

CareSource Dual Advantage™ (HMO D-SNP)

# 2025 SUMMARY OF BENEFITS

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## Introduction

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

CareSource is a nonprofit health insurance company that has been meeting the needs of health care consumers like you for over 30 years. Our mission is to make a lasting difference in our members' lives by giving them resources to improve their health and well-being. CareSource Dual Advantage™ (HMO D-SNP) gives you more benefits, more savings, more care... and no hidden costs.

## ABOUT THE PLAN

CareSource Dual Advantage is a Medicare Advantage Dual Eligible Special Needs Plan (D-SNP) plan with a Medicare and Medicaid contract. This means that in addition to CareSource Dual Advantage coverage, Ohio Department of Medicaid (ODM) also shares some of the cost for your health care services. How much Medicaid covers depends on your income, resources, and other factors.

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

## WHO CAN JOIN?

To join CareSource Dual Advantage you must meet the following:

- Be entitled to Medicare Part A;
- Be enrolled in Medicare Part B;
- Be enrolled in one of the following:
  - **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.
  - **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.

- **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.
- **Specified Low-Income Medicare Beneficiary with full Medicaid (SLMB+):** You get Medicaid coverage of Medicare cost-share but are not eligible for full Medicaid benefits. Medicaid helps pay Part B premium amounts.
  - Be a United States citizen or lawfully present in the United States;
  - Live in our plan's service area.

The CareSource Dual Advantage service area includes the following counties in Ohio:

Adams, Allen, Ashland, Ashtabula, Athens, Auglaize, Belmont, Brown, Butler, Carroll, Champaign, Clark, Clermont, Clinton, Columbiana, Coshocton, Crawford, Cuyahoga, Darke, Defiance, Delaware, Erie, Fairfield, Fayette, Franklin, Fulton, Gallia, Geauga, Greene, Guernsey, Hamilton, Hancock, Hardin, Harrison, Henry, Highland, Hocking, Holmes, Huron, Jackson, Jefferson, Lake, Lawrence, Licking, Logan, Lorain, Lucas, Madison, Mahoning, Marion, Medina, Meigs, Mercer, Miami, Monroe, Montgomery, Morgan, Morrow, Muskingum, Noble, Ottawa, Paulding, Perry, Pickaway, Pike, Portage, Preble, Putnam, Richland, Ross, Sandusky, Scioto, Seneca, Shelby, Stark, Summit, Trumbull, Tuscarawas, Union, Van Wert, Vinton, Warren, Washington, Wayne, Williams, Wood, Wyandot

## WHICH DOCTORS, HOSPITALS AND PHARMACIES CAN I USE?

CareSource Dual Advantage has a network of doctors, hospitals, pharmacies, and other providers. If you use providers that are out of 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/DSNP** 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*.

## TIPS FOR COMPARING YOUR MEDICARE CHOICES

This *Summary of Benefits* booklet is a summary of what CareSource Dual Advantage covers and what you pay.

- If you want to compare our plan with other Medicare health plans in your area, 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 the *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.

# Questions?

If you are currently a member of this plan, call us toll-free at **1-833-230-2020** (TTY users should call **1-833-711-4711 or 711**).

If you are not a member of this plan, call us toll-free at **1-844-607-2830** (TTY: **1-833-711-4711 or 711**).

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

## Hours of Operation

We are open 8 a.m. to 8 p.m. Monday through Friday, and from October 1 through March 31, the same hours seven days a week.

## Member Services

This document is available in other formats such as 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 **1-833-711-4711 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 **1-833-711-4711 o 711**.)

MONTHLY PREMIUM, DEDUCTIBLE AND LIMITS	
	CareSource Dual Advantage
<b>Monthly Premium</b>	\$0
<b>Annual Deductible</b> (See the <i>Prescription Drug Coverage</i> section for the Part D deductible)	\$0
<b>Annual Out-of-Pocket Maximum</b> (the limit on how much you will pay in a year)	\$0 Annually for Medicare-covered services from in-network providers.

## CareSource Dual Advantage 2025 Summary of Benefits Chart

Cost sharing for Medicare-covered benefits in the chart below are based on your level of Ohio Department of Medicaid (ODM) eligibility. Your services are paid first by Medicare and then by Medicaid. If a benefit is used up by Medicare, then Ohio Department of Medicaid (ODM) may provide coverage. CareSource Dual Advantage will cover the benefits described below.

