2027
Summary of Benefits

Ohio

Wellcare Buckeye MyCare Ohio Dual Align (HMO D-SNP)

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Introduction

This document is a brief summary of the benefits and services covered by Wellcare Buckeye MyCare Ohio Dual Align (HMO D-SNP). 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 Wellcare Buckeye MyCare Ohio Dual Align (HMO D-SNP). Key terms and their definitions appear in alphabetical order in the last chapter of the *Member Handbook*.

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A. Disclaimers

This is a summary of health services covered by Wellcare Buckeye MyCare Ohio Dual Align (HMO D-SNP) for 2027. This is only a summary. Please read the *Member Handbook* for the full list of benefits. You can get a copy of the *Member Handbook* by calling Wellcare Buckeye MyCare Ohio Dual Align (HMO D-SNP) at 1-855-445-3562 (TTY: 711). Between October 1 and March 31, representatives are available Monday–Sunday, 8 a.m. to 8 p.m. Between April 1 and September 30, representatives are available Monday–Friday, 8 a.m. to 8 p.m. Please note during after hours, weekends and federal holidays from April 1 to September 30, our automated phone system may answer your call. If you leave a voicemail message, please include your name, and telephone number and a team member will return your call within one (1) business day. Or you can access the *Member Handbook* on our website go.wellcare.com/BuckeyeOH.

- Wellcare is the Medicare brand for Centene Corporation, an HMO, PPO, PDP plan with a Medicare contract and is an approved Part D Sponsor. Our D-SNP plans have a contract with the state Medicaid program. Enrollment in our plans depends on contract renewal.
- 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 1-855-445-3562 (TTY: 711). Between October 1 and March 31, representatives are available Monday–Sunday, 8 a.m. to 8 p.m. Between April 1 and September 30, representatives are available Monday–Friday, 8 a.m. to 8 p.m. Someone that speaks English/Language can help you. This is a free service.
- For more information about Medicare, you can read the Medicare & You handbook. It has a summary of Medicare benefits, rights, and protections and answers to the most frequently asked questions about Medicare. You can get it at the Medicare website (www.medicare.gov) or by calling 1-800-MEDICARE (1-800-633-4227). TTY users should call 1-877-486-2048.
- For more information about Medicaid, you can check the Ohio Department of Medicaid website www.medicaid.ohio.gov. You can also call the special Ombudsman for people who have both Medicare and Medicaid at toll-free phone 1-800-282-1206.

- Out-of-network/non-contracted providers are under no obligation to treat Plan members, except in emergency situations. Please call our customer service number or see your *Member Handbook* for more information, including the cost-sharing that applies to out-of-network services.

- You can get this document for free in other formats, such as large print, braille, or audio. Call 1-855-445-3562 (TTY: 711), Between October 1 and March 31, representatives are available Monday–Sunday, 8 a.m. to 8 p.m. Between April 1 and September 30, representatives are available Monday–Friday, 8 a.m. to 8 p.m. The call is free.

- This document is available for free in Spanish.

- We can send materials to you in a language other than English (in addition to the language(s) listed above) or in an alternate format if you ask for it this way. This is called a "standing request". We will document your choice.

    - To make a standing request, change a standing request or make a one-time request, please call Member Services at the phone number on the bottom of this page. Between October 1 and March 31, representatives are available Monday–Sunday, 8 a.m. to 8 p.m. Between April 1 and September 30, representatives are available Monday–Friday, 8 a.m. to 8 p.m.

B. Frequently asked questions (FAQ)

The following table lists frequently asked questions.

Frequently Asked Questions	Answers
What's a MyCare Plan?	MyCare Ohio is a managed care program designed for Ohioans who receive BOTH Medicaid and Medicare benefits. This program has a team approach to coordinating your care based on your needs – a team with you at the center. The MyCare Ohio plan that you choose provides all the same benefits that Medicare and Medicaid offer, including long-term care services and mental/behavioral health services. Plus, your MyCare Ohio plan can include additional services to you.
Will I get the same Medicare and Medicaid benefits in Wellcare Buckeye MyCare Ohio Dual Align (HMO D-SNP) that I get now?	You'll get most of your covered Medicare and Medicaid benefits directly from Wellcare Buckeye MyCare Ohio Dual Align (HMO D-SNP). You'll work with a team of providers who will help determine what services will best meet your needs. This means that some of the services you get now may change based on your needs, and your doctor and care coordinator assessment. You may also get other benefits outside of your health plan the same way you do now, directly from a State or county agency or specialty mental health and substance use disorder services. When you enroll in Wellcare Buckeye MyCare Ohio Dual Align (HMO D-SNP), you and your care coordinator will work together to develop an Individualized Plan of Care to address your health and support needs, reflecting your personal preferences and goals. If you're taking any Medicare Part D drugs that Wellcare Buckeye MyCare Ohio Dual Align (HMO D-SNP) doesn't normally cover, you can get a temporary supply and we'll help you to transition to another drug or get an exception for Wellcare Buckeye MyCare Ohio Dual Align (HMO D-SNP) to cover your drug if medically necessary. For more information, call Member Services at the numbers listed at the bottom of this page.

