit® program at no cost. The Active&Fit program allows members to join a network of fitness centers, or choose from two home fitness kits each calendar year, all at no cost to you! Members with wearable fitness devices can track their progress on the Active&Fit website. You may be eligible to get a wearable fitness device through Active&Fit also. Visit ActiveandFit.com to learn more about this great, free member program.

The Active&Fit program is provided by American Specialty Health Fitness, Inc., a subsidiary of American Specialty Health Incorporated (ASH). Active&Fit is federally registered trademarks of ASH.

Prescription Drugs

We want to make sure you get the safest, most cost-effective drugs for your needs. CareSource uses a Marketplace Drug Formulary, also known as a Formulary. Drugs are categorized into tiers that represent different cost-sharing amounts. To learn more about how to use our Formulary, please refer to the introduction of the Formulary. The Formulary can be found on the Pharmacy pages of our website. If you do not have access to the Internet, Member Services can assist you.

Some drugs may have limits on how much can be dispensed to you at one time (called quantity or dosing limits). You may need to try one drug before taking another (called step therapy). We may also require your provider to submit clinical information to us to explain why a specific drug is being used (called a clinical prior authorization). These are called Utilization Management reviews. We must approve the request before you can get the drug. These requirements help limit misuse and abuse, and ensure you get the most appropriate drugs for your condition. Drugs not listed on the Formulary are generally not covered without an approved Exception request. Your doctor can submit an Exception request.

To find out which drugs are on the Formulary, which tier they are in, and whether they require Utilization Management review, you can:

- Use our online search tool, ***Find My Prescriptions*** under ***Tools and Resources***. After you select your plan, you can search by drug name (generic or brand). This tool will confirm coverage, if prior approval is needed, and your cost.
- Review the full Formulary drug list on the **Pharmacy** page under ***Plans***. Select ***Printed Formulary*** to download or open the full Formulary document.
- Call our Member Services department and ask for help with your prescriptions.

Network Pharmacies

In order to have your prescriptions covered by CareSource, you must get them filled at a pharmacy in our network. Our network includes most major plus many smaller pharmacies. We also have mail-order pharmacies in our network. To see a full list of network pharmacies, go to our ***Find A Pharmacy*** tool on the left menu under the **Find My Prescriptions** link.

Medication Therapy Management

At CareSource, we know the impact that proper medication use can have on your health. That's why we have a Medication Therapy Management (MTM) program for our members. This program can help you learn about your medications, prevent or address medication-related problems, decrease costs, and stick to your treatment plan.

The MTM program may be available from your local pharmacists if they have chosen to take part. In many cases, a pharmacist will reach out to you and ask if you are interested in learning more about your medications. They ask because they want to help you. Through this program, your local pharmacist will get alerts and information about your medications. They offer ways to help you with your medications and how to take them the right way. They will also work with your provider to address your needs and improve how you use your medications. The pharmacist may ask to schedule time with you to go over all of your medications, including any pills, creams, eye drops, herbals or over-the-counter items. This helps the pharmacist be alert to possible adverse side effects of taking multiple medications.

This service and the pharmacist's help and information are all part of being a CareSource member and are available at no cost to you.

MTM Benefits to Members and Health Partners

- Improves safe use of medications
- Provides better coordination of care with all your doctors and other caregivers
- Gives you more information about your medications and how to use them correctly
- Adds another person to help you with your overall health care

Services that Require a Prior Authorization

CareSource keeps track of the services you get from health care providers. We discuss some services with your providers before you get them. We do this to make sure the services are appropriate and necessary.

Your doctor will assist you in getting a prior authorization from us for services that need one. For example, some procedures and most inpatient hospital stays require a prior authorization.

Except in emergencies, call CareSource Member Services before getting these services from any provider:

- Any surgery
- Cancer care
- Care after a hospital stay within the last 30 days
- Transplants (like kidney or bone marrow)
- Medical equipment
- Home health services
- Some behavioral health services (inpatient care, residential care, etc.)

