

CareSource Dual Advantage™ (HMO D-SNP)

2024 SUMMARY OF BENEFITS



Service Area

Bibb, Clarke, Clayton, Cobb, Coweta,
Dawson, Douglas, Fulton, Gwinnett,
Habersham, Henry, Lumpkin,
Rockdale, Stephens

2024 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 like you for over 30 years. Our mission is to make a lasting difference in our members' lives by giving them resources to improve their health and well-being. CareSource Dual Advantage™ gives you more benefits, more savings, more care... and no hidden costs.

ABOUT THE PLAN

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

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

WHO CAN JOIN?

To join CareSource Dual Advantage you must meet the following:

- Be entitled to Medicare Part A;
- Be enrolled in Medicare Part B;
- Be enrolled in one of the following:
 - **Qualified Medicare Beneficiary (QMB):** You get Medicaid coverage of Medicare cost-share but are not eligible for full Medicaid benefits. Medicaid pays your Part A and Part B premiums, deductibles, coinsurance, and copayments amounts only. You pay nothing, except for Part D prescription drug copays.
 - **Qualified Medicare Beneficiary Plus (QMB+):** You get Medicaid coverage of Medicare cost-share and are also eligible for full Medicaid benefits. Medicaid pays your Part A and Part B premiums, deductibles, coinsurance, and copayment amounts. You pay nothing, except for Part D prescription drug copays.

- **Full Benefits Dual Eligible (FBDE):** Medicaid may provide limited assistance with Medicare cost-sharing. Medicaid also provides full Medicaid benefits. You are eligible for full Medicaid benefits. At times you may also be eligible for limited assistance from the State Medicaid Office in paying your Medicare cost share amounts. Generally, your cost share is 0% when the service is covered by both Medicare and Medicaid. There may be cases where you have to pay cost sharing when a service or benefit is not covered by Medicaid.
- Be a United States citizen or lawfully present in the United States;
- Live in our plan's service area.

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

Bibb, Clarke, Clayton, Cobb, Coweta, Dawson, Douglas, Fulton, Gwinnett, Habersham, Henry, Lumpkin, Rockdale, Stephens

WHICH DOCTORS, HOSPITALS AND PHARMACIES CAN I USE?

CareSource Dual Advantage has a network of doctors, hospitals, pharmacies, and other providers. If you use providers that are out of our network, the Plan may not pay for those services.

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

You can go to **CareSource.com/DSNP** to view or search for a network provider or pharmacy using our online directories or call us and we will send you a copy of the *Provider & Pharmacy Directory*.

TIPS FOR COMPARING YOUR MEDICARE CHOICES

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

- If you want to compare our plan with other Medicare health plans in your area, use the Medicare Plan Finder on [medicare.gov](https://www.medicare.gov).
- If you want to know more about the coverage and costs of Original Medicare, look in the *Medicare & You* handbook. View it online at [medicare.gov](https://www.medicare.gov) or get a copy by calling 1-800-MEDICARE (1-800-633-4227), 24 hours a day, 7 days a week. TTY users should call 1-877-486-2048.

Questions?

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

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

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

Hours of Operation

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

Member Services

This document is available in other formats such as large print.

This document may be available in a non-English language. For additional information, call us at **1-833-230-2020**. (TTY users should call **1-833-711-4711 or 711**.)

Es posible que este documento esté disponible en un idioma distinto al inglés. Para obtener información adicional, llame a servicio al cliente al **1-833-230-2020**. (Los usuarios de TTY deben llamar al **1-833-711-4711 o 711**.)

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

CareSource Dual Advantage 2024 Summary of Benefits Chart

Cost sharing for Medicare-covered benefits in the chart below are based on your level of Georgia Medicaid eligibility. Your services are paid first by Medicare and then by Medicaid. If a benefit is used up by Medicare, then Georgia Medicaid may provide coverage. No matter what your level of Medicaid eligibility is, CareSource Dual Advantage will cover the benefits described below.

If you have questions about your Medicaid eligibility and what benefits you are entitled to, call Georgia Medicaid, 1-866-211-0950 for TTY call 711 during the hours of 8 a.m. - 5 p.m., Monday through Friday.

A complete list of services can be found in the *Evidence of Coverage* (EOC). A copy of the *Evidence of Coverage* can be sent to you by contacting Member Services or visiting [CareSource.com/DSNP](https://www.caresource.com/DSNP).