Frequently Asked Questions	Answers
Can I use the same doctors I use now?	This is often the case. If your providers (including doctors, hospitals, therapists, pharmacies, and other health care providers) work with Wellcare Buckeye MyCare Ohio Dual Align (HMO D-SNP) and have a contract with us, you can keep going to them. • Providers with an agreement with us are "in-network." Network providers participate in our plan. That means they accept members of our plan and provide services our plan covers. **You must use the providers in Wellcare Buckeye MyCare Ohio Dual Align (HMO D-SNP)'s network.** If you use providers or pharmacies that aren't in our network, the plan may not pay for these services or drugs. • If you need urgent or emergency care or out-of-area dialysis services, you can use providers outside of Wellcare Buckeye MyCare Ohio Dual Align (HMO D-SNP)'s plan. • The plan must ensure member access to any federally qualified health center (FQHC) and/or rural health clinic (RHC), regardless of whether it's an in-network provider. • 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. To find out if your providers are in the plan's network, call Member Services at the numbers listed at the bottom of this page or read Wellcare Buckeye MyCare Ohio Dual Align (HMO D-SNP)'s *Provider and Pharmacy Directory* on the plan's website at go.wellcare.com/2027providerdirectories. If Wellcare Buckeye MyCare Ohio Dual Align (HMO D-SNP) is new for you, we'll work with you to develop an Individualized Plan of Care to address your needs.

Frequently Asked Questions	Answers
What's a Wellcare Buckeye MyCare Ohio Dual Align (HMO D-SNP) care coordinator?	A Wellcare Buckeye MyCare Ohio Dual Align (HMO D-SNP) care coordinator is one main person for you to contact. This person helps to manage all your providers and services and make sure you get what you need.
What are Long-term Services and Supports (LTSS)?	Long-term services and supports refers to the services provided to help individuals safely perform daily tasks like bathing, getting dressed, or preparing meals. They can be offered in a home or community-based setting or in a facility like a nursing facility or assisted living facility. They include things like personal care aide services, home delivered meals, memory care, home health nursing and many others.
What happens if I need a service but no one in Wellcare Buckeye MyCare Ohio Dual Align (HMO D-SNP)'s network can provide it?	Most services will be provided by our network providers. If you need a service that can't be provided within our network, Wellcare Buckeye MyCare Ohio Dual Align (HMO D-SNP) will pay for the cost of an out-of-network provider.
Where's Wellcare Buckeye MyCare Ohio Dual Align (HMO D-SNP) available?	The service area for this plan includes: Adams, Allen, Ashland, Ashtabula, Athens, Auglaize, Belmont, Brown, Butler, Carroll, Champaign, Clark, Clermont, Clinton, Columbiana, Coshocton, Crawford, Cuyahoga, Darke, Defiance, Delaware, Erie, Fairfield, Fayette, Franklin, Fulton, Gallia, Geauga, Greene, Guernsey, Hamilton, Hancock, Hardin, Harrison, Henry, Highland, Hocking, Holmes, Huron, Jackson, Jefferson, Knox, Lake, Lawrence, Licking, Logan, Lorain, Lucas, Madison, Mahoning, Marion, Medina, Meigs, Mercer, Miami, Monroe, Montgomery, Morgan, Morrow, Muskingum, Noble, Ottawa, Paulding, Perry, Pickaway, Pike, Portage, Preble, Putnam, Richland, Ross, Sandusky, Scioto, Seneca, Shelby, Stark, Summit, Trumbull, Tuscarawas, Union, Van Wert, Vinton, Warren, Washington, Wayne, Williams, Wood, Wyandot Counties, Ohio. You must live in one of these areas to join the plan.

Frequently Asked Questions	Answers
What's prior authorization?	Prior authorization means an approval from Wellcare Buckeye MyCare Ohio Dual Align (HMO D-SNP) to seek services outside of our network or to get services not routinely covered by our network **before** you get the services. Wellcare Buckeye MyCare Ohio Dual Align (HMO D-SNP) may not cover the service, procedure, item, or drug if you don't get prior authorization. **If you need urgent or emergency care or out-of-area dialysis services, you don't need to get prior authorization first**. Wellcare Buckeye MyCare Ohio Dual Align (HMO D-SNP) can provide you or your provider with a list of services or procedures that require you to get prior authorization from Wellcare Buckeye MyCare Ohio Dual Align (HMO D-SNP) before the service is provided. Refer to **Chapter 3**, of the *Member Handbook* to learn more about prior authorization. Refer to the Benefits Chart in **Chapter 4** of the *Member Handbook* to learn which services require a prior authorization. If you have questions about whether prior authorization is required for specific services, procedures, items, or drugs, call Member Services at the numbers listed at the bottom of this page for help.
What's a referral?	A referral means that your primary care provider (PCP) must give you approval to go to someone that isn't your PCP. A referral is different than a prior authorization. If you don't get a referral from your PCP, Wellcare Buckeye MyCare Ohio Dual Align (HMO D-SNP) may not cover the services. Wellcare Buckeye MyCare Ohio Dual Align (HMO D-SNP) can provide you with a list of services that require you to get a referral from your PCP before the service is provided. Refer to the *Member Handbook* to learn more about when you'll need to get a referral from your PCP.

