



CareSource® MyCare Ohio
(Medicare-Medicaid Plan)

**Summary
of Benefits**
for 2019

Introduction

This document is a brief summary of the benefits and services covered by CareSource® MyCare Ohio. It includes answers to frequently asked questions, important contact information, an overview of benefits and services offered, and information about your rights as a member of CareSource MyCare Ohio. Key terms and their definitions appear in alphabetical order in the last chapter of the *Member Handbook*.

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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. 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).

CareSource MyCare Ohio: Summary of Benefits

A. Disclaimers



This is a summary of health services covered by CareSource MyCare Ohio for 2019. This is only a summary. Please read the *Member Handbook* for the full list of benefits.

- ❖ 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*.
- ❖ 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.
- ❖ ATTENTION: If you speak Spanish, language assistance services, free of charge, are available to you. Call 1-855-475-3163 (TTY 1-800-750-0750 or 711), Monday – Friday, 8 a.m. – 8 p.m. The call is free.
- ❖ ATENCIÓN: Si habla español, tiene disponible los servicios de asistencia de idioma gratis. Llame al 1-855-475-3163 (TTY: 1-800-750-0750 o 711), el lunes a viernes, 8 a.m. a 8 p.m. La llamada es gratis.
- ❖ You can get this document for free in other formats, such as large print, braille, or audio. Call 1-855-475-3163 (TTY 1-800-7500750 or 711), Monday – Friday, 8 a.m. – 8 p.m. The call is free.
- ❖ To request this document in a language other than English or in an alternate format now and in the future, please call Member Services at 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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B. Frequently Asked Questions

The following chart lists frequently asked questions.

Frequently Asked Questions (FAQ)	Answers
What is a MyCare Ohio Plan?	A MyCare Ohio 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. 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.
What is a CareSource MyCare Ohio Care Manager?	A CareSource MyCare Ohio Care Manager is one main person for you to contact. This person helps manage all your providers and services and makes sure you get what you need.
What are long-term services and supports?	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.



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Frequently Asked Questions (FAQ)	Answers
Will you get the same Medicare and Medicaid benefits in CareSource MyCare Ohio that you get now?	<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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Can you go to the same doctors you see now?	<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.</p> <ul style="list-style-type: none">• Providers with an agreement with us are “in-network.” You must use the providers in CareSource MyCare Ohio’s network.• If you need urgent or emergency care or out-of-area dialysis services, you can use providers outside of CareSource MyCare Ohio’s network.• You can see out-of-network Federally Qualified Health Centers, Rural Health Clinics, and qualified family planning providers listed in the <i>Provider and Pharmacy Directory</i>.• 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. <p>To find out if your doctors are in the plan’s network, call Member Services or read CareSource MyCare Ohio’s <i>Provider and Pharmacy Directory</i>.</p>
What happens if you need a service but no one in CareSource MyCare Ohio’s network can provide it?	<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>
Where is CareSource MyCare Ohio available?	<p>The service area for this plan includes: Columbiana, Cuyahoga, Geauga, Lake, Lorain, Mahoning, Medina, Portage, Stark, Summit, Trumbull and Wayne Counties, Ohio. You must live in one of these areas to join the plan.</p>



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Frequently Asked Questions (FAQ)	Answers
Do you pay a monthly amount (also called a premium) under CareSource MyCare Ohio?	You will not pay any monthly premiums to CareSource MyCare Ohio for your health coverage.
What is prior authorization?	<p>Prior authorization means that you must get approval from CareSource MyCare Ohio before you can get a specific service, 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.</p> <p>See Chapter 3 of the <i>Member Handbook</i> to learn more about prior authorization. See the Benefits Chart in Chapter 4 of the <i>Member Handbook</i> to learn which services require a prior authorization.</p>
Will you need a referral from your PCP to see other doctors or specialists?	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 Ohio: Summary of Benefits

Frequently Asked Questions (FAQ)	Answers
Who should you contact if you have questions or need help? (continued on the next page)	<p>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:</p> <p>CALL 1-855-475-3163</p> <p>Calls to this number are free. Monday – Friday, 8 a.m. – 8 p.m.</p> <p>Member Services also has free language interpreter services available for people who do not speak English.</p> <p>TTY 1-800-750-0750 or 711</p> <p>This number is for people who have hearing or speaking problems. You must have special telephone equipment to call it.</p> <p>Calls to this number are free. Monday – Friday, 8 a.m. – 8 p.m.</p>



