



2016 Summary of Benefits

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+MyCareOhio
Connecting Medicare + Medicaid

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



This is a summary of health services covered by Buckeye Health Plan – MyCare Ohio (Medicare-Medicaid Plan) for January 1, 2016. This is only a summary. Please read the Member Handbook for the full list of benefits.

- ❖ 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.
- ❖ Under Buckeye Health Plan – MyCare Ohio (Medicare-Medicaid Plan) (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.
- ❖ The List of Covered Drugs and/or pharmacy and provider networks may change throughout the year. We will send you a notice before we make a change that affects you.
- ❖ Benefits may change on January 1 of each year.
- ❖ You can get this information for free in other formats, such as large print, braille, or audio. Call 1-866-549-8289 from 8 a.m. to 8 p.m., seven days a week. TTY users call 711. The call is free.
- ❖ You can get this information for free in other languages. Call 1-866-549-8289 from 8 a.m. to 8 p.m., seven days a week. TTY users call 711. The call is free.
- ❖ Puede obtener esta información en otros idiomas gratis. Llame al 1-866-549-8289 entre las 8 a. m. y las 8 p. m., los siete días de la semana. Los usuarios de TTY deben llamar al 711. La llamada es gratuita.



If you have questions, please call Buckeye at 1-866-549-8289 from 8 a.m. to 8 p.m., seven days a week. TTY users call 711. The call is free. **For more information**, visit <http://mmp.buckeyehealthplan.com>.

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

The following chart lists frequently asked questions.

Frequently Asked Questions (FAQ)	Answers
What is a MyCare Ohio Plan?	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.
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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Buckeye Health Plan – MyCare Ohio (Medicare-Medicaid Plan): **Summary of Benefits**

Frequently Asked Questions (FAQ)	Answers
<p>Can you go to the same doctors you see now?</p>	<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. Providers with an agreement with us are “in-network.” You must use the providers in Buckeye’s network. However, this rule does not apply in some cases:</p> <ul style="list-style-type: none"> » 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, qualified family planning providers listed in the Provider and Pharmacy Directory. » If you are receiving 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 receive 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 Provider and Pharmacy Directory.</p>
<p>What happens if you need a service but no one in Buckeye’s network can provide it?</p>	<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>
<p>Where is Buckeye available?</p>	<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>
<p>Do you pay a monthly amount (also called a premium) under Buckeye?</p>	<p>You will not pay any monthly premiums to Buckeye for your health coverage.</p>



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

Frequently Asked Questions (FAQ)	Answers
What is prior authorization?	Prior authorization means that you must get approval from Buckeye before you can get a specific service or 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.
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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Buckeye Health Plan – MyCare Ohio (Medicare-Medicaid Plan): **Summary of Benefits**

Frequently Asked Questions (FAQ)	Answers
Who should you contact if you have questions or need help?	<p>If you have general questions or questions about our plan, services, service area, billing, or member cards, please call Buckeye Member Services:</p> <p>CALL 1-866-549-8289</p> <p>Calls to this number are free. Seven days a week from 8 a.m. to 8 p.m. On weekends and federal 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., seven days a week. On weekends and federal holidays, you may be asked to leave a message. Your call will be returned within the next business day.</p> <p>If you have questions about your health, please call NurseWise:</p> <p>CALL 1-866-549-8289, Option #2</p> <p>Calls to this number are free. Hours are seven days a week from 8 a.m. to 8 p.m.</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 seven days a week from 8 a.m. to 8 p.m.</p>



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

Frequently Asked Questions (FAQ)	Answers
Who should you contact if you have questions or need help? (continued)	<p>If you need immediate behavioral health services, please call the Behavioral Health Crisis Line:</p> <p>CALL 1-866-549-8289. Option #1 Calls to this number are free. The Behavioral Health Crisis Line is available 24 hours a day, 7 days a week, 365 days a year.</p> <p>TTY 711 This number is for people who have hearing or speaking problems. You must have special telephone equipment to call it. Calls to this number are free. The Behavioral Health Crisis Line is available 24 hours a day, 7 days a week, 365 days a year.</p>



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

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 <u>in-network</u> providers	Limitations, exceptions, & benefit information (rules about benefits)
You want to see a doctor	Visits to treat an injury or illness	\$0	None.
	Wellness visits, such as a physical	\$0	None.
	Transportation to a doctor's office	\$0	For Plan-approved locations only. Contact your Buckeye care manager for details.
	Specialist care	\$0	None.
	Care to keep you from getting sick, such as flu shots	\$0	None.
	"Welcome to Medicare" preventive visit (one time only)	\$0	None.
You need medical tests	Lab tests, such as blood work	\$0	Prior authorization required.
	X-rays or other pictures, such as CAT scans	\$0	Prior authorization required.
	Screening tests, such as tests to check for cancer	\$0	Prior authorization required.



