# Stark County Schools Council of Governments: PPO Plan

Coverage for: Individual/Family | Plan Type: PPO

The Summary of Benefits and Coverage (SBC) document will help you choose a health plan. The SBC shows you how you and the plan would

share the cost for covered health care services. NOTE: Information about the cost of this plan (called the premium) will be provided separately.

This is only a summary. For more information about your coverage, or to get a copy of the complete terms of coverage, call AultCare at 1-800-344-8858 / <a href="https://www.aultcare.com">www.aultcare.com</a>, or Medical Mutual at 800-228-6472 / <a href="https://www.medmutual.com">www.medmutual.com</a>. For general definitions of common terms, such as <a href="https://www.aultcare.com/aultcare/login.aspx or www.medmutual.com">www.medmutual.com</a>, or other <a href="https://www.medmutual.com">underlined</a> terms see the Glossary. You can view the Glossary at <a href="https://www.aultcas.com/aultcare/login.aspx or www.medmutual.com">www.aultcas.com/aultcare/login.aspx or www.medmutual.com</a> or by calling AultCare 1-800-344-8858 or Medical Mutual 1-800-228-6472 to request a copy.

Important Questions	Answers	Why This Matters:
What is the overall deductible?	For <u>network providers</u> \$250 Individual / \$500 Family; For <u>out-of-network providers</u> \$500 Individual / \$1,000 Family	Generally, you must pay all of the costs from providers up to the <u>deductible</u> amount before this <u>plan</u> begins to pay. If you have other family members on the <u>plan</u> , each family member must meet their own individual <u>deductible</u> until the total amount of <u>deductible</u> expenses paid by all family members meets the overall family <u>deductible</u> .
Are there services covered before you meet your deductible?	Yes. Certain Preventive care services are covered before you meet your deductible.	This <u>plan</u> covers some items and services even if you haven't yet met the <u>deductible</u> amount. But <u>coinsurance</u> may apply. For example, this <u>plan</u> covers certain <u>preventive services</u> without <u>cost-sharing</u> and before you meet your <u>deductible</u> . See a list of covered <u>preventive services</u> at <u>https://www.healthcare.gov/coverage/preventive-care-benefits/</u> .
Are there other deductibles for specific services?	No.	You don't have to meet deductibles for specific services.
What is the <u>out-of-pocket</u> <u>limit</u> for this <u>plan</u> ?	For <u>network providers</u> \$1,000 Individual /\$2,000 Family For <u>out-of-network providers</u> \$2,000 Individual /\$4,000 Family	The <u>out-of-pocket limit</u> is the most you could pay in a year for covered services. If you have other family members in this <u>plan</u> , they have to meet their own <u>out-of-pocket limits</u> until the overall family <u>out-of-pocket limit</u> has been met.
	Penalties, premiums, balance-billing	
What is not included in the <u>out-of-pocket limit?</u>	charges, and health care this <u>plan</u> doesn't cover.	Even though you pay these expenses, they don't count toward the out-of-pocket limit.
Will you pay less if you use a <u>network provider</u> ?	Yes. For a list of network providers: AultCare: see www.aultcare.com or call 330-363-6360 or 1-800-344-8858; Medical Mutual: See www.medmutual.com or call 1-800-228-6472	This <u>plan</u> uses a provider <u>network</u> . You will pay less if you use a <u>provider</u> in the plan's <u>network</u> . You will pay the most if you use an <u>out-of-network provider</u> , and you might receive a bill from a <u>provider</u> for the difference between the provider's charge and what your <u>plan</u> pays ( <u>balance billing</u> ). Be aware, your <u>network provider might</u> use an <u>out-of-network provider</u> for some services (such as lab work). Check with your <u>provider before</u> you get services.
Do you need a <u>referral</u> to see a <u>specialist</u> ?	No	You can see the <u>specialist</u> you choose without a <u>referral</u> .



All **copayment** and **coinsurance** costs shown in this chart are after your **deductible** has been met, if a **deductible** applies.

