



2017

ANNUAL NOTICE OF CHANGES

Buckeye Health Plan - MyCare Ohio (MMP)



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If you have questions, please call Buckeye at 1-866-549-8289 (TTY: 711) from 8 a.m. to 8 p.m., Monday through Friday. After hours, on weekends and on holidays, you may be asked to leave a message. Your call will be returned within the next business day. If you need to speak to your care manager, please call 1-866-549-8289 (TTY: 711), 24 hours a day, seven days a week. These calls are free. **For more information**, visit <http://mmp.buckeyehealthplan.com>.



Buckeye Health Plan - MyCare Ohio (Medicare-Medicaid Plan) offered by Buckeye Community Health Plan, Inc.

Annual Notice of Changes for 2017

You are currently enrolled as a member of Buckeye Health Plan - MyCare Ohio (Medicare-Medicaid Plan) (Buckeye). **Next year, there will be some changes to the plan's benefits, coverage, and rules. This Annual Notice of Changes tells you about the changes.**

You can end your membership in Buckeye at any time.

A. Think about Your Medicare and Medicaid Coverage for Next Year

It is important to review your coverage now to make sure it will still meet your needs next year. If it does not meet your needs, you can leave the plan at any time.

If you leave our plan, you will still be in the Medicare and Medicaid programs.

- You will have a choice about how to get your Medicare benefits (go to page 21 to see your choices).
- You must get your Medicaid benefits from one of the MyCare Ohio managed care plans available in your region (go to page 23 for additional information).

If you have questions, please call Buckeye at 1-866-549-8289 (TTY: 711) from 8 a.m. to 8 p.m., Monday through Friday. After hours, on weekends and on holidays, you may be asked to leave a message. Your call will be returned within the next business day. If you need to speak to your care manager, please call 1-866-549-8289 (TTY: 711), 24 hours a day, seven days a week. These calls are free. **For more information**, visit <http://mmp.buckeyehealthplan.com>.



Additional Resources

- You can get this information for free in other languages. Call 1-866-549-8289 (TTY: 711) from 8 a.m. to 8 p.m., Monday through Friday. After hours, on weekends and on holidays, you may be asked to leave a message. Your call will be returned within the next business day. The call is free.

Puede obtener esta información en otros idiomas gratis. Llame al 1-866-549-8289 (TTY: 711) de 8 a. m. a 8 p. m., de lunes a viernes. Luego del horario de atención, los fines de semana y los días feriado, es posible que se le pida que deje un mensaje. Le devolveremos la llamada durante el próximo día hábil. La llamada es gratuita.

- You can get this Annual Notice of Changes for free in other formats, such as large print, braille, or audio. Call 1-866-549-8289 (TTY: 711) from 8 a.m. to 8 p.m., Monday through Friday. After hours, on weekends and on holidays, you may be asked to leave a message. Your call will be returned within the next business day. The call is free.
- In addition to asking for materials in other languages and formats, you can also ask that we send you future materials in this same language or format. To get these materials, please call Member Services.

About Buckeye

- Buckeye Health Plan - MyCare Ohio (Medicare-Medicaid Plan) is a health plan that contracts with both Medicare and Ohio Medicaid to provide benefits of both programs to enrollees. It is for people with both Medicare and Medicaid.
- Coverage under Buckeye qualifies as minimum essential coverage (MEC). It satisfies the Patient Protection and Affordable Care Act's (ACA) individual shared responsibility requirement. Please visit the Internal Revenue Service (IRS) website at <https://www.irs.gov/Affordable-Care-Act/Individuals-and-Families> for more information on the individual shared responsibility requirement for MEC.
- Buckeye Health Plan - MyCare Ohio (Medicare-Medicaid Plan) is offered by Buckeye Community Health Plan, Inc. When this *Annual Notice of Changes* says "we," "us," or "our," it means Buckeye Community Health Plan, Inc. When it says "the plan" or "our plan," it means Buckeye Health Plan - MyCare Ohio (Medicare-Medicaid Plan).

If you have questions, please call Buckeye at 1-866-549-8289 (TTY: 711) from 8 a.m. to 8 p.m., Monday through Friday. After hours, on weekends and on holidays, you may be asked to leave a message. Your call will be returned within the next business day. If you need to speak to your care manager, please call 1-866-549-8289 (TTY: 711), 24 hours a day, seven days a week. These calls are free. **For more information**, visit <http://mmp.buckeyehealthplan.com>.



Disclaimers

Limitations and restrictions may apply. For more information, call Buckeye Member Services. This means that you may have to pay for some services and that you need to follow certain rules to have Buckeye pay for your services.

The List of Covered Drugs and/or pharmacy and provider networks may change throughout the year. We will send you a notice before we make a change that affects you.

Benefits may change on January 1 of each year.



If you have questions, please call Buckeye at 1-866-549-8289 (TTY: 711) from 8 a.m. to 8 p.m., Monday through Friday. After hours, on weekends and on holidays, you may be asked to leave a message. Your call will be returned within the next business day. If you need to speak to your care manager, please call 1-866-549-8289 (TTY: 711), 24 hours a day, seven days a week. These calls are free. **For more information**, visit <http://mmp.buckeyehealthplan.com>.

