Aetna Better Health of Ohio, Inc. – MyCare Ohio 2024 Value Added Benefits

| 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 single point of contact for all 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 |
| Opportunity to participate in Quarterly Member Advisory meetings in member's area | Opportunity to participate in Quarterly Member Advisory meetings in member's area |
| Flex card with \$50 allowance every month to help with utilities, rent and/or healthy foods. *Must meet certain criteria to qualify. The benefits mentioned are a part of a special supplemental program for the chronically ill. Not all members qualify. * | N/A |
| \$0 copayment for prescription drugs | N/A |
| Up to \$35 worth of eligible over-the-counter (OTC) items every month purchased through the approved OTC catalog or in-network store locations. * | N/A |
| 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 transportation - 30 round trips or 60 one-way | N/A |
| trips to plan-approved health-related locations* | |
| Oral Dental Exams, Prophylaxis (Cleaning), fluoride treatments and dental x-rays every 6 months* | Oral Dental Exams, Prophylaxis (Cleaning), fluoride treatments and dental x-rays every 6 months* |
| Kidney disease education services | Kidney disease education services |
| Fresh, home-delivered meals: 10 meals per hospital discharge | N/A |
| Podiatry: 6 routine foot care visits/annually | N/A |
| Cell phone benefit -upgrade to federal free cell phone program for those who qualify. | Cell phone benefit -upgrade to federal free cell phone program for those who qualify. |
| Unlimited free calls to the plan's Member Services toll-free number that do not apply to monthly minute allotment. As appropriate, the plan will send free health-related texts and other free texts. | Unlimited free calls to the plan's Member Services toll-free number that do not apply to monthly minute allotment. As appropriate, the plan will send free health-related texts and other free texts. |
| SilverSneakers® community fitness program provides members with regular exercise (strength training, aerobics, flexibility) and social opportunities* Benefit includes: Access to thousands of participating fitness locations Use of basic amenities (weights, treadmills, pools, etc.) Fitness classes Group activities and classes outside the traditional gym setting (Community FLEX classes) One Home kit or Steps kit available each calendar year Online resources include: Member portal Live classes On-demand classes SilverSneakers app with reminders to move and more | N/A |
| benefit | IV/A |

^{*}Members may have to receive approval from the plan to obtain the benefit, and/or other conditions may apply. Please contact Aetna at 1-855-364-0974 for more information.

Buckeye Health Plan, Inc. – MyCare Ohio 2024 Value Added Benefits

| 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</u> <u>contact</u> for all 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 |
| Opportunity to participate in Quarterly Member Advisory meetings in member's area | Opportunity to participate in Quarterly Member Advisory meetings in member's area |
| \$0 copayment for prescription drugs | N/A |
| 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 60 one-way rides for covered health services annually via taxi, bus, subway, public transportation, or other routine medical transportation. Additional trips may be authorized based on enrollee's medical condition. | Additional 60 one-way rides for covered health services annually via taxi, bus, subway, public transportation, or other routine medical transportation. Additional trips may be authorized based on enrollee's medical condition. |
| \$25 per calendar month over the counter (OTC) supplemental benefit. Members 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. |
| VISA rewards gift card for \$20 – Flu shot* VISA rewards gift card for \$20 – Colorectal cancer screening* VISA rewards gift card for \$20 – Bone Density Test* VISA rewards gift card for \$25 – Mammogram* VISA rewards gift card for \$25 – HbA1c* VISA rewards gift card for \$20 – Diabetes retinal screening* VISA rewards gift card for \$20 – Kidney screening* VISA rewards gift card for \$25 – Wellness exam with PCP* VISA rewards gift card for \$20 – Completing Health Risk Assessment* VISA rewards gift card for \$20 – Follow-Up Visits after Inpatient Hospitalization* VISA rewards gift card for \$25 – Follow Up Visits after Hospitalization with Mental Health Diagnosis* | N/A |

^{*}Members may have to receive approval from the plan to obtain the benefit, and/or other conditions may apply. Please contact Buckeye at 1-866-549-8289 for more information.

CareSource – MyCare Ohio 2024 Value Added Benefits

| 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 single point of contact for all 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 |
| Opportunity to participate in Quarterly Member Advisory meetings in member's area | Opportunity to participate in Quarterly Member Advisory meetings in member's area |
| \$0 copayment for prescription drugs | N/A |
| \$100 quarterly allowance for Over-the-Counter (OTC) eligible items | N/A |
| 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 |
| Dental oral exam and prophylaxis (cleaning) covered once every 6 months | Dental oral exam and prophylaxis (cleaning) covered annually for 21 and over and twice annually for 20 and under |
| Additional 60 one-way trip visits to plan approved locations including provider visits, redetermination appointments, pharmacy, gym, and grocery | N/A |
| \$500 annual flex allowance to supplement hearing, dental and vision services, and accessories | N/A |
| 28 meals following an observation or inpatient discharge* | N/A |
| Rewards for Good Health– Members can earn rewards through the My CareSource Rewards program when completing important screenings for their health and disease management. The rewards card can be used at a variety of retailers including Walgreens, Walmart, Walmart.com and Kroger. * Purchase restrictions apply. Members cannot purchase tobacco, firearms, alcohol, gasoline, or lottery. Other restrictions may apply. | N/A |
| Breast Cancer Screening - \$50 Diabetes A1C Testing - \$50/2x per year Flu Shot - \$40/1x per season (potential \$80/year due to flu seasons) Annual Physical/Wellness - \$25 Prenatal Visits (must complete all 7 visits) - \$85 Postpartum Visit - \$25 *Rewards may vary by age, gender, and health needs. | |

^{*}Members may have to receive approval from the plan to obtain the benefit, and/or other conditions may apply. Please contact CareSource at 1-855-475-3136 (TTY: 1-833-711-4711 or 711) for more information.

