

CareSource®
MyCare Ohio
(Medicare-Medicaid Plan)

2025 Annual Notice of Change


CareSource®



CareSource® MyCare Ohio (Medicare-Medicaid Plan) offered by CareSource

Annual Notice of Changes for 2025

Introduction

You are currently enrolled as a member of CareSource MyCare Ohio. Next year, there will be changes to the plan's benefits, coverage, and rules. This *Annual Notice of Changes* tells you about the changes and where to find more information about them. To get more information about costs, benefits, or rules please review the *Member Handbook*, which is located on our website at **CareSource.com/MyCare**. 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

- ❖ 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. For more information, call CareSource MyCare Ohio Member Services. This means that you may have to pay for some services and that you need to follow certain rules to have CareSource MyCare Ohio pay for your services.

B. Reviewing your Medicare and Medicaid coverage for next year

It is important to review your coverage now to make sure it will still meet your needs next year. If it does not meet your needs, you may be able to leave the plan. Refer to section E2 for more information.

If you leave our plan, you will still be in the Medicare and Medicaid programs as long as you are eligible.

- You will have a choice about how to get your Medicare benefits (refer to section E).
- You must get your Medicaid benefits from one of the MyCare Ohio managed care plans available in your region (refer to section E for additional information).



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**.

B1. Additional resources

- *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 or 711), 8 a.m. a 8 p.m., el lunes a viernes. La llamada es gratis.*
- You can get this *Annual Notice of Changes* 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.
- If you would like to receive materials in an alternate format, please let our Member Services department know. We have Member Handbooks, our *Annual Notice of Changes*, Formularies, the *Summary of Benefits*, Provider/Pharmacy Directories, and some letters available in Spanish. We can also send these and other materials in different formats upon request. Call our Member Services department for help at **1-855-475-3163 (TTY: 1-833-711-4711 or 711)**, 8 a.m. – 8 p.m., Monday – Friday. This 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.

B2. About CareSource MyCare Ohio

- CareSource MyCare Ohio 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.
- Coverage under CareSource MyCare Ohio is qualifying health coverage called “minimum essential coverage.” It satisfies the Patient Protection and Affordable Care Act’s (ACA) individual shared responsibility requirement. Visit the Internal Revenue Service (IRS) website at www.irs.gov/Affordable-Care-Act/Individuals-and-Families for more information on the individual shared responsibility requirement.



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 is offered by CareSource. When this *Annual Notice of Changes* says “we,” “us,” or “our,” it means CareSource. When it says “the plan” or “our plan,” it means CareSource MyCare Ohio.

B3. Important things to do:

- **Check if there are any changes to our benefits that may affect you.**
 - Are there any changes that affect the services you use?
 - It is important to review benefit changes to make sure they will work for you next year.
 - Look in sections D1 and D2 for information about benefit changes for our plan.
- **Check if there are any changes to our prescription drug coverage that may affect you.**
 - Will your drugs be covered? Are they in a different tier? Can you continue to use the same pharmacies? Will there be any changes such as prior authorization, step therapy, or quantity limits?
 - It is important to review the changes to make sure our drug coverage will work for you next year.
 - Look in section D2 for information about changes to our drug coverage.
- **Check if your providers and pharmacies will be in our network next year.**
 - Are your doctors, including your specialists, in our network? What about your pharmacy? What about the hospitals or other providers you use?
 - Look in section C for information about our *Provider and Pharmacy Directory*.
- **Think about your overall costs in the plan.**
 - How do the total costs compare to other coverage options?
- **Think about whether you are happy with our 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**.

If you decide to stay with CareSource MyCare Ohio:

If you want to stay with us next year, it's easy – you don't need to do anything. If you don't make a change, you will automatically stay enrolled in our plan.

If you decide to change plans:

If you decide other coverage will better meet your needs, you may be able to switch plans (refer to section E2 for more information). If you enroll in a new plan, your new coverage will begin on the first day of the following month. Look in section E2 to learn more about your choices.

C. Changes to the network providers and pharmacies

Our provider and pharmacy networks have changed for 2025.

Please review the 2025 *Provider and Pharmacy Directory* to find out if your providers or pharmacy are in our network. An updated *Provider and Pharmacy Directory* is located 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 for updated provider information or to ask us to mail you a *Provider and Pharmacy Directory*.

