

**MEDICARE + MEDICAID**

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**BETTER TOGETHER**



  
**CareSource®**





To help you understand this notice, language assistance, interpretation services, and auxiliary aids and services are available upon request at no cost to you. Services available include, but are not limited to: oral translation, written translation, and auxiliary aids. You can request these services and/or auxiliary aids by calling **1-855-475-3163** (TTY: 1-833-711-4711 or 711) Monday through Friday, 8 a.m. to 8 p.m., Eastern Time (ET); individuals with a hearing impairment may call 1-855-475-3163 (TTY: 1-833- 711-4711 or 711) Monday through Friday, 8 a.m. to 8 p.m., Eastern Time (ET).

*También puede obtener esta información de forma gratuita en otros formatos, como letra grande, braille o audio.*





## MYCARE OHIO MEMBERSHIP

MyCare Ohio plans contract with both Medicare and Ohio Medicaid to provide benefits of both programs to its members. To improve the way your Medicare and Ohio Medicaid benefits work together, you must enroll in a MyCare Ohio plan. Choosing to be a member in a particular MyCare Ohio plan is voluntary. Once enrolled, the plan will provide your Medicare and Medicaid benefits and coordinate your physical, behavioral, and long-term care services. The MyCare Ohio plan is for people with disabilities, older

adults and individuals who need behavioral health services. You may choose not to get your Medicare benefits from your MyCare Ohio plan. You will not lose your Medicaid, Medicare, or other public assistance benefits if you join a MyCare Ohio plan.

CareSource® MyCare Ohio (HMO D-SNP) is a MyCare Ohio plan that you may choose to join. You can learn more about your MyCare Ohio plans options from the Ohio Medicaid Hotline.





If you must join a MyCare Ohio plan to receive your health care and long-term care services, ODM will send you a letter. **It is important that you read the letter and choose a health plan by the date given in the letter. If you do not choose a health plan by the date given, ODM will choose a health plan to provide your Medicaid benefits.**

If you receive only Medicaid benefits through your MyCare Ohio plan, you may make a change to another MyCare Ohio plan within the first three months of your membership or during the annual open enrollment month. ODM will mail you information to let you know when your open enrollment month will be. Not everyone who has both Medicaid and Medicare can enroll in a MyCare Ohio plan.

You are not eligible to enroll in a MyCare Ohio managed care plan if you:

Do not have full Medicaid benefits and Medicare Parts A, B and D;

Are younger than age 21.

Are enrolled in the Program for All-Inclusive Care for the Elderly (PACE).

Have any private creditable medical insurance, including retiree benefits, other than a Medicare Advantage plan; or

Have intellectual or other developmental disabilities and receive services through a waiver or Intermediate Care Facility for Individuals with Intellectual Disabilities (ICF-IID)

You are an individual who receives home and community-based waiver services through the Ohio Department of Developmental Disabilities.



## With all MyCare Ohio plans, you get:

All medically necessary Medicare and Medicaid-covered services that you've always received.

A CareSource MyCare Ohio ID card that replaces your monthly Medicare and Medicaid cards.

**A single point of contact for all of your Medicare and Medicaid services.**

**A 24-hour medical advice line to help you with your questions and concerns.**

**A care team that includes you, your family, your doctor(s), your MyCare Ohio plan and anyone else you want to help you make health care decisions.**

## When you choose CareSource MyCare Ohio for both your Medicare and Medicaid benefits, you will also get these **additional benefits**:

**\*Healthy Benefits+** – \$287 per month (rollover included) You may be qualify for healthy food, over-the-counter (OTC), rent and mortgage assistance, utilities, home and bathroom safety items, personal care items, pet care items and more! Plus, dental, vision and hearing services and accessories at eligible providers who take the card.

### **\$0 Copay Prescription Drug Benefits**

Unlimited transportation to your health care visits, community and wellness services, pharmacy, gym and grocery.

### **Enhanced hearing and dental benefits!**

**My CareSource Rewards®** – As a CareSource Medicare and Medicaid member you are auto-enrolled in the My CareSource Rewards® program.

*\*Rewards are subject to change. Rewards may vary by age, gender and health issues. If you are no longer a CareSource member, your access to the Rewards Portal will be deactivated and any unused Rewards may be no longer available.*





To view the full list of \$0 CareSource MyCare Ohio benefits call **1-855-475-3163** (TTY: **1-833-711-4711** or **711**). or visit our website at **CareSource.com/MyCare-SNP**.



You must choose a primary care provider (PCP) from our provider network. Your PCP will direct most of your health care needs. Your PCP will work with our Care Coordinators to coordinate your health and long term care services.

