

Bill Payment

If you would like to set up automatic payments, please call 1-855-766-1851 (HMO), 1-866-389-7690 (HMO SNP), or go to allwell.buckeyehealthplan.com and follow the steps below.

Step 1

Log in with your existing account, or create a new account if you are a new user at allwell.buckeyehealthplan.com.

Need To Create An Account?

Registration is fast an simple, give it a try.

Create An Account

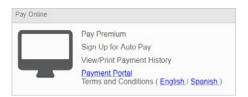
Step 2

Click on Pay My Premium.



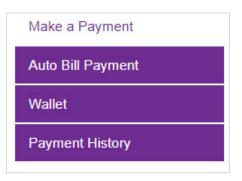
Step 3

Choose Payment Portal.



Step 4

Choose Make a Payment to make a one-time payment, or choose the Auto Bill Payment tab to set up automatic bill pay. Please note that your online payments will appear on your statement as Allwell.



Please note, payments are due on the first of each month. Depending on your outstanding balance, you may be drafted more than one month of premiums.

(continued)



Good news!
You can now pay
your premium
online.

Other ways to pay



SOCIAL SECURITY WITHHOLD/RAILROAD RETIREMENT BOARD

You can call Customer Service and request to have your monthly premiums deducted from your monthly Social Security check or Railroad Retirement Board check.

MAIL

You can send in your check, money order or cashier's check to the address on your statement.

If you have automatic bill pay set up with your bank, where the bank mails a check to Allwell for your monthly premium, please update your remittance address to match your statement.

We're grateful to have you as our member and will continue to improve our systems to ensure you have the best experience possible.

If you have any questions or need assistance with setting up your online account, please contact Member Services at the phone number listed on your billing statement. From October 1 to March 31, you can call us 7 days a week from 8 a.m. to 8 p.m. From April 1 to September 30, you can call us Monday through Friday from 8 a.m. to 8 p.m. A messaging system is used after hours, weekends, and on federal holidays.

Thank you,

Membership Accounting and Eligibility Department

Tip!
In order to ensure
your account is current,
please allow for standard
mailing times.



Section 1557 Non-Discrimination Language Notice of Non-Discrimination

Allwell complies with applicable federal civil rights laws and does not discriminate on the basis of race, color, national origin, age, disability, or sex. Allwell does not exclude people or treat them differently because of race, color, national origin, age, disability, or sex.

Allwell:

- Provides free aids and services to people with disabilities to communicate effectively with us, such as qualified sign language interpreters and written information in other formats (large print, accessible electronic formats, other formats).
- Provides free language services to people whose primary language is not English, such as qualified interpreters and information written in other languages.

If you need these services, contact Allwell's Member Services telephone number listed for your state on the Member Services Telephone Numbers by State Chart. From October 1 to March 31, you can call us 7 days a week from 8 a.m. to 8 p.m. From April 1 to September 30, you can call us Monday through Friday from 8 a.m. to 8 p.m. A messaging system is used after hours, weekends, and on federal holidays.

If you believe that Allwell has failed to provide these services or discriminated in another way on the basis of race, color, national origin, age, disability, or sex, you can file a grievance by calling the number in the chart below and telling them you need help filing a grievance; Allwell's Member Services is available to help you.

You can also file a civil rights complaint with the U.S. Department of Health and Human Services, Office for Civil Rights, electronically through the Office for Civil Rights Complaint Portal, available at https://ocrportal.hhs.gov/ocr/portal/lobby.jsf or by mail or phone at: U.S. Department of Health and Human Services, 200 Independence Avenue SW, Room 509F, HHH Building, Washington, DC 20201, 1-800-368-1019 (TTY: 1-800-537-7697).

Complaint forms are available at http://www.hhs.gov/ocr/office/file/index.html.

