



Just4Me™ **Member Handbook**

**A QUICK-REFERENCE
GUIDE TO YOUR HEALTH
CARE BENEFITS**



CareSource Just4Me™ is a
Qualified Health Plan issuer in the



1-800-479-9502

(TTY/TDD for the hearing impaired:
1-800-750-0750 or 711)

CareSource.com/Just4Me

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Welcome



Thank you for joining CareSource Just4Me™. We are glad to have you as a Member of our health plan.

At CareSource, we are focused more on people than profits. Our Just4Me™ health plans continue our long history of making health care coverage easy to understand and access. It's health care with heart!

Please review this handbook. It will help you get the most from the coverage you will receive under the Just4Me™ Plan. Your Just4Me™ Evidence of Individual Coverage and Health Insurance Contract (EOC) has more detailed information. Please read the entire EOC and use it often as a reference for your Covered Services. You can also contact us with any questions you may have about the Plan.



How to reach us



DEPARTMENT

PHONE NUMBER

Member Services

Call when you:

- Have questions about benefits and services
- Need a new ID card
- Want to change your primary care provider
- Need information in another language or format
- And much more

1-800-479-9502

Monday – Friday,
7 a.m. – 7 p.m.

CareSource24™ nurse advice line

Call our nurse advice line any time to speak to a registered nurse about your health and medical questions.

1-866-206-4240

24 hours a day

TTY/TDD for the hearing impaired

1-800-750-0750
or **711**

WEBSITE

Visit our website at **CareSource.com/Just4Me**. On our website, you can:

- Find the most up-to-date news about your Covered Services.
- Get important health and wellness information.
- Search for a Network Provider with our Find-A-Doctor tool.
- Find a network pharmacy near you.
- See our Prescription Drug List.

And you can use our website any hour of the day or night. We're at your fingertips.

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

ID cards



You will receive a CareSource Just4Me™ ID card. It is good for each member of your family who has joined the Plan. Be sure to show your card each time you go to the doctor, hospital, urgent care center and pharmacy.

You should also have your card ready when you call Member Services. We will need the Member ID number listed on your card. This will help us serve you faster.

Where to get care



In order to have your health care services covered by CareSource Just4Me™, you must get them from a Network Provider. The only exceptions are:

- In cases of emergency within the United States; or
- If you need medically necessary, covered urgent care services when traveling out of our service area within the United States

You can find the most current list of Network Providers on our website. Go to **CareSource.com/Just4Me**. Click on “Member Resources.” Then click “Provider Directory.”

YOUR PRIMARY CARE PROVIDER (PCP)

You can choose a PCP who is a Network Provider. Your PCP will work with you to direct your health care. He or she will treat you for most of your routine health care needs.

Going to the same PCP each time you need care will help your PCP get to know you and your needs. The more familiar your PCP is with you and your medical history, the better your PCP will be able to treat you.

If needed, your PCP will help you decide if you need to see other doctors (specialists) or admit you to the hospital. However, you are not required by the Plan to get a referral from your PCP before you see many types of specialists.

Do you need help choosing a PCP? Just call our Member Services Department at **1-800-479-9502**.

WHEN YOU ARE OUTSIDE OF OUR SERVICE AREA

You may get sick or hurt while traveling outside of our service area. If this happens and you are within the United States, you can get medically necessary, covered services from a provider not in our network.

Prior to seeking urgent care, we encourage you to call your PCP for guidance, but this is not required. You should get urgent care from the nearest and most appropriate health care Provider. Emergency care is covered both in and out of our service area (within the United States).

Typically, in order to have your health care services paid for by CareSource Just4Me™, you must get services from a Network Provider.

*The counties in our service area are on our website. Just go to **CareSource.com/Just4Me**. Click on “Enroll” to see them.*

If you receive emergency care from a provider who is not a Network Provider, or urgent care services outside the service area, you will need to submit the bill you receive to CareSource with a claim form. You may obtain a claim form through **CareSource.com/Just4Me** or by calling Member Services at **1-800-479-9502** (TTY/TDD for the hearing impaired: 1-800-750-0750 or 711).

