

CareSource  
Marketplace

# 2025 Evidence of Coverage

## Vision and Fitness Rider

Ohio



# Hearing Aid Coverage Amendment

## CareSource Ohio

As described in this Amendment, the Evidence of Coverage is modified to update the language for the hearing aid services.

Because this Amendment reflects changes in requirements of insurance law of the State of Ohio, to the extent it may conflict with the Evidence of Coverage issued to you previously, the provisions of this Amendment will govern.

Because this Amendment is part of a legal document, we want to give you information about the document that will help you understand it. Certain capitalized words have special meanings. We have defined these words in the Evidence of Coverage in Section 2: *Definitions*.

### Section 5: Your Covered Services

Routine Hearing Services, Hearing Aids, and Related Services in the Evidence of Coverage is replaced with the following:

#### 22. Routine Hearing Services, Hearing Aids, and Related Services

The services available to you under this section are administered by TruHearing® through the TruHearing Choice Program. The management and other services that TruHearing provides include, among others, making recommendations to CareSource's approved Hearing Aid List and maintaining and managing the Network Providers who will provide Services to you under this section. You must use a TruHearing Network Provider in order to receive services under this section. If you do not use a TruHearing Network Provider to receive Health Care Services under this section, you will be responsible for all costs and such Health Care Services will be considered Non-Covered Services. Please call 1-866-202-2561 for help locating a TruHearing Network Provider and for additional information and details. Services in this section shall not be considered a Benefit under the Plan.

The Plan provides for the following routine hearing services:

- Routine hearing screening: One (1) screening per Benefit Year which includes a simple pass or fail test to determine if you have normal hearing or not. Usually consists of a series of beeps or tones at the limit of normal range.
- Routine hearing exam: One (1) exam per Benefit Year including a comprehensive examination performed by a licensed audiologist or hearing instrument specialist that generally includes a review of your full case history, several types of hearing tests, counseling to understand results, and recommendations on appropriate treatment.
- Hearing aid: Limited to one (1) hearing aid per hearing impaired ear up to two thousand five hundred dollars (\$2500) every forty-eight (48) months for a Covered Person twenty-one (21) years of age or younger who is verified as being deaf or hearing impaired by a licensed audiologist, an otolaryngologist, or other licensed physician. Covered Persons are responsible for any costs beyond the two thousand five hundred dollars (\$2,500) limit for hearing aids.

- To be Covered Services, hearing aids must be listed on the approved hearing aid list. The approved hearing aid list is subject to periodic review and amendment. The approved hearing aid list is available by calling 1-866-202-2561.
- In addition to Hearing aid, related services are included at no member cost share when necessary to assess, select, and appropriately adjust or fit a hearing aid to ensure optimal performance along with the following:
  - First year of follow-up provider visits
  - 60-day trial period
  - 3-year extended warranty
  - 80 batteries per aid for non-rechargeable models
  - Ear molds for the fitting and/or adjustment of a hearing aid ordered by a Physician or an audiologist licensed in Ohio

#### Additional Services

TruHearing also provides access to purchase hearing aids at discounted prices not offered to the general public through the TruHearing Choice Discount Program. The TruHearing Choice Discount Program includes numerous models of hearing aids from major manufacturers ranging from basic to premium hearing aid technology and reflecting varying levels of discount off the retail price. The TruHearing Choice Discount Program is a service available to Covered Persons aged twenty-two (22) years of age or older. This additional service is separate from the hearing aid coverage listed above and shall not be considered a Benefit under the Plan. Covered Persons selecting hearing aids at discounted prices under the TruHearing Choice Discount Program will be responsible for 100% of the hearing aid costs.

#### Limitations

This Program does not cover:

- Hearing aids that are not considered Medically Necessary according to professional standards established by the state speech and hearing professionals board.
- Non-routine and medical based hearing exams, though these are covered within other categories of this Evidence of Coverage.
- Hearing aid accessories, except as mentioned in related services.
- Additional provider visits.
- Additional batteries for non-rechargeable models beyond what is provided in the section above.
- Any replacement batteries for rechargeable hearing aids.
- Hearing aids that are not in the applicable TruHearing catalog.
- Costs associated with loss and damage warranty claims.

A handwritten signature in black ink, appearing to read 'H. Preitauer', with a stylized, cursive script.

