

**CareSource Dual Advantage™ (HMO D-SNP)**

# 2026 SUMMARY OF BENEFITS



GEORGIA

# 2026 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™ (HMO D-SNP) gives you more benefits, more savings, more care... and no hidden costs.

## ABOUT THE PLAN

CareSource Dual Advantage is a Medicare Advantage Dual Eligible Special Needs Plan (D-SNP) plan with a Medicare and Medicaid contract. This means that in addition to CareSource Dual Advantage coverage, 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.
  - **Qualified Medicare Beneficiary Plus (QMB+):** You get Medicaid coverage of Medicare cost-share and are also eligible for full Medicaid benefits. Medicaid pays your Part A and Part B premiums, deductibles, coinsurance, and copayment amounts.

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

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

Appling, Atkinson, Bacon, Baldwin, Banks, Barrow, Bartow, Ben Hill, Berrien, Bibb, Bleckley, Brantley, Bryan, Burke, Butts, Camden, Candler, Charlton, Chattahoochee, Cherokee, Clarke, Clayton, Clinch, Cobb, Coffee, Columbia, Coweta, Crawford, Crisp, Dawson, Dodge, Dooly, Douglas, Echols, Elbert, Emanuel, Evans, Fannin, Fayette, Forsyth, Franklin, Fulton, Gilmer, Glascock, Greene, Gwinnett, Habersham, Hancock, Haralson, Heard, Henry, Houston, Irwin, Jackson, Jasper, Jeff Davis, Jefferson, Jenkins, Johnson, Jones, Lamar, Lanier, Laurens, Lincoln, Long, Lumpkin, Macon, Madison, Marion, McDuffie, McIntosh, Meriwether, Monroe, Montgomery, Morgan, Murray, Newton, Oconee, Oglethorpe, Paulding, Peach, Pickens, Pike, Polk, Pulaski, Putnam, Richmond, Rockdale, Screven, Spalding, Stephens, Talbot, Taliaferro, Tattnall, Taylor, Telfair, Tift, Toombs, Treutlen, Turner, Twiggs, Upson, Walton, Ware, Warren, Washington, Wayne, Wheeler, White, Wilcox, Wilkes, Wilkinson

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

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

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

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

## TIPS FOR COMPARING YOUR MEDICARE CHOICES

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

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

# Questions?

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

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

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

## Hours of Operation

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

## Member Services

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

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

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

MONTHLY PREMIUM, DEDUCTIBLE AND LIMITS	
	CareSource Dual Advantage
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 2026 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. 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).

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

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

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

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

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

	CareSource Dual Advantage	Georgia Medicaid
<b>Hearing Services</b>	<b>Exam to diagnose and treat hearing and balance issues</b>	
	\$0 copay	Covered for children
	<b>Routine hearing exam</b>	
	\$0 copay, 1 every year	Covered for children
	<b>Hearing aids<sup>2</sup></b>	
	\$0 copay TruHearing®* Advanced model hearing aids (available in rechargeable options), one per ear every 3 years <b>Hearing aid purchase includes:</b> <ul style="list-style-type: none"> <li>– Provider visits within the first year of hearing aid purchase</li> <li>– 60-day trial period</li> <li>– 3-year extended warranty</li> <li>– 80 batteries per aid for non-rechargeable models</li> </ul>	Covered for children
<b>Dental Services</b> (continued on the next page)  Please see your <i>Medicaid Handbook</i> for additional details.	<b>Medicare-covered services<sup>1</sup></b>	
	\$0 copay	Not Applicable
	<b>Preventive dental<sup>2</sup></b>	
	\$0 copay for a single office visit that includes: Every six months: <ul style="list-style-type: none"> <li>– 1 cleaning</li> <li>– 1 oral exam</li> <li>– 1 fluoride treatment</li> </ul> Every year: <ul style="list-style-type: none"> <li>– 1 dental x-ray</li> </ul>	Covered

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

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

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

\* All content ©2025 TruHearing, Inc. All Rights Reserved. TruHearing® is a registered trademark of TruHearing, Inc. All other trademarks, product names, and company names are the property of their respective owners.

