

2020 D-SNP ENROLLMENT GUIDE

CareSource Dual Advantage™
(HMO SNP)

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



CARESOURCE DUAL ADVANTAGE™ (HMO SNP) 2020 SUMMARY OF BENEFITS




CareSource®

2020 SUMMARY OF BENEFITS

Introduction

You deserve more. You deserve a health plan you can trust.

With over 30 years of service, CareSource is a leading nonprofit health insurance company located in your community. Trust matters, and our team lives in your community and understands what you want from health care. CareSource Dual Advantage (HMO SNP) gives you more benefits, more savings, more care... and no hidden costs.

More benefits than basic Medicare.

Our Medicare DSNP plan (Part C) provides you with all the benefits of Part A and Part B, plus prescription drug coverage (Part D). But we're about more than basic Medicare. Our plan is designed to provide you with the best care and save you money.

TIPS FOR COMPARING YOUR MEDICARE CHOICES

This Summary of Benefits booklet is a summary of what CareSource Dual Advantage (HMO SNP) covers and what you pay.

- If you want to compare our plan with other Medicare health plans, ask the other plans for their Summary of Benefits booklets. Or, use the Medicare Plan Finder on [medicare.gov](https://www.medicare.gov).
- If you want to know more about the coverage and costs of Original Medicare, look in your current "Medicare & You" handbook. View it online at [medicare.gov](https://www.medicare.gov) or get a copy 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.

YOU HAVE CHOICES ABOUT HOW TO GET YOUR MEDICARE BENEFITS

- One choice is to get your Medicare benefits through Original Medicare (fee-for-service Medicare). Original Medicare is run directly by the federal government.
- Another choice is to get your Medicare benefits by joining CareSource Dual Advantage (HMO SNP).

ABOUT THE PLAN

CareSource Dual Advantage (HMO SNP) is a Medicare Advantage HMO plan with a Medicare contract. To join this plan, you must be entitled to Medicare Part A, be enrolled in Medicare Part B, live within our service area listed on page 3, and be a United States citizen or lawfully present in the United States.

This plan is a Dual Eligible Special Needs Plan (D-SNP) for people who have both Medicare and Medicaid. How much Medicaid covers depends on your income, resources and other factors. Some people get full Medicaid benefits. Some only get help to pay for certain Medicare costs, which may include premiums, deductibles, coinsurance, or copays.

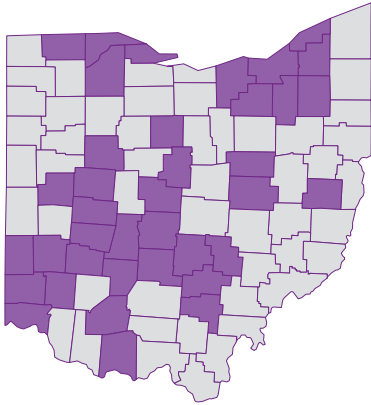
You can enroll in this plan if you are in one of these Medicaid categories:

- **Qualified Medicare Beneficiary (QMB):** You get Medicaid coverage of Medicare cost-share but are not eligible for full Medicaid benefits. Medicaid pays your Part A and Part B premiums, deductibles, coinsurance and copayments amounts only. You pay nothing, except for Part D prescription drug copays.
- **Qualified Medicare Beneficiary Plus (QMB+):** You get Medicaid coverage of Medicare cost-share and are also eligible for full Medicaid benefits. Medicaid pays your Part A and Part B premiums, deductibles, coinsurance and copayment amounts. You pay nothing, except for Part D prescription drug copays.
- **Full Benefits Dual Eligible (FBDE):** Medicaid may provide limited assistance with Medicare cost-sharing. Medicaid also provides full Medicaid benefits. You are eligible for full Medicaid benefits. At times you may also be eligible for limited assistance from the State Medicaid Office in paying your Medicare cost share amounts. Generally your cost share is 0% when the service is covered by both Medicare and Medicaid. There may be cases where you have to pay cost sharing when a service or benefit is not covered by Medicaid.

If your category of Medicaid eligibility changes, your cost share may also increase or decrease. You must recertify your Medicaid enrollment to continue to receive your Medicare coverage.

WHO CAN JOIN?

To join CareSource Dual Advantage (HMO SNP) you must be entitled to Medicare Part A, be enrolled in Medicare Part B and live in our service area. You must also be enrolled in Ohio Medicaid and not have End-Stage Renal Disease (ESRD). There are limited exceptions.



The CareSource Dual Advantage (HMO SNP)

service area includes the following counties in Ohio:

Adams, Butler, Champaign, Clark, Clermont, Clinton, Coshocton, Crawford, Cuyahoga, Delaware, Fairfield, Fayette, Franklin, Fulton, Geauga, Greene, Hamilton, Hardin, Harrison, Highland, Hocking, Holmes, Lake, Logan, Lorain, Lucas, Madison, Medina, Montgomery, Morrow, Ottawa, Perry, Pickaway, Portage, Preble, Shelby, Summit, Vinton, Warren and Wood.

WHICH DOCTORS, HOSPITALS AND PHARMACIES CAN I USE?

CareSource Dual Advantage (HMO SNP) has a network of doctors, hospitals, pharmacies and other providers. If you use providers not in our network, the Plan may not pay for those services.

You must use network pharmacies to fill your prescriptions for covered Part D drugs.

You can go to [CareSource.com/Medicare](https://www.caresource.com/Medicare) to view or search for a network provider or pharmacy using our online directories.

Or, call us and we will send you a copy of the Provider & Pharmacy Directory.

WHAT DO WE COVER?

Like all Medicare health plans, we cover everything that Original Medicare covers — and more. Some of the extra benefits are outlined in this booklet.

A complete list of services can be found in the Evidence of Coverage (EOC). A copy of the Evidence of Coverage can be sent to you by contacting Member Services or visiting [CareSource.com/Medicare](https://www.caresource.com/Medicare).

We cover Part D drugs. In addition, we cover Part B drugs such as chemotherapy and some drugs administered by your provider.

You can see the complete plan drug list (list of Part D drugs) and any restrictions on our website, [CareSource.com/Medicare](https://www.caresource.com/Medicare). Or, call us and we will send you a copy of the drug list.

