



Your guide to
Medicaid that
does more



Getting started

Humana Healthy Horizons® in Ohio

Welcome to Humana Healthy Horizons in Ohio

Achieving your best health takes more than just healthcare coverage. We offer services and benefits that keep you feeling good—mind, body and spirit—even after you leave your provider’s office.

By now, you should have received your Humana Healthy Horizons® ID card, along with a letter outlining some important information about your plan. In this Quick Start Guide, we’ve included even more plan details, as well as simple ways to connect with us so you can get the most out of your benefits.

All medically necessary services, including visits to your primary care provider (PCP), are covered. Other coverage and benefits include:



Care coordination

Get connected by calling Member Services at **877-856-5702 (TTY: 711)**



Chiropractic care



Dental services with DentaQuest

More at www.dentaquest.com/en/members



Enrollment in Go365 for Humana Healthy Horizons® and MyHumana Get connected at **MyHumana.com**



Hospitalizations, X-rays and lab services



TeleHealth Services: 24/7 on-demand virtual care with Doctor on Demand



Immunizations (vaccines), like the flu vaccine



Transportation to health appointments, like doctors’ visits
More at Humana.com/OhioRides



Pregnancy-related services



Vision care with EyeMed
More at <https://eyedoclocator.eyemedvisioncare.com/healthyhorizonsohio/en-us/>



Well-being visits and services (called Healthchek) for members under 21

More, including a recommended screening schedule, at Humana.com/OhioKids



For a full list of covered services, details about eligibility and more on how to access each, go to Humana.com/OhioHandbook or Humana.com/OhioVAS.

Confirm your primary care provider

To help you get the healthcare you deserve, we assigned you a PCP

If you already have a PCP that you want to continue seeing, we can help you make a change.



Change your PCP by calling Member Services at **877-856-5702**, Monday – Friday, 7 a.m. – 8 p.m., Eastern time.

You can also update your PCP choice 24/7 at **MyHumana.com**. Find out more about accessing your MyHumana account on page 7.

Once you have a PCP you're satisfied with, start off on the right foot by making an appointment for a well check. You can even earn a reward just for attending your checkup.

On the next page, we'll tell you how to download the Go365 for Humana Healthy Horizons® app to earn rewards for completing all kinds of healthy actions.

Humana Healthy Horizons in Ohio provides covered services through a provider agreement with the Ohio Department of Medicaid (ODM). If you have questions, contact the Ohio Department of Medicaid (ODM) at **800-324-8680 (TTY: 800-292-3572)** or Member Services at **877-856- 5702 (TTY: 711)**.

All medically necessary healthcare services must be obtained through Humana Healthy Horizons in Ohio provider network except for emergency care.

You can access our Provider Directory online at **Humana.com/OhioDocuments**.

To request a printed copy by mail, use the enclosed postcard or call Member Services.

Important contact information for Humana members

Member Services

877-856-5702 (TTY: 711)

24-hour nurse advice line

866-376-4827 (TTY: 711)

Suicide and Crisis Lifeline

Dial **988** for free emotional support, 24 hours a day, seven days a week.

Gainwell Pharmacy

833-491-0344 (TTY: 711)

Transportation service (MTM Health)

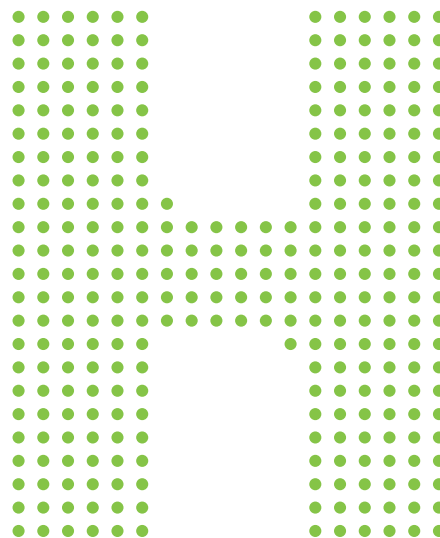
855-739-5986 (TTY: 866-288-3133)

Mailing address

P.O. Box 14601, Lexington, KY 40512

Website

Humana.com/HealthyOhio



Value-added benefits and Go365 Rewards

Baby and Me meals: Up to 2 pre-cooked, home-delivered meals per day for 10 weeks for pregnant members who are high risk.

Breast cancer screening: Annual \$50 reward.

