



Ohio

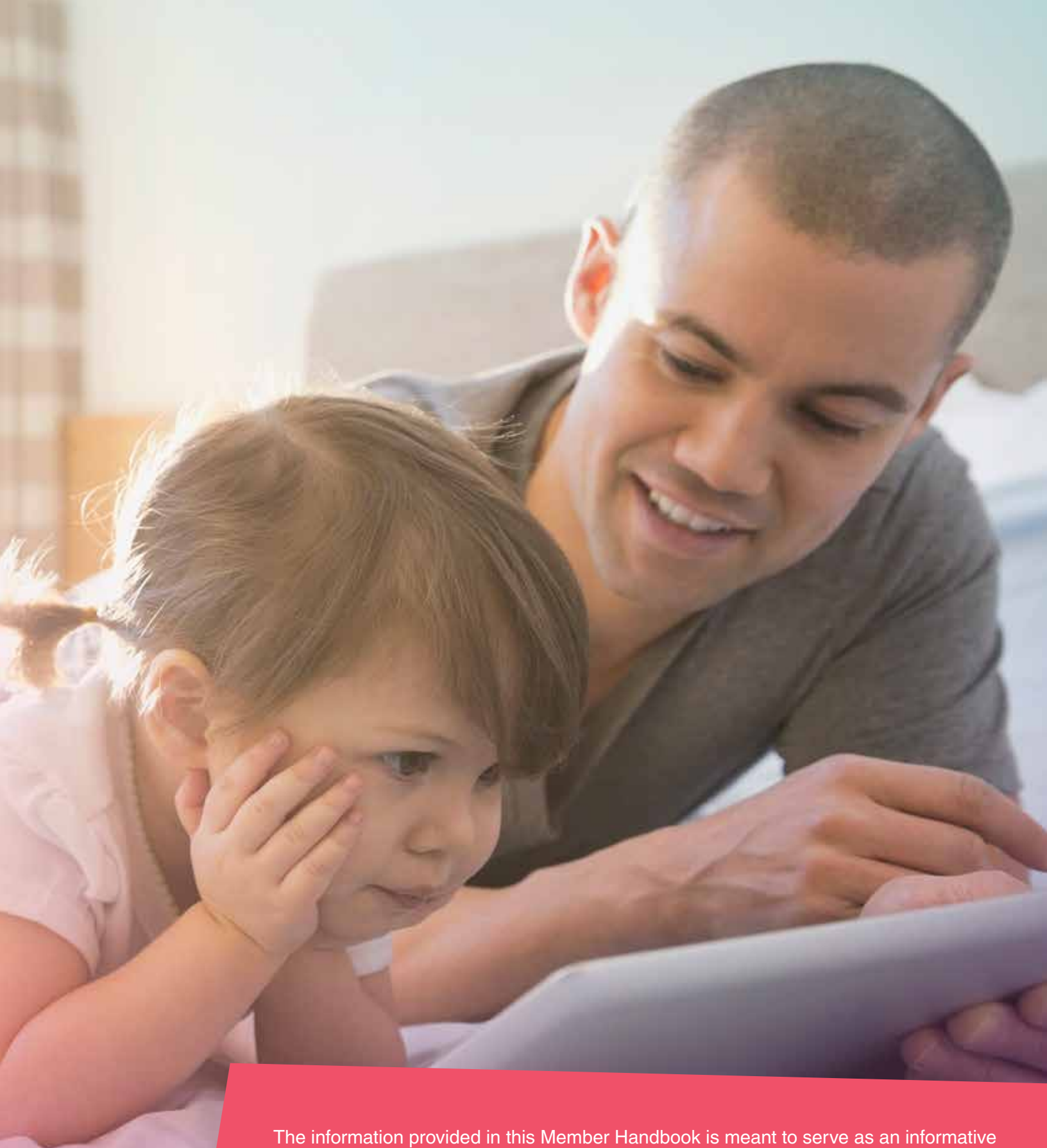
A Reference Guide to
Your Health Care Benefits

Member Handbook *for 2018*

CareSource.com/marketplace | 1-800-479-9502
(TTY/TDD for the hearing impaired: 1-800-750-0750 or 711)

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





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 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 **1-800-479-9502**, from 7 a.m. to 7 p.m., Monday through Friday, for more information about your rights and benefits under the Plan.