If you have questions about your Medicaid eligibility and what benefits you are entitled to, call Ohio Department of Medicaid (ODM), 1-800-324-8680 for TTY call 711 during the hours of 7 a.m. – 8 p.m., Monday through Friday; 8 a.m. – 5 p.m., Saturday.

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

<b>COVERED MEDICAL AND HOSPITAL BENEFITS — IN-NETWORK ONLY</b>		
If you use providers that are not in our network, you may be responsible for the full cost of these services.		
	<b>CareSource Dual Advantage</b>	<b>Ohio Department of Medicaid (ODM)</b>
<b>Inpatient Hospital Care<sup>1</sup></b>	Days 1 through 90; 60 lifetime reserve days \$0 copay per day	Covered
<b>Outpatient Hospital Care<sup>1</sup></b>	\$0 copay	Covered
<b>Ambulatory Surgical Center (ASC) Services<sup>1</sup></b>	\$0 copay	Covered
<b>Doctor's Office Visits</b>	<b>Primary care provider visit (PCP)</b> (Including Telehealth Visits)	
	\$0 copay	Covered
	<b>Specialist visit</b>	
	\$0 copay	Covered
<b>Preventive Care</b>	\$0 copay	Covered
<b>Emergency Care</b>	\$0 copay	Covered
<b>Urgently Needed Services</b>	\$0 copay	Covered
<b>Diagnostic Services, Labs, and Imaging<sup>1</sup></b>	<b>Diagnostic tests and procedures</b>	
	\$0 copay	Covered
	<b>Lab services</b>	
	\$0 copay	Covered
	<b>Diagnostic radiology services</b> (such as MRIs, CT scans)	
	\$0 copay	Covered
	<b>Outpatient x-rays</b>	
	\$0 copay	Covered

<sup>1</sup> Prior authorization is required for some services.

Amounts shown are what you pay. Services are covered in-network only except for emergency services and urgently needed services.

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

If you use providers that are not in our network, you may be responsible for the full cost of these services.

	CareSource Dual Advantage	Ohio Department of Medicaid (ODM)
<b>Hearing Services</b>	<b>Exam to diagnose and treat hearing and balance issues</b>	
	\$0 copay	Covered
	<b>Routine hearing exam</b>	
	\$0 copay, 1 every year	Covered
	<b>Hearing aids<sup>2</sup></b>	
\$0 copay TruHearing®* Advanced model hearing aids (available in rechargeable options), one per ear every 3 years <b>Hearing aid purchase includes:</b> – Provider visits within the first year of hearing aid purchase – 60-day trial period – 3-year extended warranty – 80 batteries per aid for non-rechargeable models	Covered	
<b>Dental Services</b> (continued on the next page)	<b>Medicare-covered services</b>	
	\$0 copay	Not Applicable
	<b>Preventive dental<sup>2</sup></b>	
\$0 copay for a single office visit that includes: Every six months: – 1 cleaning – 1 oral exam – 1 fluoride treatment Every year: – 1 dental x-ray	Covered	

<sup>2</sup> Services are not subject to the maximum out of pocket.

Amounts shown are what you pay. Services are covered in-network only except for emergency services and urgently needed services.

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

If you use providers that are not in our network, you may be responsible for the full cost of these services.

	CareSource Dual Advantage	Ohio Department of Medicaid (ODM)
<b>Dental Services</b> (continued)	<b>Comprehensive dental<sup>1,2</sup></b>	
	\$0 copay Includes simple extractions, minor restorations, periodontics, and other non-Medicare covered comprehensive dental services such as dentures and implants	Covered
	<b>Preventive and comprehensive dental allowance</b>	
	\$6,000 maximum plan coverage amount for preventive and comprehensive dental benefits.	Not Covered
<b>Vision Services</b>	<b>Exam to diagnose and treat diseases and conditions of the eye</b>	
	\$0 copay	Covered
	<b>Routine eye exam (1 every year)</b>	
	\$0 copay	Covered
	<b>Eyewear<sup>2</sup></b>	
	\$0 copay \$600 maximum plan coverage amount every year for all non-Medicare-covered eyewear.	Covered
	<b>Medicare-covered eyeglasses or contact lenses after cataract surgery</b>	
\$0 copay	Not Applicable	

<sup>1</sup> Prior authorization is required for some services.

<sup>2</sup> Services are not subject to the maximum out of pocket.

Amounts shown are what you pay. Services are covered in-network only except for emergency services and urgently needed services.

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

If you use providers that are not in our network, you may be responsible for the full cost of these services.