Questions?

If you are a member of one of these plans, call us toll-free at 1-833-230-2020 (TTY: 1-800-750-0750 or 711).

If you are not a member of one of these plans, call us toll-free 1-844-803-6207 (TTY: 1-800-750-0750 or 711).

You can also visit our website at **CareSource.com/Medicare**.

Hours of Operation

From October 1 to March 31, you can call us 7 days a week from 8 a.m. to 8 p.m. Eastern time.

From April 1 to September 30, you can call us Monday through Friday from 8 a.m. to 8 p.m. Eastern time.

Customer Service

This document is available in other formats such as Braille and large print.

This document may be available in a non-English language. For additional information, call us at 1-833-230-2020. (TTY users should call 1-800-750-0750 or 711.)

Es posible que este documento esté disponible en un idioma distinto al inglés. Para obtener información adicional, llame a servicio al cliente al 1-833-230-2020. (Los usuarios de TTY deben llamar al 1-800-750-0750 o 711.)

MONTHLY PREMIUM, DEDUCTIBLE AND LIMITS	
	CareSource Dual Advantage (HMO SNP)
Monthly Premium	\$0
Annual Deductible	\$0
Annual Out-of-Pocket Maximum (the limit on how much you will pay in a year)	\$0 annually for Medicare-covered services from in-network providers.

CareSource Dual Advantage (HMO SNP) 2020 Summary of Benefits Chart

Cost sharing for Medicare covered benefits in the chart below are based on your level of Ohio Medicaid eligibility.

COVERED MEDICAL AND HOSPITAL BENEFITS — IN-NETWORK ONLY If you use providers that are not in our network, we may not pay for these services.	
	CareSource Dual Advantage (HMO SNP)
Inpatient Hospital Care¹	Days 1 through 7 \$0 copay per day
	Days 8 through 90 \$0 copay per day
Outpatient Surgery¹	Ambulatory surgical center
	\$0 copay
	Outpatient hospital
	\$0 copay
Doctor's Office Visits	Primary care physician visit (Including Telehealth Visit)
	\$0 copay
	Specialist visit
	\$0 copay
Preventive Care	\$0 copay
Emergency Care	\$0 copay
	If you are admitted to the hospital within 24 hours, you pay the inpatient hospital copay instead of the Emergency copay. See the "Inpatient Hospital Care" section of this booklet for other costs.
Urgent Care	\$0 copay
Diagnostic Tests, Lab/Radiology Services and X-Rays¹	Diagnostic radiology services (such as MRIs, CT scans)
	\$0 copay
	Diagnostic tests and procedures
	\$0 copay
	Lab services
	\$0 copay
	Outpatient x-rays
	\$0 copay
Therapeutic radiology services (such as radiation treatment for cancer)	
\$0 copay	

Services with a ¹ may require prior authorization. Services with a ² are not subject to the maximum out of pocket. Amounts shown are what you pay. Services are covered in-network only except for emergency care and ambulance.

COVERED MEDICAL AND HOSPITAL BENEFITS — IN-NETWORK ONLY (continued)

If you use providers that are not in our network, we may not pay for these services.

	CareSource Dual Advantage (HMO SNP)
Hearing Services	Exam to diagnose and treat hearing and balance issues
	\$0 copay
	Routine hearing exam
	\$0 copay, 1 every year
	Hearing aid fitting/evaluation
	\$0 copay, 1 every year
	Hearing aid²
	\$1000 allowance per hearing aid; one aid per ear per year
Dental Services — Medicare-Covered	\$0 copay Excludes services in connection with care, treatment, filling, removal or replacement of teeth
Comprehensive Dental^{1,2}	\$0 copay for simple extractions, minor restorations, periodontics and other non-Medicare covered comprehensive dental services Up to \$1,500 limit annually
Dental Services² — Preventive	\$0 copay for a single office visit that includes: – Cleaning (1 every 6 months) – Dental x-ray(s) (1 every year) – Oral exam (1 every 6 months)
Vision Services Note: You may purchase either eyeglass lenses or contact lenses in the same benefit year at the copays listed.	Exam to diagnose and treat diseases and conditions of the eye
	\$0 copay
	Routine eye exam (1 every year)
	\$0 copay
	Diabetic retinal exam
	\$0 copay
	Contact lenses² (1 pair every year; in lieu of eyeglass lenses)
	\$0 copay, up to \$250 allowance
	Eyewear² (includes frames and lens, 1 every year)
	\$0 copay, up to \$250 allowance
	Eyeglass lenses² (1 every year; in lieu of contact lenses)
\$0 copay for single vision lenses	
Eyeglasses or contact lenses after cataract surgery	
\$0 copay	

Services with a ¹ may require prior authorization. Services with a ² are not subject to the maximum out of pocket. Amounts shown are what you pay. Services are covered in-network only except for emergency care and ambulance.

COVERED MEDICAL AND HOSPITAL BENEFITS — IN-NETWORK ONLY (continued)

If you use providers that are not in our network, we may not pay for these services.

	CareSource Dual Advantage (HMO SNP)
Mental Health Care¹ Lifetime limit: Up to 190 days inpatient care in a psychiatric hospital	Inpatient visit
	Days 1 through 7 \$0 copay per day
	Days 8 through 90 \$0 copay per day
	Outpatient group therapy visit (psychiatrist provided)
	\$0 copay
	Outpatient individual therapy visit (psychiatrist provided)
\$0 copay	
Skilled Nursing Facility¹ Limited to 100 days per benefit period	Days 1 through 20 \$0 copay per day
	Days 21 through 100 \$0 copay
Outpatient Rehabilitation¹	Cardiac (heart) rehab services
	\$0 copay
	Occupational therapy visit
	\$0 copay
	Physical therapy and speech and language therapy visit
	\$0 copay
Ambulance¹	Supervised Exercise Therapy (SET)
	\$0 copay
Transportation	\$0 copay
Medicare Part B Drugs¹	60 one-way trips annually
Foot Care (podiatry services)	\$0 copay
	Includes foot exams and treatment if you have diabetes-related nerve damage or meet certain conditions
Durable Medical Equipment¹ (wheelchairs, oxygen, etc.)	\$0 copay
Prosthetic Devices¹ (braces, artificial limbs, etc.)	Prosthetic devices
	\$0 copay
	Related medical supplies
	\$0 copay

Services with a ¹ may require prior authorization. Services with a ² are not subject to the maximum out of pocket. Amounts shown are what you pay. Services are covered in-network only except for emergency care and ambulance.