IMPORTANT NEXT STEPS

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 and print your member ID Card from your My CareSource® account, or view a digital copy of it on the CareSource mobile app.

Create Your Online My CareSource Account (see page 7)

- Go to **CareSource.com/marketplace** and select My Account from the top menu bar. 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.

Learn About Your Benefits (see pages 21-28)

- Read about your covered benefits and services. You can also find information about your covered benefits and services online at: **CareSource.com/marketplace**

Choose a Primary Care Physician (PCP)

- FIND: Use our **Find a Doctor/Provider** tool to locate the right doctor for you (see page 15).
- SELECT: Sign in to **MyCareSource.com** and select **Choose Provider** on the Home page.
- VISIT: Make an appointment with your PCP. It's important to have regular checkups, even when you are not sick.

Complete your Health Risk Assessment Through MyHealth (see page 25)

- Fill out your Health Risk Assessment (HRA). CareSource wants to help you stay healthy. Fill out your HRA and receive a personal health score & 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 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 better understand the coverage you will receive under your CareSource plan. In addition, please be sure to review your Evidence of Coverage and Health Insurance Contract (EOC), as your EOC contains additional 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.



WHEN TO CONTACT THE MARKETPLACE

Contact the federal Marketplace at HealthCare.gov or 1-800-318-2596 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 (Changes in address of record must be reported through the Marketplace. CareSource cannot permanently change this information, although we can temporarily update it.)

WORKING WITH CARESOURCE

Self-Service Tools and Information

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

CareSource.com/marketplace

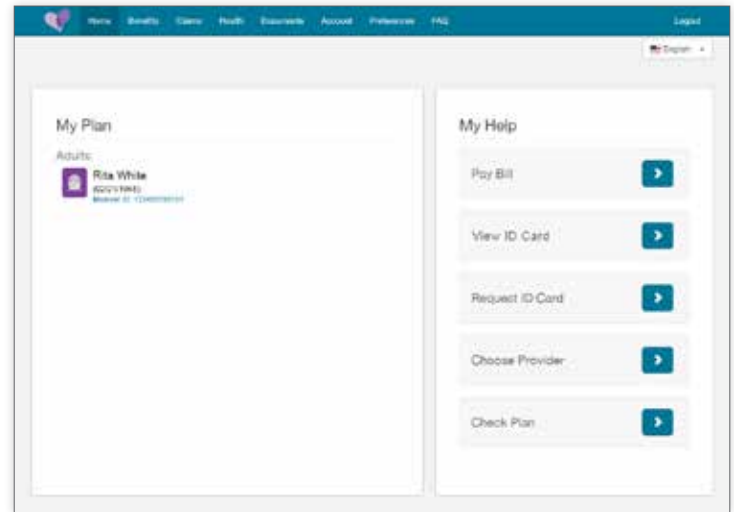
- General information
- Plan specific documents – Schedule of Benefits, Summary of Benefits & Coverage, Evidence of Coverage, and more
- Forms
- Find a Doctor/Provider
- “Tell Us” Contact Form
- Drug Formulary
- Added benefits, such as Active & Fit®, disease management, and our new 5/3 banking partnership



MyCareSource.com

Your secure, private portal to access your personal information, such as your claims, invoices, and plan documents. We have improved the functionality of your My CareSource account. 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
- Pay your bill
- Check your copays and coinsurance
- See the status of your annual deductible and annual out-of-pocket amounts
- View claims
- View plan documents
- Take your Health Risk 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 and iPads. With the mobile app, you can:

- View your digital ID card
- View plan documents
- View claims
- Find a doctor, pharmacy, hospital or clinic; get directions or call
- Call CareSource24® with the touch of a button
- Connect with MYidealDOCTOR™, our telemedicine provider
- Watch helpful videos
- Pay your premium



Member Services

If you don't have access to the internet, have additional questions, or need assistance from a Member Services representative, call **1-800-479-9502**. 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 bottom of each page of this handbook.

