

CareSource Advantage[®] (HMO)

2022 SUMMARY OF BENEFITS



Service Area //

Ashland, Carroll, Cuyahoga, Geauga,
Hancock, Holmes, Lawrence, Licking,
Portage, Stark, Summit, Wayne

2022 SUMMARY OF BENEFITS

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 for over 30 years. Our mission is to make a lasting difference in our members' lives by improving their health and well-being. CareSource Advantage® (HMO) gives you more benefits, more savings, more care... and no hidden costs.

More benefits than basic Medicare.

Our Medicare CareSource Advantage 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, additional benefits such as dental and vision care, and save you money.

TIPS FOR COMPARING YOUR MEDICARE CHOICES

This Summary of Benefits booklet is a summary of what CareSource Advantage 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 a Medicare health plan, such as CareSource Advantage.

WHO CAN JOIN?

To join CareSource Advantage, you must be entitled to Medicare Part A, be enrolled in Medicare Part B and live in our service area.

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

Ashland, Carroll, Cuyahoga, Geauga, Hancock, Holmes, Lawrence, Licking, Portage, Stark, Summit, Wayne

WHICH DOCTORS, HOSPITALS AND PHARMACIES CAN I USE?

CareSource Advantage 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 generally 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.

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 this plan, call us toll-free at **1-844-607-2827 (TTY: 711)**.

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

You can also visit our website at [CareSource.com/Medicare](https://www.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 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 **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 **711**)

MONTHLY PREMIUM, DEDUCTIBLE AND LIMITS	
	CareSource Advantage
Monthly Premium	\$25.00 In addition, you must keep paying your Medicare Part B premium
Annual Deductible	\$0
Annual Out-of-Pocket Maximum (the limit on how much you will pay in a year)	\$5,600 for in-network medical services (does not include prescription drugs)

CareSource Advantage 2022 Summary of Benefits Chart

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
Inpatient Hospital Care¹	\$285 copay per day for days 1-7; \$0 copay per day for days 8-90
Outpatient Hospital¹	Ambulatory surgical center
	\$250 copay
	Outpatient hospital
	\$295 copay
Doctor's Office Visits	Primary care physician visit (PCP) (Including Telehealth Visit)
	\$0 copay
	Specialist visit
	\$0 copay is applicable to services received from Dermatologists. \$35 copay for services received from all other Specialists.
Preventive Care	\$0 copay
Emergency Care	\$90 copay Copay is waived if you are admitted to the hospital within 24 hours for the same condition. You pay the inpatient hospital cost share instead of the emergency cost share. See the "Inpatient Hospital Care" section of this booklet for other costs.
Urgent Care	\$35 copay
Diagnostic Tests, Lab/Radiology Services and X-Rays¹	Diagnostic tests and procedures
	\$0 copay
	Lab services
	\$0 copay
	Diagnostic radiology services (such as MRIs, CT scans)
	\$0 copay for PCP and physicians office or \$150 copay for all other locations
	Therapeutic radiology services (such as radiation treatment for cancer)
	20% coinsurance
Outpatient x-rays	
\$25 copay (If Complex Radiology, such as MRI/CT Scan, received on same day at same location, only higher copay applies)	

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
Hearing Services	Exam to diagnose and treat hearing and balance issues
	\$45 copay
	Routine hearing exam
	\$0 copay 1 routine hearing exam every year
	Hearing aid fitting/evaluation
	\$0 copay 3 hearing exams for fitting/evaluation for hearing aid(s)
	Hearing aid²
	\$499/\$799 copay One hearing aid per ear per year
Hearing aid purchase includes: <ul style="list-style-type: none"> – 3 provider visits within first year of hearing aid purchase – 45-day trial period – 3-year extended warranty – 48 batteries per aid for non-rechargeable models 	