You do not need to call if the provider is in the CareSource Marketplace network and the planned services do not need a prior authorization.

A list of the services that require prior authorization is included with your annual member materials, in your My CareSource account and on **CareSource.com**. Hover over ***Plans***, select ***Plan Documents*** under ***Marketplace***. Pick your state, then ***General Plan Information*** from the menu or from the ***Quick Links*** menu. You may also call member services and request a printed copy of the Prior Authorization List.

Many other services do not need a prior authorization. You do not need a prior authorization to see your PCP or most in-network specialists. You do not need a prior authorization for lab work, X-rays or many outpatient services either, as long as the provider is in our network. Your provider will tell you when you need these; however, you are responsible to ensure that you receive care from an in-network provider.





ADDED BENEFITS

MyHealth for Adults

Take charge of your health with our online wellness program, MyHealth. MyHealth is available to all members at no additional cost. Through MyHealth, CareSource members have access to an interactive health assessment, personalized health tools called Journeys, the ability to track exercise goals, and small step guides that help members manage health and wellness topics specific to their needs.

To get started with the CareSource online wellness program, simply login to your personal online My CareSource account, click on the ***Health*** tab and then select the link for the MyHealth – Wellness Program.

myStrength

Take charge of your emotional health and try our wellness tool called myStrength. This is a safe and secure tool designed just for you. It offers personalized support to help improve your mood, mind, body and spirit. You can access it online or on your mobile device at no cost to you. The myStrength program offers, empowering self-help tools, wellness resources and inspirational quotes and articles. Some of the topics covered include depression, anxiety, parenting support, substance use, and more.

You can access myStrength through the member portal at **MyCareSource.com** or by going to **https://www.mystrength.com/r/caresource** for more information and to sign-up. Complete the myStrength sign-up process and personal profile to get started. You can also download the myStrength app for iOS and Android devices at www.mystrength.com/mobile and sign in using your existing myStrength login email and password.

MyResources

Do you want help with social needs? Use CareSource's MyResources tool to connect with local low cost and no-cost community programs and services. You can find it on your personal **MyCareSource.com** account page.

Find resources for help with:

- Food
- Shelter
- Health care
- Work
- Financial assistance
- And more

We have programs serving every zip code in the U.S., from small towns to large cities, with more being added each day.

You can also call CareSource Member Services to help you locate resources near you.

Express Banking

Your financial health can play a part in your overall health and wellness. Express Banking® is a bank account from Fifth Third Bank with no monthly service charge, no balance requirement, no overdraft fees and a debit card for purchases. Visit **53.com/CareSource** for more information.

Express Banking is provided by Fifth Third Bank.

Care Management and Outreach Services

CareSource offers Care Management services that are available to all members with special health care needs.

We have registered nurses, social workers and other outreach workers who can work with you one-on-one to help coordinate your health care needs. These needs may include finding appropriate community resources.

A CareSource Care Management staff member may contact you if:

- Your doctor requests it
- You request a phone call
- Our staff feels our services would be helpful to you or your family

CareSource offers Care Management for conditions that include, but are not limited to:

- ADHD
- Asthma
- Autism
- Chronic obstructive pulmonary disease / heart failure / coronary artery disease

- Diabetes
- Depression
- High blood pressure
- Bipolar disease
- Pain management
- Controlled substance management
- High-risk pregnancy

Care Management staff may ask you questions to learn more about your health. We will give you information to help you understand how to care for yourself and access services and local resources.

We will talk to your PCP and other service providers to make sure you receive coordinated care. You may also have other medical conditions that our care managers can help you with.

Please call us if you have any questions about Care Management or feel that you would benefit from care management services. We are happy to assist you. You can reach Care Management Support Services at **1-833-230-2030**.

Care Transitions

CareSource offers a program designed to assist you and/or your family members upon discharge from the hospital.

