West Virginia Marketplace

2017 Member Handbook

a Quick Reference Guide to Your Health Care Benefits

CareSource®

Important Next Steps

STEP 1

- Look for your ID card in the mail (see page 3).
  – You should get your member ID card in a separate mailing.

STEP 2

- Make an appointment with your primary care provider (see page 3).
  – If you need to select or change your primary care provider (PCP), visit us online at **CareSource.com/marketplace** and click on "Find a Doc" at the top of the page, or call Member Services at **1-855-202-0622** (TTY: 1-800-982-8771 or 711)**.**

STEP 3

- Read about your covered benefits and services (see pages 6-11).
- You can also find information about your covered benefits and services online at **CareSource.com**.

STEP 4

- Fill out your Health Risk Assessment (HRA).
  – CareSource wants you to stay healthy. You can help us by filling out your HRA.
  – Fill out your assessment online by going to: **https://memberportal.caresource.com/hra/**

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 (EOC), then the Evidence of Coverage shall control. If a specific situation or question arises regarding your rights and benefits under the Plan, please reference your Evidence of Coverage. In addition, your Evidence of Coverage can also be found on our website at **CareSource.com/marketplace**. You may also contact a CareSource customer service representative at **1-855-202-0622** (TTY: 1-800-982-8771 or 711), from 7:00 a.m. to 7:00 p.m. Eastern Standard Time (EST), Monday through Friday, for more information about your rights and benefits under the Plan.

Contents

If you, or someone you're helping, have questions about CareSource, you have the right to get help and information in your language at no cost. Please call the member services number on your member ID card.

ARABIC
إذا كان لديك، أو لدى أي شخص تساعده، أية استفسارات بخصوص CareSource، فيحق لك الحصول على مساعدة ومعلومات مجانًا وباللغة التي تتحدث بها. للتحدث إلى أحد المترجمين الفوريين، رجى الاتصال على رقم خدمة الأعضاء الموجود على بطاقة تعريف العضو الخاصة بك.

AMHARIC
እርስዎ፣ ወይም እርስዎ የሚያግዙት ግለሰብ፣ ስለ CareSource ጥያቄ ካላችሁ፣ ያለ ምንም ክፍያ በቋንቋዎ እርዳታና መረጃ የማግኘት መብት አላችሁ። ከአስተርጓሚ ጋር እባክዎን በመታወቂያ ካርዱ ላይ ባለው የአገልግሎቶች ቁጥር ይደውሉ።

BURMESE
CareSource အကြောင်း သင် သို့မဟုတ် သင်အကူအညီပေးနေသူ တစ်စုံတစ်ယောက်က မေးမြန်းလာပါက သင်ပြောဆိုသော ဘာသာစကားဖြင့် အကူအညီနှင့် အချက်အလက်များအား အခမဲ့ ရယူနိုင်ရန် အခွင့်အရေးရှိပါသည်။ ဘာသာပြန်တစ်ဦးအား ခေါ်ဆိုကာ ပါပြု သက်၏ အသက်ကြီး ကြ်ကြက်ရေပေါ်ရှိ အသက်ကြီး ကြ် ဝက်ဇ ငြော်မှုဝက်ျဝ်နံက်သို့သို့ ဓာတ်ိုးနှ်။

CHINESE
如果您或者您在帮助的人对 CareSource 存有疑问，您有权免费获得以您的语言提供的帮助和信息。 如果您需要与一位翻译交谈，请拨打您的会员 ID 卡上的会员服务电话号码。

CUSHITE – OROMO
Isin yookan namni biraa isin deeggartan CareSource irratti gaaffii yo qabaattan, kaffaltii irraa bilisa haala ta'een afaan keessaniin odeeffannoo argachuu fi deeggarsa argachuuf mirga ni qabdu. Nama isiniif ibsu argachuuf, Maaloo lakkoofsa bilbilaa isa waraqaa eenyummaa keessan irra jiruun tajaajila miseensaatiif bilbilaa.

DUTCH
Als u, of iemand die u helpt, vragen heeft over CareSource, hebt u het recht om kosteloos hulp en informatie te ontvangen in uw taal. Als u wilt spreken met een tolk. Bel naar het nummer voor ledendiensten op uw lidkaart

FRENCH (CANADA)
Des questions au sujet de CareSource? Vous ou la personne que vous aidez avez le droit d'obtenir gratuitement du soutien et de l'information dans votre langue. Pour parler à un interprète. Veuillez communiquer avec les services aux membres au numéro indiqué sur votre carte de membre.