COVERED MEDICAL AND HOSPITAL BENEFITS — IN-NETWORK ONLY		
If you use providers that are not in our network, you may be responsible for the full cost of these services.		
	CareSource Dual Advantage	Georgia Medicaid
Inpatient Hospital Care¹	Days 1 through 60 \$0 copay per day	Covered
Outpatient Hospital Care¹	\$0 copay	Covered
Ambulatory Surgical Center (ASC) Services¹	\$0 copay	Covered
Doctor's Office Visits	Primary care provider visit (PCP) (Including Telehealth Visits)	
	\$0 copay	Covered
	Specialist visit	
	\$0 copay	Covered
Preventive Care	\$0 copay	Covered
Emergency Care	\$0 copay	Covered
Urgently Needed Services	\$0 copay	Covered
Diagnostic Services, Labs, and Imaging¹	Diagnostic tests and procedures	
	\$0 copay	Covered
	Lab services	
	\$0 copay	Covered
	Diagnostic radiology services (such as MRIs, CT scans)	
	\$0 copay	Covered
	Outpatient x-rays	
	\$0 copay	Covered

Services with a ¹ may require prior authorization.

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, you may be responsible for the full cost of these services.

	CareSource Dual Advantage	Georgia Medicaid
Hearing Services	Exam to diagnose and treat hearing and balance issues	
	\$0 copay	Covered for children
	Routine hearing exam	
	\$0 copay, 1 every year	Covered for children
	Hearing aids²	
	\$0 copay TruHearing ^{®†} Advanced model hearing aids (available in rechargeable options), one per ear every 3 years Hearing aid purchase includes: <ul style="list-style-type: none"> – Provider visits within the first year of hearing aid purchase – 60-day trial period – 3-year extended warranty – 80 batteries per aid for non-rechargeable models 	Covered for children
Dental Services (continued on the next page) Please see your <i>Medicaid Handbook</i> for additional details.	Medicare-covered services	
	\$0 copay	Covered
	Preventive dental²	
	\$0 copay for a single office visit that includes: Every six months: <ul style="list-style-type: none"> – 1 cleaning – 1 oral exam – 1 fluoride treatment Every year: <ul style="list-style-type: none"> – 1 dental x-ray 	Covered

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.

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

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

	CareSource Dual Advantage	Georgia Medicaid
Dental Services (continued)	Comprehensive dental²	
	\$0 copay Includes simple extractions, minor restorations, periodontics, and other non-Medicare covered comprehensive dental services such as dentures and implants	Covered
	Preventive and comprehensive dental allowance	
	\$4,000 maximum plan coverage amount for preventive and comprehensive dental benefits.	Not Covered
Vision Services	Exam to diagnose and treat diseases and conditions of the eye	
	\$0 copay	Covered
	Routine eye exam (1 every year)	
	\$0 copay	Covered
	Eyewear²	
	\$0 copay \$350 maximum plan coverage amount per year for all non-Medicare-covered eyewear	Covered
	Eyeglasses or contact lenses after cataract surgery	
	\$0 copay	Covered

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, you may be responsible for the full cost of these services.

	CareSource Dual Advantage	Georgia Medicaid
Mental Health Care¹ Lifetime limit: Up to 190 days inpatient care in a psychiatric hospital	Inpatient visit	
	Days 1 through 60 \$0 copay per day	Covered
	Outpatient group therapy visit	
	\$0 copay	Covered
	Outpatient individual therapy visit	
	\$0 copay	Covered
Skilled Nursing Facility¹ Limited to 100 days per benefit period	Days 1 through 100 \$0 copay per day	Covered
Physical Therapy¹	\$0 copay	Covered
Ambulance¹	\$0 copay	Covered
Transportation Limited to 60 one-way trips per year	\$0 copay	Covered
Medicare Part B Drugs¹ (including chemotherapy)	\$0 copay	Covered

Services with a ¹ may require prior authorization.

Amounts shown are what you pay. Services are covered in-network only except for emergency care and ambulance.

PRESCRIPTION DRUG COVERAGE

Our plan groups each drug into one of five "tiers." You can use our "Drug List" (Formulary) located on **CareSource.com/DSNP** to locate your drug's tier and cost sharing, and if your drug has additional requirements such as prior authorization or quantity limits. The amount you pay depends on if you qualify for "Extra Help," the drug's tier, what pharmacy you use, and what stage of the benefit you are currently in.