COVERED MEDICAL AND HOSPITAL BENEFITS — IN-NETWORK ONLY (continued)

If you use providers that are not in our network, we may not pay for these services.

	CareSource Dual Advantage (HMO SNP)
Diabetes Supplies and Services	Diabetes monitoring supplies
	\$0 copay
	Diabetes self-management training
	\$0 copay
	Therapeutic shoes or inserts
	\$0 copay
Chiropractic Care¹	\$0 copay Includes manipulation of the spine to correct a subluxation (when one or more of the bones of your spine move out of position)
Home Health Care¹	0% coinsurance
Hospice	You pay nothing for hospice care from a Medicare-certified hospice. You may have to pay part of the costs for drugs and respite care. Hospice is covered outside of our plan. Please contact us for more details.
Outpatient Substance Abuse¹	Group therapy visit
	\$0 copay
	Individual therapy visit
	\$0 copay
Over-the-Counter Items	\$100 allowance quarterly
Renal Dialysis	\$0 copay

Services with a ¹ may require prior authorization. Services with a ² are not subject to the maximum out of pocket. Amounts shown are what you pay. Services are covered in-network only except for emergency care and ambulance.

MEDICAID BENEFITS

The following chart provides information for individuals with Medicare and Medicaid. Your services are paid first by Medicare and then by Medicaid.

The benefits described below are covered by Medicaid. You can see what the Ohio Department of Medicaid covers and what our plan covers. If a benefit is used up or not covered by Medicare, then Medicaid may provide coverage. This depends on your type of Medicaid coverage.

Coverage of the benefits described below depends upon your level of Medicaid eligibility. No matter what your level of Medicaid eligibility is, CareSource Dual Advantage (HMO SNP) will cover the benefits described in the Covered Medical and Hospital Benefits section of the Summary of Benefits. If you have questions about your Medicaid eligibility and what benefits you are entitled to, call the Ohio Department of Medicaid, 1-800-324-8680.

Medicaid may pay your Medicare cost sharing amount, but it will depend on your Medicaid eligibility level. If Medicare doesn't cover a service or a benefit has run out, Medicaid may help, but you may have to pay a cost share.

Benefit		Medicaid	CareSource Dual Advantage (HMO D-SNP)
Alcohol and Drug Addiction	Alcohol/Drug Screening Analysis/Lab Urinalysis	Covered	Covered
	Ambulatory Detoxification	Covered	Covered
	Assessment	Covered	Covered
	Case Management	Covered	Covered
	Crisis Intervention	Covered	Covered
	Individual or Group Counseling (MHA Certified Providers)	Covered	Covered
	Induction of Buprenorphine	Covered	Covered
	Injection of Naltrexone (To Treat Addiction)	Covered	Covered
	Intensive Outpatient (To Treat Addiction)	Covered	Covered
	Medical Somatic	Covered	Covered
	Methadone Administration	Covered	Covered
Dental	Braces	Covered	Covered
	Checkups and Cleanings	Covered	Covered
	Dentures	Covered	Covered
	Fillings, Extractions, and Crowns	Covered	Covered
	Medical & Surgical Dental Services	Covered	Covered
	Root Canals	Covered	Covered

Benefit		Medicaid	CareSource Dual Advantage (HMO D-SNP)
Emergency	Emergency Room Visits	Covered	Covered
Family Planning	Family Planning Services	Covered	Covered
Healthchek	Early and Periodic Screening, Diagnosis and Treatment (EPSDT)	Covered	Covered
Hospital	Inpatient Hospital Services	Covered	Covered
	Outpatient Hospital Services	Covered	Covered
Medical Equipment	Durable Medical Equipment	Covered	Covered
Mental Health	Community Psychiatric Supportive Treatment	Covered	Covered
	Crisis Intervention	Covered	Covered
	Health Home Comprehensive Care Coordination	Covered	Covered
	Individual or Group Counseling (MHA Certified Providers)	Covered	Covered
	Individual or Group Counseling (Non-MHA Certified Providers)	Covered	Covered
	Injections (Long-Acting Antipsychotic Medications)	Covered	Covered
	Mental Health Assessment	Covered	Covered
	Partial Hospitalization	Covered	Covered
	Pharmacological Management	Covered	Covered
	Psychiatric Diagnostic Interview	Covered	Covered
	Psychological Testing	Covered	Covered
Pregnancy	Pregnancy related Services (PRS)	Covered	Covered
Prescriptions	Prescription Drugs	Covered	Covered

Benefit		Medicaid	CareSource Dual Advantage (HMO D-SNP)
Preventive Health	Chest X-Rays	Covered	Covered
	Immunizations	Covered	Covered
	Mammography	Covered	Covered
	Physical Exam	Covered	Covered
	Preventive Exams and Screenings	Covered	Covered
Professional Medical Services	Ambulatory Surgery Centers	Covered	Covered
	Audiology Services	Covered	Covered
	Certified Family Nurse Practitioner Services	Covered	Covered
	Certified Pediatric Nurse Practitioner Services	Covered	Covered
	Chiropractor Services	Covered	Covered
	Laboratory and X-Ray Services	Covered	Covered
	Occupational therapy	Covered	Covered
	Physical therapy	Covered	Covered
	Physician Services	Covered	Covered
	Podiatrist Services	Covered	Covered
	Private Duty Nursing Services	Covered	Covered
	Speech/Language Pathology Services	Covered	Covered
	Transportation	Ambulance/Ambulette	Covered
Non-Emergency Transportation		Covered	Covered
Vision	Medical and Surgical Vision Services	Covered	Covered
	Optometrist and Ophthalmologist Services	Covered	Covered

PRESCRIPTION DRUG BENEFITS (INITIAL COVERAGE) — IN-NETWORK ONLY

CareSource Dual Advantage (HMO SNP)

Part B Drugs¹
(such as chemotherapy)