Added Benefits



CARESOURCE24™ NURSE ADVICE LINE

Questions about your family's health can come up at any time. Sometimes it is hard to know what to do. Knowing that you can call someone for answers can help put your mind at ease.

That's why we have CareSource24™, our nurse advice line. It is available 24 hours a day, seven days a week. It's like having your very own registered nurse.

When you call, a nurse can help you:

- With pain or symptom relief
- Decide if your injury or illness is an emergency
- Treat an illness or injury at home
- Decide when to go to your doctor, an urgent care or emergency room
- Understand a medical condition or diagnosis
- Know what to ask your doctor
- Learn about your medications
- Get information about tests or surgery
- Learn about nutrition and wellness

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

CARE MANAGEMENT AND OUTREACH SERVICES

CareSource Just4Me™ offers care management services that are available to children and adults with special health care needs. We have registered nurses, social workers and other outreach workers. They can work with you one-on-one to help coordinate your health care needs. These needs may include finding appropriate community resources. Please see your EOC for more detailed information.

*Call our 24-hour
nurse advice line at
1-866-206-4240.*

DISEASE MANAGEMENT

CareSource Just4Me™ offers disease management programs. They can help you learn about your health and how you can better manage your specific health conditions. Our goal is to make sure you have the right tools to stay as healthy as possible. These programs are available to you at no cost.

We have programs for:

- Asthma
- Diabetes
- Heart disease
- Hypertension
- Depression
- High cholesterol
- Low back pain
- Pain management
- Pregnancy

Goals of our programs include:

- Helping you understand how to take good care of yourself
- Helping you adopt a healthy lifestyle
- Working with your doctor to reach your health goals

If you would like to participate in a disease management program, please call **1-888-882-3614**.

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Covered Services



CareSource Just4Me™ covers a wide range of services to help keep you healthy. They include:

- Primary care and specialty physician services
- Outpatient services
- Hospitalizations
- Emergency services
- Maternity and newborn care
- Mental health and substance abuse treatment
- Prescription drug coverage
- Preventive and wellness services
- Rehabilitative and habilitative services and devices
- Laboratory services
- Chronic disease management
- Covered clinical trials
- Podiatry care
- Pediatric health and vision services
- Optional dental and vision coverage for adults

Please refer to your EOC for more details and any limits that may apply.

PREVENTIVE CARE

Preventive care means making regular visits to your doctor even when you do not feel sick. Routine checkups, tests and screenings can help your doctor find and treat problems early before they become serious.

Preventive care services are covered at no cost to you. These include screening mammograms, Pap tests, and vision and hearing screenings.

PRESCRIPTION DRUGS

We want to make sure you get the safest, most cost-effective drugs for your needs. CareSource Just4Me™ uses a Prescription Drug List. Drugs are categorized into tiers that represent different cost-sharing amounts.

Some drugs may have limits on how much can be dispensed to you at one time. You may need to try one drug before taking another. We may also require your provider to submit information to us to explain why a

Preventive care services are covered at no cost to you.

specific drug or a certain amount is needed. This is called a prior authorization request. We must approve the request before you can get the drug. These requirements help curb misuse and abuse and make sure you get the most appropriate drugs.

To find out which drugs are on the list and which tier they are in, you can:

- Look at the full list on our website.
- Call our Member Services Department and ask for help.

NETWORK PHARMACIES

In order to have your prescriptions covered by CareSource Just4Me™, you must get them filled at a pharmacy in our network. Our network includes many major pharmacies, including those listed here, plus many smaller pharmacies.

- Costco
- CVS
- Discount Drug Mart
- Giant Eagle
- Kmart
- Kroger
- Meijer
- Rite-Aid
- Sam's Club
- Target
- Walmart

We also have mail-order pharmacies in our network. To see the full list of network pharmacies, go to our website. Click on "Member Resources." Then click "Pharmacy Directory." If you have questions, please call Member Services at **1-800-479-9502**.

