Wellcare Buckeye MyCare Ohio Dual Align (HMO D-SNP) offered by Buckeye Community Health Plan, Inc.

Annual Notice of Change for 2027

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 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. 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. The call is free.

- We can send materials to you in a language other than English (in addition to the languages 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.

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A. Disclaimers

- 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.

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.

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**.

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.**

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

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, 2027, our plan name changes from Wellcare Dual Liberty (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 2027.

Please review the 2027 *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/2027providerdirectories. 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.

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.

	2026 (this year)	2027 (next year)
Prior Authorizations	The following in-network benefits have a change in prior authorization requirements	
	Prior authorization **isn't** required for services listed below: Medicare-covered telehealth benefits	Prior authorization may be required for services listed below: Medicare-covered telehealth benefits
Referrals	The following in-network benefits have a change in referral requirements.	
	Certain Medicare-covered services* do not require a referral.	Certain Medicare-covered services* may require a referral.

	2026 (this year)	2027 (next year)
Dental services – Routine dental care	Our plan covers routine dental care under the Medicare coverage. You pay a **$0** copay for the following: **Preventive services:** Oral exam and cleaning – 2 every year Dental X-rays* Fluoride treatment – 1 every year Other diagnostic services* Other preventive services* **Comprehensive services (limited to $5,000 allowance every year):** Restorative services* Endodontics* Periodontics* Prosthodontics, removable and fixed Oral and maxillofacial surgery* Adjunctive general services* *Benefit frequency limits vary based on services you receive. Refer to the *Member Handbook* for more details.	Routine dental care **isn't** covered under the Medicare benefit. However, you still have dental benefits under Medicaid. Refer to the *Member Handbook* for more details.

	2026 (this year)	2027 (next year)
Hearing	You pay **$0** copay for the following routine hearing care: Hearing exam – 1 every year Fitting/evaluation – 1 every year Hearing aids – 2 (1 per ear) every year with a maximum allowance of $1,500 per hearing aid	Hearing services – Routine hearing exam and Hearing aids **isn't** covered under the Medicare benefit. However, you still have hearing benefits under Medicaid. Refer to the *Member Handbook* for more details.
In-home support services	You pay a **$0** copay for 12 visits every year. Services include cleaning, household chores and meal preparation.	In-home support service **isn't** covered under the Medicare benefit.
Meals - Chronic (limitations and exclusions apply)	You pay a **$0** copay for chronic meals. There is a maximum of 3 meals per day for up to 28 days, for a total of 84 meals per month. The benefit may be received for up to 3 months.	Meals - chronic **isn't** covered under the Medicare benefits. However, eligible members may still get home-delivered meals under Medicaid. Refer to the *Member Handbook* for more details.
Meals - Post-acute (limitations and exclusions apply)	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. Service must be requested within 45 days of discharge from your inpatient stay.	Meals- post-acute **isn't** covered under the Medicare benefit. However, eligible members may still get home-delivered meals under Medicaid. Refer to the *Member Handbook* for more details.

	2026 (this year)	2027 (next year)
Personal Emergency Response System (Medical Alert)	You pay a **$0** copay. Limited to one personal emergency medical response device per lifetime and the monthly fee.	Personal emergency response system **isn't** covered under the Medicare benefit. However, eligible members may still get personal emergency response services under Medicaid. Refer to the *Member Handbook* for more details.
Special Supplemental Benefits for the Chronically Ill (SSBCI) – Qualifying Conditions	The following are not qualified conditions: • Chronic conditions that impair vision, hearing (deafness), taste, touch, and smell • Immunodeficiency and Immunosuppressive disorders Please see your *Member Handbook* for more information.	The following are qualified conditions: • Chronic conditions that impair vision, hearing (deafness), taste, touch, and smell • Immunodeficiency and Immunosuppressive disorders Please see your *Member Handbook* for more information.

