



Member Brochure

Managed Care Organization Membership

AmeriHealth Caritas Ohio, a part of the AmeriHealth Caritas Family of Companies, is a managed care plan that works with the Ohio Department of Medicaid (ODM) to coordinate your Medicaid health benefits and your healthcare. Once you are determined to be eligible for Ohio's Medicaid program, ODM will enroll you into a managed care plan right away. ODM will send you a letter to tell you which managed care plan you were assigned to. It is important that you read the letter and decide if you want to keep the managed care plan you were assigned to or if you want to change to another plan. You can change to another plan for the following reasons only:

- It is still within the first three (3) months after enrollment,
- It is during annual open enrollment, or
- For just cause.

Do I have to be in a managed care plan?





If you are an Ohio resident, you are eligible for Medicaid benefits under any of the following groups:

- Aged, Blind, or Disabled;
- Covered Families and Children (including Healthy Start and Healthy Families);
- Children in Custody and Adopted Children;
- Breast and Cervical Cancer Project (BCCP) individuals;
- Medicaid eligible individuals enrolled in the Bureau of Children with Medical handicaps (BCMh) program; or
- Adult extension.












Most individuals on Medicaid must be in a managed care plan. Being in a managed care plan will not cause you to lose your Medicaid, WIC or other public assistance benefits. Choosing to be a member in AmeriHealth Caritas Ohio is voluntary. It is your choice.

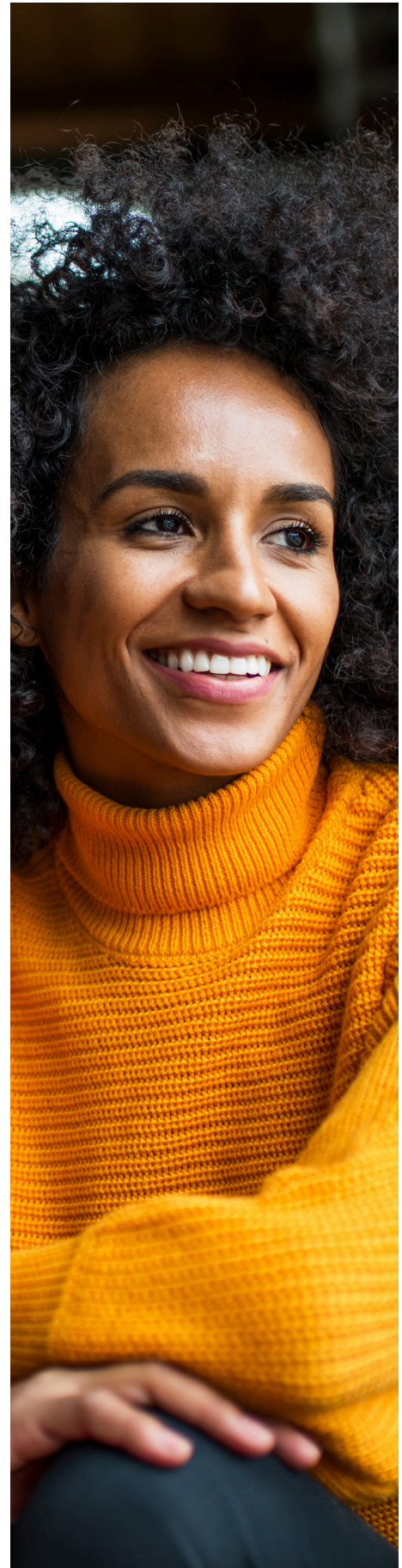


With all managed care plans, you get:

-  All medically-necessary Medicaid-covered services, including Healthchek services for individuals under age 21.
-  An AmeriHealth Caritas Ohio ID card that replaces your monthly Medicaid card.
-  A 24-hour medical advice line to help you with your questions and concerns.
-  A care team that includes you, your family, your doctor(s), your managed care plan and anyone else you want to help you make healthcare decisions.