\$0 copay

Part D Drugs — Retail¹

1-month supply or 3-month supply

Tier 1

25% coinsurance or applicable LIS copay

*Specialty medications are limited to a 30-day supply and/or may only be available through limited distribution

Part D Drugs — Standard Mail Order Cost-Sharing¹

3-month supply

Tier 1

25% coinsurance or applicable LIS copay

*Specialty medications are limited to a 30-day supply and/or may only be available through limited distribution

LIS Cost Sharing Chart for Initial Coverage phase

Low Income Subsidy (LIS) or “Extra Help” cost sharing

Part D Drugs – Retail: 1-month supply or 3-month supply

Part D Drugs – Standard Mail Order: 3-month supply

*Specialty medications are limited to a 30-day supply and/or may only be available through limited distribution

LIS Level	Drug Type	Cost Sharing
FPL Institutionalized	Generic	\$0 copay
	Brand	\$0 copay
FPL <100%	Generic	\$1.30 copay
	Brand	\$3.90 copay
FPL >100%	Generic	\$3.60 copay
	Brand	\$8.95 copay
FPL 135-149%	Generic	15% coinsurance
	Brand	15% coinsurance

Prescription drugs with a ¹ may require prior authorization.

CareSource Dual Advantage (HMO SNP) members receive “Extra Help” so copay depends on income and institutional status.

Cost-sharing may change depending on the pharmacy you choose and when you enter another phase of the Part D benefit. For more information on the additional pharmacy-specific cost-sharing and the phases of the benefit, please call us toll-free at 1-833-230-2020 (TTY/TDD: 1-800-750-0750 or 711) or access our website [CareSource.com/Medicare](https://www.caresource.com/Medicare).

The drug list, pharmacy network, and/or provider network may change at any time. You will receive notice when necessary.

ADDITIONAL BENEFITS

	CareSource Dual Advantage (HMO SNP)
Fitness	\$0 copay No cost memberships at participating fitness centers or free home fitness kits
Worldwide ER and Urgent Care	Emergency Care (waived if admitted)
	\$0 copay \$10,000 limit annually
	Urgent Care
	\$0 copay
CareSource24® — 24 Hour Nurse Advice Line	You can call CareSource24® any time of the night or day — 24 hours a day, 7 days a week — to talk with a caring, experienced registered nurse. You can find the toll-free number on the front of your member identification card. CareSource24® services can be used at no cost to you. This provides you with an easy way to receive trusted health information and advice from the comfort of your home. Speaking directly with professional registered nurses can help you: <ul style="list-style-type: none"> – Decide when self-care, a doctor visit, or the emergency room is the right choice – Check your symptoms and help you figure out what to do – Understand a medical condition or recent diagnosis – Obtain medical information – Prepare questions for doctor visits – Find out more about prescriptions or over-the-counter medicines – Learn about healthy eating and staying well
MyHealth Online Tool	With MyHealth, you'll have online access to resources for your health, including: <ul style="list-style-type: none"> – Health assessments – Personalized online wellness plans – Step-by-step guides on specific health needs – Online health journeys – Goal setting and tracking – Health tips and wellness information

This information is not a complete description of benefits. Call 1-833-230-2020/TTY 1-800-750-0750 or 711 for more information. Limitations, copayments, and restrictions may apply.

Benefits, premiums and/or copayments/co-insurance may change on January 1 of each year. You must continue to pay your Medicare Part B premium.

Out-of-network/non-contracted providers are under no obligation to treat CareSource members, except in emergency situations. Please call our customer service number or see your Evidence of Coverage for more information, including the cost-sharing that applies to out-of-network services.

CareSource Dual Advantage (HMO SNP) is an HMO with a Medicare contract and a contract with the Ohio Department of Medicaid Program. Enrollment in CareSource Dual Advantage (HMO SNP) depends on contract renewal.

Services with a ¹ may require prior authorization. Services with a ² are not subject to the maximum out of pocket. Amounts shown are what you pay. Services are covered in-network only except for emergency care and ambulance.



PRE-ENROLLMENT CHECKLIST

Before making an enrollment decision, it is important that you fully understand our benefits and rules. If you have any questions, you can call and speak to a customer service representative **1-833-230-2020 (TTY: 711)**.



UNDERSTANDING THE BENEFITS

- Review the full list of benefits found in the Evidence of Coverage (EOC), especially for those services for which you routinely see a doctor. Visit **CareSource.com/Medicare** to view a copy of the EOC or call **1-833-230-2020 (TTY: 711)**.
- Review the provider directory (or ask your doctor) to make sure the doctors you see now are in the network. If they are not listed, it means you will likely have to select a new doctor.
- Review the pharmacy directory to make sure the pharmacy you use for any prescription medicines is in the network. If the pharmacy is not listed, you will likely have to select a new pharmacy for your prescriptions.

UNDERSTANDING IMPORTANT RULES

- In addition to your monthly plan premium, you must continue to pay your Medicare Part B premium. This premium is normally taken out of your Social Security check each month.
- Benefits, premiums and/or copayments/coinsurance may change on January 1 of each year.
- Except in emergency or urgent situations, we do not cover services by out-of-network providers (doctors who are not listed in the provider directory).
- This plan is a dual eligible special needs plan (D-SNP). Your ability to enroll will be based on verification that you are entitled to both Medicare and medical assistance from a state plan under Medicaid and are classified as Qualified Medicare Beneficiary (QMB), Qualified Medicare Beneficiary + (QMB+) or Full-Benefit Dual Eligible (FBDE).

EXTRA BENEFITS

We know you need coverage for more than what basic Medicare offers, which is why CareSource Dual Advantage™ (HMO SNP) gives you **more benefits. savings. care.**

Dental

We cover your smile!

CareSource Dual Advantage has coverage for all the dental services you need—from root canals to crowns and even dentures!

Benefits	Coverage/Limits
Preventive Dental (Not covered by Original Medicare)	Included
Preventive Dental Oral Exams	Limit 1, Every 6 Months
Preventive Dental Prophylaxis	Limit 1, Every 6 Months
Preventive Dental X-Rays	Limit 1, Every Year
Preventive Dental Fluoride Treatment	Included
Comprehensive Dental	\$1,500 yearly limit Includes coverage for Inlays, Outlays and Crowns
Simple Extractions	Included
Surgical Extractions	Included
Oral Surgery	Included
Anesthesia	Included
Restorations	Included
Periodontics	Included
Endodontics	Included
Dentures	Included

Vision

We've partnered with EyeMed Vision Care to bring you a vision benefit solution that offers more!