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Health need or problem	Services you may need	Your costs for <u>in-network</u> providers	Limitations, exceptions, & benefit information (rules about benefits)
<p>You need drugs to treat your illness or condition</p>	<p>Generic drugs (no brand name)</p>	<p>\$0 copay for a 30-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 List of Covered Drugs (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>



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

Health need or problem	Services you may need	Your costs for <u>in-network</u> providers	Limitations, exceptions, & benefit information (rules about benefits)
	Brand name drugs	<p>\$0 copay for a 30-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 List of Covered Drugs (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>
<p>You need drugs to treat your illness or condition (continued)</p>	Over-the-counter drugs	\$0	<p>There may be limitations on the types of drugs covered. Please see Buckeye’s List of Covered Drugs (Drug List) for more information.</p> <p>Our plan covers up to \$25 every 3 calendar months for eligible over-the-counter items available via mail order. Any unused amount does not carry over to the next quarter.</p> <p>Please contact the plan for more information.</p>



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

Health need or problem	Services you may need	Your costs for <u>in-network</u> providers	Limitations, exceptions, & benefit information (rules about benefits)
	Medicare Part B prescription drugs	\$0	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 Member Handbook for more information on these drugs. Prior authorization required.
You need therapy after a stroke or accident	Occupational, physical, or speech therapy	\$0	Prior authorization required.
You need emergency care	Emergency room services	\$0	Emergency room services do not require a referral or prior authorization and can be provided at an in-network or out-of-network facility. Emergency room services are not covered outside the U.S. and its territories except under limited circumstances.
You need emergency care (continued)	Ambulance services	\$0	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. Prior authorization is required for ambulance services in non-emergency situations.



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Health need or problem	Services you may need	Your costs for <u>in-network</u> providers	Limitations, exceptions, & benefit information (rules about benefits)
	Urgent care	\$0	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. Not covered outside the U.S. and its territories.
You need hospital care	Hospital stay	\$0	Prior authorization 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 required.
	Skilled nursing care	\$0	Prior authorization required.
You need eye care	Eye exams	\$0	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. No referral or prior authorization is needed for a routine eye exam.



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Health need or problem	Services you may need	Your costs for <u>in-network</u> providers	Limitations, exceptions, & benefit information (rules about benefits)
	Glasses or contact lenses	\$0	Eye glasses or contact lenses when medically necessary are covered once every year for individuals 20 and under and 60 and over, and once per 2 years for individuals age 21-59.
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	Covered annually.
	Hearing aids	\$0	Covered when medically necessary, 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. A referral and prior authorization may be required.
	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 required.
You have a substance abuse problem	Substance abuse services	\$0	Prior authorization required.



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

Health need or problem	Services you may need	Your costs for <u>in-network</u> providers	Limitations, exceptions, & benefit information (rules about benefits)
You need long-term mental health services	Inpatient care for people who need mental health care	\$0	Prior authorization required.
You need durable medical equipment (DME)	Wheelchairs	\$0	Prior authorization required.
	Canes	\$0	Prior authorization required.
	Crutches	\$0	Prior authorization required.
	Walkers	\$0	Prior authorization required.
	Oxygen	\$0	Prior authorization required.



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

Health need or problem	Services you may need	Your costs for <u>in-network</u> providers	Limitations, exceptions, & benefit information (rules about benefits)
You need help living at home	Meals brought to your home	\$0	<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>
	Home services, such as cleaning or housekeeping	\$0	
	Changes to your home, such as ramps and wheelchair access	\$0	
	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	
	Home health care services	\$0	
	Services to help you live on your own	\$0	
	Adult day services or other support services	\$0	



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

Health need or problem	Services you may need	Your costs for <u>in-network</u> providers	Limitations, exceptions, & benefit information (rules about benefits)
<p>You need a place to live with people available to help you</p>	Assisted living	\$0	<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>
	Nursing home care	\$0	
<p>Your caregiver needs some time off</p>	Respite care	\$0	<p>This service is 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>