**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
<b>Dental Services</b> (continued)	<b>Comprehensive dental<sup>1,2</sup></b>	
	\$0 copay Includes simple extractions, minor restorations, periodontics, and other non-Medicare covered comprehensive dental services such as dentures and implants	Covered
	<b>Preventive and comprehensive dental allowance</b>	
	\$4,000 maximum plan coverage amount for preventive and comprehensive dental benefits.	Not Covered
<b>Vision Services</b>	<b>Exam to diagnose and treat diseases and conditions of the eye</b>	
	\$0 copay	Covered
	<b>Routine eye exam (1 every year)</b>	
	\$0 copay	Covered
	<b>Eyewear<sup>2</sup></b>	
	\$0 copay \$500 maximum plan coverage amount every year for all non-Medicare-covered eyewear.	Covered
	<b>Medicare-covered eyeglasses or contact lenses after cataract surgery</b>	
	\$0 copay	Not Applicable

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

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

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

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

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

	CareSource Dual Advantage	Georgia Medicaid
<b>Mental Health Care<sup>1</sup></b> Lifetime limit: Up to 190 days inpatient care in a psychiatric hospital	<b>Inpatient visit</b>	
	Days 1 through 90; 60 lifetime reserve days \$0 copay per day	Covered
	<b>Outpatient group therapy visit</b>	
	\$0 copay	Covered
	<b>Outpatient individual therapy visit</b>	
	\$0 copay	Covered
<b>Skilled Nursing Facility<sup>1</sup></b> Limited to 100 days per benefit period	Days 1 through 100 \$0 copay per day	Covered
<b>Physical Therapy<sup>1</sup></b>	\$0 copay	Covered
<b>Ambulance<sup>1</sup></b>	\$0 copay	Covered
<b>Transportation</b>	<b>Plan approved health-related locations</b>	
	\$0 copay	Covered
<b>Medicare Part B Drugs<sup>1</sup></b> (including chemotherapy)	\$0 copay	Covered

<sup>1</sup> Prior authorization and/or step therapy is required for some services.

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



## PREScription DRUG COVERAGE

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

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

### PREScription DRUG BENEFITS— IN-NETWORK ONLY

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

	Member Cost Share Per Benefit Phase		
	Deductible	Initial Coverage	Catastrophic
Tier 1 Generic & Brand Drugs	\$615 or Applicable Low-Income Subsidy (LIS) copay	25% or Applicable Low-Income Subsidy (LIS) copay	\$0

**Extended day supplies through retail and mail-order are limited to a 102-day supply.**

## Other Benefits CareSource Dual Advantage Offers

ADDITIONAL BENEFITS	
	CareSource Dual Advantage
<b>Acupuncture</b> (for chronic low back pain)	\$0 copay
<b>24-Hour Nurse Advice Line</b>	<p>The 24-Hour Nurse Advice Line provides around-the-clock access to a caring and experienced staff of registered nurses. Members can call the toll-free number located on your CareSource member ID card 24 hours a day, 7 days a week, 365 days a year. These services can be used at no cost to you. This provides you with an easy way to receive trusted health information and advice from the comfort of your home.</p> <p>Speaking directly with professional registered nurses can help you:</p> <ul style="list-style-type: none"> <li>– Decide when self-care, a doctor visit, or the emergency room is the right choice</li> <li>– Check your symptoms and help you figure out what to do</li> <li>– Understand a medical condition or recent diagnosis</li> <li>– Obtain medical information</li> <li>– Prepare questions for doctor visits</li> <li>– Find out more about prescriptions or over-the-counter (OTC) items</li> <li>– Learn about healthy eating and staying well</li> </ul>
<b>Chiropractic Care</b>	<p>\$0 copay</p> <p>Includes manipulation of the spine to correct a subluxation (when one or more of the bones of your spine move out of position)</p>
<b>Diabetes Supplies and Services<sup>1</sup></b>	<b>Diabetes monitoring supplies</b>
	<p>\$0 copay</p> <p>Diabetic supplies and services are limited to specified manufacturers:</p> <p>Blood glucose test strips and meters:</p> <ul style="list-style-type: none"> <li>– Abbott Diabetes</li> </ul> <p>Continuous glucose monitors (CGMs):</p> <ul style="list-style-type: none"> <li>– Abbott FreeStyle &amp; Dexcom</li> </ul>
	<b>Diabetes self-management training</b>
	\$0 copay
	<b>Therapeutic shoes or inserts</b>
	\$0 copay
<b>Durable Medical Equipment<sup>1</sup></b> (wheelchairs, oxygen, etc.)	\$0 copay

