



Wellcare Buckeye MyCare Ohio Dual Align (HMO-DSNP) offered by Wellcare By Buckeye Health Plan

Annual Notice of Change for 2026

Introduction

You're currently enrolled as a member of our plan. Next year, there will be some changes to our benefits, coverage, and rules. This *Annual Notice of Change* 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 go.wellcare.com/BuckeyeOH. Call Member Services at the number at the bottom of the page to get a copy by mail. Key terms and their definitions appear in alphabetical order in the last chapter of your *Member Handbook*.

Additional resources

- This document is available for free in Spanish.
- You can get this Annual Notice of Change 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.
- To make a standing request, change a standing request or make a one-time request for materials in a language other than English or in an alternate format, please call Wellcare Buckeye MyCare Ohio Dual Align (HMO D-SNP) at 1 855-445-3562 (TTY 711). We will document your choice. Between October 1 and March 31, representatives are available Monday-Sunday, 8 a.m. to 8 p.m.

OMB Approval 0938-1444 (Expires: June 30, 2026)

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.



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.

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A. Disclaimers

- ❖ Wellcare is the Medicare brand for Centene Corporation, an HMO, PPO, PFFS, 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.

B. Reviewing your Medicare and Medicaid coverage for next year

It's important to review your coverage now to make sure it will still meet your needs next year. If it doesn't meet your needs, you may be able to leave our plan. Refer to **Section E** for more information on changes to your benefits for next year.

New members to Wellcare Buckeye MyCare Ohio Dual Align (HMO D-SNP): In most instances you'll be enrolled in Wellcare Buckeye MyCare Ohio Dual Align (HMO D-SNP) for your Medicare benefits the 1st day of the month after you request to be enrolled in our plan. You may still receive your Ohio Medicaid from your previous Ohio Medicaid health plan for one additional month. After that, you'll receive your Ohio Medicaid services through our plan. There will be no gap in your Ohio Medicaid coverage. Please call us at the number at the bottom of the page if you have any questions.

If you choose to leave our plan, your membership will end on the last day of the month in which your request was made. You'll still be in the Medicare and Medicaid programs as long as you're eligible. If you choose to leave our plan to enroll in another integrated MyCare plan, your Medicare and Medicaid membership will end on the last day of the month in which your request was made. If you choose to leave our Medicare plan to enroll in a different Medicare plan that isn't integrated with Medicaid, you'll continue to be enrolled with us as a Medicaid-only member as long as you're eligible.

If you leave our plan, you can get information about your:

- Medicare options in the table in **Section G2**.
- Medicaid options and services in **Section G2**.

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B1. Information about Wellcare Buckeye MyCare Ohio Dual Align (HMO D-SNP)

- Wellcare Buckeye MyCare Ohio Dual Align (HMO D-SNP) is a health plan that contracts with both Medicare and Medicaid to provide benefits of both programs to members.
- When this *Annual Notice of Change* says “we,” “us,” “our,” or “our plan,” it means Wellcare Buckeye MyCare Ohio Dual Align (HMO D-SNP).

B2. 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?
 - Review benefit changes to make sure they’ll work for you next year.
 - Refer to **Section E1** for information about benefit changes for our plan.
- **Check if there are any changes to our drug coverage that may affect you.**
 - Will your drugs be covered? Can you use the same pharmacies? Will there be any changes such as prior authorization, step therapy or quantity limits?
 - Review changes to make sure our drug coverage will work for you next year.
 - Refer to **Section E2** 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?
 - Refer to **Section D** 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’re happy with our plan.**

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If you decide to stay with Wellcare Buckeye MyCare Ohio Dual Align (HMO D-SNP):

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 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 G2** for more information). If you enroll in a new plan, or change to Original Medicare, your new coverage will begin on the first day of the following month.

C. Changes to our plan name

On January 1, 2026, our plan name changes from Wellcare Dual Access (HMO-POS D-SNP) to Wellcare Buckeye MyCare Ohio Dual Align (HMO D-SNP).

You will get a new plan ID card in the mail. You can use this new card for both your Medicaid and Medicare benefits. From now on, any letters or messages you get from us will show this new plan name: Wellcare Buckeye MyCare Ohio Dual Align (HMO D-SNP).

D. Changes to our network providers and pharmacies

Our provider and pharmacy networks have changed for 2026.

Please review the 2026 *Provider and Pharmacy Directory* to find out if your providers (primary care provider, specialists, hospitals, etc.) or pharmacy are in our network. An updated *Provider and Pharmacy Directory* is located on our website at go.wellcare.com/2026providerdirectories. You may also call Member Services at the numbers at the bottom of the page for updated provider information or to ask us to mail you a *Provider and Pharmacy Directory*.

It's important that you know that we may also make changes to our network during the year. If your provider leaves our plan, you have certain rights and protections. For more information, refer to **Chapter 3** of your *Member Handbook* or call Member Services at the number at the bottom of the page for help.

