

CareSource® MyCare Ohio (Medicare-Medicaid Plan)

# 2017 Summary of Benefits



**#MyCareOhio**  
Connecting Medicare + Medicaid



**This is a summary of health services covered by CareSource® MyCare Ohio for 2017. This is only a summary. Please read the Member Handbook for the full list of benefits. The Member Handbook is also referred to as the Evidence of Coverage.**

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- ❖ CareSource® MyCare Ohio (Medicare – Medicaid Plan) is a health plan that contracts with both Medicare and Ohio Medicaid to provide benefits of both programs to enrollees. It is for people with both Medicare and Medicaid.
- ❖ Under CareSource MyCare Ohio you can get your Medicare and Medicaid services in one health plan. A CareSource MyCare Ohio Care Manager will help manage your health care needs.
- ❖ This is not a complete list. The benefit information is a brief summary, not a complete description of benefits. For more information contact the plan or read the Member Handbook.
- ❖ Limitations and restrictions may apply. For more information, call CareSource MyCare Ohio Member Services or read the CareSource MyCare Ohio Member Handbook.
- ❖ The List of Covered Drugs and/or pharmacy and provider networks may change throughout the year. We will send you a notice before we make a change that affects you.
- ❖ Benefits may change on January 1 of each year.
- ❖ You can get this information for free in other languages. Call 1-855-475-3163 (TTY 1-800-750-0750 or 711), Monday – Friday, 8 a.m. – 8 p.m. The call is free.
- ❖ Puede obtener esta información de forma gratuita en otros idiomas. Llame al 1-855-475-3163. La llamada es gratuita.
- ❖ You can get this information for free in other formats, such as large print, braille, or audio. Call 1-855-475-3163 (TTY 1-800-750-0750 or 711), Monday – Friday, 8 a.m. – 8 p.m. The call is free.



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**If you have questions**, please call CareSource MyCare Ohio at 1-855-475-3163 (TTY 1-800-750-0750 or 711), Monday – Friday, 8 a.m. – 8 p.m. The call is free. **For more information**, visit [CareSource.com/MyCare](http://CareSource.com/MyCare).

## CareSource MyCare: Summary of Benefits

The following chart lists frequently asked questions.

Frequently Asked Questions (FAQ)	Answers
<b>What is a MyCare Ohio Plan?</b>	A MyCare Ohio Plan is an organization made up of doctors, hospitals, pharmacies, providers of long-term services, and other providers. It also has care teams and Care Managers to help you manage all your providers and services. They all work together to provide the care you need.
<b>What is a CareSource MyCare Ohio Care Manager?</b>	A CareSource MyCare Ohio Care Manager is the main person for you to contact. This person helps manage all your providers and services and makes sure you get what you need.
<b>What are long-term services and supports?</b>	Long-term services and supports are help for people who need assistance to do everyday tasks like taking a bath, getting dressed, making food, and taking medicine. Most of these services are provided at your home or in your community but could be provided in a nursing home or hospital.
<b>Will you get the same Medicare and Medicaid benefits in CareSource MyCare Ohio that you get now?</b>	<p>You will get your covered Medicare and Medicaid benefits directly from CareSource MyCare Ohio. You will work with a care team who will help determine what services will best meet your needs. This means that some of the services you get now may change. You will get almost all of your covered Medicare and Medicaid benefits directly from CareSource MyCare Ohio, but you may get some benefits the same way you do now, outside of the plan.</p> <p>When you enroll in CareSource MyCare Ohio, you and your care team will work together to develop an Individualized Care Plan to address your health and support needs. When you join our plan, if you are taking any Medicare Part D prescription drugs that CareSource MyCare Ohio does not normally cover, you can get a temporary supply. We will help you get another drug or get an exception for CareSource MyCare Ohio to cover your drug, if medically necessary.</p>



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## CareSource MyCare: Summary of Benefits