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

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

ADDITIONAL BENEFITS	
	CareSource Dual Advantage
<b>Fitness</b>	<p>\$0 copay</p> <p>Includes membership at participating fitness centers and home fitness kit, as well as online features (on-demand workout videos, virtual events, and specialized coaching sessions)</p>
<b>Healthy Benefits+™ Allowance</b>	<p>The Healthy Benefits+ debit card provides \$240 per month to use on qualifying over-the-counter items as well as supplemental dental, vision, and hearing services and accessories at eligible locations.</p> <p>Additionally, those with one or more qualifying conditions may use the allowance for additional items and services, such as:</p> <ul style="list-style-type: none"> <li>– Healthy Food*</li> <li>– Utilities*</li> <li>– Rent &amp; Mortgage Assistance*</li> <li>– Home &amp; Bathroom Safety Items*</li> <li>– Pest Control Retail Items*</li> <li>– Indoor Air Quality Items*</li> <li>– Household Cleaning Supplies*</li> <li>– Personal Care Items*</li> <li>– Pet Care Items (not including veterinary or grooming)*</li> </ul> <p>Unused amounts will roll over month-to-month and expire at the end of the year.</p> <p>*The benefits mentioned are Special Supplemental Benefits for the Chronically Ill (SSBCI). Not all members qualify. Members with any of the following conditions qualify for SSBCI</p> <ul style="list-style-type: none"> <li>– Automimmune disorders</li> <li>– Cancer</li> <li>– Cardiovascular disorders</li> <li>– Chronic alcohol use disorder and other substance use disorders (SUDs)</li> <li>– Chronic and disabling mental health conditions</li> <li>– Chronic conditions that impair vision, hearing (deafness) taste, touch, and smell</li> <li>– Chronic gastrointestinal disease</li> <li>– Chronic heart failure</li> <li>– Chronic kidney disease (CKD)</li> <li>– Chronic lung disorders</li> <li>– Conditions associated with cognitive impairment</li> <li>– Conditions that require continued therapy services for individuals to maintain or retain functioning</li> <li>– Conditions with functional challenges</li> <li>– Dementia</li> <li>– Diabetes mellitus</li> <li>– HIV/AIDS</li> <li>– Immunodeficiency and Immunosuppressive disorders</li> <li>– Neurologic disorders</li> <li>– Overweight, obesity, and metabolic syndrome</li> <li>– Post-organ transplantation</li> <li>– Severe hematologic disorders</li> <li>– Stroke</li> </ul>

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

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

ADDITIONAL BENEFITS	
	CareSource Dual Advantage
Home Health Care <sup>1</sup>	\$0 copay
Hospice <sup>1</sup>	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	Benefit maximum per event consists of 2 meals per day for 14 days following an inpatient or skilled nursing facility stay. Number of events is unlimited.
MyHealth™ Online Tool	With MyHealth, you'll have online access to resources for your health, including: <ul style="list-style-type: none"> <li>– Health assessments</li> <li>– Personalized online wellness plans</li> <li>– Step-by-step guides on specific health needs</li> <li>– Online health journeys</li> <li>– Goal setting and tracking</li> <li>– Health tips and wellness information</li> </ul>
Outpatient Rehabilitation <sup>1</sup>	<b>Cardiac (heart) rehabilitation services</b>
	\$0 copay
	<b>Occupational therapy visits</b>
	\$0 copay
	<b>Speech and language therapy visit</b>
	\$0 copay
Outpatient Substance Abuse	<b>Supervised exercise therapy (SET)</b>
	\$0 copay
	<b>Group therapy visit</b>
	\$0 copay
Outpatient Substance Abuse	<b>Individual therapy visit</b>
	\$0 copay
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.
Podiatry	<b>Medicare-covered services</b>
	Includes foot exams and treatment if you have diabetes-related nerve damage or meet certain conditions
	<b>Routine Foot Care</b>
	\$0 copay Members get 6 additional visits per year for routine foot care