The goals of the program are to:

- Answer any questions you may have related to discharge
- Address any barriers you may have
- Ensure that you and/or your family members understand your medications and answer any questions related to your medications
- Help coordinate your PCP and/or specialist appointments
- Help coordinate your or your family's needs when home

If you or your family member needs assistance with discharge from the hospital, you can reach a member of the Care Transition team at **1-833-230-2030**.

Disease Management

CareSource understands that living with a long-term condition is sometimes hard to manage. We offer a free Disease Management Program that can help you learn about your health and how you can better manage your specific health conditions. Our goal is to make sure you have the right tools to stay as healthy as possible.

We have developed valuable materials to help you:

- Understand your disease or condition
- Work with your doctor to reach your health goals
- Know when to go to the Emergency Room or call 911
- Make healthy lifestyle choices such as diet, activity, weight and stress management
- Be aware of medications and their use

Each year, we review and update our information about health conditions from the leading national sources. If you would like additional information on these conditions and would like to opt-in to the Disease Management Program, please call **1-844-438-9498**. We are committed to improving the health and wellness of our members.

Tobacco Cessation

If you want help with quitting smoking or using other tobacco products, you can get help and personal coaching using Georgia's tobacco quit line: 1-800-QUIT-NOW (1-800-784-8669).



UTILIZATION MANAGEMENT (UM)

Utilization Management (UM) is when CareSource reviews a request for certain health care services either before, during, or after service. We will review the request for the medical necessity, efficiency or appropriateness of health care services and treatment that our members receive.

Access to Utilization Management Staff

- CareSource staff is available from 8 a.m. to 5 p.m. Eastern Standard Time (EST) during normal business hours for calls about Utilization Management (UM) issues. Call Member Services at **1-833-230-2030** (TTY: 1-800-255-0056 or 711).
- If you do not speak English, Member Services can also provide you with interpreter services.
- For assistance with UM issues outside of normal business hours, you may leave a voicemail message.
- You can also contact us electronically through our website. Visit the **CareSource.com** homepage and click ***About Us***, then ***Contact Us***, to access the "Tell Us" form.
- Voicemails or emails received after normal business hours are returned on the next business day and communications received after midnight on Monday through Friday are responded to on the same business day.
- Staff are identified by first name and last initial, title, and organization name when initiating or returning calls regarding UM issues.

You can contact us anytime about utilization management or prior authorization requests. We also provide members with interpreter services for language assistance to discuss UM issues. Call Member Services at **1-833-230-2030** (TTY/TDD: 1-800-255-0056 or 711).

CareSource uses current clinical information and generally accepted guidelines to guide clinical decision making. We do not give rewards to health partners or employees for not providing services to you, and we do not encourage or reward health care decisions that could reduce services to members.

CareSource does not give incentives to health partners to put up any barriers to your care. We also do not allow any staff member or representative of CareSource to make hiring, promotion or termination decisions about health partners or others based on any likelihood that they will support denying benefits and services to members.

Review of New Technology

We will review any requests for newly developed technology or services that are not currently covered by CareSource. This includes newly developed:

- Health care services
- Medical devices
- Therapies
- Treatment options

Coverage is based on one or more of the following:

- Health Insurance Marketplace rules
- External technology assessment guidelines
- Food and Drug Administration (FDA) approval
- Medical literature recommendations



ADVANCE DIRECTIVES

You have the right to make Advance Directives. You sign these documents now in case you are not able to make your own health caredecisions in the future.

Advance Directives are used if you become unable to communicate because of an illness or injury. They let your doctor and others know your wishes concerning future medical care. You can also use them to give someone you trust the right to make decisions for you if you are not able. You sign them while you are still healthy and able to make such decisions.

We do not put any limits on your right to have an Advance Directive under state law. Contact your attorney or local legal aid service for more information on Advance Directives*. You can learn more about Advance Directives on our website at **CareSource.com**.

