

SUMMARY OF BENEFITS

2024



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**BUCKEYE HEALTH PLAN - MYCARE OHIO
(MEDICARE-MEDICAID PLAN)**



Buckeye Health Plan - MyCare Ohio (Medicare-Medicaid Plan): Summary of Benefits 2024

Introduction

This document is a brief summary of the benefits and services covered by Buckeye Health Plan – MyCare Ohio (Medicare-Medicaid Plan) (Buckeye Health Plan). 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 Health Plan. 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, 365 days a year. These calls are free. **For more information**, visit mmp.buckeyehealthplan.com.

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A. Disclaimers



This is a summary of health services covered by Buckeye Health Plan – MyCare Ohio (Medicare-Medicaid Plan) (Buckeye Health Plan) for 2024. 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.
- ❖ Under Buckeye Health Plan you can get your Medicare and Medicaid services in one health plan. A Buckeye Health Plan 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 Buckeye Health Plan *Member Handbook*.
- ❖ Out-of-network/non-contracted providers are under no obligation to treat Buckeye Health Plan members, except in emergency situations. Please call our Member Services number or see your *Member Handbook* for more information, including the 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.
- ❖ 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.



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- ❖ Buckeye Health Plan – MyCare Ohio (Medicare-Medicaid Plan) wants to make sure you understand your health plan information. We can send future materials to you in a language other than English or in alternate formats if you ask for it this way. This is called a “standing request.” We will document your choice.


Please call us if:

- You want to get your materials 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 Health Plan 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.

- ❖ You can access your *Member Handbook* in a few ways:

- If you have access to the internet, you can visit this webpage: mmp.buckeyehealthplan.com/mmp/benefits/member-handbook.html
- If you want the *Member Handbook* to be mailed to you, call: 1-866-549-8289 (TTY: 711) from 8 a.m. to 8 p.m., Monday through Friday and ask us to mail you a copy. After hours, on weekends and on federal holidays, you may be asked to leave a message. Your call will be returned within the next business day. The call is free.

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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 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 Health Plan care manager?	A Buckeye Health Plan 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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Frequently Asked Questions (FAQ)	Answers
Will I get the same Medicare and Medicaid benefits in Buckeye Health Plan that I get now?	<p>You will get your covered Medicare and Medicaid benefits directly from Buckeye Health Plan. 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 Health Plan, but you may get some benefits the same way you do now, outside of the plan.</p> <p>When you enroll in Buckeye Health Plan, 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 Health Plan does not normally cover, you can get a temporary supply. We will help you get another drug or get an exception for Buckeye Health Plan to cover your drug, if medically necessary.</p>

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Can I use the same doctors I use now?	<p>Often that is the case. If your providers (including doctors, therapists, and pharmacies) work with Buckeye Health Plan and have a contract with us, you can keep using 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 Health Plan’s network.• If you need urgent or emergency care or out-of-area dialysis services, you can use providers outside of Buckeye Health Plan’s network.• You can use 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 Health Plan’s <i>Provider and Pharmacy Directory</i> on the plan’s website at mmp.buckeyehealthplan.com.</p>
What happens if I need a service but no one in Buckeye Health Plan’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 Health Plan will pay for the cost of an out-of-network provider.</p>



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Where is Buckeye Health Plan available?	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.
Do I pay a monthly amount (also called a premium) under Buckeye Health Plan?	You will not pay any monthly premiums to Buckeye Health Plan for your health coverage.
What is prior authorization (PA)?	<p>PA means that you must get approval from Buckeye Health Plan before you can get a specific service, or drug or use an out-of-network provider. Buckeye Health Plan 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>Refer to Chapter 3, of the <i>Member Handbook</i> to learn more about PA. Refer to the Benefits Chart in Section D of Chapter 4 of the <i>Member Handbook</i> to learn which services require a PA.</p>
Will I need a referral from my PCP to use other doctors or specialists?	Although you do not need approval (called a referral) from your Primary Care Provider (PCP) to use other providers, it is still important to contact your PCP before you use a specialist or after you have an urgent or emergency department visit. This allows your PCP to manage your care for the best outcomes.
Do I pay a deductible?	No. You do not pay deductibles in Buckeye Health Plan.
Do I have a coverage gap for drugs?	No. Because you have Medicaid you will not have a coverage gap stage for your drugs.



