

CareSource®
MyCare Ohio
(Medicare-Medicaid Plan)

2024 Summary of Benefits



CareSource® MyCare Ohio (Medicare – Medicaid Plan): Summary of Benefits 2024

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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If you have questions, please call CareSource MyCare Ohio at **1-855-475-3163 (TTY: 1-833-711-4711 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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A. Disclaimers



This is a summary of health services covered by CareSource MyCare Ohio for 2024. This is only a summary. Please read the *Member Handbook* for the full list of benefits. An up-to-date copy of the *2024 Member Handbook* is available on our website at **CareSource.com/MyCare**. You may also call Member Services at **1-855-475-3163 (TTY: 1-833-711-4711 or 711)**, 8 a.m. – 8 p.m., Monday – Friday, to ask us to mail you a *2024 Member Handbook*.

- ❖ We have free interpreter services to answer any questions that you may have about our health or drug plan. To get an interpreter, just call us at **1-855-475-3163 (TTY: 1-833-711-4711 or 711)**, 8 a.m. – 8 p.m., Monday – Friday. Someone who speaks Spanish can help you. This is a free service.
- ❖ 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: 1-833-711-4711 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: 1-833-711-4711 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: 1-833-711-4711 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: 1-833-711-4711 or 711)**, 8 a.m. – 8 p.m., Monday – Friday. This call is free.



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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>



If you have questions, please call CareSource MyCare Ohio at **1-855-475-3163 (TTY: 1-833-711-4711 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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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.
Do I pay a deductible?	No. You do not pay deductibles in CareSource MyCare Ohio.
Do I have a coverage gap for drugs?	No. Because you have Medicaid you will not have a coverage gap stage for your drugs.



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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.
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.



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Frequently Asked Questions (FAQ)	Answers
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 1-833-711-4711 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: 1-833-711-4711 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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Frequently Asked Questions (FAQ)	Answers
Who should I contact if I have questions or need help? (continued from previous page)	<p>If you have questions about your health, please call the CareSource24® Nurse Advice Line:</p> <p>CALL 1-866-206-7861</p> <p>Calls to this number are free. CareSource24 is available 24 hours a day, 7 days a week, 365 days a year.</p> <p>TTY 1-833-711-4711 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. It is available 24 hours a day, 7 days a week, 365 days a year.</p>



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Frequently Asked Questions (FAQ)	Answers
Who should I contact if I have questions or need help? (continued from previous page)	<p>If you need immediate behavioral health services, please call the Behavioral Health Crisis Line:</p> <p>CALL 1-866-206-7861</p> <p>Calls to this number are free. The crisis line is available 24 hours a day, 7 days a week, 365 days a year.</p> <p>TTY 1-833-711-4711 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. It is available 24 hours a day, 7 days a week, 365 days a year.</p>



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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 (continued on the next page)	Visits to treat an injury or illness	\$0	
	Wellness visits, such as a physical	\$0	
	Transportation to a doctor's office	\$0	Up to 60 one-way or 30 round trips per member per calendar year to plan-approved locations, including: <ul style="list-style-type: none">• any health care• Women, Infants and Children (WIC)• redetermination appointments• pharmacy• gym• grocery store To arrange a ride, call CareSource MyCare Ohio at 1-855-475-3163 (TTY: 1-833-711-4711 or 711) 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.



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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 from previous page)	Transportation to a doctor's office	\$0	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 may be required. Please contact Member Services for additional information.
	Specialist care	\$0	
	Care to keep you from getting sick, such as flu shots	\$0	
	"Welcome to Medicare" preventive visit (one time only)	\$0	
You need medical tests	Lab tests, such as blood work	\$0	Prior authorization may be required.
	X-rays or other pictures, such as CAT scans	\$0	Prior authorization may be required.
	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 (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: 1-833-711-4711 or 711), 8 a.m. – 8 p.m., Monday – Friday.</p> <p><u>Important Message About What You Pay for Vaccines</u> – Some vaccines are considered medical benefits. Other vaccines are considered Part D drugs. You can find these vaccines listed in the plan's <i>List of Covered Drugs (Formulary)</i>. Our plan covers most Part D vaccines at no cost to you.</p> <p>Extended-day supplies are available for most drugs through your retail pharmacy and our mail-order pharmacy option for up to a 102-day supply at no cost to you.</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 from previous page)	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 for most drugs through your retail pharmacy and our mail-order pharmacy option for up to a 102-day supply at no cost to you.</p>