CareSource Member Services is closed on: *New Year's Day, Memorial Day, 4th of July, Labor Day, Thanksgiving Day and the day after, Christmas Eve and Christmas Day.*

TTY/TDD for the Hearing Impaired

Call **1-800-750-0750 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.

Interpreter Services

If there is a CareSource member in your family whose primary language is not English, call us. We offer language interpreters for members who need language assistance communicating with CareSource. By calling the Member Services department at **1-800-479-9502** (TTY for the hearing impaired: 1-800-750-0750 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.

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



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. Your invoice will look something like this:

CareSource
CareSource
P.O. Box 630568
Cincinnati, OH 45263-0568

INVOICE
MEMBER ID: 123456789101
INVOICE NO: 12345678
INVOICE DATE: 02/05/2018
DUE DATE: 02/25/2018

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

To pay online go to: MyCareSource.com
To pay by phone, call: 1-800-479-9502
To pay by mail, send payment in the enclosed envelope

DESCRIPTION	AMOUNT
CareSource Silver for Coverage Dates: 03/01/2018 through 03/31/2018	\$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 1-800-479-9502 (TTY FOR THE HEARING IMPAIRED: 1-800-750-0750 OR 711)

PLEASE RETURN BOTTOM PORTION WITH YOUR PAYMENT

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

Member ID: 123456789101

INVOICE NO: 12345678
INVOICE DATE: 02/05/2018
DUE DATE: 02/25/2018
TOTAL DUE: \$400.00

AMOUNT PAID

CareSource
P.O. Box 630568
Cincinnati, OH 45263-0568

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

000000000000000000000000 0

AM-EXCM-0092B

Labels and Arrows:

- 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 was sent
- 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:

Pay online

- 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.
- If you want to set up automatic monthly payments, select **Manage Automatic Payments**, and complete the automatic payment form with the monthly amount and the payment method.

Make A Payment screen

Pay by phone

- Call Member Services at **1-800-479-9502** and tell our automated attendant “Katie” 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 until your account is paid in full by the due date on the invoice. It will be up to the physician or facility as to whether or not you will be required to pay at time of service.

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 past 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, as well as 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.

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.

Silver Dental and Vision		OH	CareSource
Member: John Doe		Dependents:	2018
Member ID: 14800000000-00	01 Jane Doe	02 John Doe	03 Mike Doe
Health Plan XXXXXXXXXXXX-XX	04 Ron Doe	05 Susan Doe	06 Sara Doe
Payer ID: 31114	07 Joe Doe	08 Sam Doe	
Office: \$/%*	ER: \$/%*	Spec: \$/%*	UrgCare: \$/%*
MISC-OH(2018)		*after deductible	

CareSource.com/marketplace		
This card does not guarantee coverage. To verify benefits, view claims, or find a provider, visit the website or call.		
Members: 1-800-479-9502 (TTY: 1-800-750-0750 or 711)		
24/7 Nurseline: 1-866-206-4240	Providers: 1-800-488-0134	Pharmacy: 1-800-488-0134
Medical Claims: P.O. Box 8730 Dayton, OH 45401-8730	Benefits Manager: CVS Caremark	
Pharmacy Claims: CVS Caremark P.O. Box 52136 Phoenix, AZ 85072-2136	Pharmacy Numbers: RxBin: 004336 RxPCN: ADV RxGrp: RX3156	
CareSource is a Qualified Health Plan Issuer in the Health Insurance Marketplace.		

Additional/Replacement ID Cards

If you need additional ID cards, or lose your ID card, you may view it from your MyCareSource account. You may also access and view a digital copy of your ID card with 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 “Katie” that you need a replacement ID card.