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Frequently Asked Questions (FAQ)	Answers
Who should I contact if I have questions or need help? (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 Health Plan’s 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
<p>Who should I contact if I have questions or need help? (continued from previous page)</p>	<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, 365 days a year.</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, 365 days a year.</p> <p>If you need immediate behavioral health services, please call the Behavioral Health Crisis Line:</p> <p>CALL 1-866-549-8289, Choose Option 1</p> <p>Calls to this number are free. Hours are 24 hours a day, 7 days a week, 365 days a year.</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, 365 days a year.</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 a doctor (This service is continued on the 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 health-related 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.

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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 a doctor (continued)	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 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.



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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>You need drugs to treat your illness or condition (This service is continued on the next page)</p>	<p>Generic drugs (no brand name)</p>	<p>\$0 copay for up to a 100-day supply.</p>	<p>There may be limitations on the types of drugs covered. Please refer to Buckeye Health Plan's <i>List of Covered Drugs</i> (Drug List) for more information.</p> <p>Important Message About What You Pay for Vaccines – Some vaccines are considered medical benefits. Other vaccines are considered Part D drugs. You can find these vaccines listed in the plan's <i>List of Covered Drugs (Formulary)</i>. Our plan covers most Part D vaccines at no cost to you.</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 <i>List of Covered Drugs</i> to view those drugs available for an extended-day supply.</p>



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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>You need drugs to treat your illness or condition (continued) (This service is continued on the next page)</p>	Brand name drugs	\$0 copay for up to a 100-day supply	<p>There may be limitations on the types of drugs covered. Please refer to Buckeye Health Plan'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 <i>List of Covered Drugs</i> (Drug List) to view those drugs available for an extended-day supply.</p>
	Over-the-counter drugs	\$0 copay for up to a 100-day supply	There may be limitations on the types of drugs covered. Please refer to Buckeye Health Plan's <i>List of Covered Drugs</i> (Drug List) for more information.



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<p>You need drugs to treat your illness or condition (continued)</p>	<p>Medicare Part B prescription drugs</p>	<p>\$0</p>	<p>Part B drugs include drugs given by your doctor in their 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>
<p>You need therapy after a stroke or accident</p>	<p>Occupational, physical, or speech therapy</p>	<p>\$0</p>	<p>Prior authorization may be required.</p>
<p>You need emergency care (This service is continued on the next page)</p>	<p>Emergency room services</p>	<p>\$0</p>	<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>



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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>You need emergency care (continued)</p>	<p>Ambulance services</p>	<p>\$0</p>	<p>Ambulance services for emergencies do not require a referral or prior authorization and can be provided at an in-network or out-of-network provider.</p> <p>Prior authorization may be required for ambulance services in non-emergency situations.</p>
	<p>Urgent care</p>	<p>\$0</p>	<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>
<p>You need hospital care</p>	<p>Hospital stay</p>	<p>\$0</p>	<p>Prior authorization may be required, except in an emergency.</p> <p>Please contact the plan for details.</p>
	<p>Doctor or surgeon care</p>	<p>\$0</p>	<p>During an authorized hospital stay, doctor and surgeon care are covered.</p>



