

CareSource®
MyCare Ohio
(Medicare-Medicaid Plan)

2023 Summary of Benefits



CareSource® MyCare Ohio (Medicare – Medicaid Plan): Summary of Benefits 2023

Introduction

This document is a brief summary of the benefits and services covered by CareSource MyCare Ohio. It includes answers to frequently asked questions, important contact information, an overview of benefits and services offered, and information about your rights as a member of CareSource MyCare Ohio. Key terms and their definitions appear in alphabetical order in the last chapter of the *Member Handbook*.

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H8452_OH-MYC-M-1400009

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A. Disclaimers



This is a summary of health services covered by CareSource MyCare Ohio for 2023. This is only a summary. Please read the *Member Handbook* for the full list of benefits. An up-to-date copy of the *2023 Member Handbook* is available on our website at **CareSource.com/MyCare**. You may also call Member Services at **1-855-475-3163 (TTY: 1-800-750-0750 or 711)**, 8 a.m. – 8 p.m., Monday – Friday, to ask us to mail you a *2023 Member Handbook*.

- ❖ CareSource MyCare Ohio (Medicare – Medicaid Plan) is a health plan that contracts with both Medicare and Ohio Medicaid to provide benefits of both programs to enrollees. It is for people with both Medicare and Medicaid.
- ❖ Under CareSource MyCare Ohio you can get your Medicare and Medicaid services in one health plan. A CareSource MyCare Ohio Care Manager will help manage your health care needs.
- ❖ This is not a complete list. The benefit information is a brief summary, not a complete description of benefits. For more information, contact the plan or read the *Member Handbook*.
- ❖ ATTENTION: If you speak Spanish, language assistance services, free of charge, are available to you. Call **1-855-475-3163 (TTY: 1-800-750-0750 or 711)**, 8 a.m. – 8 p.m., Monday – Friday. The call is free.
- ❖ ATENCIÓN: Si habla español, tiene disponible los servicios de asistencia de idioma gratis. Llame al **1-855-475-3163 (TTY: 1-800-750-0750 o 711)**, 8 a.m. a 8 p.m., el lunes a viernes. La llamada es gratis.
- ❖ You can get this document for free in other formats, such as large print, braille, or audio. Call **1-855-475-3163 (TTY: 1-800-750-0750 or 711)**, 8 a.m. – 8 p.m., Monday – Friday. The call is free.
- ❖ To receive this document in a language other than English or in an alternate format, please let our Member Services department know. We will keep a record of that request. For help or if you need to change your request, call Member Services at **1-855-475-3163 (TTY: 1-800-750-0750 or 711)**, 8 a.m. – 8 p.m., Monday – Friday. This call is free.



If you have questions, please call CareSource MyCare Ohio at **1-855-475-3163 (TTY: 1-800-750-0750 or 711)**, 8 a.m. – 8 p.m., Monday – Friday. If you need to speak to your Care Manager, please call **1-866-206-7861**, 24 hours a day, 7 days a week. These calls are free. **For more information**, visit **CareSource.com/MyCare**.

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B. Frequently Asked Questions

The following chart lists frequently asked questions.

Frequently Asked Questions (FAQ)	Answers
What is a MyCare Ohio Plan?	A MyCare Ohio Plan is a health plan that contracts with both Medicare and Ohio Medicaid to provide benefits of both programs to enrollees. It is for people with both Medicare and Medicaid. A MyCare Ohio Plan is an organization made up of doctors, hospitals, pharmacies, providers of long-term services, and other providers. It also has care teams and Care Managers to help you manage all your providers and services. They all work together to provide the care you need.
What is a CareSource MyCare Ohio Care Manager?	A CareSource MyCare Ohio Care Manager is one main person for you to contact. This person helps manage all your providers and services and makes sure you get what you need.
What are long-term services and supports?	Long-term services and supports are help for people who need assistance to do everyday tasks like taking a bath, getting dressed, making food, and taking medicine. Most of these services are provided at your home or in your community but could be provided in a nursing home or hospital.



