

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

Annual Notice of Changes for 2024

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. 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.



Buckeye Health Plan ANNUAL NOTICE OF CHANGES FOR 2024

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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 F2 for more information.

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

- You will have a choice about how to get your Medicare benefits (refer to page 12).
- You must get your Medicaid benefits from one of the MyCare Ohio managed care plans available in your region (refer to page 15 for additional information).

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.



B1. Additional resources

- **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 *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.
- 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 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.

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.



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 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).

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.



B3. Important things to do:

- **Check if there are any changes to our benefits that may affect you.**
 - Are there any changes that affect the services you use?
 - It is important to review benefit changes to make sure they will work for you next year.
 - Look in sections D1 and D2 for information about benefit changes for our plan.
- **Check if there are any changes to our prescription drug coverage that may affect you.**
 - Will your drugs be covered? Are they in a different tier? Can you continue to use the same pharmacies?
 - It is important to review the changes to make sure our drug coverage will work for you next year.
 - 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.**

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.



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 F2 for more information). If you enroll in a new plan, your new coverage will begin on the first day of the following month. Look in section F2, page 12 to learn more about your choices.

C. Changes to the network providers and pharmacies

Our provider and pharmacy networks have changed for 2024.

Please review the 2024 *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. You may also call Member Services at 1-866-549-8289 (TTY:711) for updated provider information or to ask us to mail you a *Provider and Pharmacy Directory*.

It is important that you know that we may also make changes to our network during the year. If your provider does leave the plan, you have certain rights and protections. For more information, refer to Chapter 3 of your *Member Handbook*.

D. Changes to benefits for next year

D1. Changes to benefits for medical services

There are no changes to your benefits or amounts you pay for medical services. Our benefits and what you pay for these covered medical services will be exactly the same in 2024 as they are in 2023.

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.



D2. Changes to prescription drug coverage

Changes to our Drug List

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

The *List of Covered Drugs* is also called the “Drug List.”

We made changes to our Drug List, which could include removing or adding drugs, changing 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 find out if there will be any restrictions.

If you are affected by a change in drug coverage, we encourage you to:

- Work with your doctor (or other prescriber) to find a different drug that we cover.
 - You can call Member Services at 1-866-549-8289 (TTY: 711) to ask for a list of covered drugs that treat the same condition.
 - This list can help your provider find a covered drug that might work for you.
- Work with your doctor (or other prescriber) and ask the plan to make an exception to cover the drug.
 - You can ask for an exception before next year and we will give you an answer within 72 hours after we get your request (or your prescriber’s supporting statement).
 - To learn what you must do to ask for an exception, refer to Chapter 9 of the *2024 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.

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.



- 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 2023, and you remain a member of Buckeye Health Plan for 2024, 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 2024. However, if we decide not to continue to cover the exception during 2024, your doctor (or other prescriber) must work with Buckeye Health Plan to request a new exception for the 2023 calendar year. To learn what you must do to ask for an exception, see Chapter 9 of the *2024 Member Handbook* or call Member Services at 1-866-549-8289 (TTY: 711) from 8 a.m. to 8 p.m., Monday through Friday. After hours, on weekends and on holidays, you may be asked to leave a message. Your call will be returned within the next business day.

Changes to prescription drug costs

There are no changes to the amount you pay for prescription drugs in 2024. 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.

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.



	2023 (this year)	2024 (next year)
<p>Drugs in Tier 1 (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>Your copay for a one-month (30-day) supply is \$0 per prescription.</p>	<p>Your copay for a one-month (30-day) supply is \$0 per prescription.</p>
<p>Drugs in Tier 2 (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 \$0 per prescription.</p>	<p>Your copay for a one-month (30-day) supply is \$0 per prescription.</p>
<p>Drugs in Tier 3 (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 \$0 per prescription.</p>	<p>Your copay for a one-month (30-day) supply is \$0 per prescription.</p>

E. Administrative changes

Starting January 1, 2024, the Pharmacy Benefit Manager (PBM) is changing from CVS to Express Scripts®

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.



	2023 (this year)	2024 (next year)
<p>Pharmacy Benefit Manager (PBM) Change</p> <p>Buckeye Community Health Plan, Inc. partners with a Pharmacy Benefit Manager (PBM) to administer our pharmacy benefit. Our PBM partner for the 2024 plan year is changing to Express Scripts®. You will receive an updated Buckeye Community Health Plan, Inc. ID card.</p> <p>Please begin using your updated ID card on 1/1/24.</p> <p>To ensure your pharmacy has your most up to date information, please show your new Buckeye Community Health Plan, Inc. ID card when you fill a prescription for the first time on or after 1/1/24.</p> <p>If you don't have your new ID card with you when you fill your prescription, ask the pharmacy to call the plan to obtain the necessary information.</p>	<p>CVS Caremark</p>	<p>Express Scripts®</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.