GERMAN
Wenn Sie, oder jemand dem Sie helfen, eine Frage zu CareSource haben, haben Sie das Recht, kostenfrei in Ihrer eigenen Sprache Hilfe und Information zu bekommen. Um mit einem Dolmetscher zu sprechen, Bitte rufen Sie die Mitglieder-Servicenummer auf Ihrer Mitglieder-ID-Karte an

GUJARATI જો તમે અથવા તમે કોઈને મદદ કરી રહ્યાં તેમ ાંથી કોઈને CareSource વિશે પ્રશ્નો હોર્ તો તમને મદદ અને મ હહતી મેળિ ાનો અવિક ર છે. તે ખર્ચ વિન તમ રી ભ ષ મ ાં પ્ર પ્ત કરી શક ર્ છે. દ ભ વષર્ો ાં ત કરિ મ ટે,કૃપા કરીને તમારા સભ્ય આઈડી કાર્ડ પર સભ્ય સેવા માટે ના નંબર પર ફોન કરો.

HINDI
यदि आपके, या आप जिसकी मदद कर रहे हैं उसके CareSource के बारे में कोई सवाल हैं तो आपके पास बगैर किसी लागत के अपनी भाषा में सहायता और जानकारी प्राप्त करने का अधिकार है। एक दुभाषिए से बात करने के लिए कॉल करें, कृपया अपने सदस्य आईडी कार्ड पर दिये सदस्य सेवा नंबर पर कॉल करें।

ITALIAN
Se Lei, o qualcuno che Lei sta aiutando, ha domande su CareSource, ha il diritto di avere supporto e informazioni nella propria lingua senza alcun costo. Per parlare con un interprete. Chiamare il numero dei servizi ai soci riportato sulla tessera di iscrizione.

JAPANESE
ご本人様、または身の回りの方で、CareSource に関するご質問がございましたら、ご希望の言語でサポートを受けたり、情報を入手したりすることができます（無償）。 通訳をご利用の場合は、お持ちの会員IDカードにある、会員サービスの電話番号までお問い合わせ下さい。

KOREAN
귀하 본인이나 귀하께서 돕고 계신 분이 CareSource에 대해 궁금한 점이 있으시면, 원하는 언어로 별도 비용 없이 도움을 받으실 수 있습니다. 통역사가 필요하시면 다음 번호로 전화해 귀하의 회원 ID 카드에 적힌 회원 서비스 팀 번호로 전화하십시오.

PENNSYLVANIA DUTCH
Wann du hoscht en Froog, odder ebber, wu du helfscht, hot en Froog baut CareSource, hoscht du es Recht fer Hilf un Information in deinre eegne Schprooch griege, un die Hilf koschtet nix. Wann du mit me Interpreter schwetze witt, Bel alstublieft met het Ledenservice nummer op uw lid ID -kaart.

RUSSIAN
Если у Вас или у кого-то, кому Вы помогаете, есть вопросы относительно CareSource, Вы имеете право бесплатно получить помощь и информацию на Вашем языке. Для разговора с переводчиком. Пожалуйста, позвоните по телефону отдела обслуживания клиентов, указанному на вашей идентификационной карточке клиента.

SPANISH
Si usted o alguien a quien ayuda tienen preguntas sobre CareSource, tiene derecho a recibir esta información y ayuda en su propio idioma sin costo. Para hablar con un intérprete. Por favor, llame al número de Servicios para Afiliados que figura en su tarjeta de identificación.

UKRAINIAN
Якщо у вас, чи в особи, котрій ви допомагаєте, виникнуть запитання щодо CareSource, ви маєте право безкоштовно отримати допомогу та інформацію вашою мовою. Щоб замовити перекладача, Зателефонуйте за номером обслуговування учасників, який вказано на вашому посвідченні учасника

VIETNAMESE
Nếu bạn hoặc ai đó bạn đang giúp đỡ, có thắc mắc về CareSource, bạn có quyền được nhận trợ giúp và thông tin bằng ngôn ngữ của mình miễn phí. Để nói chuyện với một thông dịch viên. Vui lòng gọi số dịch vụ thành viên trên thẻ ID thành viên của bạn.

Welcome

Thank you for joining CareSource. We are glad to have you as a member of our health plan.

At CareSource, we are focused 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 get the most from the coverage you will receive under the CareSource Plan. Your Evidence of Individual Coverage and Health Insurance Contract (EOC) has more detailed information. Please read the entire EOC and use it often as a reference for your Covered Services. You can also contact us with any questions you may have about the Plan.