Common		What You Will Pay  Limitations, Exceptions, & Other Importa		
Medical Event	Services You May Need	Network Provider (You will pay the least)	Out-of-Network Provider (You will	Information
If you visit a health	Primary care visit to treat an injury or illness	10% coinsurance	20% coinsurance	None
care <u>provider's</u> office	<u>Specialist</u> visit	10% coinsurance	20% coinsurance	None
or clinic	Preventive care/screening/ immunization	No charge	20% coinsurance	You may have to pay for services that aren't preventive. Ask your provider if the services needed are preventive. Then check what your plan will pay for. Coverage for routine mammograms, prostate screening or pap test is limited to one per calendar year. Routine physicals are limited to one per calendar year. Routine gynecological exams are limited to two per calendar year.
If you have a test	Diagnostic test (x-ray, blood work)	10% coinsurance	20% coinsurance	None
ii you nave a test	Imaging (CT/PET scans, MRIs)	10% coinsurance	20% coinsurance	Preauthorization may be required for certain imaging services.
If you need drugs to treat your illness or condition  More information about prescription drug coverage is available at www.caremark.com or contact a Customer Care Representative at 1-888-202-1654.	Generic drugs / Brand drugs	20% coinsurance	Not covered	Mandatory generic drugs where available (unless doctor specifies dispense as written). Mail order is required for long term prescription drugs, limited to 1st fill and one refill at retail pharmacy. All subsequent prescription drugs must be filled by mail.
If you have outpatient surgery	Facility fee (e.g., ambulatory surgery center)	10% coinsurance	20% coinsurance	<u>Preauthorization</u> may be required for certain surgery services.
	Physician/surgeon fees	10% coinsurance	20% coinsurance	None
	Emergency room care	10% coinsurance	10% coinsurance	Network <u>deductible</u> will apply.
If you need immediate medical attention	Emergency medical transportation	20% coinsurance	20% coinsurance	Network <u>deductible</u> will apply.
	<u>Urgent care</u>	10% coinsurance	20% coinsurance	None

Common Medical Event	Services You May Need	What Y Network Provider (You will pay the least)	ou Will Pay Out-of-Network Provider (You will pay the most)	Limitations, Exceptions, & Other Important Information
If you have a hospital stay	Facility fee (e.g., hospital room)	10% coinsurance	20% coinsurance	Preauthorization is required. Penalty of \$200 may apply for failure to get preauthorization.
	Physician/surgeon fees	10% coinsurance	20% coinsurance	None
If you need mental health, behavioral	Outpatient services	10% coinsurance	20% coinsurance	None
health, or substance abuse services	Inpatient services	10% coinsurance	20% coinsurance	Preauthorization is required. Penalty of \$200 may apply for failure to get preauthorization.
If you are pregnant	Office visits	10% coinsurance	20% coinsurance	Cost sharing does not apply to certain preventive services. Depending on the type of service, coinsurance or deductible may apply. Maternity care may include tests and services described elsewhere in the SBC (ie: ultrasound).
	Childbirth/delivery professional services	10% coinsurance	20% coinsurance	None
	Childbirth/delivery facility services	10% coinsurance	20% coinsurance	Preauthorization is required. Penalty of \$200 may apply for failure to get preauthorization.
	Home health care	10% coinsurance	20% coinsurance	Preauthorization is required.
If you need help	Rehabilitation services	10% <u>coinsurance</u>	20% coinsurance	Preauthorization may be required for ongoing services.
recovering or have other	Habilitation services	Not covered	Not covered	
special health needs	Skilled nursing care	10% coinsurance	20% coinsurance	Preauthorization is required.
	<u>Durable medical equipment</u>	10% coinsurance	20% coinsurance	None
	Hospice services	10% coinsurance	20% coinsurance	Preauthorization is required.
If your child needs	Children's eye exam	No charge	20% coinsurance	Eye exam coverage through age 20.
dental or eye care	Children's glasses	Not covered	Not covered	
	Children's dental check-up	Not covered	Not covered	

## **Excluded Services & Other Covered Services:**

# Services Your Plan Generally Does NOT Cover (Check your policy or plan document for more information and a list of any other excluded services.)