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You need drugs to treat your illness or condition (continued from previous page)	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 Medicare OTC allowance of \$100 every three months, which can be used to purchase items such as toothpaste, vitamins, and aspirin. Unused amounts do not roll over to the next quarter. Please see Chapter 4 of the <i>Member Handbook</i> 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: 1-833-711-4711 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 from previous page)	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 and prior authorization for Part B drugs requires review based on local or national coverage determination and other clinical practice guidelines.
You need therapy after a stroke or accident	Occupational, physical, or speech therapy	\$0	Prior authorization may be required.
You need emergency care	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 may be required.
	Urgent care	\$0	Urgent care services are provided both in and out-of-network. Prior authorization is NOT 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)
You need hospital care	Hospital stay	\$0	Prior authorization may be required.
	Doctor or surgeon care	\$0	Prior authorization may be required.
You need help getting better or have special health needs (continued on the next page)	Rehabilitation services	\$0	Prior authorization may be required.
	Medical equipment at home	\$0	Prior authorization may be 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)
You need help getting better or have special health needs (continued from previous page)	Skilled nursing care	\$0	<p>Medicare covers up to 100 days in a skilled nursing facility. 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 <p>Prior authorization may be required. Please contact Member Services for additional information.</p> <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>



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You need help getting better or have special health needs (continued from previous page)	Acupuncture	\$0	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. Prior authorization may be required. Please contact Member Services for additional information.
	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.
You need eye care	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. Please refer to the Benefit Chart in Chapter 4 of the <i>Member Handbook</i> for additional details.



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You need dental care	Dental check-ups	\$0	Oral examinations and cleanings are covered once every 180 days.
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 may be required.
You have a mental health condition	Mental or behavioral health services	\$0	Prior authorization may be required.
You have a substance abuse problem	Substance use disorder treatment services	\$0	Prior authorization may be required.



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You need long-term mental health services	Inpatient care for people who need mental health care	\$0	Prior authorization may be required. The plan covers up to 15 days per calendar month for members 21-64 years of age. 190-day lifetime limit for inpatient psychiatric hospital services.
You need durable medical equipment (DME)	Wheelchairs	\$0	Prior authorization may be required.
	Nebulizers	\$0	Prior authorization may be required.
	Crutches	\$0	
	Walkers	\$0	
	Oxygen equipment and supplies	\$0	Prior authorization may be required.
You need help living at home (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	



If you have questions, please call CareSource MyCare Ohio at **1-855-475-3163 (TTY: 1-833-711-4711 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 2024

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 from previous page)	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 may be required. Please contact Member Services for additional information.
	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	
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. 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 may be required.
	Nursing home care	\$0	



If you have questions, please call CareSource MyCare Ohio at **1-855-475-3163 (TTY: 1-833-711-4711 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 2024

Health need or problem	Services you may need	Your costs for in-network providers	Limitations, exceptions, & benefit information (rules about benefits)
Your caregiver needs some time off	Respite care	\$0	<p>This service is available only if your need for long-term care has been determined by Ohio Medicaid.</p> <p>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.</p> <p>Prior authorization may be required.</p>
Additional covered services	Annual physical exam	\$0	This plan covers up to one physical exam every year.
	Flex allowance	\$0	The <i>Flex allowance</i> provides up to \$500 per year for supplemental dental, vision, and hearing services and accessories when received from eligible locations.
	Meal benefit	\$0	Meal Benefit consists of 2 meals per day for 14 days following each observation or inpatient stay for Community Well members only. Meal Benefit is limited to \$2,400 every year.



If you have questions, please call CareSource MyCare Ohio at **1-855-475-3163 (TTY: 1-833-711-4711 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 2024

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

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.



If you have questions, please call CareSource MyCare Ohio at **1-855-475-3163 (TTY: 1-833-711-4711 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 2024

- 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.
 - 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.



If you have questions, please call CareSource MyCare Ohio at **1-855-475-3163 (TTY: 1-833-711-4711 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 2024

- **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: 1-833-711-4711 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 2024

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: 1-833-711-4711 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: 1-833-711-4711 or 711)**, 8 a.m. – 8 p.m., Monday – Friday.

Write: CareSource MyCare Complaints

P.O. Box 1307

Dayton, OH 45401-1307

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: 1-833-711-4711 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: We have free interpreter services to answer any questions that you may have about our health or drug plan. To get an interpreter, just call us at **1-855-475-3163** (TTY: 1-833-711-4711 or 711), 8 a.m. - 8 p.m., Monday – Friday. Someone who speaks your language can help you. This is a free service.