Important things to do:

- Check if there are any changes to our benefits that may affect you.** Are there any changes that affect the services you use? It is important to review benefit changes to make sure they will work for you next year. Look in Section C, page 6 for information about benefit changes for our plan.
- Check if there are any changes to our prescription drug coverage that may affect you.** Will your drugs be covered? Are they in a different tier? Can you continue to use the same pharmacies? It is important to review the changes to make sure our drug coverage will work for you next year. Look in Section C, page 16 for information about changes to our drug coverage.
- Check to see if your providers and pharmacies will be in our network next year.** Are your doctors in our network? What about your pharmacy? What about the hospitals or other providers you use? Look in Section B, page 6 for information about our *Provider and Pharmacy Directory*.
- Think about your overall costs in the plan.** How do the total costs compare to other coverage options?
- Think about whether you are happy with our plan.**

If you decide to stay with Buckeye:

If you want to stay with us next year, it's easy – you don't need to do anything. If you don't make a change, you will automatically stay enrolled in our plan.

If you decide to change plans:

If you decide other coverage will better meet your needs, you can switch plans at any time. If you enroll in a new plan, your new coverage will begin on the first day of the following month. Look in Section E, page 21 to learn more about your choices.



If you have questions, please call Buckeye at 1-866-549-8289 (TTY: 711) from 8 a.m. to 8 p.m., Monday through Friday. After hours, on weekends and on holidays, you may be asked to leave a message. Your call will be returned within the next business day. If you need to speak to your care manager, please call 1-866-549-8289 (TTY: 711), 24 hours a day, seven days a week. These calls are free. **For more information**, visit <http://mmp.buckeyehealthplan.com>.

B. Changes to the network providers and pharmacies

Our provider and pharmacy networks have changed for 2017.

We strongly encourage you to review our current Provider and Pharmacy Directory to see if your providers or pharmacy are still in our network. An updated *Provider and Pharmacy Directory* is located on our website at <http://mmp.buckeyehealthplan.com>. You may also call Member Services at 1-866-549-8289 (TTY: 711) for updated provider information or to ask us to mail you a *Provider and Pharmacy Directory*. Member Services hours are from 8 a.m. to 8 p.m., Monday through Friday. After hours, on weekends and on holidays, you may be asked to leave a message. Your call will be returned within the next business day.

It is important that you know that we may also make changes to our network during the year. If your provider does leave the plan, you have certain rights and protections. For more information, see Chapter 3 of your *Member Handbook*.

C. Changes to benefits for next year

Changes to benefits for medical services

We are changing our coverage for certain medical services next year. The table below describes these changes.

	2016 (this year)	2017 (next year)
Counseling to stop smoking or tobacco use (Counseling and interventions to stop smoking or tobacco use)	The plan covers tobacco cessation counseling.	The plan covers tobacco cessation counseling and intervention. Tobacco cessation counseling and interventions are available to all plan enrollees.

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	2016 (this year)	2017 (next year)
Dental services	<p>The plan covers the following services:</p> <ul style="list-style-type: none"> • Comprehensive oral exam (one per provider-patient relationship) • Periodic oral exam once every 180 days for members under 21 years of age, and once every 365 days for members age 21 and older • Preventive services including prophylaxis, fluoride, sealants, and space maintainers • Routine radiographs/diagnostic imaging • Comprehensive dental services including non-routine diagnostic, restorative, endodontic, periodontic, prosthodontic, orthodontic, and surgery services 	<p>The plan covers the following services:</p> <ul style="list-style-type: none"> • Comprehensive oral exam (one per provider-patient relationship) • Periodic oral exam once every 180 days for members under 21 years of age, and once every 365 days for members age 21 and older • Preventive services including prophylaxis, fluoride for members under age 21 (limited to once every 180 days), sealants, and space maintainers • Routine radiographs/diagnostic imaging • Comprehensive dental services including non-routine diagnostic, restorative, endodontic, periodontic, prosthodontic, orthodontic, and surgery services
Freestanding birth center services	<p>Prior authorization rules will apply.</p> <p>You pay a \$0 copay.</p>	<p>You pay a \$0 copay.</p>

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	2016 (this year)	2017 (next year)
<p>Home and community-based waiver services:</p> <ul style="list-style-type: none"> ▪ Adult day health services ▪ Alternative meals service ▪ Assisted living services ▪ Choices home care attendant ▪ Chore services ▪ Community transition ▪ Emergency response services ▪ Enhanced community living services ▪ Home care attendant ▪ Home delivered meals 	<p>You pay a \$0 copay.</p> <p>These services are available only if your need for long-term care has been determined by Ohio Medicaid.</p> <p>You may be responsible for paying a patient liability for waiver services. The County Department of Job and Family Services will determine if your income and certain expenses require you to have a patient liability.</p> <p>These services require qualification for and enrollment in a state-operated waiver program.</p>	<p>Prior Authorization (approval in advance) may be required. Please contact the plan for details.</p> <p>You pay a \$0 copay.</p> <p>These services are available only if your need for long-term care has been determined by Ohio Medicaid.</p> <p>You may be responsible for paying a patient liability for waiver services. The County Department of Job and Family Services will determine if your income and certain expenses require you to have a patient liability.</p> <p>These services require qualification for and enrollment in a state-operated waiver program.</p> <p style="text-align: right;"><i>This benefit is continued on the next page</i></p>