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<p>You need help getting better or have special health needs</p>	Rehabilitation services	\$0	Prior authorization may be required.
	Medical equipment at home	\$0	<p>Prior authorization may be required.</p> <p>Home Medical Equipment & Supplemental Adaptive & Assistive Devices – Device Services shall not exceed a combined total of \$10,000 within a calendar year per individual.</p>
	Skilled nursing care	\$0	Prior authorization may be required.
	Acupuncture	\$0	<p>Prior authorization may be required.</p> <p>The plan covers acupuncture for pain management of migraine headaches, lower back pain, cervical (neck) pain, osteoarthritis of the hip or knee, nausea or vomiting related to pregnancy or chemotherapy, or acute post-operative pain.</p> <p>Authorization is required for more than thirty acupuncture visits per benefit year.</p>



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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>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>Eyeglasses are 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>You need dental care</p>	<p>Dental check-ups</p>	<p>\$0</p>	<p>Oral examinations are covered annually for individuals 21 and over and twice annually for those 20 and under.</p> <p>Fluoride treatment is only mandated for members under age 21 (once every 180 days).</p>



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You need hearing/auditory services	Hearing screenings	\$0	None.
	Hearing aids	\$0	Hearing aids are covered by the plan not more than: <ul style="list-style-type: none"> • once every 4 years for conventional, and • once every 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. Diabetic glucometer and supplies are limited to OneTouch when obtained at a Pharmacy. Other brands and continuous glucose monitoring systems are not covered unless pre-authorized. Quantity limits may apply.

? **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, 365 days a year. These calls are free. **For more information**, visit mmp.buckeyehealthplan.com.

Buckeye Health Plan - MyCare Ohio (Medicare-Medicaid Plan): Summary of Benefits 2024

Health need or problem	Services you may need	Your costs for in-network providers	Limitations, exceptions, & benefit information (rules about benefits)
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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Buckeye Health Plan - MyCare Ohio (Medicare-Medicaid Plan): Summary of Benefits 2024


Health need or problem	Services you may need	Your costs for in-network providers	Limitations, exceptions, & benefit information (rules about benefits)
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



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Buckeye Health Plan - MyCare Ohio (Medicare-Medicaid Plan): Summary of Benefits 2024

Health need or problem	Services you may need	Your costs for in-network providers	Limitations, exceptions, & benefit information (rules about benefits)
You need help living at home (continued)	Personal care assistant (You may be able to employ your own assistant. Contact your Care Manager or Waiver Services Coordinator for more information.)	\$0	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. Home health care services that require additional hours over the State Medicaid Plan services of 14 hours per week require prior authorization.
	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 2024

Health need or problem	Services you may need	Your costs for in-network providers	Limitations, exceptions, & benefit information (rules about benefits)
<p>You need a place to live with people available to help you</p>	<p>Assisted living</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>
	<p>Nursing home care</p>	<p>\$0</p>	
<p>Your caregiver needs some time off</p>	<p>Respite care</p>	<p>\$0</p>	<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> <p>Prior authorization may be required.</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, 365 days a year. These calls are free. **For more information**, visit mmp.buckeyehealthplan.com.

Buckeye Health Plan - MyCare Ohio (Medicare-Medicaid Plan): Summary of Benefits 2024

Health need or problem	Services you may need	Your costs for in-network providers	Limitations, exceptions, & benefit information (rules about benefits)
Additional covered services	Over-the-counter items (OTC)	\$0	<p>The Plan covers up to \$25 per calendar month. OTC items are available by mail or at select CVS pharmacy retail stores.</p> <p>The OTC benefit is limited to one order per benefit period. Unused balance at the end of each calendar month will be forfeited.</p> <p>You can order up to 3 of the same item per calendar month unless noted in the catalog. There is no limit on the number of total items in your order.</p> <p>This benefits can only be used to order OTC products for the member.</p>
	Telehealth	\$0	<p>Certain additional telehealth services, including those for: primary care, specialist and other health care professional services, and outpatient mental health specialty services, including psychiatric care.</p> <p>Contact the plan for additional details.</p>



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Buckeye Health Plan - MyCare Ohio (Medicare-Medicaid Plan): Summary of Benefits 2024

D. Services that Buckeye Health Plan, 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 Health Plan, Medicare, or Medicaid	
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.
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

E. Your rights as a member of the plan

As a member of Buckeye Health Plan, 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 of the *Member Handbook*. Your rights include, but are not limited to, the following:



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Buckeye Health Plan - MyCare Ohio (Medicare-Medicaid Plan): Summary of Benefits 2024

- **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, gender identity, 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.
 - use 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 Health Plan will pay for the cost of your second opinion visit.