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Frequently Asked Questions (FAQ)	Answers
Will I get the same Medicare and Medicaid benefits in CareSource MyCare Ohio that I get now?	<p>You will get your covered Medicare and Medicaid benefits directly from CareSource MyCare Ohio. You will work with a care team who will help determine what services will best meet your needs. This means that some of the services you get now may change. You will get almost all of your covered Medicare and Medicaid benefits directly from CareSource MyCare Ohio, but you may get some benefits the same way you do now, outside of the plan.</p> <p>When you enroll in CareSource MyCare Ohio, you and your care team will work together to develop an Individualized Care Plan to address your health and support needs. When you join our plan, if you are taking any Medicare Part D prescription drugs that CareSource MyCare Ohio does not normally cover, you can get a temporary supply. We will help you get another drug or get an exception for CareSource MyCare Ohio to cover your drug, if medically necessary.</p>



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Frequently Asked Questions (FAQ)	Answers
Can I use the same doctors I use now?	<p>Often that is the case. If your providers (including doctors, therapists, and pharmacies) work with CareSource MyCare Ohio and have a contract with us, you can keep using them.</p> <ul style="list-style-type: none">• Providers with an agreement with us are “in-network.” You must use the providers in CareSource MyCare Ohio’s network.• If you need urgent or emergency care or out-of-area dialysis services, you can use providers outside of CareSource MyCare Ohio’s network.• You can use out-of-network Federally Qualified Health Centers, Rural Health Clinics, and qualified family planning providers listed in the <i>Provider and Pharmacy Directory</i>.• If you are getting assisted living waiver services or long-term nursing facility services from an out-of-network provider on and before the day you become a member, you can continue to get the services from that out-of-network provider. <p>To find out if your doctors are in the plan’s network, call Member Services or read CareSource MyCare Ohio’s <i>Provider and Pharmacy Directory</i> on the plan’s website at CareSource.com/oh/plans/mycare/plan-documents.</p>
What happens if I need a service but no one in CareSource MyCare Ohio’s network can provide it?	<p>Most services will be provided by our network providers. If you need a service that cannot be provided within our network, CareSource MyCare Ohio will pay for the cost of an out-of-network provider.</p>
Where is CareSource MyCare Ohio available?	<p>The service area for this plan includes: Columbiana, Cuyahoga, Geauga, Lake, Lorain, Mahoning, Medina, Portage, Stark, Summit, Trumbull, and Wayne Counties, Ohio. You must live in one of these areas to join the plan.</p>



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Do I pay a monthly amount (also called a premium) under CareSource MyCare Ohio?	You will not pay any monthly premiums to CareSource MyCare Ohio for your health coverage.
What is prior authorization (PA)?	<p>PA means that you must get approval from CareSource MyCare Ohio before you can get a specific service or drug or use an out-of-network provider. CareSource MyCare Ohio may not cover the service or drug if you don't get approval. If you need urgent or emergency care or out-of-area dialysis services, you don't need to get approval first.</p> <p>Refer to Chapter 3 of the <i>Member Handbook</i> to learn more about PA. Refer to the Benefits Chart in Section D of Chapter 4 of the <i>Member Handbook</i> to learn which services require a PA.</p>
Will I need a referral from my PCP to use other doctors or specialists?	Although you do not need approval (called a referral) from your Primary Care Provider (PCP) to use other providers, it is still important to contact your PCP before you use a specialist or after you have an urgent or emergency department visit. This allows your PCP to manage your care for the best outcomes.
What is a Community Well Member?	MyCare Ohio is a demonstration project that integrates Medicare and Medicaid benefits into one program. It is administered through a partnership between CMS and Ohio Medicaid. Eligible individuals include those in a nursing facility; individuals in some home and community-based settings and those individuals in the community not receiving LTSS who are dually eligible. This last group is referred to as "Community Well". The Community Well category represents those Beneficiaries who do not meet the nursing facility level of care (NFLOC) standard.