How to Reach Us

DEPARTMENT	PHONE NUMBER
Member Services Call when you: • Have questions about benefits and services • Need a new ID card • Need information in another language or format	**1-855-202-0622** Monday – Friday, 7 a.m. – 7 p.m. Eastern Standard Time (EST)
CareSource24® nurse advice line Call our nurse advice line anytime to speak to a registered nurse about your health and medical questions. To learn more, see Added Benefits, CareSource24 nurse advice line, in this handbook.	**1-866-206-0701** 24 hours a day
TTY/TDD for the hearing impaired	**1-800-982-8771** or **711**

INTERPRETER SERVICES

If there is a CareSource member in your family whose primary language is not English, please call us. We offer language interpreters for members who need language assistance communicating with CareSource. By calling the Member Services department at **1-855-202-0622** (TTY for the hearing impaired: 1-800-982-8771 or 711), you can speak with an interpreter over the phone.

We can 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.

WEBSITE

To find information fast and submit requests online anytime day or night, visit our website at **CareSource.com/marketplace**. Use our online self-help tools to find CareSource doctors/providers, pharmacies and covered medications. You can also set up a secure My CareSource™ online account to change your doctor, request a new ID card, pay your Premium, see your claims information and more. If you haven't already created your My CareSource account, do it now at **MyCareSource.com**.

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

ID Cards

You will receive a CareSource ID card. It is good for each member of your family who has joined the Plan. Be sure to show your card each time you go to the doctor, hospital, urgent care center and pharmacy.

You should also have your ID card ready when you call Member Services. We will need the Member ID number listed on your card. This will help us serve you faster.

Where to Get Care

In order to have your health care services covered by CareSource, you must get them from a Network Provider. The only exceptions are:

- In cases of emergency within the United States;
- If you need medically necessary, covered urgent care services when traveling out of our service area within the United States;
- If you are in the Hospital or another in-network facility and receive care from a non-network provider (such as an radiologist or anesthesiologist);
- If you are referred by a PCP to a non-network provider because the specialty care you need is not available from a network provider. In this case, your PCP or Network Provider must get our prior authorization; or
- If you have a continuity of care issue, such as you are being treated for a sickness or injury and your doctor leaves our network.

Typically, in order to have your health care services paid for by CareSource, you must get services from a Network Provider.
See your Evidence of Coverage for details.

You can find the most current list of Network Providers on our website. Go to **CareSource.com** and choose “Find a Doctor/Provider” under the “Quick Links.” Then, select the State where you live and your health care plan.

YOUR PRIMARY CARE PROVIDER (PCP)

You can choose a PCP who is a Network Provider. Your PCP will work with you to direct your health care. He or she will treat you for most of your routine health care needs.

Going to the same PCP each time you need care will help your PCP get to know you and your needs. The more familiar your PCP is with you and your medical history, the better your PCP will be able to treat you.

If needed, your PCP will help you decide if you need to see other doctors (specialists) or admit you to the hospital. However, you are not required by the Plan to get a referral from your PCP before you see many types of specialists.

Do you need help choosing a PCP, specialists, or any other services? Just call our Member Services department at **1-855-202-0622** (TTY: 1-800-982-8771 or 711).

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, then you can get medically necessary Covered Services from a provider not in our network.

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

If you receive emergency care from a provider who is not a Network Provider, or urgent care services outside the service area, you will need to submit the bill you receive to CareSource with a claim form. You may obtain a claim form by calling Member Services at **1-855-202-0622** (TTY: 1-800-982-8771 or 711).

*The counties in our service area are listed on the "Members" page of our website. Visit **CareSource.com/marketplace**. Click on West Virginia, and then on the "Members" link in the upper right corner of the page.*

EMERGENCY SERVICES

Emergency services are services for a medical problem that you think is so serious that it must be treated right away by a doctor. We cover care for emergencies both in and out of the county where you live. 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

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 primary care provider or the CareSource 24-hour nurse advice line at **1-866-206-0701** (TTY: 1-800-982-8771 or 711). Your PCP or the CareSource 24-hour nurse advice line staff 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 member of CareSource and show them 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 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 have a medical emergency, or have someone call for you. Then call your PCP as soon as you can after the emergency to schedule any follow-up services.
- If the hospital has you stay, please make sure that CareSource is called within 24 hours.

Covered Services

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

- Primary care and specialty physician services
- Outpatient services
- Hospitalizations
- Emergency services
- Maternity and newborn care
- Mental health and substance abuse treatment
- Prescription drug coverage
- Preventive and wellness services
- Rehabilitative and habilitative services and devices
- Laboratory services
- Chronic disease management
- Covered clinical trials
- Podiatry care
- Pediatric Dental health and vision services
- Optional dental and vision coverage for adults

Please refer to your EOC for more details and any limits that may apply.