Frequently Asked Questions	Answers
Do I pay a monthly amount (also called a premium) under Wellcare Buckeye MyCare Ohio Dual Align (HMO D-SNP)?	No. Because you have Medicaid, you won't pay any monthly premiums, including your Medicare Part B premium, for your health coverage.
Do I pay a deductible as a member of Wellcare Buckeye MyCare Ohio Dual Align (HMO D-SNP)?	No. You don't pay deductibles in Wellcare Buckeye MyCare Ohio Dual Align (HMO D-SNP).
What's the maximum out-of-pocket amount that I'll pay for medical services as a member of Wellcare Buckeye MyCare Ohio Dual Align (HMO D-SNP)?	There's no cost sharing for medical services in Wellcare Buckeye MyCare Ohio Dual Align (HMO D-SNP), so your annual out-of-pocket costs will be $0.

C. List of covered services

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

Health need or concern	Services you may need	Your costs for in-network providers	Limitations, exceptions, & benefit information (rules about benefits)
You need hospital care)	Inpatient hospital stay	$0	Except in an emergency, your health care provider must tell the plan of your hospital admission. Prior authorization may be required, except in an emergency. Referral may be required.
	Outpatient hospital services, including observation	$0	Prior authorization may be required. Referral may be required.
	Ambulatory surgical center (ASC) services	$0	Prior authorization may be required. Referral may be required.

Health need or concern	Services you may need	Your costs for in-network providers	Limitations, exceptions, & benefit information (rules about benefits)
You want a doctor	Doctor or surgeon care	$0	Prior authorization may be required. Referral may be required.
	Visits to treat an injury or illness	$0	Prior authorization may be required. Referral may be required.
	Care to keep you from getting sick, such as flu shots and screenings to check for cancer	$0	
	Wellness visits, such as a physical	$0	
	"Welcome to Medicare" (preventive visit one time only)	$0	
	Specialist care	$0	Prior authorization may be required. Referral may be required.
You need emergency care **(continued on the next page)**	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. $115 copay for worldwide emergency services. You are covered up to $50,000 every year for worldwide emergency and urgent care services.
	Urgent care	$0	Urgent care services do not require a referral or prior authorization. You can get urgent care

Health need or concern	Services you may need	Your costs for in-network providers	Limitations, exceptions, & benefit information (rules about benefits)
You need emergency care **(continued)**			services at in-network providers or at out-of-network providers if network providers are temporarily unavailable or inaccessible. $115 copay for Worldwide emergency services. You are covered up to $50,000 every year for worldwide emergency and urgent care services.
You need medical tests	Diagnostic radiology services (for example, X-rays or other imaging services, such as CAT scans or MRIs)	$0	Prior authorization may be required. Referral may be required.
	Lab tests and diagnostic procedures, such as blood work	$0	Prior authorization may be required. Referral may be required.
You need hearing/auditory services	Hearing screenings	$0	1 exam every year. Prior authorization may be required.
	Hearing aids	$0	Our plan covers conventional hearing aids once every four years, or digital/programmable hearing aids once every five years.

Health need or concern	Services you may need	Your costs for in-network providers	Limitations, exceptions, & benefit information (rules about benefits)
You need dental care	Dental check-ups and preventive care	$0	Our plan covers exams and cleaning once every 12 months. Refer to the "Medicaid value-added benefits (extra services)" later in this chart for additional dental benefit. For more information about your Medicaid dental benefits and providers, please visit: www.buckeyehealthplan.com/members/medicaid/benefits-services/Dental.html.
	Restorative and emergency dental care	$0	Our plan covers fillings, root canals, dentures and emergency dental care. Benefit frequency limits vary based on services you receive. Refer to the *Member Handbook* for more details. For more information about your Medicaid dental benefits and providers, please visit: www.buckeyehealthplan.com/members/medicaid/benefits-services/Dental.html. Prior authorization may be required.

Health need or concern	Services you may need	Your costs for in-network providers	Limitations, exceptions, & benefit information (rules about benefits)
You need eye care	Eye exams	$0	Limited to 1 exam every year. Prior authorization may be required.
	Glasses or contact lenses	$0	One pair of eyeglasses are provided annually for members under 21 and over 59 years of age; and every two years for members 21 through 59 years of age. Instead of eyeglasses, members may choose contact lens allowances. See “Medicaid value-added benefits (extra services)” later in this chart for more details.
	Other vision care	$0	
You need behavioral health services (continued on the next page)	Behavioral health services	$0	This plan covers mental health care services including, but not limited to, inpatient stay, outpatient counseling, partial hospitalization program and intensive outpatient program. Our plan also covers: • Individual, group, and family therapy • Psychiatric evaluations and medication management • Care coordination and case management • 24/7 Nurse Advice Line

Health need or concern	Services you may need	Your costs for in-network providers	Limitations, exceptions, & benefit information (rules about benefits)
You need behavioral health services (continued)			• Access to a large network of behavioral health providers including telehealth Please refer to *Section D. Benefits covered outside of Wellcare Buckeye MyCare Ohio Dual Align (HMO D-SNP)* in this document for more information on Alcohol, Drug Addiction, and Mental Health Services. Prior authorization may be required. Referral may be required.
	Inpatient and outpatient care and community-based services for people who need behavioral health services	$0	This plan covers services such as inpatient stay and outpatient counseling services. Our plan also covers: • Individual, group, and family therapy • Psychiatric evaluations and medication management • Care coordination and case management • 24/7 Nurse Advice Line • Access to a large network of behavioral health providers including telehealth Please refer to *Section D. Benefits covered outside of Wellcare Buckeye MyCare Ohio Dual Align (HMO D-SNP)* in this document for more information on Alcohol, Drug Addiction, and Mental Health Services.

