CareSource® MyCare Ohio (HMO D-SNP)

2027 SUMMARY OF BENEFITS

CareSource | Ohio Department of Medicaid
Next Generation MyCare

CareSource MyCare Ohio (HMO D-SNP) 2027 Summary of Benefits

Introduction

This document is a brief summary of the benefits and services covered by CareSource® MyCare Ohio (HMO D-SNP). 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 *Evidence of Coverage*.

Table of Contents

A. Disclaimers 3

B. Frequently asked questions (FAQ) 4

C. List of covered services 9

D. Benefits covered outside of CareSource MyCare Ohio 36

E. Services that CareSource MyCare Ohio, Medicare, and Medicaid don't cover 36

F. Your rights as a member of the plan 37

G. How to file a complaint or appeal a denied service 39

H. What to do if you suspect fraud 40

Ohio Department of Medicaid
Next Generation MyCare

H6396_OH-SNP-C-5678653_M

A. Disclaimers

This is a summary of health services covered by CareSource MyCare Ohio for 2027. This is only a summary. Please read the *Evidence of Coverage* for the full list of benefits. An up-to-date copy of the 2027 Evidence of Coverage is available on our website at **https://www.caresource.com/oh/plans/mycare-snp/plan-documents/**. You may also call Member Services at 1-855-475-3163 (TTY: 1-833-711-4711 or 711) to ask us to mail you a 2027 Evidence of Coverage.

Hours of Operation

We are open 8 a.m. to 8 p.m. Monday through Friday, and from October 1 through March 31, the same hours seven days a week.

- 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) during the hours listed above. Someone who speaks your language can help you. This is a free service.
- *ATENCIÓN: Si habla espanol, tiene disponible los servicios de asistencia de idioma gratis. Llame al 1-855-475-3163 (TTY: 1-833-711-4711 o 711). La llamada es gratis. El horario de atención es del 1 de octubre al 31 de marzo: de 8 a. m. a 8 p. m., de lunes a domingo; entre el 1 de abril y el 30 de septiembre: de 8 a. m. a 8 p. m., de lunes a viernes.*
- For more information about Medicare, you can read the *Medicare & You* handbook. It has a summary of Medicare benefits, rights, and protections and answers to the most frequently asked questions about Medicare. You can get it at the Medicare website (www.medicare.gov) or by calling 1-800-MEDICARE (1-800-633-4227), 24 hours per day, 7 days a week. TTY users should call 1-877-486-2048.
- For more information about Medicaid, you can check the Ohio Department of Medicaid website www.medicaid.ohio.gov. You can also call the special Ombudsman for people who have both Medicare and Medicaid at toll-free phone 1-800-282-1206.
- 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 during the hours listed above individuals with a hearing impairment may call 1-833-711-4711 or 711 during the hours listed above.

- 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) during the hours listed above. The call is free.
- This document is available for free in Spanish.
- 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) during the hours listed above. This call is free.
- CareSource is an HMO D-SNP with a Medicare and state Medicaid contract. Enrollment in CareSource depends on contract renewal.

B. Frequently asked questions (FAQ)

The following table lists frequently asked questions.

Frequently Asked Questions	Answers
What's a MyCare Plan	MyCare Ohio is a managed care program designed for Ohioans who receive BOTH Medicaid and Medicare benefits. This program has a team approach to coordinating your care based on your needs – a team with you at the center. The MyCare Ohio plan that you choose provides all the same benefits that Medicare and Medicaid offer, including long-term care services and mental/behavioral health services. Plus, your MyCare Ohio plan can include additional services to you.

Frequently Asked Questions	Answers
Will I get the same Medicare and Medicaid benefits in CareSource MyCare Ohio that I get now?	You'll get most of your covered Medicare and Medicaid benefits directly from CareSource MyCare Ohio. You'll work with a team of providers who will help determine what services will best meet your needs. This means that some of the services you get now may change based on your needs, and your doctors' and care coordinator's assessments. You may also get other benefits outside of your health plan the same way you do now, directly from a State or county agency, specialty mental health and substance use disorder services, or regional center services. 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, reflecting your personal preferences and goals. If you're taking any Medicare Part D drugs that CareSource MyCare Ohio doesn't normally cover, you can get a temporary supply and we'll help you to transition to another drug or get an exception for CareSource MyCare Ohio to cover your drug if medically necessary. For more information, call Member Services at 1-855-475-3163 (TTY: 1-833-711-4711 or 711).
Can I use the same doctors I use now? (continued on the next page)	This is often the case. If your providers (including doctors, hospitals, therapists, pharmacies, and other health care providers) work with CareSource MyCare Ohio and have a contract with us, you can keep going to them. • Providers with an agreement with us are "in-network." Network providers participate in our plan. That means they accept members of our plan and provide services our plan covers. **You must use the providers in CareSource MyCare**