Frequently Asked Questions (FAQ)	Answers
<p><b>Can you go to the same doctors you see now?</b></p>	<p>Often that is the case. If your providers (including doctors, therapists, and pharmacies) work with CareSource MyCare Ohio and have a contract with us, you can keep going to them. Providers with an agreement with us are “in-network.” You must use the providers in CareSource MyCare Ohio’s network. However, this rule does not apply in some cases:</p> <ul style="list-style-type: none"> <li>» If you need urgent or emergency care or out-of-area dialysis services, you can use providers outside of CareSource MyCare Ohio’s network.</li> <li>» You can see out-of-network Federally Qualified Health Centers, Rural Health Clinics, and qualified family planning providers listed in the Provider and Pharmacy Directory.</li> <li>» If you are getting assisted living waiver services or long-term nursing facility services from an out-of-network provider on and before the day you become a member, you can continue to get the services from that out-of-network provider.</li> </ul> <p>To find out if your doctors are in the plan’s network, call Member Services or read CareSource MyCare Ohio’s Provider and Pharmacy Directory.</p>
<p><b>What happens if you need a service but no one in CareSource MyCare Ohio’s network can provide it?</b></p>	<p>Most services will be provided by our network providers. If you need a service that cannot be provided within our network, CareSource MyCare Ohio will pay for the cost of an out-of-network provider.</p>
<p><b>Where is CareSource MyCare Ohio available?</b></p>	<p>The service area for this plan includes: Columbiana, Cuyahoga, Geauga, Lake, Lorain, Mahoning, Medina, Portage, Stark, Summit, Trumbull and Wayne counties in Ohio. You must live in one of these counties to join the plan.</p>



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<b>Do you pay a monthly amount (also called a premium) under CareSource MyCare Ohio?</b>	You will not pay any monthly premiums to CareSource MyCare Ohio for your health coverage.
<b>What is prior authorization?</b>	Prior authorization means that you must get approval from CareSource MyCare Ohio before you can get a specific service or drug or see an out-of-network provider. CareSource MyCare Ohio may not cover the service or drug if you don't get approval. If you need urgent or emergency care or out-of-area dialysis services, you don't need to get approval first.
<b>Will you need a referral from your PCP to see other doctors or specialists?</b>	Although you do not need approval (called a referral) from your Primary Care Provider (PCP) to see other providers, it is still important to contact your PCP before you see a specialist or after you have an urgent or emergency department visit. This allows your PCP to manage your care for the best outcomes.



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## CareSource MyCare: Summary of Benefits

Frequently Asked Questions (FAQ)	Answers
<b>Who should you contact if you have questions or need help?</b>	<p><b>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:</b></p> <p><b>CALL</b> 1-855-475-3163 Calls to this number are free. It is available Monday – Friday, 8 a.m. – 8 p.m. Member Services also has free language interpreter services available for people who do not speak English.</p> <p><b>TTY</b> 1-800-750-0750 or 711 This number is for people who have hearing or speaking problems. You must have special telephone equipment to call it. Calls to this number are free.</p> <p><b>If you have questions about your health, please call the CareSource24® nurse advice call line :</b></p> <p><b>CALL</b> 1-866-206-7861 Calls to this number are free. CareSource24 is available 24 hours a day, 7 days a week, 365 days a year.</p> <p><b>TTY</b> 1-800-750-0750 or 711 This number is for people who have hearing or speaking problems. You must have special telephone equipment to call it. Calls to this number are free. It is available 24 hours a day, 7 days a week, 365 days a year.</p>



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## CareSource MyCare: Summary of Benefits

Frequently Asked Questions (FAQ)	Answers
<b>Who should you contact if you have questions or need help? (continued)</b>	<p><b>If you need immediate behavioral health services, please call the Behavioral Health Crisis Line:</b></p> <p><b>CALL</b> 1-866-206-7861 Calls to this number are free. The crisis line is available 24 hours a day, 7 days a week, 365 days a year.</p> <p><b>TTY</b> 1-800-750-0750 or 711 This number is for people who have hearing or speaking problems. You must have special telephone equipment to call it. Calls to this number are free. It is available 24 hours a day, 7 days a week, 365 days a year.</p>



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## CareSource MyCare: Summary of Benefits