Erhardt H. Preitauer  
President and Chief Executive Officer  
CareSource Ohio, Inc.



**CareSource Ohio Co.**

230 N. Main St.  
Dayton; OH 45402

**ADULT VISION AND FITNESS RIDER**

This Rider is a part of the Evidence of Coverage (EOC) to which it is attached. It is subject to all of the terms, conditions, exclusions, and limitations of the EOC which are not in conflict with the terms, benefits, exclusions, and limitations of this Rider.

CareSource Adult Vision and Fitness Rider includes the Benefits and services described in this Rider. They are offered at an extra cost to you, as further described in the Schedule of Benefits and may be referred to as “Adult Vision Benefits” and “Adult Fitness Programs”. These Benefits are not Essential Health Benefits.

Note: Vision Benefits for pediatric Members are available in Section 5: *Your Covered Services* of your EOC.

**Network of Providers**

CareSource utilizes a Network for the provision of covered Adult vision Benefits, and fitness programs. We will only provide coverage for Adult vision and fitness program Benefits when you use an optometrist, ophthalmologist, fitness center, or other appropriate Provider within our Network. We do not cover vision and fitness program services provided by Non-Network Providers.

**1. ADULT VISION BENEFITS**

**Network of Providers**

Vision Benefits under this section are available to covered Adults aged 19 and older. These Benefits are administered by EyeMed®. The management and other services that EyeMed provides include, among others, maintaining and managing the Network Providers who will provide Covered Services to you under this section. You must use an EyeMed Network Provider in order to receive Benefits under this section. If you do not use an EyeMed Network Provider to receive Health Care Services under this section, you will be responsible for all costs, and such Health Care Services will be considered Non-Covered Services. Please call 1-833-337-3129 for help locating an EyeMed Network Provider and for additional information and details.

**IMPORTANT:** IF YOU OPT TO RECEIVE VISION CARE SERVICES OR VISION MATERIALS THAT ARE NOT COVERED SERVICES UNDER THIS PLAN, A PARTICIPATING NETWORK PROVIDER MAY CHARGE YOU HIS OR HER NORMAL FEE FOR SUCH SERVICES OR MATERIALS. PRIOR TO PROVIDING YOU WITH VISION CARE SERVICES OR VISION CARE MATERIALS THAT ARE NOT COVERED BENEFITS, THE VISION CARE PROVIDER WILL PROVIDE YOU WITH AN ESTIMATED COST FOR EACH SERVICE OR MATERIAL UPON REQUEST.

## Covered Services

- **Comprehensive Eye Exam with Dilation, if Medically Necessary.** Limited to one (1) per Benefit Year. Cost share applies.
- **Eyewear:** Covered in Full up to a \$250 allowance per Benefit Year, limited to one (1) eyewear allowance per Benefit Year. Allowance may be used for glasses (frame, lenses, and lens options package) or contact lenses once per Benefit Year.
  - Eyeglasses (includes frames, lens, and lens options).
    - Frames, lens and options: 20% discount on the balance after \$250 allowance.
  - Contact lenses (includes materials only).
    - Conventional - 15% discount on the balance after \$250 allowance.
    - Disposable - no discount after \$250 allowance.
- **Low-Vision:** Low vision is a significant loss of vision but not total blindness.
  - **Supplemental Testing:** Diagnostic evaluation beyond a comprehensive eye examination, including an ocular function assessment, measurements, visual field evaluations. Limited to one (1) per Benefit Year.
  - **Low Vision Aids:** Includes, but is not limited to spectacle-mounted magnifiers, hand-held or spectacle-mounted telescopes, hand-held and stand magnifiers, and video magnification. Limited to one (1) per Benefit Year.
- **Retinal Imaging Benefit:** Covered at no member cost share. Limited to one (1) per Benefit Year.
- **Medically Necessary Contact Lenses:** In general, contact lenses may be Medically Necessary and appropriate when the use of contact lenses, in lieu of eyeglasses, will result in significantly better visual and/or improved binocular function, including avoidance of diplopia or suppression. Contact lenses may be determined to be Medically Necessary in the treatment of the following conditions: keratoconus, pathological myopia, aphakia, anisometropia, aniseikonia, aniridia, corneal disorders, post-traumatic disorders, irregular astigmatism. Medically Necessary contact lenses are dispensed in lieu of other eyewear.