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E. Changes to benefits for next year

E1. Changes to benefits for medical services

We're changing our coverage for certain medical services next year. The table below describes these changes.

	2025 (this year)	2026 (next year)
Out-of-Network Point-of-Service (POS) Coverage: Routine dental benefits	Out-of-network routine (non-Medicare-covered) dental services <u>only</u> are covered through your POS benefit.	Out-of-network routine (non-Medicare-covered) dental services through POS isn't covered.
Chronic respiratory management program	Chronic respiratory management program isn't offered.	Chronic respiratory management program is available for qualifying members who are diagnosed with chronic obstructive pulmonary disease (COPD) or chronic bronchitis. Participation in care management is required for eligibility. Qualifying members will also receive the following: You pay a \$0 copay for durable medical equipment (DME) ordered as part of the chronic respiratory program.] You pay a \$0 copay for nebulizer and respiratory related supplies ordered as part of the chronic respiratory program. You pay a \$0 copay for Part B respiratory management medications ordered as part
This section is continued on the next page		

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Chronic respiratory management program		of the chronic respiratory program through mail order.
Fitness benefit	Fitness benefit isn't covered.	<p>You pay a \$0 copay for the fitness benefit.</p> <p>The fitness benefit offers access to participating fitness centers, provides digital resources through virtual classes, on-demand videos and a mobile app. For members who do not live near a participating fitness center or prefer to exercise at home, can choose from available at home kits to be shipped to them at no cost.</p>
<p>Home based palliative care</p> <p>This section is continued on the next page</p>	Home based palliative care isn't covered.	<p>You pay a \$0 copay for each covered service. Benefit includes 24/7 access to a multidisciplinary team for members who have been diagnosed with serious or life-threatening illness.</p> <p>If eligible, you receive a specialized care program focused on symptom management, addressing physical and mental health needs, caregiver engagement, and education and planning. Services are available virtually, telephonically, and via in-</p>

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	2025 (this year)	2026 (next year)
Home based palliative care		home visits. A clinical assessment will be completed to determine eligibility.
In-home support services	You pay a \$0 copay for 6 visits every year. Services include cleaning, household chores and meal preparation as well as provide assistance with activities of daily living.	You pay a \$0 copay for 12 visits every year. Services include cleaning, household chores and meal preparation.
Meals - Chronic (limitations and exclusions apply)	Meals - Chronic isn't covered.	You pay a \$0 copay for chronic meals. There is a maximum of 3 meals per day for up to 28 days, for a maximum of 84 meals per month. The benefit may be received for up to 3 months.
Meals - Post-acute (limitations and exclusions apply)	Meals benefit- post-acute isn't covered.	You pay a \$0 copay for post-acute meals. There is a maximum of 3 meals per day for 14 days for a total of 42 meals.
Routine dental services - Diagnostic and preventive dental services - Prophylaxis (cleaning)	You pay a \$0 copay. Limited to 2 cleanings every year.	Prophylaxis (cleaning) service isn't provided under the Medicare coverage.
Routine dental services - Diagnostic and preventive dental services - Fluoride treatments	You pay a \$0 copay. Limited to 1 fluoride treatment every year.	Fluoride treatment isn't provided under the Medicare coverage.

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	2025 (this year)	2026 (next year)
Routine dental services - Diagnostic and preventive dental services - Other preventive dental services	You pay a \$0 copay. Limited to 1 other preventive dental service every date of service to 36 month(s) depending on type of service.	You pay a \$0 copay. Limited to 1 other preventive dental service per tooth per 6 months depending on type of service.
Routine dental services - Comprehensive dental services - Adjunctive general services	You pay a \$0 copay. Limited to 1 adjunctive general service every date of service to 60 months depending on type of service.	You pay a \$0 copay. Limited to 1 adjunctive general service every date of service to 24 months depending on type of service.
Special Supplemental Benefits for the Chronically III (SSBCI) – Qualifying Conditions	<p>The following are not qualified conditions:</p> <ul style="list-style-type: none"> • Chronic kidney disease (CKD) • Conditions that require continued therapy services in order for individuals to maintain or retain functioning (Include Muscular Dystrophy) • Overweight, obesity, and metabolic syndrome (includes Hyperlipidemia/Dyslipidemia) • Post-organ transplantation <p>Please see your <i>Member Handbook</i> for more information.</p>	<p>The following are qualified conditions:</p> <ul style="list-style-type: none"> • Chronic kidney disease (CKD) • Conditions that require continued therapy services in order for individuals to maintain or retain functioning (Include Muscular Dystrophy) • Overweight, obesity, and metabolic syndrome (includes Hyperlipidemia/Dyslipidemia) • Post-organ transplantation <p>Please see your <i>Member Handbook</i> for more information.</p>
Special Supplemental Benefits for the Chronically III (SSBCI) This section is continued on the next page	If you qualify for SSBCI, you will get an extra \$100 monthly added to your Wellcare Spendables® card (for a total of \$177 monthly allowance) to spend on the benefits shown	If you qualify for SSBCI, you may use your monthly Wellcare Spendables® allowance on the benefits shown below. The allowance is combined with your OTC,

