

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

## ***Annual Notice of Changes for 2025***

### **Introduction**

You are currently enrolled as a member of Buckeye Health Plan. Next year, there will be 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. To get more information about costs, benefits, or rules please review the *Member Handbook*, which is located on our website at [mmp.buckeyehealthplan.com/resources](http://mmp.buckeyehealthplan.com/resources). 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 Health Plan 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](http://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 Buckeye Health Plan Member Handbook.
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## 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. Refer to section E2 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 (refer to section E3).
- You must get your Medicaid benefits from one of the MyCare Ohio managed care plans available in your region (refer to section E3 for additional information).

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## B1. Additional resources

- We have free interpreter services to answer any questions that you may have about our health or drug plan. To get an interpreter just 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. Someone that speaks English/Language can help you. This is a free service.
- Contamos con los servicios gratuitos de un intérprete para responder cualquier pregunta que pueda tener sobre nuestro plan de salud o de medicamentos. Para solicitar un intérprete, llámenos al 1-866-549-8289 (TTY: 711). El horario de atención es de 8 a.m. a 8 p.m., de lunes a viernes. Es posible que fuera del horario de atención, los fines de semana y los días festivos le pidan que deje un mensaje. Lo llamaremos el siguiente día hábil. Alguien que hable español puede ayudarlo. Este es un servicio gratuito.
- 我们提供免费的口译服务，为您解答您对我们的健康或药物计划可能存在的疑问。要获得口译员，致电 1-866-549-8289 (TTY: 711) 联系我们即可。我们的工作时间为：周一至周五早上 8 点至晚上 8 点。非工作时间、周末和节假日请留言。我们将在下一个工作日内给您回电。会讲中文（普通话）的人员可以为您提供帮助。这项服务免费。
- 我們提供免費的口譯服務，可解答您對我們的健康或藥物計劃可能有的任何疑問。如需口譯員服務，請致電 1-866-549-8289 (TTY: 711)。服務時間為週一至週五，上午 8 點至晚上 8 點。非營業時間、週末及假日，可能會要求您留言。我們將在下一個工作日内回電給您。會說廣東話的人員可以幫助您。此為免費服務。
- May mga libre kaming serbisyo sa pagsasalin para sagutin ang anumang posibleng tanong ninyo tungkol sa aming planong pangkalusugan o plano sa gamot. Para makakuha ng tagasalin, tawagan lang kami sa 1-866-549-8289 (TTY: 711). Ang mga oras ay 8 a.m. hanggang 8 p.m., Lunes hanggang Biyernes. Sa mga oras na tapos na ang trabaho, kapag Sabado at Linggo, at tuwing mga holiday, posibleng hilingin sa inyo na mag-iwan ng mensahe. Tatawagan kayo sa susunod na araw na may

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pasok. May nagsasalita ng Tagalog na makakatulong sa inyo. Isa itong libreng serbisyo.