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Buckeye Health Plan - MyCare Ohio (Medicare-Medicaid Plan): Summary of Benefits 2024

- **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 emergency and urgent care when you need it.** This means you have the right to:
 - get emergency services without prior approval in an emergency.
 - use 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 Health Plan *Member Handbook*. If you have questions, you can also call Buckeye Health Plan's Member Services.



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Buckeye Health Plan - MyCare Ohio (Medicare-Medicaid Plan): Summary of Benefits 2024

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

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

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

For information about complaints, grievances, and appeals, you can read Chapter 9 of the Buckeye Health Plan *Member Handbook*. You can also call Buckeye Health Plan 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.

Appeals for Part D (Drugs)

Buckeye Health Plan – MyCare Ohio
Attn: Medicare Part D Appeals
P.O. Box 31383
Tampa, FL 33631-3383

Phone: 1-866-549-8289 (TTY: 711)
Fax: 1-866-388-1766

Appeals for Part C (Medical and Part B Drugs) and Grievances for Part C (Medical and Part B Drugs) and Part D (Drugs)

Buckeye Health Plan – MyCare Ohio
4349 Easton Way, Suite 120
Columbus, OH 43219

Phone: 1-866-549-8289 (TTY: 711)
Fax: 1-866-704-3064

G. 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 Health Plan's Member Services. Phone numbers are on the cover of this summary.



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Buckeye Health Plan - MyCare Ohio (Medicare-Medicaid Plan): Summary of Benefits 2024

- 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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Multi-Language Insert Multi-Language Interpreter Services

English: 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 who speaks English/Language can help you. This is a free service.

Spanish: Contamos con los servicios gratuitos de un intérprete para responder las preguntas que tenga sobre nuestro plan de salud o de medicamentos. Para solicitar un intérprete, simplemente llámenos al **1-866-549-8289** (TTY: **711**), de lunes a viernes, de 8 a.m. a 8 p.m. Después del horario de atención, los fines de semana y los días festivos, es posible que se le pida que deje un mensaje. Se le devolverá la llamada al siguiente día hábil. Alguien que hable español puede ayudarlo. Este es un servicio gratuito.

Chinese (Cantonese): 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，您僅需於週一至週五上午 8 點至晚上 8 點致電 **1-866-549-8289** (TTY: **711**) 與我們聯絡。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內回電給您。會說中文的人員可以幫助您。此為免費服務。

Chinese (Mandarin): 我们提供免费口译服务，可解答您对我们的健康或药物计划的有关疑问。要获得口译服务，请于周一至周五上午 8 点至晚上 8 点致电 **1-866-549-8289** (TTY: **711**)。下班后、周末和节假日，您可能需要留言。您的来电将在下一个工作日内得到回复。您将获得中文普通话口译员的帮助，而且这是一项免费服务。

Tagalog: May mga libre kaming serbisyo ng interpreter para sagutin ang anumang posible ninyong tanong tungkol sa aming planong pangkalusugan o plano sa gamot. Upang makakuha ng interpreter, tumawag lang sa amin sa **1-866-549-8289** (TTY: **711**) mula 8 a.m. hanggang 8 p.m., Lunes hanggang Biyernes. Para sa mga oras pagkatapos ng trabaho, Sabado at Linggo, at pista opisyal, maaaring magpaiwan sa inyo ng mensahe. May tatawag sa inyo sa susunod na araw na may pasok. May makakatulong sa inyo na nagsasalita ng Tagalog. Isa itong libreng serbisyo.