	2026 (this year)	2027 (next year)
Special Supplemental Benefits for the 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 contact us or see the plan's *Member Handbook*.	The benefits shown below are available as part of SSBCI, if you are determined eligible. You pay a **$0** copay. You may use your Wellcare Spendables® allowance on these benefits: • Gas pay-at-pump • Healthy Food • Home Assistance and Safety Items and Services • Pest Control Items and Services • Rent Assistance • Utility Assistance The following benefits are not covered: • Grooming Services • Personal Care Items • Robotic Companion Pets Please see your *Member Handbook* for more information.	The benefits shown below are available as part of SSBCI, if you are determined eligible. You pay a **$0** copay. You may use your Wellcare Spendables® allowance on these benefits: • Gas pay-at-pump • Grooming Services • Healthy Food • Personal Care Items • Pest Control Items • Rent Assistance • Robotic Companion Pets • Utility Assistance The following benefits are not covered: • Home Assistance and Safety Items and Services • Pest Control Services Please see your *Member Handbook* for more information.

	2026 (this year)	2027 (next year)
Transportation services	You pay **$0** copay for 54 non-emergency trips within our service area every year under the Medicare coverage. Rides (also called "trips") are limited to 75 miles one-way. For routine care, call up to one month and at least three days in advance. Same day rides are subject to availability. A trip is considered one-way transportation by taxi, passenger car, wheelchair van or rideshare services to a healthcare location.	Non-emergency medical transportation **isn't** covered under the Medicare benefit. However, you still have transportation benefits under Medicaid. Refer to the *Member Handbook* for more details.
Vision care - Routine eye exam and eyewear	You pay **$0** copay for the following: Routine Eye exam – 1 every year Up to a $600 combined credit every year for contact lenses and eyeglasses (including lenses and frames).	Routine vision care **isn't** covered under the Medicare benefit. However, you still have vision benefits under Medicaid. Refer to the *Member Handbook* for more details.

	2026 (this year)	2027 (next year)
Wellcare Spendables®	You pay a **$0** copay. You receive a $213 monthly allowance. Your allowance can be used toward: • Dental, vision, and hearing • Over-the-counter items (OTC) • SSBCI benefits (for members who qualify) Please see your *Member Handbook* for more information.	You pay a **$0** copay. You receive a $230 monthly allowance. Your allowance can be used toward: • Over-the-counter items (OTC) • SSBCI benefits (for members who qualify) Expenses for dental, vision and hearing are not covered under the Wellcare Spendables® benefit. Please see your *Member Handbook* for more information.

*** These Medicare-covered services do not need a referral in 2026, but may need a referral in 2027:** Inpatient Hospital-Acute; Inpatient Hospital Psychiatric; Skilled Nursing Facility (SNF); Cardiac Rehabilitation Services; Intensive Cardiac Rehabilitation Services; Pulmonary Rehabilitation Services; SET for PAD Services; Partial Hospitalization; Intensive Outpatient Program Services; Home Health Services; Chiropractic Services; Occupational Therapy Services; Physician Specialist Services; Individual Sessions for Mental Health Specialty Services; Group Sessions for Mental Health Specialty Services; Podiatry Services - Medicare Covered Only; Other Health Care Professional; Individual Sessions for Psychiatric Services; Group Sessions for Psychiatric Services; Physical Therapy and Speech Language Pathology Therapy Services; Additional Telehealth Services; Opioid Treatment Services; Diagnostic Procedures/Tests; Lab Services; Diagnostic Radiological Services; Therapeutic Radiological Services; Outpatient X-Ray Services; Medicare-covered Outpatient Hospital Services; Medicare-covered Outpatient Hospital Observation Services; Ambulatory Surgical Center (ASC) Services; Individual Sessions for Outpatient Substance Abuse; Group Sessions for Outpatient Substance Abuse; Outpatient Blood Services; Dialysis Services; Kidney Disease Education

Services; Medicare-covered Glaucoma Screening; Medicare-covered Diabetes Self-Management Training; Medicare-covered Digital Rectal Exams; EKG following Welcome Visit.

E2. Changes to drug coverage

Changes to our *Drug List*

Our *List of Covered Drugs* is also called the *Formulary* or *Drug List*. A copy of our *Drug List* is posted online at go.wellcare.com/druglist-14.

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.

Review the *Drug List* to **make sure your drugs will be covered next year** and to find out if there are any restrictions.

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 days at a retail pharmacy and for up to 31 days at a long-term care pharmacy. (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 different drug our plan covers or ask us to make an exception for you and

cover your current drug. To learn what you must do to ask for an exception, refer to **Chapter 9** of the 2027 *Member Handbook* or call Member Services.