Cervical cancer screening: Annual \$50 reward.

Childcare assistance: Up to \$50 per quarter, for childcare expenses when seeking employment.

Chlamydia screening: Annual \$25 reward.

Colorectal cancer screening: Annual \$25 reward.

Convertible car seat or portable crib: 1 convertible car seat or portable crib per pregnancy.

Dental: 1 additional dental cleaning annually. For members 21+.

Diabetic retinal exam: Annual \$25 reward.

Diabetic screening: Annual \$30 reward.

Digital onboarding: One-time \$5 reward for downloading Humana's mobile Go365 application and completing the registration.

Financial literacy coaching: Members 16 and older have access to up to 6 life coaching sessions for money management and budgeting.

Flu vaccine: Annual \$20 reward.

High-intensity care of substance use disorder follow-up visit: Members can earn \$25 for completing a follow-up visit within 30 days after discharge from inpatient care, residential treatment or detoxification visits. Max of one reward per year.


Behavioral health follow-up visit: Members can earn \$25 for completing a follow-up visit within 30 days after discharge for a behavioral health diagnosis. Max of one reward per year.

GED testing: GED test study materials and preparation assistance provided virtually.

Health Risk Assessment completion: Annual \$30 reward for completing the Health Risk Assessment.



For complete information about our value-added services and Go365 rewards, visit [Humana.com/OhioVAS](https://www.humana.com/OhioVAS) and [Humana.com/OhioGo365](https://www.humana.com/OhioGo365).



Healthy food produce box: If you are living with chronic conditions, we offer up to 4 produce boxes containing nutritious food that meets medical dietary guidelines and educational materials that include recipes tailored to your condition. Qualifying conditions include diabetes, heart failure, COPD, chronic kidney disease, end-stage renal disease, cancer, HIV, or serious mental illness (SMI).

Home-based asthma intervention: Asthmatic members in our Care/Disease Management programs can receive an allowance of up to \$200 per year to alleviate the cost of services for allergen-free bedding, carpet cleaning and/or an air purifier.

Housing assistance: Up to \$500 per member per year to assist with rent or utilities.

HPV vaccine: One-time \$30 reward for receiving 2 doses between the 9th and 13th birthday.

Post discharge meals: 14 refrigerated home-delivered meals after discharge from an inpatient stay.

Postpartum visit: \$50 reward for having 1 postpartum visit within 7 to 84 days after delivery once per pregnancy.

Prenatal visits: Earn \$10 reward per prenatal visit, up to 10 prenatal visits, for a total of up to \$100 in rewards per pregnancy.

Smartphone services: Any member who qualifies for the Federal Lifeline program will be eligible to receive a free cell phone with monthly talk minutes, text and data.

Sports physical: 1 sports physical per year. For ages 6 to 18 years.

Tobacco and vaping cessation coaching: Up to eight health coaching and support calls for members age 12 and older. Nicotine replacement therapy upon request for members age 18 and older.

Earn \$25 reward for completing two calls within 45 days of enrollment in the program.

Earn additional \$25 reward for completing the full program.

Non-emergency medical transportation (NEMT): 30 one-way (15 round) trips for doctor, dental, and vision appointments.

Non-medical transportation (NMT): 30 one-way (15 round) trips for non-medical locations such as food banks, wellness classes, and more.

Vision services: 1 eye exam per year and up to \$200 allowance for 1 set of glasses or contacts for members ages 21-59.

Weight management coaching: Up to six weight management coaching sessions with a health coach for members 12 and older.

Earn \$15 reward for enrolling in Weight Management Coaching and completing a well-being checkup. Earn additional \$15 reward for completing the program.

Well-Child Visits (0- 15 Months): Earn \$10 reward per routine well-child visit for up to six visits, for up to \$60 in rewards.

Well-Child Visits (16-30 Months): Up to \$20 in rewards for members who complete routine well-child visits. Members can receive \$10 in rewards per visit with a two-visit limit.

Annual Wellness Visit (Age 3 and older): Annual \$50 reward for completing an Annual Wellness Visit.

Youth development and recreation: Members ages 4-18 can receive reimbursement of up to \$250 annually for participation in activities such as YMCA membership, swim lessons, computer coding classes or music lessons.



For complete information about our value-added services and Go365 rewards, visit [Humana.com/OhioVAS](https://www.humana.com/OhioVAS) and [Humana.com/OhioGo365](https://www.humana.com/OhioGo365).