Mental Health/Behavioral Health Specialists, like other specialists, do not require you to have a referral. However, you may want to work with your Primary Care Provider (PCP) in coordinating your care. If you need a list of Mental Health/Behavioral Health Specialists, please contact Member Services at **1-855-202-0622** (TTY: 1-800-982-8771 or 711).

PREVENTIVE CARE

Preventive care means making regular visits to your doctor 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.

Preventive care services are covered at no cost to you. These include screening mammograms, Pap tests, and certain dental, vision and hearing screenings.

Preventive care services are covered at no cost to you.

PRESCRIPTION DRUGS

We want to make sure you get the safest, most cost-effective drugs for your needs. CareSource uses a Prescription Drug List (PDL). Drugs are categorized into tiers that represent different cost-sharing amounts. To learn more about how to use our pharmaceutical management procedures, look in the introduction section of the PDL that can be found on our website. If you do not have access to the Internet, then please call Member Services and they will be able to assist you.

Some drugs may have limits on how much can be dispensed to you at one time. You may need to try one drug before taking another. We may also require your provider to submit information to us to explain why a specific drug or a certain amount is needed. This is called a prior authorization request. We must approve the request before you can get the drug. These requirements help curb misuse and abuse and make sure you get the most appropriate drugs.

We may require your provider to submit information to us to explain why a specific drug or a certain amount is needed. This is called a prior authorization request.

To find out which drugs are on the list and which tier they are in, you can:

- Look at the full list on our website. You can find the Formulary on the Pharmacy page, or use our search tool, “Find My Prescriptions” under “Quick Links.” You can search by brand or generic name.
- Call our Member Services department and ask for help.

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 many major pharmacies, including those listed below, plus many smaller pharmacies.

- Costco
- CVS
- Discount Drug Mart
- Kmart
- Kroger
- Meijer
- Rite-Aid
- Sam’s Club
- Target
- Walmart

We also have mail-order pharmacies in our network. To see the full list of network pharmacies, go to our website at CareSource.com. Under “Quick Links” on our member pages, click on “Find a Pharmacy.” If you have questions, please call Member Services at **1-855-202-0622** (TTY: 1-800-982-8771 or 711).

MEDICATION THERAPY MANAGEMENT

At CareSource, we understand 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 is geared toward helping you learn about your medications, prevent or address medication-related problems, decrease costs, and stick to your treatment plan.

This program may be available from your local pharmacist, if they are signed up 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 are asking because they want to help you. The pharmacist may ask to schedule time with you to go over all of your medications, which includes any pills, creams, eye drops, herbals or over the counter items. Through the program, your local pharmacist may get alerts and information about your medications and decide if you may need extra attention. They offer ways to help you with your medications and how to take them the right way. They will also work with your doctor and others to address your needs and improve how you use your medications.

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

MTM Benefits to Health Partners and Members

- Improves safe use of medications
- Improves coordination with all your doctors and other caregivers
- Increases knowledge of your medications and how to use them correctly
- Improves overall health

OPTIONAL ADULT DENTAL AND VISION BENEFITS

CareSource covers dental service related to accidental injury. If you chose a CareSource Plan with dental and vision benefits, you can also get routine, basic and major dental services.

Your EOC has more details about dental and vision care benefits.

SERVICES THAT REQUIRE A PRIOR AUTHORIZATION

We want to make sure the care you get is the best care for your needs. 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.

Many other services do not need a prior authorization. You do not need a prior authorization to see your PCP or most specialists. You don't need a prior authorization for lab work, X-rays or many outpatient services either. Your doctor will tell you when you need these types of care. However, you will need a prior authorization if you are receiving these services from a Non-Network Provider.

Your Evidence of Coverage includes a detailed list of covered services and requirements. Check your EOC if you have questions about a specific service.

A list of the services that require prior authorization is available by calling Member Services at **1-855-202-0622** (TTY: 1-800-982-8771 or 711).

Utilization Management is when CareSource evaluates, according to established criteria or guidelines, the health care services our members receive. We do this to make sure it is the best care for your needs.

ACCESS TO STAFF

- CareSource staff is available from 8:00 a.m. to 5:00 p.m. Eastern Standard Time (EST) during normal business hours for inbound calls regarding Utilization Management (UM) issues. Just call Member Services at **1-855-202-0622** (TTY: 1-800-982-8771 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 submit an email through our website. Visit the **CareSource.com** homepage and click on the "Tell Us" form from the "Quick Links" menu on the right side of the page.
- Voicemails or emails received after normal business hours are returned on the next business day and communications received after midnight on Monday-Friday are responded to on the same business day.
- Staff are identified by name, title, and organization name when initiating or returning calls regarding UM issues.

