

2020 MA-PD ENROLLMENT GUIDE

CareSource Advantage[®]
Zero Premium (HMO)

CareSource Advantage[®]
(HMO)

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



CARESOURCE MEDICARE ADVANTAGE 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 Medicare Advantage plans give you more benefits, more savings, more care...and no hidden costs.

More benefits than basic Medicare.

Our two Medicare Advantage plans (Part C) provide 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 plans are designed to provide you with the best care and save you money.

TIPS FOR COMPARING YOUR MEDICARE CHOICES

This Summary of Benefits booklet gives you a summary of what CareSource Advantage® Zero Premium (HMO) and CareSource Advantage® (HMO) will cover and what you pay.

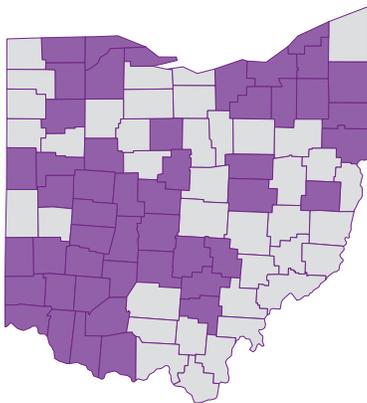
- If you want to compare our plans with other Medicare health plans, ask the other plans for their Summary of Benefits booklets. Or, use the Medicare Plan Finder on [medicare.gov](https://www.medicare.gov).
- If you want to know more about the coverage and costs of Original Medicare, look in your current "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 a Medicare health plan, such as CareSource Advantage Zero Premium (HMO) or CareSource Advantage (HMO).

WHO CAN JOIN?

To join CareSource Advantage Zero Premium (HMO) or CareSource Advantage (HMO), you must be entitled to Medicare Part A, be enrolled in Medicare Part B and live in our service area.



The service area for CareSource Advantage Zero Premium (HMO) and CareSource Advantage (HMO) includes the following counties in Ohio:

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

WHICH DOCTORS, HOSPITALS AND PHARMACIES CAN I USE?

CareSource Advantage Zero Premium (HMO) and CareSource Advantage (HMO) have a network of doctors, hospitals, pharmacies and other providers. If you use providers not in our network, the plans may not pay for services.

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

You can see our plans' Provider & Pharmacy Directory at our website: [CareSource.com/Medicare](https://www.caresource.com/medicare).

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

Things to Know

ANNUAL OUT-OF-POCKET MAXIMUM

If you reach the limit on out-of-pocket costs, you will continue to receive coverage for hospital and medical services and we will pay the full cost for the rest of the year. Please note that you will still need to pay your monthly premiums and cost-sharing for your Part D prescription drugs.

PREVENTIVE CARE

Our plan covers many preventive services, including:

- Abdominal aortic aneurysm screening
- Adult immunizations
- Annual wellness visit including personalized prevention plan services
- Bone mass measurements
- Cancer screenings to include: mammograms, cervical and vaginal cancer screening
- Cardiovascular screenings to include: cardiovascular disease testing and therapy for cardiovascular disease
- Colorectal screening
- Diabetes screening
- Diabetes self-management training
- Glaucoma screening
- Health and wellness education programs
- Hepatitis C screening
- HIV screening
- Initial preventive physical exam (“Welcome to Medicare” physical exam)
- Intensive behavioral therapy for cardiovascular disease
- Intensive behavioral therapy for obesity
- Medical nutrition therapy (for Medicare beneficiaries with diabetes or renal disease)
- Prostate cancer screening
- Routine eye exam
- Screening and behavioral counseling interventions in primary care to reduce alcohol misuse
- Screening for depression in adults
- Screening for lung cancer with low-dose computed tomography (LDCT)
- Screening for sexually transmitted infections (STIs) and high intensity behavioral counseling to prevent STIs
- Tobacco-use cessation counseling services

Any additional preventive services approved by Medicare during the contract year will be covered.

Questions?