Where to get care

Telehealth—On-demand virtual care for colds or allergies.

Primary care provider—Your best option for non-emergency care, including chronic conditions and preventive care.

Urgent care—Best for minor illness or injury—no appointment needed.

Emergency room (ER)—Go to the nearest ER or call **911** for a serious health situation that requires immediate attention. Emergency services do not require prior authorization.



Be sure to call Member Services at **877-856-5702 (TTY: 711)** when you are able and let us know about your situation.

Find more information online

Visit [Humana.com/HealthyOhio](https://www.humana.com/HealthyOhio) to find detailed information about covered benefits, health and wellness education, and programs and services offered through Humana Healthy Horizons.

Here, you can also find, review and print copies of your:

- HRA form, also available in this folder
- Member Handbook
- Preferred Drug List
- Pharmacy Handbook
- Provider Directory

Create your accounts for Go365 for Humana Healthy Horizons and MyHumana

Go365 for Humana Healthy Horizons is a wellness and rewards program that allows you to earn rewards for completing healthy activities. MyHumana is your secure online portal where you can change your doctor, view claims and plan details, and update your account information with us. To get started with both:

- 1 Download** the Go365 for Humana Healthy Horizons and the MyHumana app from your mobile phone's app store (App Store® or Google Play®).*
- 2 Create an account** on the above apps or at **MyHumana.com**. You can use the same username and password for all your Humana accounts.
 - If you already have an account and need help with your username or password, click "Forgot my username or password."
- 3 Log in to Go365** from the Go365 app or **MyHumana.com**.
 - Note: Members under the age of 18 must have a parent or guardian register on their behalf to use the program. The person completing the registration process for a minor must have the minor's Medicaid member ID.
- 4 Start earning rewards through Go365 for Humana Healthy Horizons.**
 - A great way to start is by completing your Health Risk Assessment (HRA) to earn \$30 in rewards through Go365 for Humana Healthy Horizons. By completing your HRA, we can better understand your needs and start connecting you to the programs and services that will help keep you feeling your best. You can complete your HRA on the Go365 for Humana Healthy Horizons app or on the paper form in this folder.
- 5 Log in to MyHumana** from the MyHumana app or **MyHumana.com**.
 - Check out your assigned PCP and change if needed, as described on page 3.



Once your Humana plan coverage begins, go to **MyHumana.com** to activate your account or download and register on the MyHumana app for iOS and Android.



* All product names, logos, brands and trademarks are property of their respective owners, and any use does not imply endorsement.

Do you need help communicating?

If you do not speak English, we can help. We have people who help us talk to you in your language. We provide this help for free.



Just call our Member Services at **877-856-5702 (TTY: 711)**, Monday – Friday, from 7 a.m. – 8 p.m., Eastern time.

Call the number above to receive free language assistance services.

Español (Spanish): Llame al número que se indica arriba para recibir servicios gratuitos de asistencia lingüística.

French Creole (Haitian Creole): Kreyòl Ayisyen (French Creole) Rele nimewo ki e dike anwo a pou resevwa sèvis éd gratis nan lang.

For people with disabilities: If you use a wheelchair, are blind, or have trouble hearing or understanding, call us if you need extra help. We can tell you if a provider’s office is wheelchair accessible or has devices for communication. We also have services like:



Help in making or getting to appointments



Information and materials in large print, audio (sound) and braille



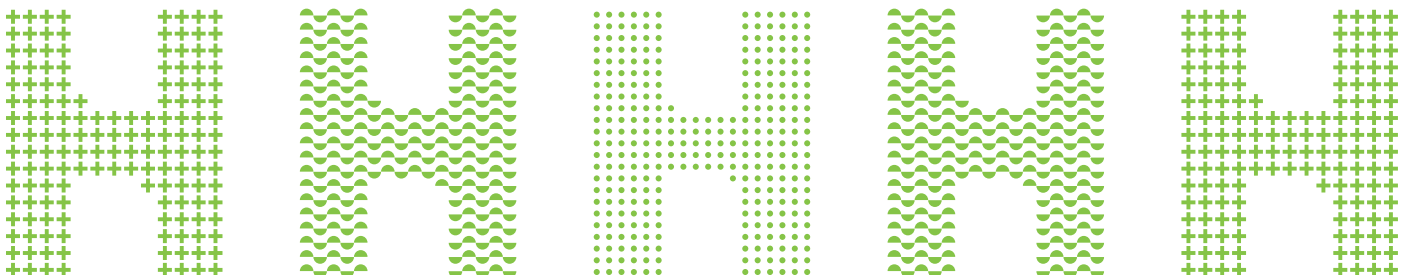
Names and addresses of providers who specialize in your disability



Telecommunications relay service

This helps people who have trouble hearing or talking to make phone calls. Call **711** and give them our Member Services phone number. It is **877-856-5702 (TTY: 711)**, Monday – Friday, from 7 a.m. – 8 p.m., Eastern time. They will connect you to us.