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<p>Special Supplemental Benefits for the Chronically III (SSBCI)</p> <p>Benefits mentioned are a part of Special Supplemental Benefits for the Chronically III. 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.</p> <p style="text-align: center;">This section is continued on the next page</p>	<p>below. The allowance is combined with your Over-the-Counter (OTC) benefit. The benefit will be available on the first of the month following when you are determined eligible.</p> <p>You pay a \$0 copay. See the Wellcare Spendables® section in this chart for more information about the Wellcare Spendables® card.</p> <p>Gas pay-at-pump If eligible, you can use your Wellcare Spendables® 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 to pump gas up to the available allowance amount.</p> <p>Healthy Food If eligible, you can use your Wellcare Spendables® card to help pay for approved healthy and nutritious foods and produce at participating retailers. Prepared meals are available for order via the online portal. The allowance cannot be used to buy tobacco or alcohol. Approved items include:</p> <ul style="list-style-type: none"> • Meat and poultry • Fruits and vegetables • Nutritional drinks • And more 	<p>Dental, Vision, and Hearing benefit. Once determined eligible these expanded benefits will be available in 7-10 business days.</p> <p>You pay a \$0 copay. See the Wellcare Spendables® section in this chart for more information about the Wellcare Spendables® card.</p> <p>Gas pay-at-pump If eligible, you can use your Wellcare Spendables® 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 to pump gas up to the available allowance amount.</p> <p>Healthy Food If eligible, you can use your Wellcare Spendables® card to help pay for approved healthy and nutritious foods and produce at participating retailers. Prepared meals and produce boxes are available for order via the online portal. The allowance cannot be used to buy tobacco or alcohol. Approved items include:</p> <ul style="list-style-type: none"> • Meat and poultry • Fruits and vegetables • Nutritional drinks.

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<p>Special Supplemental Benefits for the Chronically III (SSBCI)</p> <p>All applicable eligibility requirements must be met before the benefit is provided. For details, please contact us or see the plan’s <i>Member Handbook</i>.</p>	<p>Home Improvement and Safety Items If eligible, you can use your card to help with the cost of home improvement and safety items:</p> <ul style="list-style-type: none"> • Grab bars or doorknobs and non-slip floor coverings • Safety chairs and bathroom modification aids • Portable air conditioning and air quality products • Pest and insect control supplies <p>Utility Assistance If eligible, you can use your Wellcare Spendables® card to help pay for plan approved utilities for your home including:</p> <ul style="list-style-type: none"> • Electric, gas, sanitary / trash, and water utilities services • Landline and cell phone service • Internet service • Cable TV (excluding streaming services) • Certain petroleum expenses, such as home heating oil <p>Rent Assistance If eligible, you can use your Wellcare Spendables® card to help with the cost of rent for your home.</p>	<p>Home Assistance and Safety Items If eligible, you can use your card to help with the cost of home assistance and safety items, including installation services for certain products. Approved items and services include:</p> <ul style="list-style-type: none"> • Grab bars or doorknobs and non-slip floor coverings • Safety chairs and bathroom modification aids • Portable air conditioning and air quality products • Pest and insect control supplies and in-home treatments <p>Utility Assistance If eligible, you can use your Wellcare Spendables® card to help pay for plan approved utilities for your home include:</p> <ul style="list-style-type: none"> • Electric, gas, sanitary / trash, and water utilities services • Landline and cell phone service • Internet service • Cable TV (excluding streaming services) • Certain petroleum expenses, such as home heating oil <p>Rent Assistance If eligible, you can use your Wellcare Spendables® card to help with the cost of rent for your home.</p>

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Transportation services	You pay a \$0 copay for 48 non-emergency trips within our service area every year. Rides (also called “trips”) are limited to 75 miles one-way and up to 4 one-way trips per day. For routine care, call up to 1 month and at least 3 days in advance. Same day rides are subject to availability. A trip is considered one-way transportation by taxi, van or rideshare services to a healthcare location.	Transportation service isn’t provided under the Medicare coverage. Medicaid coverage offers up to 20 round-trip visits (40 one-way trips) per member per 12-month period to covered healthcare/dental appointments, WIC appointments, and redetermination appointments with your Ohio Dept of Job and Family Services (ODJFS) caseworker.
Worldwide emergency/urgent coverage (outside the United States)	You pay a \$110 copay for each covered service up to \$50,000 allowance every year. Copayment is <u>not</u> waived if you are admitted to a hospital.	You pay a \$115 copay for each covered service up to \$50,000 allowance every year. Copayment is <u>not</u> waived if you are admitted to a hospital.
Vision care - Routine eyewear	You pay a \$0 copay. Up to a \$400 combined credit every year for contact lenses and eyeglasses (including lenses and frames).	You pay a \$0 copay. Up to a \$600 combined credit every year for contact lenses and eyeglasses (including lenses and frames).