Health need or concern	Services you may need	Your costs for in-network providers	Limitations, exceptions, & benefit information (rules about benefits)
You need behavioral health services (continued)			Prior authorization may be required. Referral may be required.
You need substance use disorder services	Substance use disorder services	$0	This plan covers services such as inpatient stay and outpatient counseling. Our plan also covers the following treatment options: • Outpatient and residential treatment • Medication-Assisted Treatment (MAT) • Peer recovery support • Crisis intervention and stabilization Prior authorization may be required. Referral may be required.
You need a place to live with people available to help you	Skilled nursing care	$0	Prior authorization may be required. Referral may be required.
	Nursing home care	$0	
	Adult Foster Care and Group Adult Foster Care	$0	
You need therapy after a stroke or accident	Occupational, physical, or speech therapy	$0	Prior authorization may be required. Referral may be required.

Health need or concern	Services you may need	Your costs for in-network providers	Limitations, exceptions, & benefit information (rules about benefits)
You need help getting to health services	Ambulance services	$0	Prior authorization may be required.
	Emergency transportation	$0	
	Transportation to medical appointments and services	$0	Ohio Medicaid provides non-emergency medical transportation under 30 miles. Refer to the Medicaid Value-Added Benefit (Extra Services) later within this chart for information about additional transportation benefit.
You need drugs to treat your illness or condition **(continued on the next page)**	Medicare Part B drugs	$0	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 *Member Handbook* for more information on these drugs. Prior authorization may be required.
	Medicare Part D drugs Tier 1 (Generic) Tier 2 (Preferred Brand) Tier 3 (Non-Preferred Drug) Tier 4 (Injectable Drugs) Tier 5 (Specialty Tier)	$0 copay for up to a 100-day supply at a retail pharmacy. $0 copay for a 35 to 100-day supply at a mail order pharmacy.	There may be limitations on the types of drugs covered. Please refer to Wellcare Buckeye MyCare Ohio Dual Align (HMO D-SNP)'s *List of Covered Drugs (Drug List)* for more information. Some prescription drugs may require prior authorization or may require that you try a different drug first. Quantity limits may apply. Tier 5 drugs are limited to a 30-day supply per fill. An extended-day supply of some drugs is available through mail order and certain retail pharmacies. For more information, please refer to

Health need or concern	Services you may need	Your costs for in-network providers	Limitations, exceptions, & benefit information (rules about benefits)
You need drugs to treat your illness or condition (continued)	Tier 6 (Select Care Drugs)		our *List of Covered Drugs* to view those drugs available for an extended-day supply.
	Over-the-counter (OTC) drugs	$0	There may be limitations on the types of drugs covered. Please refer to Wellcare Buckeye MyCare Ohio Dual Align (HMO D-SNP)'s *List of Covered Drugs (Drug List)* for more information. Over-the-counter items are now covered under Wellcare Spendables®. Please see the Wellcare Spendables® section in this chart for more information.
You need help getting better or have special health needs	Rehabilitation services	$0	Prior authorization may be required. Referral may be required.
	Medical equipment for home care including waiver and supplemental adaptive	$0	Prior authorization may be required.
	Dialysis services	$0	Referral may be required.
You need foot care (continued on next page)	Podiatry services	$0	6 visits every year Prior authorization may be required Referral may be required.

Health need or concern	Services you may need	Your costs for in-network providers	Limitations, exceptions, & benefit information (rules about benefits)
You need foot care (continued)	Orthotic services	$0	
You need durable medical equipment (DME) **Note:** This isn't a complete list of covered DME. For a complete list, contact Member Services or refer to **Chapter 4** of the *Member Handbook*.	Wheelchairs, crutches, and walkers	$0	Prior authorization may be required.
	Nebulizers	$0	Prior authorization may be required.
	Oxygen equipment and supplies	$0	Prior authorization may be required.
You need help living at home **(continued on the next page)**	Home health services	$0	Prior authorization may be required. Referral may be required.
	Home services, such as cleaning or housekeeping, or home modifications such as grab bars	$0	These services are available only if your need for long-term care has been determined by The Ohio Department of Medicaid and you are enrolled on the Ohio Home Care Waiver. Please contact your Case Manager for more information.
	Adult day health	$0	These services are available only if your need for long-term care has been determined by The Ohio Department of Medicaid.

Health need or concern	Services you may need	Your costs for in-network providers	Limitations, exceptions, & benefit information (rules about benefits)
You need help living at home (continued)	Assisted living services	$0	These services are available only if your need for long-term care has been determined by The Ohio Department of Medicaid.
	Community integration services	$0	These services are available only if your need for long-term care has been determined by The Ohio Department of Medicaid.
	Enhanced community living services	$0	These services are available only if your need for long-term care has been determined by The Ohio Department of Medicaid.
	Home delivered meals	$0	These services are available only if your need for long-term care has been determined by The Ohio Department of Medicaid.
	Out-of-home respite	$0	These services are available only if your need for long-term care has been determined by The Ohio Department of Medicaid.
	Personal emergency response services	$0	These services are available only if your need for long-term care has been determined by The Ohio Department of Medicaid.
	Waiver nursing	$0	These services are available only if your need for long-term care has been determined by The Ohio Department of Medicaid. You may be responsible for paying a “patient liability” for nursing facility or waiver services that are covered through your Medicaid benefit.