Access to a large network—including hundreds of independent providers and truly in-network access to popular national retailers as well as regional favorites.

**INDEPENDENT
PROVIDER
NETWORK**



LENSCRAFTERS*

**PEARLE
EST. 1961
VISION™**

OPTICAL™

Benefits	CareSource Dual Advantage™ (HMO SNP) Plan
Exam with Dilation as Necessary	\$0 copay
Retinal Imaging	\$0 copay
<p>Frame, Lens and Option Package (any frame and lens options available at provider location)</p> <p>Or</p> <p>Contact Lenses (includes contact lens materials only)—conventional, disposable or medically necessary</p>	<p>\$250 allowance for frame, lens and lens options; 20% off balance over \$250</p> <p>Conventional: \$0 copay, \$250 allowance; 15% off balance over \$250</p> <p>Disposable: \$0 copay, \$250 allowance; plus balance over \$250</p> <p>Medically necessary: \$0 copay, paid in full</p>

Fitness

Learn how to improve your health—and use our tools to do it.

The FitnessCoach® Program gives you:

No-cost memberships* at local participating fitness centers or YMCAs

The FitnessCoach Home Fitness program, if you are unable to work out at a fitness center or YMCA or would rather work out at home

Online classes through a website designed just for FitnessCoach members

Member's caregiver can receive a guest waiver pass to attend the Fitness Center with the member

And more!

*Membership comes with standard fitness center or YMCA services. Any services that call for an extra fee are not part of the program.

Hearing

You deserve a hearing aid benefit that provides you with high-quality hearing aids and local professional care.

Routine hearing exam

Up to one hearing aid per ear per year — \$1,000/per ear allowance

- Audiologist can select from a list of premium hearing aids.

No balance billing

Over-the-Counter Benefit

CareSource Dual Advantage includes a \$100 allowance for over-the-counter (OTC) items every three months.

This benefit allows you to get OTC products you may need, like:

Allergy medication

Antacids

Bathroom safety and fall prevention items

Cold & flu medication

Dental & denture care items

Diabetes care items

Eye & ear care items

First aid items

Incontinence supplies

Pain relievers & fever reducers

Skin & sun care

Vitamins & minerals

And more!

Just browse the catalog and place your order online, by mail or by phone and your items will be delivered right to your home.



The FitnessCoach program is provided by American Specialty Health Fitness, Inc. (ASH Fitness), a subsidiary of American Specialty Health Incorporated (ASH). All programs and services are not available in all areas.

FitnessCoach and the FitnessCoach logo are federally registered trademarks of ASH. Not all YMCAs participate in the network. Please check the searchable directory on the FitnessCoach website to see if your preferred location participates in the program.

CareSource is an HMO with a Medicare contract. Enrollment in CareSource depends on contract renewal.

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, religion affiliation, health status or public assistance status.

Si usted o alguien a quien ayuda tienen preguntas sobre CareSource, tiene derecho a recibir esta información y ayuda en su propio idioma sin costo. Para hablar con un intérprete, llame al 1-833-230-2020 (TTY: 711).

如果您或者您在帮助的人对 CareSource 存有疑问，您有权 免费获得以您的语言提供的帮助和信息。如果您需要与一位翻译交谈，请致电 1-833-230-2020 (TTY: 711)。

WHAT HAPPENS NEXT

What Happens Next as a New CareSource Dual Advantage™ (HMO SNP) Member?

Thank you for applying for a CareSource Medicare Advantage plan. We are glad you have chosen us for your Medicare health plan needs. While we work to confirm your enrollment with Medicare, here's what you can expect in the next few weeks:



CHECK YOUR MAILBOX! Once Medicare confirms your enrollment, you will receive your **confirmation letter** and other applicable materials (things like a Low Income Subsidy Rider if you're qualified). If Medicare requires more information from you so that we can complete your enrollment, we will send you a notification to let you know next steps.



1. YOU'LL RECEIVE YOUR NEW MEMBER KIT in the mail approximately two weeks after the confirmation letter. This kit contains important information about your plan, the benefits and how to contact us if you need help.





2. YOU'LL RECEIVE A HEALTH RISK ASSESSMENT (HRA) as a part of your new member kit. The Health Risk Assessment is a free screening that helps identify your preventive care needs and health issues. It allows us to recommend ways we can work together to improve or maintain your physical and mental health and helps us make sure you're getting care and service personalized to your needs.

You can complete the Health Risk Assessment online once your coverage begins by visiting **MyCareSource.com**. Click on the Health tab to begin the assessment.

If you prefer, you may complete the printed version included in your new member kit and return it with the included business reply envelope.

If you need help completing the assessment, call Member Services at **1-833-230-2020 (TTY: 711)**.



3. YOUR CARESOURCE MEMBER ID CARD WILL NOT BE IN THE NEW MEMBER KIT. It will arrive later in a separate mailing. You will need to show both your CareSource member ID card and your Medicaid card each time you get medical, dental, vision or hearing care, prescription medications or supplies.

If you don't receive your CareSource member ID card within 30 days of your effective date, please call Member Services at **1-833-230-2020 (TTY: 711)** to have a new card mailed to you. Member Services' hours are: 8 a.m. – 8 p.m. seven days a week from Oct. 1 – Mar. 31 and the same hours Monday – Friday the rest of the year.



4. WITHIN THE FIRST 90 DAYS OF YOUR MEMBERSHIP, a nurse or outreach worker from our **Care Management** team will call you. They will be able to help you complete your HRA, address special medical problems, coordinate your health care needs and more!

CareSource is an HMO with a Medicare contract. Enrollment in CareSource depends on contract renewal.

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, religion affiliation, health status or public assistance status.

Si usted o alguien a quien ayuda tienen preguntas sobre CareSource, tiene derecho a recibir esta información y ayuda en su propio idioma sin costo. Para hablar con un intérprete, llame al 1-833-230-2020 (TTY: 711).