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	2016 (this year)	2017 (next year)
<p>Home and community-based waiver services (continued):</p> <ul style="list-style-type: none"> ▪ Home medical equipment and supplemental adaptive and assistive devices. Limited to a \$10,000 benefit every year. ▪ Home modification, maintenance, and repair. Limited to a \$10,000 benefit every year. ▪ Homemaker services ▪ Independent living assistance ▪ Nutritional consultation ▪ Out of home respite services ▪ Personal care services ▪ Pest control 		<p><i>This benefit is continued on the next page</i></p>

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	2016 (this year)	2017 (next year)
<p>Home and community-based waiver services (continued):</p> <ul style="list-style-type: none"> ▪ Social work counseling ▪ Waiver nursing services ▪ Waiver transportation 		
<p>Insect Repellant</p>	<p>Insect Repellant is not covered.</p>	<p>You pay a \$0 copay</p> <p>The plan will make insect repellant available to all enrollees without utilization limits, age or place of residence restrictions. Repellent is covered at a participating pharmacy with a prescription from a provider.</p>
<p>Medically Necessary Wheelchair Van</p>	<p>Prior authorization rules will apply.</p> <p>You pay a \$0 copay</p>	<p>You pay a \$0 copay</p>
<p>Mental Health and Addiction Services from a Certified Provider</p>	<p>Prior authorization rules will apply.</p> <p>You pay a \$0 copay</p>	<p>You pay a \$0 copay</p>

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	2016 (this year)	2017 (next year)
<p>Over-The-Counter (OTC) Items</p> <p>The plan covers limited OTC items available via mail order.</p>	<p>Limited to \$25 every 3 calendar months for eligible OTC items. Any unused amount cannot be carried over to the next quarter.</p>	<p>Limited to \$25 every calendar month for eligible OTC items. Any unused amount cannot be carried over to the next month.</p>

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	2016 (this year)	2017 (next year)
<p>Specialized Recovery Services (SRS) Program</p> <p>If you are interested in SRS, you will be connected with a recovery manager who will begin the assessment for eligibility looking at things such as your diagnosis and your need for help with activities such as medical appointments, social interactions and living skills.</p> <p>Individuals must meet specified financial, clinical, needs and risk eligibility criteria.</p>	<p>Specialized Recovery Services (SRS) Program is not covered.</p>	<p>You pay a \$0 copay.</p> <p>Per service limits apply.</p> <p>If you are an adult who has been diagnosed with a severe and persistent mental illness and you live in the community, you may be eligible to receive SRS specific to your recovery needs. The plan covers the following three services if you are enrolled in the SRS program:</p> <ul style="list-style-type: none"> ▪ Recovery Management - Recovery managers will work with you to: <ul style="list-style-type: none"> » develop a person-centered care plan which reflects your personal goals and desired outcomes, » regularly monitor your plan through regular meetings, and » provide information and referrals. <p><i>This benefit is continued on the next page</i></p>

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	2016 (this year)	2017 (next year)
<p>Specialized Recovery Services (SRS) Program (continued)</p>		<ul style="list-style-type: none"> ▪ Individualized Placement and Support-Supported Employment (IPS-SE) – Supported employment services can: <ul style="list-style-type: none"> » help you find a job if you are interested in working, » evaluate your interests, skills, and experiences as they relate to your employment goals, and » provide ongoing support to help you stay employed. <p><i>This benefit is continued on the next page</i></p>

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	2016 (this year)	2017 (next year)
<p>Specialized Recovery Services (SRS) Program (continued)</p>		<ul style="list-style-type: none"> ▪ Peer Recovery Support: <ul style="list-style-type: none"> » peer recovery supporters use their own experiences with mental health and substance use disorders to help you reach your recovery goals, and » goals are included in a care plan you design based on your preferences and the availability of community and supports. <p>The peer relationship can help you focus on strategies and progress towards self-determination, self-advocacy, well-being and independence.</p>
<p>Tobacco Cessation Counseling for Pregnant Women</p>	<p>Prior authorization rules will apply.</p> <p>You pay a \$0 copay</p>	<p>You pay a \$0 copay</p>