Spanish: Contamos con servicios gratuitos de intérprete para responder cualquier pregunta que pueda tener acerca de nuestro plan de salud o de medicamentos. Para obtener los servicios de un intérprete, llámenos al **1-855-475-3163** (TTY: 1-833-711-4711 o 711), de 8 a. m. a 8 p. m., de lunes a viernes. Una persona que habla español puede brindarle ayuda. Este servicio es gratuito.

Chinese Mandarin: 我们提供免费口译服务，以回答您对我们的健康或药物计划的任何问题。如要获取口译服务，请在周一至周五的上午 8:00 至晚上 8:00 致电 **1-855-475-3163** (聋哑人电传打字服务专线：1-833-711-4711 或 711) 联系我们。届时，我们将安排会讲普通话的人员为您提供帮助。此项服务免费提供。

Chinese Cantonese: 我們提供免費的口譯服務，以回答您可能對我們的健康或藥物計劃擁有的任何疑問。如需口譯員，請致電 **1-855-475-3163** 聯絡我們 (TTY 聽障電話專線：1-833-711-4711 或 711)；服務時間為：週一至週五上午 8 點至晚上 8 點。我們將安排會說繁體中文的人員為您提供幫助。此項服務免費提供。

Tagalog: Mayroon kaming mga libreng serbisyo ng interpreter upang sagutin ang anumang mga katanungan na maaaring mayroon ka tungkol sa aming plano sa kalusugan o gamot. Upang makakuha ng interpreter, tawagan lang kami sa **1-855-475-3163** (TTY: 1-833-711-4711 o 711), 8 a.m. - 8 p.m., Lunes - Biyernes. Matutulungan ka ng isang taong nagsasalita ng Tagalog. Libreng serbisyo ito.

French: Des services d'interprétation vous sont proposés gratuitement pour répondre à toutes vos questions sur notre programme relatif à la santé ou aux médicaments. Pour obtenir un interprète, contactez-nous au **1-855-475-3163** (téléscripteur : 1-833-711-4711 ou 711) de 8 h 00 à 20 h, du lundi au vendredi. Une personne parlant français pourra vous aider. Ce service est gratuit.

Vietnamese: Chúng tôi có các dịch vụ thông dịch miễn phí để trả lời bất kỳ câu hỏi nào mà quý vị có thể có về chương trình sức khỏe hoặc thuốc của chúng tôi. Để có thông dịch viên, chỉ cần gọi cho chúng tôi theo số **1-855-475-3163** (TTY: 1-833-711-4711 hoặc 711), 8 giờ sáng - 8 giờ tối, từ Thứ 2 đến Thứ 6. Một người nói Tiếng Việt có thể giúp quý vị. Dịch vụ này miễn phí.

German: Bei Fragen zu unserem Gesundheits- oder Arzneimittelplan steht Ihnen ein kostenloser Dolmetscherdienst zur Verfügung. Um einen Dolmetscher in Anspruch zu nehmen, rufen Sie uns einfach montags bis freitags von 8.00 Uhr bis 20.00 Uhr unter **1-855-475-3163** (TTY: 1-833-711-4711 oder 711) an. Jemand, der Deutsch spricht, wird Ihnen weiterhelfen. Dieser Dienst ist kostenlos.

Korean: 건강 플랜이나 처방약 플랜에 대하여 궁금하신 점에 대해 답을 드릴 때 무료 통역 서비스를 이용하실 수 있습니다. 통역가가 필요하시면 **1-855-475-3163** (TTY: 1-833-711-4711 또는 711)으로 월요일부터 금요일까지 오전 8시부터 오후 8시 사이에 전화 주십시오. 한국어를 구사하는 담당자가 도와드릴 수 있습니다. 본 서비스는 무료로 제공됩니다.

Russian: Мы бесплатно предоставляем услуги устного перевода в случае, если у вас могут возникнуть вопросы о нашем медицинском или лекарственном плане. Для получения услуг устного перевода, просто позвоните нам по номеру **1-855-475-3163** (телетайп: 1-833-711-4711 или 711) с 8:00 до 20:00 с понедельника по пятницу. Вам может помочь человек, говорящий на русском языке. Эта услуга предоставляется вам бесплатно.