As a member of AmeriHealth Caritas Ohio, you will also get these **additional benefits:**

-  **Mission GED®:** Adult members can receive coaching and vouchers to take a high school equivalency exam at no cost.
-  **WW® (formerly Weight Watchers) online membership:** Members ages 15 – 64 can get WW membership at no cost for six months.
-  **CARE Card:** Earn rewards on a reloadable gift card by doing things that help you stay healthy.
-  **Living Beyond Pain:** Pain management program to include alternative treatment options.
-  **Food as Medicine:** Up to two meals per day, for seven days, at no cost for qualifying members discharged from a hospital.
-  **Vision care:** One additional eye exam every 12 months for members ages 21 – 59 diagnosed with diabetes.
-  **Dental care:** One additional cleaning and exam per calendar year for members 21 and older (some restrictions and limitations apply).
-  **Transportation benefit:** All members can get unlimited non-emergency trips for provider visits more than 30 miles from their home. Qualifying members can get up to 60 non-emergency one-way trips per year within 30 miles of their home.
-  **Foster Care Transition:** Care package valued up to \$50 and specialized support for members leaving foster care.
-  **Boys & Girls Club:** Membership, at participating clubs, for qualified members younger than age 19.
-  **Bright Start®:** Access to our pregnancy care program.





You must choose a primary care provider (PCP) from AmeriHealth Caritas Ohio's network of providers. Your PCP is your personal doctor or advanced practice nurse and will direct most of your healthcare needs or send you to other doctors (specialists) if needed.

To find a network provider, visit www.amerihealthcaritasoh.com and select the **Find a Provider** link at the top of your screen, or call Member Services at **1-833-764-7700 (TTY 1-833-889-6446)**. You can also contact the Ohio Medicaid Hotline at **1-800-324-8680** or TTY **1-800-292-3572** or visit the Medicaid Hotline website at www.ohiomh.com.

You can change your PCP once per month. To change your PCP, call Member Services at **1-833-764-7700 (TTY 1-833-889-6446)**.

As an AmeriHealth Caritas Ohio member, you must use our network of providers, facilities and pharmacies to get covered services. The only time you can use an out-of-network provider is for:

- Emergency services.
- Services at federally qualified health centers or rural health clinics.
- Certified nurse midwives or certified nurse practitioners and any other services or provider types designated by ODM or AmeriHealth Caritas Ohio.
- An out-of-network provider AmeriHealth Caritas Ohio has approved you to see.

Emergency Services

Emergency services are services for a medical problem that you think is so serious that it must be treated right away. We cover emergency care in and outside of the county where you live. If you have an emergency, call **911** or go to the nearest emergency department (ED) or other appropriate setting. If you are not sure if you have an emergency, call your PCP or the 24/7 Nurse Call Line at **1-833-625-6446**.

Prescription Drug Coverage

As an AmeriHealth Caritas Ohio member, all your pharmacy services are covered by Gainwell, Ohio Medicaid's Single Pharmacy Benefit Manager (SPBM). Gainwell covers all Medicaid-covered, medically necessary prescription and over-the-counter (OTC) medications. You must use only Gainwell network pharmacies to get medications under the pharmacy benefit.

Where can I get more information?

For more information about the managed care plans available and for help selecting a managed care plan, call the Ohio Medicaid Hotline at **1-800-324-8680 (TTY 1-800-292-3572)** or visit www.ohiomh.com.

You may ask ODM to end your membership at any time for certain reasons. If ODM decides that you meet one of these reasons, it will end your membership. Also, if there is something special about the care you need or how you get the care and your managed care plan is not able to provide it, you can ask to end your membership. ODM will give you more information about this.

To learn more about AmeriHealth Caritas Ohio, call 1-833-764-7700 (TTY 1-833-889-6446) or visit www.amerihealthcaritasoh.com.

This brochure is only a summary of important information. AmeriHealth Caritas Ohio can provide you a list of network providers, share information on how we pay our providers, and answer any other questions.