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

Health need or problem	Services you may need	Your costs for <u>in-network</u> providers	Limitations, exceptions, & benefit information (rules about benefits)
You want to see a doctor	Visits to treat an injury or illness	[\$0]	
	Wellness visits, such as a physical	[\$0]	
	Transportation to a doctor's office	[\$0]	<p>Up to 30 round trips per member per calendar year to any health care, Women, Infants and Children (WIC) or redetermination appointments. To arrange a ride, call CareSource MyCare Ohio at <b>1-855-475-3163</b> at least 48 hours (two business days) in advance. If you live in a long-term care facility and you require medical assistance for transport, someone who works at your facility will arrange transportation for you.</p> <p>If you <u>must</u> travel 30 miles or more from your home to receive covered health care services (not included in the 30 trips) CareSource MyCare Ohio will cover your ride.</p> <p>Prior authorization is required for some ambulette and ambulance transportation.</p>



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## CareSource MyCare: Summary of Benefits

Health need or problem	Services you may need	Your costs for <u>in-network</u> providers	Limitations, exceptions, & benefit information (rules about benefits)
<b>You want to see a doctor (continued)</b>	Specialist care	[\$0]	
	Care to keep you from getting sick, such as flu shots	[\$0]	
	“Welcome to Medicare” preventive visit (one time only)	[\$0]	
<b>You need medical tests</b>	Lab tests, such as blood work	[\$0]	
	X-rays or other pictures, such as CAT scans	[\$0]	Prior authorization required for CT, CTA, MRI, MRA and PET scans.
	Screening tests, such as tests to check for cancer	[\$0]	



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Health need or problem	Services you may need	Your costs for <u>in-network</u> providers	Limitations, exceptions, & benefit information (rules about benefits)
<p><b>You need drugs to treat your illness or condition</b></p>	<p>Generic drugs (no brand name)</p>	<p>\$0 for a 30-day supply.</p>	<p>There may be limitations on the types of drugs covered. Please see CareSource MyCare Ohio's List of Covered Drugs (Drug List) for more information.</p> <p>Extended-day supplies are available through your retail pharmacy and our mail-order pharmacy option. As with a one-month supply, there is no cost to you for extended-day supplies.</p>
	<p>Brand name drugs</p>	<p>\$0 for a 30-day supply.</p>	<p>There may be limitations on the types of drugs covered. Please see CareSource MyCare Ohio's List of Covered Drugs (Drug List) for more information.</p> <p>Extended-day supplies are available through your retail pharmacy and our mail-order pharmacy option. As with a one-month supply, there is no cost to you for extended-day supplies.</p>
	<p>Over-the-counter drugs</p>	<p>\$0 for a 30-day supply.</p>	<p>There may be limitations on the types of drugs covered. Please see CareSource MyCare Ohio's List of Covered Drugs (Drug List) for more information.</p>



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Health need or problem	Services you may need	Your costs for <u>in-network</u> providers	Limitations, exceptions, & benefit information (rules about benefits)
	Medicare Part B prescription drugs	\$0	Part B drugs include drugs given by your doctor in his or her office, some oral cancer drugs, and some drugs used with certain medical equipment. Read the Member Handbook for more information on these drugs.
<b>You need therapy after a stroke or accident</b>	Occupational, physical, or speech therapy	\$0	Prior authorization required for: <ul style="list-style-type: none"> <li>• Greater than 30 occupational therapy visits</li> <li>• Greater than 30 physical therapy visits</li> <li>• Greater than 30 speech therapy visits</li> </ul>
<b>You need emergency care</b>	Emergency room services	\$0	Emergency room services are provided both in and out-of-network. Prior authorization is NOT required.
	Ambulance services	\$0	
	Urgent care	\$0	Urgent care services are provided both in and out-of-network. Prior authorization is NOT required.
<b>You need hospital care</b>	Hospital stay	\$0	Prior authorization required.
	Doctor or surgeon care	\$0	Prior authorization required.