STAYING IN TOUCH

In addition to your monthly invoice, CareSource may send you additional communications 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 you will receive include our member newsletters and Explanations of Benefits.

Member Newsletters

Our MemberSource newsletter is sent out quarterly, and is also available online at **CareSource.com/marketplace**, on the Ohio marketplace member pages, under the **Plan Documents and Resources** link.

This quarterly communication is used to tell members how to take the fullest advantage of their plan benefits, gives useful health and wellness information, and keeps you up to date with what's happening at CareSource. You can view the most current issue, as well as past issues at **CareSource.com/marketplace**.

Explanation of Benefits

When you visit the doctor, or have other health care services, we will send you an Explanation of Benefits (EOB). It will outline the care you received, the 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 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 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 these EOBs when they come to be sure that you are being charged for the correct services and the correct amounts. The EOB is not a bill, it is a summary of the claim for services that your provider submitted and what CareSource paid to the provider. Your review ensures that you are only being charged for services that you have received, and can help us and your provider prevent fraud.

Below is a sample of the summary (front) page of an EOB. The pages following it list individual charges for each service. Your Explanation of Benefits can be several pages long.



P.O. Box 8738, Dayton, OH 45401-6738

Member ID: 123456789101
Health Plan: XXXOH
Payer ID: 12345

Your personal explanation of benefits statement

This Statement Period
 3/26/2017 to 4/1/2017

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

Page 1 of 12

THIS IS NOT A BILL

Who paid for your family's health care plan this period

Total Billed Charges	\$670.02
Amount CareSource Paid	\$259.41
Medical costs	\$259.41
Prescription costs	\$0.00
CareSource Discounts	\$370.61
Amount Your Family Paid	\$40.00
Medical costs	\$40.00
Prescription costs	\$0.00
Excluded costs	\$0.00

"CareSource discounts" shown in this statement are for costs and charges CareSource negotiated for you with doctors, pharmacists, and hospitals. "Excluded costs" represent the items or partial amounts that are not covered by your plan, which you may be responsible for paying to the doctor or hospital.

Your family's health plan spending this statement period

Individual	Medical In-Network	Prescriptions	Total
Nathan	\$40.00	\$0.00	\$40.00
Family Total	\$40.00	\$0.00	\$40.00

+ Family totals reflected above, but members(s) receive their own EOB when they have a medical claim

© 2017 CareSource
 Questions about your plan or this statement call 1-800-479-9502 or visit CareSource.com/marketplace
 Urgent medical questions call CareSource 24/7 Nurse Line at 1-866-206-4240.

Explanation of Benefits Front Page



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 that is contracted with CareSource to provide health care services to our members.

You can find network providers listed through our mobile app, with our ***Find a Doctor/Provider*** tool at **CareSource.com/marketplace**, or you can request a printed Provider Directory for your region. You can also call Member Services and a representative will be able to help find a network provider near you.

In order to have your health care services covered by CareSource, you must get them from a network provider, except for as provided in your plan Evidence of Coverage. Please refer to your plan Evidence of Coverage for additional details on when it is permissible to receive care from a non-network provider.

Primary Care Provider

Your main source of care should be your Primary Care Provider (PCP), also known as 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, or specialist referrals. Your PCP should be familiar with your CareSource plan, and what is covered, but it is always a good idea to check with your doctor or with CareSource to ensure a test, specialist, or treatment is covered.

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. You are permitted to see any PCP or network provider that you prefer.

Selecting a PCP through your My CareSource account or the CareSource mobile app will let us know who your PCP is, and will allow us to communicate more effectively with your PCP about your care and important health alerts. You do not have to notify us if you change your PCP, and you can change as often as you like. If you want to change the PCP on record with us, it is easiest to change it through your My CareSource account.