- Nous disposons de services d'interprétation gratuits pour répondre à toutes les questions que vous vous posez sur notre régime de santé ou de médicaments. Pour obtenir les services d'un interprète, il vous suffit de nous appeler au 1-866-549-8289 (TTY : 711). Les heures d'ouverture sont de 8 heures à 20 heures, du lundi au vendredi. En dehors des heures d'ouverture, les week-ends et les jours fériés, il peut vous être demandé de laisser un message. Vous serez rappelé le jour ouvrable suivant. Une personne parlant français pourra vous aider. Ce service est gratuit.
- Chúng tôi có dịch vụ thông dịch miễn phí để trả lời mọi câu hỏi quý vị có thể có về chương trình sức khỏe hoặc thuốc của chúng tôi. Để được hỗ trợ thông dịch, chỉ cần gọi cho chúng tôi theo số 1-866-549-8289 (TTY: 711). Giờ làm việc là từ 8 a.m. đến 8 p.m., từ Thứ Hai đến Thứ Sáu. Sau giờ làm việc, vào cuối tuần và ngày lễ, quý vị có thể được yêu cầu để lại tin nhắn. Chúng tôi sẽ trả lời cuộc gọi của quý vị vào ngày làm việc tiếp theo. Nhân viên nói tiếng Việt có thể trợ giúp quý vị. Đây là dịch vụ miễn phí.
- Wir bieten Ihnen einen kostenlosen Dolmetschservice, wenn Sie Fragen zu unseren Gesundheits- oder Medikamentenplänen haben. Um einen Dolmetscher in Anspruch zu nehmen, rufen Sie uns unter folgender Telefonnummer an: 1-866-549-8289 (TTY: 711). Wir sind montags bis freitags von 8 bis 20 Uhr erreichbar. An Wochenenden und an Feiertagen werden Sie möglicherweise aufgefordert, eine Nachricht zu hinterlassen. Wir rufen Sie am nächsten Werktag zurück. Ein deutschsprachiger Mitarbeiter wird Ihnen behilflich sein. Dieser Service ist kostenlos.
- 당사의 건강 또는 의약품 플랜과 관련해서 물어볼 수 있는 모든 질문에 답변하기 위한 무료 통역 서비스가 있습니다. 통역사가 필요한 경우, 1-866-549-8289(TTY: 711)번으로 연락해 주십시오. 월요일부터 금요일까지 오전 8시~오후 8시에 문의하십시오. 주말 및 주 또는 연방 공휴일에는 메시지를 남길 것을 요청할 수 있습니다. 그러면 다음 영업일에 전화드리겠습니다. 한국어를 구사하는 통역사가 도움을 드릴 수 있습니다. 통역 서비스는 무료로 제공됩니다.

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- Если у вас возникли какие-либо вопросы о нашем плане медицинского страхования или плане с покрытием лекарственных препаратов, вам доступны бесплатные услуги переводчика. Если вам нужен переводчик, просто позвоните нам по номеру 1-866-549-8289 (TTY: 711). Часы работы: с 8 а.м. до 8 р.м., с понедельника по пятницу. В нерабочее время, в выходные и праздничные дни вас могут попросить оставить сообщение. Вам перезвонят на следующий рабочий день. Вам окажет помощь сотрудник, говорящий на русском языке. Данная услуга бесплатна.

نوفر خدمات ترجمة فورية مجانية للإجابة على أي أسئلة قد تكون لديك حول خطة الصحة أو الدواء الخاصة بنا. للحصول على مترجم فوري، ما عليك سوى الاتصال بنا على الرقم 1-866-549-8289 (TTY: 711). من الاثنين إلى الجمعة، من الساعة 8 صباحًا وحتى الساعة 8 مساءً. قد يُطلب منك ترك رسالة في عطلة نهاية الأسبوع وفي أيام الإجازات الرسمية وسنعاود الاتصال بك خلال يوم العمل التالي. يمكن أن يساعدك شخص يتحدث العربية وهذه الخدمة مجانية.

- Sono disponibili servizi di interpretariato gratuiti per rispondere a qualsiasi domanda possa avere in merito al nostro piano farmacologico o sanitario. Per usufruire di un interprete, è sufficiente contattare il numero 1-866-549-8289 (TTY: 711) dalle 8:00 alle 20:00, dal lunedì al venerdì. Al di fuori di questi orari, nei fine settimana e nei giorni festivi potrebbe essere necessario lasciare un messaggio. La ricontatteremo entro il giorno lavorativo successivo. Qualcuno la assisterà in lingua italiana. È un servizio gratuito.
- Temos serviços de intérprete gratuitos para responder a quaisquer dúvidas que possa ter sobre o nosso plano de saúde ou medicação. Para obter um intérprete, contacte-nos através do número 1-866-549-8289 (TTY: 711). O horário é de segunda-feira a sexta-feira, das 08:00 às 20:00. Se ligar fora deste horário, num fim de semana ou num feriado, poderá ter de deixar mensagem. A sua chamada será devolvida no próximo dia útil. Um falante de português poderá ajudá-lo. Este serviço é gratuito.