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Health need or problem	Services you may need	Your costs for <u>in-network</u> providers	Limitations, exceptions, & benefit information (rules about benefits)
<p><b>You need help getting better or have special health needs</b></p>	Rehabilitation services	\$0	<p>Prior authorization required for:</p> <ul style="list-style-type: none"> <li>• Greater than 30 occupational therapy visits</li> <li>• Greater than 30 physical therapy visits</li> <li>• Greater than 30 speech therapy visits</li> </ul>
	Medical equipment at home	\$0	<p>Prior authorization required for billed charges for durable medical equipment and related supplies over \$750.</p> <p>Prior authorization is required for all powered and customized wheelchairs.</p>
	Skilled nursing care	\$0	<p>You may be responsible for paying a patient liability for room and board costs for nursing facility services. The County Department of Job and Family Services will determine if your income and certain expenses require you to have a patient liability.</p> <p>Note that patient liability does not apply to Medicare-covered days in a nursing facility (days 1-100).</p> <p>Nursing and skilled nursing facilities require a prior authorization.</p>
<p><b>You need eye care</b></p>	Eye exams	\$0	<p>The plan covers one comprehensive eye exam:</p> <ul style="list-style-type: none"> <li>• Per 12-month period for members under 21 and over 59 years of age; or</li> <li>• Per 24-month period for members 21 through 59 years of age</li> </ul>



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Health need or problem	Services you may need	Your costs for <u>in-network</u> providers	Limitations, exceptions, & benefit information (rules about benefits)
	Glasses or contact lenses	\$0	<p>The plan covers one complete frame, and pair of lenses (contact lenses, if medically necessary):</p> <ul style="list-style-type: none"> <li>• Per 12-month period for members under 21 and over 59 years of age; or</li> <li>• Per 24-month period for members 21 through 59 years of age.</li> </ul> <p>One pair of supplemental eyeglasses (lenses and/or frames) covered every two years up to \$125.</p>
<b>You need dental care</b>	Dental check-ups	\$0	<p>The plan covers two comprehensive oral exams (per provider-patient relationship) and two cleaning each year for all ages.</p> <p>Some dental services require prior authorization. Please see your dental care provider for details.</p>
<b>You need hearing/auditory services</b>	Hearing screenings	\$0	
	Hearing aids	\$0	<p>Conventional hearing aids are covered once every 4 years. Digital/programmable hearing aids are covered once every 5 years.</p> <p>Hearing aids require prior authorization.</p>
<b>You have a chronic condition, such as diabetes or heart disease</b>	Services to help manage your disease	\$0	
	Diabetes supplies and services	\$0	



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Health need or problem	Services you may need	Your costs for <u>in-network</u> providers	Limitations, exceptions, & benefit information (rules about benefits)
<b>You have a mental health condition</b>	Mental or behavioral health services	\$0	<p>Prior authorization is required for:</p> <ul style="list-style-type: none"> <li>• Greater than 30 intensive outpatient program visits per calendar year</li> <li>• Greater than 30 partial hospitalization program visits per calendar year</li> </ul> <p>Prior authorization is NOT required for outpatient psychiatric visits.</p>
<b>You have a substance abuse problem</b>	Substance abuse services	\$0	<p>Prior authorization is required for:</p> <ul style="list-style-type: none"> <li>• Greater than 30 intensive outpatient program visits per calendar year</li> <li>• Greater than 30 partial hospitalization program visits per calendar year</li> </ul> <p>Prior authorization is NOT required for outpatient psychiatric visits.</p>
<b>You need long-term mental health services</b>	Inpatient care for people who need mental health care	\$0	<p>Prior authorization required.</p> <p>For members 22-64 years of age in a freestanding psychiatric hospital with more than 16 beds, there is a 190-day lifetime limit.</p>
<b>You need durable medical equipment (DME)</b>	Wheelchairs	\$0	Prior authorization is required for all powered and customized wheelchairs.
	Canes	\$0	Prior authorization is required for billed charges over \$750.
	Crutches	\$0	Prior authorization is required for billed charges over \$750.



