



FROM buckeye health plan.

ODI EXCHANGE

REFERRAL NOT REQUIRED

PREMIER

MEMBER: [Jane Doe]
Subscriber: [John Doe]
Policy: [XXXXXXXXXX] Member ID: [XXXXXXXXXXXXXX]
Plan: [Plan name]
[Network Name] Network Coverage Only
RXBIN: 003858 RXPCN: A4 RXGROUP: 2DMA
Effective Date: [00/00/00]

COPAYS

PCP: [\$10 copay after ded.]
Specialist: [\$25 coin. after ded.]
Urgent Care: [20% coin. after ded.]
ER: [\$250 copay after ded.]

COST SHARES

INN DED Ind/Fam: [\$7,965/\$18,000]
OON DED Ind/Fam: [\$22,500/\$45,000]
INN MOOP Ind/Fam: [\$9,200/\$25,000]
OON MOOP Ind/Fam: [\$25,000/\$45,000]

For detailed benefit information, please visit AmbetterHealth.com/copays

Ambetter.BuckeyeHealthPlan.com

Member/Provider Services: 1-877-687-1189
(TTY 1-877-941-9236)

24/7 Nurse Line: 1-877-687-1189

Numbers below for providers:

Pharmacist Only: 1-833-750-4158

EDI Payor ID: 68069

Authorizations and Admission Certifications: 1-844-606-1926

[Centene Vision Services: 1-866-864-9153]

[Centene Dental Services supported by United Concordia: 1-844-621-4581]

Medical Claims Address:

Buckeye Health Plan
Attn: CLAIMS
PO Box 5010
Farmington, MO
63640-5010

AMB24-OH-C-00040

Ambetter from Buckeye Health Plan is underwritten by Buckeye Community Health Plan, inc., which is a Qualified Health Plan issuer in the Ohio Health Insurance Marketplace. ©2024 Buckeye Community Health Plan, Inc. All rights reserved.