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- Nou gen sèvis tradiksyon nan bouch gratis pou reponn nenpòt kesyon ou gendwa vle poze konsènan sante w ak plan medikaman w lan. Pou jwenn yon entèprèt pou tradui pou w, annik rele nou nan 1-866-549-8289 (TTY: 711). Orè a se Lendi pou Vandredi, 8 a.m. jiska 8 p.m. Lè biwo yo fèmen, nan wikenn epi pandan jou ferye yo, yo gendwa mande w pou w kite yon mesaj. Y ap rele w nan landemen si biwo yo louvri. Yon moun ki pale Kreyòl Ayisyen pral ede w. Sèvis sa a gratis.
- Oferujemy bezpłatną usługę tłumaczenia ustnego, która pomoże Państwu uzyskać odpowiedzi na ewentualne pytania dotyczące naszego planu leczenia lub planu refundacji leków. Aby skorzystać z usługi tłumaczenia ustnego, wystarczy zadzwonić pod numer 1-866-549-8289 (TTY: 711) od poniedziałku do piątku w godzinach od 8:00 do 20:00. W weekendy i święta konieczne może być pozostawienie wiadomości. Oddzwonimy w następnym dniu roboczym. Zapewni to Państwu pomoc osoby mówiącej po polsku. Usługa ta jest bezpłatna.
- हमारे स्वास्थ्य या ड्रग प्लान के बारे में आपके किसी भी सवाल का जवाब देने के लिए, हम मुफ्त में दूभाषिया सेवाएं देते हैं। दूभाषिया सेवा पाने के लिए, बस हमें 1-866-549-8289 (TTY: 711) पर कॉल करें। सोमवार से शक्रवार कार्य का समय सुबह 8 बजे से लेकर रात 8 बजे तक है। कार्य समय के अलावा, सप्ताहांत और राज्य या संघीय अवकाशों पर, आपसे संदेश छोड़ने के लिए कहा जा सकता है। आपके कॉल का जवाब अगले व्यावसायिक दिन के अंदर दिया जाएगा। हिंदी में बात करने वाला सहायक आपकी मदद करेगा। यह एक निःशुल्क सेवा है।
- 弊社の健康や薬剤計画についてご質問がある場合は、無料の通訳サービスをご利用いただけます。通訳を利用するには、1-866-549-8289 (TTY : 711) にお電話ください。対応時間は月曜日～金曜日の午前8時～午後8時です。対応時間後、または週末および祝日はボイスメッセージを残してください。次の対応時間内に折り返しお電話いたします。日本語の通訳担当者が対応します。これは無料のサービスです。