All these services are provided to you for free.



Pharmacy benefit coverage

Gainwell is excited for the opportunity to serve you as the Ohio Department of Medicaid (ODM) Single Pharmacy Benefit Manager (SPBM). Gainwell is committed to providing quality care for your pharmacy benefit services and can help you with questions related to your medication coverage and prescription benefits. You can get certain over-the-counter (OTC) drugs and other items at no cost, the same way you get prescription drugs.

Gainwell works with Humana Healthy Horizons to ensure you are provided the best service available through innovative care coordination processes. You can visit the Gainwell website at spbmedicaid.ohio.gov for additional information.



Where can you find the list of preferred medications?

You can visit the Gainwell website at spbmedicaid.ohio.gov to find the Unified Preferred Drug List (UPDL). You can obtain a copy of the UPDL by calling Gainwell Member Services toll-free at **833-491-0344 (TTY: 833-655-2437)** or submitting an online request for this information via the member portal at spbmedicaid.ohio.gov.



How can you locate a pharmacy to fill your prescription?

You can visit the Gainwell website at spbmedicaid.ohio.gov and select the “Find a Pharmacy” link. This will help you locate an in-network pharmacy where you can have your prescriptions filled. You may also call Gainwell Member Services toll-free at **833-491-0344 (TTY: 833-655-2437)** or submit an online request at spbmedicaid.ohio.gov.

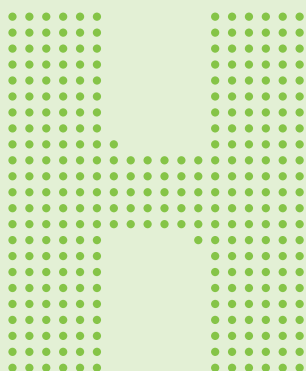
How can you fill your prescription?



- Take your written prescription to your preferred, in-network pharmacy. Your prescriber may send your prescription to the pharmacy electronically as well.
- Make sure your pharmacy has your current information, including your:
 - Birthday
 - Phone number
 - Address
 - Allergies to medications
 - New member ID card

If your pharmacy states that it is having trouble billing your prescription, the pharmacy can contact the Gainwell Pharmacy Help Desk at **833-491-0344 (TTY: 833-655-2437)** for assistance.

Some medicines may require a prior authorization. To request a prior authorization, you can speak with the prescribing doctor or call Gainwell Member Services to get started.





Where can you find Gainwell’s Member Handbook?

You can visit Gainwell’s website at spbm.medicaid.ohio.gov under the “Member” tab to find a copy of the Member Handbook. You can also obtain a copy of your Gainwell Member Handbook by calling Gainwell Member Services toll-free at **833-491-0344 (TTY: 833-655-2437)**.



Contact Gainwell:

The Gainwell Member Services team is available for you 24 hours a day, 7 days a week at **833-491-0344 (TTY: 833-655-2437)** or online at spbm.medicaid.ohio.gov for questions you have related to your medication coverage, assistance with navigating the website, or obtaining copies of your member documents. Language assistance and interpretation services are available upon request at no cost to you. Services available include, but are not limited to, oral translation, written translation and auxiliary aids.

Insurance ACE

Notice of Privacy Practices

THIS NOTICE DESCRIBES HOW MEDICAL INFORMATION ABOUT YOU MAY BE USED AND DISCLOSED AND HOW YOU CAN GET ACCESS TO THIS INFORMATION. PLEASE REVIEW IT CAREFULLY.

The privacy of your personal and health information is important. You do not need to do anything unless you have a request or complaint.

This Notice of Privacy Practices applies to all entities that are part of the Insurance ACE, an Affiliated Covered Entity under HIPAA. The ACE is a group of legally separate covered entities that are affiliated and have designated themselves as a single covered entity for purposes of HIPAA. A complete list of the members of the ACE is available at <https://huma.na/insuranceace>.