Frequently Asked Questions	Answers
Can I use the same doctors I use now? (continued from previous page)	**Ohio's network.** If you use providers or pharmacies that aren't in our network, the plan may not pay for these services or drugs. • If you need urgent or emergency care or out-of-area dialysis services, you can use providers outside of CareSource MyCare Ohio's plan. • The plan must ensure member access to any federally qualified health center (FQHC) and/or rural health clinic (RHC), regardless of whether it's an in-network provider. • If you're currently under treatment with a provider that's out of CareSource MyCare Ohio's network, or have an established relationship with a provider that's out of CareSource MyCare Ohio's network, call Member Services to check about staying connected. To find out if your providers are in the plan's network, call Member Services at 1-855-475-3163 (TTY: 1-833-711-4711 or 711) or read CareSource MyCare Ohio's Provider and Pharmacy Directory on the plan's website at https://www.caresource.com/oh/plans/mycare-snp/plan-documents/. If CareSource MyCare Ohio is new for you, we'll work with you to develop an Individualized Care Plan to address your needs.
What's a CareSource MyCare Ohio care coordinator?	A CareSource MyCare Ohio care coordinator is one main person for you to contact. This person helps to manage all your providers and services and make sure you get what you need.

Frequently Asked Questions	Answers
What are Long-term Services and Supports (LTSS)?	Long-term services and supports refers to the services provided to help individuals safely perform daily tasks like bathing, getting dressed, or preparing meals. They can be offered in a home or community-based setting or in a facility like a nursing facility or assisted living facility. They include things like personal care aide services, home delivered meals, memory care, home health nursing and many others.
What happens if I need a service but no one in CareSource MyCare Ohio's network can provide it?	Most services will be provided by our network providers. If you need a service that can't be provided within our network, CareSource MyCare Ohio will pay for the cost of an out-of-network provider.
Where's CareSource MyCare Ohio available?	The service area for this plan includes all counties in Ohio. You must live in one of these areas to join the plan.
What's prior authorization? (continued on the next page)	Prior authorization means an approval from CareSource MyCare Ohio to seek services outside of our network or to get services not routinely covered by our network **before** you get the services. CareSource MyCare Ohio may not cover the service, procedure, item, or drug if you don't get prior authorization. **If you need urgent or emergency care or out-of-area dialysis services, you don't need to get prior authorization first**. CareSource MyCare Ohio can provide you or your provider with a list of services or procedures that require you to get prior authorization from CareSource MyCare Ohio before the service is provided.

Frequently Asked Questions	Answers
What's prior authorization? (continued on the next page)	Refer to **Chapter 3** of the *Evidence of Coverage* to learn more about prior authorization. Refer to the Benefits Chart in **Chapter 4** of the *Evidence of Coverage* to learn which services require a prior authorization. If you have questions about whether prior authorization is required for specific services, procedures, items, or drugs, call Member Services at 1-855-475-3163 (TTY: 1-833-711-4711 or 711) for help.
Do I pay a monthly amount (also called a premium) under CareSource MyCare Ohio?	No. Because you have Medicaid you won't pay any monthly premiums, including your Medicare Part B premium, for your health coverage.
Do I pay a deductible as a member of CareSource MyCare Ohio?	No. You don't pay deductibles in CareSource MyCare Ohio.
What's the maximum out-of-pocket amount that I'll pay for medical services as a member of CareSource MyCare Ohio?	There's no cost sharing for medical services in CareSource MyCare Ohio, so your annual out-of-pocket costs will be $0.

C. List of covered services

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

Health need or concern	Services you may need	Your costs for in-network providers	Limitations, exceptions, & benefit information (rules about benefits)
You need hospital care	Inpatient hospital stay	$0	Days 1 through 90; 60 lifetime reserve days Except in an emergency, your health care provider must tell the plan of your hospital admission. Prior authorization is required for some services.
	Outpatient hospital services, including observation	$0	Prior authorization is required for some services.
	Ambulatory surgical center (ASC) services	$0	Prior authorization is required for some services.
	Doctor or surgeon care	$0	Prior authorization is required for some services.