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- हाम्रो स्वास्थ्य वा औषधि प्लानका बारेमा तपाईंसँग हुन सक्ने कुनै पनि प्रश्नको जवाफ दिन हामीसँग निःशुल्क दोभाषे सेवाहरू छन्। कुनै दोभाषे प्राप्त गर्न हामीलाई 1-866-549-8289 (TTY: 711) मा कल गर्नुहोस्। सामान्य सेवाको समय सोमबारदेखि शुक्रबारसम्म बिहान 8 बजेदेखि बेलुका 8 बजेसम्म हो। सामान्य सेवाको समयपछि, सप्ताहान्तमा र बिदाका दिनहरूमा, तपाईंलाई सन्देश छोड्न लगाइन सक्छ। तपाईंलाई व्यवसाय खुल्ने अर्को दिनभित्र फिर्ता कल गरिने छ। नेपाली बोल्ने कुनै व्यक्तिले तपाईंलाई मद्दत गर्न सक्नुहुन्छ। यो निःशुल्क सेवा हो।
- Waxaan bixinaa adeeg turjumaan oo bilaash ah oo ka jawaabaya su'aalo kasto oo aad qabtid oo ku saabsan qorshaheena caafimaadka iyo daawada. Si aad u heshid turjubaan naga soo wac 1-866-549-8289 (TTY: 711). Saacadaha adeeg bixinta waxay ka bilaabataa 8 subaxnimo ilaa 8 fiidnimo., Maalmaha isniin ilaa Jimco. Saacadaha adeeg bixinta kadib, sida maalmaha asbuuc dhamaadka (Sabti iyo Axad) iyo maalmaha fasaxa, waxaa laga codsan donaa inaad dhaaftid fariin. Wicitaankaada waxaa laga soo jawaabi doona maalinta xigta oo aay tahay maalin shaqo bixin. Qof ku hadlaayo Af-Soomaali ayaa ku caawini. Kani waa adeeg bilaash ah.
- Tuna huduma za mkalimani bila malipo ili kujibu maswali yoyote unayoweza kuwa nayo kuhusu mpango wetu wa afya na dawa. Ili kupata mkalimani tupigie tu kwa 1-866-549-8289 (TTY: 711). Saa zetu za kazi ni kutoka saa 2 asubuhi hadi saa 2 usiku. Jumatatu hadi Ijumaa. Baada ya saa za kazi, wikendi na likizo, unaweza kuombwa kuacha ujumbe. Simu yako itajibiwa ndani ya siku inayofuata ya kazi. Mtu ambaye anazungumza Kiswahili anaweza kukusaidia. Hii ni huduma ya bila malipo.
- Ми безкоштовно надаємо послуги перекладачів, щоб ви могли отримати відповіді на будь-які свої запитання щодо нашого плану медичного обслуговування чи забезпечення лікарськими засобами. Щоб отримати допомогу перекладача, просто зателефонуйте нам за номером 1-866-549-8289 (TTY: 711). Ми працюємо з понеділка по п'ятницю з 8 а.м. до 8 р.м. У неробочі години, вихідні та святкові дні вас можуть попросити залишити повідомлення. Вам передзвонять наступного робочого дня. Спеціаліст, який володіє українською мовою, допоможе вам. Ця послуга безкоштовна.

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- Turafise abasiguzi bo kwishura ibibazo ivyo ari vyo vyose ushobora kuba ufise vyerekeye amagara canke integuro y’imiti yacu. Kugira uronke umusiguzi urasabwa kutwakura kuri 1-866-549-8289 (TTY:711). Amasaha ni kuva saa 8 imbere ya saa sita gushika saa 8 inyuma ya saa sita, ku wa mbere gushika ku wa gatanu. Inyuma y’amasaha y’akazi, mu mpera z’indwi hamwe no mu makonji, urashobora gusabwa gusiga ubutumwa bugufi. Uguhamagara kwawe kuzokwimurirwa ku musu w’akazi ukurikira. Umuntu avuga ikirundi arashobora kugufasha. Iki gikorwa uzogikorerwa ku buntu.

مور د ژباړونکي وړيا خدمتونه لرو چې هرې پوښتنې ته ځواب ووايو کوم چې تاسو زموږ د روغتيا يا درملو پلان په اړه لرئ. د ژباړونکي ترلاسه کولو لپاره يوازي مور سره په (TTY: 711) 1-866-549-8289 شميره اړيکه ونيسئ. ساعتونه د سهار له 8 بجو څخه د ماسپښين تر 8 بجو پورې دي، د دوشنبې څخه تر جمعي پورې. د ساعتونو وروسته، د اونۍ په پای کې او د حکومتی رخصتیو په جريان کې، تاسو څخه د پيغام د پريښودلو غوښتنه کيدی شي. ستاسو زنگ به په راتلونکي کاري ورځ کې بيرته ځواب شی. هغه څوک چې په پښتو خبرې کولی شي تاسو سره مرسته کولای شی. دا يو وړيا خدمت دی.