OPTIONAL DENTAL AND VISION BENEFITS

CareSource Just4Me™ covers dental service related to accidental injury. If you chose a Just4Me™ Plan with enhanced dental and vision benefits, you can also get routine, basic and major dental services.

Your EOC has more details about dental and vision care benefits.

We may require your provider to submit information to us to explain why a specific drug or a certain amount is needed. This is called a prior authorization request.

SERVICES THAT REQUIRE A PRIOR AUTHORIZATION

We want to make sure the care you get is the best care for your needs. CareSource keeps track of the services you get from health care providers. We discuss some services with your providers before you get them. We do this to make sure the services are appropriate and necessary.

Your doctor will take care of getting a prior authorization from us for services that need one. For example, some procedures and most inpatient hospital stays require this.

Most other services do not need a prior authorization. You do not need one to see your PCP or most specialists. You don't need one for lab work, X-rays or many outpatient services either. Your doctor will tell you when you need these types of care.

Utilization management is when CareSource evaluates, according to established criteria or guidelines, the health care services Members receive. We do this to make sure it is the best care for your needs.

You can contact us anytime about Utilization Management or prior authorization requests. Just call Member Services at **1-800-479-9502** (TTY/TDD: 1-800-750-0750 or 711). You can also send us an email at any time through our website at **CareSource.com/Just4Me**.

Any decisions we make with your providers about the medical necessity of your health care are based only on how appropriate the care setting or services are. CareSource does not award providers or our own staff for denying coverage or services. We do not offer financial incentives to our staff that encourage them to make decisions that result in underutilization.

Your EOC includes a detailed list of covered services and requirements. Check your EOC if you have questions about a specific service.

REVIEW OF NEW TECHNOLOGY

CareSource may decide that a new development not currently covered by Just4Me™ will be a Covered Benefit. This includes newly developed:

- Health care services
- Medical devices
- Therapies
- Treatment options

Coverage is based on:

- Health Insurance Marketplace rules
- External technology assessment guidelines
- Food and Drug Administration (FDA) approval
- Medical literature recommendations

EXPLANATION OF BENEFITS (EOB)

You may receive an EOB statement from CareSource. An EOB is not a bill. These statements show what services were billed to CareSource and how they were paid.

They tell you:

- The Member who got the service
- The provider who billed for the service
- The date the service was received
- A description of the service
- The amount CareSource paid for the service
- How much you owe or already paid for the service, if anything

If you do owe for a service, you will get a bill from the provider. We encourage you to save these EOB statements and pay only the amount listed as your responsibility. If you get a bill from a provider for more than the amount the EOB shows as your responsibility, please call Member Services at **1-800-479-9502**.

How to pay your bill



The fee you pay to CareSource to be covered by CareSource Just4Me™ is called a Premium. To pay your monthly Premium to CareSource, you can:

- **Pay online.** Go to **CareSource.com/Just4Me**. You can pay by credit or debit card or bank transfer.
- **Mail your payment.** Send it to:
CareSource
P.O. Box 630568
Cincinnati, OH 45263-0568

Make checks or money orders payable to CareSource. Please include your Member ID number on the check. This will ensure payment is posted to your account.

If you owe any Copayments or Coinsurance, these should be paid directly to the health care provider. You must pay them at the time of service.



Member rights and responsibilities



You have the right to:

- Receive information about CareSource, our services, our Network Providers and Member rights and responsibilities.
- Be treated with respect and dignity by CareSource personnel, Network Providers and other health care professionals.
- Privacy and confidentiality for treatments, tests and procedures you receive.
- Participate with your doctor in making decisions about your health care.
- Candidly discuss with your doctor the appropriate or medically necessary treatment options for your conditions, regardless of cost or benefit coverage.
- Voice complaints or appeals about the Plan or the care it provides.
- Make recommendations regarding the Plan's Member rights and responsibilities policy.
- Choose an advance directive to designate the kind of care you wish to receive should you be unable to express your wishes.
- Be able to get a second opinion from a qualified Network Provider. If a qualified Network Provider is not able to see you, CareSource will set up a visit with a provider not in our network.