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	Walkers	\$0	Prior authorization is required for billed charges over \$750.
	Oxygen	\$0	Prior authorization is required for billed charges over \$750.
	Insect Repellant	\$0	
<b>You need help living at home</b>	Meals brought to your home	\$0	<p>These services are available only if your need for long-term care has been determined by Ohio Medicaid (Waiver program).</p> <p>You may be responsible for paying a “patient liability” for nursing facility or waiver services that are covered through your Medicaid benefit. The County Department of Job and Family Services will determine if your income and certain expenses require you to have a patient liability.</p> <p>Prior authorization required.</p>
	Home services, such as cleaning or housekeeping	\$0	
	Changes to your home, such as ramps and wheelchair access	\$0	
	Personal care assistant (You may be able to employ your own assistant. Contact your Care Manager or Waiver Services Coordinator for more information.)	\$0	
	Community transition services	\$0	
	Home health care services	\$0	
	Services to help you live on your own	\$0	
	Adult day services or other support services	\$0	

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## CareSource MyCare: Summary of Benefits

Health need or problem	Services you may need	Your costs for <u>in-network</u> providers	Limitations, exceptions, & benefit information (rules about benefits)
<p><b>You need a place to live with people available to help you</b></p>	Assisted living	\$0	<p>These services are available only if your need for long-term care has been determined by Ohio Medicaid (Waiver program).</p> <p>You may be responsible for paying a “patient liability” for nursing facility or waiver services that are covered through your Medicaid benefit. The County Department of Job and Family Services will determine if your income and certain expenses require you to have a patient liability.</p> <p>Prior authorization required.</p>
	Nursing home care	\$0	
<p><b>Your caregiver needs some time off</b></p>	Respite care	\$0	<p>This service is available only if your need for long-term care has been determined by Ohio Medicaid (Waiver program).</p> <p>You may be responsible for paying a “patient liability” for nursing facility or waiver services that are covered through your Medicaid benefit. The County Department of Job and Family Services will determine if your income and certain expenses require you to have a patient liability.</p> <p>Prior authorization required.</p>



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# CareSource MyCare: Summary of Benefits

## Benefits covered outside of CareSource MyCare Ohio

The following services are not covered by CareSource MyCare Ohio but are available through Medicare. Call Member Services to find out about services not covered by CareSource MyCare Ohio but available through Medicare.

Other services covered by Medicare	Your costs
Some hospice care services	\$0

## Services that CareSource MyCare Ohio, Medicare, and Medicaid do not cover

This is not a complete list. Call Member Services to find out about other excluded services.

### Services not covered by CareSource MyCare Ohio, Medicare, or Medicaid

Services considered not “reasonable and necessary,” according to the standards of Medicare and Medicaid, unless these services are listed by our plan as covered services.

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.

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.

Surgical treatment for morbid obesity, except when it is medically needed and Medicare covers it.



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## CareSource MyCare: **Summary of Benefits**

### Services not covered by CareSource MyCare Ohio, Medicare, or Medicaid

Infertility services

Routine foot care, except for the limited coverage provided according to Medicare and Medicaid guidelines.

A private room in a hospital, except when it is medically needed.

Acupuncture

Chiropractic care, other than diagnostic x-rays and manual manipulation (adjustments) of the spine to correct alignment consistent with Medicare and Medicaid coverage guidelines.



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# CareSource MyCare: Summary of Benefits

## Your rights as a member of the plan

As a member of CareSource MyCare Ohio, you have certain rights. You can exercise these rights without being punished. You can also use these rights without losing your health care services. We will tell you about your rights at least once a year. For more information on your rights, please read Chapter 8 in the Member Handbook. Your rights include, but are not limited to, the following:

