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

Annual Notice of Changes for 2019

Introduction

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 and where to find more information about them. Key terms and their definitions appear in alphabetical order in the last chapter of the *Member Handbook.*

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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, 7 days a week. These calls are free. **For more information**, visit mmp.buckeyehealthplan.com.

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A. Disclaimers

- This is not a complete list. The benefit information is a brief summary, not a complete description of benefits. For more information contact the plan or read the Member Handbook.
- 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.
- ATTENTION: If you speak English, language assistance services, free of charge, are available to you. 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.
- ATENCIÓN: Si habla español, tiene a su disposición servicios gratuitos de asistencia lingüística. 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 feriados, es posible que se le pida que deje un mensaje. Le devolveremos la llamada durante el próximo día hábil. La llamada es gratuita.

B. Reviewing 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 may be able to leave the plan. See section F2 for more information.

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

- You will have a choice about how to get your Medicare benefits (go to page 17 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 16 for additional information).

NOTE: If you are in a drug management program, you may not be able to join a different plan. See Chapter 5, page 103 of your *Member Handbook* for information about drug management programs.

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, 7 days a week. These calls are free. **For more information**, visit mmp.buckeyehealthplan.com.

B1. Additional Resources

- ATTENTION: If you speak English, language assistance services, free of charge, are available to you. 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.
- ATENCIÓN: Si habla español, tiene a su disposición servicios gratuitos de asistencia lingüística. 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 feriados, 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.

B2. 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, 7 days a week. These calls are free. **For more information**, visit mmp.buckeyehealthplan.com.

B3. 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 sections D1 and D2 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.
  - Your drug costs may have risen since last year. Talk to your doctor about lower cost alternatives that may be available for you; this may save you in annual out-of-pocket costs throughout the year. To get additional information on drug prices, visit https://go.medicare.gov/drugprices. These dashboards highlight which manufactures have been increasing their prices and also show other year-to-year drug price information. Keep in mind that your plan benefits will determine exactly how much your own drug costs may change.
  - Look in section D2 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 C 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 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, 7 days a week. These calls are free. **For more information**, visit mmp.buckeyehealthplan.com.

If you decide to stay with Buckeye:	If you decide to change plans:
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 other coverage will better meet your needs, you may be able to switch plans (see section F2 for more information). If you enroll in a new plan, your new coverage will begin on the first day of the following month. Look in section F, page 16 to learn more about your choices.

C. Changes to the network providers and pharmacies

Our provider and pharmacy networks have changed for 2019.

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 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*.

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*.

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, 7 days a week. These calls are free. **For more information**, visit mmp.buckeyehealthplan.com.

D. Changes to benefits for next year

D1. Changes to benefits for medical services

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

	2018 (this year)	2019 (next year)
Acupuncture	The plan covers acupuncture for pain management of headaches and lower back pain. Referral is required. Limited to 30 treatments every year. Prior authorization may be required if more than 30 treatments are needed per year. You pay a **$0** copay.	Prior Authorization (approval in advance) may be required. Please contact the plan for details. Referral is required from a doctor or chiropractor. Must be provided by a doctor in the Medicaid program. The plan covers acupuncture for pain management of headaches and lower-back pain. Limited to 30 treatments every year. Prior authorization may be required if more than 30 treatments are needed per year. You pay a **$0** copay.

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, 7 days a week. These calls are free. **For more information**, visit mmp.buckeyehealthplan.com.

	2018 (this year)	2019 (next year)
Inpatient behavioral health services	Prior Authorization (approval in advance) may be required. Please contact the plan for details. The plan covers the following services: Inpatient psychiatric care in a private or public free-standing psychiatric hospital or general hospital For members **22-64 years** of age in a freestanding psychiatric hospital with more than 16 beds, there is a 190-day lifetime limit. Inpatient detoxification care You pay a **$0** copay.	Prior Authorization (approval in advance) may be required. Please contact the plan for details. The plan covers the following services: For members **65 years of age and older**, inpatient psychiatric treatment in an Institution for Mental Disease (IMD). For members ages **21 through 64**, inpatient psychiatric treatment in an Institution for Mental Disease (IMD) for up to 15 days per calendar month. You pay a **$0** copay.

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, 7 days a week. These calls are free. **For more information**, visit mmp.buckeyehealthplan.com.