You have the responsibility to:

- Provide information needed in order to receive care.
- Follow the plans and instructions for care that you have agreed to with your doctors.
- Understand your health problems and participate in developing mutually agreed-upon treatment goals.
- Be enrolled and pay any required Premiums.
- Pay an Annual Deductible, Copayments and Coinsurance.
- Pay the cost of limited and excluded services.
- Choose Network Providers and network pharmacies.
- Show your ID card to make sure you receive full benefits under the plan.

Privacy notice statement



This notice describes how information about you may be used and disclosed and how you can get access to this information. Please review it carefully.

CareSource respects your right to privacy. This notice explains how, when and why we use or share the Personally Identifiable Information (PII) we keep about you.

Your PII includes information used to identify you, for example, name, Social Security number, date/place of birth, etc. It could be any information that is linked to you, such as medical or financial information.

This notice also explains your rights with respect to your PII.

The CareSource Privacy Officer can be reached by mail at:

CareSource
Attn: Privacy Officer
P.O. Box 8738
Dayton, OH 45401-8738

Or by telephone at **1-800-479-9502** ext. 2023 (TTY/TDD: 1-800-750-0750 or 711). Please use this address or phone number for any issue in this notice that asks you to contact the CareSource Privacy Officer.

HOW AND WHEN WE USE OR SHARE YOUR PII

CareSource is required by law to keep your PII private. We must also give you this notice of our legal duties and explain how we keep your information private. Below are the ways the law allows or requires us to use or share your PII without getting your permission.

Application/Enrollment in Plan – We may use or share your information to assist you with enrollment activities or with collection or processing of your monthly Premium payment.

To pay claims – We may use or share your PII in order to pay for health services you receive. For example, we may use information about your treatment or condition to make sure the services you

get are covered by the Plan. We may also give your PII to another health plan that may need it to process and pay claims for you.

To operate our business – We may use or share your PII to administer the Plan. For example, we may use it to review and improve the quality of health care you receive, to contact you to remind you about an appointment, to tell you about a different type of treatment, or to send you health-related materials.

Business associates – Sometimes we give your PII to outside organizations so they can assist us with our operations. This includes, but is not limited to, lawyers, accountants, consultants and others. We require them to keep your PII private.

So you can get treatment – We may share your PII with doctors or other health care providers who are involved in taking care of you. For example, we may share health information with a home health agency so that you may receive necessary services.

Family members and friends – We may share your PII with a friend, a family member or others when you need care and are unable to make health care decisions for yourself at the time. For example, if you are unconscious or if there is an emergency, we may find it in your best interest to share your PII with a relative or friend so they can help you get the care you need. If you are able to make health care decisions for yourself, we will not share your PII with others unless you ask us to.

Other uses and disclosures – We may share your PII:

- For any purpose required by law;
- For public health activities such as required reports of diseases, injuries, births or deaths;
- If we think you or a child is involved in or a victim of abuse, neglect or domestic violence;
- If a government agency is doing an investigation;
- If a court orders us to (in most cases, you will be notified of this);
- To report crimes or injuries to law enforcement agencies;
- To a coroner or medical examiner so that a deceased body can be identified or to learn the cause of death;
- To arrange an organ or tissue donation or transplant for you;
- For research approved by an institutional review board that has rules to ensure privacy;

- If you are a member of the military or for national security activities;
- To obey workers' compensation laws; or
- If we believe, in good faith, that it is necessary in order to save someone else's health or life.

We will not use or share your PII for any other purpose unless you sign a form that permits us to make such disclosure. This includes uses and disclosures of your PII:

- For marketing purposes;
- That constitute the sale of your PII; and
- That include psychotherapy notes, in most instances

If you sign a form and then change your mind, you can take back your permission for future uses by writing to the CareSource Privacy Officer.

We will only use or share your PII to the extent necessary to accomplish a specified purpose and never to discriminate inappropriately.

We will not use your genetic information for underwriting purposes.