- **You have a right to respect, fairness and dignity.** This includes the right to:
  - Get covered services without concern about race, ethnicity, national origin, religion, gender, age, mental or physical disability, sexual orientation, genetic information, ability to pay, or ability to speak English.
  - Get information in other formats (e.g., large print, braille, audio).
  - Be free from any form of restraint or seclusion.
  - Not be billed by network providers.
- **You have the right to get information about your health care.** This includes information on treatment and your treatment options. This information should be in a format you can understand. These rights include getting information on:
  - Description of the services we cover.
  - How to get services.
  - How much services will cost you.
  - Names of health care providers and Care Managers.
- **You have the right to make decisions about your care, including refusing treatment.** This includes the right to:
  - Choose a Primary Care Provider (PCP) and change your PCP at any time.
  - See a women's health care provider without a referral.
  - Get your covered services and drugs quickly.
  - Know about all treatment options, no matter what they cost or whether they are covered.
  - Refuse treatment, even if your doctor advises against it.
  - Stop taking medicine.
  - Ask for a second opinion. CareSource MyCare Ohio will pay for the cost of your second opinion visit.
- **You have the right to timely access to care that does not have any communication or physical access barriers.** This includes the right to:
  - Get medical care timely.
  - Get in and out of a health care provider's office. This means barrier free access for people with disabilities, in accordance with the Americans with Disabilities Act.
  - Have interpreters to help with communication with your doctors and your health plan.



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## CareSource MyCare: **Summary of Benefits**

- **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 approval in an emergency.
  - See an out of network urgent or emergency care provider, when necessary.
- **You have a right to confidentiality and privacy.** This includes the right to:
  - Ask for and get a copy of your medical records in a way that you can understand and to ask for your records to be changed or corrected.
  - Have your personal health information kept private.
- **You have the right to make complaints about your covered services or care.** This includes the right to:
  - File a complaint or grievance against us or our providers.
  - Ask for a state fair hearing.
  - Get a detailed reason for why services were denied.

For more information about your rights, you can read the CareSource MyCare Ohio Member Handbook. If you have questions, you can also call CareSource MyCare Ohio Member Services.



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## CareSource MyCare: **Summary of Benefits**

### **If you have a complaint or think we should cover something we denied**

If you have a complaint or think CareSource MyCare Ohio should cover something we denied, call CareSource MyCare Ohio at **1-855-475-3163**. You may be able to appeal our decision.

For questions about complaints and appeals, you can read Chapter 9 of the CareSource MyCare Ohio Member Handbook. You can also call CareSource MyCare Ohio Member Services.

For complaints, grievances and appeals:

Call **1-855-475-3163** (TTY: 1-800-750-0750 or 711), Monday – Friday, 8 a.m. – 8 p.m.

Write: CareSource MyCare Ohio  
ATTN: Member Appeals  
P.O. Box 1947  
Dayton, OH 45401

### **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 pharmacy is doing something wrong, please contact us.

- Call us at CareSource MyCare Ohio Member Services. Phone numbers are on the cover of this summary.
- Or, call Medicare at 1-800-MEDICARE (1-800-633-4227). TTY users should call 1-877-486-2048. You can call these numbers for free, 24 hours a day, 7 days a week.
- Or, call the Ohio Attorney General's Office at 1-800-282-0515.



**If you have questions**, please call CareSource MyCare Ohio at 1-855-475-3163 (TTY 1-800-750-0750 or 711), Monday – Friday, 8 a.m. – 8 p.m. The call is free. **For more information**, visit [CareSource.com/MyCare](https://www.caresource.com/MyCare).

## CareSource MyCare: Summary of Benefits

### Multi-language Interpreter Services

**English:** We have free interpreter services to answer any questions you may have about our health or drug plan. To get an interpreter, just call us at **1-855-475-3163**. Someone who speaks English/Language can help you. This is a free service.

**Spanish:** Tenemos servicios de intérprete sin costo alguno para responder cualquier pregunta que pueda tener sobre nuestro plan de salud o medicamentos. Para hablar con un intérprete, por favor llame al 1-855-475-3163. Alguien que hable español le podrá ayudar. Este es un servicio gratuito.

