

2019



SUMMARY OF BENEFITS

Buckeye Health Plan – MyCare Ohio (Medicare Medicaid Plan)

H0022_19_SB_Approved_09272018



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Connecting Medicare + Medicaid

Buckeye Health Plan – MyCare Ohio (Medicare-Medicaid Plan): **Summary of Benefits**

Introduction

This document is a brief summary of the benefits and services covered by Buckeye Health Plan – MyCare Ohio (Medicare-Medicaid Plan) (Buckeye). It includes answers to frequently asked questions, important contact information, an overview of benefits and services offered, and information about your rights as a member of Buckeye. 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.

Buckeye Health Plan – MyCare Ohio (Medicare-Medicaid Plan): Summary of Benefits

A. Disclaimers



This is a summary of health services covered by Buckeye Health Plan – MyCare Ohio (Medicare-Medicaid Plan) (Buckeye) for 2019. This is only a summary. Please read the *Member Handbook* for the full list of benefits.

- ❖ Buckeye Health Plan – MyCare Ohio (Medicare-Medicaid Plan) (Buckeye) 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.
- ❖ Under Buckeye you can get your Medicare and Medicaid services in one health plan. A Buckeye care manager will help manage your health care needs.
- ❖ 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*.
- ❖ Limitations and restrictions may apply. For more information, call Buckeye Member Services or read the Buckeye Member Handbook.
- ❖ Benefits may change on January 1 of each year.
- ❖ 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.
- ❖ Out-of-network/non-contracted providers are under no obligation to treat Buckeye members, except in emergency situations. Please call our Member Services number or see your Member Handbook for more information, including cost-sharing that applies to out-of-network services.
- ❖ 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 gratis.



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- ❖ You can get this document 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.

B. Frequently Asked Questions

The following chart lists frequently asked questions.

Frequently Asked Questions (FAQ)	Answers
What is a MyCare Ohio Plan?	A MyCare Ohio Plan is a health plan that contracts with both Medicare and the Ohio Department of Medicaid to provide benefits of both programs to enrollees. It is for people with both Medicare and Medicaid. A MyCare Ohio Plan is an organization made up of doctors, hospitals, pharmacies, providers of long-term services, and other providers. It also has care teams and care managers to help you manage all your providers and services. They all work together to provide the care you need.
What is a Buckeye care manager?	A Buckeye care manager is one main person for you to contact. This person helps manage all your providers and services and makes sure you get what you need.
What are long-term services and supports?	Long-term services and supports are help for people who need assistance to do everyday tasks like taking a bath, getting dressed, making food, and taking medicine. Most of these services are provided at your home or in your community but could be provided in a nursing home or hospital.

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Will you get the same Medicare and Medicaid benefits in Buckeye that you get now?	<p>You will get your covered Medicare and Medicaid benefits directly from Buckeye. You will work with a care team who will help determine what services will best meet your needs. This means that some of the services you get now may change. You will get almost all of your covered Medicare and Medicaid benefits directly from Buckeye, but you may get some benefits the same way you do now, outside of the plan.</p> <p>When you enroll in Buckeye, you and your care team will work together to develop an Individualized Care Plan to address your health and support needs. When you join our plan, if you are taking any Medicare Part D prescription drugs that Buckeye does not normally cover, you can get a temporary supply. We will help you get another drug or get an exception for Buckeye to cover your drug, if medically necessary.</p>