In the event that contact lenses are determined to be Medically Necessary, the contact lenses and associated services, including fit and follow-ups, will be Covered in Full with no limitation on the number of follow-ups required.

## Additional Services

The following are services you have access to as a Covered Person, but shall not be considered a Benefit under the Plan:

- **Laser Vision Correction (Lasik or PRK from U.S. Laser Network):** The Plan will not provide Benefits for laser vision correction services. However, Members may receive 15% off retail price or 5% off promotional price of the cost of laser vision correction services.
- **Additional Pairs Discount:** The Plan will only provide Benefits for one eyewear allowance for eyeglasses or contact lenses. You may purchase additional eyewear at your own cost, and you may receive a 40% discount off complete pair eyeglass purchases and a 15% discount off conventional contact lenses upon exhaustion of the Benefits above at the point of sale with a Network Provider. Not all Providers honor discounts on Non-Covered Services.

## **Exclusions**

The Plan does not cover the following:

- Services and materials not meeting accepted standards of optometric practice.
- State or territorial taxes on vision services performed.
- Visual therapy.
- Replacement of lost/stolen eyewear.
- Non-prescription (Plano) lenses.
- Two pairs of eyeglasses in lieu of bifocals.
- Insurance of contact lenses.

## **2. THE ACTIVE & FIT FITNESS PROGRAM**

The Plan provides covered adults aged 18 and older with the ability to enroll in select fitness centers for the Benefit Year while enrolled in the Plan. Using the Active & Fit fitness program is voluntary and is provided at no cost to you. Enrollment may give you access to cardiovascular equipment, strength training equipment, certain fitness classes, and other amenities, such as saunas, locker rooms, and pools, where available.

The Active & Fit program also offers digital fitness choices with home fitness tools, including:

- **Home Fitness Kits:** You are eligible to receive one home fitness kit per Benefit Year from a variety of fitness categories, with some kits including a wearable device (e.g., Fitbit or Garmin).
- **On-Demand Workouts:** View a variety of workout videos for all fitness levels.
- **Healthy Living Coaching:** Coaches help you meet your fitness, nutrition, and lifestyle goals during scheduled phone sessions.
- **Workout Plans:** Receive a personalized workout plan to help you build a safe and healthy routine.

For more information on this program, how to enroll, available services in your area, and exclusions and limitations, please call Active & Fit member services at the number found on the back of your ID card, or at [ActiveandFit.com](https://ActiveandFit.com).

## **Limitations**

- Fees paid under this program, if required, do not count towards your Annual Out-of-Pocket Maximum, are non-refundable, are not prorated, and may be required to be paid to a third party and not CareSource.
- Available fitness or exercise centers may vary and change at any time. Enrolled adults may not have access to all services offered by the fitness center and some services may require the purchase of upgraded memberships.
- Prior to enrollment, please verify with the fitness center what services are included as part of this program and what services (if any) would require additional fees.
- Not all Covered Persons may be eligible to participate in this program. Available fitness centers may have certain restrictions for enrollment, such as age requirements.

- Enrollment in this program is limited to the current Benefit Year and while Covered Persons are enrolled in the Plan. If you disenroll or are terminated from the Plan during the Benefit Year, then you will no longer be able to access fitness centers.
- Home kits are subject to change.

This Rider amends and is incorporated into the EOC between you and CareSource. This Rider takes the place of any other issued to you by CareSource on a prior date. All coverage under this Rider shall begin at 12:00 midnight and shall end at 11:59:59 Eastern Standard Time.



Erhardt H. Preitauer  
President and Chief Executive Officer  
CareSource



**ENGLISH** - Language assistance services, free of charge, are available to you. Call: **1-833-230-2099** (TTY: 711).



**SPANISH** - Servicios gratuitos de asistencia lingüística, sin cargo, disponibles para usted. Llame al: 1-833-230-2099 (TTY: 711).