- Abortion (except in cases of rape, incest, or when the life of the mother is endangered)
- Acupuncture
- Bariatric Surgery
- Cosmetic Surgery

- Dental Care (adult)
- Habilitation Services
- Hearing Aids
- Long Term Care

- Non-Emergency care when traveling outside the U.S.
- Routine Eye Care (Adult)
- Routine Foot Care
- Weight Loss Programs

## Other Covered Services (Limitations may apply to these services. This isn't a complete list. Please see your plan document.)

Chiropractic Care

Infertility Treatment

Private Duty Nursing

Your Rights to Continue Coverage: There are agencies that can help if you want to continue your coverage after it ends. The contact information for those agencies is: for non-federal governmental group health plans, contact Department of Health and Human Services, Center for Consumer Information and Insurance Oversight, at 1-877-267-2323 x61565 or <a href="www.cciio.cms.gov">www.cciio.cms.gov</a>. If the coverage is insured, individuals should contact their State insurance regulator regarding their possible rights to continuation coverage under State law. Other coverage options may be available to you too, including buying individual insurance coverage through the Health Insurance <a href="Marketplace">Marketplace</a>. For more information about the <a href="Marketplace">Marketplace</a>, visit <a href="www.HealthCare.gov">www.HealthCare.gov</a> or call 1-800-318-2596.

Your Grievance and Appeals Rights: There are agencies that can help if you have a complaint against your <u>plan</u> for a denial of a <u>claim</u>. This complaint is called a grievance or <u>appeal</u>. For more information about your rights, look at the explanation of benefits you will receive for that medical <u>claim</u>. Your <u>plan</u> documents also provide complete information to submit a <u>claim</u>, appeal, or a <u>grievance</u> for any reason to your <u>plan</u>. For more information about your rights, this notice, or assistance, contact: for non-federal governmental group health plans, contact AultCare at 1-800-344-8858, Medical Mutual at 1-800-228-6472 or call the Ohio Department of Insurance 1-800- 686-1526.

## Does this plan provide Minimum Essential Coverage? Yes.

If you don't have Minimum Essential Coverage for a month, you'll have to make a payment when you file your tax return unless you qualify for an exemption from the requirement that you have health coverage for that month.

## Does this plan meet Minimum Value Standards? Yes.

If your plan doesn't meet the Minimum Value Standards, you may be eligible for a premium tax credit to help you pay for a plan through the Marketplace.

## **Language Access Services:**

[Spanish (Español): Para obtener asistencia en Español, llame al 330-363-6360 / 1-800-344-8858

[Tagalog (Tagalog): Kung kailangan ninyo ang tulong sa Tagalog tumawag sa 300-363-6360 / 1-800-344-8858 [Chinese (中文): 如果需要中文的帮助,请拨打这个号码 330-363-6360 / 1-800-344-8858

[Navajo (Dine): Dinek'ehgo shika at'ohwol ninisingo, kwiijigo holne' 330-363-6360 / 1-800-344-8858

To see examples of how this plan might cover costs for a sample medical situation, see the next section.

## **About these Coverage Examples:**



Total Example Cost

**This is not a cost estimator.** Treatments shown are just examples of how this <u>plan</u> might cover medical care. Your actual costs will be different depending on the actual care you receive, the prices your <u>providers</u> charge, and many other factors. Focus on the <u>cost sharing</u> amounts (<u>deductibles</u>, <u>copayments</u> and <u>coinsurance</u>) and <u>excluded services</u> under the <u>plan</u>. Use this information to compare the portion of costs you might pay under different health <u>plans</u>. Please note these coverage examples are based on self-only coverage.