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Can you go to the same doctors you see now?	<p>Often that is the case. If your providers (including doctors, therapists, and pharmacies) work with Buckeye and have a contract with us, you can keep going to them.</p> <ul style="list-style-type: none">• Providers with an agreement with us are “in-network.” You must use the providers in Buckeye’s network.• If you need urgent or emergency care or out-of-area dialysis services, you can use providers outside of Buckeye’s network.• You can see out-of-network Federally Qualified Health Centers, Rural Health Clinics, and qualified family planning providers listed in the <i>Provider and Pharmacy Directory</i>• If you are getting assisted living waiver services or long-term nursing facility services from an out-of-network provider on and before the day you become a member, you can continue to get the services from that out-of-network provider. <p>To find out if your doctors are in the plan’s network, call Member Services or read Buckeye’s <i>Provider and Pharmacy Directory</i>.</p>
What happens if you need a service but no one in Buckeye’s network can provide it?	<p>Most services will be provided by our network providers. If you need a service that cannot be provided within our network, Buckeye will pay for the cost of an out-of-network provider.</p>
Where is Buckeye available?	<p>The service area for this plan includes: Clark, Cuyahoga, Fulton, Geauga, Greene, Lake, Lorain, Lucas, Medina, Montgomery, Ottawa, and Wood Counties, Ohio. You must live in one of these areas to join the plan.</p>



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Do you pay a monthly amount (also called a premium) under Buckeye?	You will not pay any monthly premiums to Buckeye for your health coverage.
What is prior authorization?	<p>Prior authorization means that you must get approval from Buckeye before you can get a specific service, drug, or see an out-of-network provider. Buckeye may not cover the service or drug if you don't get approval. If you need urgent or emergency care or out-of-area dialysis services, you don't need to get approval first.</p> <p>See Chapter 3 of the <i>Member Handbook</i> to learn more about prior authorization. See the Benefits Chart in Chapter 4 of the <i>Member Handbook</i> to learn which services require a prior authorization.</p>
Will you need a referral from your PCP to see other doctors or specialists?	Although you do not need approval (called a referral) from your Primary Care Provider (PCP) to see other providers, it is still important to contact your PCP before you see a specialist or after you have an urgent or emergency department visit. This allows your PCP to manage your care for the best outcomes.



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Frequently Asked Questions (FAQ)	Answers
Who should you contact if you have questions or need help? (This service is continued on the next page)	<p>If you have general questions or questions about our plan, services, service area, billing, or Member ID Cards, please call Buckeye Member Services:</p> <p>CALL 1-866-549-8289</p> <p>Calls to this number are free. 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.</p> <p>Member Services also has free language interpreter services available for people who do not speak English.</p> <p>TTY 711</p> <p>This number is for people who have hearing or speaking problems. You must have special telephone equipment to call it.</p> <p>Calls to this number are free. 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.</p>



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Frequently Asked Questions (FAQ)	Answers
Who should you contact if you have questions or need help? (continued)	<p>If you have questions about your health, please call the 24-Hour Nurse Advice Call Line:</p> <p>CALL 1-866-549-8289</p> <p> Calls to this number are free. Hours are 24 hours a day, 7 days a week.</p> <p>TTY 711</p> <p> This number is for people who have hearing or speaking problems. You must have special telephone equipment to call it.</p> <p> Calls to this number are free. Hours are 24 hours a day, 7 days a week.</p>



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C. Overview of Services

The following chart is a quick overview of what services you may need, your costs, and rules about the benefits.

Health need or problem	Services you may need	Your costs for in-network providers	Limitations, exceptions, & benefit information (rules about benefits)
You want to see a doctor (continued on next page)	Visits to treat an injury or illness	\$0	None.
	Wellness visits, such as a physical	\$0	None.
	Transportation to a doctor's office	\$0	<p>Prior authorization may be required.</p> <p>Limited to 30 one-way trips every year to plan-approved locations (covered health care/dental appointments, WIC appointments, and redetermination appointments with your CDJFS caseworker). Contact Member Services or your care manager for details.</p> <p>For information specific to waiver transportation services, call your waiver service coordinator.</p> <p>In cases that are not emergencies, ambulance or wheelchair van transport services are covered when medically necessary.</p>
	Specialist care	\$0	None.
	Care to keep you from getting sick, such as flu shots	\$0	None.