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Frequently Asked Questions (FAQ)	Answers
Who should you contact if you have questions or need help? (continued from previous page)	<p>If you have questions about your health, please call the CareSource24® nurse advice line:</p> <p>CALL 1-866-206-7861</p> <p>Calls to this number are free. CareSource24 is available 24 hours a day, 7 days a week, 365 days a year.</p> <p>TTY 1-800-750-0750 or 711</p> <p>This number is for people who have hearing or speaking problems. You must have special telephone equipment to call it.</p> <p>Calls to this number are free. It is available 24 hours a day, 7 days a week, 365 days a year.</p> <p>If you need immediate behavioral health services, please call the Behavioral Health Crisis Line:</p> <p>CALL 1-866-206-7861</p> <p>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>TTY 1-800-750-0750 or 711</p> <p>This number is for people who have hearing or speaking problems. You must have special telephone equipment to call it.</p> <p>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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C. Overview of Services

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 in-network 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	



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Health need or problem	Services you may need	Your costs for in-network providers	Limitations, exceptions, & benefit information (rules about benefits)
	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 1-855-475-3163 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 must 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, ambulance, and waiver transportation.</p>
	Specialist care	\$0	
	Care to keep you from getting sick, such as flu shots	\$0	



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Health need or problem	Services you may need	Your costs for in-network providers	Limitations, exceptions, & benefit information (rules about benefits)
	“Welcome to Medicare” preventive visit (one time only)	\$0	
You need medical tests	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 in-network providers	Limitations, exceptions, & benefit information (rules about benefits)
<p>You need drugs to treat your illness or condition (This service is continued on the next page)</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 <i>List of Covered Drugs</i> (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 <i>List of Covered Drugs</i> (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>



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Health need or problem	Services you may need	Your costs for in-network providers	Limitations, exceptions, & benefit information (rules about benefits)
You need drugs to treat your illness or condition (continued)	Over-the-counter drugs	\$0 for a 30-day supply.	There may be limitations on the types of drugs covered. Please see CareSource MyCare Ohio's <i>List of Covered Drugs</i> (Drug List) for more information.
	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 <i>Member Handbook</i> for more information on these drugs.
You need therapy after a stroke or accident	Occupational, physical, or speech therapy	\$0	Prior authorization required for: <ul style="list-style-type: none"> • Greater than 30 occupational therapy visits • Greater than 30 physical therapy visits • Greater than 30 speech therapy visits



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You need emergency care	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.
You need hospital care	Hospital stay	\$0	Prior authorization required
	Doctor or surgeon care	\$0	Prior authorization required
You need help getting better or have special health needs (This service is continued on the next page)	Rehabilitation services	\$0	<p>Prior authorization required for:</p> <ul style="list-style-type: none"> • Greater than 30 occupational therapy visits • Greater than 30 physical therapy visits • Greater than 30 speech therapy visits
	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>



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	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>
	Acupuncture	\$0	This service is limited to pain management of migraine headaches and lower back pain.
<p>You need eye care (This service is continued on the next page)</p>	Eye exams	\$0	<p>The plan covers one comprehensive eye exam:</p> <ul style="list-style-type: none"> • Per 12-month period for members under 21 and over 59 years of age; or • Per 24-month period for members 21 through 59 years of age



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	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"> • Per 12-month period for members under 21 and over 59 years of age; or • Per 24-month period for members 21 through 59 years of age. <p>One pair of supplemental eyeglasses (lenses and/or frames) covered every two years up to \$125.</p>
You need dental care	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>
You need hearing/auditory services	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. Hearing aids require prior authorization.</p>
You have a chronic condition, such as diabetes or heart disease	Services to help manage your disease	\$0	
	Diabetes supplies and services	\$0	