** Please note: This is not legal advice and is provided for general information purposes only.*

MENTAL HEALTH TREATMENT DIRECTIVE

You may also state your specific preferences regarding the mental health treatment that you may or may not wish to receive in the event you become unable to make your own decisions. For example, you may want to only be treated at a certain facility or only be given certain medications.

For more information on how you can state your preferences on the mental health treatment you wish to receive, please contact your attorney or local legal aid service. *

** Please note: This is not legal advice and is provided for general information purposes only.*

GUARDIANSHIP

What is a Guardian?

A guardian is a person appointed by a court to be legally responsible for another person.

When Will a Guardian be Appointed?

A court will usually appoint a guardian to manage the personal affairs of an adult who can no longer make safe and sound decisions by themselves due to legal or mental incapacity. A minor may also have a guardian appointed by a court in certain situations.

How Do I Obtain a Guardianship?

Only a court may appoint a guardian. The court that usually appoints a guardian is your local probate court, although this may be different depending on where you live. Contact your local court, a local attorney or local legal aid service for more information on guardianship*.

If you obtain a guardianship for a CareSource member, please send a copy of the court documents to the CareSource Privacy Office so that it may be added to the member's record. See the Privacy Notice Statement section in this handbook for the address and contact information for the Privacy Office.

** Please note: This is not legal advice and is provided for general information purposes only.*





FRAUD, WASTE AND ABUSE

CareSource has a program designed to handle cases of health care fraud. Providers or members can commit fraud. We monitor and take action on any member or provider fraud, waste and abuse. Some examples are:

Provider Fraud, Waste and Abuse

- Prescribing drugs, equipment or services that are not medically necessary
- Scheduling more frequent return visits than are medically necessary
- Billing for tests or services not provided to you
- Billing for more expensive services than provided

Member Fraud, Waste and Abuse

- Sharing or misusing your CareSource ID card with another person
- Selling prescribed drugs or other medical equipment paid for by CareSource to others
- Submitting false information
- Forging a doctor's signature on prescriptions, etc.
- Providing inaccurate symptoms and other information to providers to get treatment, drugs, etc.

Pharmacy Fraud, Waste and Abuse

- Providing drugs that are not according to the prescription
- Giving you a generic drug and send in a claim for a more expensive brand-name drug
- Giving you less than the prescribed drug amount without telling you and without giving you the rest of the amount you should receive

If You Suspect Fraud, Waste or Abuse

If you think a provider or a CareSource member is committing fraud, waste or abuse, you can report your concerns to us by:

- Calling us at **1-833-230-2030** (TTY: 1-800-255-0056 or 711) and selecting the menu option for reporting fraud. **Our Fraud, Waste and Abuse hotline is available 24 hours a day.**
- Visiting our website at **CareSource.com** and completing the Fraud, Waste and Abuse Reporting Form and mailing it to the address shown
- Sending us a letter addressed to:
  CareSource
  Attn: Program Integrity
  P.O. Box 1940
  Dayton, OH 45401

You do not have to give us your name when you write or call. There are other ways you may contact us that are not anonymous. If you are not concerned about giving your name, then you may also use one of the following means to contact us:

- Fraud email: fraud@CareSource.com
- Fraud fax: 1-800-418-0248

When you report fraud, waste or abuse, please give us as many details as you can, including names and phone numbers. You may remain anonymous, but if you do, we will not be able to call you back for more information. Your report will be kept confidential to the extent permitted by law.



QUALITY IMPROVEMENT PROGRAM

Program Purpose

We want to provide you with the best health care available. The purpose of the CareSource Quality Improvement Program is to ensure that CareSource has the necessary tools to:

- Coordinate your care so that you receive the right care when you need it
- Make sure you receive high quality, excellent health care
- Ensure your health care is provided by high performing efficient doctors and hospitals
- Always seek to improve the quality and safety of health care services provided to you
- Help you understand how your neighborhood, your income and other factors in your life can affect your health, and how you can make changes to improve your health.

Our Quality Improvement Program is based on CareSource's mission to improve your health and well-being.