# Peg is Having a Baby

(9 months of in-network pre-natal care and a hospital delivery)

■ The plan's overall deductible	\$250
■ Specialist coinsurance	10%
■ Hospital (facility) coinsurance	10%
Other coinsurance	10%

## This EXAMPLE event includes services like:

Specialist office visits (prenatal care)
Childbirth/Delivery Professional Services
Childbirth/Delivery Facility Services
Diagnostic tests (ultrasounds and blood work)
Specialist visit (anesthesia)

Total Example Cost	\$1Z,0UU
In this example, Peg would pay:	
Cost Sharing	
Deductibles	\$250
Copayments	\$0
Coinsurance	\$750
What isn't covered	
Limits or exclusions	\$20
The total Peg would pay is	\$1,020

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# **Managing Joe's type 2 Diabetes**

(a year of routine in-network care of a well-controlled condition)

■ The plan's overall deductible	\$250
■ Specialist coinsurance	10%
■ Hospital (facility)coinsurance	10%
■ Other coinsurance	10%

## This EXAMPLE event includes services like:

Primary care physician office visits (including disease education)
Diagnostic tests (blood work)
Prescription drugs
Durable medical equipment (glucose meter)

Total Example Cost \$7.40		
Total Example Cost \$1,70	<b>Total Example Cost</b>	\$7,400

# In this example, Joe would pay:

Cost Sharing			
Deductibles	\$250		
Copayments	\$0		
Coinsurance	\$750		
What isn't covered			
Limits or exclusions	\$60		
The total Joe would pay is	\$1,060		

## **Mia's Simple Fracture**

(in-network emergency room visit and follow up care)

■ The plan's overall deductible	\$250
■ Specialist coinsurance	10%
■ Hospital (facility) coinsurance	10%
■ Other coinsurance	10%

#### This EXAMPLE event includes services like:

Emergency room care (including medical supplies)

Diagnostic test (x-ray)

Durable medical equipment (crutches)

Rehabilitation services (physical therapy)

Total Example Cost	\$1,900

## In this example, Mia would pay:

in this example, the would pay:		
Cost Sharing		
\$250		
\$0		
\$390		
What isn't covered		
\$0		
\$640		

## AultCare/Aultra Notice Tag Lines for the State of Ohio

#### **English**

This Notice has Important Information. This notice has important information about your application or coverage through AultCare /Aultra. Look for key dates in this notice. You may need to take action by certain deadlines to keep your health coverage or help with costs. You have the right to get this information and help in your language at no cost. Call Local: 330.363.6360 Outside Stark County: 1.800.344.8858 TTY Local: 330.363.2393 Outside Stark County: 1.866.633.4752

#### Spanish

Español

Este Aviso contiene información importante. Este aviso contiene información importante acerca de su solicitud o cobertura a través AultCare/Aultra. Preste atención a las fechas clave que contiene este aviso. Es posible que deba tomar alguna medida antes de determinadas fechas para mantener su cobertura médica o ayuda con los costos. Ústed tiene derecho a recibir esta información y ayuda en su idioma sin costo alguno. Llame al Local: 330.363.6360 Fuera del condado de Stark: 1.800.344.8858 TTY Local: 330.363.2393 Fuera del condado de Stark: 1.866.633.4752

#### Chinese

中文

本通知有重要的訊息。本通知有關於您透過 AultCare/Aultra 保险公司 提交的申請或保險的重要訊息。請留意本通知內的重要 日期。您可能需要在截止日期之前採取行動,以保留您的健康保險或者費用補貼。您有權利免費以您的母語得到本訊息和幫助

。請撥電話 本地: 330.363.6360 斯塔克縣外: 1.800.344.8858 TTY 線 本地: 330.363.2393 斯塔克縣外: 1.866.633.4752。

#### German

Deutsche

Diese Benachrichtigung enthält wichtige Informationen. Diese Benachrichtigung enthält wichtige Informationen bezüglich Ihres Antrags auf Krankenversicherungsschutz durch AultCare/Aultra. Suchen Sie nach wichtigen Terminen in dieser Benachrichtigung. Sie könnten bis zu bestimmten Stichtagen handeln müssen, um Ihren Krankenversicherungsschutz oder Hilfe mit den Kosten zu behalten. Sie haben das Recht, kostenlose Hilfe und Informationen in Ihrer Sprache zu erhalten. Rufen Sie an unter Local: 330.363.6360 Außerhalb von Stark County: 1.800.344.8858 TTY –Linie Local: 330.363.2393 Außerhalb von Stark County: 1.866.633.4752.

