



**Department of
Medicaid**

**John R. Kasich, Governor
Barbara R. Sears, Director**

MyCare Ohio Value Added Benefits Reported Plans

January 1, 2018 to December 31, 2018

Aetna Better Health of Ohio, Inc. – MyCare Ohio

Dual Benefits Members	Medicaid Only Members
24-Hour Nurse Hotline	24-Hour Nurse Hotline
A single ID card for your Medicaid and Medicare benefits.	N/A
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
Dental cleanings provided twice annually for adults aged 21 and older	Dental cleanings provided twice annually for adults aged 21 and older
Non-emergency transportation to covered health services that are 30 miles or more from member's home	Non-emergency transportation to covered health services that are 30 miles or more from member's home
Additional 30 round trips or 60 one-way trips to plan-approved locations	N/A
\$50 per month over the counter (OTC) Supplemental Benefit. Member must receive through the Pharmacy Benefit Manager catalog	N/A
\$0 copayment for prescription drugs	N/A
Kidney disease education services	Kidney disease education services
SilverSneakers® community fitness program provides members with regular exercise (strength training, aerobics, flexibility) and social opportunities	N/A

Buckeye Community Health Plan, Inc. – MyCare Ohio

Dual Benefits Members	Medicaid Only Members
24-Hour Nurse Hotline	24-Hour Nurse Hotline
A single ID card for your Medicaid and Medicare benefits	N/A
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
Non-emergency transportation to covered health services that are 30 miles or more from member's home	Non-emergency transportation to covered health services that are 30 miles or more from member's home.
Additional 30 one-way trip visits annually via taxi, bus, subway, public transportation, or other routine medical transportation appropriate to the enrollee's condition	N/A
\$25 per calendar month over the counter (OTC) supplemental benefit. Member must receive covered OTC items available via mail order	\$25 per calendar month over the counter (OTC) supplemental benefit. Member must receive covered OTC items available via mail order
\$0 copayment for prescription drugs	N/A

CareSource – MyCare Ohio

Dual Benefits Members	Medicaid Only Members
24-Hour Nurse Hotline	24-Hour Nurse Hotline
A single ID card for your Medicaid and Medicare benefits	N/A
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
Non-emergency transportation to covered health services that are 30 miles or more from member's home	Non-emergency transportation to covered health services that are 30 miles or more from member's home
Additional 30 round trip visits annually via taxi, bus, subway, public transportation, or other routine medical transportation appropriate to the enrollee's condition	N/A
\$0 copayment for prescription drugs	N/A
Kidney disease education services	Kidney disease education services
Access to local community fitness program. Program provides access to fitness facilities along with access to classes and programming	N/A

Molina Healthcare of Ohio, Inc. – MyCare Ohio

Dual Benefits Members	Medicaid Only Members
24-Hour Nurse Advice Line	24-Hour Nurse Advice Line
A single ID card for your Medicaid and Medicare benefits	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
Non-emergency transportation to covered health services that are 30 miles or more from member's home	Non-emergency transportation to covered health services that are 30 miles or more from member's home
Additional 30 one-way trips each year to doctor and Medicaid renewal visits. Door-to-door ride service when needed. Flexible options like an all-day bus pass and gas vouchers	N/A
\$60 allowance every three months for over-the-counter (OTC) items	N/A
\$0 copayments for health visits and prescription drugs	N/A
Transitional meal benefit for members leaving inpatient or skilled nursing facility care, when meals are needed during recovery	N/A
Unlimited, no-cost access to FitnessCoach locations, at-home fitness options, healthy aging classes, fitness challenges and rewards	N/A

United Healthcare Community Plan of Ohio, Inc. – MyCare Ohio

Dual Benefits Members	Medicaid Only Members
24-Hour Nurse Hotline	24-Hour Nurse Hotline
A single ID card for your Medicaid and Medicare benefits	N/A
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
Non-emergency transportation to covered health services that are 30 miles or more from member's home	Non-emergency transportation to covered health services that are 30 miles or more from member's home
\$0 to \$8.35 copayment for brand name drugs, \$0 to \$3.30 copayment for generic	N/A