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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										
Dental Services — Medicare-Covered	<p>\$50 copay</p> <p>Excludes services in connection with care, treatment, filling, removal, or replacement of teeth</p>										
Comprehensive Dental²	<p>30% to 50% coinsurance for simple extractions, minor restorations, periodontics, and other non-Medicare covered comprehensive dental services</p> <p>\$1,000 maximum plan coverage amount for preventive and comprehensive dental benefits</p> <table border="0"> <tr> <td> <p>Not covered by Medicare:</p> <ul style="list-style-type: none"> – Non-routine services – Diagnostic services – Restorative services </td> <td> <p>Covered only under specific conditions:</p> <ul style="list-style-type: none"> – Endodontics – Periodontics – Extractions – Prosthodontics, oral maxillofacial surgery, dentures, and other services </td> </tr> </table>	<p>Not covered by Medicare:</p> <ul style="list-style-type: none"> – Non-routine services – Diagnostic services – Restorative services 	<p>Covered only under specific conditions:</p> <ul style="list-style-type: none"> – Endodontics – Periodontics – Extractions – Prosthodontics, oral maxillofacial surgery, dentures, and other services 								
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Dental Services² — Preventive	<p>\$0 copay for a single office visit that includes:</p> <ul style="list-style-type: none"> – Cleaning (1 cleaning every six months) – Dental x-ray(s) (1 x-ray every year) – Oral exam (1 oral exam every six months) 										
Vision Services	<table border="1"> <tr> <td>Exam to diagnose and treat diseases and conditions of the eye</td> </tr> <tr> <td>\$50 copay</td> </tr> <tr> <td>Routine eye exam (1 every year)</td> </tr> <tr> <td>\$0 copay</td> </tr> <tr> <td>Diabetic retinal exam</td> </tr> <tr> <td>\$0 copay</td> </tr> <tr> <td>Eye wear²</td> </tr> <tr> <td> <p>\$0 copay</p> <p>\$130 maximum plan coverage amount for routine eye wear every year</p> </td> </tr> <tr> <td>Eyeglasses or contact lenses after cataract surgery</td> </tr> <tr> <td>\$50 copay</td> </tr> </table>	Exam to diagnose and treat diseases and conditions of the eye	\$50 copay	Routine eye exam (1 every year)	\$0 copay	Diabetic retinal exam	\$0 copay	Eye wear²	<p>\$0 copay</p> <p>\$130 maximum plan coverage amount for routine eye wear every year</p>	Eyeglasses or contact lenses after cataract surgery	\$50 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
Mental Health Care¹ Lifetime limit: Up to 190 days inpatient care in a psychiatric hospital	Inpatient visit
	\$230 copay per day for days 1-7; \$0 copay per day for days 8-90
	Outpatient group therapy visit (psychiatrist provided)
	\$35 copay
	Outpatient individual therapy visit (psychiatrist provided)
\$35 copay	
Skilled Nursing Facility¹ Limited to 100 days per benefit period	\$0 copay per day for days 1-20; \$184 copay per day for days 21-100
Outpatient Rehabilitation¹	Cardiac (heart) rehab services
	\$10 copay
	Occupational therapy visit
	\$40 copay
	Physical therapy and speech and language therapy visit
	\$40 copay
Supervised Exercise Therapy (SET)	
\$10 copay	
Ambulance¹	\$225 copay
Transportation	Not covered

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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
Part B Drugs¹ (such as chemotherapy)	20% coinsurance
Foot Care (podiatry services)	\$35 copay Includes foot exams and treatment if you have diabetes-related nerve damage or meet certain conditions. The copay may be waived if you meet certain criteria. Please see <i>Special Supplemental Benefits for the Chronically Ill</i> for details.
Durable Medical Equipment¹ (wheelchairs, oxygen, etc.)	20% coinsurance
Prosthetic Devices¹ (braces, artificial limbs, etc.)	Prosthetic devices
	20% coinsurance
	Related medical supplies
	20% coinsurance
Diabetes Supplies and Services¹	Diabetes monitoring supplies
	\$0 copay
	Diabetes self-management training
	\$0 copay
	Therapeutic shoes or inserts
	20% coinsurance
Acupuncture (for chronic low back pain)	\$30 copay
Chiropractic Care	\$20 copay Includes manipulation of the spine to correct a subluxation (when one or more of the bones of your spine move out of position)
Home Health Care¹	\$0 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
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 Abuse	Group therapy visit
	\$40 copay
	Individual therapy visit
	\$40 copay
Over-the-Counter Items	\$0 copay Plan covers up to \$12.50 every three months. Unused portions do not carry over to the next period.
Renal Dialysis	20% coinsurance

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Summary of Benefits

HOW WILL I DETERMINE MY DRUG COSTS?

Our plans group each medication into one of six "tiers." You will need to use your drug list (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 benefits 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 plan has a \$75 pharmacy deductible for prescriptions in Tiers 3, 4, and 5.</p> <p>You will pay the full cost of your prescription drugs in Tiers 3, 4, and 5 until you meet the deductible. Once you meet the deductible, you will move on to stage 2.</p>	<p>You pay the cost sharing on the following chart until your total yearly drug costs reach \$4,430. 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 \$4,430.</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 \$7,050, 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 \$7,050, you pay the greater of:</p> <p>5% of the cost, or \$3.95 copay for generic (including brand drugs treated as generic) and a \$9.85 copayment for all other drugs.</p>

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

CareSource Advantage	
Part B Drugs ¹ (such as chemotherapy)	20% coinsurance
Part D Drugs — Retail¹	
1-month supply or 3-month supply	
Tier 1 (Preferred Generic)	\$4 copay or \$12 copay
Tier 2 (Generic)	\$10 copay or \$30 copay
Tier 3 (Preferred Brand)	\$45 copay or \$135 copay
Tier 4 (Non-Preferred Drug)	\$100 copay or \$300 copay
Tier 5 (Specialty Tier)	31% of the total cost (3-month supply is not covered)
Tier 6 (Select Care Drugs)	\$0 copay
Part D Drugs — Standard Mail Order Cost-Sharing¹	
3-month supply	
Tier 1 (Preferred Generic)	\$8 copay
Tier 2 (Generic)	\$20 copay
Tier 3 (Preferred Brand)	\$90 copay
Tier 4 (Non-Preferred Brand)	\$200 copay
Tier 5 (Specialty Tier)	Not covered
Tier 6 (Select Care Drugs)	\$0 copay