Member Services Telephone Numbers by State Chart

State	Telephone Number and Plan Type
Arizona	1-800-977-7522/1-877-935-8020 (HMO and HMO SNP) (TTY: 711)
Arkansas	1-855-565-9518 (HMO) (TTY: 711)
Florida	1-844-293-2636 (HMO); 1-877-935-8022 (HMO SNP) (TTY: 711)
Georgia	1-844-890-2326 (HMO); 1-877-725-7748 (HMO SNP) (TTY: 711)
Illinois	1-855-766-1736 (HMO) (TTY: 711)
Indiana	1-855-766-1541 (HMO and PPO); 1-833-202-4704 (HMO SNP) (TTY: 711)
Kansas	1-855-565-9519 (HMO); 1-833-402-6707 (HMO SNP) (TTY: 711)
Louisiana	1-855-766-1572 (HMO) (TTY: 711)
Mississippi	1-844-786-7711 (HMO); 1-833-260-4124 (HMO SNP) (TTY: 711)
Missouri	1-855-766-1452 (HMO); 1-833-298-3361 (HMO SNP) (TTY: 711)
New Mexico	1-844-810-7965 (HMO SNP) (TTY: 711)
Ohio	1-855-766-1851 (HMO); 1-866-389-7690 (HMO SNP) (TTY: 711)
Pennsylvania	1-855-766-1456 (HMO); 1-866-330-9368 (HMO SNP) (TTY: 711)
South Carolina	1-855-766-1497 (HMO and HMO SNP) (TTY: 711)
Texas	1-844-796-6811 (HMO); 1-877-935-8023 (HMO SNP) (TTY: 711)
Wisconsin	1-877-935-8024 (HMO SNP) (TTY: 711)

Section 1557 Non-Discrimination Language Multi-Language Interpreter Services

ENGLISH: ATTENTION: If you speak English, language assistance services, free of charge, are available to you. Call the Member Services number listed for your state in the Member Services Telephone Number Chart.

SPANISH: ATENCIÓN: Si habla español, hay servicios de asistencia de idiomas disponibles para usted sin cargo. Llame al número del Departamento de Servicios al Afiliado que se enumera para su estado en la Ficha de Números de Teléfono del Departamento de Servicios al Afiliado.

VIETNAMESE: **LƯU Ý:** Nếu quý vị nói tiếng Việt, chúng tôi có các dịch vụ hỗ trợ ngôn ngữ miễn phí dành cho quý vị. Xin vui lòng gọi số điện thoại phục vụ hội viên dành cho tiểu bang của quý vị trong Bảng số điện thoại dịch vụ hội viên.

CHINESE: **請注意**:如果您使用中文,您可以免費獲得語言援助服務。請撥會員服務部電話號碼表所列的您所在州的會員服務部號碼。

FRENCH CREOLE (HAITIAN CREOLE): ATANSYON: Si w pale kreyòl ayisyen, ou ka resevwa sèvis gratis ki la pou ede w nan lang pa w. Rele nimewo sèvis manm pou eta kote w rete a. W ap jwenn li nan tablo nimewo telefòn sèvis manm yo.

ARABIC:

تنبيه: إذا كنت تتحدث اللغة العربية، فإن خدمات المساعدة اللغوية المجانية مُتاحة لك. اتصل برقم خدمات الأعضاء المُدرج في لائحة رقم هاتف خدمات الأعضاء الخاص بالو لاية المقيم فيها.

FRENCH: ATTENTION: Si vous parlez français, un service d'aide linguistique vous est proposé gratuitement. Veuillez appeler le numéro de téléphone du Service aux membres spécifique à votre État qui se trouve dans le tableau de numéros de téléphone du Service aux membres.

RUSSIAN: **ВНИМАНИЕ!** Если Вы говорите на русском языке, мы можем предложить Вам бесплатные услуги переводчика. Позвоните в Отдел обслуживания участников по указанному для Вашего штата номеру в телефонном справочнике Отдела обслуживания участников

GERMAN: ACHTUNG: Falls Sie Deutsch sprechen, stehen Ihnen kostenlos sprachliche Hilfsdienstleistungen zur Verfügung. Rufen Sie bitte die für Ihren Bundesstaat zuständige Rufnummer des Mitgliederkundendiensts an, die im Telefonverzeichnis des Mitgliederkundendiensts angegeben ist.