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	2016 (this year)	2017 (next year)
<p>Transportation for non-emergency services</p> <p>If you <u>must</u> travel 30 miles or more from your home to get covered health care services, Buckeye will provide transportation to and from the provider's office.</p> <p>➔ In addition to the transportation assistance that Buckeye provides, you can still get help with transportation for certain services through the Non-Emergency Transportation (NET) program. Call your local County Department of Job and Family Services for questions or assistance with NET services.</p>	<p>Prior authorization rules may apply.</p> <p>Waiver Transportation - Waiver transportation services and the provider of such services must be identified on the waiver service plan. Waiver transportation services do not include services performed in excess of what is approved pursuant to, and specified on, the individual's waiver service plan.</p>	<p>Prior Authorization (approval in advance) may be required. Please contact the plan for details.</p> <p>You pay a \$0 copay for 30 one-way trips to plan-approved locations every year. Types of non-emergency transportation include:</p> <ul style="list-style-type: none"> • Wheelchair equipped van • Taxicab <p>Please call Member Services or your care manager for additional information.</p> <p>Waiver Transportation - Waiver transportation services and the provider of such services must be identified on the waiver service plan. Waiver transportation services do not include services performed in excess of what is approved pursuant to, and specified on, the individual's waiver service plan.</p>

If you have questions, please call Buckeye at 1-866-549-8289 (TTY: 711) from 8 a.m. to 8 p.m., Monday through Friday. After hours, on weekends and on holidays, you may be asked to leave a message. Your call will be returned within the next business day. If you need to speak to your care manager, please call 1-866-549-8289 (TTY: 711), 24 hours a day, seven days a week. These calls are free. **For more information**, visit <http://mmp.buckeyehealthplan.com>.



Changes to prescription drug coverage

Changes to our Drug List

We sent you a copy of our 2017 *List of Covered Drugs* in this envelope. The *List of Covered Drugs* is also called the “Drug List.”

We made changes to our Drug List, including changes to the drugs we cover and changes to the restrictions that apply to our coverage for certain drugs.

Review the Drug List to make sure your drugs will be covered next year and to see if there will be any restrictions.

If you are affected by a change in drug coverage, we encourage you to:

- **Work with your doctor (or other prescriber) to find a different drug** that we cover. You can call Member Services at 1-866-549-8289 (TTY: 711) from 8 a.m. to 8 p.m., Monday through Friday. After hours, on weekends and on holidays, you may be asked to leave a message. Your call will be returned within the next business day, to ask for a list of covered drugs that treat the same condition. This list can help your provider find a covered drug that might work for you.
- **Work with your doctor (or other prescriber) and ask the plan to make an exception** to cover the drug. You can ask for an exception before next year and we will give you an answer within 72 hours after we get your request (or your prescriber’s supporting statement). To learn what you must do to ask for an exception, see Chapter 9, Section 6.2, page 170 of the *2017 Member Handbook* or call Member Services at 1-866-549-8289 (TTY: 711) from 8 a.m. to 8 p.m., Monday through Friday. After hours, on weekends and on holidays, you may be asked to leave a message. Your call will be returned within the next business day. If you need help asking for an exception, you can contact Member Services or your care manager.
- **Ask the plan to cover a temporary supply** of the drug. In some situations, we will cover a **one-time**, temporary supply of the drug during the first 90 days of the calendar year. This temporary supply will be for up to 30 days. (To learn more about when you can get a temporary supply and how to ask for one, see Chapter 5, Section D, page 94 of the *Member Handbook*.) When you get a temporary supply of a drug, you should talk with your doctor to decide what to do when your temporary supply runs out. You can either switch to a different drug covered by the plan or ask the plan to make an exception for you and cover your current drug.

If you have questions, please call Buckeye at 1-866-549-8289 (TTY: 711) from 8 a.m. to 8 p.m., Monday through Friday. After hours, on weekends and on holidays, you may be asked to leave a message. Your call will be returned within the next business day. If you need to speak to your care manager, please call 1-866-549-8289 (TTY: 711), 24 hours a day, seven days a week. These calls are free. **For more information**, visit <http://mmp.buckeyehealthplan.com>.



If you have a current formulary exception that has been approved by our plan in 2016, and you remain a member of Buckeye for the next calendar year, we may continue to cover this exception during 2017. You will receive a letter with approval dates if we decide to continue your exception during 2017. However, if we decide not to continue to cover the exception during 2017, your doctor (or other prescriber) must work with Buckeye to request a new exception for the 2017 calendar year. Also, you can ask for an exception before next year and we will give you an answer within 72 hours after we receive your request (or your prescriber's supporting statement). To learn what you must do to ask for an exception, see Chapter 9, Section 6.2, page 170 of the *2017 Member Handbook* or call Member Services at 1-866-549-8289 (TTY: 711) from 8 a.m. to 8 p.m., Monday through Friday. After hours, on weekends and on holidays, you may be asked to leave a message. Your call will be returned within the next business day. If you need help asking for an exception, you can contact Member Services or your care manager.

If you have questions, please call Buckeye at 1-866-549-8289 (TTY: 711) from 8 a.m. to 8 p.m., Monday through Friday. After hours, on weekends and on holidays, you may be asked to leave a message. Your call will be returned within the next business day. If you need to speak to your care manager, please call 1-866-549-8289 (TTY: 711), 24 hours a day, seven days a week. These calls are free. **For more information**, visit <http://mmp.buckeyehealthplan.com>.