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Wellcare Spendables®	<p>You pay a \$0 copay. You receive a \$100 monthly allowance to be used towards certain benefits.</p>	<p>You pay a \$0 copay. You will receive a \$215 monthly allowance preloaded on your Wellcare Spendables® card to spend on OTC items, Dental, Vision, and Hearing services. Your monthly allowance rolls over to the following month if unused and expires at the end of the plan year.</p> <p>Your card allowance can be used towards:</p> <p>Over-the-Counter items (OTC): You can use your card at participating retail locations, through the mobile app, or by logging in to your member portal to place an order for home delivery.</p> <p>Dental, Vision, and Hearing: You may use your card to help reduce your out-of-pocket expenses for qualifying dental, vision, and/or hearing services. The card may be used to pay your dental, vision, or hearing provider directly. Please refer to your <i>Member Handbook</i> for more information.</p>
This section is continued on the next page		

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	2025 (this year)	2026 (next year)
Wellcare Spendables®		<p>Benefits mentioned below are part of SSBCI. Not all members will qualify. You must meet eligibility criteria for the following plan benefits. If you qualify, your card allowance can also be used towards:</p> <ul style="list-style-type: none"> • Gas pay-at-pump • Healthy Food • Home Assistance and Safety Items • Rent Assistance • Utility Assistance • Pest Control Items and Services <p>See Special Supplemental Benefits for the Chronically Ill (SSBCI) in this chart for more information on these benefits.</p>
Prior Authorizations	The following in-Network benefits have a change in prior authorization requirements.	
	<p>The below listed services may require prior authorization:</p> <ul style="list-style-type: none"> - Additional telehealth benefits 	<p>The below listed services do not require prior authorization:</p> <ul style="list-style-type: none"> - Additional telehealth benefits
Referrals	<p>The below listed services do not require a referral:</p> <ul style="list-style-type: none"> - In-home support services - Meals - Chronic - Meals - Post-Acute 	<p>The below listed services may require a referral:</p> <ul style="list-style-type: none"> - Home based palliative care - In-home support services - Meals - Chronic - Meals - Post-Acute

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E2. Changes to drug coverage

Changes to our *Drug List*

An updated *List of Covered Drugs* is located on our website at go.wellcare.com/BuckeyeOH. You may also call Member Services at the numbers at the bottom of the page 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 drugs we cover and changes to the restrictions that apply to our coverage for certain drugs or moving them to a different cost-sharing tier.

Review the *Drug List* to **make sure your drugs will be covered next year** and to find out if there are any restrictions or if your drug has been moved to a different cost-sharing tier.

Most of the changes in the *Drug List* are new for the beginning of each year. However, we might make other changes that are allowed by Medicare and/or the state that will affect you during the calendar year. We update our online *Drug List* at least monthly to provide the most up to date list of drugs. If we make a change that will affect a drug you're taking, we'll send you a notice about the change.

If you're 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 the numbers at the bottom of the page 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.
- Ask us to cover a temporary supply of the drug.
 - In some situations, we cover a **temporary** supply of the drug during the first 90 days of the calendar year.
 - This temporary supply is for up to 30 day of medication at a retail pharmacy and at a long-term care pharmacy, up to 31 day. (To learn more about when you can get a temporary supply and how to ask for one, refer to **Chapter 5** of your *Member Handbook*.)
 - When you get a temporary supply of a drug, talk with your doctor about what to do when your temporary supply runs out. You can either switch to a

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different drug our plan covers or ask us to make an exception for you and cover your current drug.

If we approved your formulary exception in 2025, your authorization may still be valid. Please refer to your approval letter, which contains the end date of your formulary exception. If you can't find your approval letter or have questions, please call Member Services.

Changes to drug costs

We moved some of the drugs on the *Drug List* to a lower or higher drug tier. To find out if your drugs are in a different tier, look them up in the *Drug List*.

The following table shows your costs for drugs in each of our six drug tiers.

	2025 (this year)	2026 (next year)
<p>Drugs in Tier 1 (Preferred Generic)</p> <p>Cost for a one-month supply of a drug in Tier 1 that's filled at a network pharmacy</p>	<p>Your copay for a one-month (30-day) supply depends on your level of Extra Help.</p> <p>For generic drugs (including brand drugs treated as generic), you pay:</p>	<p>Your copay for a one-month (30-day) supply is \$0.</p>
<p>Drugs in Tier 2 (Generic)</p> <p>Cost for a one-month supply of a drug in Tier 2 that's filled at a network pharmacy</p>	<ul style="list-style-type: none"> ○ \$0 copay or ○ \$1.60 copay or ○ \$4.90 copay for a one month supply 	<p>Your copay for a one-month (30-day) supply is \$0.</p>
<p>Drugs in Tier 3 (Preferred Brand)</p> <p>Cost for a one-month supply of a drug in Tier 3 that's filled at a network pharmacy</p> <p>This section is continued on the next page</p>	<p>For all other covered drugs, you pay:</p> <ul style="list-style-type: none"> ○ \$0 copay or ○ \$4.80 copay or ○ \$12.15 copay for a one month supply 	<p>Your copay for a one-month (30-day) supply is \$0.</p>

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.