If you are a member of one of these plans, call us toll-free at 1-844-607-2827 (TTY: 1-800-750-0750 or 711).

If you are not a member of one of these plans, call us toll-free 1-844-607-2830 (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 1-844-607-2827. (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 1-844-607-2827. (Los usuarios de TTY deben llamar al 1-800-750-0750 o 711.)

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). Visit **CareSource.com/Medicare** to view a copy of the EOC. Call 1-844-607-2827 (TTY 1-800-750-0750 or 711) or return the postcard via mail that was included in your new member kit.

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 formulary (list of Part D drugs) and any restrictions on our website, **CareSource.com/Medicare**. Or, call us and we will send you a copy of the formulary.

MONTHLY PREMIUM, DEDUCTIBLE AND LIMITS

	CareSource Advantage Zero Premium (HMO)	CareSource Advantage (HMO)
Monthly Premium	\$0 In addition, you must keep paying your Medicare Part B premium.	\$40
Annual Deductible	None	None
Annual Out-of-Pocket Maximum (the limit on how much you will pay in a year)	\$6,700 for in-network medical services (does not include prescription drugs)	\$4,600 for in-network medical services (does not include prescription drugs)
Lifetime Maximum Benefit	Our plan has a coverage limit every year for certain in-network benefits. Contact us for the services that apply.	

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 Advantage Zero Premium (HMO)	CareSource Advantage (HMO)
Inpatient Hospital Care¹	Days 1 through 5 \$350 copay per day	Days 1 through 7 \$285 copay per day
	Days 6 through 90 \$0 copay per day	Days 8 through 90 \$0 copay per day
Outpatient Surgery¹	Ambulatory surgical center	
	\$250 copay	\$250 copay
	Outpatient hospital	
	\$295 copay	\$295 copay
Doctor's Office Visits	Primary care physician visit (including Telehealth visit)	
	\$10 copay	\$0 copay
	Specialist visit	
	\$50 copay	\$35 copay
Preventive Care	\$0 copay	\$0 copay
Emergency Care Waived if admitted within 24 hours	\$90 copay	\$90 copay
Urgent Care	\$45 copay	\$35 copay
Diagnostic Tests, Lab/Radiology Services and X-Rays¹	Diagnostic radiology services (such as MRIs, CT scans)	
	\$175 copay	\$150 copay
	Diagnostic tests and procedures	
	\$35 copay	\$0 copay
	Lab services	
	\$35 copay	\$0 copay
	Outpatient x-rays	
	\$50 copay	\$25 copay
	Therapeutic radiology services (such as radiation treatment for cancer)	
20% coinsurance	20% coinsurance	

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 Advantage Zero Premium (HMO)	CareSource Advantage (HMO)
Hearing Services	Exam to diagnose and treat hearing and balance issues	
	\$50 copay	\$45 copay
	Routine hearing exam	
	\$0 copay, 1 every year	\$0 copay, 1 every year
	Hearing aid fitting/evaluation	
	\$0 copay	\$0 copay
	Hearing aid²	
	\$699/\$999 copay per hearing aid, one aid per ear per year	\$499/799 copay per hearing aid, one aid per ear per year
Hearing aid purchase includes: – 3 provider visits within first year of hearing aid purchase – 45 day trial period – 3 year extended warranty – 48 batteries per aid		
Dental Services¹ — Medicare-Covered	\$50 copay Excludes services in connection with care, treatment, filling, removal or replacement of teeth	\$50 copay
Comprehensive Dental^{1,2}	Not covered	30% coinsurance for simple extractions, fillings and periodontics 50% coinsurance for all other non-Medicare covered comprehensive dental services Up to \$1,000 limit
	Not covered by Medicare: – Non-routine services – Diagnostic services – Restorative services	Covered only under specific conditions: – Endodontics – Periodontics – Extractions – Prosthodontics, oral maxillofacial surgery, dentures and other services