Changes to prescription drug costs

There are no changes to the amount you pay for prescription drugs in 2017. Read below for more information about your prescription drug coverage.

We moved some of the drugs on the Drug List to a lower or higher drug tier. To see if your drugs will be in a different tier, look them up in the Drug List.

The table below shows your costs for drugs in each of our three drug tiers.

	2016 (this year)	2017 (next year)
<p>Drugs in Tier 1 (Generic Drugs)</p> <p>Cost for a one-month supply of a drug in Tier 1 that is filled at a network pharmacy</p>	<p>Your copay for a one-month (30-day) supply is \$0 per prescription.</p>	<p>Your copay for a one-month (30-day) supply is \$0 per prescription.</p>
<p>Drugs in Tier 2 (Brand Drugs)</p> <p>Cost for a one-month supply of a drug in Tier 2 that is filled at a network pharmacy</p>	<p>Your copay for a one-month (30-day) supply is \$0 per prescription.</p>	<p>Your copay for a one-month (30-day) supply is \$0 per prescription.</p>
<p>Drugs in Tier 3 (Non-Medicare Rx / OTC Drugs)</p> <p>Cost for a one-month supply of a drug in Tier 3 that is filled at a network pharmacy</p>	<p>Your copay for a one-month (30-day) supply is \$0 per prescription.</p>	<p>Your copay for a one-month (30-day) supply is \$0 per prescription.</p>

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D. Administrative changes

Administrative changes may change how you get your services, items, or prescription drugs.

	2016 (this year)	2017 (next year)
Days' Supply for Prescription Drugs in Tier 1 (Generic Drugs)		
Retail Pharmacies:		
• A one-month supply	30 days	30 days
• A two-month supply	NA	60 days
• A three-month supply	90 days	90 days
Mail Order Pharmacies		
• A one-month supply	NA	30 days
• A two-month supply	NA	60 days
• A three-month supply	90 days	90 days

If you have questions, please call Buckeye at 1-866-549-8289 (TTY: 711) from 8 a.m. to 8 p.m., Monday through Friday. After hours, on weekends and on holidays, you may be asked to leave a message. Your call will be returned within the next business day. If you need to speak to your care manager, please call 1-866-549-8289 (TTY: 711), 24 hours a day, seven days a week. These calls are free. **For more information**, visit <http://mmp.buckeyehealthplan.com>.



	2016 (this year)	2017 (next year)
<p>Days' Supply for Prescription Drugs in Tier 2</p> <p>(Brand Drugs)</p> <p>Retail Pharmacies:</p> <ul style="list-style-type: none"> • A one-month supply • A two-month supply • A three-month supply <p>Mail Order Pharmacies</p> <ul style="list-style-type: none"> • A one-month supply • A two-month supply • A three-month supply 	<p>30 days</p> <p>NA</p> <p>90 days</p> <p>NA</p> <p>NA</p> <p>90 days</p>	<p>30 days</p> <p>60 days</p> <p>90 days</p> <p>30 days</p> <p>60 days</p> <p>90 days</p>
<p>Days' Supply for Prescription Drugs in Tier 3</p> <p>(Non-Medicare Rx / OTC Drugs)</p> <p>Retail Pharmacies:</p> <ul style="list-style-type: none"> • A one-month supply • A two-month supply • A three-month supply <p>Mail Order Pharmacies</p> <ul style="list-style-type: none"> • A one-month supply • A two-month supply • A three-month supply 	<p>30 days</p> <p>NA</p> <p>90 days</p> <p>NA</p> <p>NA</p> <p>90 days</p>	<p>30 days</p> <p>60 days</p> <p>90 days</p> <p>30 days</p> <p>60 days</p> <p>90 days</p>

If you have questions, please call Buckeye at 1-866-549-8289 (TTY: 711) from 8 a.m. to 8 p.m., Monday through Friday. After hours, on weekends and on holidays, you may be asked to leave a message. Your call will be returned within the next business day. If you need to speak to your care manager, please call 1-866-549-8289 (TTY: 711), 24 hours a day, seven days a week. These calls are free. **For more information**, visit <http://mmp.buckeyehealthplan.com>.



E. Deciding which plan to choose

If you want to stay in Buckeye

We hope to keep you as a member next year.

To stay in our plan you don't need to do anything. If you do not sign up for a different MyCare Ohio Plan, change to a Medicare Advantage Plan, or change to Original Medicare, your enrollment in Buckeye will automatically stay the same for 2017.

If you want to join a different MyCare Ohio plan

If you want to keep getting your Medicare and Medicaid benefits together from a single plan, you can join another MyCare Ohio plan available in your region.

To enroll in a different MyCare Ohio plan, call the Ohio Medicaid Hotline at 1-800-324-8680, Monday through Friday from 7:00 a.m. to 8:00 p.m. and Saturday from 8:00 a.m. to 5:00 p.m. TTY users should call the Ohio Relay Service at 7-1-1. The Hotline will let you know what other plans are available to you.