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

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

ADDITIONAL BENEFITS	
	CareSource Dual Advantage
<b>Prosthetic Devices<sup>1</sup></b> (braces, artificial limbs, etc.)	<b>Prosthetic devices</b>
	\$0 copay
	<b>Related medical supplies</b>
	\$0 copay
<b>Renal Dialysis</b>	\$0 copay
<b>Therapeutic Radiology Services<sup>1</sup></b> (such as radiation treatment for cancer)	\$0 copay
<b>Worldwide Emergency Services, Urgently Needed Services, and Transportation</b>	\$0 copay \$10,000 maximum plan benefit coverage amount every year for the worldwide benefit.

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

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

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

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

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

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

Get free help in your language with interpreters and other written materials. Get free aids and support if you have a disability. Call **1-833-230-2020 (TTY: 1-833-711-4711 or 711)**.



Obtenga ayuda gratuita en su idioma a través de intérpretes y otros materiales en formato escrito. Obtenga ayudas y apoyo gratuitos si tiene una discapacidad. Por teléfono, llame al: **1-833-230-2020 (TTY: 1-833-711-4711 o 711)**.

احصل على مساعدة مجانية بلغتك من خلال المترجمين الفوريين والمواد المكتوبة الأخرى. إذا كنت من ذوي الاحتياجات الخاصة، ستحصل على المساعدات والدعم مجاناً. اتصل على الرقم **1-833-230-2020 (TTY: الهاتف النصي للصم وضعاف السمع "1-833-711-4711 أو 711")**.

通过口译员和其他书面材料，获得您所使用语言的免费帮助。如果您有残疾，可获得免费的辅助设备和支持。请致电 **1-833-230-2020 (残障人士专用电话：1-833-711-4711 或拨打 711)**。

Erhalten Sie kostenlos Hilfe in Ihrer Sprache mit Dolmetschern und anderen schriftlichen Materialien. Erhalten Sie kostenlose Hilfsmittel und Unterstützung, wenn Sie eine Behinderung haben. Rufen Sie an unter **1-833-230-2020 (TTY: 1-833-711-4711 oder 711)**.

Obtenez une aide gratuite dans votre langue grâce à des interprètes et à des documents écrits. Bénéficiez d'aides et d'assistance gratuites, si vous souffrez d'un handicap. Appelez le **1-833-230-2020 (TTY: 1-833-711-4711 ou composez le 711)**.

Nhận trợ giúp miễn phí bằng ngôn ngữ của quý vị thông qua phiên dịch viên và các tài liệu dạng văn bản khác. Nhận trợ giúp và hỗ trợ miễn phí nếu quý vị bị khuyết tật. Gọi **1-833-230-2020 (TTY: 1-833-711-4711 hoặc 711)**.

Grick Hilfe mitaus Koscht in dei Schprooch mit Iwwersetzer un annere schriftliche Dinge. Grick Aids un Hilfe mitaus Koscht wann du en Behinderung hoscht. Ruf **1-833-230-2020 (TTY: 1-833-711-4711 odder 711)**.