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

You can see the complete list of covered Part D drugs ("Drug List") and any restrictions on our website, **CareSource.com/DSNP** or call us and we will send you a copy of the "Drug List."

Important Message About What You Pay for Insulin – You won't pay more than \$35 for a one-month supply of each insulin product covered by our plan, no matter what cost-sharing tier it's on, even if you haven't paid your deductible.

PRESCRIPTION DRUG BENEFITS— IN-NETWORK ONLY	
If you use pharmacies that are not in our network, you may be responsible for the full cost.	
	CareSource Dual Advantage
PHASE 1: DEDUCTIBLE	
You pay the full cost of Tiers 2, 3, 4, and 5 drugs until you meet the deductible. (Tier 1 and Insulin drugs coverage begins in the Initial Coverage phase.)	
Part D Deductible	\$545

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

PRESCRIPTION DRUG BENEFITS— IN-NETWORK ONLY

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

CareSource Dual Advantage**PHASE 2: INITIAL COVERAGE**

You stay in this phase until your total yearly drug costs reach \$5,030. This total includes drug costs paid by both you and our Part D plan. If you receive Extra Help, go to the Getting Extra Help section for additional cost-sharing information.

Standard Retail and Standard Mail Order Cost-Sharing**1-month, 2-month, or 3-month supply**

Tier 1 (Preferred Generic)	\$0 copay
Tier 2 (Generic)	25% of the total cost or applicable Low-Income Subsidy (LIS) copay
Tier 3 (Preferred Brand)	25% of the total cost or applicable Low-Income Subsidy (LIS) copay
Tier 4 (Non-Preferred Drug)	25% of the total cost or applicable Low-Income Subsidy (LIS) copay
Tier 5 (Specialty Tier)*	25% of the total cost or applicable Low-Income Subsidy (LIS) copay

PHASE 3: COVERAGE GAP

You stay in this phase until your costs total \$8,000. Note, not everyone will enter the coverage gap.

Standard Retail and Standard Mail Order Cost-Sharing**1-month, 2-month, or 3-month supply**

Tier 1 (Preferred Generic)	\$0 copay
Tier 2 (Generic)	25% of the total cost or applicable Low-Income Subsidy (LIS) copay
Tier 3 (Preferred Brand)	25% of the total cost or applicable Low-Income Subsidy (LIS) copay
Tier 4 (Non-Preferred Drug)	25% of the total cost or applicable Low-Income Subsidy (LIS) copay
Tier 5 (Specialty Tier)*	25% of the total cost or applicable Low-Income Subsidy (LIS) copay

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

*Specialty medications are limited to a 30-day supply and are not available through mail order services.

PRESCRIPTION DRUG BENEFITS— IN-NETWORK ONLY

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

CareSource Dual Advantage**PHASE 4: CATASTROPHIC**

Once you reach this phase, you will stay in this payment stage until the end of the calendar year.

Standard Retail and Standard Mail Order Cost-Sharing**1-month, 2-month, or 3-month supply**

Tier 1 (Preferred Generic)	\$0 copay
Tier 2 (Generic)	
Tier 3 (Preferred Brand)	
Tier 4 (Non-Preferred Drug)	
Tier 5 (Specialty Tier)*	

Getting Extra Help

Most CareSource Dual Advantage members receive “Extra Help”. Copays depend on income and resources as outlined in the table below.

LIS Cost Sharing Chart for Initial Coverage phase**Low Income Subsidy (LIS) or “Extra Help” cost sharing****Part D Drugs – Retail or Mail Order: 1-month, 2-month, or 3-month supply**

LIS Level	Drug Type	Cost Sharing
Federal Poverty Level (FPL) Institutionalized	Generic	\$0 copay
	Brand	\$0 copay
Federal Poverty Level (FPL) <100%	Generic	\$1.55 copay
	Brand	\$4.60 copay
Federal Poverty Level (FPL) Between 100% and 150%	Generic	\$4.50 copay
	Brand	\$11.20 copay

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

*Specialty medications are limited to a 30-day supply and are not available through mail order services.