If you want to change your membership in Buckeye

You can change your membership in our plan by choosing to get your Medicare services separately (you will stay in our plan for your Medicaid services).

How you will get Medicare services

You have three options for getting your Medicare services. By choosing one of these options, you will automatically stop getting Medicare services from our plan.

If you have questions, please call Buckeye at 1-866-549-8289 (TTY: 711) from 8 a.m. to 8 p.m., Monday through Friday. After hours, on weekends and on holidays, you may be asked to leave a message. Your call will be returned within the next business day. If you need to speak to your care manager, please call 1-866-549-8289 (TTY: 711), 24 hours a day, seven days a week. These calls are free. **For more information**, visit <http://mmp.buckeyehealthplan.com>.



<p>1. You can change to:</p> <p>A Medicare health plan (such as a Medicare Advantage Plan)</p>	<p>Here is what to do:</p> <p>Call Medicare at 1-800-MEDICARE (1-800-633-4227), 24 hours a day, seven days a week. TTY users should call 1-877-486-2048.</p> <p>If you need help or more information:</p> <ul style="list-style-type: none"> ▪ Call the Ohio Medicaid Hotline at 1-800-324-8680, Monday through Friday from 7:00 a.m. to 8:00 p.m. and Saturday from 8:00 a.m. to 5:00 p.m. TTY users should call the Ohio Relay Service at 7-1-1. <p>You will automatically stop getting Medicare services through Buckeye when your new plan's coverage begins.</p>
<p>2. You can change to:</p> <p>Original Medicare <i>with</i> a separate Medicare prescription drug plan</p>	<p>Here is what to do:</p> <p>Call Medicare at 1-800-MEDICARE (1-800-633-4227), 24 hours a day, seven days a week. TTY users should call 1-877-486-2048.</p> <p>If you need help or more information:</p> <ul style="list-style-type: none"> ▪ Call the Ohio Medicaid Hotline at 1-800-324-8680, Monday through Friday from 7:00 a.m. to 8:00 p.m. and Saturday from 8:00 a.m. to 5:00 p.m. TTY users should call the Ohio Relay Service at 7-1-1. <p>You will automatically stop getting Medicare Services through Buckeye when your Original Medicare and prescription drug plan coverage begins.</p>

If you have questions, please call Buckeye at 1-866-549-8289 (TTY: 711) from 8 a.m. to 8 p.m., Monday through Friday. After hours, on weekends and on holidays, you may be asked to leave a message. Your call will be returned within the next business day. If you need to speak to your care manager, please call 1-866-549-8289 (TTY: 711), 24 hours a day, seven days a week. These calls are free. **For more information**, visit <http://mmp.buckeyehealthplan.com>.



<p>3. You can change to:</p> <p>Original Medicare <i>without</i> a separate Medicare prescription drug plan</p> <p>NOTE: If you switch to Original Medicare and do not enroll in a separate Medicare prescription drug plan, Medicare may enroll you in a drug plan, unless you tell Medicare you don't want to join.</p> <p>You should only drop prescription drug coverage if you get drug coverage from an employer, union or other source. If you have questions about whether you need drug coverage, call your Ohio Senior Health Insurance Information Program at 1-800-686-1578 (TTY: 711).</p>	<p>Here is what to do:</p> <p>Call Medicare at 1-800-MEDICARE (1-800-633-4227), 24 hours a day, seven days a week. TTY users should call 1-877-486-2048.</p> <p>If you need help or more information:</p> <ul style="list-style-type: none"> ▪ Call the Ohio Medicaid Hotline at 1-800-324-8680, Monday through Friday from 7:00 a.m to 8:00 p.m. and Saturday from 8:00 a.m. to 5:00 p.m. TTY users should call the Ohio Relay Service at 7-1-1. <p>You will automatically stop getting Medicare services through Buckeye when your Original Medicare coverage begins.</p>
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How you will get Medicaid services

You must get your Medicaid benefits from a MyCare Ohio plan. Therefore, even if you don't want to get your Medicare benefits through a MyCare Ohio plan, you must still get your Medicaid benefits from Buckeye or another MyCare Ohio managed care plan.

If you do not enroll in a different MyCare Ohio plan, you will remain in our plan to get your Medicaid services.

Your Medicaid services include most long-term services and supports and behavioral health care.

Once you stop getting Medicare services through our plan, you will get a new Member ID Card and a new *Member Handbook* for your Medicaid services.

If you want to switch to a different MyCare Ohio plan to get your Medicaid benefits, call the Ohio Medicaid Hotline at 1-800-324-8680, Monday through Friday from 7:00 am to 8:00 pm and Saturday from 8:00 am to 5:00 pm. TTY users should call the Ohio Relay Service at 7-1-1.

If you have questions, please call Buckeye at 1-866-549-8289 (TTY: 711) from 8 a.m. to 8 p.m., Monday through Friday. After hours, on weekends and on holidays, you may be asked to leave a message. Your call will be returned within the next business day. If you need to speak to your care manager, please call 1-866-549-8289 (TTY: 711), 24 hours a day, seven days a week. These calls are free. **For more information**, visit <http://mmp.buckeyehealthplan.com>.