Each year we conduct a written evaluation of our Quality Improvement Program. This helps us to determine how well our programs are helping you. Team members from across the company help with the evaluation process.

Program Scope

CareSource supports an active, ongoing, and comprehensive Quality Improvement Program.

The Quality Improvement Program will:

- Advocate for members
- Meet member access and availability needs to make sure you can see your health care provider (doctor, therapist, etc.) when you need to
- Demonstrate enhanced care coordination and continuity for members across settings, like doctor's offices, hospitals or home care services
- Ensure we meet any cultural or language needs you may have, such as having an interpreter available to you.
- Monitor important aspects of care to ensure your safety across health care providers and settings
- Determine provider adherence to clinical practice guidelines
- Support member self-management efforts
- Work collaboratively with network partners, practitioners, regulatory agencies, and community agencies
- Develop and reward interventions that improve and support your acute and chronic health conditions and complex needs
- Develop interventions that enrich member and health partner experiences and overall satisfaction
- Ensure regulatory and accrediting agency compliance

Quality Measures

CareSource uses an annual member survey for our marketplace members, *Qualified Health Plan Enrollee Experience* to capture member perspectives on health care quality. You might receive a request to complete this survey. Your experiences and opinions are important to us. Please complete the survey promptly.

This is a quality program overseen by the United States Department of Health and Human Services — Agency for Healthcare Research and Quality (AHRQ). Potential quality measures for the Health Insurance Marketplace include:

- Customer Service
- Getting Care Quickly
- Getting Needed Care
- How Well Doctors Communicate
- Ratings of all Health Care, Health Plan, Personal Doctor, Specialist

We continually assess the quality of care and services offered to you. We use an objective monitoring and evaluation system to create programs that will improve your health outcomes.

CareSource uses the Healthcare Effectiveness Data and Information Set (HEDIS®) to measure the quality of care delivered to members. HEDIS is one of the most widely used means of health care measurement in the United States. HEDIS is developed and maintained by The National Committee for Quality Assurance (NCQA).

The HEDIS tool is used by America's health plans to measure important dimensions of care and service, and allows for comparisons across health plans in meeting state and federal performance measures and national HEDIS benchmarks. HEDIS measures evidence-based care and addresses the most pressing areas of care. Potential quality measures for the Health Insurance Marketplace include:

- Wellness and Prevention
  - Preventive Screenings (breast cancer, cervical cancer, chlamydia)
  - Well-Child Care
- Chronic Disease Management
  - Comprehensive Diabetes Care
  - Controlling High Blood Pressure
- Behavioral Health
  - Follow-up After Hospitalization for Mental Illness
  - Antidepressant Medication Management
  - Follow-up for Children Prescribed ADHD Medication
- Safety
  - Use of Imaging Studies for Low Back Pain

HEDIS® and NCQA® are registered trademarks of the National Committee for Quality Assurance.

CMS evaluates qualified health plans (QHPs) offered through the Marketplace using QHP Enrollee Survey response data. QHP issuers contract with HHS-approved survey vendors that independently conduct the survey each year. QHP Enrollee Survey results may change from one year to the next. For more information, please see CMS' Health Insurance Marketplace Quality Initiatives website at: http://www.cms.gov/Medicare/Quality-Initiatives-Patient-Assessment-Instruments/Quality InitiativesGenInfo/Health-Insurance-Marketplace-Quality-Initiatives.html.

Clinical Practice and Preventive Guidelines

Your health is important. That's why CareSource uses and promotes preventive and clinical guidelines to help guide the care offered to our members.

Health information and clinical practice guidelines are made available to CareSource members through member newsletters, the CareSource member website, or upon request. Preventive guidelines and health links are available to members and providers on the website or in print.

Preventive and clinical guidelines are reviewed at least every two years, and are updated as necessary. Updated guidelines are then presented to the CareSource Physician Advisory Committee for adoption.