**Chinese Mandarin:** 我们提供免费的翻译服务，帮助您解答关于健康或药物保险的任何疑问。如果您需要此翻译服务，请致电1-855-475-3163。我们的中文工作人员很乐意帮助您。这是一项免费服务。

**Chinese Cantonese:** 您對我們的健康或藥物保險可能存有疑問，為此我們提供免費的翻譯服務。如需翻譯服務，請致電1-855-475-3163。我們講中文的人員將樂意為您提供幫助。這是一項免費服務。

**Tagalog:** Mayroon kaming libreng serbisyo sa pagsasaling-wika upang masagot ang anumang mga katanungan ninyo hinggil sa aming planong pangkalusugan o panggamot. Upang makakuha ng tagasaling-wika, tawagan lamang kami sa 1-855-475-3163. Maaari kayong tulungan ng isang nakakapagsalita ng Tagalog. Ito ay libreng serbisyo.

**French:** Nous proposons des services gratuits d'interprétation pour répondre à toutes vos questions relatives à notre régime de santé ou d'assurance-médicaments. Pour accéder au service d'interprétation, il vous suffit de nous appeler au 1-855-475-3163. Un interlocuteur parlant Français pourra vous aider. Ce service est gratuit.



**If you have questions**, please call CareSource MyCare Ohio at 1-855-475-3163 (TTY 1-800-750-0750 or 711), Monday – Friday, 8 a.m. – 8 p.m. The call is free. **For more information**, visit [CareSource.com/MyCare](https://www.caresource.com/MyCare).

## CareSource MyCare: Summary of Benefits

**Vietnamese:** Chúng tôi có dịch vụ thông dịch miễn phí để trả lời các câu hỏi về chương sức khỏe và chương trình thuốc men. Nếu quý vị cần thông dịch viên xin gọi 1-855-475-3163 sẽ có nhân viên nói tiếng Việt giúp đỡ quý vị. Đây là dịch vụ miễn phí .

**German:** Unser kostenloser Dolmetscherservice beantwortet Ihren Fragen zu unserem Gesundheits- und Arzneimittelplan. Unsere Dolmetscher erreichen Sie unter 1-855-475-3163. Man wird Ihnen dort auf Deutsch weiterhelfen. Dieser Service ist kostenlos.

**Korean:** 당사는 의료 보험 또는 약품 보험에 관한 질문에 답해 드리고자 무료 통역 서비스를 제공하고 있습니다. 통역 서비스를 이용하려면 전화 1-855-475-3163 번으로 문의해 주십시오. 한국어를 하는 담당자가 도와 드릴 것입니다. 이 서비스는 무료로 G 운영됩니다.

**Russian:** Если у вас возникнут вопросы относительно страхового или медикаментного плана, вы можете воспользоваться нашими бесплатными услугами переводчиков. Чтобы воспользоваться услугами переводчика, позвоните нам по телефону 1-855-475-3163. Вам окажет помощь сотрудник, который говорит по-русски. Данная услуга бесплатная.

**Arabic:** لاصتلا وى سكيلء سيل، وري فمجرتم ىء ولصلا. انيدل ءيدولاً دولج أو ءصلا قلعنء ءلئسأ أى نء ءباجلا ءيناجملا وري فلا مجرتملا تامدخ دمقء اننا ءبيرعلا دئحء ام صخش ومقيسء 1-855-475-3163. ىء ءيناجم ءمدخ هءه ءكءءعاسمب. انب

### Hindi:

हमारे स्वास्थ्य या दवा का योजना के बारे में आपके किसी भी प्रश्न के जवाब देने के लिए हमारे पास मुफ्त दभाषया सेवाएँ उपलब्ध हैं। एक दभाषया प्राप्त करने के लिए, बस हमें 1-855-475-3163 पर फोन करें। कोई व्यक्ति जो हन्द् बोलता है आपको मदद कर सकता है। यह एक मुफ्त सेवा है।



**If you have questions**, please call CareSource MyCare Ohio at 1-855-475-3163 (TTY 1-800-750-0750 or 711), Monday – Friday, 8 a.m. – 8 p.m.

The call is free. **For more information**, visit [CareSource.com/MyCare](http://CareSource.com/MyCare).

## CareSource MyCare: Summary of Benefits

**Italian:** È disponibile un servizio di interpretariato gratuito per rispondere a eventuali domande sul nostro piano sanitario e farmaceutico. Per un interprete, contattare il numero 1-855-475-3163. Un nostro incaricato che parla Italianovi fornirà l'assistenza necessaria. È un servizio gratuito.