	CareSource Dual Advantage	Ohio Department of Medicaid (ODM)
<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 90; 60 lifetime reserve days \$0 copay per day	Covered
	<b>Outpatient group therapy visit</b>	
	\$0 copay	Covered
	<b>Outpatient individual therapy visit</b>	
	\$0 copay	Covered
<b>Skilled Nursing Facility<sup>1</sup></b> Limited to 100 days per benefit period	Days 1 through 100 \$0 copay per day	Covered
<b>Physical Therapy<sup>1</sup></b>	\$0 copay	Covered
<b>Ambulance<sup>1</sup></b>	\$0 copay	Covered
<b>Transportation</b>	<b>Plan approved health-related locations</b>	
	\$0 copay	Covered
<b>Medicare Part B Drugs<sup>1</sup></b> (including chemotherapy)	\$0 copay	Covered

<sup>1</sup> Prior authorization is required for some services.

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## PRESCRIPTION DRUG COVERAGE

You can use our complete "Drug List" (Formulary) located on [CareSource.com/DSNP](https://www.caresource.com/DSNP) to find your drugs and to see if your drug has additional requirements or limits such as prior authorization or quantity limits. To get a hard copy, call us and we will send you a copy of the "Drug List."

For more information on the pharmacy-specific cost-sharing and the phases of the benefit, please call us toll-free at **1-833-230-2020** (TTY users should call **1-833-711-4711 or 711**) or access our website at [CareSource.com/DSNP](https://www.caresource.com/DSNP).

If you qualify for "Extra Help," you will pay \$0 for all Medicare Part D covered prescription drugs on your formulary and through all stages.

### PRESCRIPTION DRUG BENEFITS— IN-NETWORK ONLY

If you use pharmacies that are not in our network, you may be responsible for the full cost.

CareSource Dual Advantage	
Part D Deductible	\$0

**Below is what you pay for covered drugs in the deductible, initial coverage, and catastrophic coverage phase.**

### Standard Retail and Standard Mail Order Cost-Sharing

#### 1-month, 2-month, or 3-month supply

All covered drugs	\$0 copay
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**Some prescription drugs have additional requirements. You can look at our "Drug List" (Formulary) to see if your drug requires prior authorization or has quantity limits. Mail-order limited to 102-day supply.**

## Other Benefits CareSource Dual Advantage Offers

ADDITIONAL BENEFITS	
	CareSource Dual Advantage
<b>Acupuncture</b> (for chronic low back pain)	\$0 copay
<b>CareSource24® Nurse Advice Line</b>	<p>CareSource24 provides around-the-clock access to a caring and experienced staff of registered nurses. Members can call the CareSource24 toll-free number located on your CareSource member ID card 24 hours a day, 7 days a week, 365 days a year. 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.</p> <p>Speaking directly with professional registered nurses can help you:</p> <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 (OTC) items</li> <li>– Learn about healthy eating and staying well</li> </ul>
<b>Chiropractic Care</b>	<p>\$0 copay</p> <p>Includes manipulation of the spine to correct a subluxation (when one or more of the bones of your spine move out of position)</p>
<b>Diabetes Supplies and Services<sup>1</sup></b>	<p><b>Diabetes monitoring supplies</b></p> <p>\$0 copay</p> <p>Diabetic supplies and services are limited to specified manufacturers:</p> <p>Blood glucose test strips and meters</p> <ul style="list-style-type: none"> <li>– Abbott Diabetes &amp; Lifescan products</li> </ul> <p>Continuous glucose monitors (CGMs)</p> <ul style="list-style-type: none"> <li>– Abbott FreeStyle &amp; Dexcom</li> </ul>
	<p><b>Diabetes self-management training</b></p> <p>\$0 copay</p>
	<p><b>Therapeutic shoes or inserts</b></p> <p>\$0 copay</p>
	<p><b>Durable Medical Equipment<sup>1</sup></b> (wheelchairs, oxygen, etc.)</p> <p>\$0 copay</p>

<sup>1</sup> Prior authorization is required for some services.