- ᠒᠕ ᠓᠖᠖ ወይም መድሃኒት ዕቅዳችን ሊኖርዎት ስለሚችል ማንኛውም ጥያቄ መልስ ለመስጠት፣ ነፃ የአስተርጓሚ አገልግሎቶች አሉን። አስተርጓሚ ለማግኘት በ 1-866-549-8289 (TTY: 711) ይደውሉልን። ክፍት የሚሆነው ከሰኞ እስከ አርብ ከጠዋቱ 2 ሰዓት እስከ ምሽቱ 2 ሰዓት ነው። ከምሽት በኋላ፣ በሰምንቱ መጨረሻ ላይ እና በባዶ ቀናት ላይ መልዕክት እንዲተው ሊጠየቁ ይችላሉ። ጥሪዎ በመጨረሻ የስራ ቀኖች ውስጥ ተመለሽ ይሆናል። አማርኛ የሚናገር ሰው ሊረዳዎ ይችላል። ይህ ነፃ አገልግሎት ነው።
- અમારા હેલ્થ અથવા ડ્રગ પ્લાન વિશે તમને હોઈ શકે તેવા કોઈ પણ પ્રશ્નોના જવાબ આપવા માટે અમારી પાસે મફત દુભાષિયાની સેવાઓ રહેલી છે. દુભાષિયો મેળવવા માટે, બસ અમને 1-866-549-8289 (TTY: 711) પર કોલ કરો. કોલ કરવાનો સમય, સોમવારથી શુક્રવાર સુધી, સવારે 8 વાગ્યાથી રાત્રે 8 વાગ્યા સુધીનો છે. આ પછીના સમય પર, શનિ-રવિએ અને રજાઓ પર, તમને મેસેજ આપી રાખવા માટે કહેવામાં આવી શકે છે. તમારા કોલ પર વળતો કોલ કામકાજના આગલા દિવસની અંદર કરવામાં આવશે. ગુજરાતી બોલતી કોઈ વ્યક્તિ તમારી મદદ કરી શકે છે. આ એક મફત સેવા છે.

**If you have questions**, please call Buckeye Health Plan 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](http://mmp.buckeyehealthplan.com).



- 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.
- This document is available for free in Spanish.
- Please call us if:
  - You want to get your material in a language other than English or in an alternate format.

**or**

- *You want to change the language or format that we send you materials.*

If you need help understanding your plan materials, please contact Buckeye Member Services 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.

## **B2. About Buckeye Health Plan**

- 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 Health Plan is qualifying health coverage called “minimum essential coverage.” It satisfies the Patient Protection and Affordable Care Act’s (ACA) individual shared responsibility requirement. Visit the Internal Revenue Service (IRS) website at [www.irs.gov/Affordable-Care-Act/Individuals-and-Families](http://www.irs.gov/Affordable-Care-Act/Individuals-and-Families) for more information on the individual shared responsibility requirement.

- 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).

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**If you have questions**, please call Buckeye Health Plan 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](http://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? Will there be any changes such as prior authorization, step therapy, or quantity limits?
  - It is important to review the changes to make sure our drug coverage will work for you next year.
  - Look in section D2 for information about changes to our drug coverage.
- **Check if your providers and pharmacies will be in our network next year.**
  - Are your doctors, including your specialists, 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.**

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**If you have questions**, please call Buckeye Health Plan 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](http://mmp.buckeyehealthplan.com).



**If you decide to stay with Buckeye Health Plan:**

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 may be able to switch plans (refer to section E2 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 E2 to learn more about your choices.

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## C. Changes to the network providers and pharmacies

Our provider and pharmacy networks have changed for 2025.

**Please review the 2025 *Provider and Pharmacy Directory*** to find out if your providers or pharmacy are in our network. An updated *Provider and Pharmacy Directory* is located on our website at [mmp.buckeyehealthplan.com/benefits/find-a-doctor-or-pharmacy](http://mmp.buckeyehealthplan.com/benefits/find-a-doctor-or-pharmacy). 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*. Hours are from Monday through Friday, 8 a.m. to 8 p.m. On weekends and on state or federal 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, refer to Chapter 3 of your *Member Handbook*.

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## 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.

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**If you have questions**, please call Buckeye Health Plan 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](http://mmp.buckeyehealthplan.com).