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Frequently Asked Questions (FAQ)	Answers
What is a Waiver Only Member?	Medicaid waivers allow individuals with disabilities and chronic conditions to receive care in their homes and communities rather than in long-term care facilities, hospitals, or intermediate care facilities. These waivers also allow individuals to have more control over their care and remain active in their community. To be eligible for Waiver the member must meet an Intermediate or Skilled level of care. Enrollment is available for Medicaid eligible individuals who meet level of care and financial eligibility.
Who should I contact if I have questions or need help? (continued on the next page)	<p>If you have general questions or questions about our plan, services, service area, billing, or Member ID Cards, please call CareSource MyCare Ohio's Member Services:</p> <p>CALL 1-855-475-3163</p> <p>Calls to this number are free. 8 a.m. – 8 p.m., Monday – Friday.</p> <p>Member Services also has free language interpreter services available for people who do not speak English.</p> <p>TTY 1-800-750-0750 or 711</p> <p>This number is for people who have hearing or speaking problems. You must have special telephone equipment to call it.</p> <p>Calls to this number are free. 8 a.m. – 8 p.m., Monday – Friday.</p>



If you have questions, please call CareSource MyCare Ohio at **1-855-475-3163 (TTY: 1-800-750-0750 or 711)**, 8 a.m. – 8 p.m., Monday – Friday. If you need to speak to your Care Manager, please call **1-866-206-7861**, 24 hours a day, 7 days a week. These calls are free. **For more information**, visit **CareSource.com/MyCare**.

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Who should I contact if I have questions or need help? (continued from previous page)

If you have questions about your health, please call the CareSource24® Nurse Advice Line:

CALL 1-866-206-7861

Calls to this number are free. CareSource24 is available 24 hours a day, 7 days a week, 365 days a year.

TTY 1-800-750-0750 or 711

This number is for people who have hearing or speaking problems. You must have special telephone equipment to call it.

Calls to this number are free. It is available 24 hours a day, 7 days a week, 365 days a year.

If you need immediate behavioral health services, please call the Behavioral Health Crisis Line:

CALL 1-866-206-7861

Calls to this number are free. The crisis line is available 24 hours a day, 7 days a week, 365 days a year.

TTY 1-800-750-0750 or 711

This number is for people who have hearing or speaking problems. You must have special telephone equipment to call it.

Calls to this number are free. It is available 24 hours a day, 7 days a week, 365 days a year.



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C. Overview of Services

The following chart is a quick overview of what services you may need, your costs, and rules about the benefits.

Health need or problem	Services you may need	Your costs for in-network providers	Limitations, exceptions, & benefit information (rules about benefits)
You want a doctor (This service is continued on the next page)	Visits to treat an injury or illness	\$0	
	Wellness visits, such as a physical	\$0	



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Health need or problem	Services you may need	Your costs for in-network providers	Limitations, exceptions, & benefit information (rules about benefits)
You want a doctor (continued)	Transportation to a doctor's office	\$0	Up to 60 one-way trips per member per calendar year to any health care, Women, Infants and Children (WIC) or redetermination appointments. To arrange a ride, call CareSource MyCare Ohio at 1-855-475-3163 at least 48 hours (two business days) in advance. If you live in a long-term care facility and you require medical assistance for transport, someone who works at your facility will arrange transportation for you. If you must travel 30 miles or more from your home to receive covered health care services (not included in the 60 trips) CareSource MyCare Ohio will cover your ride. Prior authorization is required for some ambulette, ambulance, and all waiver transportation.
	Specialist care	\$0	
	Care to keep you from getting sick, such as flu shots	\$0	



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Health need or problem	Services you may need	Your costs for in-network providers	Limitations, exceptions, & benefit information (rules about benefits)
You want a doctor (continued)	“Welcome to Medicare” preventive visit (one time only)	\$0	
You need medical tests	Lab tests, such as blood work	\$0	Prior authorization is required for genetic testing.
	X-rays or other pictures, such as CAT scans	\$0	Prior authorization required for CT, CTA, MRI, MRA, and PET scans. Prior authorization required for nuclear medicine and cardiology testing.
	Screening tests, such as tests to check for cancer	\$0	



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Health need or problem	Services you may need	Your costs for in-network providers	Limitations, exceptions, & benefit information (rules about benefits)
You need drugs to treat your illness or condition (This service is continued on the next page)	Generic drugs (no brand name)	\$0 for a 30-day supply.	<p>There may be limitations on the types of drugs covered. Please refer to CareSource MyCare Ohio's <i>List of Covered Drugs</i> (Drug List) for more information. To get the most up-to-date information about which drugs are covered, you can visit the plan's website at CareSource.com/MyCare or call Member Services at 1-855-475-3163 (TTY: 1-800-750-0750 or 711), 8 a.m. – 8 p.m., Monday – Friday.</p> <p>Extended-day supplies are available through your retail pharmacy and our mail-order pharmacy option. As with a one-month supply, there is no cost to you for extended-day supplies.</p>