Health need or concern	Services you may need	Your costs for in-network providers	Limitations, exceptions, & benefit information (rules about benefits)
You want a doctor	Visits to treat an injury or illness	$0	Prior authorization is required for some services.
	Care to keep you from getting sick, such as flu shots and screenings to check for cancer	$0	Covered Medicare Part B services include: Pneumonia vaccine Flu vaccine Hepatitis B vaccine COVID-19 vaccine Prior authorization may be required for some services
	Wellness visits, such as a physical	$0	
	"Welcome to Medicare" (preventive visit one time only)	$0	
	Specialist care	$0	
You need emergency care (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.

Health need or concern	Services you may need	Your costs for in-network providers	Limitations, exceptions, & benefit information (rules about benefits)
You need emergency care (continued from the previous page)	Urgent care	$0	Urgent care services are provided both in and out-of-network. Prior authorization is **NOT** required.
You need medical tests	Diagnostic radiology services (for example, X-rays or other imaging services, such as CAT scans or MRIs)	$0	Prior authorization is required for some services.
	Lab tests and diagnostic procedures, such as blood work	$0	Prior authorization is required for some services.
You need hearing/auditory services	Hearing screenings	$0	Members receive: • One routine hearing exam each year. • Two hearing aids every 3 years, one for each ear. • One fitting and evaluation each year. See the Healthy Benefits+ benefit for additional hearing coverage. Prior authorization is required for some services.
	Hearing aids	$0	

Health need or concern	Services you may need	Your costs for in-network providers	Limitations, exceptions, & benefit information (rules about benefits)
You need dental care	Dental check-ups and preventive care	$0	You must use a participating Delta Dental provider. To find dental providers in your network, please visit providers4you.com/ohiogp. Members may receive up to two oral exams, cleanings, and fluoride treatments each year. ***Note: One oral exam, one cleaning, fluoride treatments and dental implants are subject to $3,000 dental allowance annual maximum.** See the Healthy Benefits+ benefit for additional dental coverage. Because you have Medicaid, many dental services including preventive and comprehensive dental services are covered. To view Medicaid dental coverage, visit https://medicaid.ohio.gov/families-and-individuals/srvcs/dental Prior authorization is required for some services.
	Restorative and emergency dental care	$0	

Health need or concern	Services you may need	Your costs for in-network providers	Limitations, exceptions, & benefit information (rules about benefits)
You need eye care	Eye exams	$0	One eye exam each year. Members receive up to a **$250 allowance each year** that covers glasses and contact lenses. You must use a participating EyeMed Vision Care provider. See the Healthy Benefits+ benefit for additional vision coverage.
	Glasses or contact lenses	$0	
	Other vision care (such as an annual glaucoma screening for high-risk patients, and annual exam for diabetic retinopathy)	$0	
You need behavioral health services (continued on the next page)	Behavioral health services	$0	This plan provides coverage for a full range of inpatient and outpatient mental health services, including substance use disorder services. To view additional Medicaid behavioral health coverage, visit https://medicaid.ohio.gov/families-and-individuals/srvcs/bh/bh Prior authorization is required for some services.

Health need or concern	Services you may need	Your costs for in-network providers	Limitations, exceptions, & benefit information (rules about benefits)
You need behavioral health services (continued from the previous page)	Inpatient and outpatient care and community-based services for people who need behavioral health services	$0	CareSource MyCare Ohio provides coverage for inpatient and outpatient mental health services including, but not limited to, crisis intervention and psychiatric hospitalization, case management, therapeutic and rehabilitative services, and residential treatment. 190-day lifetime limit for inpatient psychiatric hospital services. Prior authorization is required for some services.

Health need or concern	Services you may need	Your costs for in-network providers	Limitations, exceptions, & benefit information (rules about benefits)
You need substance use disorder services	Substance use disorder services	$0	CareSource MyCare Ohio provides coverage for a full range of addiction services including outpatient and intensive outpatient services, case management, residential and opioid treatment services. If you need behavioral health and/or substance abuse services, please call either your Care Coordinator or Member Services. You may also self-refer directly to an Ohio Department of Mental Health and Addiction Services (MHAS) facility and/or a certified community behavioral health provider. Prior authorization is required for some services.
You need a place to live with people available to help you	Skilled nursing care	$0	Prior authorization is required for some services.
	Nursing home care	$0	Prior authorization is required for some services.
	Adult Foster Care and Group Adult Foster Care	$0	Prior authorization is required for some services.