	2023 (this year)	2024 (next year)
If the pharmacy is not able to obtain the necessary information, you may have to pay the full cost of the prescription when you pick it up and then submit for reimbursement.		

F. How to choose a plan

F1. 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 2024.

F2. How to change to a different MyCare Ohio plan

To enroll in a different MyCare Ohio plan, call the Ohio Medicaid Hotline at 1-800-324-8680, Monday through Friday from 7:00 am to 8:00 pm and Saturday from 8:00 am to 5:00 pm. TTY users should call the Ohio Relay Service at 7-1-1. The Hotline will let you know what other plans are available to you.

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

F3. 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.

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.



<p>1. You can change to:</p> <p>A Medicare health plan, such as a Medicare Advantage plan, which would include Medicare prescription drug coverage</p>	<p>Here is what to do:</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">• 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. <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.



<p>2. You can change to:</p> <p>Original Medicare with a separate Medicare prescription drug plan</p>	<p>Here is what to do:</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">• 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. <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.



<p>3. You can change to:</p> <p>Original Medicare without a separate Medicare prescription drug plan</p> <p>NOTE: If you switch to Original Medicare and do not enroll in a separate Medicare prescription drug plan, Medicare may enroll you in a drug plan, unless you tell Medicare you don't want to join.</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), Monday through Friday from 7:30 a.m. to 5:00 p.m.</p>	<p>Here is what to do:</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">• 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. <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.



G. How to get help

G1. 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 2024 Member Handbook

The *2024 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 *2024 Member Handbook* will be available by October 15. An up-to-date copy of the *2024 Member Handbook* is available on our website at mmp.buckeyehealthplan.com. You may also call Member Services at 1-866-549-8289 (TTY: 711) to ask us to mail you a *2024 Member Handbook*.

Our website

You can also visit our website at mmp.buckeyehealthplan.com. As a reminder, our website has the most up-to-date information about our provider and pharmacy network (*Provider and Pharmacy Directory*) and our Drug List (*List of Covered Drugs*).

G2. Getting help from the Ohio Medicaid Hotline

The Ohio Medicaid hotline can help you find a Medicaid health care provider, explain Medicaid covered services, obtain Medicaid brochures and publications, and understand Medicaid benefits.

You can call the Ohio Medicaid Hotline at 1-800-324-8680, Monday through Friday from 7:00 am to 8:00 pm and Saturday from 8:00 am to 5:00 pm. TTY users should call the Ohio Relay Service at 7-1-1.

G3. Getting help from the MyCare Ohio Ombudsman

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

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.



- The MyCare Ohio Ombudsman is an ombudsman program that works as an advocate on your behalf. They can answer questions if you have a problem or complaint and can help you understand what to do.
- MyCare Ohio Ombudsman makes sure you have information related to your rights and protections and how you can get your concerns resolved.
- The MyCare Ohio Ombudsman is not connected with us or with any insurance company or health plan.
- The MyCare Ohio Ombudsman helps with concerns about any aspect of care. Help is available to resolve disputes with providers, protect rights, and file complaints or appeals with our plan.
- The MyCare Ohio Ombudsman works together with the Office of the State Long-term Care Ombudsman, which advocates for consumers getting long-term services and supports.

The phone number for the MyCare Ohio Ombudsman is 1-800-282-1206. TTY users should call 1-800-750-0750. The MyCare Ohio Ombudsman is available Monday through Friday from 8:00 am to 5:00 pm.

G4. Getting help from Medicare

To get information directly from Medicare, you can call 1-800-MEDICARE (1-800-633-4227), 24 hours a day, 7 days a week. TTY users should call 1-877-486-2048.

Medicare's Website

You can visit the Medicare website (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 and click on "Find plans.")

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.



Medicare & You 2024

You can read *Medicare & You 2024* 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) or by calling 1-800-MEDICARE (1-800-633-4227), 24 hours a day, 7 days a week. TTY users should call 1-877-486-2048.

If you have questions, please call Buckeye 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.



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: نوّفّر 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: हामी 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 Ijuma. 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 در ری 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 አርብ ከ8 a.m. እስከ 8 p.m. በ **1-866-549-8289** (TTY: **711**) ይደውሉልን። በእላፊ ሰዓት፣ ቅዳሜ እና እሁድ እና በበዓል ቀናት መልእክት እንዲተው ሊጠየቁ ይችላሉ። ጥሪዎ በሚቀጥለው የሰራ ቀን ውስጥ ይመለሳል። አማርኛ የሚናገር ሰው ሊረዱዎት 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.