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<p>You have a mental health condition</p>	<p>Mental or behavioral health services</p>	<p>\$0</p>	<p>Prior authorization is required for:</p> <ul style="list-style-type: none"> • Greater than 30 intensive outpatient program visits per calendar year • Greater than 30 partial hospitalization program visits per calendar year <p>Prior authorization is NOT required for outpatient psychiatric visits.</p>
<p>You have a substance abuse problem</p>	<p>Substance use disorder treatment services</p>	<p>\$0</p>	<p>Prior authorization is required for:</p> <ul style="list-style-type: none"> • Greater than 30 intensive outpatient program visits per calendar year • Greater than 30 partial hospitalization program visits per calendar year <p>Prior authorization is NOT required for outpatient psychiatric visits.</p>
<p>You need long-term mental health services</p>	<p>Inpatient care for people who need mental health care</p>	<p>\$0</p>	<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>
<p>You need durable medical equipment (DME)</p>	<p>Wheelchairs</p>	<p>\$0</p>	<p>Prior authorization is required for all powered and customized wheelchairs.</p>
	<p>Nebulizers</p>	<p>\$0</p>	



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	Crutches	\$0	Prior authorization is required for billed charges over \$750.
	Walkers	\$0	Prior authorization is required for billed charges over \$750.
	Oxygen equipment and supplies	\$0	Prior authorization is required for billed charges over \$750.
You need help living at home	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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	Member Assistance Fund	\$0	<p>The Member Assistance Fund may be used for services and/or items including (but not limited to):</p> <ul style="list-style-type: none">• Food assistance• Utility assistance• Housing assistance (rent, security deposit)• Equipment (portable ramps, appliances, furniture)• Medication (over-the-counter)• Parking• Clothing <p>Referral is required by Care Manager</p> <p>\$150 limit per year</p>
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<p>You need a place to live with people available to help you</p>	<p>Assisted living</p>	<p>\$0</p>	<p>These services are available only if your need for long-term care has been determined by Ohio Medicaid (Waiver program).</p>
	<p>Nursing home care</p>	<p>\$0</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>
<p>Your caregiver needs some time off</p>	<p>Respite care</p>	<p>\$0</p>	<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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D. 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

E. 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.	Cosmetic surgery or other cosmetic work, unless it is needed because of an accidental injury or to improve a part of the body that is not shaped right. However, the plan will cover reconstruction of a breast after a mastectomy and for treating the other breast to match it.
Experimental medical and surgical treatments, items, and drugs, unless covered by Medicare or under a Medicare-approved clinical research study or by our plan. Experimental treatment and items are those that are not generally accepted by the medical community.	Chiropractic care, other than diagnostic x-rays and manual manipulation (adjustments) of the spine to correct alignment consistent with Medicare and Medicaid coverage guidelines.
Surgical treatment for morbid obesity, except when it is medically needed and Medicare covers it.	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.	Infertility services



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. 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).

CareSource MyCare Ohio: Summary of Benefits

F. Your rights as a member of the plan

As a member of CareSource MyCare Ohio, you have certain rights. You can exercise these rights without being punished. You can also use these rights without losing your health care services. We will tell you about your rights at least once a year. For more information on your rights, please read Chapter 8 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 physical restraint or seclusion.
 - Not be billed by network providers.
 - Choose a Primary Care Provider (PCP) and change your PCP at any time during the year.
 - 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 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:
 - Get timely medical care.
 - Get in and out of a health care provider's office. This means barrier free access for people with disabilities, in accordance with the Americans with Disabilities Act.
 - Have interpreters to help with communication with your doctors and your health plan.



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. 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).

CareSource MyCare Ohio: 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.



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. 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).

CareSource MyCare Ohio: Summary of Benefits

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

If you have a complaint or think CareSource MyCare Ohio should cover something we denied, call CareSource MyCare Ohio at 1-855-475-3163 (TTY: 1-800-750-0750 or 711). 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

H. What to do if you suspect fraud

Most health care professionals and organizations that provide services are honest. Unfortunately, there may be some who are dishonest.

If you think a doctor, hospital or other pharmacy is doing something wrong, please contact us.

- Call us at CareSource MyCare Ohio Member Services. Phone numbers are 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. 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).

ENGLISH

ATTENTION: If you speak English, language assistance services, free of charge, are available to you. Call 1-855-475-3163 (TTY: 1-800-750-0750).

SPANISH

ATENCIÓN: Si habla español, tiene a su disposición servicios gratuitos de asistencia lingüística. Llame al 1-855-475-3163 (TTY: 1-800-750-0750).

