P.O. Box 8738, Dayton, OH 45401-8738 | 800.488.0134 | CareSource.com

July 15, 2019

Dear CareSource Member:

Summer is almost over. That means a new school year will start soon. Schools require that all shots be up-to-date before the first day of school. **With our Kids First Rewards program, your child can be rewarded for going to the doctor and getting his or her shots**!

Teens and young adults need immunizations, too! Each year children, teens and young adults ages 4 to 21 should visit their doctor or PCP to have a yearly well visit. For members under the age of 21 years, this well visit is called a Healthchek exam.

Call your/your child's doctor to ask if it is time for these services:

Age	Recommendations
4-6	Yearly Healthchek exam (well visit) Dental, eyesight, & hearing testing Blood lead test if never tested A review of your child's shot record to get any that his/her school needs your child to get Yearly flu shot
7-10	Yearly Healthchek exam (well visit) Dental, eyesight, & hearing testing A review of your child's shot record to get any that his/her school needs your child to get Yearly flu shot
11-17	Yearly Healthchek exam (well visit) Dental, vision, & hearing screening A review of your child's shot record to get any that his/her school needs your child to get, including Tdap, HPV(3) and meningitis vaccine Young adult exam Yearly flu shot

8-21 Yearly Healthchek exam (well visit)
Dental, vision, & hearing screening
A review of your child's shot record to get any that his/her school needs your child to get, including meningitis vaccine if going to college
Baseline cholesterol screen
Yearly flu shot

To enroll in our **Kids First** program go to CareSource.com/ohiorewards and click on the Kids First Registration Form.

EARN REWARDS FOR	HOW OFTEN	REWARD AMOUNT	EARN UP TO
Routine Dental Exam	2x/calendar year	$10.00	$20.00
Well Child Visit *Ages 3 – 18 years*	1x/calendar year	$10.00	$10.00
Well Child Vaccines (shots) *Dtap, IPV, MMR and Varicella**	1x reward	$20.00	$20.00
Well Child Vaccines (shots) *Tdap, HPV series or Meningococcal***	1x/vaccine	$10.00	$30.00
Flu Shot	1x/calendar year	$10.00	$10.00
ADHD Follow Up Visits***	3x/calendar year	$10.00	$30.00

* *Varicella for ages 4 - 6*
**Ages 11- 18*
****Requires diagnosis and a follow-up visit within 30 days of initial RX and two (2) more visits within ten (10) months.*

If you have any questions, or need help with transportation or finding a doctor, please call Member Services at 1-800-488-0134 (TTY: 1-800-750-0750 or 711). You can also visit our website at CareSource.com to use the Find a Doctor/Provider tool.

Best wishes for a happy and healthy school year!

Sincerely,

CareSource

OH-MMED-0983a ODM Approved 11/15/2018

ENGLISH

ATTENTION: If you speak English, language assistance services, free of charge, are available to you. Call 1-800-488-0134 (TTY: 1-800-750-0750 or 711).

SPANISH

ATENCIÓN: Si habla español, tiene a su disposición servicios gratuitos de asistencia lingüística. Llame al 1-800-488-0134 (TTY: 1-800-750-0750 or 711).

CHINESE

注意：如果您使用繁體中文，您可以免費獲得語言援助服務。請致電 1-800-488-0134 (TTY: 1-800-750-0750 or 711）。

GERMAN

ACHTUNG: Wenn Sie Deutsch sprechen, stehen Ihnen kostenlos sprachliche Hilfsdienstleistungen zur Verfügung. Rufnummer: 1-800-488-0134 (TTY: 1-800-750-0750 or 711).

ARABIC

ملحوظة: إذا كنت تتحدث اذكر اللغة، فإن خدمات المساعدة اللغوية تتوافر لك بالمجان. اتصل برقم 1-800-488-0134 (رقم هاتف الصم والبكم: 711 أو 1-800-750-0750)

PENNSYLVANIA DUTCH

Wann du Deitsch schwetzscht, kannscht du mitaus Koschte ebber gricke, ass dihr helft mit die englisch Schprooch. Ruf selli Nummer uff: Call 1-800-488-0134 (TTY: 1-800-750-0750 or 711).

RUSSIAN

ВНИМАНИЕ: Если вы говорите на русском языке, то вам доступны бесплатные услуги перевода. Звоните 1-800-488-0134 (телетайп: 1-800-750-0750 or 711).

FRENCH

ATTENTION : Si vous parlez français, des services d'aide linguistique vous sont proposés gratuitement. Appelez le 1-800-488-0134 (ATS :1-800-750-0750 or 711).

VIETNAMESE

CHÚ Ý: Nếu bạn nói Tiếng Việt, có các dịch vụ hỗ trợ ngôn ngữ miễn phí dành cho bạn. Gọi số 1-800-488-0134 (TTY: 1-800-750-0750 or 711).

CUSHITE/OROMO

XIYYEEFFANNAA: Afaan dubbattu Oroomiffa, tajaajila gargaarsa afaanii, kanfaltiidhaan ala, ni argama. Bilbilaa 1-800-488-0134 (TTY: 1-800-750-0750 or 711).

KOREAN

주의: 한국어를 사용하시는 경우, 언어 지원 서비스를 무료로 이용하실 수 있습니다. 1-800-488-0134 (TTY: 1-800-750-0750 or 711). 번으로 전화해 주십시오.

ITALIAN

ATTENZIONE: In caso la lingua parlata sia l'italiano, sono disponibili servizi di assistenza linguistica gratuiti. Chiamare il numero 1-800-488-0134 (TTY: 1-800-750-0750 or 711).

JAPANESE

注意事項：日本語を話される場合、無料の言語支援をご利用いただけます。1-800-488-0134 (TTY:1-800-750-0750 or 711）まで、お電話にてご連絡ください。

DUTCH

AANDACHT: Als u nederlands spreekt, kunt u gratis gebruikmaken van de taalkundige diensten. Bel 1-800-488-0134 (TTY: 1-800-750-0750 or 711).

UKRAINIAN

УВАГА! Якщо ви розмовляєте українською мовою, ви можете звернутися до безкоштовної служби мовної підтримки. Телефонуйте за номером 1-800-488-0134 (телетайп: 1-800-750-0750 or 711).

ROMANIAN

ATENȚIE: Dacă vorbiți limba română, vă stau la dispoziție servicii de asistență lingvistică, gratuit. Sunați la 1-800-488-0134 (TTY: 1-800-750-0750 or 711).

NEPALI

ध्यान दिनुहोस्: तपाईंले नेपाली बोल्नुहुन्छ भने तपाईंको निम्ति भाषा सहायता सेवाहरू निःशुल्क रूपमा उपलब्ध छ। फोन गर्नुहोस् 1-800-488-0134 (1-800-750-0750 टटिविाइ:711)।

SOMALI

DIGTOONI: Haddii aad ku hadasho Af Soomaali, adeegyada caawimada luqada, oo lacag la'aan ah, ayaa laguu heli karaa adiga. Wac 1-800-488-0134 (TTY: 1-800-750-0750 or 711).

CareSource®

Notice of Non-Discrimination

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 1-800-488-0134 (TTY: 1-800-750-0750 or 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
1-800-488-0134 (TTY: 1-800-750-0750 or 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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