Topics for guidelines are identified by analyzing CareSource member data. Guidelines may include, but are not limited to:

- Behavioral Health (i.e., depression)
- Adult Health (i.e., hypertension, diabetes)
- Child/Adolescent Health (i.e., immunizations)
- Population Health (i.e., obesity, tobacco cessation)

GRIEVANCES AND APPEALS

We hope you will be happy with CareSource and the service we provide. If you are unhappy with anything about CareSource or our providers, let us know as soon as possible. Even if you do not agree with a decision we have made, please contact us.

You can find out more about how to file an appeal or a grievance by visiting **CareSource.com/marketplace**, by calling Member Services or by reviewing your Evidence of Coverage.

Member Rights and Responsibilities

You have the right to:

- Receive information about CareSource, our services, our network providers, and member rights and responsibilities.
- Be treated with respect and dignity by CareSource personnel, network providers and other health care professionals.
- Privacy and confidentiality for treatments, tests and procedures you receive.
- Participate with your provider in making decisions about your health care.
- Candidly discuss with your provider the appropriate or medically necessary treatment options for your conditions, regardless of cost or benefit coverage.
- Voice complaints or appeals about the plan or the care it provides.
- Make recommendations regarding the plan's Member Rights and Responsibilities policy.
- Choose an Advance Directive to designate the kind of care you wish to receive should you be unable to express your wishes.
- Be able to get a second opinion from a qualified network provider. If a qualified network provider is not able to see you, then CareSource will set up a visit with a provider not in our network.

You have the responsibility to:

- Provide information needed, to the extent possible, in order to receive care.
- Follow the plans and instructions for care that you have agreed to with your providers.
- Understand your health problems and participate in developing mutually agreed-upon treatment goals, to the degree possible.
- Be enrolled and pay any required premiums.
- Report any suspicion of fraud, waste and abuse using the reporting mechanisms located in this handbook.
- Pay an annual deductible, copayments and coinsurance.
- Pay the cost of limited and excluded services.
- Choose network providers and network pharmacies.
- Show your ID card to make sure you receive full benefits under the plan.



PRIVACY NOTICE STATEMENT

This notice describes how health information about you may be used and given out. It also tells how you can get this information. Please review it carefully. The terms of this notice apply to CareSource. 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, then 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 have 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,
  - Amount paid,
  - 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 list within 12 months, then 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, then 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 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 using 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 by sending a letter to 200 Independence Avenue, S.W., Washington, D.C. 2021, calling 1-877-696-6775, or visiting 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 share your information 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.

Other Uses and Disclosures

We typically use or share your health information in these ways:

To help you get health care treatment.

- We can use your health information and share it with experts who are treating you. **Example:** A provider sends us information about your diagnosis and care plan so we can arrange more care.

To run our company.

- We can use and give out your information to run our company and contact you when needed.
- We are not allowed to use genetic information to decide whether we will give you coverage and the price of that coverage.
- We may use or share your health information to run our company. **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.

To 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. For more information see: 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 and work with a medical examiner or funeral director.

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

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 and 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 Privacy notice was effective April 14, 2003, and this version was effective June 13, 2018. We must follow the terms of this notice as long as it is in effect. If needed, we can change the notice and the new one would apply to all health information we keep. If this happens, the new notice will be available upon request and will be posted on our web site. You can also 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: **1-833-230-2030**, ext. 2023 (TTY: 1-800-255-0056 or 711)

Member Consent/HIPAA Authorization Form

This form lets CareSource Management Group Co. and its affiliated health plans ("CareSource"), share your health 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. Or, you may choose to fill out this form online at www.caresource.com.

Section 1: Member Information

Member Last Name	MI	Member First Name	Member Date of Birth

Member Street Address	City	State	Zip Code

Member Home Phone	Member Cell Phone	Member ID Number (Found on Plan ID Card)

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

Section 2: Consent to Share Health Information

The CareSource policy is to share your health information. This includes 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 info is shared with your past, current, and future treating providers. It also is shared with Health Information Exchanges (HIE). An HIE lets providers view health information that CareSource has about members. You have the right to ask for a list of everyone who was given your health information by CareSource.