*Contact us anytime about Utilization Management or prior authorization requests. We can provide interpreter services for language assistance to discuss UM issues. Call Member Services at **1-855-202-0622** (TTY: 1-800-982-8771 or 711). You can also email us through our website at **CareSource.com** using the "Tell Us" form.*

CareSource uses the most current and appropriate care and service to make clinical decisions about the health care you receive. 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 CareSource 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

CareSource 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:

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

EXPLANATION OF BENEFITS (EOB)

You may receive an EOB statement from CareSource. An EOB is not a bill. These statements show what services were billed to CareSource and how they were paid.

They 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 these 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 if you are billed for services you did not receive, please call Member Services at **1-855-202-0622** (TTY: 1-800-982-8771 or 711).

Added Benefits

CARESOURCE24® NURSE ADVICE LINE

Questions about your family's health can come up at any time. Sometimes it is hard to know what to do. Knowing that you can call someone for answers can help put your mind at ease.

That's why we have CareSource24, our nurse advice line. It is available 24 hours a day, seven days a week. It's like having your very own registered nurse.

When you call, a nurse can help you:

- With pain or symptom relief
- Decide if your injury or illness is an emergency
- Treat an illness or injury at home
- Decide when to go to your doctor, an urgent care or emergency room

- Understand a medical condition or diagnosis
- Know what to ask your doctor
- Learn about your medications
- Get information about tests or surgery
- Learn about nutrition and wellness

*Call CareSource24 at **1-866-206-0701**.*

CARE MANAGEMENT AND OUTREACH SERVICES

CareSource offers care management services that are available to children and adults with special health care needs.

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

They may contact you if:
- Your doctor requests it
- You request a phone call
- Our staff feels their services would be helpful to you or your family

CareSource offers care management for conditions that include:
- Asthma
- Emergency department management
- Chronic obstructive pulmonary disease / Heart failure / Coronary artery disease
- Diabetes
- Depression
- High blood pressure
- Bipolar disease
- Pain management
- Controlled substance management
- High-risk pregnancy

CareSource staff may ask you questions to learn more about your health. And our staff will give you information to help you understand how to care for yourself and access services, including local resources.

Our staff 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 **1-866-286-9738**.

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:

- Answer any questions related to discharge
- Ensure that you and/or your family members understand your medications and be available to answer any questions related to your medications
- Help coordinate your primary care 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 **1-866-286-9738**.*

DISEASE MANAGEMENT

CareSource offers disease management programs. They 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. These programs are available to you at no cost.

We have programs for:

- Asthma
- Diabetes

Goals of our programs include:

- Helping you understand how to take good care of yourself
- Helping you adopt a healthy lifestyle
- Working with your doctor to reach your health goals

*If you would like to participate in a disease management program, or to opt out, please call **1-866-286-9738**.*

MyHEALTH

CareSource is excited to include MyHealth in your benefit package at no cost to you. Through MyHealth, CareSource members have access to an interactive health assessment, personalized health tools, ability to track exercise goals, and small step interactive guides that help members manage health and wellness topics specific to their needs. To get started, go to **CareSource.com/members/WestVirginia/marketplace/health**. If you have any questions about MyHealth, please contact Member Services at **1-855-202-0622** (TTY: 1-800-982-8771 or 711).