It is important that you know that we may also make changes to our network during the year. If your provider does leave the plan, you have certain rights and protections. For more information, refer to Chapter 3 of your *Member Handbook*.

D. Changes to benefits for next year

D1. Changes to benefits for medical services

We are changing our coverage for certain medical services next year. The table below describes these changes.

	2024 (this year)	2025 (next year)
Additional Days Beyond Medicare-Covered for Skilled Nursing Facility	Prior authorization <u>is</u> required for some services.	Prior authorization is <u>not</u> required.



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	2024 (this year)	2025 (next year)
Adult Day Health Services	Prior authorization is <u>not</u> required.	Prior authorization <u>is</u> required for some services.
Assisted Living Services	Prior authorization is <u>not</u> required.	Prior authorization <u>is</u> required for some services. Limited to one unit per calendar day with a patient liability maximum of \$943.
Choices Home Care Attendant	Prior authorization is <u>not</u> required.	Prior authorization <u>is</u> required for some services.
Community Integration	Prior authorization is <u>not</u> required.	Prior authorization <u>is</u> required for some services.
Community Transition	Prior authorization is <u>not</u> required.	Prior authorization <u>is</u> required for some services.
Dental Services (Medicare-Covered)	Prior authorization is <u>not</u> required.	Prior authorization <u>is</u> required.
Dental X-Rays	Prior authorization <u>is</u> required for some services. Limited to one per year.	Prior authorization is <u>not</u> required. Limited to two per year.
Emergency Response Services	Prior authorization is <u>not</u> required.	Prior authorization <u>is</u> required for some services.
Enhanced Community Living Services	Prior authorization is <u>not</u> required.	Prior authorization <u>is</u> required for some services.



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	2024 (this year)	2025 (next year)
Home Care Attendant	Prior authorization is <u>not</u> required.	Prior authorization <u>is</u> required for some services.
Home Delivered Meals	Prior authorization is <u>not</u> required.	Prior authorization <u>is</u> required for some services.
Home Maintenance and Chore Services	Prior authorization is <u>not</u> required.	Prior authorization <u>is</u> required for some services.
Homemaker Services	Prior authorization is <u>not</u> required.	Prior authorization <u>is</u> required for some services.
Home Medical Equipment & Supplemental Adaptive & Assistive Devices	Prior authorization is <u>not</u> required.	Prior authorization <u>is</u> required for some services.
Home Modifications	Prior authorization is <u>not</u> required.	Prior authorization <u>is</u> required for some services.
Meal Benefit	Community Well members receive 2 meals per day for 14 days following each <u>observation or inpatient</u> stay. Limited to \$2,400 every year.	Community Well members receive a maximum of 2 meals per day for 14 days following each <u>inpatient or skilled nursing facility</u> stay.
Medically Necessary Wheelchair Van	Prior authorization is <u>not</u> required.	Prior authorization <u>is</u> required for some services.
Nutritional Consultation	Prior authorization is <u>not</u> required.	Prior authorization <u>is</u> required for some services.



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	2024 (this year)	2025 (next year)
Out-of-Home Respite Services	Prior authorization is <u>not</u> required.	Prior authorization <u>is</u> required for some services.
Over-the-Counter (OTC) Items	Plan covers \$100 every three months. Unused amounts <u>do not</u> rollover to the following quarter.	Plan covers \$100 every three months. Unused amounts rollover to the following quarter and will expire at the end of the year.
Social Work Counseling	Prior authorization is <u>not</u> required.	Prior authorization <u>is</u> required for some services.
Waiver Nursing Services	Prior authorization is <u>not</u> required.	Prior authorization <u>is</u> required for some services.
Waiver Transportation	Prior authorization is <u>not</u> required.	Prior authorization <u>is</u> required for some services.

D2. Changes to prescription drug coverage

Changes to our *Drug List*

An updated *List of Covered Drugs* is located on our website at [CareSource.com/MyCare](https://www.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 for updated drug information or to ask us to mail you a *List of Covered Drugs*.

The *List of Covered Drugs* is also called the “*Drug List*.”

We made changes to our *Drug List*, including changes to the drugs we cover and changes to the restrictions that apply to our coverage for certain drugs.

Review the *Drug List* to **make sure your drugs will be covered next year** and to know if there will be any restrictions.