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 Advantage Zero Premium (HMO)	CareSource Advantage (HMO)
Dental Services² — Preventive	\$0 copay for a single office visit that includes: <ul style="list-style-type: none"> – Cleaning (1 every 6 months) – Dental x-ray(s) (1 every year) – Oral exam (1 every 6 months) 	\$0 copay for a single office visit that includes: <ul style="list-style-type: none"> – 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	
	\$50 copay	\$50 copay
	Routine eye exam (1 every year)	
	\$0 copay	\$0 copay
	Diabetic retinal exam	
	\$0 copay	\$0 copay
	Contact lenses² (1 pair every year; in lieu of eyeglass lenses)	
	\$0 copay, up to \$100 allowance	\$0 copay, up to \$130 allowance
	Eyewear² (includes frames and lens, 1 every year; in lieu of contact lenses)	
	\$0 copay, up to \$100 allowance	\$0 copay, up to \$130 allowance
Mental Health Care¹ Lifetime limit: Up to 190 days inpatient care in a psychiatric hospital	Inpatient visit	
	Days 1 through 5 \$320 copay per day	Days 1 through 7 \$230 copay per day
	Days 6 through 90 \$0 copay per day	Days 8 through 90 \$0 copay per day
	Outpatient group therapy visit (psychiatrist provided)	
	\$40 copay	\$35 copay
	Outpatient individual therapy visit (psychiatrist provided)	
Skilled Nursing Facility¹ Limited to 100 days per benefit period	Days 1 through 20 \$0 copay per day	Days 1 through 20 \$0 copay per day
	Days 21 through 100 \$178 copay per day	Days 21 through 100 \$178 copay per day

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 Advantage Zero Premium (HMO)	CareSource Advantage (HMO)
Outpatient Rehabilitation¹	Cardiac (heart) rehab services	
	20% coinsurance	\$10 copay
	Occupational therapy visit	
	20% coinsurance	\$40 copay
	Physical therapy and speech and language therapy visit	
	20% coinsurance	\$40 copay
Ambulance¹	\$225 copay	\$225 copay
Transportation	Not covered	Not covered
Part B Drugs¹ (such as chemotherapy)	20% coinsurance	20% coinsurance
Supervised Exercise Therapy (SET)	20% coinsurance	\$10 copay
Foot Care (podiatry services)	\$50 copay Includes foot exams and treatment if you have diabetes-related nerve damage or meet certain conditions	\$35 copay
Durable Medical Equipment¹ (wheelchairs, oxygen, etc.)	20% coinsurance	20% coinsurance
Prosthetic Devices¹ (braces, artificial limbs, etc.)	Prosthetic devices	
	20% coinsurance	20% coinsurance
	Related medical supplies	
	20% coinsurance	20% coinsurance
Diabetes Supplies and Services	Diabetes monitoring supplies	
	\$0 copay	\$0 copay
	Diabetes self-management training	
	\$0 copay	\$0 copay
	Therapeutic shoes or inserts	
	20% coinsurance	20% coinsurance
Acupuncture	Not covered	Not covered
Chiropractic Care¹	20% coinsurance Includes manipulation of the spine to correct a subluxation (when one or more of the bones of your spine move out of position)	\$20 copay

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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 Advantage Zero Premium (HMO)	CareSource Advantage (HMO)
Home Health Care¹	0% coinsurance	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	
	\$40 copay	\$40 copay
	Individual therapy visit	
	\$40 copay	\$40 copay
Over-the-Counter Items	Not covered	\$0 copay \$25 mail order allowance quarterly
Renal Dialysis	20% coinsurance	20% coinsurance

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.

Summary of Benefits

HOW WILL I DETERMINE MY DRUG COSTS?

Our plans group each medication into one of five “tiers.” You will need to use your formulary to locate your drug tier to determine how much it will cost you. The amount you pay depends on the drug’s tier and what stage of the benefit you have reached. Below are the benefit stages that occur.

THE FOUR STAGES OF DRUG COVERAGE

What you pay for your covered drugs depends, in part, on which coverage stage you are in.