	2025 (this year)	2026 (next year)
<p>Drugs in Tier 4 (Non-Preferred Drug)</p> <p>Cost for a one-month supply of a drug in Tier 4 that's filled at a network pharmacy</p>		Your copay for a one-month (30-day) supply is \$0 .
<p>Drugs in Tier 5 (Specialty Tier)</p> <p>Cost for a one-month supply of a drug in Tier 5 that's filled at a network pharmacy</p>		Your copay for a one-month (30-day) supply is \$0 .
<p>Drugs in Tier 6 (Select Care Drugs)</p> <p>Cost for a one-month supply of a drug in Tier 6 that's filled at a network pharmacy</p>	Your copay for a one-month (30-day) supply is \$0 .	Your copay for a one-month (30-day) supply is \$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.



F. Administrative changes

The information in the Administrative Changes grid below reflects year over year changes to your plan that do not directly impact benefits or cost-shares.

	2025 (this year)	2026 (next year)
Preferred Part B Diabetic Products	OneTouch™ is our preferred diabetic testing supplies (glucose monitors & test strips) brand. Other brands are not covered unless medically necessary and authorized.	Accu-Chek™ Guide and True Metrix™ are our preferred diabetic testing supplies (glucose monitors & test strips). Other brands are not covered unless medically necessary and authorized.
Advance Coverage Determination Request	Members could request a Coverage Determination prior to the upcoming benefit year effective date.	Members can request a Coverage Determination on or after 1/1/2026. Any request submitted prior to this date will only be evaluated for the current benefit year.

G. Choosing a plan

G1. Staying in our plan

We hope to keep you as a plan member. You don't have to do anything to stay in our plan. Unless you sign up for a different Medicare plan or change to Original Medicare, you'll automatically stay enrolled as a member of our plan for 2026.

G2. Changing plans

Most people with Medicare can end their membership during certain times of the year. Because you have Medicaid, you can end your membership in our plan any month of the year. Since Wellcare Buckeye MyCare Ohio Dual Align (HMO D-SNP) covers both Medicare and Medicaid services, your Medicaid coverage is aligned to match your selected MyCare Medicare plan. As long as you're enrolled in this MyCare plan for your Medicare benefits, your Medicaid enrollment will be with Wellcare Buckeye MyCare Ohio Dual Align (HMO D-SNP) plan as well.

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.



In addition, you may end your membership in our plan during the following periods:

- The **Open Enrollment Period**, which lasts from October 15 to December 7. If you choose a new plan during this period, your membership in our plan ends on December 31 and your membership in the new plan starts on January 1.
- The **Medicare Advantage (MA) Open Enrollment Period**, which lasts from January 1 to March 31. If you choose a new plan during this period, your membership in the new plan starts the first day of the next month.

There may be other situations when you're eligible to make a change to your enrollment. For example, when:

- you moved out of our service area,
- your eligibility for Medicaid or Extra Help changed, **or**
- you recently moved into or are currently getting care in an institution (like a skilled nursing facility or a long-term care hospital). If you recently moved out of an institution, you can change plans or change to Original Medicare for two full months after the month you move out.

Your Medicare services

You have four options for getting your Medicare services listed below any month of the year. You have an additional option listed below during certain times of the year including the **Open Enrollment Period** and the **Medicare Advantage Open Enrollment Period** or other situations described in **Section G2**. By choosing one of these options, you automatically end your membership in our plan. You may also make a selection of a different integrated MyCare Ohio plan in any month of the year. This will result in your membership with us ending, and your enrollment will transfer to the MyCare plan you choose for both your Medicare and Medicaid benefits on the first of the month following when your selection is made.

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.



<p>1. You can change to:</p> <p>Another plan that provides your Medicare and most or all of your Medicaid benefits and services in one plan, also known as an integrated dual-eligible special needs plan (D-SNP) or a Program of All-inclusive Care for the Elderly (PACE) plan, if you qualify.</p>	<p>Here is what to do:</p> <p>Call Medicare at 1-800-MEDICARE (1-800-633-4227). TTY users should call 1-877-486-2048.</p> <p>For Program of All-inclusive Care for the Elderly (PACE) inquiries, call 1-800-266-4346.</p> <p>If you need help or more information:</p> <ul style="list-style-type: none">• Call the Ohio Senior Health Insurance Information Program (OSHIIP) program at (800) 686-1578 or email oshiipmail@insurance.ohio.gov Monday - Friday 7:30am - 5:00pm. For more information or to find a local OSHIIP office in your area, please visit www.insurance.ohio.gov/about-us/divisions/oshiip. <p>OR</p> <p>Enroll in a new integrated D-SNP.</p> <p>You'll automatically be disenrolled from our plan when your new plan's coverage begins.</p> <p>Ohio Medicaid will automatically align your Medicaid enrollment to match your plan selection.</p>
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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.