आपकी भाषा के इंटरप्रेटर और आपकी भाषा में अन्य लिखित सामग्रियों संबंधी मदद फ्री पाएं। यदि आपको कोई डिसेबिलिटी हो, तो मुफ्त सहायता और सपोर्ट पाएं। कॉल करें **1-833-230-2020 (TTY: 1-833-711-4711 या 711)**।

통역사 및 기타 서면 자료를 통해 귀하의 언어로 무료 도움을 받으세요. 장애가 있을 경우, 무료 보조와 지원을 받으세요. 문의: **1-833-230-2020 (TTY: 1-833-711-4711 또는 711)**.

በአስተርጓሚዎች እና በሌሎች የጽሑፍ ቁሳቁሶች በቋንቋዎ ከክፍያ ነፃ እርዳታ ያግኙ። የአካል ጉዳት ካለብዎት ከክፍያ ነፃ እርዳታ እና ድጋፍ ያግኙ። **1-833-230-2020 (TTY: 1-833-711-4711 ወይም 711)** ላይ ይደውሉ።

Gba ìrànḽówọ̀ ọ̀fẹ́ ní èdè rẹ̀ pẹ̀lú àwọn atúmọ̀ èdè àti àwọn ohun èlò míràn tí a kọ̀ sílẹ̀. Gba àwọn ìrànḽówọ̀ àti àtílẹ̀yìn ọ̀fẹ́ bí o bá ní àìlera kan. Pe **1-833-230-2020 (TTY: 1-833-711-4711 or 711)**.

Makakuha ng libreng tulong sa wika mo gamit ang mga interpreter at iba pang nakasulat na materyales. Makakuha ng mga libreng tulong at suporta kung may kapansanan ka. Tumawag sa **1-833-230-2020 (TTY: 1-833-711-4711 o 711)**.

په خپله ژبه کې د شفاهي ژباړونکو او نورو لیکل شویو موادو له لارې وړیا مرسته ترلاسه کړئ. که تاسو معلومات لری نو وړیا ملاتړ او مرستې ترلاسه کړئ. دې شمیرې ته زنگ ووهئ **1-833-230-2020 (TTY: 1-833-711-4711 یا 711)**.

మీ భాషలో వ్యాఖ్యాతలతో మరియు ఇతర వ్రాతపూర్వక మెటీరియల్స్ తో ఉచితంగా సహాయాన్ని పొందండి ఒకవేళ మీకు వైకల్యం ఉన్నట్లయితే, ఉచిత ఉపకరణాలను మరియు మద్దతును పొందండి. కాల్ చేయండి: **1-833-230-2020 (TTY: 1-833-711-4711 లేదా 711)**.

दोभासे तथा अन्य लिखित सामग्रीहरूका सहायताले आफ्नै भाषामा निःशुल्क मद्दत प्राप्त गर्नुहोस्। तपाईंलाई कुनै अपाङ्गता छ भने निःशुल्क सहायता प्राप्त गर्नुहोस्। **1-833-230-2020 (TTY: 1-833-711-4711 वा 711)** मा फोन गर्नुहोस्.

စကားပြန်များနှင့် အခြားပုံနှိပ်စာရွက်များကို သင့်ဘာသာစကားဖြင့် အခမဲ့အကူအညီရယူပါ။ သင်သည် မသန်စွမ်းသူတစ်ဦးဖြစ်ပါက အခမဲ့အကူအညီများနှင့် အထောက်အပံ့များ ရယူပါ။ **1-833-230-2020 (TTY: 1-833-711-4711 သို့မဟုတ် 711)** သို့ ခေါ်ဆိုပါ.

Jwenn èd gratis nan lang ou ak entèprèt ansanm ak materyèl ekri. Jwenn èd ak sipò gratis si w gen yon andikap. Rele **1-833-230-2020 (TTY: 1-833-711-4711 oswa 711)**.

Bök jibañ ilo an ejjelok wōnāān ikkijjien kajin eo am ibbān rukok ro im wāween ko jet ilo jeje. Bök kein jermalin jibañ im jibañ ko ilo an ejjelok wōnāer ñe ewōr am nañinmej in utamwe. Kall e **1-833-230-2020 (TTY: 1-833-711-4711 ako 711)**.

Y0119\_Multi-DSNP-M-3287939\_C



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