Stage 1	Stage 2	Stage 3	Stage 4
Deductible	Initial Coverage	Coverage Gap	Catastrophic Coverage
<p>The CareSource Advantage Zero Premium (HMO) plan has a \$150 pharmacy deductible and CareSource Advantage (HMO) has a \$30 pharmacy deductible, for prescriptions in tiers 3 – 5. You will pay the full cost of your prescription drugs in tiers 3 – 5 until you meet the deductible. Once you meet the deductible, you will move on to stage 2.</p>	<p>You pay the following until your total yearly drug costs reach \$4,020. Total yearly drug costs are the total drug costs paid by both you and our Part D plan.</p> <p>You may get your drugs at network retail pharmacies and mail order pharmacies.</p> <p>If you reside in a long-term care facility, you pay the same as at a retail pharmacy.</p> <p>You may get drugs from an out-of-network pharmacy, but may pay more than you pay at an in-network pharmacy.</p>	<p>Most Medicare drug plans have a coverage gap (also called the “donut hole”). This means that there’s a temporary change in what you will pay for your drugs. The coverage gap begins after the total yearly drug cost (including what our plan has paid and what you have paid) reaches \$4,020.</p> <p>After you enter the coverage gap, you pay 25% of the plan’s cost for covered brand name drugs and 25% of the plan’s cost for covered generic drugs until your costs total \$6,350, which is the end of the coverage gap. Not everyone will enter the coverage gap.</p>	<p>After your yearly out-of-pocket drug costs (including drugs purchased through your retail pharmacy and through mail order) reach \$6,350, you pay the greater of:</p> <p>5% of the cost, or \$3.60 copay for generic (including brand drugs treated as generic) and a \$8.95 copayment for all other drugs.</p>

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

	CareSource Advantage Zero Premium (HMO)	CareSource Advantage (HMO)
Part B Drugs ¹ (such as chemotherapy)	20% coinsurance	20% coinsurance
Part D Drugs — Retail¹		
1-month supply or 3-month supply		
Tier 1 (Preferred Generic)	\$5 copay or \$15 copay	\$4 copay or \$12 copay
Tier 2 (Generic)	\$15 copay or \$45 copay	\$10 copay or \$30 copay
Tier 3 (Preferred Brand)	\$45 copay or \$135 copay	\$45 copay or \$135 copay
Tier 4 (Non-Preferred Drug)	\$100 copay or \$300 copay	\$100 copay or \$300 copay
Tier 5 (Specialty Tier)	30% coinsurance (1-month supply only)	32% coinsurance (1-month supply only)
Part D Drugs — Standard Mail Order Cost-Sharing¹		
3-month supply		
Tier 1 (Preferred Generic)	\$0 copay	\$8 copay
Tier 2 (Generic)	\$30 copay	\$20 copay
Tier 3 (Preferred Brand)	\$90 copay	\$90 copay
Tier 4 (Non-Preferred Drug)	\$200 copay	\$200 copay
Tier 5 (Specialty Tier)	Not covered	Not covered

Prescription drugs with a ¹ may require prior authorization.

Cost-sharing may change depending on the pharmacy you choose, days supply 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 1-844-607-2827 (TTY/TDD: 1-800-750-0750 or 711) or access our website [CareSource.com/Medicare](https://www.caresource.com/Medicare).

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

ADDITIONAL BENEFITS

	CareSource Advantage Zero Premium (HMO)	CareSource Advantage (HMO)
Fitness¹	\$0 copay No cost memberships at participating fitness centers or free home fitness kits	\$0 copay
Worldwide ER and Urgent Care	Emergency Care (waived if admitted)	
	\$90 copay	\$90 copay
	Urgent Care	
	\$45 copay	\$35 copay
CareSource24[®] — 24 Hour Nurse Advice Line	<p>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 back 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.</p> <p>Speaking directly with professional registered nurses can help you:</p> <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	<p>With MyHealth, you'll have online access to resources for your health, including:</p> <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 	

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.

This information is not a complete description of benefits. Call 1-844-607-2827/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.