**Portugués:** Dispomos de serviços de interpretação gratuitos para responder a qualquer questão que tenha acerca do nosso plano de saúde ou de medicação. Para obter um intérprete, contacte-nos através do número 1-855-475-3163. Irá encontrar alguém que fale o idioma Português para o ajudar. Este serviço é gratuito.


**French Creole:** Nou genyen sèvis entèprèt gratis pou reponn tout kesyon ou ta genyen konsènan plan medikal oswa dwòg nou an. Pou jwenn yon entèprèt, jis rele nou nan 1-855-475-3163. Yon moun ki pale Kreyòl kapab ede w. Sa a se yon sèvis ki gratis.

**Polish:** Umożliwiamy bezpłatne skorzystanie z usług tłumacza ustnego, który pomoże w uzyskaniu odpowiedzi na temat planu zdrowotnego lub dawkowania leków. Aby skorzystać z pomocy tłumacza znającego język polski, należy zadzwonić pod numer 1-855-475-3163. Ta usługa jest bezpłatna.

### Japanese:

当社の健康 健康保険と薬品 処方薬プランに関するご質問にお答えするために、無料の通訳サービスがあります。通訳をご用命になるには、1-855-475-3163にお電話ください。日本語を話す人者が支援いたします。これは無料のサービスです。

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 **If you have questions**, please call CareSource MyCare Ohio at 1-855-475-3163 (TTY 1-800-750-0750 or 711), Monday – Friday, 8 a.m. – 8 p.m. The call is free. **For more information**, visit [CareSource.com/MyCare](https://www.caresource.com/MyCare).



# CareSource MyCare: Summary of Benefits

## Nondiscrimination Notice

CareSource complies with applicable state and federal civil rights laws and does not discriminate on the basis of age, gender, gender identity, color, race, disability, national origin, marital status, sexual preference, religious affiliation, health status, or public assistance status. CareSource does not exclude people or treat them differently because of age, gender, gender identity, color, race, disability, national origin, marital status, sexual preference, religious affiliation, health status, or public assistance status.

CareSource provides free aids and services to people with disabilities to communicate effectively with us, such as: (1) qualified sign language interpreters, and (2) written information in other formats (large print, audio, accessible electronic formats, other formats). In addition, CareSource provides free language services to people whose primary language is not English, such as: (1) qualified interpreters, and (2) information written in other languages. If you need these services, please call CareSource at 1-855-475-3163.

If you believe that CareSource has failed to provide the above mentioned services to you or discriminated in another way on the basis of age, gender, gender identity, color, race, disability, national origin, marital status, sexual preference, religious affiliation, health status, or public assistance status, you may file a grievance with:

Attn: Civil Rights Coordinator  
P.O. Box 1947, Dayton, Ohio 45401,  
1-844-539-1732, TTY: 711, Fax 1-844-417-6254,  
[CivilRightsCoordinator@CareSource.com](mailto:CivilRightsCoordinator@CareSource.com)

You can file a grievance by mail, fax, or email. If you need help filing a grievance, the Civil Rights Coordinator is available to help you.

You may also file a civil rights complaint with the U.S. Department of Health and Human Services, Office for Civil Rights, electronically through the Office of Civil Rights Complaint Portal, available at <https://ocrportal.hhs.gov/ocr/portal/lobby.jsf>, or by mail or phone at:

U.S. Department of Health and Human Services  
200 Independence Avenue, SW Room 509F  
HHH Building Washington, D.C. 20201  
1-800-368-1019, 800-537-7697 (TDD)

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



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**If you have questions**, please call CareSource MyCare Ohio at 1-855-475-3163 (TTY 1-800-750-0750 or 711), Monday – Friday, 8 a.m. – 8 p.m. The call is free. **For more information**, visit [CareSource.com/MyCare](https://www.caresource.com/MyCare).

**CareSource MyCare Ohio**

**Member Services Department:**

1-855-475-3163 (TTY: 1-800-750-0750 or 711)

[CareSource.com/MyCare](http://CareSource.com/MyCare)