#### Arabic

ة برع لا

AultCare/Aultra نهِماً لنا ك قرش خال نم يمُطغلنل على صول حلاب كالطصوب خصمةهم ومات من رع الشااحذا يوهر ج . قهم اومات من رع االشحذا هو ي على رالح صُو نَوقَ لَى أَفَ بِاللَّالِمَا عَد نَوِ مَ الْ عَلَيْوا لَهِ مُسْ عَثْلُوا لَيْهُ سَحِّلًا لَّذِي طَالُوا يَهُ سَحِّلًا لَخِيرِ وَاللَّانِ عَ حَبُّا اللَّهِ عَلَيْهِ عَلَيْهِ اللَّهِ عَلَيْهِ عَلَيْهِ اللَّهِ عَلَيْهِ عَلَيْهِ اللَّهِ عَلَيْهِ اللَّهِ عَلَيْهِ اللَّهِ عَلَيْهِ عَلَيْهِ اللَّهِ عَلَيْهِ اللَّهِ عَلَيْهِ اللَّهِ عَلَيْهِ اللَّهِ عَلَيْهِ اللَّهِ عَلَيْهِ عَلَيْهِ اللَّهُ عَلَيْهِ اللَّهُ عَلَيْهِ اللَّهُ عَلَيْهِ اللَّهُ عَلَيْهِ اللَّهُ عَلَيْهِ اللَّ

1.866.633.4752:

#### Pennsylvania Dutch

Deitsch

Die Bekanntmaching gebt wichdichi Auskunft. Die Bekanntmaching gebt wichdichi Auskunft baut dei Application oder Coverage mit AultCare/Aultra. Geb Acht fer wichdiche Daadem in die Bekanntmachung. Es iss meeglich, ass du ebbes duh muscht, an beschtimmde Deadlines, so ass du dei Health Coverage bhalde kannscht, odder bezaahle helfe kannscht. Du hoscht es Recht fer die Information un Hilf in deinre eegne Schprooch griege, un die Hilf koschtet nix Local: 330.363.6360 Außerhalb von Stark County: 1.800.344.8858 TTY -Linie Local: 330.363.2393 Außerhalb von Stark County: 1.866.633.4752.

#### Russian

русский

Настоящее уведомление содержит важную информацию. Это уведомление содержит важную информацию о вашем заявлении или страховом покрытии через Страховая компания AultCare/Aultra. Посмотрите на ключевые даты в настоящем уведомлении. Вам, возможно, потребуется принять меры к определенным предельным срокам для сохранения страхового покрытия или помощи с расходами. Вы имеете право на бесплатное получение этой информации и помощь на вашем языке. Звоните по телефону Местный: 330.363.6360 Вне Старка County: 1.800.344.8858 ТТҮ линия Местный: 330.363.2393 Вне Старка County: 1.866.633.4752.

#### French

Français

Cet avis a d'importantes informations. Cet avis a d'importantes informations sur votre demande ou la couverture par l'intermédiaire de Compagnie d'Assurance AultCare/Aultra. Rechercher les dates clés dans le présent avis. Vous devrez peut-être prendre des mesures par certains délais pour maintenir votre couverture de santé ou d'aide avec les coûts. Vous avez le droit d'obtenir cette information et de l'aide dans votre langue à aucun coût. Appelez Locale: 330.363.6360 En dehors du comté de Stark : 1.800.344.8858 ligne ATS Local: 330.363.2393 En dehors du comté de Stark : 1.866.633.4752

## Vietnamese

Việt Nam

Thông báo này cung cấp thông tin quan trọng. Thông báo này có thông tin quan trọng bàn về đơn nộp hoặc hợp đồng bảo hiểm qua chương trình Công ty Bảo hiệm Ault Care/Aultra. Xin xem ngày then chốt trong thông báo này. Quý vị có thể phải thực hiện theo thông báo đúng trong thời hạn để duy trì bảo hiểm sức khỏe hoặc được trợ trúp thêm về chi phí. Quý vị có quyền được biết thông tin này và được trợ giúp bằng ngôn ngữ của mình miễn phí. Xin gọi số Địa phương: 330.363.6360 Bên ngoài của Stark County: 1.800.344.8858 TTY đường dây Địa phương: 330.363.2393 Bên ng oài của Stark County: 1.866.633.4752.