Health need or concern	Services you may need	Your costs for in-network providers	Limitations, exceptions, & benefit information (rules about benefits)
You need therapy after a stroke or accident	Occupational, physical, or speech therapy	$0	Prior authorization is required for some services.
You need help getting to health services	Ambulance services	$0	Prior authorization is required for some services.
	Emergency transportation	$0	
	Transportation to medical appointments and services	$0	Unlimited non-emergency medical transportation (NEMT) for medically necessary Medicaid-covered services, pharmacy services, community/wellness services, and SDOH (Social Determinants of Health)-related services including grocery stores, fitness program participating gyms. Please contact Member Services for additional information.

Health need or concern	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)	Medicare Part B 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 *Evidence of Coverage* for more information on these drugs. We may require you to try a different drug first before we agree to cover the drug you ask for. This is known as Step Therapy. Prior authorization is required for some services.

Health need or concern	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 the previous page)	Medicare Part D drugs	$0 for a 30-day supply.	There may be limitations on the types of drugs covered. Please refer to CareSource MyCare Ohio's *List of Covered Drugs* (*Drug List*) for more information. An extended-day supply up to 102-days of some drugs is available through mail order and most retail pharmacies. For more information, please refer to our *List of Covered Drugs* to view those drugs available for an extended-day supply. Quantity Limits and/or Step Therapy may apply. Prior authorization is required for some services.

Health need or concern	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 the previous page)	Non-Medicare Prescription (RX)/Over-the-Counter (OTC) Drugs	$0	Medicaid covered drugs and products include prescription vitamins and mineral products and OTC products: cough suppressants, vitamins, antacids, antidiarrheals, stool softeners, laxatives wound protectants, and artificial tears that are not covered under Medicare Part B or Part D. There may be limitations on the types of drugs covered. Some Medicaid covered drugs may require prior authorization or require you to try another drug first, known as Step Therapy. Quantity limits may also apply. For more information, please refer to the Medicaid List of Covered Drugs. You may also obtain OTC items through the Healthy Benefits+. Please refer to Healthy Benefits+ for more information.

Health need or concern	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	Rehabilitation services	$0	Prior authorization is required for some services.
	Medical equipment for home care, including waiver and supplemental adaptive	$0	Prior authorization is required for some services.
	Dialysis services	$0	
You need foot care	Podiatry services	$0	Diagnosis and medical or surgical treatment of injuries and diseases of the foot (such as hammer toe or heel spurs.) Routine foot care for members with conditions affecting the legs, such as diabetes. Prior authorization is required for some services.
	Orthotic services	$0	Prior authorization is required for some services.

Health need or concern	Services you may need	Your costs for in-network providers	Limitations, exceptions, & benefit information (rules about benefits)
You need durable medical equipment (DME) **Note:** This isn't a complete list of covered DME. For a complete list, contact Member Services or refer to **Chapter 4** of the *Evidence of Coverage*.	Wheelchairs, crutches, and walkers	$0	Prior authorization is required for some services.
	Nebulizers	$0	Prior authorization is required for some services.
	Oxygen equipment and supplies	$0	Prior authorization is required for some services.
You need help living at home (continued on the next page)	Home health services	$0	Prior authorization is required for some services.
	Home services, such as cleaning or housekeeping, or home modifications such as grab bars	$0	These services are available only if Ohio Medicaid determines a need for long-term care.
	Adult day health	$0	

Health need or concern	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 the previous page)	Assisted living services	$0	If you would like to see if you are eligible for waiver services, talk to your CareSource MyCare Ohio Care Coordinator.
	Community integration services	$0	
	Enhanced community living services	$0	
	Home delivered meals	$0	Only for community-well members who are getting their long-term services and support in their own homes or communities. Excludes those in home- and community-based services waiver and long-term care members.
	Out-of-home respite	$0	These services are available only if Ohio Medicaid determines a need for long-term care.
	Personal emergency response services	$0	Only for community-well members who are getting their long-term services and support in their own homes or communities. Excludes those in home- and community-based services waiver and long-term care members.
	Waiver nursing	$0	These services are available only if Ohio Medicaid determines a need for long-term care.
	Waiver social work counseling	$0	
	Waiver transportation	$0	

Health need or concern	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 the previous page)	Day habilitation services	$0	If you would like to see if you are eligible for waiver services, talk to your CareSource MyCare Ohio Care Coordinator.
	Services to help you live on your own (home health care services or personal care attendant services)	$0	These services are available only if Ohio Medicaid determines a need for long-term care. County Department of Job and Family Services will determine if your income and certain expenses require you to have a patient liability.