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Health need or problem	Services you may need	Your costs for in-network providers	Limitations, exceptions, & benefit information (rules about benefits)
You need drugs to treat your illness or condition (continued)	Brand name drugs	\$0 for a 30-day supply.	<p>There may be limitations on the types of drugs covered. Please refer to CareSource MyCare Ohio's <i>List of Covered Drugs</i> (Drug List) for more information.</p> <p>Extended-day supplies are available through your retail pharmacy and our mail-order pharmacy option. As with a one-month supply, there is no cost to you for extended-day supplies.</p>



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You need drugs to treat your illness or condition (continued)	Over-the-counter drugs	\$0 for a 30-day supply	<p>In addition to the Medicaid over-the-counter (OTC) drugs marked as “ADD” in the formulary, MyCare members have a credit of \$100 every three months. Please see Chapter 4 of the Member Handbook for further details.</p> <p>To get the most up-to-date information about which drugs are covered, you can visit the plan’s website at CareSource.com/MyCare or call Member Services at 1-855-475-3163 (TTY: 1-800-750-0750 or 711), 8 a.m. – 8 p.m., Monday – Friday.</p> <p>There may be limitations on the types of drugs covered. Please refer to CareSource MyCare Ohio’s <i>List of Covered Drugs</i> (Drug List) for more information.</p>



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Health need or problem	Services you may need	Your costs for in-network providers	Limitations, exceptions, & benefit information (rules about benefits)
You need drugs to treat your illness or condition (continued)	Medicare Part B prescription drugs	\$0	Part B drugs include drugs given by your doctor in their office, some oral cancer drugs, and some drugs used with certain medical equipment. Read the <i>Member Handbook</i> for more information on these drugs. Step therapy requires prior authorization based on clinical practice guidelines.
You need therapy after a stroke or accident	Occupational, physical, or speech therapy	\$0	Prior authorization may be required. Please refer to the Benefit Chart in Chapter 4 of the <i>Member Handbook</i> for additional details.
You need emergency care (This service is continued on the next page)	Emergency room services	\$0	Emergency room services are provided both in and out-of-network. Prior authorization is NOT required.
	Ambulance services	\$0	Prior authorization is required for non-emergency medical transportation and fixed wing transportation. Please refer to the Benefit Chart in Chapter 4 of the <i>Member Handbook</i> for additional details.



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You need emergency care (continued)	Urgent care	\$0	Urgent care services are provided both in and out-of-network. Prior authorization is NOT required.
You need hospital care	Hospital stay	\$0	Prior authorization is required.
	Doctor or surgeon care	\$0	Prior authorization is required.
You need help getting better or have special health needs (This service is continued on the next page)	Rehabilitation services	\$0	Prior authorization may be required. Please refer to the Benefit Chart in Chapter 4 of the <i>Member Handbook</i> for additional details.
	Medical equipment at home	\$0	Prior authorization is required.



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Health need or problem	Services you may need	Your costs for in-network providers	Limitations, exceptions, & benefit information (rules about benefits)
<p>You need help getting better or have special health needs (continued)</p>	<p>Skilled nursing care (This service is continued on the next page)</p>	<p>\$0</p>	<p>Medicare covers up to 100 days in a skilled facility and requires prior authorization. Medicare stays are not subject to patient liability. When your care in a long-term care facility is covered by Medicaid, you usually pay nothing for covered services. However, you may have to pay a “patient liability.” Patient liability is a cost you may have to pay for some long-term care services, including:</p> <ul style="list-style-type: none"> • Stay in a medical institution • Stay in a long-term care facility • Stay in an assisted living facility • Have home and community-based waiver services



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You need help getting better or have special health needs (continued)	Skilled nursing care (continued)	\$0	<p>Your patient liability for a month is based on your income. There are deductions that can decrease your patient liability. Your County Department of Job and Family Services caseworker will tell you if your income means you must pay this cost.</p> <p>The patient liability amount will be the same every month. It will only change if there is an update to your income or deductions.</p>
	Acupuncture	\$0	<p>This service is provided as treatment only for low back pain, migraine, cervical (neck) pain, osteoarthritis of the hip, osteoarthritis of the knee, nausea or vomiting related to pregnancy or chemotherapy, or acute post-operative pain.</p> <p>Prior authorization is required for greater than 30 visits per calendar year.</p>