如果您或者您在帮助的人对 CareSource 存有疑问，您有权 免费获得以您的语言提供的帮助和信息。如果您需要与一位翻译交谈，请致电 1-833-230-2020 (TTY: 711)。



Please contact CareSource if you need information in another language or format (Braille).

To Enroll in CareSource Dual Advantage™ (HMO SNP), Please Provide the Following Information:			
LAST name:		FIRST name:	Middle Initial:
			<input type="checkbox"/> Mr. <input type="checkbox"/> Mrs. <input type="checkbox"/> Ms.
Birth Date: (_ / _ / _) (MM/DD/YYYY)	Sex: <input type="checkbox"/> M <input type="checkbox"/> F	Home Phone Number: ()	Alternate Phone Number: ()
Permanent Residence Street Address (P.O. Box is not allowed)			
City:	County:	State:	ZIP Code:
Mailing Address (only if different from your Permanent Residence Address):			
Street Address: _____			
City: _____ State: _____ ZIP Code: _____			
E-mail Address:			
Please Provide Your Medicare Insurance Information			
Please take out your red, white and blue Medicare card to complete this section. <ul style="list-style-type: none"> Fill out this information as it appears on your Medicare card. <p style="text-align: center;">-OR-</p> <ul style="list-style-type: none"> Attach a copy of your Medicare card or your letter from Social Security or the Railroad Retirement Board. 		Name (as it appears on your Medicare card): _____ Medicare Number: _____ Is Entitled To: _____ Effective Date: _____ HOSPITAL (Part A) _____ MEDICAL (Part B) _____ You must have Medicare Part A and Part B to join a Medicare Advantage plan.	

Paying Your Plan Premium

People with limited incomes may qualify for Extra Help to pay for their prescription drug costs. If eligible, Medicare could pay for 75% or more of your drug costs including monthly prescription drug premiums, annual deductibles, and co-insurance. Additionally, those who qualify will not be subject to the coverage gap or a late enrollment penalty. Many people are eligible for these savings and don't even know it. For more information about this Extra Help, contact your local Social Security office, or call Social Security at 1-800-772-1213. TTY users should call 1-800-325-0778. You can also apply for Extra Help online at www.socialsecurity.gov/prescriptionhelp.

If you qualify for Extra Help with your Medicare prescription drug coverage costs, Medicare will pay all or part of your plan premium. If Medicare pays only a portion of this premium, we will bill you for the amount that Medicare doesn't cover.

If you don't select a payment option, you will get a bill each month.

Please select a premium payment option:

- Get a bill
- Automatic deduction from your monthly Social Security or Railroad Retirement Board (RRB) benefit check.

I get monthly benefits from: Social Security RRB

(The Social Security/RRB deduction may take two or more months to begin after Social Security or RRB approves the deduction. In most cases, if Social Security or RRB accepts your request for automatic deduction, the first deduction from your Social Security or RRB benefit check will include all premiums due from your enrollment effective date up to the point withholding begins. If Social Security or RRB does not approve your request for automatic deduction, we will send you a paper bill for your monthly premiums.)

Please read and answer these important questions:

1. Do you have End-Stage Renal Disease (ESRD)? Yes No

If you have had a successful kidney transplant and/or you don't need regular dialysis any more, **please attach a note or records** from your doctor showing you have had a successful kidney transplant or you don't need dialysis, otherwise we may need to contact you to obtain additional information.

2. Some individuals may have other drug coverage, including other private insurance, TRICARE, Federal employee health benefits coverage, VA benefits, or State pharmaceutical assistance programs.

Will you have other **prescription** drug coverage in addition to CareSource Dual Advantage? Yes No
If "yes", please list your other coverage and your identification (ID) number(s) for this coverage:

Name of other coverage: _____

ID# for this coverage: _____

Group # for this coverage: _____

3. Are you a resident in a long-term care facility, such as a nursing home? Yes No

If "yes", please provide the following information:

Name of Institution: _____

Address (number and street) and Phone Number of Institution: _____

4. Are you enrolled in your State Medicaid program? Yes No

If yes, please provide your Medicaid number: _____

5. Do you or your spouse work? Yes No

6. Are you a Qualified Medicare Beneficiary, Qualified Medicare Beneficiary+ or Full-Benefit Dual Eligible? (i.e. have you received a letter from Ohio Medicaid advising you that you have QMB, QMB+, or FBDE status?) Yes No

6. Please choose the name of a Primary Care Physician (PCP), clinic, or health center:

Please check one of the boxes below if you would prefer us to send you information in a language other than English or in an accessible format:

Spanish Large Print

Please contact CareSource at 1-833-230-2020 if you need information in accessible format or language other than what is listed above. Our office hours are 8 a.m. to 8 p.m. Monday through Friday, and from October 1 through March 31 we are open the same hours 7 days a week. TTY users should call 711.

Please Read and Sign Below

By completing this enrollment application, I agree to the following:

CareSource is a Medicare Advantage plan and has a contract with the Federal government. I will need to keep my Medicare Parts A and B. I can be in only one Medicare Advantage plan at a time, and I understand that my enrollment in this plan will automatically end my enrollment in another Medicare health plan or prescription drug plan. It is my responsibility to inform you of any prescription drug coverage that I have or may get in the future. Enrollment in this plan is generally for the entire year. Once I enroll, I may leave this plan or make changes only at certain times of the year when an enrollment period is available (Example: Oct. 15–Dec. 7 of every year), or under certain special circumstances.

CareSource serves a specific service area. If I move out of the area that CareSource serves, I need to notify the plan so I can disenroll and find a new plan in my new area. Once I am a member of CareSource, I have the right to appeal plan decisions about payment or services if I disagree. I will read the Evidence of Coverage from CareSource when I get it to know which rules I must follow to get coverage with this Medicare Advantage plan. I understand that people with Medicare aren't usually covered under Medicare while out of the country except for limited coverage near the U.S. border.

I understand that beginning on the date CareSource coverage begins, I must get all of my health care from CareSource, except for emergency or urgently needed services or out-of-area dialysis services. Services authorized by CareSource and other services contained in my CareSource Evidence of Coverage document (also known as a member contract or subscriber agreement) will be covered. Without authorization, **NEITHER MEDICARE NOR CARESOURCE WILL PAY FOR THE SERVICES.**

I understand that if I am getting assistance from a sales agent, broker, or other individual employed by or contracted with CareSource, he/she may be paid based on my enrollment in CareSource.