Plans may offer supplemental benefits in addition to Part C & 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 with a Medicare contract. Enrollment in CareSource Advantage[®] Zero Premium (HMO) or CareSource Advantage[®] (HMO) depends on contract renewal.



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 at **1-844-607-2827 (TTY: 711)**.



UNDERSTANDING THE BENEFITS

- Review the full list of benefits found in the Evidence of Coverage (EOC), especially for those services that you routinely see a doctor. Visit **CareSource.com/Medicare-Plan-Documents** to view a copy of the EOC or call **1-844-607-2827 (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).



EXTRA BENEFITS

We know you need coverage for more than what basic Medicare offers, so we've included some important extras in our Medicare Advantage plans.



Dental

You shouldn't have to worry about whether your dental benefit covers the services you need. That's why we offer comprehensive dental coverage with our CareSource Advantage® plan. For 2020, all plans now include preventive care with \$0 copay!

2020 Dental Coverage	CareSource Advantage® Zero Premium (HMO)		CareSource Advantage® (HMO)	
	Covered / Not Covered	Copay / Coinsurance	Covered / Not Covered	Copay / Coinsurance
Preventive Dental	Covered	\$0 Copay	Covered	\$0 Copay
Comprehensive Dental (Outside Medicare Coverage)	Not Covered	N/A	Covered	\$0 Copay / 30-50% Coinsurance, \$1,000 limit

Smile. We've Got You **Covered!**

Vision

We've partnered with EyeMed Vision Care to bring you a Medicare Advantage 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.



LENSCRAFTERS®



Vision Plan Benefits	CareSource Advantage® Zero Premium (HMO)	CareSource Advantage® (HMO)
Exam with Dilation as Necessary	\$0 Copay	\$0 Copay
Retinal Imaging	\$0 Copay	\$0 Copay
Frame, Lens and Option Package (any frame, lens and lens options available at provider location) Or Contact Lenses (material only): disposable, conventional or medically necessary	\$0 Copay; \$100 allowance; 20% off balance over \$100 Disposable: \$0 Copay; \$100 allowance; 0% off balance over \$100 Conventional: \$0 Copay; \$100 allowance; 15% off balance over \$100 Medically necessary: \$0 Copay. Paid in full.	\$0 Copay; \$130 allowance; 20% off balance over \$130 Disposable: \$0 Copay; \$130 allowance; 0% off balance over \$130 Conventional: \$0 Copay; \$130 allowance; 15% off balance over \$130 Medically necessary: \$0 Copay. Paid in full.

Hearing

You deserve a hearing aid benefit that provides you with high-quality hearing aids and local professional care at a fraction of the cost.

Basic Medicare doesn't offer a hearing aid benefit, leaving you to pay an average of \$2,000–\$3,000 per hearing aid on the retail market*. That's why CareSource Medicare Advantage plans cover two hearing aids (one per ear) per year.

Hearing Aid Coverage	CareSource Advantage® Zero Premium (HMO)	CareSource Advantage® (HMO)
Advanced (Retail Price: \$2,455) Features 32 channels, 6 programs, 6 styles	\$699 Copay per aid	\$499 Copay per aid
Premium (Retail Price: \$3,125) Features 48 channels, 6 programs, 6 styles	\$999 Copay per aid	\$799 Copay per aid
Routine hearing exam <i>Performed by in-network provider</i>	\$0 Copay	\$0 Copay

*Retail pricing average based on a survey of national retail hearing aid prices.

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 1-844-607-2827 (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 1-844-607-2827 (TTY: 711)。

WHAT HAPPENS NEXT

What Happens Next as a New CareSource Medicare Advantage 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:



1. 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.



2. 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.





3. YOU'LL RECEIVE A HEALTH RISK ASSESSMENT (HRA) as 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.

You can complete your 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 pre-paid business reply envelope.

If you need help completing the assessment, call Member Services at **1-844-607-2827 (TTY: 711)**.