- If you have been in the plan for more than 90 days and live in a long-term care facility, we will cover a one-time 31-day supply, or less if your prescription is written for fewer days. This is in addition to the long-term care transition supply.
- If your level of care changes (such as moving to or from a long-term care facility or hospital), we will cover one temporary 30-day supply. If your prescription is written for fewer days, we will allow refills to provide up to a total of a 30-day supply.
- Some *Drug List* exceptions will still be covered next year. Refer to the approval letter you received. The approval letter includes information about your specific drug approval limits and the date the drug coverage will end. If we decide to not renew your approval, we will send you a new letter at least 60 days prior to the end of the year. This letter will include when the specific drug exception approval will end and how to ask for an exception. To learn what you must do to ask for an exception, refer to **Chapter 9** of the 2027 *Member Handbook* or call Member Services.

If we approved your formulary exception in 2026, 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

There are no changes to the amount you pay for drugs in 2027. Read below for more information about your drug coverage.

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.

	2026 (this year)	**2027 (next year)**
Drugs in Tier 1 2026: (Preferred Generic)	Your copay for a one-month (30-day) supply is **$0**.	Your copay for a one-month (30-day) supply is **$0**.

	2026 (this year)	2027 (next year)
2027: (Generic) Cost for a one-month supply of a drug in Tier 1 that's filled at a network pharmacy		
Drugs in Tier 2 2026: (Generic) 2027: (Preferred Brand) Cost for a one-month supply of a drug in Tier 2 that's filled at a network pharmacy	Your copay for a one-month (30-day) supply is **$0**.	Your copay for a one-month (30-day) supply is **$0**.
Drugs in Tier 3 2026: (Preferred Brand) 2027: (Non-Preferred Drug) Cost for a one-month supply of a drug in Tier 3 that's filled at a network pharmacy	Your copay for a one-month (30-day) supply is **$0**.	Your copay for a one-month (30-day) supply is **$0**.
Drugs in Tier 4 2026: (Non-Preferred Drug) 2027: (Injectable Drugs) Cost for a one-month supply of a drug in Tier 4 that's filled at a network pharmacy	Your copay for a one-month (30-day) supply is **$0**.	Your copay for a one-month (30-day) supply is **$0**.

	2026 (this year)	2027 (next year)
Drugs in Tier 5 2026: (Specialty Tier) 2027: (Specialty Tier) Cost for a one-month supply of a drug in Tier 5 that's filled at a network pharmacy	Your copay for a one-month (30-day) supply is **$0**.	Your copay for a one-month (30-day) supply is **$0**.
Drugs in Tier 6 2026: (Select Care Drugs) 2027: (Select Care Drugs) Cost for a one-month supply of a drug in Tier 6 that's filled at a network pharmacy	Your copay for a one-month (30-day) supply is **$0**.	Your copay for a one-month (30-day) supply is **$0**.

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.

	2026 (this year)	2027 (next year)
Covered supplemental benefits you receive from our network providers	Services are provided through our current network of vendors.	Our vendor network may change in 2027. Review the 2027 *Provider & Pharmacy Directory* to see if your providers are in our network.
Wellcare Spendables®	Items purchased in store or online may be returned following the retailers return and exchange policies.	Items purchased online are final sale. If item is damaged or spoiled, please call Member Services at the number at the bottom of the page.

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 2027.

G2. Changing plans

Most people with Medicare can end their membership during certain times of the year. Because you have Medicaid, you have some choices to end your membership in our plan including 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.

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.

1. You can change to: **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.**	**Here is what to do:** Call Medicare at 1-800-MEDICARE (1-800-633-4227). TTY users should call 1-877-486-2048. For Program of All-inclusive Care for the Elderly (PACE) inquiries, call 1-800-266-4346. If you need help or more information: • Call the Ohio Senior Health Insurance Information Program (OSHIIP) program at (800) 686-1578 or email oshiipmail@insurance.ohio.gov Monday - Friday 7:30 a.m. – 5 p.m. For more information or to find a local OSHIIP office in your area, please visit www.insurance.ohio.gov/consumers/medicare/01-oshiip. **OR** Enroll in a new integrated D-SNP. You'll automatically be disenrolled from our plan when your new plan's coverage begins. Ohio Medicaid will automatically align your Medicaid enrollment to match your plan selection.