French: Nous proposons des services d'interprètes gratuits pour répondre à toutes vos questions sur notre régime de santé ou de médicaments. Pour obtenir les services d'un interprète, appelez-nous au **1-866-549-8289** (TTY : **711**) du lundi au vendredi, de 8 h à 20 h. Si vous appelez en dehors des heures d'ouverture, ou pendant les week-ends et jours fériés, vous devrez peut-être laisser un message. Nous prendrons alors votre appel en compte le jour ouvrable suivant. Quelqu'un parlant français pourra vous aider. Ce service est gratuit.

Vietnamese: Chúng tôi có dịch vụ thông dịch miễn phí để trả lời bất kỳ câu hỏi nào về chương trình sức khỏe hoặc chương trình thuốc của chúng tôi. Để nhận thông dịch viên, chỉ cần gọi cho chúng tôi theo số **1-866-549-8289** (TTY: **711**). Giờ làm việc của chúng tôi là từ 8 a.m. đến 8 p.m., thứ Hai đến thứ Sáu. Ngoài giờ làm việc, vào cuối tuần và ngày lễ, quý vị có thể được yêu cầu để lại tin nhắn. Sẽ có người phản hồi cuộc gọi của quý vị vào ngày làm việc tiếp theo. Một nhân viên nói tiếng Việt có thể giúp quý vị. Dịch vụ này được miễn phí.

German: 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 von Montag bis Freitag zwischen 8 und 20 Uhr unter folgender Telefonnummer an: **1-866-549-8289** (TTY: **711**). Außerhalb der Geschäftszeiten, 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.

Korean: 당사의 건강 또는 의약품 플랜과 관련해서 물어볼 수 있는 모든 질문에 답변하기 위한 무료 통역 서비스가 있습니다. 통역사가 필요한 경우 월요일~금요일, 오전 8시부터 오후 8시까지 **1-866-549-8289**(TTY: **711**) 번으로 당사에 연락해 주십시오. 근무시간 이후나 주말 및 공휴일에는 메시지를 남겨 주시면 됩니다. 그러면 다음 영업일에 전화드리겠습니다. 한국어를 구사하는 통역사가 도움을 드릴 수 있습니다. 통역 서비스는 무료로 제공됩니다.

Russian: 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 a.m. до 8 p.m. 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.

Arabic: نوَقَر خدمات ترجمة فورية مجانية للإجابة على أي أسئلة قد تكون لديك حول خطة الصحة أو الدواء الخاصة بنا. للحصول على مترجم فوري، يرجى الاتصال بنا على الرقم **1-866-549-8289** (TTY: **711**) من الساعة 8 صباحًا لغاية الساعة 8 مساءً، من الاثنين إلى الجمعة. قد يُطلب منك ترك رسالة بعد انتهاء ساعات العمل وفي عطلات نهاية الأسبوع والإجازات. وسنعاود الاتصال بك خلال يوم العمل التالي. يمكن أن يساعدك شخص يتحدث العربية. وتتوفر هذه الخدمة بشكل مجاني.

Italian: 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.

Portuguese: 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 serviço está disponível das 8:00 às 20:00, de segunda-feira a sexta-feira. Se ligar fora deste horário, ao 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.

French Creole: Nou gen sèvis entèprèt gratis pou reponn nenpòt kesyon ou ka genyen sou plan sante oswa plan medikaman nou an. Pou jwenn yon entèprèt, senpleman rele nou nan **1-866-549-8289** (TTY: **711**). Lè biwo yo se soti 8è a.m. rive 8è p.m., Lendi rive Vandredi. Aprè lè biwo yo fèmen, nan wikenn ak pandan jou ferye, yo gendwa mande w pou ou kite yon mesaj. Yo pral rele w pwochen jou biwo yo louvri a. Yon moun ki pale Kreyòl Ayisyen kapab ede w. Se yon sèvis gratis.