4. YOUR CARESOURCE MEMBER ID CARD WILL NOT BE IN THE NEW MEMBER KIT. It will arrive in a separate mailing. Your CareSource member ID will be the only card you will need to show 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 10 days of your effective date, please call Member Services at **1-844-607-2827 (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.

If you enrolled in CareSource Advantage® (HMO), you should expect to receive your **first bill** approximately two weeks prior to your effective date.

Payment is due by the last day of the month. If you choose to make your payments via Social Security or Railroad Retirement Board withholding, you will not receive an invoice.

NOTE: If you qualify for extra help (low income subsidy), please discuss billing with your licensed CareSource agent. You may receive a reduced bill or no bill at all.

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 1-844-607-2827 (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 1-844-607-2827 (TTY: 711)。

Welcome to the enhanced Silver&Fit® Healthy Aging and Exercise program where you will discover a better life balance in a program with flexibility, personalized support and the following features tailored to meet your unique needs:

NATIONAL NETWORK OF 14,000+ FITNESS CENTERS

No-cost membership at 14,000+ participating fitness centers and select YMCAs

Many fitness centers and YMCAs also offer:*

- Group fitness classes tailored to adults
- Dance or yoga studios and/or swimming pools (where available)

ONE-ON-ONE SILVER&FIT HEALTHY AGING COACHING BY PHONE

In weekly sessions, trained health coaches guide you in areas like:

- Activity and mobility
- Fall prevention and balance
- Nutrition
- Stress and pain management
- Motivational techniques

HOME FITNESS KITS

If you prefer to work out at home, receive up to 2 kits per benefit year

35 Unique options available, including a Fitbit® Connected! Kit

MEMBER RESOURCES

48 Healthy Aging classes

The Silver Slate® quarterly newsletter

Silver&Fit's ASHConnect™ MOBILE APP

Enhanced fitness center search with photos and location details to help you find fitness centers and YMCAs with your favorite features

Activity tracking on over 250 wearable fitness devices, including Apple Watch®, apps and exercise equipment**

Virtual streaming group exercise videos so you can work out on your schedule

YOU CHOOSE HOW YOU WANT TO GET HEALTHY!

Call CareSource at **1-844-607-2830 (TTY: 1-800-750-0750 or 711)**, Oct. 1 - Mar. 31: 7 days a week, 8 a.m. - 8 p.m., Apr. 1 - Sept. 30: Monday - Friday, 8 a.m. - 8 p.m. You can also visit **www.SilverandFit.com** to find a participating fitness center near you.

Your use of ASHConnect serves as your consent for American Specialty Health Fitness, Inc. (ASH Fitness) to receive information about your tracked activity. The Silver&Fit 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. Please make sure to talk to a doctor before starting or changing an exercise routine. The people in this piece are not Silver&Fit members. Something for Everyone, Silver&Fit, ASHConnect, the Silver&Fit logo, and The Silver Slate are trademarks of ASH. Other names or logos may be trademarks of their respective owners. Home kits are subject to change. Members can contact their health plans for more information. Not all YMCAs participate in the network. Members are advised to check the searchable directory on the Silver&Fit website to see if their location participates in the program.

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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 1-844-607-2827 (TTY: 711)。

*Services that call for an added fee are not part of the Silver&Fit program.

**Purchase of a wearable fitness device or application may be required and is not reimbursed by the Silver&Fit program.

S950-104H-CRS Prospective Member Flier 5/19 © 2019 American Specialty Health Incorporated. All rights reserved.