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You need eye care	Eye exams	\$0	The plan covers one comprehensive eye exam: <ul style="list-style-type: none"> • Per 12-month period for members under 21 and over 59 years of age; or • Per 24-month period for members 21 through 59 years of age.
	Glasses or contact lenses	\$0	The plan covers one complete frame and pair of lenses (contact lenses, if medically necessary): <ul style="list-style-type: none"> • Per 12-month period for members under 21 and over 59 years of age; or • Per 24-month period for members 21 through 59 years of age. <p>One pair of supplemental eyeglasses (lenses and/or frames) covered every two years. Please refer to the Benefit Chart in Chapter 4 of the <i>Member Handbook</i> for additional details.</p>



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You need dental care	Dental check-ups	\$0	Oral examinations are covered annually for individuals 21 and over and twice annually for those 20 and under. The plan covers one cleaning per calendar year for all ages. Some dental services require prior authorization.



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You need hearing/auditory services	Hearing screenings	\$0	
	Hearing aids	\$0	Two conventional hearing aids are covered once every 4 years or two digital/programmable hearing aids are covered once every 5 years. Please refer to the Benefit Chart in Chapter 4 of the <i>Member Handbook</i> for additional details.
You have a chronic condition, such as diabetes or heart disease	Services to help manage your disease	\$0	
	Diabetes supplies and services	\$0	Diabetic supplies and services are limited to specified manufacturers. Prior authorization is required; except for covered blood glucose monitoring supplies.
You have a mental health condition	Mental or behavioral health services	\$0	
You have a substance abuse problem	Substance use disorder treatment services	\$0	Prior authorization is required for partial hospitalization program visits.



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You need long-term mental health services	Inpatient care for people who need mental health care	\$0	<p>Prior authorization is required.</p> <p>The plan covers up to 15 days per calendar month for members 21-64 years of age.</p> <p>190-day lifetime limit for inpatient psychiatric hospital services.</p>



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CareSource® MyCare Ohio (Medicare – Medicaid Plan): Summary of Benefits 2023

Health need or problem	Services you may need	Your costs for in-network providers	Limitations, exceptions, & benefit information (rules about benefits)
You need durable medical equipment (DME)	Wheelchairs	\$0	Prior authorization is required.
	Nebulizers	\$0	Prior authorization is required.
	Crutches	\$0	Prior authorization is required.
	Walkers	\$0	Prior authorization is required.
	Oxygen equipment and supplies	\$0	Prior authorization is required.
You need help living at home (This service is continued on the next page)	Meals brought to your home	\$0	These services are available only if your need for long-term care has been determined by Ohio Medicaid (Waiver program). You may be responsible for paying a “patient liability” for nursing facility or waiver services that are covered through your Medicaid benefit. The
	Home services, such as cleaning or housekeeping	\$0	
	Changes to your home, such as ramps and wheelchair access	\$0	



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CareSource® MyCare Ohio (Medicare – Medicaid Plan): Summary of Benefits 2023

Health need or problem	Services you may need	Your costs for in-network providers	Limitations, exceptions, & benefit information (rules about benefits)
You need help living at home (continued)	Personal care assistant (You may be able to employ your own assistant. Contact your Care Manager or Waiver Services Coordinator for more information.)	\$0	County Department of Job and Family Services will determine if your income and certain expenses require you to have a patient liability. Prior authorization is required.
	Community transition services	\$0	
	Home health care services	\$0	
	Services to help you live on your own	\$0	
	Adult day services or other support services	\$0	



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CareSource® MyCare Ohio (Medicare – Medicaid Plan): Summary of Benefits 2023

Health need or problem	Services you may need	Your costs for in-network providers	Limitations, exceptions, & benefit information (rules about benefits)
You need a place to live with people available to help you	Assisted living	\$0	These services are available only if your need for long-term care has been determined by Ohio Medicaid.
	Nursing home care	\$0	You may be responsible for paying a “patient liability” for nursing facility or waiver services that are covered through your Medicaid benefit. The County Department of Job and Family Services will determine if your income and certain expenses require you to have a patient liability. Prior authorization is required.
Your caregiver needs some time off	Respite care	\$0	This service is available only if your need for long-term care has been determined by Ohio Medicaid. You may be responsible for paying a “patient liability” for nursing facility or waiver services that are covered through your Medicaid benefit. The County Department of Job and Family Services will determine if your income and certain expenses require you to have a patient liability. Prior authorization is required.



