

Buckeye Health Plan is a leading multi-line health plan offering managed healthcare for Ohioans on Medicaid, Medicare, MyCare and the Health Insurance Exchange. While your office may not currently see Buckeye patients from one or multiple products, you are able to see them if you are fully contracted with state and federal Medicaid, MyCare, Medicare or Exchange products.



MEMBER SERVICES: 1-866-246-4358 (TTY: 1-800-750-0750)
PROVIDERS: This card does not guarantee eligibility or authorization. For eligibility, call Buckeye at 1-866-296-8731. For Prior Authorization

Involve Pharmacy Solutions
 Pharmacy Help Desk: 1-844-297-0511
 Effective Date:

Name: _____
 DOB: _____
 PCP Name: _____
 PCP Phone #: _____

MMIS: _____
 RX BIN: 004336
 RX PCN: MCAIDOH
 RX Group: RX5434

If you have an emergency, call 911 or go to the NEAREST emergency room (ER). You do not have to contact Buckeye for an okay before you get emergency services. If you are not sure whether you need to go to the ER, call your PCP or Buckeye NurseWise toll-free at 1-866-246-4358 and follow the prompt for "Nurse" or TTY at 1-800-750-0750. NurseWise is open 24 hours a day.

MEDICAID: Buckeye's Medicaid Plan provides coverage to qualified adults and children, eligible aged, blind and disabled persons and those children within the foster care program. Potential members enroll through the Ohio Department of Medicaid and are required to renew their benefits annually.

AMBETTER: Ambetter from Buckeye Health Plan is a Qualified Health Plan on the Ohio Health Insurance Marketplace. Member plan options vary between costs for monthly premium payments vs. out-of-pocket expenses. Subsidies are dependent on member's income level.

Ambetter.BuckeyeHealthPlan.com

Member/Provider Services: [1-877-687-1189] Medical Claims: Buckeye Health Plan

IN NETWORK COVERAGE ONLY [EXCHANGE]

Subscriber: [Jane Doe] Effective Date of Coverage: [XX/XX/XX]
 Member: [John Doe] RXBIN: [004336]
 Policy #: [XXXXXXXXXX] RXPCN: [ADY]
 Member ID #: [XXXXXXXXXX] RXGROUP: [RX5454]
 Plan: [Ambetter Balanced Care 1]

Copays
 PCP: [\$10] Coinsurance (Med/Rx): [50%/30%]
 Specialist: [\$25] Deductible (Med/Rx): [\$250/\$500]
 ER: [\$250] Rx (Generic/Brand): [\$5/\$25]

In an emergency, call 9-1-1 or go to the nearest emergency room (ER) or other appropriate setting. If you are not sure if you need to go to the ER, call 1-866-246-4358 or 1-800-750-0750.

Buckeye Health Plan - MyCare Ohio

Member Name: Jason Doe
 Member ID: (Amisys MC Member #)
 Health Plan: Buckeye Community Health Plan - MyCare Ohio
 MMIS Number: <Medicaid Recipient ID#>

PCP Name: <PCP Name>
 PCP Phone: <PCP Phone>

Plan Contract: H0022_001

OPT-IN

*** Buckeye Medicaid Member Only ***

In an emergency, call 9-1-1 or go to the nearest emergency room (ER) or other appropriate setting. If you are not sure if you need to go to the ER, call your PCP or the 24-Hour Nurse Advice Line.

Buckeye Health Plan - MyCare Ohio

Member Name: <Cardholder Name>
 Health Plan: <Card Issuer Identifier>

MMIS Number: <Medicaid Recipient ID#2>

PCP Name: <PCP Name>
 PCP Phone: <PCP Phone>

RxBIN: 600428
 RxPCN: 0624000
 RXID: <RxID#3>

OPT-OUT

MYCARE: MyCare Ohio's dual-eligible program contracts with both Medicare and Ohio Medicaid. Qualified enrollees of the Medicare-Medicaid Plan (MMP) receive healthcare benefits of both programs from one single health plan.

ALLWELL: Allwell from Buckeye Health Plan is a Medicare Advantage plan that covers the same services as traditional Medicare and also offers prescription drug coverage (Part D) for those 65 years and older or under age 65 with qualifying disabilities.

FOR MEMBERS
 Member Services: 1-866-389-7690 (TTY: 711)
 24-hr Nurse Advice: <XXXX-XXXX-XXXX>
<https://allwell.buckeyehealthplan.com>

FOR EMERGENCIES
 Dial 911 or go to the nearest Emergency Room (ER).

FOR PROVIDERS
 For eligibility, contact your manager
 For help with pharmacy, contact your manager

allwell FROM buckeye health plan

HMO CMS#: XXXXX-XXX
 Effective: <mm/dd/yyyy>

MEMBER INFORMATION
 Name: <First Last>
 Member ID#: <XXXXXXXXXX-XX>
 Issuer ID: <(80840)>
 <XXXXXXXXXX>

PHARMACY INFORMATION
 RxClaims Processor: <CVS Caremark>
 RxBIN: <004336>
 RxPCN: <MEDDADV>
 RxGrp: RX8915

PROVIDER INFORMATION
 PCP Name: <>
 PCP Phone: <>

MEMBER INFORMATION
 Name: <First Last>
 Member ID#: <XXXXXXXXXX-XX>
 Issuer ID: <(80840)>
 <XXXXXXXXXX>

PHARMACY INFORMATION
 RxClaims Processor: <CVS Caremark>
 RxBIN: <004336>
 RxPCN: <MEDDADV>
 RxGrp: <RX6270>

PROVIDER INFORMATION
 PCP Name: <>
 PCP Phone: <>

HMO SNP

HMO



PRODUCTS

Medicaid & Chip Health Plans
Coverage Category Types

Medicare Health Plans
Coverage Category Types

Marketplace Health Plans
Coverage Category Types



Medicaid
Foster Care
CHIP
MMP



FROM | buckeye health plan.

Medicare Advantage
Plan with Prescription
Drug Coverage
Included: Advantage
HMO
HMO SNP



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Health Insurance
Marketplace