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](https://www.caresource.com/mycare).

Most of the changes in the *Drug List* are new for the beginning of each year. However, we might make other changes are allowed by Medicare and/or the state that will affect you during the plan year. We update our online *Drug List* at least monthly to provide the most up to date list of drugs. If we make a change that will affect a drug you are taking, we will send you a notice about the change.

If you are affected by a change in drug coverage, we encourage you to:

- Work with your doctor (or other prescriber) to find a different drug that we cover.
 - You can call Member Services at **1-855-475-3163 (TTY: 1-833-711-4711 or 711)**, 8 a.m. – 8 p.m., Monday – Friday or contact your Care Manager to ask for a list of covered drugs that treat the same condition.
 - This list can help your provider find a covered drug that might work for you.
- Ask the plan to cover a temporary supply of the drug.
 - In some situations, we will cover a **one-time, temporary** supply of the drug during the first 90 days of the calendar year.
 - This temporary supply will be for up to 30 days. (To learn more about when you can get a temporary supply and how to ask for one, refer to Chapter 5 of the *Member Handbook*.)
 - When you get a temporary supply of a drug, you should talk with your doctor to decide what to do when your temporary supply runs out. You can either switch to a different drug covered by the plan or ask the plan to make an exception for you and cover your current drug.

Any current formulary exceptions you may have will still be covered next year as long as the coverage determination has not expired.

We currently can immediately remove a brand name drug on our *Drug List* if we replace it with a new generic drug version and with the same or fewer rules as the brand name drug it replaces. Also, when adding a new generic drug, we may also decide to keep the brand name drug on our *Drug List*, but immediately add new rules.

Starting in 2025, we can immediately replace original biological products with certain biosimilars. This means, for instance, if you are taking an original biological product that is being replaced by a biosimilar, you may not get notice of the change 30 days before we make it or get a month's supply of your original biological product at a network pharmacy. If you are taking the original biological product at the time we make the change, you will still get information on the specific change we made, but it may arrive after we make the change.



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**.

Some of these drug types may be new to you. For definitions of drug types, please see Chapter 12 of your *Member Handbook*. The Food and Drug Administration (FDA) also provides consumer information on drugs. Refer to the FDA website: www.fda.gov/drugs/biosimilars/multimedia-education-materials-biosimilars#For%20Patients. You may also contact Member Services at the number at the bottom of the page or ask your health care provider, prescriber, or pharmacist for more information.



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**.

Changes to prescription drug costs

There are no changes to the amount you pay for prescription drugs in 2025. Read below for more information about your prescription drug coverage.

The following table shows your costs for drugs in each of our 3 drug tiers.

	2024 (this year)	2025 (next year)
<p>Drugs in Tier 1 (Mostly generic drugs, some brand drugs)</p> <p>Cost for a one-month supply of a drug in Tier 1 that is filled at a network pharmacy</p>	Your copay for a one-month (30-day) supply is \$0 per prescription.	Your copay for a one-month (30-day) supply is \$0 per prescription.
<p>Drugs in Tier 2 (Mostly brand drugs, some generic drugs)</p> <p>Cost for a one-month supply of a drug in Tier 2 that is filled at a network pharmacy</p>	Your copay for a one-month (30-day) supply is \$0 per prescription.	Your copay for a one-month (30-day) supply is \$0 per prescription.
<p>Drugs in Tier 3 (Medicaid-Covered and over-the-counter (OTC) Drugs)</p> <p>Cost for a one-month supply of a drug in Tier 3 that is filled at a network pharmacy</p>	Your copay for a one-month (30-day) supply is \$0 per prescription.	Your copay for a one-month (30-day) supply is \$0 per prescription.



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**.

E. How to choose a plan

E1. How to stay in CareSource MyCare Ohio

We hope to keep you as a member next year.

You do not have to do anything to stay in your health plan. If you do not sign up for a different MyCare Ohio Plan, change to a Medicare Advantage Plan, or change to Original Medicare, your enrollment in CareSource MyCare Ohio will automatically stay the same for 2025.

E2. How to change to a different MyCare Ohio plan

You can end your membership at any time during the year by enrolling in another Medicare Advantage Plan, enrolling in another Medicare-Medicaid Plan, or moving to Original Medicare.