If you have questions, please call CareSource MyCare Ohio at **1-855-475-3163 (TTY: 1-800-750-0750 or 711)**, 8 a.m. – 8 p.m., Monday – Friday. If you need to speak to your Care Manager, please call **1-866-206-7861**, 24 hours a day, 7 days a week. These calls are free. **For more information**, visit **CareSource.com/MyCare**.

CareSource® MyCare Ohio (Medicare – Medicaid Plan): Summary of Benefits 2023

Health need or problem	Services you may need	Your costs for in-network providers	Limitations, exceptions, & benefit information (rules about benefits)
Additional covered services	Fitness benefit	\$0	Fitness benefit provides access to fitness facilities, access to classes and programs, and a brain fitness online tool available at no additional charge.
	Flex card	\$0	The Flex Card is a debit card that provides up to \$500 per year for supplemental dental, vision, and hearing services and accessories when received from participating providers.
	Meal benefit	\$0	Meal Benefit consists of 2 meals per day for 25 days (maximum of 50) following each observation or acute inpatient stay for Community Well members only. Meal Benefit is limited to \$2,400 every year.
	Special supplemental benefits for the chronically ill (The benefits mentioned are a part of special supplemental program for the chronically ill. Not all members qualify.)	\$0	Community Well and Waiver Only members with certain chronic conditions can use up to 60 hours per year for social support services through Papa Companion Care Services.



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CareSource® MyCare Ohio (Medicare – Medicaid Plan): Summary of Benefits 2023

D. Services that CareSource MyCare Ohio, Medicare, and Medicaid do not cover

This is not a complete list. Call Member Services to find out about other excluded services.

Services not covered by CareSource MyCare Ohio, Medicare, or Medicaid	
Services considered not “reasonable and necessary,” according to the standards of Medicare and Medicaid, unless these services are listed by our plan as covered services.	Cosmetic surgery or other cosmetic work, unless it is needed because of an accidental injury or to improve a part of the body that is not shaped right. However, the plan will cover reconstruction of a breast after a mastectomy and for treating the other breast to match it.
Experimental medical and surgical treatments, items, and drugs, unless covered by Medicare or under a Medicare-approved clinical research study or by our plan. Experimental treatment and items are those that are not generally accepted by the medical community.	Chiropractic care, other than diagnostic x-rays and manual manipulation (adjustments) of the spine to correct alignment consistent with Medicare and Medicaid coverage guidelines.
Surgical treatment for morbid obesity, except when it is medically needed and Medicare covers it.	Routine foot care, except for the limited coverage provided according to Medicare and Medicaid guidelines.
A private room in a hospital, except when it is medically needed.	Infertility services



If you have questions, please call CareSource MyCare Ohio at **1-855-475-3163** (TTY: **1-800-750-0750 or 711**), 8 a.m. – 8 p.m., Monday – Friday. If you need to speak to your Care Manager, please call **1-866-206-7861**, 24 hours a day, 7 days a week. These calls are free. **For more information**, visit **CareSource.com/MyCare**.

CareSource® MyCare Ohio (Medicare – Medicaid Plan): Summary of Benefits 2023

E. Your rights as a member of the plan

As a member of CareSource MyCare Ohio, you have certain rights. You can exercise these rights without being punished. You can also use these rights without losing your health care services. We will tell you about your rights at least once a year. For more information on your rights, please read Chapter 8 of the *Member Handbook*. Your rights include, but are not limited to, the following:

- **You have a right to respect, fairness and dignity.** This includes the right to:
 - Get covered services without concern about race, ethnicity, national origin, religion, gender, gender identity, age, mental or physical disability, sexual orientation, genetic information, ability to pay, or ability to speak English.
 - Get information in other formats (e.g., large print, braille, audio).
 - Be free from any form of physical restraint or seclusion.
 - Not be billed by network providers.
- **You have the right to get information about your health care.** This includes information on treatment and your treatment options. This information should be in a format you can understand. These rights include getting information on:
 - Description of the services we cover
 - How to get services
 - How much services will cost you
 - Names of health care providers and Care Managers
- **You have the right to make decisions about your care, including refusing treatment.** This includes the right to:
 - Choose a Primary Care Provider (PCP) and change your PCP at any time during the year.
 - Use a women's health care provider without a referral.
 - Get your covered services and drugs quickly.
 - Know about all treatment options, no matter what they cost or whether they are covered.
 - Refuse treatment, even if your doctor advises against it.