Health need or concern	Services you may need	Your costs for in-network providers	Limitations, exceptions, & benefit information (rules about benefits)
You need help living at home (continued)	Waiver social work counseling	$0	These services are available only if your need for long-term care has been determined by The Ohio Department of Medicaid.
	Waiver transportation	$0	These services are available only if your need for long-term care has been determined by The Ohio Department of Medicaid.
	Day habilitation services	$0	These services are available only if your need for long-term care has been determined by The Ohio Department of Medicaid.
	Services to help you live on your own (home health care services or personal care attendant services)	$0	County Department of Job and Family Services will determine if your income and certain expenses require you to have a patient liability.
Additional services (continued on the next page)	Chiropractic services	$0	Prior authorization may be required. Referral may be required.
	Diabetes supplies and services	$0	Therapeutic shoes or inserts are covered when medically necessary. Accu-Chek™ Guide and True Metrix™ are our preferred diabetic testing supplies (glucose monitors & test strips). Dexcom and FreeStyle Libre are our preferred continuous glucose monitor brands. To get more information about

Health need or concern	Services you may need	Your costs for in-network providers	Limitations, exceptions, & benefit information (rules about benefits)
Additional services (continued)			the items that are on the preferred diabetic testing and monitoring supply lists, please contact Member Services. Quantity limits may apply. Prior authorization may be required.
	Prosthetic services	$0	Prior authorization may be required.
	Radiation therapy	$0	Prior authorization may be required. Referral may be required.
	Services to help manage your disease	$0	Referral may be required.
	Social support platform	$0	Our plan provides access to an online and app-based support platform designed to support your overall well-being. The platform offers personalized therapeutic self-guided activities and programs to help manage stress, anxiety, and support your emotional and mental health. Engage in interactive activities, meditations, and games tailored to your needs. The platform also features the ability to join social communities.

Health need or concern	Services you may need	Your costs for in-network providers	Limitations, exceptions, & benefit information (rules about benefits)
Additional services (continued)			Available online 24/7 - you can use it whenever you choose. For more information on how to access the social support platform, please see your *Member Handbook*.
	Special Supplemental Benefits for Chronically Ill (SSBCI) Benefits mentioned are a part of Special Supplemental Benefits for the Chronically Ill. Not all members will qualify. In addition to being high-risk, you must have one or more of the following chronic conditions: cancer, cardiovascular disorders, chronic and disabling mental health conditions, chronic lung disorders, diabetes. There are other eligible conditions not listed. Eligibility for this benefit cannot be guaranteed based solely on your condition. All applicable eligibility requirements must be met before the benefit is provided. For details, please	$0	**If eligible,** you can use your Wellcare Spendables® allowance towards the additional benefits shown below. Once determined eligible, these expanded benefits will be available in 7-10 business days. See the Wellcare Spendables® section in this chart for more information about the Wellcare Spendables® card. Your card allowance can be used towards: • **Gas pay-at-pump** - You can use your card to pay for gas directly at the pump. The card cannot be used to pay in-person at the cash register. Your card can only be used up to the available allowance amount. Electric vehicle (EV) charging may also be covered at participating locations where card payment is accepted. • **Grooming Services -** You may use your allowance for approved basic hygiene and grooming services that support personal

Health need or concern	Services you may need	Your costs for in-network providers	Limitations, exceptions, & benefit information (rules about benefits)
Additional services (continued)	contact us or see the plan's *Member Handbook*. • Eligibility is determined based on medical claims and/or other supporting documentation after you are enrolled in the plan. • New members without sufficient claims history may have a provider submit an attestation to support the eligibility review. • Wellcare will notify you if you are eligible and provide instructions on how to access SSBCI benefits.		care and overall well-being. This benefit is available through member reimbursement only. • **Healthy Food -** You can use your card to pay for healthy foods and produce at participating retailers. Delivery options for eligible grocery items may be available. Prepared meals and produce boxes are available for order via online portal. • **Personal Care Items –** You can use your card to purchase personal care items and household essentials at participating retailers. Delivery options for eligible items may be available. • **Pest Control Items** – You can use your card to purchase items for use in and around your home at participating retailers. Delivery options for eligible items may be available. • **Rent Assistance -** You can use your card to help with the cost of rent/mortgage for your home. • **Robotic Companion Pet –** You can use your card to order a robotic companion pet, options may include a companion cat, dog, or bird. • **Utility Assistance -** You can use your card to help with the cost of utilities for your home. Your card can be used toward

Health need or concern	Services you may need	Your costs for in-network providers	Limitations, exceptions, & benefit information (rules about benefits)
Additional services (continued)			utility expenses including water, heating oil and natural gas, electricity, trash, cable TV service (excludes streaming services), landline or mobile phone and internet
	Wellcare Spendables®	$0	You will receive a total of **$230 monthly** preloaded on your Wellcare Spendables® card to spend on OTC items, and if eligible, SSBCI. Your monthly allowance **rolls over to the following month if unused and expires at the end of the plan year**. Your card allowance can be used towards: **Over-the-Counter items (OTC)** - Your card can be used at participating retail locations, through the mobile app, or by logging in to your member portal to place an order for home delivery. Examples of covered items include brand name and generic over-the-counter items, vitamins, pain relievers, cold and allergy items, and diabetic items. **Special Supplemental Benefits for the Chronically Ill (SSBCI)** – Benefits mentioned below are SSBCI. Not all members will qualify.