TAGALOG: PAUNAWA: Kung nagsasalita ka ng Tagalog, may makukuha ka na mga libreng serbisyong pantulong sa wika. Tawagan ang numero ng Mga Serbisyo ng Miyembro na nakalista para sa iyong estado sa Tsart ng Numero ng mga Serbisyo ng Miyembro.

PORTUGUESE: ATENÇÃO: Se falar português, estão disponíveis, gratuitamente, serviços de assistência linguística. Ligue para o número dos Serviços aos Membros indicado para o seu estado na Tabela de números de telefone destes serviços.

PENNSYLVANIAN DUTCH: Geb Acht: Wann du Deitsch schwetze kannscht, un Hilf in dei eegni Schprooch brauchst, kannscht du es Koschdefrei griege. Ruf die Glieder Nummer von dei Staat, ass iss uff die Lischt an die Glieder Hilf Telefon Nummer Kaart.

GUJARATI: સાવધાન: જો તમે ગુજરાતી બોલતા હો તો, ભાષા સહાય સેવાઓ, નિઃશુલ્ક, તમારા માટે ઉપલબ્ધ છે. સભ્ય સેવા ટેલિફોન નંબર યાર્ટમાં તમારા રાજ્ય માટે સ્યબિદ્ધ સભ્ય સેવાઓ નંબર પર કૉલ કરો.

JAPANESE: **注意事項**:日本語を話される場合、無料の言語支援サービスをご利用いただけます。メンバーサービス電話番号チャートに記載されているお住まいの州のメンバーサービスまでお電話ください。

ITALIAN: ATTENZIONE: se parla italiano, sono disponibili per Lei servizi di assistenza linguistica gratuiti. Consulti la Tabella dei Numeri Telefonici dei Servizi per i Membri e chiami il numero dei Servizi per i Membri del Suo stato.

MARSHALLESE: LALE: Ñe kwōj kōnono Kajin Ḥajōl, kwomaroñ bōk jerbal in jipañ ilo kajin eo aṃ ilo ejjelok wōṇāan ñan kwe. Kaḷlok nōṃba in telpon in Jerbal in Jipañ ñan ro Uwaan eo ej jeje ñan state eo aṃ ilo Jaat in Nōṃba in Telpon in Jerbal in Jipañ ñan ro Uwaan.

LAOTIAN: ເອາໃຈໃສ: ່ຖາ້ທາ່ນເວາພາສາລາວ, ຈະມບີລໍກິານຊວ່ຍເຫຼືອດາ້ນພາສາໄວຄ້ອຍຖາ້ບລໍກິານທາ່ນ ໂດຍບຸເສຍຄາ່. ກະລຸນາໂທຫາເລກໝາຍບລໍກິານສະມາຊຸກິທລືະບໄວໃນລັດຂອງທາ່ນໃນແຜນພູມເລກໝາຍໂທລະສັ ບບລໍກິານສະມາຊຸກິ.

HMONG: CEEV FAJ: Yog koj hais lus Hmoob, muaj kev pab txhais lus pub dawb rau koj. Hu rau tus xov tooj ntawm Lub Chaw Pab Cuam Tswv Cuab ntawm koj lub xeev ntawm Tus Xov Tooj Ntawm Lub Chaw Pab Cuam Tswv Cuab Hauv Daim Ntawv No.

KOREAN: 알림사항: 귀하가 한국어를 사용하시는 경우, 무료 언어 지원 서비스를 받으실 수 있습니다. 가입자 서비스 전화번호 표에 있는 귀하의 주 가입자 서비스 안내번호로 전화하십시오.