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CareSource® MyCare Ohio (Medicare – Medicaid Plan): Summary of Benefits 2023

- Stop taking medicine.
- Ask for a second opinion. CareSource MyCare Ohio will pay for the cost of your second opinion visit.
- **You have the right to timely access to care that does not have any communication or physical access barriers.** This includes the right to:
 - Get timely medical care.
 - Get in and out of a health care provider's office. This means barrier-free access for people with disabilities, in accordance with the Americans with Disabilities Act.
 - Have interpreters to help with communication with your doctors and your health plan.
- **You have the right to emergency and urgent care when you need it.** This means you have the right to:
 - Get emergency services without prior approval in an emergency.
 - Use an out of network urgent or emergency care provider, when necessary.
- **You have a right to confidentiality and privacy.** This includes the right to:
 - Ask for and get a copy of your medical records in a way that you can understand and to ask for your records to be changed or corrected.
 - Have your personal health information kept private.
- **You have the right to make complaints about your covered services or care.** This includes the right to:
 - File a complaint or grievance against us or our providers.
 - Ask for a state fair hearing.
 - Get a detailed reason for why services were denied.

For more information about your rights, you can read the CareSource MyCare Ohio *Member Handbook*. If you have questions, you can also call CareSource MyCare Ohio's Member Services.



If you have questions, please call CareSource MyCare Ohio at **1-855-475-3163 (TTY: 1-800-750-0750 or 711)**, 8 a.m. – 8 p.m., Monday – Friday. If you need to speak to your Care Manager, please call **1-866-206-7861**, 24 hours a day, 7 days a week. These calls are free. **For more information**, visit **CareSource.com/MyCare**.

CareSource® MyCare Ohio (Medicare – Medicaid Plan): Summary of Benefits 2023

F. How to file a complaint or appeal a denied service

If you have a complaint or think CareSource MyCare Ohio should cover something we denied, call CareSource MyCare Ohio at **1-855-475-3163 (TTY: 1-800-750-0750 or 711)**, 8 a.m. – 8 p.m., Monday – Friday. You may be able to appeal our decision.

For questions about complaints and appeals, you can read Chapter 9 of the CareSource MyCare Ohio *Member Handbook*. You can also call CareSource MyCare Ohio's Member Services.

For complaints, grievances and appeals;

Call **1-855-475-3163 (TTY: 1-800-750-0750 or 711)**, 8 a.m. – 8 p.m., Monday – Friday.

Write: CareSource MyCare Ohio

ATTN: Member Appeals

P.O. Box 1947

Dayton, OH 45401-1947

G. What to do if you suspect fraud

Most health care professionals and organizations that provide services are honest. Unfortunately, there may be some who are dishonest.

If you think a doctor, hospital or other pharmacy is doing something wrong, please contact us.

- Call us at CareSource MyCare Ohio's Member Services. Phone numbers are on the cover of this summary.
- Or, call Medicare at 1-800-MEDICARE (1-800-633-4227). TTY users should call 1-877-486-2048. You can call these numbers for free, 24 hours a day, 7 days a week.
- Or, call the Ohio Attorney General's Office at 1-800-282-0515.



If you have questions, please call CareSource MyCare Ohio at **1-855-475-3163 (TTY: 1-800-750-0750 or 711)**, 8 a.m. – 8 p.m., Monday – Friday. If you need to speak to your Care Manager, please call **1-866-206-7861**, 24 hours a day, 7 days a week. These calls are free. **For more information**, visit **CareSource.com/MyCare**.

ENGLISH

ATTENTION: If you speak English, language assistance services, free of charge, are available to you. Call 1-855-475-3163 (TTY: 1-800-750-0750).

SPANISH

ATENCIÓN: Si habla español, tiene a su disposición servicios gratuitos de asistencia lingüística. Llame al 1-855-475-3163 (TTY: 1-800-750-0750).