<p>2. You can change to:</p> <p>Original Medicare with a separate Medicare drug plan</p>	<p>Here is what to do:</p> <p>Call Medicare at 1-800-MEDICARE (1-800-633-4227). 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 Senior Health Insurance Information Program (OSHIIP) program at (800) 686-1578 or email oshiipmail@insurance.ohio.gov Monday - Friday 7:30am - 5:00pm. For more information or to find a local OSHIIP office in your area, please visit www.insurance.ohio.gov/about-us/divisions/oshiip. <p>OR</p> <p>Enroll in a new Medicare drug plan.</p> <p>You'll automatically be disenrolled from our plan when your Original Medicare coverage begins.</p> <p>Switching to Original Medicare won't affect your Ohio Medicaid enrollment.</p>
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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.



<p>3. You can change to:</p> <p>Original Medicare without a separate Medicare drug plan</p> <p>NOTE: If you switch to Original Medicare and don't 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 the Ohio Senior Health Insurance Information Program (OSHIIP) program at (800) 686-1578 or email oshiipmail@insurance.ohio.gov Monday - Friday 7:30am - 5:00pm. For more information or to find a local OSHIIP office in your area, please visit www.insurance.ohio.gov/about-us/divisions/oshiip.</p>	<p>Here is what to do:</p> <p>Call Medicare at 1-800-MEDICARE (1-800-633-4227). 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 Senior Health Insurance Information Program (OSHIIP) program at (800) 686-1578 or email oshiipmail@insurance.ohio.gov Monday - Friday 7:30am - 5:00pm. For more information or to find a local OSHIIP office in your area, please visit www.insurance.ohio.gov/about-us/divisions/oshiip. <p>You'll automatically be disenrolled from our plan when your Original Medicare coverage begins.</p> <p>Switching to Original Medicare won't affect your Ohio Medicaid enrollment.</p>
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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.



<p>4. You can change to:</p> <p>Any Medicare health plan during certain times of the year including the Open Enrollment Period and the Medicare Advantage Open Enrollment Period or other situations described in Section A.</p>	<p>Here is what to do:</p> <p>Call Medicare at 1-800-MEDICARE (1-800-633-4227). TTY users should call 1-877-486-2048.</p> <p>For Program of All-Inclusive Care for the Elderly (PACE) inquiries, call 1-800-266-4346.</p> <p>If you need help or more information:</p> <ul style="list-style-type: none">• Call the Ohio Senior Health Insurance Information Program (OSHIIP) program at (800) 686-1578 or email oshiipmail@insurance.ohio.gov Monday - Friday 7:30am - 5:00pm. For more information or to find a local OSHIIP office in your area, please visit www.insurance.ohio.gov/about-us/divisions/oshiip. <p>OR</p> <p>Enroll in a new Medicare plan.</p> <p>You're automatically disenrolled from our Medicare plan when your new plan's coverage begins.</p> <p>Your Medicaid won't be affected by switching Medicare plans, unless you're choosing a PACE program. If you choose PACE coverage, then your Medicaid will be covered through PACE.</p>
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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.



Your Medicaid services

For questions about how to get your Medicaid services after you leave our plan, contact 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. Ask how joining another plan or returning to Original Medicare affects how you get your Medicaid coverage.

H. Getting help

H1. Our plan

We're here to help if you have any questions. Call Member Services at the numbers at the bottom of the page during the days and hours of operation listed. These calls are toll-free.

Read your *Member Handbook*

Your *Member Handbook* is a legal, detailed description of our plan's benefits. It has details about benefits for 2026. It explains your rights and the rules to follow to get services and drugs we cover.

The *Member Handbook for 2026 will be available by October 15*. An up-to-date copy of the *Member Handbook* is available on our website at go.wellcare.com/BuckeyeOH. You may also call Member Services at the numbers at the bottom of the page to ask us to mail you a *Member Handbook* for 2026.

Our website

You can visit our website at go.wellcare.com/BuckeyeOH. 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)*.

H2. Ohio Senior Health Insurance Information Program (OSHIIP)

You can also call the state health insurance program (SHIP). In Ohio the SHIP is called the Ohio Senior Health Insurance Information Program (OSHIIP) OSHIIP can help you understand your plan choices and answer questions about switching plans. OSHIIP isn't connected with us or with any insurance company or health plan. OSHIIP has trained counselors in every location and services are free. OSHIIP phone number is (800) 686-1578. For more information or to find a local OSHIIP office in your area, please visit www.insurance.ohio.gov/about-us/divisions/oshiip.

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.



H3. MyCare Ohio Ombudsperson

The MyCare Ohio Ombudsman is an ombudsman program that can help you if you are having a problem with Wellcare Buckeye MyCare Ohio Dual Align (HMO D-SNP) plan. The ombudsman's services are free.

- 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 a.m. to 5:00 p.m.