**NEPALI** - तपाईंका निम्ति निःशुल्क भाषा सहायता सेवाहरू उपलब्ध छन् । फोन गर्नुहोस्: 1-833-230-2099 (TTY: 711).

**KOREAN** - 언어 지원 서비스가 무료로 제공됩니다. 전화: 1-833-230-2099 (TTY: 711).

**FRENCH** - Services d'aide linguistique offerts sans frais. Composez le 1-833-230-2099 (TTY: 711).

**GERMAN** - Es stehen Ihnen kostenlose Sprachassistenzen zur Verfügung. Anrufen unter: 1-833-230-2099 (TTY: 711).

**SIMPLIFIED CHINESE** -

可为您提供免费的语言协助服务。请致电: 1-833-230-2099 (TTY: 711).

**TELUGU** - భాషా సాయం సర్వీసులు, మీకు ఉచితంగా లభ్యమవుతాయి. కాల్ చేయండి: 1-833-230-2099 (TTY: 711).

**BURMESE** - ဘာသာစကားဆိုင်ရာအကူအညီဝန်ဆောင်မှုများအား သင်အတွက် အခမဲ့ ရရှိနိုင်ပါသည်။ ဖုန်းခေါ်ရန်: 1-833-230-2099 (TTY: 711).

**ARABIC** - تتوفر لك خدمات المساعدة اللغوية مجاناً. **اطل على الرقم : 1-833-230-2099 (نصي: 711).**

**URDU** - زبان کی معاونتی ترجمانی خدمات، آپ کے لیے بالکل مفت یا - فری آف چارج دستیاب ہیں۔ کال کریں: 1-833-230-2099 (TTY: 711)

**PENNSYLVANIA DUTCH** - Mir kenne dich Hilf griege mit Deutsch, unni as es dich ennich eppes koschte zellt. Ruf 1-833-230-2099 (TTY: 711) uff.

**RUSSIAN** - Вам доступны бесплатно услуги языкового сопровождения. Позвоните по номеру: 1-833-230-2099 (TTY: 711).

**TAGALOG** - May mga serbisyong tulong sa wika, na walang bayad, na magagamit mo. Tumawag sa: 1-833-230-2099 (TTY: 711).

**VIETNAMESE** - Dịch vụ hỗ trợ ngôn ngữ miễn phí dành cho bạn. Gọi: 1-833-230-2099 (TTY: 711).

**GUJARATI** - ભાષા સહાય સેવાઓ તમારા માટે નિઃશુલ્ક છે. 1-833-230-2099 (TTY: 711) પર કોલ કરો.

**PORTUGUESE** - Serviços linguísticos gratuitos disponíveis para você. Ligue para: 1-833-230-2099 (TTY: 711).

**MARSHALLESE** - Jerbal in jibañ ikijen kajin, ejelok onean, ej bellok ñan eok. Kurlok: 1-833-230-2099 (TTY: 711).

## NOTICE OF NON-DISCRIMINATION

CareSource complies with applicable state and federal civil rights laws. We do not discriminate, exclude people, or treat them differently because of age, gender, gender identity, color, race, disability, national origin, ethnicity, marital status, sexual preference, sexual orientation, religious affiliation, health status, or public assistance status.

CareSource offers free aids and services to people with disabilities or those whose primary language is not English. We can get sign language interpreters or interpreters in other languages so they can communicate effectively with us or their providers. Printed materials are also available in large print, braille, or audio at no charge. Please call Member Services at the number on your CareSource ID card if you need any of these services.

If you believe we have not provided these services to you or discriminated in another way, you may file a grievance.

**Mail:** CareSource, Attn: Civil Rights Coordinator  
P.O. Box 1947, Dayton, Ohio 45401

**Email:** [CivilRightsCoordinator@CareSource.com](mailto:CivilRightsCoordinator@CareSource.com)

**Phone:** 1-844-539-1732

**Fax:** 1-844-417-6254

You may also file a civil rights complaint with the U.S. Department of Health and Human Services, Office for Civil Rights.

**Mail:** U.S. Dept. of Health and Human Services  
200 Independence Ave, SW Room 509F

HHH Building Washington, D.C. 20201

**Phone:** 1-800-368-1019 (TTY: 1-800-537-7697)

**Online:** [ocrportal.hhs.gov/ocr/portal/lobby.jsf](http://ocrportal.hhs.gov/ocr/portal/lobby.jsf)

Complaint forms are found at:

[www.hhs.gov/ocr/office/file/index.html](http://www.hhs.gov/ocr/office/file/index.html).