Notice of Non-Discrimination

AmeriHealth Caritas Ohio complies with applicable federal civil rights laws and does not discriminate based on race, color, religion, gender, gender identity, sexual orientation, age, disability, national origin, military status, veteran status, ancestry, genetic information, health status, or need for health services in the receipt of health services. AmeriHealth Caritas Ohio does not exclude people or treat them differently because of race, color, religion, gender, gender identity, sexual orientation, age, disability, national origin, military status, veteran status, ancestry, genetic information, health status, or need for health services in the receipt of health services.

AmeriHealth Caritas Ohio provides free aids and services to people with disabilities to communicate effectively with us, such as:

- Qualified sign language interpreters
- Written information in other formats (large print, audio, accessible electronic formats, other formats)

AmeriHealth Caritas Ohio provides free language services to people whose primary language is not English, such as:

- Qualified interpreters
- Information written in other languages

If you need these services, contact Member Services at **1-833-764-7700 (TTY 1-833-889-6446)**.

If you believe that AmeriHealth Caritas Ohio has failed to provide these services or discriminated in another way based on race, color, religion, gender, gender identity, sexual orientation, age, disability, national origin, military status, veteran status, ancestry, genetic information, health status, or need for health services in the receipt of health services, you can file a grievance with:

- AmeriHealth Caritas Ohio Grievances
P.O. Box 7133
London, KY 40742
- You can also file a grievance by phone at **1-833-764-7700 (TTY 1-833-889-6446)**.

If you need help filing a grievance, AmeriHealth Caritas Ohio Member Services is available to help you. You can contact Member Services 24 hours a day, seven days a week, at **1-833-764-7700 (TTY 1-833-889-6446)**.

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

- Electronically through the Office for Civil Rights Complaint Portal, available at <https://ocrportal.hhs.gov/ocr/portal/lobby.jsf>
- By mail at:
U.S. Department of Health and Human Services
200 Independence Avenue SW, Room 509F, HHH Building
Washington, DC 20201
- By phone at **1-800-368-1019 (TDD: 1-800-537-7697)**

Complaint forms are available at www.hhs.gov/ocr/office/file/index.html.



ATTENTION: If you speak English, language assistance services, free of charge, are available to you. Call **1-833-764-7700 (TTY 1-833-889-6446)**.

If you have any problem reading or understanding this or any other AmeriHealth Caritas Ohio information, please contact Member Services at **1-833-764-7700 (TTY 1-833-889-6446)** for help at no cost to you. We can explain this information in English or in your primary language. The information in other languages is at no cost to you. You can also get this information for free in other formats, such as large print, braille, or audio.

ATENCIÓN: Si habla español, tiene a su disposición servicios de asistencia lingüística sin cargo. Llame al **1-833-764-7700 (TTY 1-833-889-6446)**.

Si tiene algún problema para leer o comprender esta o cualquier otra información de AmeriHealth Caritas Ohio, comuníquese con Servicios al Miembro al **1-833-764-7700 (TTY 1-833-889-6446)** para recibir ayuda sin costo alguno para usted. Podemos explicarle esta información en inglés o en su idioma principal. La información en otros idiomas no tiene costo para usted. Además, puede obtener esta información sin cargo en otros formatos, como impresión en letra grande, braille o audio.

ध्यान दिनुहोस्: यदि तपाईं नेपाली भाषा बोल्नुहुन्छ भने तपाईंका निम्ति भाषासम्बन्धी सहयोग सेवाहरू निःशुल्क रूपमा उपलब्ध हुन्छन् ।
1-833-764-7700 (TTY 1-833-889-6446) मा फोन गर्नुहोस् ।

यदि तपाईंलाई यो वा AmeriHealth Caritas Ohio को अन्य कुनै पनि जानकारी पढ्न वा बुझ्नमा कुनै पनि समस्या हुन्छ भने कृपया तपाईंलाई कुनै पनि शुल्क नलाग्ने गरी मद्दतका लागि सदस्य सेवालाई **1-833-764-7700 (TTY 1-833-889-6446)** मा सम्पर्क गर्नुहोस् । हामीले यस जानकारीलाई अंग्रेजी वा तपाईंको प्राथमिक भाषामा वर्णन गर्न सक्छौं । जानकारी अन्य भाषाहरूमा निःशुल्क उपलब्ध हुन्छ । तपाईंले यो जानकारी अन्य स्वरूपहरूमा निःशुल्क पनि प्राप्त गर्न सक्नुहुन्छ, जस्तै कि ठूलो छापा, ब्रेल वा अडियो ।

