[Wellcare Dual Align (HMO D-SNP)]

An integrated Medicare/Medicaid plan

buckeye health plan

MyCareOhio

Connecting Medicare + Medicaid

MEMBER ID #: [123456789012]
PLAN #: [H4158-XXX-000]
ISSUER #: (80840) 9151014609

2026

Member portal

This card combines Medicare and Medicaid coverage
Member: [MEMBER FULL NAME]
PCP Office Visit: [$0]
Copays: [$0 for covered medical and Rx services]
[MEMBER CANNOT BE CHARGED]

Card issued: [MM/DD/YYYY]

MedicareRx
Prescription Drug Coverage

RX BIN: [XXXXXX]
RX PCN: [XXXXXXXXX]
RX GRP: [XXXX]

Member Services / Nurse Advise Line	**[1-XXX-XXX-XXXX] (TTY: 711)**
Vision: [Provider]	**[1-XXX-XXX-XXXX] (TTY: 711)**
Dental: [Provider]	**[1-XXX-XXX-XXXX] (TTY: 711)**
Transportation: [Provider]	**[1-XXX-XXX-XXXX] (TTY: 711)**
Provider Services	**[1-XXX-XXX-XXXX] (TTY: 711)**
Pharmacy Prior Auth (Providers Only)	**[1-XXX-XXX-XXXX] (TTY: 711)**
Pharmacist Only	**[1-XXX-XXX-XXXX] (TTY: 711)**

Medical Claims: [Wellcare by Buckeye Health Plan Attn: Claims Dept. P.O. Box XXXX Farmington, MO 63640-3822] [Payor ID: 68069]

Part D Claims: [Wellcare by Buckeye Health Plan Attn: Medicare Part D Member Reimbursement Dept. P.O. Box 31577 Tampa, FL 33631-3577

FOR EMERGENCIES: Dial 911 or go to the nearest Emergency Room

[HealthPlanURL.com]