Release of Information: By joining this Medicare health plan, I acknowledge that CareSource will release my information to Medicare and other plans as is necessary for treatment, payment and health care operations. I also acknowledge that CareSource will release my information including my prescription drug event data to Medicare, who may release it for research and other purposes which follow all applicable Federal statutes and regulations. The information on this enrollment form is correct to the best of my knowledge. I understand that if I intentionally provide false information on this form, I will be disenrolled from the plan.

I understand that my signature (or the signature of the person authorized to act on my behalf under the laws of the State where I live) on this application means that I have read and understand the contents of this application. If signed by an authorized individual (as described above), this signature certifies that 1) this person is authorized under State law to complete this enrollment and 2) documentation of this authority is available upon request from Medicare.

Signature:

Today's Date:

If you are the authorized representative, you must sign above and provide the following information

Name: _____

Address: _____

Phone Number: (____) _____ - _____

Relationship to Enrollee: _____

Office Use Only:

Name of staff member/agent/broker (if assisted in enrollment): _____

Plan ID #: _____

Effective Date of Coverage: _____

ICEP/IEP: _____ AEP: _____ SEP (type): _____ Not Eligible: _____

Agent/Broker Writing # or National Producer #: _____

Agent Receipt Date: _____



P.O. Box 8738, Dayton, OH 45401-8738 | CareSource.com/Medicare

Typically, you may enroll in a Medicare Advantage plan only during the annual enrollment period from October 15 through December 7 of each year. There are exceptions that may allow you to enroll in a Medicare Advantage plan outside of this period.

Please read the following statements carefully and check the box if the statement applies to you. By checking any of the following boxes you are certifying that, to the best of your knowledge, you are eligible for an Enrollment Period. If we later determine that this information is incorrect, you may be disenrolled.

- I am new to Medicare.
- I am enrolled in a Medicare Advantage plan and want to make a change during the Medicare Advantage Open Enrollment Period (MA OEP).
- I recently moved outside of the service area for my current plan or I recently moved and this plan is a new option for me. I moved on (insert date) _____.
- I recently was released from incarceration. I was released on (insert date) _____.
- I recently returned to the United States after living permanently outside of the U.S. I returned to the U.S. on (insert date) _____.
- I recently obtained lawful presence status in the United States. I got this status on (insert date) _____.
- I recently had a change in my Medicaid (newly got Medicaid, had a change in level of Medicaid assistance, or lost Medicaid) on (insert date) _____.
- I recently had a change in my Extra Help paying for Medicare prescription drug coverage (newly got Extra Help, had a change in the level of Extra Help, or lost Extra Help) on (insert date) _____.
- I have both Medicare and Medicaid (or my state helps pay for my Medicare premiums) or I get Extra Help paying for my Medicare prescription drug coverage, but I haven't had a change.

- I am moving into, live in, or recently moved out of a Long-Term Care Facility (for example, a nursing home or long term care facility). I moved/will move into/out of the facility on (insert date) _____.
- I recently left a PACE program on (insert date) _____.
- I recently involuntarily lost my creditable prescription drug coverage (coverage as good as Medicare's). I lost my drug coverage on (insert date) _____.
- I am leaving employer or union coverage on (insert date) _____.
- I belong to a pharmacy assistance program provided by my state.
- My plan is ending its contract with Medicare, or Medicare is ending its contract with my plan.
- I was enrolled in a plan by Medicare (or my state) and I want to choose a different plan. My enrollment in that plan started on (insert date) _____.
- I was enrolled in a Special Needs Plan (SNP) but I have lost the special needs qualification required to be in that plan. I was disenrolled from the SNP on (insert date) _____.
- I was affected by a weather-related emergency or major disaster (as declared by the Federal Emergency Management Agency (FEMA). One of the other statements here applied to me, but I was unable to make my enrollment because of the natural disaster.

If none of these statements applies to you or you're not sure, please contact CareSource at **1-844-607-2827** (TTY users should call **1-800-750-0750**) to see if you are eligible to enroll. We are open 8 a.m. to 8 p.m. seven days a week from October 1 through March 31, and the same hours Monday through Friday the rest of the year.

CareSource - H6396

2020 Medicare Star Ratings*

The Medicare Program rates all health and prescription drug plans each year, based on a plan's quality and performance. Medicare Star Ratings help you know how good a job our plan is doing. You can use these Star Ratings to compare our plan's performance to other plans. The two main types of Star Ratings are:

1. An Overall Star Rating that combines all of our plan's scores.
2. Summary Star Rating that focuses on our medical or our prescription drug services.

Some of the areas Medicare reviews for these ratings include:

- How our members rate our plan's services and care;
- How well our doctors detect illnesses and keep members healthy;
- How well our plan helps our members use recommended and safe prescription medications.

For 2020, CareSource received the following Overall Star Rating from Medicare.

★★★
3 Stars

We received the following Summary Star Rating for CareSource's health/drug plan services:

Health Plan Services: ★★★
3 Stars

Drug Plan Services: ★★★
3 Stars

The number of stars shows how well our plan performs.

★★★★★	5 stars – excellent
★★★★	4 stars – above average
★★★	3 stars – average
★★	2 stars – below average
★	1 star – poor

Learn more about our plan and how we are different from other plans at www.medicare.gov.

You may also contact us 7 days a week from 8:00 a.m. to 8:00 p.m. Eastern time at 844-803-6207 (toll-free) or 800-750-0750 (TTY), from October 1 to March 31. Our hours of operation from April 1 to September 30 are Monday through Friday from 8:00 a.m. to 8:00 p.m. Eastern time.

Current members please call 833-230-2020 (toll-free) or 800-750-0750 (TTY).

*Star Ratings are based on 5 Stars. Star Ratings are assessed each year and may change from one year to the next.

If you, or someone you're helping, have questions about CareSource, you have the right to get help and information in your language at no cost. To talk to an interpreter, call 1-833-230-2020 TTY:711.