EXTRA HELP

Monthly Plan Premium for People who get Extra Help from Medicare to Help Pay for their Prescription Drug Costs

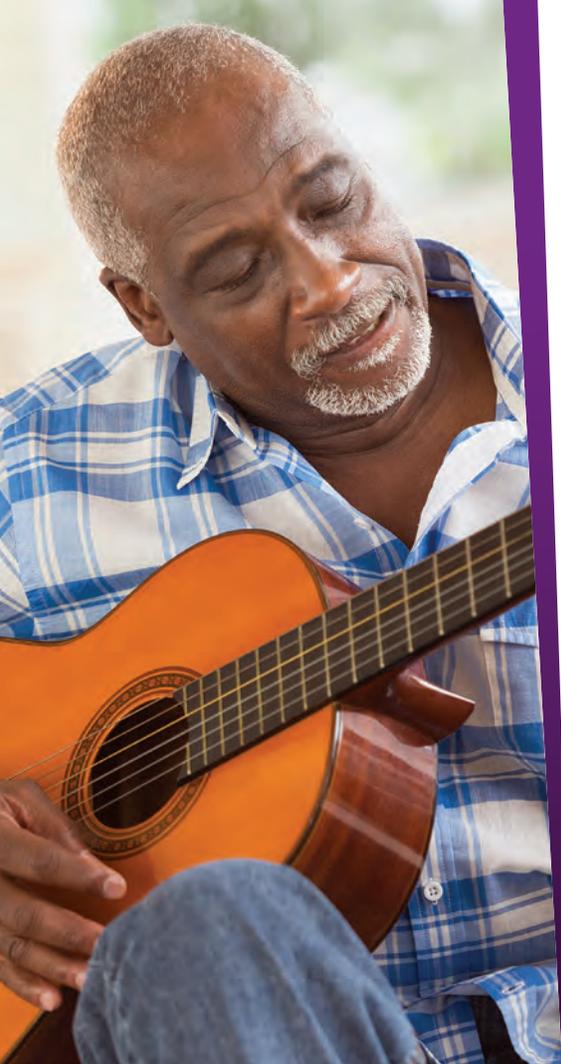
If you get extra help from Medicare to help pay for your Medicare prescription drug plan costs, your monthly plan premium will be lower than what it would be if you did not get extra help from Medicare. The amount of extra help you get will determine your total monthly plan premium as a member of our plan.

This table shows you what your monthly plan premium will be if you get extra help.

Your level of extra help	Monthly Premium for CareSource Advantage® Zero Premium (HMO)*	Monthly Premium for CareSource Advantage® (HMO)*
100%	\$0	\$11.50
75%	\$0	\$18.60
50%	\$0	\$25.70
25%	\$0	\$32.90

*This does not include any Medicare Part B premium you may have to pay.





CareSource's premium includes coverage for both medical services and prescription drug coverage.

If you aren't getting extra help, you can see if you qualify by calling:

1-800-MEDICARE or TTY users call **1-877-486-2048**
(24 hours a day/7 days a week)

Your State Medicaid Office

The Social Security Administration at **1-800-772-1213**. TTY users should call **1-800-325-0778** between 7 a.m. and 7 p.m., Monday through Friday

If you have any questions, please call Member Services at **1-844-604-2827 (TTY: 711)** from 8 a.m. – 8 p.m. seven days a week from Oct. 1 – Mar. 31 and 8 a.m. – 8 p.m. from Monday through Friday the rest of the year.

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



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

**To Enroll in CareSource Advantage® Zero Premium (HMO) or CareSource Advantage® (HMO)
Please Provide the Following Information:**

Please check which plan you want to enroll in:

CareSource Advantage Zero Premium
\$0 per month

CareSource Advantage
\$40.00 per month

LAST name:

FIRST name:

Middle Initial:

Mr. Mrs.

Ms.

Birth Date:

(__/__/____)

(MM/DD/YYYY)

Sex:

M 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

- Fill out this information as it appears on your Medicare card.

-OR-

- 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

With the CareSource Advantage Zero Premium plan – If we determine that you owe a late enrollment penalty (or if you currently have a late enrollment penalty), we need to know how you prefer to pay it. You can pay by mail, electronic check, credit card, debit card, or by phone each month or quarterly. You can also choose to pay your premium by automatic deduction from your Social Security or Railroad Retirement Board (RRB) benefit check each month. If you are assessed a Part D-Income related Monthly Adjustment Amount, you will be notified by the Social Security Administration. You will be responsible for paying this extra amount in addition to your plan premium. You will either have the amount withheld from your Social Security benefit check or be billed directly by Medicare or the RRB. DO NOT pay CareSource the Part-D IRMAA.

