

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



# 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.

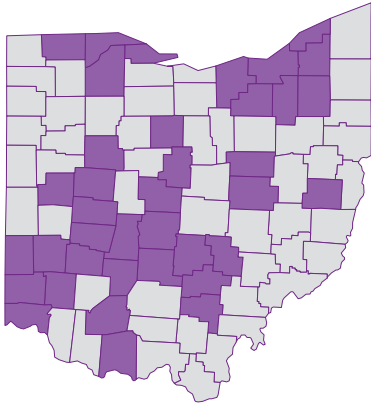
You can enroll in this plan if you are in one of these Medicaid categories:

- **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 copayment 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.

<b>COVERED MEDICAL AND HOSPITAL BENEFITS — IN-NETWORK ONLY</b> If you use providers that are not in our network, we may not pay for these services.	
	<b>CareSource Dual Advantage (HMO SNP)</b>
<b>Inpatient Hospital Care<sup>1</sup></b>	Days 1 through 7 \$0 copay per day
	Days 8 through 90 \$0 copay per day
<b>Outpatient Surgery<sup>1</sup></b>	<b>Ambulatory surgical center</b>
	\$0 copay
	<b>Outpatient hospital</b>
	\$0 copay
<b>Doctor's Office Visits</b>	<b>Primary care physician visit</b> (Including Telehealth Visit)
	\$0 copay
	<b>Specialist visit</b>
	\$0 copay
<b>Preventive Care</b>	\$0 copay
<b>Emergency Care</b>	\$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.
<b>Urgent Care</b>	\$0 copay
<b>Diagnostic Tests, Lab/Radiology Services and X-Rays<sup>1</sup></b>	<b>Diagnostic radiology services</b> (such as MRIs, CT scans)
	\$0 copay
	<b>Diagnostic tests and procedures</b>
	\$0 copay
	<b>Lab services</b>
	\$0 copay
	<b>Outpatient x-rays</b>
	\$0 copay
<b>Therapeutic radiology services</b> (such as radiation treatment for cancer)	
\$0 copay	

Services with a <sup>1</sup> may require prior authorization. Services with a <sup>2</sup> 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.

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

Services with a <sup>1</sup> may require prior authorization. Services with a <sup>2</sup> 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)
<b>Mental Health Care<sup>1</sup></b> Lifetime limit: Up to 190 days inpatient care in a psychiatric hospital	<b>Inpatient visit</b>
	Days 1 through 7 \$0 copay per day
	Days 8 through 90 \$0 copay per day
	<b>Outpatient group therapy visit (psychiatrist provided)</b>
	\$0 copay
	<b>Outpatient individual therapy visit (psychiatrist provided)</b>
\$0 copay	
<b>Skilled Nursing Facility<sup>1</sup></b> Limited to 100 days per benefit period	Days 1 through 20 \$0 copay per day
	Days 21 through 100 \$0 copay
<b>Outpatient Rehabilitation<sup>1</sup></b>	<b>Cardiac (heart) rehab services</b>
	\$0 copay
	<b>Occupational therapy visit</b>
	\$0 copay
	<b>Physical therapy and speech and language therapy visit</b>
	\$0 copay
<b>Supervised Exercise Therapy (SET)</b>	
\$0 copay	
<b>Ambulance<sup>1</sup></b>	\$0 copay
<b>Transportation</b>	60 one-way trips annually
<b>Medicare Part B Drugs<sup>1</sup></b>	\$0 copay
<b>Foot Care (podiatry services)</b>	\$0 copay
	Includes foot exams and treatment if you have diabetes-related nerve damage or meet certain conditions
<b>Durable Medical Equipment<sup>1</sup></b> (wheelchairs, oxygen, etc.)	\$0 copay
<b>Prosthetic Devices<sup>1</sup></b> (braces, artificial limbs, etc.)	<b>Prosthetic devices</b>
	\$0 copay
	<b>Related medical supplies</b>
	\$0 copay

Services with a <sup>1</sup> may require prior authorization. Services with a <sup>2</sup> 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.

	<b>CareSource Dual Advantage (HMO SNP)</b>
<b>Diabetes Supplies and Services</b>	<b>Diabetes monitoring supplies</b>
	\$0 copay
	<b>Diabetes self-management training</b>
	\$0 copay
	<b>Therapeutic shoes or inserts</b>
	\$0 copay
<b>Chiropractic Care<sup>1</sup></b>	\$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)
<b>Home Health Care<sup>1</sup></b>	0% coinsurance
<b>Hospice</b>	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.
<b>Outpatient Substance Abuse<sup>1</sup></b>	<b>Group therapy visit</b>
	\$0 copay
	<b>Individual therapy visit</b>
	\$0 copay
<b>Over-the-Counter Items</b>	\$100 allowance quarterly
<b>Renal Dialysis</b>	\$0 copay

Services with a <sup>1</sup> may require prior authorization. Services with a <sup>2</sup> 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 Drugs<sup>1</sup>  
(such as chemotherapy)

\$0 copay

Part D Drugs — Retail<sup>1</sup>

**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-Sharing<sup>1</sup>

**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 <sup>1</sup> 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)
<b>Fitness</b>	\$0 copay No cost memberships at participating fitness centers or free home fitness kits
<b>Worldwide ER and Urgent Care</b>	<b>Emergency Care</b> (waived if admitted)
	\$0 copay \$10,000 limit annually
	<b>Urgent Care</b>
	\$0 copay
<b>CareSource24® — 24 Hour Nurse Advice Line</b>	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"> <li>– Decide when self-care, a doctor visit, or the emergency room is the right choice</li> <li>– Check your symptoms and help you figure out what to do</li> <li>– Understand a medical condition or recent diagnosis</li> <li>– Obtain medical information</li> <li>– Prepare questions for doctor visits</li> <li>– Find out more about prescriptions or over-the-counter medicines</li> <li>– Learn about healthy eating and staying well</li> </ul>
<b>MyHealth Online Tool</b>	With MyHealth, you'll have online access to resources for your health, including: <ul style="list-style-type: none"> <li>– Health assessments</li> <li>– Personalized online wellness plans</li> <li>– Step-by-step guides on specific health needs</li> <li>– Online health journeys</li> <li>– Goal setting and tracking</li> <li>– Health tips and wellness information</li> </ul>

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 <sup>1</sup> may require prior authorization. Services with a <sup>2</sup> 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.**

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 አላቸው፣ ያለ ምንም ክፍያ በቋንቋዎ እርዳታና መረጃ የማግኘት መብት አላቸው። ከአስተርጓሚ ጋር ለመነጋገር፣ 1-833-230-2020 TTY:711 ይደውሉ።

**BURMESE**

CareSource အကြောင်း သင် သို့မဟုတ် 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 મેળવિનો અધિકાર છે. તે અર્થે વિન તમ રી ભ ષ મ i પ્ર પ્ત કરી શક ર છે. 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, kannscht 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>.