#### **Cushite-Oromo**

Beeksisni kun odeeffannoo barbaachisaa qaba. Beeksisti kun sagantaa yookan karaa **AultCare/Aultra** tiin tajaajila keessan ilaalchisee odeeffannoo barbaachisaa qaba. Guyyaawwan murteessaa ta'an beeksisa kana keessatti ilaalaa. Tarii kaffaltiidhaan deeggaramuuf yookan tajaajila fayyaa keessaniif guyyaa dhumaa irratti wanti raawwattan jiraachuu danda'a. Kaffaltii irraa bilisa haala ta'een afaan keessaniin odeeffannoo argachuu fi deeggarsa argachuuf mirga ni qabaattu. Lakkoofsa bilbilaa **Local: 330.363.6360Outside of Stark County: 1.800.344.8858 TTY Line Local: 330.363.2393 Outside of Stark County: 1.866.633.4752** tii bilbilaa.

#### Korean

한국어

본통지서에는 중요한 정보가 들어 있습니다. 즉 이 통지서는 귀하의 신청에 관하여 그리고 **AultCare/Aultra 보험 회사계획**을 통한 커버리지 에 관한 정보를 포함하고 있습니다. 본 통지서에서 핵심이 되는 날짜들을 찾으십시오. 귀하는 귀하의 건강 커버리지를 계속 유지하거나 비용을 절감하기 위해서 일정한 마감일까지 조지를 취해야 할 필요가 있을 수 있습니다. 귀하는 이러한 정보와 도움을 귀하의 언어로 비용 부담없이 얻을 수 있는 권리가 있습니다. **지역 : 330.363.6360 스타크카운티의 외부 :** 1.800.344.8858 TTY 라인 지역 : 330.363.2393 스타크 카운티의 외부 : 1.866.633.4752 로 전화하십시오.

#### Italian

Italiano

Questo avviso contiene informazioni importanti sulla tua domanda o copertura attraverso **AultCare/Aultra**. Cerca le date chiave inquesto avviso. Potrebbe essere necessario un tuo intervento entro una scadenza determinata per consentirti di mantenere la tua copertura o sovvenzione. Hai il diritto di ottenere queste informazionie assistenza nella tua lingua gratuitamente. Chiama **Locale: 330.363.6360 Al di fuori di Stark County: 1.800.344.8858 TTY linea Locale: 330.363.2393 Al di fuori di Stark County: 1.866.633.4752.** 

#### Japanese

日本語

この通知には重要な情報が含まれています。この通知には AultCare/Aultra 保険会社 の申請または補償範囲に関する重要な情報が含まれています。この通知に記載されている重要な日付をご確認ください。健康保険や有料サポートを維持するには、 特定の期日までに行動を取らなければならない場合があります。ご希望の言語による情報とサポートが無料で提供されます。 330.363.6360 スターク郡の外: 1.800.344.8858 TTY ライン ローカル: 330.363.2393 スターク郡の外: 1.866.633.4752 までお電話ください。

#### Dutch

Nederlands

Deze mededeling heeft belangrijke informatie. Deze mededeling heeft belangrijke informatie over uw aanvraag of dekking via **AultCare** /**Aultra.** Kijk naar belangrijke datums in deze mededeling. Het kan nodig zijn om actie te ondernemen binnen bepaalde termijnen om uw zorgverzekering te behouden of hulp met kosten te krijgen. U heeft het recht op deze informatie en hulp in uw taal zonder kosten. Bel **Local**: 330.363.6360 Buiten Stark County: 1.800.344.8858 TTY Line Local: 330.363.2393 Buiten Stark County: 1.866.633.4752.