2. You can change to: **Original Medicare with a separate Medicare drug plan**	**Here is what to do:** Call Medicare at 1-800-MEDICARE (1-800-633-4227). TTY users should call 1-877-486-2048. If you need help or more information: Call the Ohio Senior Health Insurance Information Program (OSHIIP) program at (800) 686-1578 or email oshiipmail@insurance.ohio.gov Monday - Friday 7:30 a.m. – 5 p.m. For more information or to find a local OSHIIP office in your area, please visit www.insurance.ohio.gov/consumers/medicare/01-oshiip. **OR** Enroll in a new Medicare drug plan. You'll automatically be disenrolled from our plan when your Original Medicare coverage begins. Switching to Original Medicare won't affect your Ohio Medicaid enrollment. If you need help or more information: • Call the Ohio Medicaid Consumer Hotline at 1-800-324-8680, Monday through Friday from 7 a.m. to 8 p.m. and Saturday from 8 a.m. to 5 p.m. TTY users should call the Ohio Relay Service at 7-1-1.

3. You can change to: **Original Medicare without a separate Medicare drug plan if you have a valid disenrollment reason** **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. 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 7:30 a.m. – 5 p.m. For more information or to find a local OSHIIP office in your area, please visit www.insurance.ohio.gov/consumers/medicare/01-oshiip.	**Here is what to do:** Call Medicare at 1-800-MEDICARE (1-800-633-4227). TTY users should call 1-877-486-2048. If you need help or more information: • Call the Ohio Senior Health Insurance Information Program (OSHIIP) program at (800) 686-1578 or email oshiipmail@insurance.ohio.gov Monday - Friday 7:30 a.m. – 5 p.m. For more information or to find a local OSHIIP office in your area, please visit www.insurance.ohio.gov/consumers/medicare/01-oshiip. You'll automatically be disenrolled from our plan when your Original Medicare coverage begins. Switching to Original Medicare won't affect your Ohio Medicaid enrollment. Ohio Medicaid will automatically align your Medicaid enrollment to match your plan selection.

4. You can change to: **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 G2**.	**Here is what to do:** Call Medicare at 1-800-MEDICARE (1-800-633-4227). TTY users should call 1-877-486-2048. For Program of All-Inclusive Care for the Elderly (PACE) inquiries, call 1-800-266-4346. If you need help or more information: • Call the Ohio Senior Health Insurance Information Program (OSHIIP) program at (800) 686-1578 or email oshiipmail@insurance.ohio.gov Monday - Friday 7:30 a.m. – 5 p.m. For more information or to find a local OSHIIP office in your area, please visit www.insurance.ohio.gov/consumers/medicare/01-oshiip. **OR** Enroll in a new Medicare plan. You're automatically disenrolled from our Medicare plan when your new plan's coverage begins. 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. • Call the Ohio Medicaid Consumer Hotline at 1-800-324-8680, Monday through Friday from 7 a.m. to 8 p.m. and Saturday from 8 a.m. to 5 p.m.

	TTY users should call the Ohio Relay Service at 7-1-1.

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 a.m. to 8 p.m. and Saturday from 8 a.m. to 5 p.m. 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 2027. It explains your rights and the rules to follow to get services and drugs we cover.

The *Member Handbook* for 2027 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 2027.

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/consumers/medicare/01-oshiip.

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 isn't 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 1-800-266-4346 (TTY: 711) 8 a.m. – 5 p.m. local time, Monday - Friday

H4. Medicare

To get information directly from Medicare, call 1-800-MEDICARE (1-800-633-4227), 24 hours a day, 7 days a week. 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.

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 2027

You can read the *Medicare & You 2027* 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
WRITE	BFCC-QIO Program Commence Health PO Box 2687 Virginia Beach, VA 23454
WEBSITE	www.commencehealthqio.cms.gov/en

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 7 a.m.-8 p.m. and Sat 8 a.m.-5 p.m. ET.

CALL	1-800-324-8680 Monday through Friday from 7 a.m. to 8 p.m. and Saturday from 8 a.m. to 5 p.m.
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/

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