Special rules for disclosure of your mental health, substance abuse, HIV/AIDS, and long-term care information – Ohio law requires that we obtain your authorization in many instances before disclosing the performance or results of an HIV test or diagnosis of AIDS or an AIDS-related condition; before disclosing information about drug and alcohol treatment you may have received in a drug and alcohol treatment program; before disclosing information about mental health services you may have received; and before disclosing certain information to Ohio's long-term care investigators. For full information on when such authorization may be necessary, you can contact the CareSource Privacy Officer.

YOUR RIGHTS

You have the right to:

- Look at or get copies of your PII that we have. Requests are normally fulfilled within 30 days.
- With some exceptions, you have the right to receive a list of certain parties that we shared your PII with during the six years prior to your request.

- Ask us to change or correct your PII. Your request must include your reason for it. We will carefully consider all change requests. However, we are not required to make them. If we do make a change, we may also notify others who work with us and who have copies of the uncorrected records if we think they need to know.
- Ask us to limit how we use or share your PII for certain purposes. We will carefully consider all requests. However, we are not required to make them. If we agree to a limit, both you and CareSource have the right to cancel the agreement. If CareSource cancels the agreement, we will notify you.
- Ask us to send communications regarding your PII to you in another way or to another place. For example, if you don't want messages left on your answering machine or if you want information mailed to a different address, you can request it. We will accommodate requests that clearly provide information that the disclosure of all or part of the information could endanger you.
- Receive notice following a breach of your unsecured PII.

Please make the above requests in writing. They must be signed by you or your representative. If you would rather use one of our printed forms to make your request, you can ask for forms from the CareSource Privacy Officer. Please send all requests to the CareSource Privacy Officer.

You also have the right to:

- Get a paper copy of this notice.
- File a written complaint with the CareSource Privacy Officer if you feel your privacy rights have been violated. You can also file a written complaint with the Secretary of the U.S. Department of Health and Human Services within 180 days of when you think your rights were violated. You will not be penalized for filing a complaint.

EFFECTIVE DATE

The original notice is effective August 22, 2013. We must follow the terms of this notice as long as it is in effect. If needed, we can change the notice and the new one would apply to all PII we keep. If this happens, we will post a copy of the new notice. You can also ask for a paper copy of our notice at any time by mailing a request to the CareSource Privacy Officer.



Advance directives



You have the right to make advance directives. These are documents you sign in case you become seriously ill.

They are used if you become unable to communicate because of your illness or injury. They let your doctor and others know your wishes concerning future medical care. You can also use them to give someone you trust the right to make decisions for you if you are not able. You sign them while you are still healthy and able to make such decisions.

CareSource does not put any limits on your right to do this under state law.



Word meanings

Annual Deductible means the amount you must pay for Covered Services in a Benefit Year before we will begin paying for Benefits in that Benefit Year. Amounts paid toward the Annual Deductible for Covered Services that are subject to a visit or day limit will also be calculated against the maximum Benefit limit. The limited Benefit will be reduced by the number of days/visits used toward meeting the Annual Deductible. Network Benefits for Preventive Health Services are never subject to payment of the Annual Deductible. Any amount you pay for medical expenses in the last three months of the previous Benefit Year that is applied to the previous Annual Deductible will be carried over and applied to the current Annual Deductible. This carry-over feature applies only to the individual Annual Deductible.

Annual Out-of-Pocket Maximum means the maximum amount you pay in a Benefit Year relating to obtaining Benefits. When you reach the Annual Out-of-Pocket Maximum, Benefits for Covered Services that apply to the Annual Out-of-Pocket Maximum are payable at 100% of Eligible Expenses during the rest of the Benefit Year. Medical Copayments and Coinsurance apply to your Annual Medical Out-of-Pocket Maximum. Copayments for optional dental and vision benefits do not apply to your Annual Medical Out-of-Pocket Maximum. Pharmacy Copayments and Coinsurance apply to your Annual Pharmacy Out-of-Pocket Maximum.

The following costs will never apply to the Annual Out-of-Pocket Maximum:

- Any charges or Copayments for services that are not Covered Services or Coinsurance amounts for Covered Services available by an optional Rider, unless specifically stated otherwise in the Rider;
- The amount of any reduced Benefits if you don't obtain authorization from us;
- Charges that exceed Eligible Expenses;
- The Annual Deductible.