F. Getting help

Getting help from Buckeye

Questions? We're here to help. Please call Member Services at 1-866-549-8289 (TTY only, call 711). We are available for phone calls from 8 a.m. to 8 p.m., Monday through Friday. After hours, on weekends and on holidays, you may be asked to leave a message. Your call will be returned within the next business day.

Read your *2017 Member Handbook*

The *2017 Member Handbook* is the legal, detailed description of your plan benefits. It has details about next year's benefits. It explains your rights and the rules you need to follow to get covered services and prescription drugs.

An up-to-date copy of the *2017 Member Handbook* is always available on our website at <http://mmp.buckeyehealthplan.com>. You may also call Member Services at 1-866-549-8289 (TTY: 711) from 8 a.m. to 8 p.m., Monday through Friday. After hours, on weekends and on holidays, you may be asked to leave a message. Your call will be returned within the next business day, to ask us to mail you a *2017 Member Handbook*.

Visit our website

You can also visit our website at <http://mmp.buckeyehealthplan.com>. As a reminder, our website has the most up-to-date information about our provider and pharmacy network (*Provider and Pharmacy Directory*) and our Drug List (*List of Covered Drugs*).

Getting help from the Ohio Medicaid Hotline

The Ohio Medicaid hotline can help you find a Medicaid health care provider, explain Medicaid covered services, obtain Medicaid brochures and publications, and understand Medicaid benefits.

You can call the Ohio Medicaid Hotline at 1-800-324-8680, Monday through Friday from 7:00 a.m. to 8:00 p.m. and Saturday from 8:00 a.m. to 5:00 p.m. TTY users should call the Ohio Relay Service at 7-1-1.

Getting help from the MyCare Ohio Ombudsman

The MyCare Ohio Ombudsman can help you if you are having a problem with Buckeye. The MyCare Ohio Ombudsman is not connected with us or with any insurance company or health plan. The MyCare Ohio Ombudsman helps with concerns about any aspect of care. Help is available to resolve disputes with providers, protect rights, and file complaints or appeals with our plan. The MyCare Ohio Ombudsman works together with

If you have questions, please call Buckeye at 1-866-549-8289 (TTY: 711) from 8 a.m. to 8 p.m., Monday through Friday. After hours, on weekends and on holidays, you may be asked to leave a message. Your call will be returned within the next business day. If you need to speak to your care manager, please call 1-866-549-8289 (TTY: 711), 24 hours a day, seven days a week. These calls are free. **For more information**, visit <http://mmp.buckeyehealthplan.com>.



the Office of the State Long-term Care Ombudsman, which advocates for consumers getting long-term services and supports.

The phone number for the MyCare Ohio Ombudsman is 1-800-282-1206. TTY users should call 1-800-750-0750. The MyCare Ohio Ombudsman is available Monday through Friday from 8:00 a.m. to 5:00 p.m. The services are free.

Getting help from Medicare

To get information directly from Medicare:

Call 1-800-MEDICARE (1-800-633-4227).

You can call 1-800-MEDICARE (1-800-633-4227), 24 hours a day, 7 days a week. TTY users should call 1-877-486-2048.

Visit the Medicare Website

You can visit the Medicare website (<http://www.medicare.gov>). If you choose to disenroll from your Medicare-Medicaid Plan and enroll in a Medicare Advantage plan, the Medicare website has information about costs, coverage, and quality ratings to help you compare Medicare Advantage plans. You can find information about Medicare Advantage plans available in your area by using the Medicare Plan Finder on the Medicare website. (To view the information about plans, go to <http://www.medicare.gov> and click on “Find health & drug plans.”)

Read *Medicare & You 2017*

You can read *Medicare & You 2017* Handbook. Every year in the fall, this booklet is mailed to people with Medicare. It has a summary of Medicare benefits, rights and protections, and answers to the most frequently asked questions about Medicare. If you don't have a copy of this booklet, you can get it at the Medicare website (<http://www.medicare.gov>) or 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.

If you have questions, please call Buckeye at 1-866-549-8289 (TTY: 711) from 8 a.m. to 8 p.m., Monday through Friday. After hours, on weekends and on holidays, you may be asked to leave a message. Your call will be returned within the next business day. If you need to speak to your care manager, please call 1-866-549-8289 (TTY: 711), 24 hours a day, seven days a week. These calls are free. **For more information**, visit <http://mmp.buckeyehealthplan.com>.



Multi-language Interpreter Services

English:

ATTENTION: If you speak English, language assistance services, free of charge, are available to you. Call 1-866-549-8289 (TTY: 711).

Spanish:

ATENCIÓN: si habla español, tiene a su disposición servicios gratuitos de asistencia lingüística. Llame al 1-866-549-8289 (TTY: 711).

