

MyCareOhio
Connecting Medicare + Medicaid

MyCare Ohio Plan Additional/Supplemental Benefits 2017

Aetna Better Health of Ohio, Inc.	
<i>Dual Benefits Members</i>	<i>Medicaid Only Members</i>
24-Hour Nurse Hotline	24-Hour Nurse Hotline
A MyCare Ohio health plan to serve as your <u>single point of contact</u> for all of your Medicare and Medicaid services	N/A
A <u>care team</u> , which will include you, your family, your doctor(s), your MyCare Ohio health plan and anyone else you choose to help you make decisions about your health care.	A <u>care team</u> , which will include you, your family, your doctor(s), your MyCare Ohio health plan and anyone else you choose to help you make decisions about your health care.
\$50 per month over the counter (OTC) Supplemental Benefit. Member must receive through the Pharmacy Benefit Manager catalog.	N/A
Dental cleanings provided twice annually for adults aged 21 and older	Dental cleanings provided twice annually for adults aged 21 and older
30 round trips or 60 one-way trips to plan-approved locations	N/A
\$0 copayment for prescription drugs	N/A

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Buckeye Community Health Plan, Inc.	
<i>Dual Benefits Members</i>	<i>Medicaid Only Members</i>
24-Hour Nurse Hotline	24-Hour Nurse Hotline
A MyCare Ohio health plan to serve as your <u>single point of contact</u> for all of your Medicare and Medicaid services	N/A
A <u>care team</u> , which will include you, your family, your doctor(s), your MyCare Ohio health plan and anyone else you choose to help you make decisions about your health care.	A <u>care team</u> , which will include you, your family, your doctor(s), your MyCare Ohio health plan and anyone else you choose to help you make decisions about your health care.
\$25 per calendar month over the counter (OTC) supplemental benefit. Member must receive covered OTC items available via mail order.	N/A
\$0 copayment for prescription drugs	N/A
Routine Transportation Services - 30 one-way visits annually via taxi, bus, subway, public transportation, or other routine medical transportation appropriate to the enrollee's condition.	N/A

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CareSource	
<i>Dual Benefits Members</i>	<i>Medicaid Only Members</i>
24-Hour Nurse Hotline	24-Hour Nurse Hotline
A MyCare Ohio health plan to serve as your <u>single point of contact</u> for all of your Medicare and Medicaid services	N/A
A <u>care team</u> , which will include you, your family, your doctor(s), your MyCare Ohio health plan and anyone else you choose to help you make decisions about your health care.	A <u>care team</u> , which will include you, your family, your doctor(s), your MyCare Ohio health plan and anyone else you choose to help you make decisions about your health care.
Eye Wear - CareSource offers up to \$125 every 2 years if Medicaid eyewear benefit is exhausted.	Eye Wear - CareSource offers up to \$125 every 2 years if Medicaid eyewear benefit is exhausted.
Routine Transportation Services - 30 round trip visits annually via taxi, bus, subway, public transportation, or other routine medical transportation appropriate to the enrollee's condition.	Routine Transportation Services - 30 round trip visits annually via taxi, bus, subway, public transportation, or other routine medical transportation appropriate to the enrollee's condition.
\$0 copayment for prescription drugs	N/A

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Molina Healthcare of Ohio, Inc.	
<i>Dual Benefits Members</i>	<i>Medicaid Only Members</i>
24-Hour Nurse Hotline	24-Hour Nurse Hotline
A MyCare Ohio health plan to serve as your <u>single point of contact</u> for all of your Medicare and Medicaid services	N/A
A <u>care team</u> , which will include you, your family, your doctor(s), your MyCare Ohio health plan and anyone else you choose to help you make decisions about your health care.	A <u>care team</u> , which will include you, your family, your doctor(s), your MyCare Ohio health plan and anyone else you choose to help you make decisions about your health care.
Routine Transportation Services – 30 one-way visits annually via taxi, bus, subway, public transportation, or other routine medical transportation appropriate to the enrollee's condition.	N/A
\$20 per month over the counter (OTC) Supplemental Benefit	N/A
\$0 copayment for prescription drugs	N/A
Transitional meal benefit for members leaving inpatient or skilled nursing facility care, when meals are needed during recovery	N/A

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United Healthcare Community Plan of Ohio, Inc.	
<i>Dual Benefits Members</i>	<i>Medicaid Only Members</i>
24-Hour Nurse Hotline	24-Hour Nurse Hotline
A MyCare Ohio health plan to serve as your <u>single point of contact</u> for all of your Medicare and Medicaid services	N/A
A <u>care team</u> , which will include you, your family, your doctor(s), your MyCare Ohio health plan and anyone else you choose to help you make decisions about your health care.	A <u>care team</u> , which will include you, your family, your doctor(s), your MyCare Ohio health plan and anyone else you choose to help you make decisions about your health care.
\$3.30 to \$8.25 copayment for brand name drugs, \$3.30 copayment for generic	N/A