Health need or concern	Services you may need	Your costs for in-network providers	Limitations, exceptions, & benefit information (rules about benefits)
Additional services (continued)			**You must meet eligibility criteria for the following plan benefits.** **If you qualify,** your card allowance can also be used towards: • Gas pay-at-pump • Grooming Services • Healthy Food • Personal Care Items • Pest Control Items • Rent Assistance • Robotic Companion Pet • Utility Assistance Refer to Special Supplemental Benefits for the Chronically Ill (SSBCI) in this chart for more information on these benefits. For more information, limitations, and exclusions, please see your *Member Handbook*.

Health need or concern	Services you may need	Your costs for in-network providers	Limitations, exceptions, & benefit information (rules about benefits)
Additional services (continued)	Health and Wellness Education Program Fitness	$0	For a detailed list of wellness education program benefits offered, please refer to the *Member Handbook*. To help support an active and healthy lifestyle, your plan provides a fitness program that offers access to fitness locations nationwide. You may access one or more gyms within the fitness network. Members have access to in-person fitness centers, available on-demand exercise programs, and choice of Home Fitness Kit.
	Chronic Respiratory Management Program	$0	• $0 copay for a portable nebulizer and durable medical equipment (DME). • $0 copay for nebulizer and respiratory-related supplies. • $0 copay for Part B respiratory management medications. The mail order pharmacy will deliver respiratory-related medications and supplies to your home.

Health need or concern	Services you may need	Your costs for in-network providers	Limitations, exceptions, & benefit information (rules about benefits)
Additional services (continued)			**What you should know:** If you are diagnosed with chronic obstructive pulmonary disease (COPD) or chronic bronchitis, you may qualify for the Chronic Respiratory Management Program. The program aims to help you manage your condition(s). Participation in a care management program is required for eligibility. Your care manager will help you get this benefit if you qualify.
	My Wellcare Rewards	$0	With **My Wellcare Rewards**, you can earn up to $100 by completing eligible health activities and portal activities through our member portal. Rewards will be loaded onto your Wellcare Spendables® card.
	Medicaid Value-Added Benefits (Extra Services)	$0	We provide extra benefits, such as: • **Dental:** $0 copay for covered dental services. Plus, members 21 years and older get one extra dental cleaning and exam per calendar year in addition to the dental benefits described under "You need dental care" in this chart. • **Food & nutrition support:** 10 healthy home-delivered meals following acute inpatient hospital or nursing facility stay for eligible members with chronic

Health need or concern	Services you may need	Your costs for in-network providers	Limitations, exceptions, & benefit information (rules about benefits)
Additional services (continued)			condition. • **Transportation:** We provide rides using approved transportation services: ○ For non-emergency medical transportation services under 30 miles to or from member's home. ○ Up to 30 one-way trips (15 round trips) for eligible community activities for members who are not enrolled in the MyCare Ohio HCBS waiver. • **Vision:** $0 copay for adults on exams and eyewear. Plus, members may choose a contact lens allowance through this value-added benefit instead of eyeglasses as described under "You need eye care" in this chart. ○ a $50 allowance towards contact lenses and $50 for the contact lens fitting fee per 12 months for members under 21 and over 59 years of age.

Health need or concern	Services you may need	Your costs for in-network providers	Limitations, exceptions, & benefit information (rules about benefits)
Additional services (continued)			○ a $50 allowance towards contact lenses and $50 for the contact lens fitting fee per 24 months for members 21 through 59 years of age. Benefit limits and eligibility rules may apply. These extra benefits are offered by Wellcare Buckeye MyCare Ohio Dual Align Unity (HMO D-SNP) and are separate from standard Ohio Medicaid program benefit. Benefits may change or end at any time. Contact Member Services at the number at the bottom of the page for the most current Medicaid value-added benefit information.

The above summary of benefits is provided for informational purposes only and isn't a complete list of benefits. For a complete list and more information about your benefits, you can read the Wellcare Buckeye MyCare Ohio Dual Align (HMO D-SNP)'s *Member Handbook*. If you don't have a *Member Handbook*, call Wellcare Buckeye MyCare Ohio Dual Align (HMO D-SNP) Member Services at the numbers listed at the bottom of this page to get one. If you have questions, you can also call Member Services or visit go.wellcare.com/BuckeyeOH.

D. Benefits covered outside of Wellcare Buckeye MyCare Ohio Dual Align (HMO D-SNP)

There are some services that you can get that aren't covered by Wellcare Buckeye MyCare Ohio Dual Align (HMO D-SNP) but are covered by Medicare, Medicaid, or a State or county agency. This isn't a complete list. Call Member Services at the numbers listed at the bottom of this page to find out about these services.