CHÚ Ý: Nếu quý vị nói Tiếng Việt, chúng tôi có sẵn dịch vụ hỗ trợ ngôn ngữ miễn phí dành cho quý vị. Hãy gọi **1-833-764-7700 (TTY 1-833-889-6446)**.

Nếu quý vị gặp khó khăn trong quá trình đọc hoặc hiểu thông tin này hoặc bất kỳ thông tin nào khác của AmeriHealth Caritas Ohio, vui lòng liên hệ Ban Dịch Vụ Khách Hàng theo số **1-833-764-7700 (TTY 1-833-889-6446)** để được hỗ trợ miễn phí. Chúng tôi có thể giải thích thông tin này bằng Tiếng Anh hoặc bằng ngôn ngữ mẹ đẻ của quý vị. Thông tin ở ngôn ngữ khác được cung cấp miễn phí cho quý vị. Quý vị cũng có thể nhận thông tin này miễn phí ở các định dạng khác, chẳng hạn như định dạng chữ in khổ lớn, chữ nổi hoặc âm thanh.

FIIRO GAAR AH: Haddii aad ku hadasho af-Soomaali, adeegyada caawimaada luqadda oo bilaash ah, ayaa diyaar kuu ah. Wac **1-833-764-7700 (TTY 1-833-889-6446)**.

Haddii aad wax dhibaato ah ku qabto akhrinta ama fahmitaanka tan ama macluumaadka kale ee AmeriHealth Caritas Ohio, fadlan kala xiriir Adeegyada Xubinta **1-833-764-7700 (TTY 1-833-889-6446)** si aad u hesho caawimaad aan wax kharash ah kugu fadhiyin. Waxaan ku sharxi karnaa macluumaadkan Af-Ingiriis ama afkaaga hooyo. Macluumaadka luqadaha kale ku qoran wax kharash ah kuguma fadhiyaan. Waxad sidoo kale macluumaadkan ku heli kartaa qaabab kale oo bilaash ah, sida far waaweyn, farta indhoolaha, ama maqal.

ВНИМАНИЕ: если вы говорите по-русски, в вашем распоряжении бесплатные услуги переводчика. Позвоните по тел. **1-833-764-7700 (TTY 1-833-889-6446)**.

Если у вас возникли проблемы с чтением или пониманием этой или любой иной информации об AmeriHealth Caritas Ohio, вы можете бесплатно обратиться за помощью в отдел обслуживания участников по тел. **1-833-764-7700 (TTY 1-833-889-6446)**. Мы объясним вам эту информацию либо по-английски, либо на вашем родном языке. Информация на других языках предоставляется вам бесплатно. Также данную информацию можно бесплатно получить в других форматах, например, крупным шрифтом, шрифтом Брайля или в аудиоформате.

ATTENTION : Si vous parlez français, des services d'aide linguistique sont mis à votre disposition gratuitement. Appelez-nous au **1-833-764-7700 (TTY 1-833-889-6446)**.

Si vous avez du mal à lire ou que vous ne compreniez pas ce message ou d'autres informations fournies par AmeriHealth Caritas Ohio, veuillez contacter l'équipe de service aux adhérents au **1-833-764-7700 (TTY 1-833-889-6446)** pour recevoir une aide gratuitement. Nous vous expliquerons ces informations en anglais ou dans votre langue maternelle. Vous pouvez recevoir ces informations gratuitement dans d'autres langues. Vous pouvez également obtenir ces informations gratuitement dans d'autres formats, notamment en gros caractères, en braille ou sur format audio.