Chinese Mandarin:

注意：如果您使用繁體中文，您可以免費獲得語言援助服務。請致電1-866-549-8289 (TTY: 711)。

Chinese Cantonese:

注意：如果您說英文，您可獲得免費的語言協助服務。請致電1-866-549-8289（聽障專線：711）。

German:

ACHTUNG: Wenn Sie Deutsch sprechen, stehen Ihnen kostenlos sprachliche Hilfsdienstleistungen zur Verfügung. Rufnummer: 1-866-549-8289 (TTY: 711).

Arabic:

ملحوظة: إذا كنت تتحدث اذكر اللغة، فإن خدمات المساعدة اللغوية تتوافر لك بالمجان. اتصل برقم 0967-983-668،
1- (رقم هاتف الصم والبكم: 711).

Pennsylvania Dutch:

Wann du Deitsch (Pennsylvania German / Dutch) schwetzsch, kannscht du mitaus Koschte ebber gricke, ass dihr helft mit die englisch Schpooch. Ruf selli Nummer uff: Call 1-866-549-8289 (TTY: 711).

Russian:

ВНИМАНИЕ: Если вы говорите на русском языке, то вам доступны бесплатные услуги перевода. Звоните 1-866-549-8289 (телетайп: 711).

French:

ATTENTION : Si vous parlez français, des services d'aide linguistique vous sont proposés gratuitement. Appelez le 1-866-549-8289 (ATS : 711).

Vietnamese:

CHÚ Ý: Nếu bạn nói Tiếng Việt, có các dịch vụ hỗ trợ ngôn ngữ miễn phí dành cho bạn. Gọi số 1-866-549-8289 (TTY: 711).

Cushite:

XIYYEEFFANNAA: Afaan dubbattu Oroomiffa, tajaajila gargaarsa afaanii, kanfaltiidhaan ala, ni argama. Bilbilaa 1-866-549-8289 (TTY: 711).

Korean:

주의: 한국어를 사용하시는 경우, 언어 지원 서비스를 무료로 이용하실 수 있습니다. 1-866-549-8289 (TTY: 711) 번으로 전화해 주십시오.

Italian:

ATTENZIONE: In caso la lingua parlata sia l'italiano, sono disponibili servizi di assistenza linguistica gratuiti. Chiamare il numero 1-866-549-8289 (TTY: 711).

Japanese:

注意事項：日本語を話される場合、無料の言語支援をご利用いただけます。1-866-549-8289 (TTY: 711)まで、お電話にてご連絡ください。

Dutch:

AANDACHT: Als u nederlands spreekt, kunt u gratis gebruikmaken van de taalkundige diensten. Bel 1-866-549-8289 (TTY: 711).

Ukrainian:

УВАГА! Якщо ви розмовляєте українською мовою, ви можете звернутися до безкоштовної служби мовної підтримки. Телефонуйте за номером 1-866-549-8289 (телетайп: 711).

Romanian:

ATENȚIE: Dacă vorbiți limba română, vă stau la dispoziție servicii de asistență lingvistică, gratuit. Sunați la 1-866-549-8289 (TTY: 711).

Somali:

LA SOCO: Haddii aad ku hadasho Ingiriisi, adeegyada taageerada luqada, oo bilaash ah, ayaad heli kartaa, Wac 1-866-549-8289 (TTY: 711).

Nepali:

ध्यान दिनुहोस्: तपाईंले नेपाली बोल्नुहुन्छ भने तपाईंको निम्ति भाषा सहायता सेवाहरू निःशुल्क रूपमा उपलब्ध छ । फोन गर्नुहोस् 1-866-549-8289 (टिटिवाइ: 711) ।

Buckeye Health Plan complies with applicable federal civil rights laws and does not discriminate on the basis of race, color, national origin, age, disability, or sex. Buckeye Health Plan does not exclude people or treat them differently because of race, color, national origin, age, disability, or sex.

Buckeye Health Plan:

- Provides free aids and services to people with disabilities to communicate effectively with us, such as qualified sign language interpreters and written information in other formats (large print, accessible electronic formats, other formats).
- Provides free language services to people whose primary language is not English, such as qualified interpreters and information written in other languages.

If you need these services, contact Buckeye Health Plan's Member Services at 1-866-549-8289 TTY: 711.

If you believe that Buckeye Health Plan 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 file a grievance by calling the number above and telling them you need help filing a grievance; Buckeye Health Plan's Member Services 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, DC 20201, 1-800-368-1019, (TDD: 1-800-537-7697).

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



Buckeye Health Plan Member Services

CALL: 1-866-549-8289

Calls to this number are free. Member Services hours are from <8 a.m. to 8 p.m., Monday through Friday. After hours, on weekends and on holidays, you may be asked to leave a message. Your call will be returned within the next business day.>

Member Services also has free language interpreter services available for non-English speakers.

TTY: 711

Calls to this number are free. Member Services hours are from <8 a.m. to 8 p.m., Monday through Friday. After hours, on weekends and on holidays, you may be asked to leave a message. Your call will be returned within the next business day.>

WRITE: 4349 Easton Way
Suite 400
Columbus, OH 43219

WEB SITE: <http://mmp.buckeyehealthplan.com>