To find a network provider, you can call our Member Services department at **1-855-475-3163 (TTY: 1-833-711-4711 or 711)** or use our website at **CareSource.com/MyCare-SNP.**

You can change your PCP for any reason. You can change your PCP to another network PCP as often as once a month if needed. To change your PCP, call the CareSource MyCare Ohio Member Services Department at **1-855-475-3163 (TTY: 1-833-711-4711 or 711)** and ask for the change.

As a CareSource MyCare Ohio member, you must use network providers, facilities and pharmacies to get covered services. The only time you can use an out-of-network provider is for:

Emergency services
Services at federally qualified health centers or rural health clinics
Any other services or provider types designated by ODM (Ohio Department of Medicaid)
During or after your transition of care period that CareSource MyCare Ohio has approved you to see
Urgently needed care
Medicare hospice services
An out-of-network provider CareSource MyCare Ohio approves you to see

For a specified time after your enrollment in a MyCare Ohio plan, you are allowed to get services from certain out-of-network providers that were prior approved by Ohio Medicaid. This is called your transition of care period. The transition period starts the first day you are effective with any MyCare Ohio plan. If you change your MyCare Ohio plan, your transition period does not start over. Once you join a MyCare Ohio plan, you will get more information.



# EMERGENCY SERVICES

Emergency services are services for a medical problem that you think is so serious that it must be treated right away. We cover emergency care in and out of the county where you live. If you have an emergency, call 911 or go to the nearest emergency department (ED) or other appropriate setting. If you aren't sure if you have an emergency, call your PCP or CareSource MyCare Ohio members can call our 24-Hour Nurse Advice Line.

## WHERE CAN I GET MORE INFORMATION?

For more information about the MyCare Ohio plans you can join and for help in selecting a MyCare Ohio plan, call the Ohio Medicaid Consumer Hotline at 1-800-324- 8680 (TTY 711) or visit [www.ohiomh.com](http://www.ohiomh.com).

You may ask to end your membership for certain reasons at any time. If ODM determines you meet one of the reasons, it will end your membership. Also, if there is something special about the care you need or how you get the care and your MyCare Ohio plan is not able to provide it, you can ask to end your membership. ODM will give you more information about this.







To learn more about CareSource MyCare Ohio,  
call **1-855-475-3163 (TTY: 1-833-711-4711 or 711)**.

This brochure is only a summary of important information. CareSource MyCare Ohio can provide you a list of network providers, share information on how we pay our providers, and answer any other questions.

\*Those with one or more listed conditions may qualify for the Healthy Benefits+ allowance for additional items and services. To learn if you qualify, talk to your Care Coordinator.



Get free help in your language with  
interpreters and other written materials.

Get free aids and support if you have a

disability. Call **1-855-475-3163 (TTY: 1-833-711-4711 or 711).**



Obtenga ayuda gratuita en su idioma a través de intérpretes y otros materiales en formato escrito. Obtenga ayudas y apoyo gratuitos si tiene una discapacidad. Llame **1-855-475-3163 (TTY: 1-833-711-4711 o 711).**

احصل على مساعدة مجانية بلغتك من خلال المترجمين الفوريين والمواد المكتوبة الأخرى. إذا كنت من ذوي الاحتياجات الخاصة، ستحصل على المساعدات والدعم مجاناً. اتصل على الرقم **1-855-475-3163 (TTY: "الهاتف النصي للصم وضعاف السمع" 1-833-711-4711 أو 711).**

通过口译员和其他书面材料，获得您所使用语言的免费帮助。如果您有残疾，可以获得免费的辅助设备和支持。请致电：**1-855-475-3163 (TTY 专线：1-833-711-4711 或 711)。**

Erhalten Sie kostenlose Hilfe in Ihrer Sprache durch Dolmetscher und andere schriftliche Unterlagen. Beziehen Sie kostenlose Hilfsmittel und Unterstützung, wenn Sie eine Behinderung haben. Rufen Sie folgende Telefonnummer an: **1-855-475-3163 (TTY: 1-833-711-4711 oder 711).**

Obtenez une aide gratuite dans votre langue grâce à des interprètes et à d'autres documents écrits. Si vous souffrez d'un handicap, vous bénéficiez d'aides et d'assistance gratuites. Appelez le **1-855-475-3163 (TTY: 1-833-711-4711 ou le 711).**

Nhận trợ giúp miễn phí bằng ngôn ngữ của quý vị với thông dịch viên và các tài liệu bằng văn bản khác. Nhận trợ giúp và hỗ trợ miễn phí nếu quý vị bị khuyết tật. Gọi **1-855-475-3163 (TTY: 1-833-711-4711 hoặc 711).**