	2018 (this year)	2019 (next year)
Nursing and skilled nursing facility (SNF) care	**Prior Authorization (approval in advance) may be required. Please contact the plan for details.** **Medically necessary Nursing Facility Services are covered by Buckeye Health Plan.** You may be responsible for paying a patient liability for room and board costs for nursing facility services. The County Department of Job and Family Services will determine if your income and certain expenses require you to have a patient liability. Note that patient liability does not apply to Medicare-covered days in a nursing facility. Medicaid-eligible Nursing Facility stays do not require a 3-day hospital stay.	**Prior Authorization (approval in advance) may be required. Please contact the plan for details.** You may be responsible for paying a patient liability for room and board costs for nursing facility services. The County Department of Job and Family Services will determine if your income and certain expenses require you to have a patient liability. Note that patient liability does not apply to Medicare-covered days in a nursing facility. Medicaid-eligible Nursing Facility stays do not require a 3-day hospital stay.

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, 7 days a week. These calls are free. **For more information**, visit mmp.buckeyehealthplan.com.

	2018 (this year)	2019 (next year)
Counseling and interventions to stop smoking or tobacco use	No referral or prior authorization is needed for tobacco counseling. The plan covers the following services: Tobacco cessation counseling and intervention. Tobacco cessation counseling and interventions are available to all plan enrollees. You pay a **$0** copay.	Prior Authorization (approval in advance) may be required. Please contact the plan for details. The plan covers the following services: Tobacco cessation counseling and intervention. Tobacco cessation counseling and interventions are available to all plan enrollees **and is not limited to pregnant women**. You pay a **$0** copay.
Vision care	No referral or prior authorization is needed for a routine eye exam. The plan covers the following services: One pair of lenses **(contact lenses, if medically necessary)** are covered: • Per 12-month period for members under 21 and over 59 years of age; ***or*** • Per 24-month period for members 21 through 59 years of age. You pay a **$0** copay.	No referral or prior authorization is needed for a routine eye exam. The plan covers the following services: One pair of lenses ***or contact lenses*** are covered are covered every 2 years. You pay a **$0** copay.

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, 7 days a week. These calls are free. **For more information**, visit mmp.buckeyehealthplan.com.

	2018 (this year)	2019 (next year)
Hearing services and supplies	Prior authorization (approval in advance) may be required. The plan covers the following services: Routine hearing exams Hearing and balance tests to determine the need for treatment (covered as outpatient care when you get them from a physician, audiologist, or other qualified provider) Hearing aids, batteries, and accessories (including repair and/or replacement). • Two (2) conventional hearing aids are covered once every 4 years **when medically necessary.** • Two (2) digital / programmable hearing aids are covered every 5 years **when medically necessary**. Fittings/evaluations for hearing aids. You pay a **$0** copay.	Prior authorization (approval in advance) may be required. The plan covers the following services: Routine hearing exams Hearing and balance tests to determine the need for treatment (covered as outpatient care when you get them from a physician, audiologist, or other qualified provider) Hearing aids, batteries, and accessories (including repair and/or replacement). • Two (2) conventional hearing aids are covered once every 4 years. • Two (2) digital / programmable hearing aids are covered every 5 years. Fittings/evaluations for hearing aids. You pay a **$0** copay.

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, 7 days a week. These calls are free. **For more information**, visit mmp.buckeyehealthplan.com.

D2. Changes to prescription drug coverage

Changes to our Drug List

An updated *List of Covered Drugs* is located on our website at mmp.buckeyehealthplan.com. You may also call Member Services at 1-866-549-8289 (TTY: 711) for updated drug information or to ask us to mail you a *List of Covered Drugs*. 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.

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. Or contact your care coordinator 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 of the *2019 Member Handbook* beginning on page 174 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.

(This section is continued on the next page.)

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, 7 days a week. These calls are free. **For more information**, visit mmp.buckeyehealthplan.com.

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- If you need help asking for an exception, you can contact Member Services or your care coordinator. See Chapter 2 and Chapter 3 of the *Member Handbook* to learn more about how to contact your care coordinator.

- 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 of the *Member Handbook*, Section D1, page 97.)
  - 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 a current formulary exception that has been approved by our plan in 2018, and you remain a member of Buckeye for the next calendar year, we may continue to cover this exception during 2019. You will receive a letter with approval dates if we decide to continue your exception during 2019. However, if we decide not to continue to cover the exception during 2019, your doctor (or other prescriber) must work with Buckeye to request a new exception for the 2019 calendar year. To learn what you must do to ask for an exception, see Chapter 9, Section 6.2, page 174 of the *2018 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.

Changes to prescription drug costs

There are no changes to the amount you pay for prescription drugs in 2019. 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.

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, 7 days a week. These calls are free. **For more information**, visit mmp.buckeyehealthplan.com.

The following table shows your costs for drugs in each of our 3 drug tiers.