We may change our privacy practices and the terms of this notice at any time, as allowed by law, including information we created or received before we made the changes. When we make a significant change in our privacy practices, we will change this notice and send the notice to our health plan subscribers.

What is nonpublic personal or health information?

Nonpublic personal or health information includes both medical information and personal information, like your name, address, telephone number, Social Security number, account numbers, payment information, or demographic information. The term “information” in this notice includes any nonpublic personal and health information. This includes information created or received by a healthcare provider or health plan. The information relates to your physical or mental health or condition, providing healthcare to you, or the payment for such healthcare.

How do we collect information about you?

We collect information about you and your family when you complete applications and forms. We also collect information from your dealings with us, our affiliates, or others. For example, we may receive information about you from participants in the healthcare system, such as your doctor or hospital, as well as from employers or plan administrators, credit bureaus, and the Medical Information Bureau.

What information do we receive about you?

The information we receive may include such items as your name, address, telephone number, date of birth, Social Security number, premium payment history, and your activity on our website. This also includes information regarding your medical benefit plan, your health benefits, and health risk assessments.

How do we protect your information?

We have a responsibility to protect the privacy of your information in all formats including electronic and oral information. We have administrative, technical, and physical safeguards in place to protect your information in various ways including:

- Limiting who may see your information
- Limiting how we use or disclose your information
- Informing you of our legal duties about your information
- Training our employees about our privacy program and procedures

How do we use and disclose your information?

We use and disclose your information:

- To you or someone who has the legal right to act on your behalf
- To the Secretary of the Department of Health and Human Services

We have the right to use and disclose your information:

- To a doctor, a hospital, or other healthcare provider so you can receive medical care.
- For payment activities, including claims payment for covered services provided to you by healthcare providers and for health plan premium payments.
- For healthcare operation activities, including processing your enrollment, responding to your inquiries, coordinating your care, improving quality, and determining premiums.
- For performing underwriting activities. However, we will not use any results of genetic testing or ask questions regarding family history.
- To your plan sponsor to permit them to perform plan administration functions such as eligibility, enrollment, and disenrollment activities. We may share summary level health information about you with your plan sponsor in certain situations. For example, to allow your plan sponsor to obtain bids from other health plans. Your detailed health information will not be shared with your plan sponsor. We will ask your permission, or your plan sponsor must certify they agree to maintain the privacy of your information.
- To contact you with information about health-related benefits and services, appointment reminders, or treatment alternatives that may be of interest to you. If you have opted out, we will not contact you.
- To your family and friends if you are unavailable to communicate, such as in an emergency.
- To your family and friends, or any other person you identify. This applies if the information is directly relevant to their involvement with your healthcare or payment for that care. For example, if a family member or a caregiver calls us with prior knowledge of a claim, we may confirm if the claim has been received and paid.
- To provide payment information to the subscriber for Internal Revenue Service substantiation.
- To public health agencies, if we believe that there is a serious health or safety threat.
- To appropriate authorities when there are issues about abuse, neglect, or domestic violence.
- In response to a court or administrative order, subpoena, discovery request, or other lawful process.
- For law enforcement purposes, to military authorities and as otherwise required by law.
- To help with disaster relief efforts.
- For compliance programs and health oversight activities.
- To fulfill our obligations under any workers' compensation law or contract.
- To avert a serious and imminent threat to your health or safety or the health or safety of others.
- For research purposes in limited circumstances and provided that they have taken appropriate measures to protect your privacy.
- For procurement, banking, or transplantation of organs, eyes, or tissue.
- To a coroner, medical examiner, or funeral director.

Additional restrictions on use and disclosure for specific types of information:

- Some federal and state laws may restrict the use and disclosure of certain sensitive health information such as: Substance Use Disorder (“SUD”) subject to 42 CFR Part 2 (“Part 2”) records; Biometric Information; Child or Adult Abuse or Neglect including Sexual Assault; Communicable Diseases; Genetic Information; HIV/AIDS; Mental Health; Reproductive Health; and Sexually Transmitted Diseases.

If we receive SUD Part 2 records, we will not use or disclose such records, or provide testimony relaying the content of such records, in any civil, criminal, administrative, or legislative proceeding against you unless such disclosure is based on your written consent (separate from your consent for any other use or disclosure), or a court order after notice and an opportunity to be heard is provided to you, as provided by Part 2. A court order authorizing the use or disclosure of SUD Part 2 Records must be accompanied by a subpoena or other legal requirement compelling disclosure before the requested record is used or disclosed.