#### Ukrainian

український

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#### Romanian

Română

Prezenta notificare conține informații importante. Această notificare conține informații importante privind cererea sau acoperirea asigurării dumneavoastre de sănătate prin Compania de Asigurari AultCare/Aultra. Căutați datele cheie din această notificare. Este posibil să fie nevoie să acționați până la anumite termene limită pentru a vă menține acoperirea asigurării de sănătate sau asistența privitoare la costuri. Aveți dreptul de a obține gratuit aceste informații și ajutor în limba dumneavoastră. Sunați la Locale : 330.363.6360 În afara Stark Judet : 1.800.344.8858 TTY linie Locale : 330.363.2393 În afara Stark Judet : 1.866.633.4752.

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If you need these services, or if you believe that AultCare/Aultra has failed to provide these services or discriminated in another way on the basis of race, color, national origin, age, disability, or sex, you can contact or file a grievance with the: AultCare/Aultra Civil Rights Coordinator, 2600 6<sup>th</sup> St. S.W. Canton, OH 44710, 330-363-7456, CivilRightsCoordinator@aultcare.com. You can file a grievance in person or by mail, fax, or email. If you need help filing a grievance, our Civil Rights staff is available to help you.

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, 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.

# Multi-Language Interpreter Services & Nondiscrimination Notice



7KLV GRFXPHQW QRWL;HV LQGLYLGXDOV RI KRZ WR VHHN DVVLVWDQFH LI WKH\ VSHDN D ODQJXDJH RWKHU WKDQ (QJOLVK.

## **Spanish**

\$7(1&, 1: 6L KDEOD HVSDxRO, WLHQH D VX GLVSRVLFLYQ VHUYLFLRV JUDWXLWRV GH DVLVWHQFLD OLQJ• tVWLFD. ∕ODPH DO 1-800-382-5729 (77<: 711).

#### Chinese

#### German

\$&+781\*: = HQQ 6LH 'HXWVFK VSUHFKHQ, VWHKHQ ,KQHQ NRVWHQORV VSUDFKOLFKH +LOIVGLHQVWOHLVWXQJHQ JXU 9HUI• JXQJ. 5XIQXPPHU: 1-800-382-5729 (77<: 711).

## **Arabic**

Հ կար գաս ան կիզով ասվ ց կզ Yu, մ ց դլ չ է է կիզար Ալ y մ ց աս ար գար գար գ ար գար և (711ց կլիկից գր կզժ ասց Հ պ 1-800-382-5729ց Հ առ և գր և , և որ ց կա

## Pennsylvania Dutch

\_ DQQ GX \*HJIVFK VFKZHI]VFKII, NDQQVFKII GX PUIDXV \_RVFKIIH HEEHU JUFNH, DVV GIKU KHIIII PUI GIH HQJUVFK 6FKSURRFK. 5XI VHII. 1XPPHU XII: &DII 1-800-382-5729 (77<: 71).

#### Russian

¢¢?ΕΑ¢?ς: ştug sə sisirgtı hə r[ttrih ıgərı, ti səh gitt[thə εμτιμοτήσι [tu[sg τμιμαίσο. ?sihgtı 1-800-382-5729 (tμμτογι: 711).

#### **French**

\$77(17,21: 6L YRXV SDWH] IUDQoDLV, GHV VHUYLFHV G¶DLGH OLQJXLVWLTXH YRXV VRQW SURSRVpV JUDWXLWHPHQW. \$SSHOH] OH 1-800-382-5729 (\$76: 711).

#### Vietnamese

&+Ò é: 1 KX EHQ Qyl. 7 KQJ 9 YIIII, Fy FiF GIFK YO KƏ IIII QJ QJ YIIII PHQ SKt GİQK FKR EHQ. \* XL Væ 1-800-382-5729 (77< 71).

## Navajo

'tt EDD DNy QtQt]LQ: 'tt VDDG EHH \iQtáWL¶ JR 'LQp %L]DDG, VDDG EHH iNi¶iQtGD¶iZR¶GĠĠ¶, W¶ii MLLN¶HK, pt Qi Kó0¶, NRMñù KµGtt0QLK 1-800-382-5729 (77< 711.