Health need or concern	Services you may need	Your costs for in-network providers	Limitations, exceptions, & benefit information (rules about benefits)
Additional Services (continued on the next page)	Healthy Benefits+	$0	Members receive **$300 each month** on the Healthy Benefits+ debit card to purchase the following qualifying items, services, and accessories at eligible locations: • Over the counter (OTC) items • Dental • Vision • Hearing For members approved for Special Supplemental Benefits for the Chronically Ill, members may use the Healthy Benefits+ card for the following qualifying items and services at eligible locations: • Healthy Food* • Utilities* • Rent & Mortgage Assistance* • Household Cleaning Supplies* • Personal Care Items* • Haircut & Barber Services* Unused amounts roll over each month and expire at the end of the year.

Health need or concern	Services you may need	Your costs for in-network providers	Limitations, exceptions, & benefit information (rules about benefits)
Additional Services (continued from the previous page)	Healthy Benefits+	$0	Remember to complete your Health Risk Assessment with your Care Coordinator or have your provider complete and submit a provider attestation form validating your condition. *The benefits mentioned are Special Supplemental Benefits for the Chronically Ill (SSBCI). You may qualify for SSBCI if you are at high risk for hospitalization and require intensive care coordination to manage one or more chronic conditions such as cardiovascular disorders, diabetes, overweight/obesity/metabolic syndrome, chronic and disabling mental health conditions or neurologic disorders. For a full list of qualifying chronic conditions or to learn more about other eligibility requirements for SSBCI, please contact Member Services or your Care Coordinator. You can also refer to your Evidence of Coverage to learn more.

Health need or concern	Services you may need	Your costs for in-network providers	Limitations, exceptions, & benefit information (rules about benefits)
Additional Services (continued from the previous page)	Chiropractic services	$0	Coverage includes diagnostic x-rays and manual manipulation (adjustments) of the spine to correct alignment.
	Centers for Independent Living (CIL) Peer Program	$0	CILs provide core services including advocacy, information and referral, peer support, skills training, and assistance with transitioning from nursing homes or institutions to community-based living. To learn more talk to your Care Coordinator.
	Community-Based Palliative Care Services	$0	Community-based palliative care services are available for eligible members with serious or life-threatening illness and focus on improving quality of life at any stage of the condition. Services are provided by an interdisciplinary team of healthcare professionals and may include advance care planning, management of physical symptoms (including medications), and ongoing support to address complex care needs.

Health need or concern	Services you may need	Your costs for in-network providers	Limitations, exceptions, & benefit information (rules about benefits)
Additional Services (continued from the previous page)	Companionship	$0	Members who meet certain requirements receive up to **2 hours each week** not exceeding 30 hours each year. Cannot be duplicative to existing covered services. To learn more talk to your Care Coordinator.
	Meals	$0	2 meals per day for 14 days following an inpatient or skilled nursing facility stay. Number of events is unlimited. Only for community-well members who are getting their long-term services and support in their own homes or communities. Excludes those in home- and community-based services waiver and long-term care members.

Health need or concern	Services you may need	Your costs for in-network providers	Limitations, exceptions, & benefit information (rules about benefits)
Additional Services (continued from the previous page)	Personal Emergency Response (PERS)	$0	PERS consists of a home monitoring device that sends an alert to a 24-hour call center in the event of an emergency. Only for community-well members who are getting their long-term services and support in their own homes or communities. Excludes those in home- and community-based services waiver and long-term care members.

Health need or concern	Services you may need	Your costs for in-network providers	Limitations, exceptions, & benefit information (rules about benefits)
Additional Services (continued from the previous page)	24-Hour Nurse Advice Line	$0	24-Hour Nurse Advice Line provides around-the-clock access to a caring and experienced staff of registered nurses. Members can call the 24-Hour Nurse Advice Line toll-free number located on your CareSource MyCare Ohio member ID card 24 hours a day, 7 days a week. The 24-Hour Nurse Advice Line services can be used at no cost to you. This provides you with an easy way to receive trusted health information and advice from the comfort of your home. Speaking directly with professional registered nurses can help you: – Decide when self-care, a doctor visit, or the emergency room is the right choice – Check your symptoms and help you figure out what to do – Understand a medical condition or recent diagnosis – Obtain medical information – Prepare questions for doctor visits – Find out more about prescriptions or over-the-counter (OTC) items – Learn about healthy eating and staying well