Will we use your information for purposes not described in this notice?

We will not use or disclose your information for any reason that is not described in this notice, without your written permission. You may cancel your permission at any time by notifying us in writing.

The following uses and disclosures will require your written permission:

- Most uses and disclosures of psychotherapy notes and SUD counseling notes
- Marketing purposes
- Sale of personal and health information
- Medical information that is disclosed pursuant to this Notice to an entity that is not a HIPAA-covered entity or business associate, may be subject to disclosure by the recipient and may no longer be protected by federal or state privacy laws (such as HIPAA).

What do we do with your information when you are no longer a member?

Your information may continue to be used for purposes described in this notice. This includes when you do not obtain coverage through us. After the required legal retention period, we destroy the information following strict procedures to maintain the confidentiality.

What are my rights concerning my information?

We are committed to responding to your rights request in a timely manner.

- Access – You have the right to review and obtain a copy of your information that may be used to make decisions about you. You also may receive a summary of this health information. As required under applicable law, we will make this personal information available to you or to your designated representative.
- Adverse Underwriting Decision - If we decline your application for insurance, you have the right to be provided a reason for the denial.
- Alternate Communications - To avoid a life-threatening situation, you have the right to receive your information in a different manner or at a different place. We will accommodate your request if it is reasonable.
- Amendment - You have the right to request correction of any of this personal information through amendment or deletion. Within 60 business days of receipt of your written request, we will notify you of our amendment or deletion of the information in dispute, or of our refusal to make such correction after further investigation. If we refuse to amend or delete the information in dispute, you have the right to submit to us a written statement of the reasons for your disagreement with our assessment of the information in dispute and what you consider to be the correct information. We shall make such a statement accessible to any and all parties reviewing the information in dispute.*

- Disclosure - You have the right to receive a listing of instances in which we or our business associates have disclosed your information. This does not apply to treatment, payment, health plan operations, and certain other activities. We maintain this information and make it available to you for six years. If you request this list more than once in a 12-month period, we may charge you a reasonable, cost-based fee.
- Notice - You have the right to request and receive a written copy of this notice anytime.
- Restriction - You have the right to ask to limit how your information is used or disclosed. We are not required to agree to the limit, but if we do, we will abide by our agreement. You also have the right to agree to or terminate a previously submitted limitation.

If I believe that my privacy has been violated, what should I do?

If you believe that your privacy has been violated, you may file a complaint with us by calling us at **1-866-861-2762** anytime.

You may also submit a written complaint to the U.S. Department of Health and Human Services, Office for Civil Rights (OCR). We will give you the appropriate OCR regional address on request. You can also email your complaint to **OCRCComplaint@hhs.gov**. If you elect to file a complaint, your benefits will not be affected, and we will not punish or retaliate against you in any way. We support your right to protect the privacy of your personal and health information.

Our Responsibilities

- We are required by law to maintain the privacy and security of your protected health information.
- We will let you know promptly if a breach occurs that may have compromised the privacy or security of your information.
- We must follow the duties and privacy practices described in this notice and give you a copy of it.
- We will not use or share your information other than as described here unless you tell us we can in writing. If you tell us we can, you may change your mind at any time. Let us know in writing if you change your mind.

We can change the terms of this notice, and the changes will apply to all information we have about you.

The new notice will be available upon request, in our office, and on our website.

How do I exercise my rights or obtain a copy of this notice?

All of your privacy rights can be exercised by obtaining the applicable forms. You may obtain any of the forms by:

- Contacting us at **1-866-861-2762**
- Accessing our website at **Humana.com** and going to the Privacy Practices link
- Send completed request form to:
Humana Inc. Privacy Office 003/10911
101 E. Main Street
Louisville, KY 40202

If you have any questions, please visit **Humana.com** or call the number on the back of your member ID card.

* This right applies only to our Massachusetts residents in accordance with state regulations.

Notice of Non-Discrimination

Humana Inc. and its subsidiaries comply with applicable Federal civil rights laws and do not discriminate or exclude people because of their race, color, religion, gender, gender identity, sex, sexual orientation, age, disability, national origin, military status, veteran status, genetic information, ancestry, ethnicity, marital status, language, health status, or need for health services. Humana Inc.:

- Provides people with disabilities reasonable modifications and free appropriate auxiliary aids and services to communicate effectively with us, such as:
 - Qualified sign language interpreters
 - Written information in other formats (large print, audio, accessible electronic formats, other formats).
- Provides free language assistance services to people whose primary language is not English, which may include:
 - Qualified interpreters
 - Information written in other languages.