Other services covered by Medicare, Medicaid, or a State Agency	**Your costs**
Non-Emergency Medical Transportation	$0
Certain hospice care services covered outside of Wellcare Buckeye MyCare Ohio Dual Align (HMO D-SNP).	$0
A free, confidential online tool offering self-help resources, wellness trackers, and personalized activities	$0
Transportation: Free rides to medical and pharmacy visits	$0
Care Managers: Help coordinate services, including hospitalization and follow-up care	$0

County-Level Behavioral Health Boards Each county in Ohio has an Alcohol, Drug Addiction, and Mental Health Services (ADAMHS) Board or Mental Health and Recovery Services (MHRS) Board. These boards fund and coordinate local behavioral health services including: • Housing assistance • Crisis Intervention Services • Outpatient Mental Health Services • Substance Use Disorder Treatment • Peer Support and Recovery Services • Prevention and Early Intervention • Specialized Services • These services are often available to Medicaid beneficiaries and sometimes even to those who are uninsured or underinsured.	$0

If you have questions, please call Wellcare Buckeye MyCare Ohio Dual Align (HMO D-SNP) at 1-855-445-3562 (TTY: 711). Between October 1 and March 31, representatives are available Monday–Sunday, 8 a.m. to 8 p.m. Between April 1 and September 30, representatives are available Monday–Friday, 8 a.m. to 8 p.m. The call is free. **For more information**, visit go.wellcare.com/BuckeyeOH.

If you have questions, please call Wellcare Buckeye MyCare Ohio Dual Align (HMO D-SNP) at 1-855-445-3562 (TTY: 711). Between October 1 and March 31, representatives are available Monday–Sunday, 8 a.m. to 8 p.m. Between April 1 and September 30, representatives are available Monday–Friday, 8 a.m. to 8 p.m. The call is free. **For more information**, visit go.wellcare.com/BuckeyeOH.

E. Services that Wellcare Buckeye MyCare Ohio Dual Align (HMO D-SNP), Medicare, and Medicaid don't cover

This isn't a complete list. Call Member Services at the numbers listed at the bottom of this page to find out about other excluded services.

Services Wellcare Buckeye MyCare Ohio Dual Align (HMO D-SNP), Medicare, and Medicaid don't cover	
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.	Infertility services for males or females
A private room in a hospital, except when it is medically needed.	

F. Your rights as a member of the plan

As a member of Wellcare Buckeye MyCare Ohio Dual Align (HMO D-SNP), 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 the *Member Handbook*. Your rights include, but aren't limited to, the following:

- **You have a right to respect, fairness, and dignity.** This includes the right to:
  - Get covered services without concern about medical condition, health status, receipt of health services, claims experience, medical history, disability (including mental impairment), marital status, age, sex (including sex stereotypes and gender identity), sexual orientation, national origin, race, color, religion, creed, or public assistance
  - Get information in other languages and formats (for example, large print, braille, or audio) free of charge
  - Be free from any form of physical restraint or seclusion
- **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 language and format you can understand. This includes the right to get 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 coordinator
- **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're covered
  - Stop taking medicine, even if your health care provider advises against it
  - Ask for a second opinion. Wellcare Buckeye MyCare Ohio Dual Align (HMO D-SNP) will pay for the cost of your second opinion visit
  - Make your health care wishes known in an advance directive

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If you have questions, please call Wellcare Buckeye MyCare Ohio Dual Align (HMO D-SNP) at 1-855-445-3562 (TTY: 711). Between October 1 and March 31, representatives are available Monday–Sunday, 8 a.m. to 8 p.m. Between April 1 and September 30, representatives are available Monday–Friday, 8 a.m. to 8 p.m. The call is free. **For more information**, visit go.wellcare.com/BuckeyeOH.

- **You have the right to timely access to care that doesn't 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 health care providers and your health plan
- **You have the right to seek emergency and urgent care when you need it.** This means you have the right to:
  - Get emergency services without prior authorization 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
  - Have privacy during treatment
- **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
  - File a complaint with State Department of Managed Health Care at 800-324-8680 and TTY 711.
  - Appeal certain decisions made by State Department of Managed Health Care
  - Ask for a State Hearing
  - Get a detailed reason for why services were denied

For more information about your rights, you can read the *Member Handbook*. If you have questions, you can call Wellcare Buckeye MyCare Ohio Dual Align (HMO D-SNP) Member Services at the numbers listed at the bottom of this page.

If you have questions, please call Wellcare Buckeye MyCare Ohio Dual Align (HMO D-SNP) at 1-855-445-3562 (TTY: 711). Between October 1 and March 31, representatives are available Monday–Sunday, 8 a.m. to 8 p.m. Between April 1 and September 30, representatives are available Monday–Friday, 8 a.m. to 8 p.m. The call is free. **For more information**, visit go.wellcare.com/BuckeyeOH.

You can also call the special Ombudsperson for people who have Medicare and Medicaid at 1-800-282-1206, or the Medicaid Office of the Ombudsperson at 1-800-282-1206.

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

If you have a complaint or think Wellcare Buckeye MyCare Ohio Dual Align (HMO D-SNP) should cover something we denied, call Member Services at the numbers listed at the bottom of this page. You may be able to appeal our decision.

For questions about complaints and appeals, you can read **Chapter 9** of the *Member Handbook*. You can also call Wellcare Buckeye MyCare Ohio Dual Align (HMO D-SNP) Member Services at the numbers listed at the bottom of this page.