Health need or concern	Services you may need	Your costs for in-network providers	Limitations, exceptions, & benefit information (rules about benefits)
Additional Services (continued from the previous page)	Telehealth	$0	Additional telehealth is offered through Teladoc® for urgent general medical services to treat everyday conditions like flu, allergies, sinus infection, rash, sore throat, backache, arthritis and more. Members can continue to have telehealth appointments via their providers, if their providers offer that option. See the Physician/Provider services, including doctor's office visits section for additional Telehealth coverage details. Teladoc also has mental health providers available seven days a week from 7 a.m. to 9 p.m. They can help with anxiety, depression, stress, substance use, trauma and more. Visits for mental health must be scheduled ahead of time.

Health need or concern	Services you may need	Your costs for in-network providers	Limitations, exceptions, & benefit information (rules about benefits)

Additional Services (continued from the previous page)	Diabetes supplies and services	$0	Diabetic supplies and services are limited to specified manufacturers:
			• Blood glucose test strips and meters:
			  ○ Abbott Diabetes and Trividia products
			• Continuous glucose monitors (CGMs):
			  ○ Abbott FreeStyle & Dexcom
			
			Prior authorization is required for some services.

	FindHelp	$0	MyResources helps you find low or no-cost programs in your community for food, shelter, school, work, financial support and more! Go to CareSource.findhelp.com. You can also call Member Services to find support near you.

Health need or concern	Services you may need	Your costs for in-network providers	Limitations, exceptions, & benefit information (rules about benefits)

Additional Services (continued from the previous page)	Fitness, health, and wellness education programs	$0	**This benefit includes:**
			• Access to a network of participating fitness centers.
			• One home fitness kit each year (choose from options like: strength, toning, yoga, self-care, or walking kits; options may vary based on availability)
			• Online fitness and wellness resources through the Well-Being Club, including:
			  ○ On-demand workout videos
			  ○ Live virtual classes and events
			  ○ Health and wellness coaching sessions

Health need or concern	Services you may need	Your costs for in-network providers	Limitations, exceptions, & benefit information (rules about benefits)
Additional Services (continued from the previous page)	**CareSource LifeServices®**	$0	**CareSource LifeServices®** is available to both members and their caregivers. These resources are available to you: **CareSource FoodConnect** helps ensure that members have access to culturally and medically appropriate meals in a timely manner. · **CareSource HousingConnect** connects members to housing supports, including resources to facilitate repairs meant to make existing housing safe. · **CareSource PeerConnect** connects members with certified peer supporters who have similar lived experience and who can provide emotional support through life's challenges. · **CareSource CaregiverConnect** is designed specifically to support the caregivers who support our members through educational resources and social support. **CareSource JobConnect** supports members and their key supporters in their path toward educational attainment and job (re-)training.

Health need or concern	Services you may need	Your costs for in-network providers	Limitations, exceptions, & benefit information (rules about benefits)
Additional Services (continued from the previous page)	CareSource MyLife℠ App	$0	Personalized digital experience for members to obtain their ID, plan and benefit information, connect with their Care Coordinator, and more from their phone.
	Health & Wellness Online Tools	$0	Online platform to help deliver personalized wellness, mental health, and self-management tools that can help you better understand your health, take action, and more easily access the support and care you need.
	Prosthetic services	$0	Prior authorization is required for some services.
	Pulsewrx – Cellular Phone		We can connect you to a program that can help you get access to a free or low-cost smartphone. If you qualify, you can get a phone with unlimited talk, text and data.
	Radiation therapy	$0	Prior authorization is required for some services.
	Caregiver Respite	$0	If you qualify as a MyCare Ohio waiver member, your caregiver may receive up to 40 hours of respite care each year. These services are provided as personal care for you and are in addition to the services in your care plan.

Health need or concern	Services you may need	Your costs for in-network providers	Limitations, exceptions, & benefit information (rules about benefits)
Additional Services (continued from the previous page)	Safety Kits	$0	Safety kits for members only who meet the care team's assessment of being unsafe in their home due to medical condition. To learn more talk to your Care Coordinator.
	Services to help manage your disease	$0	Prior authorization is required for some services.
	WW (formerly known as Weight Watchers)	$0	Benefit consists of a 12-week WW membership to eligible members who participate in care management with a qualifying of high blood pressure, diabetes, or obesity (body mass index over 30). To learn more talk to your Care Coordinator.
	Worldwide Emergency Services, Urgently Needed Services, and Transportation		Maximum amount of $10,000 each year.