H4. Medicare

To get information directly from Medicare, call 1-800-MEDICARE (1-800-633-4227). TTY users should call 1-877-486-2048.

- chat live at www.Medicare.gov/talk-to-someone
- write to Medicare at PO Box 1270, Lawrence, KS 66044.

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.



Medicare’s Website

You can visit the Medicare website (www.medicare.gov). If you choose to disenroll from our plan and enroll in another Medicare plan, the Medicare website has information about costs, coverage, and quality ratings to help you compare plans.

You can find information about Medicare plans available in your area by using Medicare Plan Finder on Medicare’s website. (For information about plans, refer to www.medicare.gov and click on “Find plans.”)

Medicare & You 2026

You can read the *Medicare & You 2026* 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. This handbook is also available in Spanish, Chinese, and Vietnamese.

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). TTY users should call 1-877-486-2048.

H5. Quality Improvement Organization (QIO)

Our state has an organization called QIO. This is a group of doctors and other health care professionals who help improve the quality of care for people with Medicare. The QIO is an independent organization. It’s not connected with our plan.

CALL	1-888-524-9900
TTY	711
WRITE	BFCC-QIO Program Commence Health PO Box 2687 Virginia Beach, VA 23450
WEBSITE	https://www.livantaqio.cms.gov/en

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.



Contact the QIO for help with:

- questions about your health care rights
- making a complaint about the care you got if you:
 - have a problem with the quality of care such as getting the wrong medication, unnecessary tests or procedures, or a misdiagnosis,
 - think your hospital stay is ending too soon, **or**
 - think your home health care, skilled nursing facility care, or comprehensive outpatient rehabilitation facility (CORF) services are ending too soon.

H6. Medicaid

Medicaid helps with medical and long-term services and supports costs for people with limited incomes and resources.

You're enrolled in Medicare and in Medicaid. If you have questions about the help you get from Medicaid, call the Ohio Medicaid Hotline 1-800-324-8680 Customer Service: Mon-Fri 7am-8pm and Sat 8am-5pm ET.

CALL	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	TTY users should call the Ohio Relay Service at 7-1-1.
WRITE	505 South High Street Columbus, Ohio 43215
WEBSITE	www.ohiomh.com/

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.



Notice of Availability of Language Assistance Services and Auxiliary Aids and Services

ATTENTION: If you speak a language other than English, free language assistance services are available to you. Appropriate auxiliary aids and services to provide information in accessible formats are also available free of charge. Call 1-855-445-3562 (TTY: 711).

Español ATENCIÓN: Contamos con servicios de asistencia lingüística que se encuentran disponibles para usted de manera gratuita. También se encuentran disponibles de manera gratuita ayudas y servicios auxiliares adecuados para proporcionar información en formatos accesibles. Llame al 1-855-445-3562 (TTY: 711).

יידיש אויפֿמערקזאַמקייט: פֿרייע שפּראַך הילף סערוויסעס זענען פֿאַר אײַך פֿאַראַן. פֿאַסיקע הילפֿסמיטלען און סערוויסעס צו צושטעלן אינפֿאַרמאַציע אין צוגענגלעכע פֿאַרמאַטן זענען אויך פֿאַראַן פֿריי פֿון אָפּצאָל. רופֿט 1-855-445-3562 (TTY: 711).

Pennsylvania Deutsch GEB ACHT: Schprooch Hilfe sin meeglich mitaus Koscht. Rechtliche Auxiliary Aids un Hilfe um Information zu gewwe in helfreiche Formats sin aa meeglich mit aus Koscht. Ruf 1-855-445-3562 (TTY: 711).

简体中文 注意：我们为您提供免费的语言协助服务，同时也可免费提供适当的辅助设施与服务，以便提供无障碍格式的信息。请致电 1-855-445-3562（TTY：711）。

繁體中文 注意：我們為您提供免費的語言協助服務，還免費提供適當的輔助工具和服務，以無障礙格式提供資訊。請致電 1-855-445-3562 (TTY：711)。

العربية انتباه: تتوفر لك خدمات مساعدة لغوية مجانية. تتوفر كذلك مجانًا مساعدات وخدمات إضافية ملائمة لتزويد المعلومات بتنسيقات قابلة للوصول إليها. اتصل على الرقم 1-855-445-3562 (TTY: 711).

Deutsch ACHTUNG: Sprachdienstleistungen stehen Ihnen kostenlos zur Verfügung. Geeignete zusätzliche Unterstützung und Dienstleistungen für Informationen in zugänglichen Formaten stehen Ihnen ebenfalls kostenlos zur Verfügung. Rufen Sie folgende Nummer an: 1-855-445-3562 (TTY: 711).