تنبیه: إذا كنت تتحدث العربية، تتوفر خدمات المساعدة اللغوية لك مجاناً. اتصل بالرقم **1-833-764-7700 (TTY 1-833-889-6446)**.

إذا كانت لديك أي مشكلة في قراءة أو فهم هذه المعلومات أو أي معلومات أخرى عن AmeriHealth Caritas Ohio فيرجى الاتصال بخدمات الأعضاء على الرقم **1-833-764-7700 (TTY 1-833-889-6446)** للحصول على المساعدة بدون أي تكلفة عليك. يمكننا شرح هذه المعلومات باللغة الإنجليزية أو بلغتك الرئيسية. المعلومات باللغات الأخرى بدون أي تكلفة عليك. كما يمكنك الحصول على هذه المعلومات مجاناً بصيغ أخرى مثل مطبوعة كبيرة، أو بطريقة برايل أو بصيغة صوتية.



TAHADHARI: Ikiwa unazungumza Kiswahili, utapokea huduma za usaidizi wa lugha, bila malipo. Piga simu kupitia **1-833-764-7700 (TTY 1-833-889-6446)**.

Ikiwa una tatizo lolote la kusoma au kuelewa taarifa hii au nyingine yoyote ya AmeriHealth Caritas Ohio, tafadhali wasiliana na Huduma za Wanachama kupitia **1-833-764-7700 (TTY 1-833-889-6446)** ili upate msaada bila gharama yoyote. Tunaweza kukueleza habari hii kwa Kiingereza au katika lugha yako ya msingi. Taarifa katika lugha zingine haitakuwa na gharama kwako. Pia unaweza kupata taarifa hii bila malipo katika miundo mingine kama vile, maandishi makubwa, breli, au sauti.

УВАГА: Якщо ви говорите українською мовою, ви маєте право на безкоштовні мовні послуги. Телефонуйте за номером **1-833-764-7700 (TTY 1-833-889-6446)**.

Якщо вам важко прочитати або зрозуміти цю або іншу інформацію, надану AmeriHealth Caritas Ohio, будь ласка зв'яжіться зі службою підтримки та обслуговування клієнтів за номером **1-833-764-7700 (TTY 1-833-889-6446)**, щоб отримати безкоштовну допомогу. Ми можемо пояснити цю інформацію англійською або вашою рідною мовою. Інформація іншими мовами надається вам безкоштовно. Ви також можете отримати цю інформацію безкоштовно в інших форматах, наприклад, великим шрифтом, шрифтом Брайля, або у вигляді аудіо.

注意：如果您使用粵語，您可以免費獲得語言援助服務。請致電 **1-833-764-7700 (TTY 1-833-889-6446)**。

如果您在閱讀或理解本文件或 AmeriHealth Caritas Ohio 其他資訊時遇到任何問題，請撥打會員服務部電話 **1-833-764-7700 (TTY 1-833-889-6446)** 尋求免費幫助。我們可以使用英語或您的首選語言來解釋這些資訊。我們為您免費提供其他語言的資訊。您還可以免費取得這些資訊的其他格式，例如大字體印刷版、盲文點字版或音訊版。

ध्यान आपो: જો તમે ગુજરાતી બોલો છો, તો તમારા માટે વિના મૂલ્યે ભાષા સહાય સેવાઓ ઉપલબ્ધ છે. **1-833-764-7700 (TTY 1-833-889-6446)** પર કોલ કરો.

જો તમને આ અથવા અન્ય કોઈપણ AmeriHealth Caritas Ohio માહિતી વાંચવામાં કે સમજવામાં કોઈ સમસ્યા હોય, તો તમારા માટે કોઈ ખર્ચ વિના મદદ માટે કૃપા કરીને સહાય સેવાઓનો **1-833-764-7700 (TTY 1-833-889-6446)** પર સંપર્ક કરો. અમે આ માહિતીને અંગ્રેજી અથવા તમારી પ્રાથમિક ભાષામાં સમજાવી શકીએ છીએ. અન્ય ભાષાઓમાં માહિતી તમારા માટે કોઈ ખર્ચ વિના ઉપલબ્ધ છે. તમે આ માહિતી અન્ય ફોર્મેટમાં પણ મફતમાં મેળવી શકો છો, જેમ કે મોટી પ્રિન્ટ, બ્રેઇલ અથવા ઓડિયો.