If you do not want your health information (including SHI) to be shared for treatment, to manage your care and help with benefits, check here: ☐

If you check the box above, none of your health information (including SHI) will be shared. It will not be shared with your providers. (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 if they could if you did approve sharing.

Section 3: Representative Designation

If you would like to name someone that CareSource may speak to on your behalf, please fill out this section. CareSource will share all of your health information with the person you name. If you name a group, like a law firm, the group is called an entity. Please give the entity's info and the name of a contact person at the entity.

Last Name	First Name	MI	Entity Name (if law firm or other entity)

Street Address	City	State	Zip Code

Home Phone	Cell Phone

Section 4: Review and Approval

By signing my name, I agree:

To let CareSource share my health information as marked in Sections 2 and/or 3. I agree that signing this form is my choice. I agree the information shared may be subject to being shared again by the person or entity receiving it. After that it may no longer be protected by federal privacy laws. Substance use disorder information from specific treatment programs (42 CFR Part 2), may be kept private and not allowed to be shared again without my permission. I agree this form is not making a Health Care Power of Attorney. I agree that I may cancel this permission at any time. To cancel permission, I must send a written letter to CareSource. I can send the letter to the address at the bottom of this form. I can also fax it to the number at the bottom of this form. Or, I may cancel my permission on www.caresource.com. I agree that if I cancel this permission, it will not change any actions CareSource took before I cancelled permission. I agree that my treatment, payment, enrollment or eligibility for benefits do not depend on whether I sign this form. ***Please sign below.***

Member/Minor Member's Parent Signature or Designated Legal Representative Signature*:	Date:
Date this Permission Ends: *If no date given, the permission will remain on your record unless/until you ask us to cancel it. For minor members, it will end on their 18th birthday.*	
**If signed by someone other than the member/minor member's parent, that person must be a designated legal representative. A designated legal representative is someone who has been given the authority to act on the behalf of the member. If you have not already done so, you must provide a copy of the Power of Attorney or court papers that prove the person is a designated legal representative. Also complete these fields:*	

Legal Representative (print full name)	Legal Relationship to Member, e.g., Power of Attorney, Court-Appointed Guardian or Custodian:		
Legal Representative's street address	City	State	Zip code

Please send your completed form to:

CareSource/ Attn: Privacy Office, P.O. Box 8738, Dayton, OH 45401-8738, ***or***,

Fax it to 1-833-334-4722, ***or***,

you may choose to fill out this form online at www.caresource.com.

WORD MEANINGS

Annual Deductible means the amount you must pay for covered services in a benefit year before we will begin paying for certain benefits in that benefit year. Copayments do not count towards the annual deductible. Network benefits for defined preventive health care services are never subject to payment of the annual deductible.

Annual Out-of-Pocket Maximum means the maximum amount you pay in a benefit year related to obtaining benefits. When you reach the annual out-of-pocket maximum, benefits for covered services that apply to the annual out-of-pocket maximum are payable at 100% of eligible expenses during the rest of the benefit year. Payments toward the annual deductible, copayments and coinsurance for covered services will apply to your annual out-of-pocket maximum, unless otherwise noted below.

The following costs will never apply to the annual out-of-pocket maximum:

- Any charges for services that are not covered services;
- Copayments and Coinsurance amounts for covered services available by an optional rider/enhancement, unless specifically stated otherwise in the rider/enhancement; and
- Copayments and Coinsurance for adult dental, vision and fitness benefits or any other optional rider/enhancement.

Even when the annual out-of-pocket maximum has been reached, you will still be required to pay:

- Any charges for non-covered services;
- Charges that exceed eligible expenses;
- Copayments and coinsurance amounts for covered services available by an optional rider/enhancement, unless specifically stated otherwise in the rider/enhancement; and
- The amount of any benefits if you do not obtain authorization from us when required to do so under the terms of the plan.