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## ADDITIONAL BENEFITS

### CareSource Dual Advantage

<b>Fitness</b>	<b>Physical fitness benefit</b>
	<p style="text-align: center;">\$0 copay</p> <p>Includes membership at participating fitness centers and home fitness kit (some kits include a wearable fitness tracker)</p>
<b>Healthy Benefits+™ Allowance</b>	<p>Members use the Healthy Benefits+ debit card to purchase up to \$255 per month for approved services and items from eligible locations, including:</p> <ul style="list-style-type: none"> <li>– Food &amp; Produce</li> <li>– Over-The-Counter (OTC) Items</li> <li>– Utility Expenses</li> <li>– Personal Care Items</li> <li>– Pet Care Items (excluding veterinary care and grooming)</li> <li>– Dental</li> <li>– Vision</li> <li>– Hearing</li> </ul> <p>Unused amounts rollover to the following month and will expire at the end of the year.</p>
<b>Home Health Care<sup>1</sup></b>	\$0 copay
<b>Hospice<sup>1</sup></b>	<p>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.</p>
<b>Meals</b>	<p>Two meals a day for 14 days after each inpatient or skilled nursing facility stay</p>
<b>MyHealth™ Online Tool</b>	<p>With MyHealth, you'll have online access to resources for your health, including:</p> <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>

<sup>1</sup> Prior authorization is required for some services.

Amounts shown are what you pay. Services are covered in-network only except for emergency services and urgently needed services.

## ADDITIONAL BENEFITS

### CareSource Dual Advantage

<b>Outpatient Rehabilitation<sup>1</sup></b>	<b>Cardiac (heart) rehabilitation services</b>
	\$0 copay
	<b>Occupational therapy visits</b>
	\$0 copay
	<b>Speech and language therapy visit</b>
	\$0 copay
<b>Outpatient Substance Abuse</b>	<b>Supervised exercise therapy (SET)</b>
	\$0 copay
	<b>Group therapy visit</b>
	\$0 copay
	<b>Individual therapy visit</b>
	\$0 copay
<b>Personal Emergency Response System (PERS)</b>	A PERS consists of a home monitoring device that sends an alert to a 24-hour call center in the event of an emergency.
<b>Podiatry</b>	<b>Medicare-covered services</b>
	Includes foot exams and treatment if you have diabetes-related nerve damage or meet certain conditions
	<b>Routine Foot Care</b>
	\$0 copay Members get 6 additional visits per year for routine foot care
<b>Prosthetic Devices<sup>1</sup></b> (braces, artificial limbs, etc.)	<b>Prosthetic devices</b>
	\$0 copay
	<b>Related medical supplies</b>
	\$0 copay
<b>Renal Dialysis</b>	\$0 copay
<b>Therapeutic Radiology Services<sup>1</sup></b> (such as radiation treatment for cancer)	\$0 copay
<b>Worldwide Emergency Services, Urgently Needed Services, and Transportation</b>	\$0 copay \$10,000 maximum plan benefit coverage amount every year for the worldwide benefit.

<sup>1</sup> Prior authorization is required for some services.

Amounts shown are what you pay. Services are covered in-network only except for emergency services and urgently needed services.

This information is not a complete description of benefits. Call **1-833-230-2020** (TTY users should call **1-833-711-4711 or 711**) for more information. Limitations, copayments, and restrictions may apply.

Benefits, premiums and/or copayments/coinsurance may change on January 1 of each year. You must continue to pay your Medicare Part B premium. Plans may offer supplemental benefits in addition to Part C benefits and Part D benefits.

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 is an HMO D-SNP with a Medicare and state Medicaid contract. Enrollment in CareSource depends on contract renewal.

**English:** We have free interpreter services to answer any questions you may have about our health or drug plan. To get an interpreter, just call us at **1-833-230-2020**. Someone who speaks your language can help you. This is a free service.

**Spanish:** Tenemos servicios de intérprete sin costo alguno para responder cualquier pregunta que pueda tener sobre nuestro plan de salud o medicamentos. Para hablar con un intérprete, por favor llame al 1-833-230-2020. Alguien que hable español le podrá ayudar. Este es un servicio gratuito.

**Chinese Mandarin:** 我们提供免费的翻译服务，帮助您解答关于健康或药物保险的任何疑问。如果您需要此翻译服务，请致电 1-833-230-2020。我们的中文工作人员很乐意帮助您。这是一项免费服务。

**Chinese Cantonese:** 您對我們的健康或藥物保險可能存有疑問，為此我們提供免費的翻譯服務。如需翻譯服務，請致電 1-833-230-2020。我們講中文的人員將樂意為您提供幫助。這是一項免費服務。

**Tagalog:** Mayroon kaming libreng serbisyo sa pagsasaling-wika upang masagot ang anumang mga katanungan ninyo hinggil sa aming planong pangkalusugan o panggamot. Upang makakuha ng tagasaling-wika, tawagan lamang kami sa 1-833-230-2020. Maaari kayong tulungan ng isang nakakapagsalita ng Tagalog. Ito ay libreng serbisyo.