How to Pay your Bill

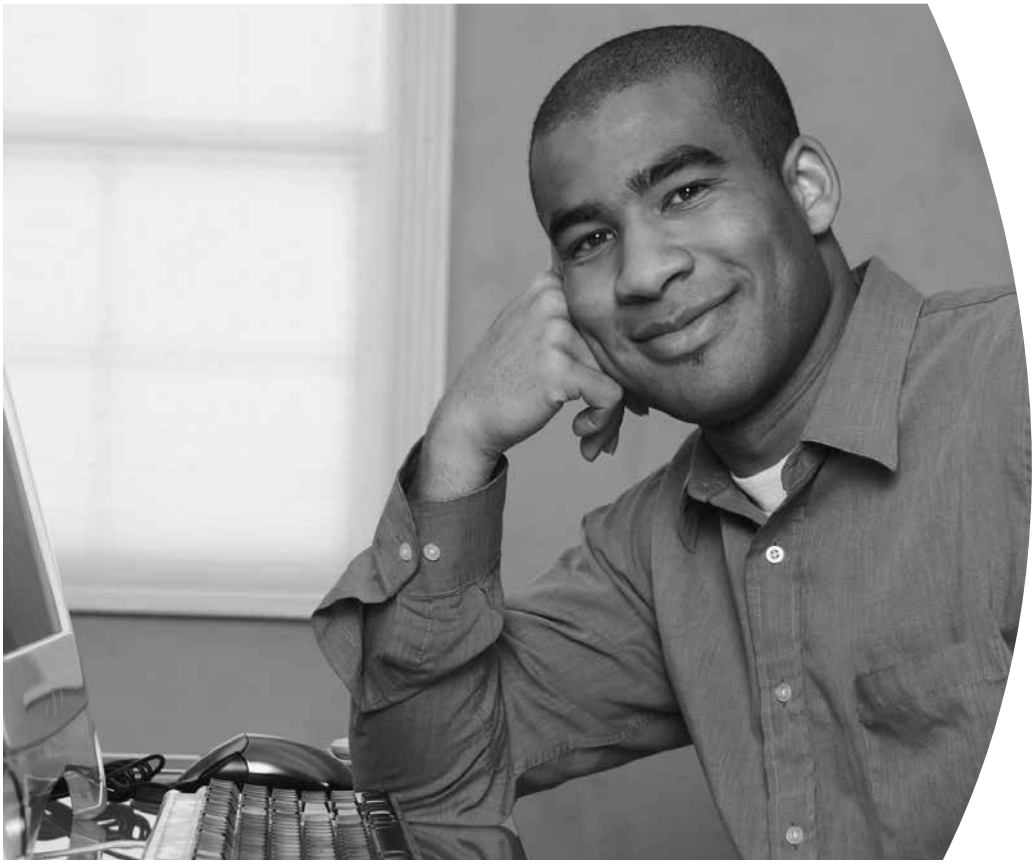
The fee you pay to CareSource to be covered by CareSource is called a Premium. To pay your monthly Premium to CareSource, you can:

- **Pay online.** Go to **MyCareSource.com.** You can pay by credit or debit card or bank transfer. You must create a My CareSource account to pay online.
- **Pay by Phone.** Call **1-855-202-0622** (TTY: 1-800-982-8771 or 711). Use a credit card, debit card or bank transfer.
- **Mail your payment.** Send it to:
  CareSource
  P.O. Box 630093
  Cincinnati, OH 45263-0093

  Make checks or money orders payable to CareSource. Please include your payment coupon and write your Member ID number on the check. This will ensure payment is posted to your account.

The fastest ways to pay are online or by phone. CareSource offers these services to you at no charge.

If you owe any Copayments or Coinsurance, these should be paid directly to the health care provider. You must pay them at the time of service.



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 doctor in making decisions about your health care.
- Candidly discuss with your doctor 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.

Your responsibilities are 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 doctors.
- Understand your health problems and participate in developing mutually agreed-upon treatment goals, to the degree possible.
- Be enrolled and pay any required Premiums.
- Pay your 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.
- Report any suspected fraud, waste and abuse via the fraud reporting mechanisms noted in the Fraud, Waste and Abuse section of this handbook.

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’ve shared your health information. This is limited to six years before the date you ask. You may ask who we shared it with, and why.
- We will include all the disclosures except for those about:
  – care,
  – 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. 20201, 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, then 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

OTHER USES AND DISCLOSURES

How do we typically use or share your health information? We typically use or share your health information in these ways:

Help you get health care treatment

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

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.

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.

To run our business

- We may use or share your health information to run our business. **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.

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.

Special Rules for CareSource Members per State Laws: State law requires that we get your approval in many cases before:

- Giving out the performance or results of an HIV test or diagnosis of AIDS or an AIDS-related condition;

- Giving out information about drug and alcohol treatment you may have received in a drug and alcohol treatment program;
- Giving out information about mental health care you may have received; and
- Giving out certain information to long-term care investigators.

For full information on when such approval may be needed, you can contact the CareSource Privacy Officer. Please see the contact information provided below.

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 notice was effective April 14, 2003, and this version was effective September 1, 2014. 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: 1-855-202-0622, ext. 2023 (TTY: 1-800-982-8771 or 711)

Notice of Non-Discrimination

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

CareSource provides free aids and services to people with disabilities to communicate effectively with us, such as: (1) qualified sign language interpreters, and (2) written information in other formats (large print, audio, accessible electronic formats, other formats). In addition, CareSource provides free language services to people whose primary language is not English, such as: (1) qualified interpreters, and (2) information written in other languages. If you need these services, please call the member services number on your member ID card.