The above summary of benefits is provided for informational purposes only and isn't a complete list of benefits. For a complete list and more information about your benefits, you can read the CareSource MyCare Ohio *Evidence of Coverage*. If you don't have an *Evidence of Coverage*, call CareSource MyCare Ohio Member Services at 1-855-475-3163 (TTY: 1-833-711-4711 or 711) to get one. If you have questions, you can also call Member Services or visit **CareSource.com/MyCare-SNP**.

D. Benefits covered outside of CareSource MyCare Ohio

There are some services that you can get that aren't covered by CareSource MyCare Ohio but are covered by Medicare, Medicaid, or a State or county agency. This isn't a complete list. Call Member Services at 1-855-475-3163 (TTY: 1-833-711-4711 or 711) to find out about these services.

Other services covered by Medicare, Medicaid, or a State Agency	Your costs
• Certain hospice care services covered outside of CareSource MyCare Ohio	$0

E. Services that CareSource MyCare Ohio, Medicare, and Medicaid don't cover

This isn't a complete list. Call Member Services at 1-855-475-3163 (TTY: 1-833-711-4711 or 711) to find out about other excluded services.

Services CareSource MyCare Ohio, Medicare, and Medicaid don't cover	
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.	Infertility services.
A private room in a hospital, except when it is medically needed.	

F. 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'll tell you about your rights at least once a year. For more information on your rights, please read the *Evidence of Coverage*. Your rights include, but aren't limited to, the following:

- **You have a right to respect, fairness, and dignity. This includes the right to:**
  - Get covered services without concern about medical condition, health status, receipt of health services, claims experience, medical history, disability (including mental impairment), marital status, age, sex, sexual orientation, national origin, race, color, religion, creed, or public assistance
  - Get information in other languages and formats (for example, large print, braille, or audio) free of charge
  - Be free from any form of physical restraint or seclusion
- **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 language and format you can understand. This includes the right to get 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 coordinator

- **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're covered
  - Refuse treatment, even if your health care provider advises against it
  - Stop taking medicine, even if your health care provider advises against it
  - Ask for a second opinion. CareSource MyCare Ohio will pay for the cost of your second opinion visit
  - Make your health care wishes known in an advance directive
- **You have the right to timely access to care that doesn't 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 health care providers and your health plan
- **You have the right to seek emergency and urgent care when you need it. This means you have the right to:**
  - Get emergency services without prior authorization 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
  - Have privacy during treatment
- **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
  - File a complaint with State Department of Managed Health Care at 800-324-8680 and TTY 711.
  - Appeal certain decisions made by State Department of Managed Health Care or our providers
  - Ask for a State Hearing
  - Get a detailed reason for why services were denied

For more information about your rights, you can read the *Evidence of Coverage*. If you have questions, you can call CareSource MyCare Ohio Member Services at 1-855-475-3163 (TTY: 1-833-711-4711 or 711).

You can also call the special Ombudsperson for people who have Medicare and Medicaid at 1-800-282-1206, or the Medicaid Office of the Ombudsperson at 1-800-282-1206.

G. 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 Member Services at 1-855-475-3163 (TTY: 1-833-711-4711 or 711). You may be able to appeal our decision.

For questions about complaints and appeals, you can read **Chapter 9** of the *Evidence of Coverage*. You can also call CareSource MyCare Ohio Member Services at 1-855-475-3163 (TTY: 1-833-711-4711 or 711).

You may also mail information to us:

CareSource
Attn: Member Grievance & Appeals
P.O. Box 1947
Dayton, OH 45401-1947

H. 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 Member Services. Phone numbers are 1-855-475-3163 (TTY: 1-833-711-4711 or 711).

Or, call Medicare at 1-800-MEDICARE (1-800-633-4227). TTY users may call 1-877-486-2048. You can call these numbers for free.

Or, call the Ohio Attorney General's Medicaid Fraud Control Unit at 1-614-466-0722, or the Ohio Attorney General's Help Center at 1-800-282-0515.

If you have general questions or questions about our plan, services, service area, billing, or Member ID Cards, please call CareSource MyCare Ohio Member Services:
1-855-475-3163. Calls to this number are free.