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



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 CareSource24. 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, 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*:

- With pain or symptom relief
- Decide if your injury or illness is an emergency
- Decide when to go to your doctor, an urgent care or emergency room
- Understand if a telemedicine visit is a good option
- Know what to ask your doctor
- Learn about your medications
- Get information about tests or surgery
- Learn about nutrition and wellness

Call CareSource24 at **1-866-206-4240**.

**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.*



Telemedicine

CareSource has partnered with MYidealDOCTOR to provide telemedicine services to all marketplace plan members. Telemedicine is not meant to replace your primary care provider, but to augment the care you get from your doctor. If you need to see a doctor 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. Simply call 1-855-879-4332 or go online to www.myidealdoctor.com. A doctor will call you back for your consultation, normally within 15 minutes.

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

- Coughs/Colds/Flu
- Congestion/sinus infection
- Allergies
- Pink eye
- Rashes
- And more

Best of all, a telemedicine consultation has the same copay as a PCP visit!

MYidealDOCTOR is a registered trademark of MYidealDOCTOR, LLC.

Convenience Care Clinics

Convenience care clinics offer a convenient 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 in the evening and on weekends, and most take walk ins. Members 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/Provider** 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. 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 your ID card.

To find the nearest urgent care clinic, use our **Find a Doctor/Provider** online tool and look under "Clinic" for Type, then select Urgent Care/After Hours for the Specialty. You can also call our Member Services department, or CareSource24. You can also call a 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 for an extended time to get attention. 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 primary care provider or the CareSource24 nurse advice line at **1-866-206-4240** (TTY: 1-800-750-0750 or 711). Your PCP or the CareSource24 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 CareSource member 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 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 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 (admits you to a room in the hospital), please make sure that CareSource is called within 24 hours.

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 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. 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 for your plan, 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/members/ohio/marketplace/plan-documents/forms/**, or by calling Member Services at **1-800-479-9502** (TTY/TDD for the hearing impaired: 1-800-750-0750 or 711).

The counties in our service area are on our website. Visit **CareSource.com/marketplace** and click your state, then **Members** at the top of the page. The service area counties are listed on the main landing page for your state.



CURRENT TREATMENT PLANS AND CONTINUITY OF CARE

Sometimes members who enroll in CareSource plans already have treatment or care planned. Call CareSource before seeing a provider that is not in the CareSource network. In addition, if you have health services planned after your benefits start, call Member Services to check coverage. If you do not call us, you may not be able to get the service covered. Except in emergencies, call Member Services before getting these services from any provider:

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

You do not need to call if you have services set up with a provider who is in the CareSource network and the planned services do not need a prior authorization (approval ahead of time). See your Evidence of Coverage for more information about prior authorizations, or call the Member Services number on your ID card. You can also view a list of services that require prior authorization on our website at **CareSource.com/marketplace** on the Benefits and Services page.

Current Medication Coverage – Pharmacy

To find out if your medications need approval, visit **CareSource.com/marketplace**. Use the ***Find My Prescriptions*** tool and select your plan. Enter your drug name in the search tool to see if your medication needs approval to be covered. If so, have your provider ask for approval from CareSource.



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 and vision services
- Optional Dental and Vision plans cover dental and vision services for adults

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

Mental Health and Behavioral Health Specialists, like other specialists, do not require you to have a referral. However, you may want to work with your Primary Care Physician (PCP) in coordinating your care. If you need a list of Mental Health or Behavioral Health Specialists, you can use our ***Find a Doctor/Provider*** online tool, or contact Member Services at **1-800-479-9502** (TTY: 1-800-750-0750, or 711).



Preventive Care

Preventive care means making regular visits to your Primary Care Physician (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.

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 mental health screenings, like a depression screening.

Note: Preventive care tests and services are covered at no cost to you.

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.

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 doctor will tell you when you need these, but you are responsible to ensure that you receive these types of care from an in-network provider.

A list of the services that require prior authorization is available online on the Benefits and Services page, or by calling Member Services.



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), also known as a Formulary. 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 the Pharmacy pages of our website. If you do not have access to the internet, 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.