Grick Hilfe mitaus Koscht in dei Schprooch mit Iwwersetzer un annere schriftliche Dinge. Grick Aids un Hilfe mitaus Koscht wann du en Behinderung hoscht. Ruf **1-855-475-3163 (TTY: 1-833-711-4711 odder 711).**

आपकी भाषा के इंटरप्रेटर तथा आपकी भाषा में अन्य लिखित सामग्रियों संबंधी फ्री मदद पाएं। यदि आपको कोई डिसेबिलिटी हो, तो मुफ्त सहायता और सपोर्ट प्राप्त करें। कॉल करें **1-855-475-3163 (TTY: 1-833-711-4711 या 711).**

통역사와 기타 서면 자료의 도움을 귀하의 언어로 무료로 받으세요. 장애가 있을 경우, 보조와 지원을 무료로 받으세요. **1-855-475-3163 (TTY: 1-833-711-4711 또는 711).** 로 문의하세요.

በአስተርጓሚዎች እና በሌሎች የጽሑፍ ቁሳቁሶች በቋንቋዎ ከክፍያ ነፃ እርዳታ ያግኙ። የአካል ጉዳት ካለብዎት ከክፍያ ነፃ እርዳታ እና ድጋፍ ያግኙ። ወደ **1-855-475-3163 (TTY: 1-833-711-4711 ወይም 711)** ይደውሉ።

Gba ìrànlowó ọfẹ ní èdè rẹ pẹlú àwọn ògbifò àti àwọn ohun èlò mírán tí a kọ sílẹ̀. Gba àwọn ìrànlowó àti àtílẹ̀yìn ọfẹ bí o bá ní àìlera kan. Pe **1-855-475-3163 (TTY: 1-833-711-4711 tàbí 711).**

Makakuha ng libreng tulong sa wika mo gamit ang mga interpreter at mga ibang nakasulat na materyales. Makakuha ng mga libreng pantulong at suporta kung may kapansanan ka. Tumawag sa **1-855-475-3163 (TTY: 1-833-711-4711 o 711)**.

مور کولی شو ستاسو د روغتیا پاملرنې په اړه ستاسو په ژبه کې او د نورو ښو (یعنې فارمیټونو) له لارې له تاسو سره وړیا مرسته وکړو. آیا زموږ د موادو لوستلو لپاره ملاتړ یا مرستې ته اړتیا لرئ؟ آیا تاسو له موږ سره خبرو کولو لپاره د ژبې خدمتونه غواړئ؟ زنگ ووهئ په **1-855-475-3163 (TTY: 1-833-711-4711) یا 711**.

వ్యాఖ్యాతలు మరియు ఇతర రాతపూర్వక మెటీరియల్స్ తో మీ భాషలో ఉచిత సహాయాన్ని పొందండి. ఒకవేళ మీకు వైకల్యం ఉంటే, ఉచిత ఉపకరణాలు మరియు మద్దతు పొందండి. కాల్ చేయండి: **1-855-475-3163 (TTY: 1-833-711-4711 లేదా 711)**.

दोभाषे र अन्य लिखित सामग्रीहरूको माध्यमद्वारा आफ्नो भाषामा निःशुल्क मद्दत प्राप्त गर्नुहोस्। तपाईंलाई अशक्तता छ भने निःशुल्क सहायता र समर्थन प्राप्त गर्नुहोस्। **1-855-475-3163 (TTY: 1-833-711-4711 वा 711)** मा कल गर्नुहोस्।

သင့်ဘာသာစကားအတွက် စကားပြန်များနှင့် အခြားပုံနှိပ်စာရွက်များကို အခမဲ့အကူအညီရယူပါ။ သင်သည် မသန်စွမ်းသူတစ်ဦးဖြစ်ပါက အခမဲ့အကူအညီများနှင့် အထောက်အပံ့များ ရယူပါ။ ဖုန်းခေါ်ရန် - **1-855-475-3163 (TTY: 1-833-711-4711 သို့မဟုတ် 711)**.

Jwenn èd gratis nan lang ou ak entèprèt ansanm ak lòt materyèl ekri. Jwenn èd ak sipò gratis si w gen yon andikap. Rele **1-855-475-3163 (TTY: 1-833-711-4711 oubyen 711)**.

Bök jibañ ilo an ejjelok wōnāān ikkijjien kajin eo am ibbān rukok ro im wāween ko jet ilo jeje. Bök jerbalin jibañ ko ilo an ejjelok wōnāer im jibañ ko ñe ewōr am nañinmejin utamwe. Kalle **1-855-475-3163 (TTY: 1-833-711-4711 ak 711)**.

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**Department of  
Medicaid**

Next Generation MyCare





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Medicaid**

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