Molina - MyCare Ohio 2024 Value Added Benefits

| 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 MyCare Ohio health plan to serve as your <u>single point of</u> <u>contact</u> for all 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 |
| Opportunity to participate in Quarterly Member Advisory meetings in member's area | Opportunity to participate in Quarterly Member Advisory meetings in member's area |
| \$0 copayments for prescription drugs | N/A |
| 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 rides to covered health services. Door-to-door ride service when requested. Flexible options like rideshare services, an all-day bus pass and gas vouchers. Stops at the pharmacy after a doctor's visit. Prior authorization may be required for certain services. | N/A |
| Dental Preventive Services including examinations, dental X-rays, and cleanings are each covered two times a year | N/A |
| \$60 in covered Over-the-Counter Medications and Supplies purchases every three months without carry over | N/A |
| \$0 Copay for up to 56 home delivered meals over 4 weeks, for qualifying members after transitioning from an in-patient hospital setting or skilled nursing facility, for members with a chronic illness, and for members with a medical condition or potential medical condition that requires the member to remain at home for a period of time. | N/A |
| The Silver&Fit Program comes at no cost for members. It provides unlimited access to participating fitness centers, one home fitness kit (options include fitness tracker), customized exercise plan, digital workout video online, healthy aging coaching and classes, and rewards for reaching goals. | N/A |
| Additional telehealth services are available for Primary Care Physician Services. You have the option of getting these services through an in-person visit or by telehealth from a network provider who offers the service by telehealth. Prior authorization may be required for certain services. * | N/A |

^{*}Members may have to receive approval from the plan to obtain the benefit, and/or other conditions may apply. Please contact Molina at 1-855-665-4623 for more information.

United Healthcare Community Plan of Ohio, Inc. - MyCare Ohio 2024 Value Added Benefits

| 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</u> <u>contact</u> for all 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 |
| Opportunity to participate in Quarterly Member Advisory meetings in member's area | Opportunity to participate in Quarterly Member Advisory meetings in member's area |
| \$0 to \$10.35 copayment for brand name drugs, \$0 to \$4.15 copayment for generic drugs | N/A |
| 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 for non-waiver members annually via taxi, bus, subway, public transportation, or other routine medical transportation appropriate to the enrollee's condition. Mileage reimbursement with appropriate documentation and request | Additional 30 one-way trip visits annually for non-waiver members via taxi, bus, subway, public transportation, or other routine medical transportation appropriate to the enrollee's condition. Mileage reimbursement with appropriate documentation and request |
| Monthly \$25 Food Benefit: With this benefit, you'll get a single prepaid card at the start of the plan year, to get healthy groceries at no cost. The prepaid card can be used at participating retailers. This is an in-store benefit. The prepaid card is loaded with credits every month to buy approved grocery items which include fruits and vegetables, dairy products, beans, bread, fish, poultry and more. Credits cannot be used to purchase tobacco or alcohol. Unused credits expire at the end of each month. | Monthly \$25 Food Benefit: With this benefit, you'll get a single prepaid card at the start of the plan year, to get healthy groceries at no cost. The prepaid card can be used at participating retailers. This is an in-store benefit. The prepaid card is loaded with credits every month to buy approved grocery items which include fruits and vegetables, dairy products, beans, bread, fish, poultry and more. Credits cannot be used to purchase tobacco or alcohol. Unused credits expire at the end of each month. |
| SeniorLink Caregiver Support Services: supports focused on the caregiver needs (education, empowerment, resources) to prevent burnout and to gather insights from the home that can provide early insights to care managers on escalating risk and change in condition | SeniorLink Caregiver Support Services: supports focused on the caregiver needs (education, empowerment, resources) to prevent burnout and to gather insights from the home that can provide early insights to care managers on escalating risk and change in condition |
| Access to Findhelp database through call center, for community resources including food, housing, legal assistance, fitness programs, etc. | Access to Findhelp database through call center, for community resources including food, housing, legal assistance, fitness programs, etc. |
| Pyx is a mobile app with call center staff additionally able to take live calls to address social isolation, companionship, and help members identify community resources to address social determinants of health (SDOH). The services are available through care management referral. | Pyx is a mobile app with call center staff additionally able to take live calls to address social isolation, companionship, and help members identify community resources to address social determinants of health (SDOH). The services are available through care management referral. |
| Rewards for Good Health – Members can earn rewards for completing important check-ups for their health and disease management. * • Breast cancer screening - \$50 gift card • Diabetes HbA1c Test - \$50 gift card • \$15 gift cards for completed Plan House-Call visit. | N/A |
| Healthy First Steps: A clinical program focusing on the importance of prenatal and postpartum care which offers member rewards | Healthy First Steps: A clinical program focusing on the importance of prenatal and postpartum care which offers member rewards |

^{*}Members may have to receive approval from the plan to obtain the benefit, and/or other conditions may apply. Please contact United at 1-877-542-9236 for more information.