Appeals for Part D (Drugs)
Wellcare Buckeye MyCare Ohio Dual Align (HMO D-SNP)
Attn: Pharmacy Appeals
P.O. Box 31383
Tampa, FL 33631-3383
Phone: 1-855-445-3562 (TTY: 711)

Appeals for Part C (Medical and Part B Drugs)
Wellcare Buckeye MyCare Ohio Dual Align (HMO D-SNP)
Appeals Department - Medical
P.O. Box 10052
Van Nuys, CA 91410-0052
Phone: 1-855-445-3562 (TTY: 711)

Grievances for Part C (Medical and Part B Drugs) and Part D (Drugs)
Wellcare Buckeye MyCare Ohio Dual Align (HMO D-SNP)
Grievance Department
P.O. Box 10450
Van Nuys, CA 91410-0450
Phone: 1-855-445-3562 (TTY: 711)

H. What to do if you suspect fraud

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

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

- Call us at Wellcare Buckeye MyCare Ohio Dual Align (HMO D-SNP) Member Services. Phone numbers are listed at the bottom of this page.
- Or, call Medicare at 1-800-MEDICARE (1-800-633-4227). TTY users may call 1-877-486-2048. You can call these numbers for free.
- Or, call the Ohio Attorney General's Medicaid Fraud Control Unit at 1-614-466-0722, or the Ohio Attorney General's Help Center at 1-800-282-0515.

If you have general questions or questions about our plan, services, service area, billing, or Member ID Cards, please call Wellcare Buckeye MyCare Ohio Dual Align (HMO D-SNP) Member Services:
1-855-445-3562
Calls to this number are free. Between October 1 and March 31, representatives are available Monday–Sunday, 8 a.m. to 8 p.m. Between April 1 and September 30, representatives are available Monday–Friday, 8 a.m. to 8 p.m. Please note during after hours, weekends and federal holidays from April 1 to September 30, our automated phone system may answer your call. If you leave a voicemail message, please include your name, and telephone number and a team member will return your call within one (1) business day.
Member Services also has free language interpreter services available for non-English speakers.
TTY: 711
Calls to this number are free. Between October 1 and March 31, representatives are available Monday–Sunday, 8 a.m. to 8 p.m. Between April 1 and September 30, representatives are available Monday–Friday, 8 a.m. to 8 p.m.

If you have questions about your health:
Call your primary care provider (PCP). Follow your PCP's instructions for getting care when the office is closed.
If your PCP's office is closed, you can also call the Nurse Advice Call Line. A nurse will listen to your problem and tell you how to get care. (Example: urgent care, emergency room). The numbers for the Nurse Advice Call Line are:
1-855-445-3562.
Calls to this number are free. 24 hours a day, 7 days a week. Wellcare Buckeye MyCare Ohio Dual Align (HMO D-SNP) also has free language interpreter services available for non-English speakers.
TTY: 711
Calls to this number are free. 24 hours a day, 7 days a week.

If you need immediate behavioral health care, please call the 24 Hour Behavioral Health Crisis Line:

1-844-796-6811
Calls to this number are free. 24 hours a day, 7 days a week, 365 days a year.
Wellcare Buckeye MyCare Ohio Dual Align (HMO D-SNP) also has free language interpreter services available for non-English speakers.

TTY: 711
Calls to this number are free. 24 hours a day, 7 days a week, 365 days a year.

Pre-Enrollment Checklist

Before making an enrollment decision, it is important that you fully understand our benefits and rules. If you have any questions, you can call and speak to a Customer Service representative at 1-844-480-0680 (TTY 711). Between October 1 and December 15, representatives are available Sunday–Saturday, 8 a.m. to 8 p.m. Between December 16 and September 30, representatives are available Monday–Saturday, 8 a.m. to 8 p.m.

Understanding the Benefits

- ☐ The Member Handbook provides a complete list of all coverage and services. It is important to review plan coverage, costs, and benefits before you enroll. Visit go.wellcare.com/BuckeyeOH or call 1-844-480-0680 (TTY 711) to view a copy of the Member Handbook. Between October 1 and December 15, representatives are available Sunday–Saturday, 8 a.m. to 8 p.m. Between December 16 and September 30, representatives are available Monday–Saturday, 8 a.m. to 8 p.m.
- ☐ Review the provider directory (or ask your doctor) to make sure the doctors you see now are in the network. If they are not listed, it means you will likely have to select a new doctor.
- ☐ Review the pharmacy directory to make sure the pharmacy you use for any prescription medicine is in the network. If the pharmacy is not listed, you will likely have to select a new pharmacy for your prescriptions.
- ☐ Review the formulary to make sure your drugs are covered.

Understanding Important Rules

- ☐ Benefits may change on January 1, 2028.
- ☐ **Effect on Current Coverage.** If you are currently enrolled in a Medicare Advantage plan, your current Medicare Advantage healthcare coverage will end once your new Medicare Advantage coverage starts. If you have Tricare, your coverage may be affected once your new Medicare Advantage coverage starts. Please contact Tricare for more information. If you have a Medigap plan, once your Medicare Advantage coverage starts, you may want to drop your Medigap policy because you will be paying for coverage you cannot use. If you have a Marketplace plan, you will need to contact the Marketplace to cancel the plan. If you do not cancel your Marketplace plan, you may be paying for coverage you cannot use and there may be penalties on your next year's tax return.
- ☐ Except in emergency or urgent situations, we do not cover services by out-of-network providers (doctors who are not listed in the provider directory).
- ☐ This plan is a dual eligible special needs plan (D-SNP). Your ability to enroll will be based on verification that you are entitled to both Medicare and medical assistance from a state plan under Medicaid.