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

Benefits covered outside of Buckeye Health Plan – MyCare Ohio

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

Services that Buckeye Health Plan – MyCare Ohio, Medicare, and Medicaid do not cover

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

Services <u>not</u> covered by Buckeye Health Plan – MyCare Ohio 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, anti-aging and mental performance), except when medically necessary.
Acupuncture.	Emergency facility services for non-authorized, routine conditions that are not a medical emergency.
Chiropractic care, other than diagnostic x-rays and manual manipulation (adjustments) of the spine to correct alignment consistent with Medicare and Medicaid coverage guidelines.	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.
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.	Fees charged by your immediate relatives or members of your household.



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

Services <u>not</u> covered by Buckeye Health Plan – MyCare Ohio Medicare, or Medicaid	
Infertility services for males or females.	Routine foot care, except for the limited coverage provided according to Medicare and Medicaid guidelines.
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.
LASIK surgery.	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. Members are still responsible for our cost-sharing amounts.
Naturopath services (uses natural or alternative treatments).	Services received without an authorization, when an authorization is required for getting that service.
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 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 Health Plan – MyCare Ohio service area.
Paternity testing.	Services to find cause of death (autopsy).
Personal items in your room at a hospital or a skilled nursing facility, such as a telephone or a television.	Supportive devices for the feet, except for orthopedic or therapeutic shoes for people with diabetic foot disease.
Private room in a hospital, except when it is medically needed.	Surgical treatment for morbid obesity, except when it is medically needed and Medicare covers it.
Reversal of sterilization procedures, sex change operations, and nonprescription contraceptive supplies.	Voluntary sterilization if under 21 years of age or legally incapable of consenting to the procedure.



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

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 restraint or seclusion.
 - Not be billed by network providers.
 - Choose a Primary Care Provider (PCP) and change your PCP at any time.
 - 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.
 - Ask for a second opinion. Buckeye will pay for the cost of your second opinion visit.
- **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:
 - Get medical care timely.
 - 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.



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

- **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.



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

If you have a complaint or think we should cover something we denied

If you have a complaint or think Buckeye should cover something we denied, call Buckeye at 1-866-549-8289 (TTY: 711). 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.

Buckeye Health Plan – MyCare Ohio
4349 Easton Way, Suite 400
Columbus, OH 43219

You can call us at: 1-866-549-8289 TTY: 711
Hours are from 8 a.m. to 8 p.m., seven days a week.

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

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.



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

Multi-Language Insert

Multi-language Interpreter Services

English: We have free interpreter services to answer any questions you may have about our health or drug plan. To get an interpreter, just call us at 1-866-549-8289. Someone who speaks English/Language can help you. This is a free service.

Spanish: Tenemos servicios de intérprete sin costo alguno para responder cualquier pregunta que pueda tener sobre nuestro plan de salud o medicamentos. Para hablar con un intérprete, por favor llame al 1-866-549-8289. Alguien que hable español le podrá ayudar. Este es un servicio gratuito.

Chinese Mandarin: 我们提供免费的翻译服务，帮助您解答关于健康或药物保险的任何疑问。如果您需要此翻译服务，请致电 1-866-549-8289。我们的中文工作人员很乐意帮助您。这是一项免费服务。

Chinese Cantonese: 您對我們的健康或藥物保險可能存有疑問，為此我們提供免費的翻譯服務。如需翻譯服務，請致電 1-866-549-8289。我們講中文的人員將樂意為您提供幫助。這是一項免費服務。

Tagalog: Mayroon kaming libreng serbisyo sa pagsasaling-wika upang masagot ang anumang mga katanungan ninyo hinggil sa aming planong pangkalusugan o panggamot. Upang makakuha ng tagasaling-wika, tawagan lamang kami sa 1-866-549-8289. Maaari kayong tulungan ng isang nakakapagsalita ng Tagalog. Ito ay libreng serbisyo.

French: Nous proposons des services gratuits d'interprétation pour répondre à toutes vos questions relatives à notre régime de santé ou d'assurance-médicaments. Pour accéder au service d'interprétation, il vous suffit de nous appeler au 1-866-549-8289. Un interlocuteur parlant Français pourra vous aider. Ce service est gratuit.