Arabic: لدينا خدمات المترجمين الفوريين للإجابة على أي أسئلة قد تكون لديك حول خططنا الصحية أو الدوائية. للحصول على مترجم فوري، فقط اتصل بنا على **1-855-475-3163** (TTY: 1-833-711-) أو 711، من الإثنين إلى الجمعة. يمكن لشخص يتحدث اللغة العربية تقديم المساعدة لك. هذه الخدمة مجانية.

Italian: Disponiamo di servizi gratuiti di interpretariato per rispondere a qualsiasi domanda in merito al nostro piano sanitario o farmaceutico. Per richiedere un interprete è sufficiente chiamarci al numero **1-855-475-3163** (TTY: 1-833-711-4711 o 711), dalle 8.00 alle 20.00, dal lunedì al venerdì. Potrai ricevere assistenza da qualcuno che parla italiano come te. Il servizio è gratuito.

Portuguese: Oferecemos serviços de interpretação gratuitos para responder a quaisquer perguntas que possa ter sobre o nosso plano de saúde ou medicamentos. Para obter um intérprete, basta ligar para **1-855-475-3163** (Teletipo: 1-833-711-4711 ou 711), das 8:00 às 20:00, de segunda a sexta-feira. Alguém que fale [Português] pode ajudá-lo. Este serviço é gratuito.

French Creole: Nou gen sèvis entèprèt gratis pou reponn nenpòt kesyon ou kapab genyen sou plan sante ouwa medikaman. Pou w jwenn yon entèprèt, jis rele nou nan **1-855-475-3163** (TTY: 1-833-711-4711 ouwa 711), 8 a.m. - 8 p.m., Lendi – Vandredi. Yon moun ki pale kreyòl kapab ede w. Sa se yon sèvis gratis.

Polish: Oferujemy bezpłatne usługi tłumacza, który odpowie na wszelkie pytania dotyczące naszego planu opieki zdrowotnej lub planu leczenia farmakologicznego. W celu skorzystania z usług tłumacza prosimy o kontakt pod numerem **1-855-475-3163** (TTY (dalekopis): 1-833-711-4711 lub 711), od 8:00 do 20:00, od poniedziałku do piątku. Asystent mówiący po polsku udzieli Państwu pomocy. Usługa jest bezpłatna.

Hindi: हमारी स्वास्थ्य या दवा योजना के बारे में आपके हो सकने वाले किसी भी प्रश्नों का उत्तर देने के लिए हमारे पास निःशुल्क दुभाषिया सेवाएं हैं। दुभाषिया प्राप्त करने के लिए, बस हमें **1-855-475-3163** (TTY: 1-833-711-4711 या 711), 8 a.m. - 8 p.m., सोमवार - शुक्रवार, पर कॉल करें। हृदि में बात करने वाला कोई व्यक्ति आपकी मदद कर सकता है। यह सेवा निःशुल्क है।

Japanese: 医療保険または医薬品プランに関するご質問にお答えするため、無料の通訳サービスがあります。通訳をご希望の方は、**1-855-475-3163** (TTY: 1-833-711-4711 または 711) までお電話下さい。月～金曜日、午前8時～午後8時にご利用いただけます。日本語を話す通訳者が対応いたします。こちらは無料サービスです。

Notice of Non-Discrimination

CareSource complies with applicable state and federal civil rights laws. We do not discriminate, exclude people, or treat them differently because of age, gender, gender identity, color, race, disability, national origin, ethnicity, marital status, sexual preference, sexual orientation, religious affiliation, health status, or public assistance status. CareSource offers free aids and services to people with disabilities or those whose primary language is not English. We can get sign language interpreters or interpreters in other languages so they can communicate effectively with us or their providers. Printed materials are also available in large print, braille or audio at no charge. Please call Member Services at the number on your CareSource ID card if you need any of these services. If you believe we have not provided these services to you or discriminated in another way, you may file a grievance.

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

Email: CivilRightsCoordinator@CareSource.com
Phone: 1-800-488-0134 (TTY: 711)
Fax: 1-844-417-6254

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

Mail: U.S. Dept of Health and Human Services
200 Independence Ave, SW Room 509F HHH Building
Washington, D.C. 20201

Online: ocrportal.hhs.gov/ocr/portal/lobby.jsf

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

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

MyCareOhio
Connecting Medicare + Medicaid

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.

H8452_OH-MYC-M-1568751-V.3
CMS/ODM Approved: 8/29/2023



Member Services

1-855-475-3163

(TTY: 1-833-711-4711 or 711)

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

CareSource.com/MyCare