नेपाली ध्यान दिनुहोस्: तपाईंका लागि भाषासम्बन्धी सहायता सेवाहरू निःशुल्क रूपमा उपलब्ध छन्। सुलभ फर्म्याटहरूमा जानकारी प्रदान गर्नका निम्ति उचित सहायक सामग्री र सेवाहरू पनि निःशुल्क रूपमा उपलब्ध छन्। 1-855-445-3562 (TTY: 711) मा कल गर्नुहोस्।

तुमच्यासाठी विनामूल्य भाषा सहाय्य सेवा उपलब्ध आहेत. सुलभ स्वरूपात माहिती प्रदान करण्यासाठी योग्य अतिरिक्त मदत आणि सेवादेखील विनामूल्य उपलब्ध आहेत. 1-855-445-3562 (TTY: 711) वर कॉल करा.

አማርኛ ይነበብ:- ነጻ የቋንቋ አገልግሎቶች ለእርስዎ ይገኛሉ። በተጨማሪም አገልግሎት ያላቸው ለእርስዎ ተደራሽ በሆኑ ቅርጸቶች መረጃ የሚያቀርቡልዎ ነጋዥ መሳሪያዎች እና አገልግሎቶችን ከክፍያ ነጻ ያገኛሉ። ወደ 1-855-445-3562 (TTY: 711) ይደውሉ።

Soomaali DIGNIIN: Adeegyada kaalmada luqadda bilaashka ah ayaa kuu diyaar ah. Sidoo kale, qalab iyo adeegyo kaabayaal ku habboon ayaa diyaar ah si macluumaadka loogu helo qaabab sahlan oo la heli karo, iyadoo aan wax kharash ah lagaaga qaadin. Wac 1-855-445-3562 (TTY: 711).

Français REMARQUE : des services d'assistance linguistique gratuits sont à votre disposition. Des services et aides pour obtenir des informations dans des formats accessibles sont également disponibles gratuitement. Appelez le 1-855-445-3562 (TTY : 711).

Français cadien COMMUNIQUE: Des services d'aide linguistique sans frais sont à votre disposition. Des aides et services auxiliaires appropriés pour fournir des informations en formats accessibles sont également proposés sans frais. Composez le 1-855-445-3562 (TTY : 711).

Yorùbá ÀKÍYÈSÍ: Àwọn iṣẹ̀ ìránílọ̀wọ̀ tí èdè wà nílẹ̀ fún ọ̀ lófèṣẹ̀. Àwọn iṣẹ̀ àti àwọn ìrànwọ̀ arannílọ̀wọ̀ tóyẹ̀ láti pèsè ìwífúnni ní àwọn ọ̀nà kíkọ̀sílẹ̀ tóṣeé̀ ráàyè sí tún wà nílẹ̀ bákan náà lófèṣẹ̀ láisan owó rára. Pe 1-855-445-3562 (TTY: 711).

Twi HYE NO NSO: Kasa ho mmoa dwumadie ahodoɔ wo ho ma wo a wontua hwee. Nneema a ebeboa wo ama wate nsem ne dwumadie ahodoɔ a ede nsem bema wo wo akwan bebreɛ so nso wo ho a wontua hwee. Frɛ 1-855-445-3562 (TTY: 711).

Igbo NLERUANYA: A na-enye gi ọrụ enyemaka asụsụ n'efu. Enyemaka na ọrụ ndị kwesiri ekwesị iji nye ozi n'ụdị ndị dị mfe inweta dikrawa n'akwụghị ụgwọ. Kpọọ 1-855-445-3562 (TTY: 711).

हिंदी ध्यान दें: आपके लिए निःशुल्क भाषा सहायता सेवाएं उपलब्ध हैं. एक्सेस करने योग्य फ़ॉर्मेट में जानकारी प्रदान करने के लिए उपयुक्त सहायक साधन और सेवाएं भी निःशुल्क उपलब्ध हैं. 1-855-445-3562 (TTY: 711) पर कॉल करें.

Русский ВНИМАНИЕ! Вам доступны бесплатные услуги языковой поддержки. Вы также можете бесплатно получить соответствующие вспомогательные средства и услуги, направленные на предоставление информации в доступных форматах. Позвоните по номеру 1-855-445-3562 (TTY: 711).

Українська УВАГА! Вам доступні безкоштовні послуги мовної допомоги. Відповідні допоміжні засоби та послуги для надання інформації у доступних форматах також доступні безкоштовно. Зателефонуйте за номером 1-855-445-3562 (TTY: 711).

Tagalog ATENSYON: May mga libreng serbisyo ng tulong sa wika na available para sa inyo. Available din nang libre ang mga naaangkop na karagdagang tulong at serbisyo para makapagbigay ng impormasyon sa mga accessible na format. Tumawag sa 1-855-445-3562 (TTY: 711).

తెలుగు గమనిక: మీకు ఉచిత భాష సంబంధ సహాయక సేవలు అందుబాటులో ఉన్నాయి. యాక్సెస్ చేయదగిన ఫార్మాట్లలో సమాచారాన్ని అందించడానికి తగిన సహాయక టూల్లు, సేవలు కూడా ఉచితంగా అందుబాటులో ఉన్నాయి. 1-855-445-3562 (TTY: 711) నంబర్ కి కాల్ చేయండి.

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