**French:** Nous proposons des services gratuits d'interprétation pour répondre à toutes vos questions relatives à notre régime de santé ou d'assurance-médicaments. Pour accéder au service d'interprétation, il vous suffit de nous appeler au 1-833-230-2020. Un interlocuteur parlant Français pourra vous aider. Ce service est gratuit.

**Vietnamese:** Chúng tôi có dịch vụ thông dịch miễn phí để trả lời các câu hỏi về chương sức khỏe và chương trình thuốc men. Nếu quý vị cần thông dịch viên xin gọi 1-833-230-2020 sẽ có nhân viên nói tiếng Việt giúp đỡ quý vị. Đây là dịch vụ miễn phí.

**German:** Unser kostenloser Dolmetscherservice beantwortet Ihren Fragen zu unserem Gesundheits- und Arzneimittelplan. Unsere Dolmetscher erreichen Sie unter 1-833-230-2020. Man wird Ihnen dort auf Deutsch weiterhelfen. Dieser Service ist kostenlos.

**Korean:** 당사는 의료 보험 또는 약품 보험에 관한 질문에 답해 드리고자 무료 통역 서비스를 제공하고 있습니다. 통역 서비스를 이용하려면 전화 1-833-230-2020 번으로 문의해 주십시오. 한국어를 하는 담당자가 도와드릴 것입니다. 이 서비스는 무료로 운영됩니다.

**TTY: 1-833-711-4711 or 711**

**Russian:** Если у вас возникнут вопросы относительно страхового или медикаментного плана, вы можете воспользоваться нашими бесплатными услугами переводчиков. Чтобы воспользоваться услугами переводчика, позвоните нам по телефону 1-833-230-2020. Вам окажет помощь сотрудник, который говорит по-русски. Данная услуга бесплатная.

**Arabic:** إننا نقدم خدمات المترجم الفوري المجانية للإجابة عن أي أسئلة تتعلق بالصحة أو جدول الأدوية لدينا. للحصول على مترجم فوري، ليس عليك سوى الاتصال بنا على 1-833-230-2020. سيقوم شخص ما يتحدث العربية بمساعدتك. هذه خدمة مجانية.

**Hindi:** हमारे स्वास्थ्य या दवा की योजना के बारे में आपके किसी भी प्रश्न के जवाब देने के लिए हमारे पास मुफ्त दुभाषिया सेवाएँ उपलब्ध हैं। एक दुभाषिया प्राप्त करने के लिए, बस हमें 1-833-230-2020 पर फोन करें। कोई व्यक्ति जो हिन्दी बोलता है आपकी मदद कर सकता है। यह एक मुफ्त सेवा है।

**Italian:** È disponibile un servizio di interpretariato gratuito per rispondere a eventuali domande sul nostro piano sanitario e farmaceutico. Per un interprete, contattare il numero 1-833-230-2020. Un nostro incaricato che parla Italianovi fornirà l'assistenza necessaria. È un servizio gratuito.

**Portuguese:** Dispomos de serviços de interpretação gratuitos para responder a qualquer questão que tenha acerca do nosso plano de saúde ou de medicação. Para obter um intérprete, contacte-nos através do número 1-833-230-2020. Irá encontrar alguém que fale o idioma Português para o ajudar. Este serviço é gratuito.

**French Creole:** Nou genyen sèvis entèprèt gratis pou reponn tout kesyon ou ta genyen konsènan plan medikal oswa dwòg nou an. Pou jwenn yon entèprèt, jis rele nou nan 1-833-230-2020. Yon moun ki pale Kreyòl kapab ede w. Sa a se yon sèvis ki gratis.

**Polish:** Umożliwiamy bezpłatne skorzystanie z usług tłumacza ustnego, który pomoże w uzyskaniu odpowiedzi na temat planu zdrowotnego lub dawkowania leków. Aby skorzystać z pomocy tłumacza znającego język polski, należy zadzwonić pod numer 1-833-230-2020. Ta usługa jest bezpłatna.

**Japanese:** 当社の健康 健康保険と薬品 処方薬プランに関するご質問にお答えするために、無料の通訳サービスがあります。通訳をご用命になるには、1-833-230-2020にお電話ください。日本語を話す人者が支援いたします。これは無料のサービスです。

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