	2018 (this year)	**2019 (next year)**
Drugs in Tier 1 (Generic Drugs) Cost for a one-month supply of a drug in Tier 1 that is filled at a network pharmacy	Your copay for a one-month (30-day) supply is **$0 per prescription**.	Your copay for a one-month (30-day) supply is **$0 per prescription**.
Drugs in Tier 2 (Brand Drugs) Cost for a one-month supply of a drug in Tier 2 that is filled at a network pharmacy	Your copay for a one-month (30-day) supply is **$0 per prescription**.	Your copay for a one-month (30-day) supply is **$0 per prescription**.
Drugs in Tier 3 (Non-Medicare Rx / OTC Drugs) Cost for a one-month supply of a drug in Tier 3 that is filled at a network pharmacy	Your copay for a one-month (30-day) supply is **$0 per prescription**.	Your copay for a one-month (30-day) supply is **$0 per prescription**.

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, 7 days a week. These calls are free. **For more information**, visit mmp.buckeyehealthplan.com.

E. Administrative changes

	2018 (this year)	2019 (next year)
Acupuncture	Referral is required.	Prior Authorization (approval in advance) may be required. Please contact the plan for details. Referral is required from a doctor or chiropractor. Must be provided by a doctor in the Medicaid program.
Counseling and interventions to stop smoking or tobacco use	No referral or prior authorization is needed for tobacco counseling.	Prior Authorization (approval in advance) may be required. Please contact the plan for details.
Mail Order Automatic Refill Program	Not offered.	You have the option to sign up for automated prescription refills from our mail order pharmacies. The mail order pharmacy will contact you prior to shipping each refill.

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, 7 days a week. These calls are free. **For more information**, visit mmp.buckeyehealthplan.com.

F. How to choose a plan

F1. How to stay in Buckeye

We hope to keep you as a member next year.

You do not have to do anything to stay in your health plan. 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 2019.

F2. How to change to a different MyCare Ohio plan

To enroll in a different MyCare Ohio plan, 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. The Hotline will let you know what other plans are available to you.

You can end your membership at any time during the year by enrolling in another MyCare Ohio Plan, changing to a Medicare Advantage Plan, or moving to Original Medicare.

- **NOTE**: If you are in a drug management program, you may not be able to join a different plan. See Chapter 5, Section G3, page 103 of your *Member Handbook* for information about drug management programs.

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, 7 days a week. These calls are free. **For more information**, visit mmp.buckeyehealthplan.com.

F3. 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.

1. You can change to:	**Here is what to do:**
A Medicare health plan (such as a Medicare Advantage Plan)	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. If you need help or more information: • 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. You will automatically stop getting Medicare services through Buckeye when your new plan's coverage begins.

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, 7 days a week. These calls are free. **For more information**, visit mmp.buckeyehealthplan.com.

2. You can change to: **Original Medicare with a separate Medicare prescription drug plan**	**Here is what to do:** 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. If you need help or more information: • 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. You will automatically stop getting Medicare services through Buckeye when your Original Medicare and prescription drug plan coverage begins.
3. You can change to: **Original Medicare without a separate Medicare prescription drug plan** **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. 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: 1-614-644-3745), Monday through Friday from 7:30 a.m. to 5:00 p.m.	**Here is what to do:** 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. If you need help or more information: • 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. You will automatically stop getting Medicare services through Buckeye when your Original Medicare coverage begins.

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, 7 days a week. These calls are free. **For more information**, visit mmp.buckeyehealthplan.com.

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.

G. How to get help

G1. Getting help from Buckeye

Questions? We're here to help. Please call Member Services at 1-866-549-8289 (TTY: 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.

Your *2019 Member Handbook*

The *2019 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 *2019 Member Handbook* is always available on our website at mmp.buckeyehealthplan.com. You may also call Member Services at 1-866-549-8289 (TTY: 711) to ask us to mail you a *2019 Member Handbook*.

Our website

You can also visit our website at 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*).

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, 7 days a week. These calls are free. **For more information**, visit mmp.buckeyehealthplan.com.

G2. 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 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.

G3. Getting help from the MyCare Ohio Ombudsman

The MyCare Ohio Ombudsman is an ombudsman program that can help you if you are having a problem with Buckeye. The ombudsman's services are free.

- The MyCare Ohio Ombudsman is an ombudsman program that works as an advocate on your behalf. They can answer questions if you have a problem or complaint and can help you understand what to do.
- MyCare Ohio Ombudsman makes sure you have information related to your rights and protections and how you can get your concerns resolved.
- 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 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 am to 5:00 pm.

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, 7 days a week. These calls are free. **For more information**, visit mmp.buckeyehealthplan.com.

G4. Getting help from Medicare

To get information directly from Medicare, 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.

Medicare's 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.")

Medicare & You 2019

You can read *Medicare & You 2019* 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, 7 days a week. These calls are free. **For more information**, visit mmp.buckeyehealthplan.com.