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Health need or problem	Services you may need	Your costs for in-network providers	Limitations, exceptions, & benefit information (rules about benefits)
You want to see a doctor (continued)	“Welcome to Medicare” preventive visit (one time only)	\$0	None.
You need medical tests	Lab tests, such as blood work	\$0	Prior authorization may be required.
	X-rays or other pictures, such as CAT scans	\$0	Prior authorization may be required.
	Screening tests, such as tests to check for cancer	\$0	Prior authorization may be required.
You need drugs to treat your illness or condition (This service is continued on the next page)	Generic drugs (no brand name)	\$0 copay for a 30-day supply. \$0 copay for a 60-day supply. \$0 copay for a 90-day supply.	There may be limitations on the types of drugs covered. Please see Buckeye’s <i>List of Covered Drugs</i> (Drug List) for more information. Some prescription drugs may require prior authorization or may require that you try a different drug first. Quantity limits may apply. An extended-day supply of some drugs is available through mail order and certain retail pharmacies. For more information, please refer to our List of Drugs to view those drugs available for an extended-day supply.

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<p>You need drugs to treat your illness or condition (continued)</p>	Brand name drugs	<p>\$0 copay for a 30-day supply.</p> <p>\$0 copay for a 60-day supply.</p> <p>\$0 copay for a 90-day supply</p>	<p>There may be limitations on the types of drugs covered. Please see Buckeye’s <i>List of Covered Drugs</i> (Drug List) for more information.</p> <p>Some prescription drugs may require prior authorization or may require that you try a different drug first. Quantity limits may apply.</p> <p>An extended-day supply of some drugs is available through mail order and certain retail pharmacies. For more information, please refer to our List of Drugs to view those drugs available for an extended-day supply.</p>
	Over-the-counter drugs	\$0	<p>There may be limitations on the types of drugs covered. Please see Buckeye’s <i>List of Covered Drugs</i> (Drug List) for more information.</p>
	Medicare Part B prescription drugs	\$0	<p>Part B drugs include drugs given by your doctor in his or her office, some oral cancer drugs, and some drugs used with certain medical equipment. Read the <i>Member Handbook</i> for more information on these drugs.</p> <p>Prior authorization may be required.</p>

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You need therapy after a stroke or accident	Occupational, physical, or speech therapy	\$0	Prior authorization may be required.
You need emergency care	Emergency room services	\$0	<p>Emergency room services do not require a referral or prior authorization and can be provided at an in-network or out-of-network facility.</p> <p>Emergency room services are not covered outside the U.S. and its territories except under limited circumstances.</p>
	Ambulance services	\$0	<p>Ambulance services for emergencies do not require a referral or prior authorization and can be provided by an in-network or out-of-network provider.</p> <p>Prior authorization may be required for ambulance services in non-emergency situations.</p>
	Urgent care	\$0	<p>Urgent care services do not require a referral or prior authorization. You can get urgent care services at in-network providers or at out of network providers if network providers are temporarily unavailable or inaccessible.</p> <p>Not covered outside the U.S. and its territories.</p>



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You need hospital care	Hospital stay	\$0	Prior authorization may be required, except in an emergency.
	Doctor or surgeon care	\$0	During an authorized hospital stay, doctor and surgeon care are covered.
You need help getting better or have special health needs	Rehabilitation services	\$0	Prior authorization may be required.
	Medical equipment at home	\$0	Prior authorization may be required.
	Skilled nursing care	\$0	Prior authorization may be required.
	Acupuncture	\$0	<p>This service is limited to pain management of migraine headaches and lower back pain.</p> <p>Referral is required from a doctor or chiropractor.</p> <p>Must be provided by a doctor in the Medicaid program.</p> <p>Limited to 30 treatments every year.</p> <p>Prior authorization may be required if more than 30 treatments are needed per year.</p>