注意：如果您使用中文普通话，您可以免费获得语言援助服务。请致电 **1-833-764-7700 (TTY 1-833-889-6446)**。

如果您在阅读或理解本文件或 AmeriHealth Caritas Ohio 其他信息时遇到任何问题，请拨打会员服务部电话 **1-833-764-7700 (TTY 1-833-889-6446)** 寻求免费帮助。我们可以使用英语或您的首选语言来解释这些信息。我们为您免费提供其他语言的信息。您还可以免费获取这些信息的其他格式，例如大字体印刷版、盲文点字版或音频版。

توجه: اگر به لسان افغانی گپ میزنید، خدمات مساعدت لسانی به صورت رایگان به شما ارایه میشود. با نمبر **1-833-764-7700 (TTY 1-833-889-6446)** به تماس شوید.

اگر در خواندن یا درک این مطلب یا کدام معلومات سائری از AmeriHealth Caritas Ohio مشکل دارید، لطفاً برای دریافت کمک رایگان با خدمات اعضا به نمبر **1-833-764-7700 (TTY 1-833-889-6446)** به تماس شوید. ما میتوانیم این معلومات را به لسان انگلیسی یا به لسان اصلی شما توضیح دهیم. معلومات به لسان های سائر به صورت رایگان به شما ارایه میشود. همچنان میتوانید این معلومات را به صورت رایگان در فارمت های سائر مانند چاپ بزرگ، خط بریلی یا صوتی دریافت کنید.

ማሳሰቢያ:- አማርኛ የሚናገሩ ከሆነ የቋንቋ እገዛ አገልግሎቶችን በነጻ ማግኘት ይችላሉ። በስልክ ቁጥር **1-833-764-7700 (TTY 1-833-889-6446)** ይደውሉ።

ይህንንም ወይም ሌላ ማንኛውንም የAmeriHealth Caritas Ohio መረጃ ማንበብ ወይም መረዳት ከተቸገሩ እባክዎ የአባል አገልግሎቶችን ወይም ሜምበር ስርቪስን በ **1-833-764-7700 (TTY 1-833-889-6446)** ደውለው እገዛ በነጻ ያግኙ። ይህንን መረጃ በእንግሊዝኛ ወይም በመጀመሪያ ቋንቋዎ ልናብራራልዎ እንችላለን። በሌሎች ቋንቋዎች ለሚቀርብልዎ መረጃ ምንም ክፍያ አይጠየቁም። በተጨማሪም ይህንን መረጃ በሌሎች የፋይል አይነቶች ማለትም በተለያዩ ህትመት፣ ብሬይል ወይም በድምጽ ከክፍያ ነጻ ማግኘት ይችላሉ።

MENYA NEZA: Nimba uvuga Ikirundi (Burundi), ama seruvise afasha mu vy'indimi, atangwa ku buntu, arahari ku bwanyu. Hamagara kuri **1-833-764-7700 (TTY 1-833-889-6446)**.

Nimba hariho ingorane iyo ariyo yose ituma utoroherwa gusoma canke gutahura ibi canke amakuru ayo ariyo yose ya AmeriHealth Caritas Ohio, usabwe kwitura Member Services (Igisata Citaho Abanywanyi) uciye kuri numero **1-833-764-7700 (TTY 1-833-889-6446)** kugira uronke ubufasha ku buntu. Turashobora kugusigurira aya makuru mu Congereza canke mu rurimi rwawe kavukire. Ayo makuru atanzwe mu zindi ndimi nta mahera uyangira. Urashobora kandi kuronka aya makuru ku buntu mu bundi buryo, nko mu nyandiko nini, mu nyandiko zikoreshwa n'impumyi, canke mu buryo bw'amajwi.