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 **My Pharmacy** page.
- 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 | • Meijer |
| • CVS | • Rite-Aid |
| • Discount Drug Mart | • Sam's Club |
| • Kmart | • Target |
| • Kroger | • 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/marketplace**. Under **Quick Links** on our member pages, click on **Find a Pharmacy**. If you have questions, please call Member Services.



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 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 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 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. 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 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



ADDED BENEFITS (if applicable)

Optional Dental and Vision Benefits

All CareSource marketplace plans cover pediatric dental and vision services and adult dental service when related to accidental injury. If you chose an optional CareSource Dental and Vision Plan, you can also have an annual eye exam and twice yearly dental checkups. Eyeglasses, contacts, and routine, basic and major dental services are also covered up to a maximum amount each year.

Active&Fit® Program

Another advantage of choosing a CareSource plan with optional adult Dental and Vision coverage is that you are also eligible to participate in the Active&Fit program. The Active&Fit program allows members to purchase two home fitness kits each calendar year for \$10, or to purchase membership to a network of contracted fitness centers for \$100 per calendar year. Members with wearable fitness devices can track their progress on the Active & Fit website. If you selected an optional CareSource Dental and Vision Plan, please review your Evidence of Coverage for complete details, including limitations and exclusions for the Active&Fit 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.

MyHealth

All CareSource members over the age of 18 can use our new MyHealth tool to explore healthy living tips and suggestions.

What does good health mean to you? Have you ever asked yourself “How healthy am I?” or “Could I be healthier?” CareSource may have the answers to your questions.

Now you can take a FREE online health risk assessment (HRA) that will help you understand how you can be healthier. It’s quick and easy to take. Sign in to your My CareSource account, and click the **Health** tab at the top of the screen. Then click **Start** next to the Health Risk Assessment under Assessments.

When you finish, you’ll get your personal health score and a plan to help you live a healthier life. You can also set up your own account page, build a profile and set goals and preferences.



MyStrength

Take charge of your mental 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 online learning, empowering self-help tools, wellness resources and inspirational quotes and articles.

You can visit <https://www.mystrength.com/r/caresource> for more information and to sign up. Complete the myStrength sign-up process and personal profile. You can also download the myStrength app for iOS and Android devices at www.mystrength.com/mobile and sign in using your login email and password.

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 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, but are not limited to:

- Asthma
- Chronic obstructive pulmonary disease/heart failure/coronary artery disease
- Diabetes
- Depression
- High blood pressure
- Bipolar disease
- Pain management
- Controlled substance management
- High-risk pregnancy
- Emergency department management

CareSource staff may ask you questions to learn more about your health. 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 **1-844-679-7870**.



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 as follows:

- Answer any questions related to discharge
- Ensure that you and/or your family members understand your medications and 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 Transitions team at **1-844-679-7870**.

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 and diabetes.

The 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 **1-800-479-9502**.



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 regarding Utilization Management (UM) issues. Call Member Services at **1-800-479-9502** (TTY for the hearing impaired: 1-800-750-0750 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 on the **Tell Us** form link from the **Quick Links** menu.
- 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 name, 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 **1-800-479-9502** (TTY/TDD: 1-800-750-0750 or 711). You can also send a message to us at any time through the **Tell Us** form our website at **CareSource.com/marketplace**.

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 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 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. These are documents you sign in case you are not able to make your own health care decisions.

They 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.

CareSource does not put any limits on your right to have an Advance Directive under state law. You should 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/connect/educateyourself/](https://www.caresource.com/connect/educateyourself/)**.

**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 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 mental health treatment you wish to receive, please visit **[CareSource.com/connect/educateyourself/](https://www.caresource.com/connect/educateyourself/)**. In addition, you should contact your attorney, or local legal aid service for more information on mental health treatment directives*.

**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. You should 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. 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

- 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 **1-800-479-9502** (TTY for the hearing impaired: 1-800-750-0750 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 put programs in place to improve how we work internally, provide health care services to members, and help members with their health outcomes.