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<p>You need medicine or other items that do not require a prescription</p>	<p>Over-the-counter items (OTC)</p>	<p>\$0</p>	<p>As an extra benefit, our plan covers up to \$25 every calendar month for eligible over-the-counter (OTC) items available via mail order.</p> <p>This OTC benefit is limited to one order (via mail order) per calendar month. Any unused amount does not carry over to the next month.</p> <p>This benefit can only be used to order OTC products for the member.</p> <p>Some items may require that your PCP verbally recommend the item for a diagnosable condition.</p> <p>Please contact the plan for more information.</p>
<p>You need eye care</p>	<p>Eye exams</p>	<p>\$0</p>	<p>A routine eye exam is covered once every year for individuals 20 and under and 60 and over, and once per 2 years for individuals age 21-59.</p> <p>No referral or prior authorization is needed for a routine eye exam.</p>
	<p>Glasses or contact lenses</p>	<p>\$0</p>	<p>Eye glasses are covered once every year for individuals 20 and under and 60 and over, and once per 2 years for individuals age 21-59. Contact lenses are covered once per 2 years for all ages.</p>

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You need dental care	Dental check-ups	\$0	Oral examinations are covered annually for individuals 21 and over and twice annually for those 20 and under.
You need hearing/auditory services	Hearing screenings	\$0	None.
	Hearing aids	\$0	Prior authorization may be required. Covered but not more than once every 4 years for conventional and 5 years for digital / programmable.
You have a chronic condition, such as diabetes or heart disease	Services to help manage your disease	\$0	The plan also offers additional disease management services for certain chronic conditions. Contact Member Services for more information.
	Diabetes supplies and services	\$0	Therapeutic shoes or inserts are covered when medically necessary.
You have a mental health condition	Mental or behavioral health services	\$0	Prior authorization may be required.
You have a substance abuse problem	Substance use disorder treatment services	\$0	Prior authorization may be required.
You need long-term mental health services	Inpatient care for people who need mental health care	\$0	Prior authorization may be required.



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You need durable medical equipment (DME)	Wheelchairs	\$0	Prior authorization may be required.
	Nebulizers	\$0	Prior authorization may be required.
	Crutches	0	Prior authorization may be required.
	Walkers	\$0	Prior authorization may be required.
	Oxygen equipment and supplies	\$0	Prior authorization may be required.
You need help living at home (This service is continued on the next page)	Meals brought to your home	\$0	These services are available only if your need for long-term care has been determined by Ohio Medicaid.
	Home services, such as cleaning or housekeeping	\$0	
	Changes to your home, such as ramps and wheelchair access	\$0	You may be responsible for paying a “patient liability” for nursing facility or waiver services that are covered through your Medicaid benefit. The County Department of Job and Family Services will determine if your income and certain expenses require you to have a patient liability.
	Personal care assistant (You may be able to employ your own assistant. Contact your Care Manager or Waiver Services Coordinator for more information.)	\$0	
	Community transition services	\$0	

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You need help living at home (continued)	Home health care services	\$0	These services are available only if your need for long-term care has been determined by Ohio Medicaid.
	Services to help you live on your own	\$0	You may be responsible for paying a “patient liability” for nursing facility or waiver services that are covered through your Medicaid benefit. The County Department of Job and Family Services will determine if your income and certain expenses require you to have a patient liability.
	Adult day services or other support services	\$0	Prior authorization may be required.
You need a place to live with people available to help you	Assisted living	\$0	These services are available only if your need for long-term care has been determined by Ohio Medicaid.
	Nursing home care	\$0	You may be responsible for paying a “patient liability” for nursing facility or waiver services that are covered through your Medicaid benefit. The County Department of Job and Family Services will determine if your income and certain expenses require you to have a patient liability. Prior authorization may be required.

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Health need or problem	Services you may need	Your costs for in-network providers	Limitations, exceptions, & benefit information (rules about benefits)
<p>Your caregiver needs some time off</p>	<p>Respite care</p>	<p>\$0</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 nursing facility or waiver services that are covered through your Medicaid benefit. 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>Prior authorization may be required.</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, 7 days a week. These calls are free. **For more information**, visit mmp.buckeyehealthplan.com.

Buckeye Health Plan – MyCare Ohio (Medicare-Medicaid Plan): **Summary of Benefits**

D. Benefits covered outside of Buckeye

The following services are not covered by Buckeye but are available through Medicare. Call Member Services to find out about services not covered by Buckeye but available through Medicare.