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: 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
Meals	Two meals a day for 14 days after an inpatient hospitalization, limited to \$2,400 every year
Special Supplemental Benefits for the Chronically III	<p>Members with diabetes who participate in Care Management Program are eligible to receive Medicare-covered diabetic podiatry services at \$0 copay.</p> <p>Members with diabetes or hypertension who participate in Care Management Program are eligible for transportation for up to 2 follow up appointments within the first 7 days and 14 days after discharge from an inpatient hospital stay. Limited to 24 one-way trips per year (no extensions to this benefit). These trips must be scheduled by a Care Manager.</p>
Fitness	Membership at participating fitness centers, free home fitness kit (some kits include a wearable fitness tracker), and brain fitness online tool available at no additional charge.
Worldwide ER and Urgent Care	Emergency Care (waived if admitted)
	\$90 copay, \$10,000 maximum plan benefit coverage amount
	Urgent Care
	\$35 copay
CareSource24[®] Hour Nurse Advice Line	<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"> – 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: 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 Ohio, Inc. is an HMO with a Medicare contract. Enrollment in CareSource Advantage depends on contract renewal.

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. Please call the member services number on your member ID card.

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، رجي الاتصال على رقم خدمة الأعضاء الموجود على بطاقة تعريف العضو الخاصة بك.

AMHARIC

እርስዎ፣ ወይም እርስዎ የሚያግዙት ግለሰብ፣ ስለ CareSource ጥያቄ ካላችሁ፣ ያለ ምንም ከፍተኛ በቋንቋዎ እርዳታና መረጃ የማግኘት መብት አላችሁ። ከአስተርጓሚ ጋር እባክዎን በመታወቂያ ካርዱ ላይ ባለው የአገልግሎቶች ቁጥር ይደውሉ።

BURMESE

CareSource အကြောင်း သင် သို့မဟုတ် သင်အကူအညီပေးနေသူ တစ်စုံတစ်ယောက်က မေးမြန်းလာပါက သင်ပြောဆိုသော ဘာသာစကားဖြင့် အကူအညီနှင့် အချက်အလက်များအား အခမဲ့ ရယူနိုင်ရန် အခွင့်အရေးရှိပါသည်။ ဘာသာပြန်တစ်ဦးအား ချေးချက် ပြုပြင် ညွှန်ကြား အသိပြု ကြိုကြိုက်ပေးပါရုံ အသိပြု ကြို ဝက်စ ငြင်းပူဝက်ညှိရန်ကို သို့မဟုတ် ဆွဲချိန်ပါ။

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，请拨打您的会员 ID 卡上的会员服务电话号码。

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, Maaloo lakkoofsa bilbilaa isa waraqaa eenyummaa keessan irra jiruun tajaajila miseensaatiif 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 naar het nummer voor ledendiensten op uw lidkaart

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 communiquer avec les services aux membres au numéro indiqué sur votre carte de membre.

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, Bitte rufen Sie die Mitglieder-Service Nummer auf Ihrer Mitglieder-ID-Karte an

GUJARATI

જો તમે અથવા તમે કોઈને મદદ કરી રહ્યાં તમે થી કોઈને CareSource વિશે પ્રશ્નો હોય તો તમને મદદ અને મહત્વની માહિતીનો અધિકાર છે. તે અર્થ વિન તમ ડી ભ પ મ િ પ્ર પત કરી શક ર છે. દ ભ વપરો િત કરિ મ ટે,કૃપા કરીને તમારા સભ્ય આઈડી કાર્ડ પર સભ્ય સેવા માટે ના નંબર પર ફોન 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, कृपया अपने सदस्य आईडी कार्ड पर दिये सदस्य सेवा नंबर पर कॉल करें।

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. Chiamare il numero dei servizi ai soci riportato sulla tessera di iscrizione.

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、情報を入手したりすることができます（無償）。通訳をご利用の場合は、お持ちの会員IDカードにある、会員サービスの電話番号までお問い合わせ下さい。

KOREAN

귀하 본인이나 귀하께서 돕고 계신 분이 CareSource에 대해 궁금한 점이 있으시면, 원하는 언어로 별도 비용 없이 도움을 받으실 수 있습니다. 통역사가 필요하시면 다음 번호로 전화해 귀하의 회원 ID 카드에 적힌 회원 서비스 팀 번호로 전화하십시오.

PENNSYLVANIA DUTCH

Wann du hoscht en Froog, oder 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, Bel alstubleift met het Ledenservice nummer op uw lid ID -kaart.

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. Пожалуйста, позвоните по телефону отдела обслуживания клиентов, указанному на вашей идентификационной карточке клиента.

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. Por favor, llame al número de Servicios para Afiliados que figura en su tarjeta de identificación.

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 обслуговування учасників, який вказано на вашому посвідченні учасника

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 dịch vụ thành viên trên thẻ ID thành viên của bạn.

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 call the member services number on your member ID card.

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>.



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