Even when the Annual Out-of-Pocket Maximum has been reached, you will still be required to pay:

- Any charges for Non-Covered Services;
- Charges that exceed Eligible Expenses;
- The amount of any reduced Benefits if you don't obtain authorization from us;
- Coinsurance amounts for Covered Services available by an optional Rider, unless stated otherwise in the Rider.

Coinsurance means the charge, stated as a percentage of Eligible Expenses, that you are required to pay for certain Covered Services after the Annual Deductible is satisfied.

Copayment means the charge, stated as a flat dollar amount, that you are required to pay for certain Covered Services.

Covered Services means those Health Care Services determined to be Medically Necessary per the Plan's medical policies and nationally recognized guidelines and that we determine to be all of the following: Provided for the purpose of preventing, diagnosing, or treating a Sickness, Injury, Mental Sickness, substance use disorder, or their symptoms; consistent with nationally recognized scientific evidence, as available, and prevailing medical standards and clinical guidelines, as described below; and not provided for the convenience of you, a Provider, or any other person.

- In applying the above definition, “scientific evidence” and “prevailing medical standards” have the following meanings: “Scientific evidence” means the results of controlled clinical trials or other studies published in peer-reviewed, medical literature generally recognized by the relevant medical specialty community. “Prevailing medical standards and clinical guidelines” means nationally recognized professional standards of care including, but not limited to, national consensus statements, nationally recognized clinical guidelines, and national specialty society guidelines.

Explanation of Benefits (EOB) – A statement you may receive from CareSource that shows what health care services were billed to CareSource and how they were paid. An EOB is not a bill.

Member has the same meaning as Covered Person. Covered Person means an individual, including you, who is properly enrolled under the Plan.

Network Provider means a Provider who has entered into a contractual arrangement with us or is being used by us, or another organization that has an agreement with us, to provide certain Covered Services or certain administration functions for the Network associated with this EOC. A Network Provider may also be a Non-Network Provider for other services or products that are not covered by the contractual arrangement with us

Please review your CareSource Just4Me™ Evidence of Individual Coverage and Health Insurance Contract (EOC) to learn about your Covered Services and Copayment and Coinsurance requirements.

as Covered Services. In order for a Pharmacy to be a Network Provider, it must have entered into an agreement with the Pharmacy Benefit Manager (PBM) to dispense Prescription Drugs to Covered Persons, agreed to accept specified reimbursement rates for Prescription Drugs, and been designated by the PBM as a Network Pharmacy.

Plan means the CareSource Just4Me™ plan.

Premium means the periodic fee required for each Member, in accordance with the terms of the Plan.

Prescription Drug List means a list that categorizes into tiers medications, products or devices that have been approved by the U.S. Food and Drug Administration. This list is subject to periodic review and modification (generally quarterly, but no more than six (6) times per Benefit Year). You may determine to which tier a particular Prescription Drug has been assigned by contacting CareSource at the toll-free number on your ID Card or by logging onto **CareSource.com**.

Utilization Management means when CareSource evaluates, according to established criteria or guidelines, the health care services Members receive. We do this to make sure it is the best care for your needs.

Your EOC has more details about these terms and many more. You should read the entire EOC and keep it in a safe place for future reference.



Just4Me[™] **Member Handbook**

1-800-479-9502

(TTY/TDD for the hearing impaired:
1-800-750-0750 or 711)

CareSource.com/Just4Me

This is a solicitation for health insurance. The CareSource Just4Me[™] policy has exclusions, limitations, reduction of benefits, and terms under which the policy may be continued in force or discontinued.

*For costs and complete details of the coverage, visit
www.CareSource.com/Just4Me or call 1-800-479-9502.*

You may terminate coverage under this Plan by providing at least fourteen (14) days prior notice to us. Such termination shall be effective fourteen (14) days after we receive your request for termination unless otherwise agreed upon in accordance with 45 CFR 155.430.