Other services covered by Medicare	Your costs
Some hospice care services	\$0

E. Services that Buckeye, Medicare, and Medicaid do not cover

This is not a complete list. Call Member Services to find out about other excluded services.

Services not covered by Buckeye, Medicare, or Medicaid	
Abortions, except in the case of a reported rape, incest, or when medically necessary to save the life of the mother.	Elective or voluntary enhancement procedures or services (including weight loss, hair growth, sexual performance, athletic performance, cosmetic purposes, LASIK surgery, anti-aging and mental performance), except when medically necessary.
Services considered not “reasonable and necessary,” according to the standards of Medicare and Medicaid, unless these services are listed by our plan as covered services.	Cosmetic surgery or other cosmetic work, unless it is needed because of an accidental injury or to improve a part of the body that is not shaped right. However, the plan will cover reconstruction of a breast after a mastectomy and for treating the other breast to match it.
Experimental medical and surgical treatments, items, and drugs, unless covered by Medicare or under a Medicare-approved clinical research study or by our plan. Experimental treatment and items are those that are not generally accepted by the medical community.	Chiropractic care, other than diagnostic x-rays and manual manipulation (adjustments) of the spine to correct alignment consistent with Medicare and Medicaid coverage guidelines.



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Services not covered by Buckeye, Medicare, or Medicaid	
Surgical treatment for morbid obesity, except when it is medically needed and Medicare covers it.	Routine foot care, except for the limited coverage provided according to Medicare and Medicaid guidelines.
A private room in a hospital, except when it is medically needed.	Infertility services for males or females.
Inpatient hospital custodial care.	Services considered not “reasonable and necessary,” according to the standards of Medicare and Medicaid, unless these services are listed by our plan as covered services.
Naturopath services (the use of natural or alternative treatments).	Services provided to veterans in Veterans Affairs (VA) facilities. However, when emergency services are received at VA hospital and the VA cost sharing is more than the cost sharing under our plan, we will reimburse veterans for the difference.
Orthopedic shoes, unless the shoes are part of a leg brace and are included in the cost of the brace, or the shoes are for a person with diabetic foot disease.	Services received without an authorization, when an authorization is required for getting that service.
Paternity testing.	Services that you get from non-plan providers, except for a medical emergency, urgently needed care, and renal (kidney) dialysis services that you get when you are temporarily outside the Buckeye service area.
Personal items in your room at a hospital or a nursing facility, such as a telephone or a television.	Services to find cause of death (autopsy).
A private room in a hospital, except when it is medically needed.	Supportive devices for the feet, except for orthopedic or therapeutic shoes for people with diabetic foot disease.



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Buckeye Health Plan – MyCare Ohio (Medicare-Medicaid Plan): Summary of Benefits

Services not covered by Buckeye, Medicare, or Medicaid	
Routine foot care, except for the limited coverage provided according to Medicare and Medicaid guidelines.	Voluntary sterilization if under 21 years of age or legally incapable of consenting to the procedure.

F. Your rights as a member of the plan

As a member of Buckeye, you have certain rights. You can exercise these rights without being punished. You can also use these rights without losing your health care services. We will tell you about your rights at least once a year. For more information on your rights, please read Chapter 8 the *Member Handbook*. Your rights include, but are not limited to, the following:

- **You have a right to respect, fairness and dignity.** This includes the right to:
 - Get covered services without concern about race, ethnicity, national origin, religion, gender, age, mental or physical disability, sexual orientation, genetic information, ability to pay, or ability to speak English.
 - Get information in other formats (e.g., large print, braille, audio).
 - Be free from any form of physical restraint or seclusion.
 - Not be billed by network providers.
- **You have the right to get information about your health care.** This includes information on treatment and your treatment options. This information should be in a format you can understand. These rights include getting information on:
 - Description of the services we cover
 - How to get services
 - How much services will cost you
 - Names of health care providers and care managers
- **You have the right to make decisions about your care, including refusing treatment.** This includes the right to:
 - Choose a Primary Care Provider (PCP) and change your PCP at any time during the year.
 - See a women’s health care provider without a referral.
 - Get your covered services and drugs quickly.
 - Know about all treatment options, no matter what they cost or whether they are covered.
 - Refuse treatment, even if your doctor advises against it.
 - Stop taking medicine.