Our Quality Improvement Program receives a written evaluation each year. This helps determine how well our Quality Improvement activities are working. 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 our commitment to service and clinical quality that meets or exceeds requirements for consumer protection and quality improvement.

Program Scope

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

- Advocate for members across settings
- Meet member access and availability needs for physical and behavioral health care
- 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
- Work collaboratively with network partners, practitioners, regulatory agencies, and community agencies
- Develop interventions that improve and support members' 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 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 outcome.

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](http://www.cms.gov/Medicare/Quality-Initiatives-Patient-Assessment-Instruments/Quality%20InitiativesGenInfo/Health-Insurance-Marketplace-Quality-Initiatives.html)*





Preventive Guidelines and Clinical Practice Guidelines

Your health is important. That's why CareSource uses and promotes preventive and clinical guidelines to help guide care offered to our members. 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 to access appropriate preventive services.
- 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 **1-800-479-9502** (TTY: 1-800-750-0750 or 711) for more information about these programs.

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 Quality Enterprise Committee.

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 its 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**, 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 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.

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 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.
- 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'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, talk to us. Tell us what you want us to do. We will follow your instructions.

In these cases, you have both the right and choice to tell us to:

- Share information with your family, close friends, or others involved in payment for your care
- Share information in a disaster relief situation

If you are not able to tell us your choice, such as if you are unconscious, we may go ahead and share your information 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

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 doctor 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.

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 on the next page.





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 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: 1-800-479-9502, ext. 2023 (TTY: 1-800-750-0750 or 711)





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. Copayments do not count towards the Annual Deductible. Amounts paid toward the Annual Deductible for Covered Services that are subject to a visit or day limit will also be calculated against that 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 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 relating 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;
- Coinsurance amounts for Covered Services available by an optional Rider/Enhancement, unless specifically stated otherwise in the Rider/Enhancement; and
- Copayments for optional dental and vision 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;
- 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.

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 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.

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. The 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 CareSource.

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**.

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.

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.





NON-DISCRIMINATION NOTICE

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, 800-537-7697 (TDD)

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



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 تساعد، أية استفسارات بخصوص CareSource، فيحق لك الحصول على مساعدة ومعلومات مجاناً وباللغة التي تتحدث بها. للتحدث إلى أحد المترجمين الفوريين، رجي 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 የአገልግሎት ቁጥር ይደውሉ።

BURMESE

CareSource အကြောင်း သင် သို့မဟုတ် သင်အကူအညီပေးနေသူ တစ်စုံတစ်ယောက်က မေးမြန်းလာပါက သင်ပြောဆိုသော ဘာသာစကားဖြင့် အကူအညီနှင့် အချက်အလက်များအား အခမဲ့ ရယူနိုင်ရန် အခွင့်အရေးရှိပါသည်။ ဘာသာပြန်တစ်ဦးအား ရွေးချယ် ပြုပြင်သင်္ကြံ၏ အသံဖြင့် ကြိုကြိုကြိုဆိုပါ။ အသံဖြင့် ကြို ဝက်ဇ် ငြိမ်သက်စွာ ဝက်ဇ်ကို သို့မဟုတ် စာမျက်နှာ။

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 y 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-Service Nummer auf Ihrer Mitglieder-ID-Karte an

GUJARATI

જો તમે અથવા તમે કોઈને મદદ કરી રહ્યાં તમે [થી] કોઈને CareSource વિશે પ્રશ્નો હોય તો તમને મદદ અને મહત્વની માહિતી અવિરત છે. તે ખર્ચ વિના તમ રી ભ મ i પ્ર ત કરી શક ર છે. દ ભ વપરો તિ કરિ મ દે, 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 helpscht, hot en Froog baut CareSource, hoscht du es Recht fer Hilf un Information in deinre eegne Schprooch griegie, 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.