	2024 (this year)	2025 (next year)
<b>Inpatient Hospital-Psychiatric Services</b>	You pay a <b>\$0 copay</b> for each covered hospital stay per benefit period.	You pay a <b>\$0 copay</b> for each covered hospital stay per admission.
<b>Home Health Services</b>	Prior Authorization may be required.	Prior Authorization is <b>not</b> required.

## 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/prescription-drug-part-d](http://mmp.buckeyehealthplan.com/prescription-drug-part-d). 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*.

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 know if there will be any restrictions.

Most of the changes in the *Drug List* are new for the beginning of each year. However, we might make other changes are allowed by Medicare and/or the state that will affect you during the plan year. We update our online *Drug List* at least monthly to provide the most up to date list of drugs. If we make a change that will affect a drug you are taking, we will send you a notice about the change.

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) 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.

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**If you have questions**, please call Buckeye Health Plan 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](http://mmp.buckeyehealthplan.com).



- 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, refer to Chapter 9 of the *2025 Member Handbook* or call Member Services at 1-866-549-8289 (TTY: 711).
- If you need help asking for an exception, you can contact Member Services or your care manager. Refer to Chapter 2 and Chapter 3 of the *Member Handbook* to learn more about how to contact 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 of medication at a retail pharmacy and at a long-term care pharmacy, up to 31 days. (To learn more about when you can get a temporary supply and how to ask for one, refer to Chapter 5 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 a current formulary exception that our plan approved in 2024, and you remain a member of Buckeye Health Plan for 2025, we may continue to cover this exception during 2024. You will receive a letter with approval dates if we decide to continue your exception during 2025. However, if we decide not to continue to cover the exception during 2025, your doctor (or other prescriber) must work with Buckeye Health Plan to request a new exception for the 2025 calendar year. To learn what you must do to ask for an exception, see Chapter 9 of the *2025 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.

We currently can immediately remove a brand name drug on our *Drug List* if we replace it with a new generic drug version and with the same or fewer rules as the brand name drug it replaces. Also, when adding a new generic drug, we may also decide to keep the brand name drug on our *Drug List*, but immediately add new rules.

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**If you have questions**, please call Buckeye Health Plan 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](http://mmp.buckeyehealthplan.com).



Starting in 2025, we can immediately replace original biological products with certain biosimilars. This means, for instance, if you are taking an original biological product that is being replaced by a biosimilar, you may not get notice of the change 30 days before we make it or get a month’s supply of your original biological product at a network pharmacy. If you are taking the original biological product at the time we make the change, you will still get information on the specific change we made, but it may arrive after we make the change.

Some of these drug types may be new to you. For definitions of drug types, please see Chapter 12 of your *Member Handbook*. The Food and Drug Administration (FDA) also provides consumer information on drugs. Refer to the FDA website: [www.fda.gov/drugs/biosimilars/multimedia-education-materials-biosimilars#For%20Patients](http://www.fda.gov/drugs/biosimilars/multimedia-education-materials-biosimilars#For%20Patients). You may also contact Member Services at the number at the bottom of the page or ask your health care provider, prescriber, or pharmacist for more information.

**Changes to prescription drug costs**

There are no changes to the amount you pay for prescription drugs in 2025. 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 know if your drugs will be in a different tier, look them up in the *Drug List*.

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

	2024 (this year)	2025 (next year)
<p><b>Drugs in Tier 1</b> (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><b>(This section is continued on the next page)</b></p>	<p>Your copay for a one-month (30-day) supply is <b>\$0 per prescription.</b></p>	<p>Your copay for a one-month (30-day) supply is <b>\$0 per prescription.</b></p>

**If you have questions**, please call Buckeye Health Plan 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](http://mmp.buckeyehealthplan.com).