Coinsurance means the charge, stated as a percentage of eligible expenses, that you are required to pay for certain covered services after the annual deductible is satisfied and until you reach your annual out-of-pocket maximum.

Copayment means the charge, stated as a flat dollar amount, that you are required to pay for certain covered services.

Covered Services means those health care services that are (1) covered by a specific benefit provision of the plan; (2) not excluded under the plan; and (3) determined to be medically necessary per the plan's medical policies and nationally recognized guidelines; and that we determine to be all of the following: provided for the purpose of preventing, diagnosing, or treating a sickness, injury, behavioral or mental health disorder, substance use disorder, or their symptoms; consistent with nationally recognized scientific evidence, as available, and prevailing medical standards and clinical guidelines, as described below; and not provided for the convenience of you, a Provider, or any other person.

> *In applying the above definition, "scientific evidence" and "prevailing medical standards and clinical guidelines" have the following meanings: "Scientific evidence" means the results of controlled clinical trials or other studies published in peer-reviewed, medical literature generally recognized by the relevant medical specialty community. "Prevailing medical standards and clinical guidelines" means nationally recognized professional standards of care including, but not limited to, national consensus statements, nationally recognized clinical guidelines, and national specialty society guidelines.*

Deductible Rollover means claim amounts accumulated toward your deductible from October through December 2020 will also be applied to your 2021 deductible.

Evidence of Coverage (EOC) is an important legal document that describes the relationship between you and CareSource. It serves as your contract with CareSource and it describes your rights, responsibilities, and obligations as a covered person under the plan. The EOC, including the Schedule of Benefits (SB), also tells you how the plan works and describes the covered services you and your dependents are entitled to, any conditions and limits related to covered services, the health care services that are not covered by the plan, and the annual deductible, copayments, and coinsurance you must pay when you receive covered services.

Explanation of Benefits (EOB) is a statement you may receive from CareSource that shows what health care services were billed to CareSource and how they were paid. An EOB is not a bill.

Member has the same meaning as covered person. Covered person means an individual, including you, who is properly enrolled under the plan and has paid their premiums.

Network Provider means a provider who has entered into a contractual arrangement with us or is being used by us, or another organization that has an agreement with us, to provide certain covered services or certain administration functions for the network associated with this EOC. A network provider may also be a non-network provider for other services or products that are not covered by the contractual arrangement with us as covered services. In order for a pharmacy to be a network provider, it must have entered into an agreement with the pharmacy benefit manager (PBM) to dispense prescription drugs to covered persons, agreed to accept specified reimbursement rates for prescription drugs, and been designated by the PBM as a network pharmacy.

Plan means CareSource.

Premium means the periodic fee required for each member, in accordance with the terms of the plan.

Marketplace Drug Formulary means a list that categorizes into tiers medications and products that have been approved by the U.S. Food and Drug Administration. This list is subject to periodic review and modification. You can find out which tier a particular prescription drug has been assigned to by contacting CareSource Member Services at the toll-free number on your ID card or by logging onto CareSource.com/marketplace and going to the pharmacy pages.mod

Prior Authorization means any practice implemented by the plan in which benefits for a health care service is dependent upon a covered person or a provider obtaining approval from the plan prior to the health care service being performed, received, or prescribed, as applicable. This includes prospective or utilization review procedures conducted prior to providing a health care service.

Schedule of Benefits (SB) means the written description of the benefits that are available as Covered Services. The SB is provided to you with your new member kit.. The SB shows covered services and their associated costs.

Summary of Benefits and Coverage (SBC) means the summary of benefits and costs for covered services that is provided to you when your enrollment is received by CareSource. The SBC includes examples of the coverage you will have for certain health events, such as a broken bone or pregnancy.

Note: Your EOC has more details about these terms and many more. You should read the entire EOC and keep it in a safe place for future reference.



NOTES

NOTES

CareSource®

1-833-230-2030
(TTY/TDD: 1-800-255-0056 or 711)
CareSource.com/marketplace

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