HINDI: ध्यान दें: यद आप हिन्दी भाषी हैं, तो आपके लिए, भाषा सहायता सेवाएं, मुफ्त में, उपलब्ध हैं। सदस्य सेवा टेलीफोन नंबर चार्ट में अपने राज्य के लिए सूचीबद्ध सदस्य सेवा नंबर पर कॉल करें।

POLISH: UWAGA: Jeśli mówisz po polsku, możesz skorzystać z bezpłatnych usług tłumaczeniowych. Zadzwoń pod numer działu obsługi klienta odpowiedni dla twojego stanu, dostępny w Wypisie numerów telefonu działu obsługi klienta.

THAI: โปรดทราบ: หากคุณพูคภาษาไทย คุณสามารถขอรับบริการช่วยเหลือด้านภาษาโดยไม่เสียค่าใช้จ่าย โทรไปยัง หมายเลขบริการสมาชิกที่ระบุไว้ในรัฐของคุณในแผนภูมิหมายเลขโทรศัพท์สำหรับบริการสมาชิก

AMHARIC: ማሳሰቢያ: አማርኛ የሚያወሩ ከሆነ፣የቋንቋ እንዛ አንልግሎቶች ያለክፍያ አለልዎት፡፡ በ አባላት አንልግሎት የስልክ ቻርት ላይ ባለው በአባላት አንልግሎት ቁጥር ይደውሉ፡፡

PERSIAN:

توجه: اگر به زبان فارسی صحبت می کنید، خدمات امداد زبانی به طور رایگان در اختیار شما می باشند. با شماره تلفن خدمات عضا برای ایالت خود که در جدول شماره تلفن های خدمات اعضا ذکر شده تماس بگیرید.

BURMESE: သတိပျ်ရန်း ဗမာစကားပြောလျှင်၊ သင့်အတွက် ဘာသာစကားအကူအညီ ဝန်ဆဓာင်မှများ အခမဲ့ ရနိုင်ပါသည်။ အဖွဲ့ဝင်ဝန်ဆဓာင်မှများ တယ်လီဖုန်းနံပါတ်ဇယားထဲ၌ သင့်ပြည်နယ်အတွက် စာရင်းသွင်းထားသည့် အဖွဲ့ဝင်ဝန်ဆဓာင်မှများနံပါတ်ကို ဖုန်းခေါ်ပါ။

DUTCH: GRAAG UW AANDACHT: Indien u Nederlands spreekt, zijn taaldiensten gratis voor u beschikbaar. Gelieve de Ledendienstennummer vermeld voor uw staat in de Ledendiensten Telefoonnummer Tabel op te bellen.

PUNJABI: ਧਿਆਨ ਦੇਵੋ: ਜੇਕਰ ਤੁਸੀ ਪੰਜਾਬੀ ਬੋਲਦੇ ਹੋ ਤਾਂ ਤੁਹਾਡੇ ਲਈ ਬਨਿਾ ਕਿਸੇ ਮੁੱਲ ਦੇ ਭਾਸ਼ਾ ਸਹਾਇਤਾ ਸੇਵਾਵਾਂ ਉਪਲੱਬਧ ਹਨ। ਮੈਬਰ ਸੇਵਾਵਾਂ ਦੇ ਟੈਲੀਫੋਨ ਨੰਬਰ ਚਾਰਟ ਵੀਂਚ ਤੁਹਾਡੀ ਸਟੇਟ ਦੇ ਲਈ ਦੀਂਤੇ ਗਏ ਮੈਬਰ ਸੇਵਾਵਾਂ ਦੇ ਨੰਬਰ ਉੱਤੇ ਫੋਨ ਕਰੋ।

SWAHILI: TAHADHARI: Kama unazungumza Kiswahili, huduma ya msaada wa lugha, bure, zinapatikana kwa ajili yako. Piga Nambari ya Huduma ya Mwanachama iliyoorodheshwa ya jimbo lako kwenye hiyo Chati ya Nambari za Simu za Huduma ya Mwanachama.