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- Ask for a second opinion. Buckeye will pay for the cost of your second opinion visit.
- **You have the right to timely access to care that does not have any communication or physical access barriers.** This includes the right to:
 - Get timely medical care.
 - Get in and out of a health care provider's office. This means barrier free access for people with disabilities, in accordance with the Americans with Disabilities Act.
 - Have interpreters to help with communication with your doctors and your health plan.
- **You have the right to seek emergency and urgent care when you need it. This means you have the right to:**
 - Get emergency services without prior approval in an emergency.
- See an out of network urgent or emergency care provider, when necessary.
- **You have a right to confidentiality and privacy. This includes the right to:**
 - Ask for and get a copy of your medical records in a way that you can understand and to ask for your records to be changed or corrected.
 - Have your personal health information kept private.
- **You have the right to make complaints about your covered services or care. This includes the right to:**
 - File a complaint or grievance against us or our providers.
 - Ask for a state fair hearing.
 - Get a detailed reason for why services were denied.

For more information about your rights, you can read the *Buckeye Member Handbook*. If you have questions, you can also call Buckeye Member Services.

G. How to file a complaint or appeal a denied service

If you have a complaint or think Buckeye should cover something we denied, 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. You may be able to appeal our decision.

For questions about complaints and appeals, you can read Chapter 9 of the *Buckeye Member Handbook*. You can also call Buckeye Member Services.



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.

Buckeye Health Plan – MyCare Ohio (Medicare-Medicaid Plan): **Summary of Benefits**

For information about complaints, grievances, and appeals, you can read Chapter 9 of the Buckeye Member Handbook. You can also call Buckeye Member Services. You can call us at: 1-866-549-8289 (TTY: 711). 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.

You can fax us at: 1-866-704-3064.

You can write to us at:

Buckeye Health Plan – MyCare Ohio
4349 Easton Way, Suite 300
Columbus, OH 43219

H. What to do if you suspect fraud

Most health care professionals and organizations that provide services are honest. Unfortunately, there may be some who are dishonest.

If you think a doctor, hospital or other pharmacy is doing something wrong, please contact us.

- Call us at Buckeye Member Services. Phone numbers are on the cover of this summary.
- Or, call Medicare at 1-800-MEDICARE (1-800-633-4227). TTY users should call 1-877-486-2048. You can call these numbers for free, 24 hours a day, 7 days a week.
- Or, call the Ohio Attorney General's Office at 1-800-282-0515.



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.

Buckeye Health Plan – MyCare Ohio (Medicare-Medicaid Plan): **Summary of Benefits**

Notice of Non-Discrimination. Buckeye Health Plan – MyCare Ohio (Medicare-Medicaid 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) 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 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>.



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.

Buckeye Health Plan – MyCare Ohio (Medicare-Medicaid Plan): Summary of Benefits

Language 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：如果您說中文，您可獲得免費的語言協助服務。請致電 1-866-549-8289 (TTY: 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 اللغة العربية، فإن خدمات المساعدة اللغوية تتوافر لك بالمجان. اتصل برقم 1-866-549-8289 (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 Schprouch. 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).



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Buckeye Health Plan – MyCare Ohio (Medicare-Medicaid Plan): Summary of Benefits

Cushite (Oromo): 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: नेपाली: यान िदनुहोस्: तपाइले नेपाली बोनुहुछ भने तपाइको िनित भाषा सहायता सेवाह िनःशुक पमा उपलध छ । फोन गनुर्होस् 1-866-549-8289 (िटिटवाइ: 711) ।



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