Polish: 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**) w godzinach od 8:00 do 20:00, od poniedziałku do piątku. Po godzinach pracy, 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.

Hindi: हमारे स्वास्थ्य या ड्रग प्लान के बारे में आपके किसी भी सवाल का जवाब देने के लिए, हम मुफ्त में दुभाषिया सेवाएं देते हैं। दुभाषिया सेवा पाने के लिए बस हमें **1-866-549-8289** (TTY: **711**) पर कॉल करें। कॉल करने का समय है, सोमवार से शुक्रवार सुबह 8 बजे से रात 8 बजे तक। कार्य समय के बाद, सप्ताहांत और छुट्टियों पर, आपसे एक संदेश छोड़ने के लिए कहा जा सकता है। अगले कार्य दिवस पर आपके कॉल का जवाब दिया जाएगा। हिंदी बोलने वाला कोई भी व्यक्ति आपकी मदद कर सकता है। यह एक निःशुल्क सेवा है।

Japanese: 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、月曜日～金曜日の午前 8 時～午後 8 時に、**1-866-549-8289** (TTY: **711**) までお電話ください。営業時間外、週末、祝日は、留守番電話にメッセージを残す必要がある場合があります。その場合は、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。“

Nepali: हाम्रो स्वास्थ्य वा औषधि योजनाको बारेमा तपाईंसँग हुन सक्ने कुनै पनि प्रश्नको जवाफ दिन हामीसँग निःशुल्क दोभासे सेवाहरू छन्। एक दोभासे प्राप्त गर्नका लागि सोमबारदेखि शुक्रबारसम्म बिहान 8 बजेदेखि बेलुकी 8 बजेसम्म हामीलाई **1-866-549-8289** (TTY: **711**) मा कल मात्र गरे पुग्छ। कामको बेलाबाहेक, सप्ताहान्तका दिनमा र बिदाका दिनमा हामी तपाईंलाई सन्देश छोड्न भन्न सक्छौं। व्यवसाय खुल्ने अर्को दिनभित्रमा तपाईंलाई फिर्ता कल गरिनेछ। नेपाली बोल्ने कुनै व्यक्तिले तपाईंलाई मद्दत गर्न सक्नुहुन्छ। यो एक निःशुल्क सेवा हो।

Somali: Waxa aanu haynaa adeegyada turjubaada oo bilaash ah si lagaaga jawaabo wixii su'aalo ah ee ay dhici karto inaad ka qabto caymiskeena caafimaadka ama dawooyinka. Si aad u hesho turjubaan kaliya lasoo hadal **1-866-549-8289** (TTY: **711**) laga bilaabo 8 subaxnimo ilaa 8 habeenimo, Isniin ilaa Jimce. Saacadaha shaqada kadib, maalmaha fasaxa todobaadkii iyo maalmaha ciida, waxa aad noo reebi kartaa fariin. Taleefanka waxaa lagugu soo celin doonaa maalinta shaqo ee xigta . Qof ku hadla Somali ayaa ku caawin kara. Kani waa adeeg bilaash ah.

Swahili: Tuna huduma za ukalimani za bila malipo za kujibu maswali yoyote unayoweza kuwa nayo kuhusu mpango wetu wa afya au dawa. Ili kupata mkalimani tupigie simu tu kwa nambari **1-866-549-8289** (TTY: **711**). Saa za kazi ni saa 8 asubuhi hadi saa 8 usiku, Jumatatu hadi Ijumaa. Baada ya saa za kazi, wikendi na likizo, unaweza kuombwa uache ujumbe. Utapigiwa simu ndani ya siku ifuatayo ya kazi. Mtu ambaye anazungumza Kiswahili anaweza kukusaidia. Hii ni huduma ya bila malipo.