CHINESE

注意：如果您使用繁體中文，您可以免費獲得語言援助服務。請致電 1-855-475-3163 (TTY: 1-800-750-0750)。

GERMAN

ACHTUNG: Wenn Sie Deutsch sprechen, stehen Ihnen kostenlos sprachliche Hilfsdienstleistungen zur Verfügung. Rufnummer: 1-855-475-3163 (TTY: 1-800-750-0750).

ARABIC

ملحوظة: إذا كنت تتحدث اذكر اللغة، فإن خدمات المساعدة اللغوية تتوافر لك بالمجان. اتصل برقم 1-855-475-3163 (رقم هاتف الصم والبكم: 1-800-750-0750).

PENNSYLVANIA DUTCH

Wann du Deitsch schwetzscht, kannst du mitaus Koschte ebber gricke, ass dihr helft mit die englisch Schprooch. Ruf selli Nummer uff: Call 1-855-475-3163 (TTY: 1-800-750-0750).

RUSSIAN

ВНИМАНИЕ: Если вы говорите на русском языке, то вам доступны бесплатные услуги перевода. Звоните 1-855-475-3163 (телетайп: 1-800-750-0750).

FRENCH

ATTENTION : Si vous parlez français, des services d'aide linguistique vous sont proposés gratuitement. Appelez le 1-855-475-3163 (ATS : 1-800-750-0750).

VIETNAMESE

CHÚ Ý: Nếu bạn nói Tiếng Việt, có các dịch vụ hỗ trợ ngôn ngữ miễn phí dành cho bạn. Gọi số 1-855-475-3163 (TTY: 1-800-750-0750).

CUSHITE/OROMO

XIYYEEFFANNAA: Afaan dubbattu Oroomiffa, tajaajila gargaarsa afaanii, kanfaltiidhaan ala, ni argama. Bilbilaa 1-855-475-3163 (TTY: 1-800-750-0750).

KOREAN

주의: 한국어를 사용하시는 경우, 언어 지원 서비스를 무료로 이용하실 수 있습니다. 1-855-475-3163 (TTY: 1-800-750-0750) 번으로 전화해 주십시오.

ITALIAN

ATTENZIONE: In caso la lingua parlata sia l'italiano, sono disponibili servizi di assistenza linguistica gratuiti. Chiamare il numero 1-855-475-3163 (TTY: 1-800-750-0750).

JAPANESE

注意事項：日本語を話される場合、無料の言語支援をご利用いただけます。1-855-475-3163 (TTY:1-800-750-0750) まで、お電話にてご連絡ください。

DUTCH

AANDACHT: Als u Nederlands spreekt, kunt u gratis gebruikmaken van de taalkundige diensten. Bel 1-855-475-3163 (TTY: 1-800-750-0750).

UKRAINIAN

УВАГА! Якщо ви розмовляєте українською мовою, ви можете звернутися до безкоштовної служби мовної підтримки. Телефонуйте за номером 1-855-475-3163 (телетайп: 1-800-750-0750).

ROMANIAN

ATENȚIE: Dacă vorbiți limba română, vă stau la dispoziție servicii de asistență lingvistică, gratuit. Sunați la 1-855-475-3163 (TTY: 1-800-750-0750).

NEPALI

ध्यान दिनुहोस्: तपाइंले नेपाली बोल्नुहुन्छ भने तपाइंको निमित्त भाषा सहायता सेवाहरु नोःशुल्क रुपमा उपलब्ध छ । फोन गर्नुहोस् 1-855-475-3163 (टिपिआइ:1-800-750-0750) ।

SOMALI

DIGTOONI: Haddii aad ku hadasho Af Soomaali, adeegyada caawimada luqada, oo lacag la'aan ah, ayaa lagu heli karaa adiga. Wac 1-855-475-3163 (TTY: 1-800-750-0750).


CareSource®

CareSource® MyCare Ohio
(Medicare-Medicaid Plan)

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 contact CareSource at 1-855-475-3163 (TTY: 1-800-750-0750).

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>.



Member Services

1-855-475-3163

(TTY: 1-800-750-0750 or 711)

8 a.m. to 8 p.m., Monday through Friday

[CareSource.com/MyCare](https://www.caresource.com/MyCare)