If you believe that CareSource has failed to provide the above mentioned services to you or discriminated in another way on the basis of age, gender, gender identity, color, race, disability, national origin, marital status, sexual preference, religious affiliation, health status, or public assistance status, you may file a grievance, with:

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

1-844-539-1732, TTY: 711
Fax: 1-844-417-6254
CivilRightsCoordinator@CareSource.com

You can file a grievance by mail, fax, or email. If you need help filing a grievance, the Civil Rights Coordinator is available to help you.

You may also file a civil rights complaint with the U.S. Department of Health and Human Services, Office for Civil Rights, electronically through the Office of Civil Rights Complaint Portal, available at https://ocrportal.hhs.gov/ocr/portal/lobby.jsf, or by mail or phone at:

U.S. Department of Health and Human Services
200 Independence Avenue, SW Room 509F
HHH Building Washington, D.C. 20201
1-800-368-1019, 1-800-537-7697 (TDD)

Complaint forms are available at **http://www.hhs.gov/ocr/office/file/index.html**.

Advance Directives

You have the right to make advance directives. These are documents you sign in case you become seriously ill.

They are used if you become unable to communicate because of your 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.

CareSource does not put any limits on your right to do this under state law.

MENTAL HEALTH TREATMENT DIRECTIVES

You may state your specific preferences regarding the mental health treatment you may or may not wish to receive in the event you become unable to make your own decisions regarding mental health treatment. 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 visit **https://www.caresource.com/connect/educate-yourself/mental-health-treatment-directive/**.

Guardianship

WHAT IS A GUARDIAN?

A guardian is an adult chosen by a court to be legally in charge for another person.

WHEN WILL A GUARDIAN BE CHOSEN?

A court will choose a guardian for someone who can no longer make safe choices by themselves. This is usually due to legal or mental incapacity. In certain situations a minor may also have a guardian chosen for them.

HOW DO I GET A GUARDIANSHIP?

Only a court can choose a guardian. The court that chooses a guardian is your local court. This could differ based on where you live. Call your local Health and Family services, local court, local lawyer, or local legal aid service for more information.

Fraud, Waste and Abuse

CareSource has a program designed to handle cases of health care fraud. Fraud can be committed by providers or members. 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

- Do not provide drugs according to the prescription
- Give you a generic drug and send in a claim for a more expensive brand-name drug
- Give 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 doctor or a CareSource member is committing fraud, waste or abuse, then you can report your concerns to us by:

- Calling us at **1-855-202-0622** (TTY for the hearing impaired: 1-800-982-8771 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: Special Investigations Unit
  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

Your care means a lot to us. CareSource continually reviews the quality of care and service offered to our members. We implement programs to improve how we work internally, our delivery of health care services and our members' health outcomes.

In order to ensure a structure, key processes and a culture of continuous improvement, CareSource has implemented a comprehensive Quality Improvement Program. The Program has evolved from managing individual episodes of illness to oversight of the entire continuum of care to include wellness, prevention and disease and case management.

This is an evolving program that is responsive to the needs of our members, drawing and analyzing information from a variety of sources that impact your care. We always look at standards set by the medical community through practicing providers' input, regulators and accrediting bodies.

A written evaluation of the Quality Improvement Program is conducted annually. This helps to determine how well the Quality Improvement activities are working. It is submitted to appropriate regulatory and accrediting bodies as required. A cross-functional team participates in the evaluation process.

In 2015, CareSource (then known as CareSource Just4Me™) was awarded an accreditation status of Accredited by the National Committee for Quality Assurance (NCQA®). This accreditation status shows the commitment to service and clinical quality that meets or exceeds NCQA's rigorous requirements for consumer protection and quality improvement as we work to improve members' health care.

PROGRAM SCOPE

CareSource supports an active, ongoing, and comprehensive Quality Improvement Program. The scope of the Quality Improvement Program includes:

- Advocate for members across settings
- Meet member access and availability needs for physical and behavioral health care
- Determine interventions for Healthcare Effectiveness Data and Information Set (HEDIS®) overall rate improvement that increase preventive care rates and facilitate support of members' acute and chronic health conditions and complex needs
- Determine interventions for Consumer Assessment of Healthcare Providers and Systems (CAHPS®) rate improvement that enrich member and health partner experience and satisfaction
- Demonstrate enhanced care coordination and continuity across settings
- Meet members' cultural and linguistic needs
- Monitor important aspects of care to ensure the safety of members across health care settings
- Determine practitioner adherence to clinical practice guidelines
- Support member self-management efforts
- Partner collaboratively with network partners, practitioners, regulatory agencies, and community agencies
- Ensure regulatory and accrediting agency compliance

QUALITY MEASURES

CareSource continually assesses and analyzes the quality of care and services offered to our members. This is accomplished by using objective and systematic monitoring and evaluation to implement programs to improve outcomes.