With the CareSource Advantage plan – You can pay your monthly plan premium (including any late enrollment penalty that you currently have or may owe) by mail, electronic check, credit card, debit card, or by phone each month. You can also choose to pay your premium by automatic deduction from your Social Security or Railroad Retirement Board (RRB) benefit check each month.

If you are assessed a Part D-Income Related Monthly Adjustment Amount, you will be notified by the Social Security Administration. You will be responsible for paying this extra amount in addition to your plan premium. You will either have the amount withheld from your Social Security benefit check or be billed directly by Medicare or RRB. DO NOT pay CareSource the Part D-IRMAA.

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 Advantage Zero Premium or CareSource 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 and Phone Number of Institution (number and street): _____

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. 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 1-844-607-2827 if you need information in an 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 this Important Information

If you currently have health coverage from an employer or union, joining CareSource Advantage Zero Premium or CareSource Advantage could affect your employer or union health benefits. You could lose your employer or union health coverage if you join CareSource. Read the communications your employer or union sends you. If you have questions, visit their website, or contact the office listed in their communications. If there isn't any information on whom to contact, your benefits administrator or the office that answers questions about your coverage can help.

Please Read and Sign Below

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

CareSource Advantage Zero Premium and CareSource Advantage are Medicare Advantage plans and have 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: _____

CareSource is an HMO with a Medicare contract. Enrollment in CareSource Advantage Zero Premium® (HMO) or CareSource Advantage® (HMO) depends on contract renewal.



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.

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 1-844-607-2827 TTY:711.

ARABIC

إذا كان لديك، أو لدى أي شخص تساعد، أية استفسارات بخصوص CareSource، فيحق لك الحصول على مساعدة ومعلومات مجانًا وباللغة التي تتحدث بها. للتحدث إلى أحد المترجمين الفوريين، اتصل على 1-844-607-2827 TTY:711.

AMHARIC

እርስዎ፣ ወይም እርስዎ የሚያግዙት ግለሰብ፣ ስለ CareSource ጥያቄ አላችሁ፣ ያለ ምንም ክፍያ በቋንቋዎ እርዳታና መረጃ የማግኘት መብት አላችሁ። ከአስተርጓሚ ጋር ለመነጋገር፣ 1-844-607-2827 TTY:711 ይደውሉ።

BURMESE

CareSource အကြောင်း သင် သို့မဟုတ် သင်အကူအညီပေးနေသူ တစ်စုံတစ်ယောက်က မေးမြန်းလာပါက သင်ပြောဆိုသော ဘာသာစကားဖြင့် အကူအညီနှင့် အချက်အလက်များအား အခမဲ့ ရယူနိုင်ရန် အခွင့်အရေးရှိပါသည်။ ဘာသာပြန်တစ်ဦးအား စကားပြောဆိုရန် 1-844-607-2827 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 1-844-607-2827 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 1-844-607-2827 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 1-844-607-2827 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 1-844-607-2827 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 1-844-607-2827 TTY:711 an.

GUJARATI

જો તમે અથવા તમે કોઈને મદદ કરી રહ્યાં તમે iથી કોઈને CareSource વિશે પ્રશ્નો ઊંર તો તમને મદદ અને મે ઉહ્તી મેળાિનો અવિકર છ. તે અર્થે વિન તમ રી ભ ષ મ i પ્ર પ્ત કરી શક ર છ. દ ભ વપરો િત કરિ મ ડે, આ 1-844-607-2827 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 दूभाषिए से बात करने के लिए कॉल करें, 1-844-607-2827 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 1-844-607-2827 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、1-844-607-2827 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: 1-844-607-2827 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 1-844-607-2827 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 1-844-607-2827 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 1-844-607-2827 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 1-844-607-2827 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 1-844-607-2827 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 1-844-607-2827 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>.