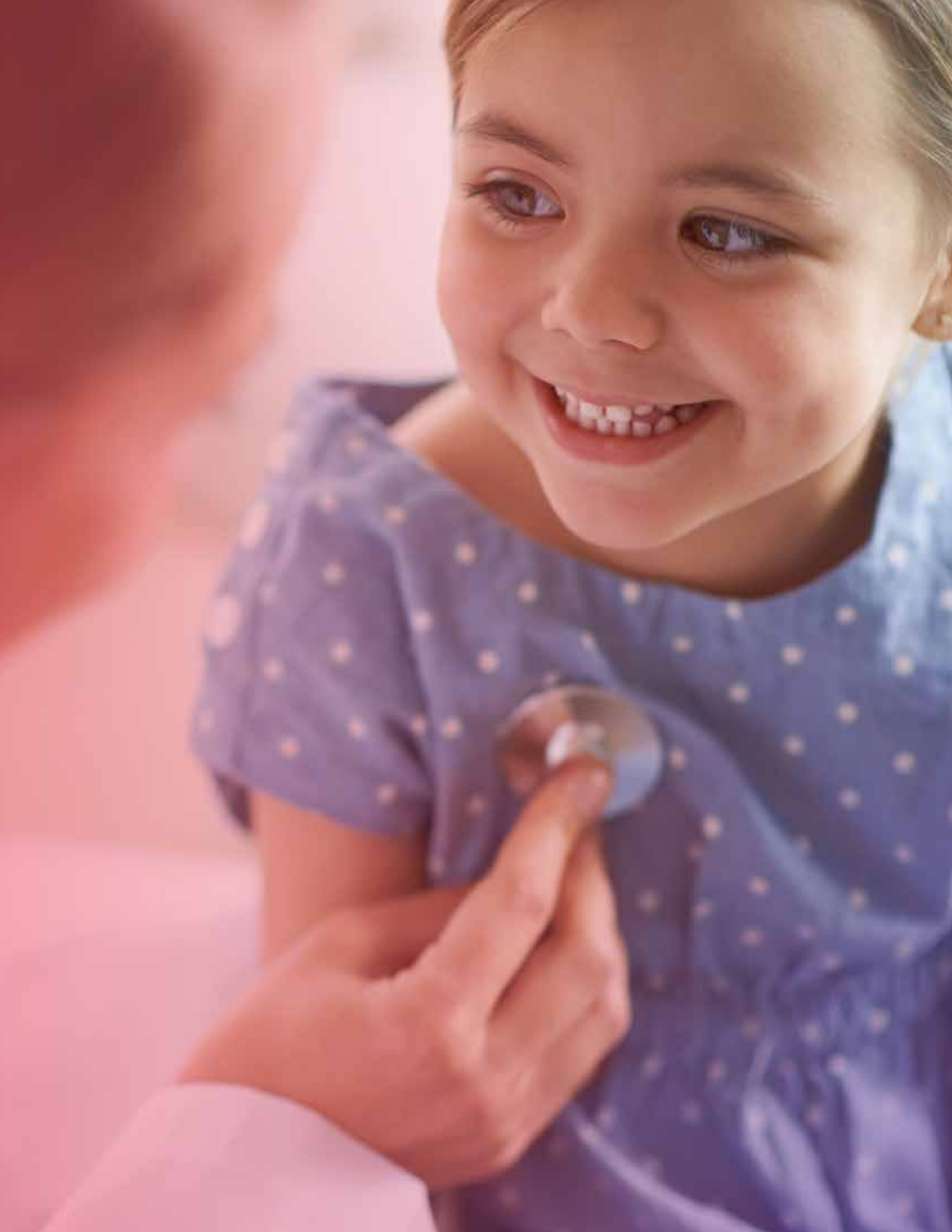
UKRAINIAN

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.

[illegible]





CareSource.com/marketplace | 1-800-479-9502
(TTY/TDD for the hearing impaired: 1-800-750-0750 or 711)

OH-EXCM-0688

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