CareSource uses 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 are based on evidence-based care and address the most pressing areas of care. Potential quality measures for the Health Insurance Marketplace are:

- 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

CareSource uses the Qualified Health Plan Enrollee Experience Survey that assesses enrollee experiences with Qualified Health Plans offered through the Health Insurance Marketplace. The survey questions focus on key areas of care and service.

PREVENTIVE GUIDELINES AND CLINICAL PRACTICE GUIDELINES

CareSource approves and adopts nationally accepted standards and guidelines and promotes them to practitioners and members to help inform and guide clinical care provided to CareSource members. Guidelines are reviewed at least every two years or more often as appropriate, and updated as necessary. The use of these guidelines allows CareSource to measure the impact of the guidelines on outcomes of care. Review and approval of the guidelines are completed by the CareSource Clinical Advisory Committee every two years or more often as appropriate. The guidelines are then presented to the CareSource Quality Enterprise Committee. Topics for guidelines are identified through analysis of CareSource members. Guidelines may include, but are not limited to:

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

Information about clinical practice guidelines and health information is made available to CareSource members via member newsletters, the CareSource member website, or upon request. Preventive Guidelines and Health Links are available to members and providers on the website or on paper.

HEDIS® is a registered trademark of the National Committee for Quality Assurance (NCQA).

CAHPS® is a registered trademark of the Agency for Healthcare Research and Quality (AHRQ).

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

- Establish a relationship with a health care provider.
- Make sure you and your family have regular checkups with your health care provider.
- If you have a chronic condition (such as asthma or diabetes) make sure that you see your doctor regularly. You also need to follow the treatment that your doctor has given you. Make sure that you take the medications that your doctor has asked you to take.
- Remember CareSource24 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 **1-855-202-0622** (TTY: 1-800-982-8771 or 711) for more information about these programs.

Word Meanings

Annual Deductible means the amount you must pay for Covered Services in a Benefit Year before we will begin paying for Benefits in that Benefit Year. Amounts paid toward the Annual Deductible for Covered Services that are subject to a visit or day limit will also be calculated against the maximum Benefit limit. The limited Benefit will be reduced by the number of days/visits used toward meeting the Annual Deductible. Network Benefits for Preventive Health Services are never subject to payment of the Annual Deductible.

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.

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. For Silver and Bronze CareSource plans, Medical and Pharmacy Copayments and Coinsurance, as well as amounts paid toward your Annual Deductible, apply to your Annual Out-of-Pocket Maximum. For Gold plans, Medical Copayments and Coinsurance, as well as amounts paid toward your Annual Deductible, apply to your Annual ***Medical*** Out-of-Pocket Maximum. Additionally for Gold plans, Pharmacy Copayments and Coinsurance apply to your Annual ***Pharmacy*** Out-of-Pocket Maximum. For all plans, Copayments for optional dental and vision benefits do not apply to your Annual Medical Out-of-Pocket Maximum.

The following costs will never apply to the Annual Out-of-Pocket Maximum:

- Any charges or Copayments for services that are not Covered Services or Coinsurance amounts for Covered Services available by an optional Rider, unless specifically stated otherwise in the Rider;
- The amount of any reduced Benefits if you don't obtain authorization from us;
- Charges that exceed Eligible Expenses;
- The Annual Deductible.

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;
- The amount of any reduced Benefits if you don't obtain authorization from us;
- Coinsurance amounts for Covered Services available by an optional Rider, unless stated otherwise in the Rider.

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.

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 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, Mental Sickness, 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.*

Please review your CareSource Evidence of Individual Coverage and Health Insurance Contract (EOC) to learn about your Covered Services, Copayment and Coinsurance requirements.

Evidence of Coverage (EOC) – The 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. This EOC 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) – 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.

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 the CareSource plan.

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

Prescription Drug List means a list that categorizes into tiers medications, products or devices that have been approved by the U.S. Food and Drug Administration. This list is subject to periodic review and modification (generally quarterly, but no more than six (6) times per Benefit Year). You may determine to which tier a particular Prescription Drug has been assigned by contacting CareSource at the toll-free number on your ID Card or by logging onto **CareSource.com**.

Utilization Management means when CareSource evaluates, according to established criteria or guidelines, the health care services members receive. We do this to make sure it is the best care for your needs.

CareSource®

CareSource.com/marketplace
1-855-202-0622 (TTY/TDD for the hearing impaired: 1-800-982-8771 or 711)

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