If you need reasonable modifications, appropriate auxiliary aids, or language assistance services contact **877-856-5702 (TTY: 711)**, Monday through Friday, from 7:00 a.m. to 8:00 p.m., Eastern time. If you believe that Humana, Inc. has not provided these services or discriminated on the basis of race, color, religion, gender, gender identity, sex, sexual orientation, age, disability, national origin, military status, veteran status, genetic information, ancestry, ethnicity, marital status, language, health status, or need for health services, you can file a grievance in person or by mail, or email with Humana Inc.'s Non-Discrimination Coordinator at P.O. Box 14618, Lexington, KY 40512-4618, **877-856-5702 (TTY: 711)**, or **accessibility@humana.com**. If you need help filing a grievance, Humana Inc.'s Non-Discrimination Coordinator can help you.

You can also file a 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, S.W., Room 509F, HHH Building Washington, D.C. 20201. **800-368-1019, 800-537-7697 (TDD)**.
- Ohio Department of Medicaid (ODM), Office of Civil Rights by emailing **ODM_EEO_EmployeeRelations@medicaid.ohio.gov**, faxing 614-644-1434, or mailing to the Ohio Department of Medicaid, Office of Human Resources, Employee Relations, P.O. Box 182709, Columbus, Ohio 43218-2709.

This notice is available at **[Humana.com/OhioDocuments](https://www.humana.com/OhioDocuments)**.

Humana Healthy Horizons in Ohio is a Medicaid Product of Humana Health Plan of Ohio, Inc.

OHHMEE9EN_Approved

To help you understand this notice, language assistance, interpretation services, and auxiliary aids and services are available at no cost to you. Services include, but are not limited to: oral translation, written translation and auxiliary aids. You can request these by calling **877-856-5702 (TTY: 711)**, Monday through Friday, 7 a.m. to 8 p.m., Eastern time.

English: Call the number above to receive free language assistance services.

Español (Spanish): Llame al número que se indica arriba para recibir servicios gratuitos de asistencia lingüística.

French Creole (Haitian Creole): Kreyòl Ayisyen (French Creole) Rele nimewo ki e dike anwo a pou resevwa sèvis éd gratis nan lang.

Українська (Ukrainian): Зателефонуйте за вказаним вище номером для отримання безкоштовної мовної підтримки.

नेपाली (Nepali): निःशुल्क भाषासम्बन्धी सहयोग सेवाहरू प्राप्त गर्नका लागि माथिको नम्बरमा फोन गर्नुहोस्।

العربية (Arabic): اتصل برقم الهاتف أعلاه للحصول على خدمات المساعدة اللغوية المجانية.

Soomaali (Somali): Wac lambarka kore si aad u hesho adeegyada caawimaada luuqada oo bilaash ah.

Русский (Russian): Позвоните по вышеуказанному номеру, чтобы получить бесплатную языковую поддержку.

Kiswahili (Swahili): Piga simu kwa nambari iliyo hapo juu ili upate huduma za usaidizi wa lugha bila malipo.

Français (French): Appelez le numéro ci-dessus pour recevoir des services gratuits d'assistance linguistique.

Kinyarwanda (Burundi): Hamagara nomero yatanzwe haruguru kugira ngo uhabwe serivisi z'ubufasha bw'indimi ku buntu.

O'zbekcha (Uzbek): Til yuzasidan bepul yordam olish uchun yuqoridagi raqamga qo'ng'iroq qiling.

پشتو (Pashtu): د وړيا ژبې ملاتړ ترلاسه کولو لپاره پورته شميرې ته زنگ ووهئ.

Tiếng Việt (Vietnamese): Gọi số điện thoại ở trên để nhận các dịch vụ hỗ trợ ngôn ngữ miễn phí.

ትግርኛ (Tigrinya):- ነፃ ናይ ቋንቋ ሓገዝ ኣገልግሎት ነምርካብ በዚ ኣብ ላዕሊ ዘሎ ቁፅሪ ይደውሉ።

دري (Dari): برای دریافت خدمات رایگان کمک زبانی با شماره بالا تماس بگیرید.

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