#### Oromo

;,<<(())\$11\$\$: \$IDDQ GXEEDWWX 2URRPLIID, WDMDDMLOD JDUJDDUVD DIDDQLL, NDQIDOWLLGKDDQ DOD, QL DUJDPD. %LOELODD 1-800-382-5729 (77<: 711).

#### Korean

늱넍 뼑霢꽩號 □끞뼍겑鱉 陲끥, 꽭꽩 덵낅 □□걙號□일 ↑ 넩끞뼍겙 □ 넽걪鱽鲙. 1-800-382-5729 (77<: 711)□냱↑ 놹쀉뼩 늱겢겑꿙.</li>

#### Italian

\$77(1=,21(:,QFDVR OD (LQJXD SDU)DWD VLD (MIDOLDQR, VRQR GLVSRQLELOL VHUYL]L GL DVVLVWHQ]D (LQJXLVWFD JUDWXLWL. &KLDPDUH LO QXPHUR 1-800-382-5729 (77<: 711).

#### **Japanese**

泳kmQ檔 应戳崭衤崀దቯ៤ □□□和巑Φ 岏崭崐壹┺ 魚 ⑥趣況セቃሴቡሼ ጣ1-800-382-5729 (77<: 711) ቡ ቊ미。 榊崀□□ሷ 抲俰ሲቃሸኳጣ

#### Dutch

\$\$1'\$&+7:\$OVXQHGHUODQGVVSUHHNW,NXQWXJUDWLV JHEUXLNPDNHQYDQGHWDDONXQGLJHGLHQVWHQ.%HO 1-800-382-5729 (77<: 711).

#### Ukrainian

r¢ALA! əΥηɨ sg ɪɨghɨsuɹ[tɨμ [Υτəκἡtæγɨφ hɨsɨφ, sg hɨgɨtɨ gsuːἡ[tetu eɨ εμgrɨŋntɨshɨκ tu̞[gɛg hɨsŋɨκ u̞gtɪghɤg. Ruuɪ[ʒɨἡ[ɣtɨμ gə hɨhɹɪɨh 1-800-382-5729 (tɨuɪtə-ɣu: 711).

#### Romanian

\$7(17,(: 'DFă YRUELIII OLPED URPKQĂ, YĂ VWDX OD GLVSR]LIILH VHUYLFLL GH DVLVWHQIIA OLQJYLVWLFĂ, JUDWXLW. 6XQDIIL OD 1-800-382-5729 (77<: 711).

## **Tagalog**

Order Number: Z8188-MCA R11/16

Dept of Ins. Filing Number: Z8188-MCA R9/16

# QUESTIONS ABOUT YOUR BENEFITS OR OTHER INQUIRIES ABOUT YOUR HEALTH INSURANCE SHOULD BE DIRECTEDTO MEDICAL MUTUAL'S CUSTOMER CARE DEPARTMENT AT 1-800-382-5729.

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If you need these services or if you believe Medical Mutual failed to provide these services or discriminated in another way on the basis of race, color, national origin, age, disability or sex, with respect to your health care bene.ts or services, you can submit a written complaint to the person listed below. Please include as much detail as possible in your written complaint to allow us to effectively research and respond.

Civil Rights
Coordinator Medical
Mutual of Ohio 2060 East
Ninth Street Cleveland, OH
44115-1355

MZ: 01-10-1900

Email: CivilRightsCoordinator@MedMutual.com

You can also )le a civil rights complaint with the U.S. Department of Health and Human Services, Of)ce for Civil Rights.

∘ Electronically through the Of)ce for Civil Rights Complaint Portal available at:

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

Q By mail at:

U.S. Department of Health and Human Services 200 Independence Avenue, SW Room 509F HHH Building Washington, DC 20201-0004

Q By phone at:

(800) 368-1019 (TDD: (800) 537-7697)

Complaint forms are available at: hhs.gov/ocr/of)ce/)le/index.html

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