Vietnamese: Chúng tôi có dịch vụ thông dịch miễn phí để trả lời các câu hỏi về chương sức khỏe và chương trình thuốc men. Nếu quý vị cần thông dịch viên xin gọi 1-866-549-8289 sẽ có nhân viên nói tiếng Việt giúp đỡ quý vị. Đây là dịch vụ miễn phí.

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

German: Unser kostenloser Dolmetscherservice beantwortet Ihren Fragen zu unserem Gesundheits- und Arzneimittelplan. Unsere Dolmetscher erreichen Sie unter 1-866-549-8289. Man wird Ihnen dort auf Deutsch weiterhelfen. Dieser Service ist kostenlos.

Korean: 당사는 의료 보험 또는 약품 보험에 관한 질문에 답해 드리고자 무료 통역 서비스를 제공하고 있습니다. 통역 서비스를 이용하려면 전화 1-866-549-8289번으로 문의해 주십시오. 한국어를 하는 담당자가 도와 드릴 것입니다. 이 서비스는 무료로 운영됩니다.

Russian: Если у вас возникнут вопросы относительно страхового или медикаментного плана, вы можете воспользоваться нашими бесплатными услугами переводчиков. Чтобы воспользоваться услугами переводчика, позвоните нам по телефону 1-866-549-8289. Вам окажет помощь сотрудник, который говорит по-русски. Данная услуга бесплатная.

Arabic: إننا نقدم خدمات المترجم الفوري المجانية للإجابة عن أي أسئلة تتعلق بالصحة أو جدول الأدوية لدينا. للحصول على مترجم بمساعدتك. هذه خدمة مجانية فوري، ليس عليك سوى الاتصال بنا على 1-866-549-8289. سيقوم شخص ما يتحدث العربية.

Hindi: हमारे स्वास्थ्य या दवा की योजना के बारे में आपके किसी भी प्रश्न के जवाब देने के लिए हमारे पास मुफ्त दुभाषिया सेवाएँ उपलब्ध हैं. एक दुभाषिया प्राप्त करने के लिए, बस हमें 1-866-549-8289 पर फोन करें. कोई व्यक्ति जो हिन्दी बोलता है आपकी मदद कर सकता है. यह एक मुफ्त सेवा है.

Italian: È disponibile un servizio di interpretariato gratuito per rispondere a eventuali domande sul nostro piano sanitario e farmaceutico. Per un interprete, contattare il numero 1-866-549-8289. Un nostro incaricato che parla Italianovi fornirà l'assistenza necessaria. È un servizio gratuito.

Portugués: Dispomos de serviços de interpretação gratuitos para responder a qualquer questão que tenha acerca do nosso plano de saúde ou de medicação. Para obter um intérprete, contacte-nos através do número 1-866-549-8289. Irá encontrar alguém que fale o idioma Português para o ajudar. Este serviço é gratuito.

French Creole: Nou genyen sèvis entèprèt gratis pou reponn tout kesyon ou ta genyen konsènan plan medikal oswa dwòg nou an. Pou jwenn yon entèprèt, jis rele nou nan 1-866-549-8289. Yon moun ki pale Kreyòl kapab ede w. Sa a se yon sèvis ki gratis.



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

Polish: Umożliwiamy bezpłatne skorzystanie z usług tłumacza ustnego, który pomoże w uzyskaniu odpowiedzi na temat planu zdrowotnego lub dawkowania leków. Aby skorzystać z pomocy tłumacza znającego język polski, należy zadzwonić pod numer 1-866-549-8289. Ta usługa jest bezpłatna.

Japanese: 当社の健康 健康保険と薬品 処方薬プランに関するご質問にお答えするために、無料の通訳サービスがありますございます。通訳をご用命になるには、1-866-549-8289にお電話ください。日本語を話す人 者 が支援いたします。これは無料のサービスです。

Soomaali: Waxaan haynaa adeegyo turjumaanimo bilaash ah si lagaaga jawaabo wixii su'aalo aad qabto ee la xidhiidha caafimaadkaaga ama qorshahaaga. Si aad u hesho turjumaan, naga soo wac lambarka ah 1-866-549-8289. Qof ku hadlaya Luqadda?Ingiriisida ayaa ku caawin doona. Kani waa adeeg bilaash ah.



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4349 Easton Way
Suite 400
Columbus, OH 43219

1-866-549-8289
TTY: 711

<http://mmp.BuckeyeHealthPlan.com>