URDU:

SERBOCROATIAN: NAPOMENA: Ako govorite hrvatski jezik, dostupne su vam besplatne usluge podrške na vašem jeziku. Pozovite broj za usluge podrške za države članice naveden u tablici telefonskih brojeva za usluge podrške u državama članicama.

CUSHITE:

تنبيه: إذا كنت تتحدث الكوشية، فإن خدمات المساعدة اللغوية المجانية متاحة لك. يُرجى الاتصال برقم خدمات الأعضاء المدرج لو لايتك في جدول أرقام هو اتف خدمات الأعضاء.

CHOCTAW: **Pisa:** Chahta anumpa ish anumpuli hokma, anumpa tosholi yvt peh pilla chia pela hinla. Tvli aianumpuli holhtena yvt holisso takanli ma chi state ibaiachvffa i toksvli ya i paya.

UKRAINIAN: **УВАГА!** Якщо Ви говорите українською, ми можемо запропонувати Вам безкоштовні послуги перекладача. Зателефонуйте до відділу обслуговування учасників за номером, зазначеним для Вашого штату в таблиці телефонних номерів відділів обслуговування учасників.

ROMANIAN: **ATENȚIE**: Dacă vorbiți românește, vă stau la dispoziție servicii gratuite de asistență lingvistică. Sunați numărul departamentului de servicii pentru membri aparținând statului dumneavoastră care se găsește în tabelul cu numere de telefon ale departamentelor de servicii pentru membri.

MON-KHMER, CAMBODIAN: ចំណាប់អារម្មមណ៍៖ បីសិនអុនកនិយាយភាសាខុមរំ សវោជំនួយភាសាដាយឥតគិតថ្លល់ គឺមានសំរាប់អុនក។ ទូរស័ព្ទទៅលខេសវោសមាជិក ដលែមានកត់សំរាប់រដ្ឋឋរបស់អុនក កូនុងតារាងលខេទូរស័ព្ទទសវោសមាជិក។

ALBANIAN: VINI RE: Në rast se flisni shqip, do të keni falas në dispozicionin tuaj shërbimet e ndihmës gjuhësore. Merrni në telefon numrin e Shërbimeve për Anëtarin të shtetit tuaj që do ta gjeni në Listën e Numeratorit Telefonik të Shërbimeve për Anëtarin.

NAVAJO: BAA' ÁKONÍNÍZIN: Bilagáana bizaad bee yániłti'go, saad bee aka'e'eyeed bee aka'aná'awo'í, t'áá jiik'eh bee ná'ahoot'i' dooleeł. Hoyahgo Báhada'dít'éhígíí Bee Bika'anída'awo' Béésh Bee Hane'í Naaltsoos Dabiká'ígíí biyi' nitsaago nił hahoodzooígíí biyi' Báhada'dít'éhígíí Bee Aka'anída'awo' bibéésh bee hane'í biká'ígíí bee hodíilnih.

SYRIAC:

ىەسەكىي ئى ئېيىغەك حغىسمەمەك يەھەۋى بۇندى دەخقىدىپ دۆتىدى خىلىدى خىلىدى دىدى دەئىدى كەنىئى كىلەمك مەسەكىي ئىل ھىيىيە دەۋىچى دخەھىدىيى دىدىنىيەركى دەنىڭ دىنىڭ دىنىڭ دىنىيى دىنىيى دەنىيى كىلىمىكىكەن دخەھىدىيىيى

GREEK: ΠΡΟΣΟΧΗ: Εάν μιλάτε ελληνικά, διατίθενται για εσάς δωρεάν υπηρεσίες γλωσσικής βοήθειας. Καλέστε την Υπηρεσία Εξυπηρέτησης Μελών στον αριθμό που αναγράφεται για την πολιτεία σας στον Πίνακα Τηλεφώνων Εξυπηρέτησης Μελών.

Allwell is contracted with Medicare for HMO, HMO SNP and PPO plans, and with some state Medicaid programs. Enrollment in Allwell depends on contract renewal.