	2024 (this year)	2025 (next year)
<p><b>Drugs in Tier 2</b> (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 <b>\$0 per prescription.</b></p>	<p>Your copay for a one-month (30-day) supply is <b>\$0 per prescription.</b></p>
<p><b>Drugs in Tier 3</b> (Non-Medicare Prescription and Over-the-Counter 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 <b>\$0 per prescription.</b></p>	<p>Your copay for a one-month (30-day) supply is <b>\$0 per prescription.</b></p>

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## E. How to choose a plan

### E1. How to stay in Buckeye Health Plan

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 Health Plan will automatically stay the same for 2025.

### E2. How to change to a different MyCare Ohio plan

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

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.

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**If you have questions**, please call Buckeye Health Plan 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](http://mmp.buckeyehealthplan.com).





### E3. If you want to change your membership in Buckeye Health Plan

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.

<p><b>1. You can change to:</b></p> <p><b>A Medicare health plan, such as a Medicare Advantage plan, which would include Medicare prescription drug coverage</b></p>	<p><b>Here is what to do:</b></p> <p>Call Medicare at 1-800-MEDICARE (1-800-633-4227), 24 hours a day, 7 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"><li>• 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.</li></ul> <p>You will automatically stop getting Medicare services through Buckeye Health Plan when your new plan's coverage begins.</p>
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**If you have questions**, please call Buckeye Health Plan 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](http://mmp.buckeyehealthplan.com).



<p><b>2. You can change to:</b></p> <p><b>Original Medicare with a separate Medicare prescription drug plan</b></p>	<p><b>Here is what to do:</b></p> <p>Call Medicare at 1-800-MEDICARE (1-800-633-4227), 24 hours a day, 7 days a week. TTY users should call 1-877-486-2048. You can select a Part D plan at this time.</p> <p>If you need help or more information:</p> <ul style="list-style-type: none"><li>• 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.</li></ul> <p>You will automatically stop getting Medicare services through Buckeye Health Plan when your Original Medicare and prescription drug plan coverage begins.</p>
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**If you have questions**, please call Buckeye Health Plan 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](http://mmp.buckeyehealthplan.com).

<p><b>3. You can change to:</b></p> <p><b>Original Medicare without a separate Medicare prescription drug plan</b></p> <p><b>NOTE:</b> 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 have drug coverage from another source, such as an employer or union. If you have questions about whether you need drug coverage, call your Ohio Senior Health Insurance Information Program (OSHIIP) at 1-800-686-1578 (TTY:711).</p>	<p><b>Here is what to do:</b></p> <p>Call Medicare at 1-800-MEDICARE (1-800-633-4227), 24 hours a day, 7 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"><li>• 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.</li></ul> <p>You will automatically stop getting Medicare services through Buckeye Health Plan 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 Health Plan 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 Health Plan 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](http://mmp.buckeyehealthplan.com).

## F. How to get help

### F1. Getting help from Buckeye Health Plan

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.

#### **Your 2025 Member Handbook**

The *2025 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.

The *2025 Member Handbook* will be available by October 15. An up-to-date copy of the *2025 Member Handbook* is available on our website at [mmp.buckeyehealthplan.com/resources](http://mmp.buckeyehealthplan.com/resources). You may also call Member Services at 1-866-549-8289 (TTY: 711) to ask us to mail you a *2025 Member Handbook*.

#### **Our website**

You can also visit our website at [mmp.buckeyehealthplan.com](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)*.

### F2. Getting help from the Ohio Medicaid Consumer Hotline

The Ohio Department of Medicaid 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 Consumer 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.

### F3. 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 Health Plan. 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.

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**If you have questions**, please call Buckeye Health Plan 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](http://mmp.buckeyehealthplan.com).



- 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.

#### **F4. 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 ([www.medicare.gov](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, refer to [www.medicare.gov](http://www.medicare.gov) and click on "Find plans.")

##### **Medicare & You 2025**

You can read *Medicare & You 2025* 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 ([www.medicare.gov/Pubs/pdf/10050-medicare-and-you.pdf](http://www.medicare.gov/Pubs/pdf/10050-medicare-and-you.pdf)) 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.

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**If you have questions**, please call Buckeye Health Plan 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](http://mmp.buckeyehealthplan.com).