To enroll in a different MyCare Ohio plan, call the Ohio Medicaid Hotline at 1-800-324-8680, Monday through Friday from 7:00 am to 8:00 pm and Saturday from 8:00 am to 5:00 pm. TTY users should call the Ohio Relay Service at 7-1-1. The Hotline will let you know what other plans are available to you.

E3. If you want to change your membership in CareSource MyCare Ohio

You can change your membership in our plan by choosing to get your Medicare services separately (you will stay in our plan for your Medicaid services).

How you will get Medicare services

You have three options for getting your Medicare services. By choosing one of these options, you will automatically stop getting Medicare services from our 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**.

<p>1. You can change to:</p> <p>A Medicare health plan, such as a Medicare Advantage plan, which would include Medicare prescription drug coverage</p>	<p>Here is what to do:</p> <p>Call Medicare at 1-800-MEDICARE (1-800-633-4227), 24 hours a day, 7 days a week. TTY users should call 1-877-486-2048.</p> <p>If you need help or more information:</p> <ul style="list-style-type: none">• Call the Ohio Medicaid Hotline at 1-800-324-8680, Monday through Friday from 7:00 am to 8:00 pm and Saturday from 8:00 am to 5:00 pm. TTY users should call the Ohio Relay Service at 7-1-1. <p>You will automatically stop getting Medicare services through CareSource MyCare Ohio when your new plan's coverage begins.</p>
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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**.

<p>2. You can change to:</p> <p>Original Medicare with a separate Medicare prescription drug plan</p>	<p>Here is what to do:</p> <p>Call Medicare at 1-800-MEDICARE (1-800-633-4227), 24 hours a day, 7 days a week. TTY users should call 1-877-486-2048. You can select a Part D plan at this time.</p> <p>If you need help or more information:</p> <ul style="list-style-type: none">• Call the Ohio Medicaid Hotline at 1-800-324-8680, Monday through Friday from 7:00 am to 8:00 pm and Saturday from 8:00 am to 5:00 pm. TTY users should call the Ohio Relay Service at 7-1-1. <p>You will automatically stop getting Medicare services through CareSource MyCare Ohio when your Original Medicare and prescription drug plan coverage begins.</p>
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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**.

<p>3. You can change to:</p> <p>Original Medicare without a separate Medicare prescription drug plan</p> <p>NOTE: If you switch to Original Medicare and do not enroll in a separate Medicare prescription drug plan, Medicare may enroll you in a drug plan, unless you tell Medicare you don't want to join.</p> <p>You should only drop prescription drug coverage if you have drug coverage from another source, such as an employer or union. If you have questions about whether you need drug coverage, call your Ohio Senior Health Insurance Information Program (OSHIP) at 1-800-686-1578.</p>	<p>Here is what to do:</p> <p>Call Medicare at 1-800-MEDICARE (1-800-633-4227), 24 hours a day, 7 days a week. TTY users should call 1-877-486-2048.</p> <p>If you need help or more information:</p> <ul style="list-style-type: none">• Call the Ohio Medicaid Hotline at 1-800-324-8680, Monday through Friday from 7:00 am to 8:00 pm and Saturday from 8:00 am to 5:00 pm. TTY users should call the Ohio Relay Service at 7-1-1. <p>You will automatically stop getting Medicare services through CareSource MyCare Ohio when your Original Medicare coverage begins.</p>
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How you will get Medicaid services

You must get your Medicaid benefits from a MyCare Ohio plan. Therefore, even if you don't want to get your Medicare benefits through a MyCare Ohio plan, you must still get your Medicaid benefits from CareSource MyCare Ohio or another MyCare Ohio managed care plan.

If you do not enroll in a different MyCare Ohio plan, you will remain in our plan to get your Medicaid services.

Your Medicaid services include most long-term services and supports and behavioral health care.

Once you stop getting Medicare services through our plan, you will get a new Member ID Card and a new *Member Handbook* for your Medicaid services.

If you want to switch to a different MyCare Ohio plan to get your Medicaid benefits, call the Ohio Medicaid Hotline at 1-800-324-8680, Monday through Friday from 7:00 am to 8:00 pm and Saturday from 8:00 am to 5:00 pm. TTY users should call the Ohio Relay Service at 7-1-1.



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**.