Ukrainian: Ми безкоштовно надаємо послуги перекладачів, щоб ви могли отримати відповіді на будь-які 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**) з 8:00 до 20:00 з понеділка по п'ятницю. У неробочі години, вихідні та святкові дні вас можуть попросити залишити повідомлення. Вам передзвонять протягом наступного робочого дня. Спеціаліст, який володіє українською, допоможе вам. Ця послуга безкоштовна.

Burundi: Dufise serevise z'ubuhinduzi ku buntu zokwishura ikibazo cose woba ufise kuri porogaramu yacu y'amagara canke imiti. Kugira uronke umuhinduzi duterere akamo gusa kuri **1-866-549-8289** (TTY: **711**) gutangura 8 z'igitondo gushika 8 z'umuhingamo, Kuwa Mbere gushika Kuwa Gatanu. Hama y'amasaha y'akazi, mu mpera z'indwi n'imisi mikuru, urashobora gusabwa gusiga ubutumwa. Tuzoguterera akamo umusi w'akazi ukurikirako. Umuntu avuga Ikirundi yogufasha. Iyi serevise ni ku buntu.

Afghani: ما خدمات ترجمان رایگان داریم تا به هر سوال که ممکن است شما در مورد پلان صحتی یا دوا خود داشته باشید پاسخ دهیم. برای دریافت ترجمان کافی است با شماره **1-866-549-8289** (TTY: **711**) از ساعت 8 صبح الی 8 شام از دوشنبه تا جمعه با ما تماس بگیرید. پس از ساعات ها، در رخصتی های آخر هفته و در روزهای رخصتی، ممکن است از شما خواسته شود که یک پیام بگذارید. در روز بعد کاری با شما تماس گرفته خواهد شد. کسی که دری صحبت می کند می تواند به شما کمک کند. این خدمات رایگان است.

Amharic: ስለ እኛ የጤና ወይም የመድኃኒት ዕቅዶችን ያለዎትን ማንኛውንም ጥያቄ ለመመለስ ነፃ የአስተርጓሚ አገልግሎት አለን። አስተርጓሚ ለማግኘት ከሰኞ እስከ አርባ ከ8 a.m. እስከ 8 p.m. በ **1-866-549-8289** (TTY: **711**) ይደውሉልን። በአላፊ ሰዓት፣ ቅዳሜ እና እሁድ እና በበዓል ቀናት መልእክት እንዲተው ሊጠየቁ ይችላሉ። ጥሪዎ በሚቀጥለው የሰራ ቀን ውስጥ ይመለሳል። አማርኛ የሚናገር ሰው ሊረዳዎት ይችላል። ይህ ነፃ አገልግሎት ነው።

Gujarati: અમારી આરોગ્ય અથવા દવા સંબંધી યોજના વિશે તમને હોઈ શકે તેવા કોઈપણ પ્રશ્નોના જવાબ આપવા માટે અમારી પાસે દુભાષિયાની મફત સેવાઓ છે. દુભાષિયો મેળવવા માટે, અમને બસ **1-866-549-8289** (TTY: **711**) પર કોલ કરો. અમારા કામકાજનો સમય સોમવારથી શુક્રવાર સુધી સવારે 8 વાગ્યાથી રાતના 8 વાગ્યા સુધીનો છે. કામકાજના સમય સિવાયના સમયે, વીકેન્ડ પર અથવા રજાઓના દિવસે, તમને એક મેસેજ મૂકવા માટે કહેવામાં આવી શકે છે. તમારા કોલના જવાબમાં વળતો કોલ કામકાજના આગલા દિવસની અંદર કરવામાં આવશે. ગુજરાતી બોલતી કોઈ વ્યક્તિ તમારી મદદ કરી શકે છે. આ એક મફત સેવા છે.



4349 Easton Way
Suite 120
Columbus, OH 43219

1-866-549-8289
TDD/TTY: 711

mmp.BuckeyeHealthPlan.com