ARABIC

إذا كان لديك، أو لدى أي شخص تساعد، أية استفسارات بخصوص CareSource، فيحق لك الحصول على مساعدة ومعلومات مجاناً وباللغة التي تتحدث بها. للتحدث إلى أحد المترجمين الفوريين، اتصل على 1-833-230-2020 TTY:711.

AMHARIC

እርስዎ፣ ወይም እርስዎ የሚያግዙት ግለሰብ፣ ስለ CareSource ጥያቄ ካላችሁ፣ ያለ ምንም ክፍያ በቋንቋዎ እርዳታና መረጃ የማግኘት መብት አላችሁ። ከአስተርጓሚ ጋር ለመነጋገር፣ 1-833-230-2020 TTY:711 ይደውሉ።

BURMESE

CareSource အကြောင်း သင် သိမဟုတ် သင်အကူအညီပေးနေသူ တစ်စုံတစ်ယောက်က မေးမြန်းလာပါက သင်ပြောဆိုသော ဘာသာစကားဖြင့် အကူအညီနှင့် အချက်အလက်များအား အခမဲ့ ရယူနိုင်ရန် အခွင့်အရေးရှိပါသည်။ ဘာသာပြန်တစ်ဦးအား စကားပြောဆိုရန် 1-833-230-2020 TTY:711 ဤတွင် နံပါတ်ဖြည့်သွင်းပါ] သို့ ခေါ်ဆိုပါ။

CHINESE

如果您或者您在帮助的人对 CareSource 存有疑问，您有权免费获得以您的语言提供的帮助和信息。如果您需要与一位翻译交谈，请致电 1-833-230-2020 TTY:711。

CUSHITE – OROMO

Isin yookan namni biraa isin deeggartan CareSource irratti gaaffii yo qabaattan, kaffaltii irraa bilisa haala ta'een afaan keessaniin odeeffannoo argachuu fi deeggarsa argachuuf mirga ni qabdu. Nama isiniif ibsu argachuuf, lakkoofsa bilbilaa 1-833-230-2020 TTY:711 tiin bilbilaa.

DUTCH

Als u, of iemand die u helpt, vragen heeft over CareSource, hebt u het recht om kosteloos hulp en informatie te ontvangen in uw taal. Als u wilt spreken met een tolk, bel dan naar 1-833-230-2020 TTY:711.

FRENCH (CANADA)

Des questions au sujet de CareSource? Vous ou la personne que vous aidez avez le droit d'obtenir gratuitement du soutien et de l'information dans votre langue. Pour parler à un interprète, veuillez téléphoner au 1-833-230-2020 TTY:711.

GERMAN

Wenn Sie, oder jemand dem Sie helfen, eine Frage zu CareSource haben, haben Sie das Recht, kostenfrei in Ihrer eigenen Sprache Hilfe und Information zu bekommen. Um mit einem Dolmetscher zu sprechen, rufen Sie die Nummer 1-833-230-2020 TTY:711 an.

GUJARATI

જો તમે અથવા તમે કોઈને મદદ કરી રહ્યાં તમે iથી કોઈને CareSource વિશે પ્રશ્નો હોય તો તમને મદદ અને મેહુલી મેળિનો અવિકર છ. તે અર્થે વિન તમ રી ભ ષ મ i પ્ર પ્ત કરી શક ર છ. દ ભ વપરો તિ કરિ મ ટે, આ 1-833-230-2020 TTY:711 પર કોલ કરો.

HINDI

यदि आपके, या आप जिसकी मदद कर रहे हैं उसके CareSource के बारे में कोई सवाल हैं तो आपके पास बगैर किसी लागत के अपनी भाषा में सहायता और जानकारी प्राप्त करने का अधिकार है। एक दुभाषिए से बात करने के लिए कॉल करें, 1-833-230-2020 TTY:711.

ITALIAN

Se Lei, o qualcuno che Lei sta aiutando, ha domande su CareSource, ha il diritto di avere supporto e informazioni nella propria lingua senza alcun costo. Per parlare con un interprete, chiami il 1-833-230-2020 TTY:711.

JAPANESE

ご本人様、または身の回りの方で、CareSourceに関するご質問がございましたら、ご希望の言語でサポートを受けたり、情報を入力したりすることができます (無償)。通訳をご利用の場合は、1-833-230-2020 TTY:711 にご連絡ください。

KOREAN

귀하 본인이나 귀하께서 돕고 계신 분이 CareSource에 대해 궁금한 점이 있으시면, 원하는 언어로 별도 비용 없이 도움을 받을 수 있습니다. 통역사가 필요하시면 다음 번호로 전화해 주십시오: 1-833-230-2020 TTY:711.

PENNSYLVANIA DUTCH

Wann du hoscht en Froog, odder ebber, wu du helpscht, hot en Froog baut CareSource, hoscht du es Recht fer Hilf un Information in deinre eegne Schprooch griegie, un die Hilf koschtet nix. Wann du mit me Interpreter schwetze witt, kanschdt du 1-833-230-2020 TTY:711 uffrufe.

RUSSIAN

Если у Вас или у кого-то, кому Вы помогаете, есть вопросы относительно CareSource, Вы имеете право бесплатно получить помощь и информацию на Вашем языке. Для разговора с переводчиком, позвоните по номеру 1-833-230-2020 TTY:711.

SPANISH

Si usted o alguien a quien ayuda tienen preguntas sobre CareSource, tiene derecho a recibir esta información y ayuda en su propio idioma sin costo. Para hablar con un intérprete, llame al 1-833-230-2020 TTY:711.

UKRAINIAN

Якщо у вас, чи в особи, котрій ви допомагаєте, виникнуть запитання щодо CareSource, ви маєте право безкоштовно отримати допомогу та інформацію вашою мовою. Щоб замовити перекладача, зателефонуйте за номером 1-833-230-2020 TTY:711.

VIETNAMESE

Nếu bạn hoặc ai đó bạn đang giúp đỡ, có thắc mắc về CareSource, bạn có quyền được nhận trợ giúp và thông tin bằng ngôn ngữ của mình miễn phí. Để nói chuyện với một thông dịch viên, vui lòng gọi số 1-833-230-2020 TTY:711.

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 1-833-230-2020 TTY:711.

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>.