



 <p>By  buckeye health plan.</p> <p> Department of Medicaid</p> <p><small>Next Generation MyCare</small></p>	<p>Wellcare Buckeye MyCare Ohio Dual Align (HMO D-SNP) <i>An Integrated Medicare/Medicaid Plan</i></p> <p>MEMBER ID#: [C12345678-01] MMIS NUMBER#: [0123456789012] PLAN#: [H4158-001-000] ISSUER #: [(80840) 9151014609]</p>
<p>Member: [Member Full Name]</p>	<p>Member: [Member Full Name]</p>
<p>[2026]</p>  <p><small>Member portal</small></p>	<p><i>This card combines Medicare and Medicaid coverage</i></p> <p>PCP: [Last Name, First Name] PCP Phone: [1-XXX-XXX-XXXX] MEMBER CANNOT BE CHARGED PCP / Specialist Office Visit: \$0 Co-pays: \$0</p>
<p>Effective Date: [MM/DD/YYYY] Card Issued: [MM/DD/YYYY]</p>	<p> Medicare^{Rx} <small>Prescription Drug Coverage</small></p> <p>RXBIN: [XXXXXX] RXPCN: [XXXXXXXXXX] RXGRP: [XXXX]</p>

H4158_CNC_177007E_C
 ©Wellcare 2025

OH6CNCIDC77007E_2026



Member Services / Care Management	[1-855-445-3562] (TTY: 711)
Behavioral Health Crisis Line	[988] (TTY: 711)
24-Hour Nurse Advice Line	[1-855-445-3562] (TTY: 711)
Centene Vision / Dental Services	[1-855-659-6663] (TTY: 711)
Provider Services / Pharmacy Prior Auth	[1-833-998-4892] (TTY: 711)
Pharmacist Only	[1-833-750-4433] (TTY: 711)

Medical Claims: [Wellcare By Buckeye Health Plan Attn: Claims P.O. Box 9700 Farmington, MO 63640-0700] 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 (ER). If you are not sure if you need to go to the ER, call the 24-Hour Nurse Advice Line.

[go.wellcare.com/BuckeyeOH]