Hours of Operation

We are open 8 a.m. to 8 p.m. Monday through Friday, and from October 1 through March 31, the same hours seven days a week.

Member Services also has free language interpreter services available for non-English speakers.

TTY: 1-833-711-4711 or 711. This number requires special telephone equipment and is only for people who have difficulties with hearing or speaking. Calls to this number are free.

If you have questions about your health:

Call your primary care provider (PCP). Follow your PCP's instructions for getting care when the office is closed.

If your PCP's office is closed, you can also call the 24-Hour Nurse Advice Line. A nurse will listen to your problem and tell you how to get care. (*Example:* urgent care or emergency room). The numbers for the 24-Hour Nurse Advice Line are: 1-866-206-7861 (TTY: 1-833-711-4711).

Calls to this number are free. This hotline is available 24 hours a day, seven days a week.

CareSource MyCare Ohio also has free language interpreter services available for non-English speakers.

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

Dial 988 or (800) 273-8255 (Suicide Prevention hotline) or the 24-Hour Nurse Advice Line at: 1-866-206-7861 (TTY: 1-833-711-4711)

Calls to these numbers are free 24 hours a day, seven days a week.

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 مجانًا. اتصل على الرقم **1-855-475-3163**

(**TTY: "الهاتف النصيّ 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 Helfe mitaus Koscht in dei Schprooch mit Iwwersetzer un annere schriftliche Dinge. Grick Aids un Helfe 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 िलिखत सामिग्रयों संबंधी फ्री मदद पाएं। यिद आपको कोई िडसएिबिलटी हो, तो मुफ्त सहायता और सपोटर् 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 ìrànlọ́wọ́ ọ̀fẹ́ ní èdè rẹ pẹ̀lú àwọn òǵbifọ̀ àti àwọn ohun èlò míràn tí a kọ sílẹ̀. Gba àwọn ìrànlọ́wọ́ àti àtìlẹ́yìn ọ̀fẹ́ 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)**.

مورږ کولی شو ستاسو د روغتیا پاملرنې په اړه ستاسو په ژبه کې او د نورو بڼو (یعني فارمیټونو) له لارې له تاسو سره وږیا مرسته وکړو. آیا زمورږ د موادو لوستلو لپاره ملاتړ یا مرستې ته اړتیا لرئ؟ آیا تاسو له مورږ سره خبرو کولو لپاره د ژبې خدمتونه غواړئ؟ زنګ ووهئ په **1-855-475-3163 (TTY: 1-833-711-4711 یا 711).**

ాయ్యతలు మరియు ఇతర రాతపూర్వ క మెటీరియల్స్ తో మీ భాషలో ఉచిత సహాయాన్ని పొందండి. ఒకవేళ మీకు వైకల్య ం ఉంటే, ఉచిత ఉపకరణాలు మరియు మద్ధతు పొందండి. కాల్ చేయండి:

1-855-475-3163 (TTY: 1-833-711-4711 లేదా 711).

दोभाषे र अन्य िलिखत सामग्रीहरूको माध्यमद्वारा आफ्नो भाषामा िनःशुल्क मद्दत प्राप्त गनुर्होस।् तपाईंलाई अशक्तता छ भने िनःशुल्क सहायता र समथर्न प्राप्त गनुर्होस।् **1-855-475-3163 (TTY: 1-833-711-4711 वा 711)** मा कल गनुर्होस।्

သင့်ဘာသာစကားအတွက် စကားြပန်များနှင့် အြခားပံ့ပိုးကူညီပံ့ပိုးမှုဆိုင်ရာ ဝန်ေဆာင်မှုများကို အခမဲ့အကူအညီရယူပါ။ သင်သည် မသန်စွမ်းသူတစ်ဦးြဖစ်ပါက အခမဲ့အကူအညီများနှင့် အေထာက်အပံ့များ ရယူပါ။ ဖုန်းေခါ်ရန် - **1-855-475-3163 (TTY: 1-833-711-4711 သုိမ့ဟုတ် 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)**.

Bōk jibañ ilo an ejjelok wōnāān ikkijjien kajin eo am ibbān rukok ro im wāween ko jet ilo jeje. Bōk 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)**.

H6396_OH-SNP-M-4151482_C

ODM Approved: 08/31/2025

Department of Medicaid

Next Generation MyCare

CareSource®

CareSource.com/MyCare-SNP

© 2026 CareSource. All Rights Reserved.
H6396_OH-SNP-C-5678653_M