F. How to get help

F1. Getting help from CareSource MyCare Ohio

Questions? We're here to help. Please call Member Services at **1-855-475-3163** (TTY only, call **1-833-711-4711 or 711**). We are available for phone calls 8 a.m. – 8 p.m., Monday – Friday.

Your 2025 Member Handbook

The *2025 Member Handbook* is the legal, detailed description of your plan benefits. It has details about next year's benefits. It explains your rights and the rules you need to follow to get covered services and prescription drugs.

The *2025 Member Handbook* will be available by October 15. An up-to-date copy of the *2025 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 *2025 Member Handbook*.

Our website

You can also visit our website at **CareSource.com/MyCare**. As a reminder, our website has the most up-to-date information about our provider and pharmacy network (*Provider and Pharmacy Directory*) and our *Drug List (List of Covered Drugs)*.

F2. Getting help from the Ohio Medicaid Consumer Hotline

The Ohio Department of Medicaid can help you find a Medicaid health care provider, explain Medicaid covered services, obtain Medicaid brochures and publications, and understand Medicaid benefits.

You can call the Ohio Medicaid Consumer Hotline at 1-800-324-8680, Monday through Friday from 7:00 am to 8:00 pm and Saturday from 8:00 am to 5:00 pm. TTY users should call the Ohio Relay Service at 7-1-1.

F3. Getting help from the MyCare Ohio Ombudsman

The MyCare Ohio Ombudsman is an ombudsman program that can help you if you are having a problem with CareSource MyCare Ohio. The ombudsman's services are free.

- The MyCare Ohio Ombudsman is an ombudsman program that works as an advocate on your behalf. They can answer questions if you have a problem or complaint and can help you understand what to do.
- MyCare Ohio Ombudsman makes sure you have information related to your rights and protections and how you can get your concerns resolved.



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**.

- The MyCare Ohio Ombudsman is not connected with us or with any insurance company or health plan.
- The MyCare Ohio Ombudsman helps with concerns about any aspect of care. Help is available to resolve disputes with providers, protect rights, and file complaints or appeals with our plan.
- The MyCare Ohio Ombudsman works together with the Office of the State Long-term Care Ombudsman, which advocates for consumers getting long-term services and supports.

The phone number for the MyCare Ohio Ombudsman is 1-800-282-1206. TTY users should call 1-800-750-0750. The MyCare Ohio Ombudsman is available Monday through Friday from 8:00 am to 5:00 pm.

F4. Getting help from Medicare

To get information directly from Medicare, you can call 1-800-MEDICARE (1-800-633-4227), 24 hours a day, 7 days a week. TTY users should call 1-877-486-2048.

Medicare's Website

You can visit the Medicare website (www.medicare.gov). If you choose to disenroll from your Medicare-Medicaid Plan and enroll in a Medicare Advantage plan, the Medicare website has information about costs, coverage, and quality ratings to help you compare Medicare Advantage plans.

You can find information about Medicare Advantage plans available in your area by using the Medicare Plan Finder on the Medicare website. (To view the information about plans, refer to www.medicare.gov and click on "Find plans.")

Medicare & You 2025

You can read *Medicare & You 2025* handbook. Every year in the fall, this booklet is mailed to people with Medicare. It has a summary of Medicare benefits, rights and protections, and answers to the most frequently asked questions about Medicare.

If you don't have a copy of this booklet, you can get it at the Medicare website (www.medicare.gov/Pubs/pdf/10050-medicare-and-you.pdf) or by calling 1-800-MEDICARE (1-800-633-4227), 24 hours a day, 7 days a week. TTY users should call 1-877-486-2048.



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.

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 خطتنا الصحية أو الدوائية. للحصول على مترجم فوري، فقط اتصل بنا على **1-855-475-3163** (TTY: 1-833-711-4711 أو 711)، من صباحًا حتى 8 مساءً، 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 oswa medikaman. Pou w jwenn yon entèprèt, jis rele nou nan **1-855-475-3163** (TTY: 1-833-711-4711 oswa 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.

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.

Hindi: हमारी स्वास्थ्य या दवा योजना के बारे में आपके हो सकने वाले किसी भी प्रश्नों का उत्तर देने के लिए हमारे पास निःशुल्क दुभाषयिणी सेवाएं हैं। दुभाषयिणी 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



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