CHINESE

注意：如果您使用繁體中文，您可以免費獲得語言援助服務。請致電 1-855-475-3163 (TTY: 1-800-750-0750)。

GERMAN

ACHTUNG: Wenn Sie Deutsch sprechen, stehen Ihnen kostenlos sprachliche Hilfsdienstleistungen zur Verfügung. Rufnummer: 1-855-475-3163 (TTY: 1-800-750-0750).

ARABIC

ملحوظة: إذا كنت تتحدث اذكر اللغة، فإن خدمات المساعدة اللغوية تتوافر لك بالمجان. اتصل برقم 1-855-475-3163 (رقم هاتف الصم والبكم: 1-800-750-0750).

PENNSYLVANIA DUTCH

Wann du Deitsch schwetzscht, kannscht du mitaus Koschte ebber gricke, ass dihr helft mit die englisch Schprooch. Ruf selli Nummer uff: Call 1-855-475-3163 (TTY: 1-800-750-0750).

RUSSIAN

ВНИМАНИЕ: Если вы говорите на русском языке, то вам доступны бесплатные услуги перевода. Звоните 1-855-475-3163 (телетайп: 1-800-750-0750).

FRENCH

ATTENTION : Si vous parlez français, des services d'aide linguistique vous sont proposés gratuitement. Appelez le 1-855-475-3163 (ATS : 1-800-750-0750).

VIETNAMESE

CHÚ Ý: Nếu bạn nói Tiếng Việt, có các dịch vụ hỗ trợ ngôn ngữ miễn phí dành cho bạn. Gọi số 1-855-475-3163 (TTY: 1-800-750-0750).

CUSHITE/OROMO

XIYYEEFFANNAA: Afaan dubbattu Oroomiffa, tajaajila gargaarsa afaanii, kanfaltiidhaan ala, ni argama. Bilbilaa 1-855-475-3163 (TTY: 1-800-750-0750).

KOREAN

주의: 한국어를 사용하시는 경우, 언어 지원 서비스를 무료로 이용하실 수 있습니다. 1-855-475-3163 (TTY: 1-800-750-0750) 번으로 전화해 주십시오.

ITALIAN

ATTENZIONE: In caso la lingua parlata sia l'italiano, sono disponibili servizi di assistenza linguistica gratuiti. Chiamare il numero 1-855-475-3163 (TTY: 1-800-750-0750).

JAPANESE

注意事項：日本語を話される場合、無料の言語支援をご利用いただけます。1-855-475-3163 (TTY:1-800-750-0750) まで、お電話にてご連絡ください。

DUTCH

AANDACHT: Als u nederlands spreekt, kunt u gratis gebruikmaken van de taalkundige diensten. Bel 1-855-475-3163 (TTY: 1-800-750-0750).

UKRAINIAN

УВАГА! Якщо ви розмовляєте українською мовою, ви можете звернутися до безкоштовної служби мовної підтримки. Телефонуйте за номером 1-855-475-3163 (телетайп: 1-800-750-0750).

ROMANIAN

ATENȚIE: Dacă vorbiți limba română, vă stau la dispoziție servicii de asistență lingvistică, gratuit. Sunați la 1-855-475-3163 (TTY: 1-800-750-0750).

NEPALI

ध्यान दनुहोस्: तपारइले नेपाली बोलनुहुन्छ भने तपारइको नमिति भाषा सहायता सेबाहरु नो:शुल्क रुपमा उपलब्ध छ। फोन गरनुहोस् 1-855-475-3163 (टटिवाइ:1-800-750-0750)।

SOMALI

DIGTOONI: Haddii aad ku hadasho Af Soomaali, adeegyada caawimada luqada, oo lacag la'aan ah, ayaa lagu heli karaa adiga. Wac 1-800-475-3163 (TTY: 1-800-750-0750).


CareSource[®]

CareSource[®] MyCare Ohio
(Medicare-Medicaid Plan)

Notice of Non-Discrimination



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 contact CareSource at 1-855-475-3163 (TTY: 1-800-750-0750).

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:

CareSource
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

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>.



+MyCareOhio
Connecting Medicare + Medicaid

Member Services

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

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