Other Benefits CareSource Dual Advantage Offers

ADDITIONAL BENEFITS	
	CareSource Dual Advantage
Acupuncture (for chronic low back pain)	\$0 copay
CareSource24[®] 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 (OTC) medications – Learn about healthy eating and staying well
Chiropractic Care	<p>\$0 copay</p> <p>Includes manipulation of the spine to correct a subluxation (when one or more of the bones of your spine move out of position)</p>
Diabetes Supplies and Services¹	Diabetes monitoring supplies
	<p>\$0 copay</p> <p>Diabetic supplies are limited to the following manufacturers:</p> <p>Blood glucose strips and meters</p> <ul style="list-style-type: none"> – Abbott and Lifescan products <p>Continuous glucose monitors (CGMs)</p> <ul style="list-style-type: none"> – Abbott FreeStyle and Dexcom
	Diabetes self-management training
	\$0 copay
	Therapeutic shoes or inserts
	\$0 copay
	Foot care (podiatry services)
	<p>\$0 copay</p> <p>Includes foot exams and treatment if you have diabetes-related nerve damage or meet certain conditions</p>

Services with a ¹ may require prior authorization.

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ADDITIONAL BENEFITS	
	CareSource Dual Advantage
Durable Medical Equipment¹ (wheelchairs, oxygen, etc.)	\$0 copay
Fitness	Memory fitness
	\$0 copay Includes an online brain health improvement tool with exercises that address attention span, processing speed, short and long-term memory recall, and overall intelligence
	Physical fitness benefit
	\$0 copay Includes membership at participating fitness centers and home fitness kit (some kits include a wearable fitness tracker)
Flex Allowance	Through the use of a debit card, members receive \$1,100 per year for dental, hearing, and vision services and accessories when received from eligible locations.
Home Health Care¹	\$0 copay
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.
Meals	Two meals a day for 14 days after each observation or inpatient hospitalization stay, up to \$2,400 every year
MyHealth Online Tool	With MyHealth™, you'll have online access to resources for your health, including: <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.

Amounts shown are what you pay. Services are covered in-network only except for emergency care and ambulance.

ADDITIONAL BENEFITS	
	CareSource Dual Advantage
Outpatient Rehabilitation ¹	Cardiac (heart) rehabilitation services
	\$0 copay
	Occupational therapy visits
	\$0 copay
	Speech and language therapy visit
	\$0 copay
	Supervised exercise therapy (SET)
	\$0 copay
Outpatient Substance Abuse	Group therapy visit
	\$0 copay
	Individual therapy visit
	\$0 copay
Over-the-Counter (OTC) Items	Through the use of a debit card, members can purchase up to \$500 of approved items every three months. Unused allowances will not be carried over to the following month.
Personal Emergency Response System (PERS)	A PERS consists of a home monitoring device that sends an alert to a 24-hour call center in the event of an emergency.
Prosthetic Devices ¹ (braces, artificial limbs, etc.)	Prosthetic devices
	\$0 copay
	Related medical supplies
	\$0 copay
Renal Dialysis	\$0 copay

Services with a ¹ may require prior authorization.

Amounts shown are what you pay. Services are covered in-network only except for emergency care and ambulance.

ADDITIONAL BENEFITS	
	CareSource Dual Advantage
Therapeutic Radiology Services¹ (such as radiation treatment for cancer)	\$0 copay
Worldwide ER, Urgent Care, and Transportation	\$0 copay \$10,000 maximum plan benefit coverage amount every year

Services with a ¹ may require prior authorization.

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 **1-833-230-2020** (TTY users should call **1-833-711-4711 or 711**) for more information. Limitations, copayments, and restrictions may apply.

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

Out-of-network/non-contracted providers are under no obligation to treat CareSource members, except in emergency situations. Please call our customer service number or see your *Evidence of Coverage* for more information, including the cost-sharing that applies to out-of-network services.

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

TTY: 1-833-711-4711 or 711

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Mail: CareSource
Attn: Civil Rights Coordinator
P.O. Box 1947
Dayton, Ohio 45401

Email: CivilRightsCoordinator@CareSource.com
Phone: 1-800-488-0134 (TTY: 711)
Fax: 1-844-417-6254

You may also file a civil rights complaint with the U.S. Department of Health and Human Services, Office for Civil Rights:

Mail: U.S. Dept of Health and Human Services
200 Independence Ave, SW Room 509F HHH Building
Washington, D.C. 20201

Online: ocrportal.hhs.gov/ocr/portal/lobby.jsf

Phone: 1-800-368-1019 (TTY: 1-800-537-7697)

Complaint forms are found at: <http://www.hhs.gov/ocr/office/file/index.html>.



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