



2019 SUMMARY OF BENEFITS

*i*Care Family Care Partnership (HMO SNP)



www.iCareHealthPlan.org

1-800-777-4376 • TTY: 1-800-947-3529, 24 hours a day, 7 days a week

Office hours: Monday – Friday, 8:30 a.m. to 5:00 p.m.

Pre-Enrollment Checklist

Before making an enrollment decision, it is important that you fully understand our benefits and rules. If you have any questions, you can call and speak to a customer service representative at 1-800-777-4376 (TTY: 1-800-947-3529), 24 hours a day, 7 days a week. Office hours are Monday – Friday, 8:30 a.m. – 5:00 p.m.

Understanding the Benefits

- Review the full list of benefits found in the Evidence of Coverage (EOC), especially for those services that you routinely see a doctor. Visit www.iCareHealthPlan.org or call 1-800-777-4376 (TTY: 1-800-947-3529) to view a copy of the EOC.
- Review the Provider/Pharmacy directory (or ask your doctor) to make sure the doctors you see now are in the network. If they are not listed, it means you will likely have to select a new doctor.
- Review the Provider/Pharmacy Directory to make sure the pharmacy you use for any prescription medicines is in the network. If the pharmacy is not listed, you will likely have to select a new pharmacy for your prescriptions.

Understanding Important Rules

- In addition to your monthly plan premium, you must continue to pay your Medicare Part B premium. The Part B premium is covered by the State if you are a full dual member.
- Benefits, premiums and/or co-payments/co-insurance may change on January 1, 2019. For most *iCare* Family Care Partnership members, Medicaid pays for your Part A premium (if you don't qualify for it automatically) and for your Part B premium.
- If Medicaid is not paying your Medicare premiums for you, you must continue to pay your Medicare premiums to remain a member of the plan. Because you get assistance from Medicaid, you pay nothing for your covered services as long as you follow the plan's rules for getting your care. Refer to your Evidence of Coverage for more information.
- Except in emergency or urgent situations, we do not cover services by out-of-network providers (doctors who are not listed in the Provider/Pharmacy directory).
- This plan is a dual eligible special needs plan (D-SNP). Your ability to enroll will be based on verification that you are entitled to both Medicare and medical assistance from a state plan under Medicaid.

2019 Summary of Benefits
***iCare* Family Care Partnership (HMO SNP)**
H2237 – 007

This is a summary of drug, health and long-term care services covered by *iCare* Family Care Partnership, January 1, 2019 – December 31, 2019.

iCare Family Care Partnership is a Coordinated Care Plan with a Medicare Advantage contract and a contract with the state of Wisconsin Department of Health Services (DHS) for the Medicaid Program. Enrollment in *iCare* Family Care Partnership depends on contract renewal.

This information is not a complete description of benefits. Call Customer Service at 1-800-777-4376 (TTY: 1-800-947-3529), 24 hours a day, 7 days a week for more information. Our office hours are Monday – Friday, 8:30 a.m. – 5:00 p.m.

The benefit information is a summary of what we cover and what you pay. It does not list every service that we cover or list every limitation or exclusion. To get a complete list of services, please request the “Evidence of Coverage” by contacting Customer Service at 1-800-777-4376 (TTY 1-800-947-3529), or by visiting our website: **www.iCareHealthPlan.org**.

To join *iCare* Family Care Partnership you must be entitled to Medicare Part A, be enrolled in Medicare Part B and live in our service area. Our service area includes the following counties in Wisconsin: Dane, Kenosha, Milwaukee, Racine and Sauk Counties.

iCare Family Care Partnership has a network of doctors, hospitals, pharmacies and other providers. If you use the providers that are not in our network, the plan may not pay for these services.

Thank you for your interest in iCare Family Care Partnership's Partnership Program. Our plan is offered by Independent Care Health Plan, a Medicare Advantage Health Maintenance Organization (HMO) Special Needs Plan (SNP) that contracts with the Center for Medicare & Medicaid Services (CMS) and the Wisconsin Department of Health Services (DHS). This plan is designed for people who meet specific enrollment criteria. You are eligible for our plan as long as:

You have both Medicare Part A and Medicare Part B (please refer to the Annual Notice of Change (ANOC) or the Evidence of Coverage for more about Medicare Parts A and B):

- *and* -- You live in our geographic service area (page 3 of this document describes our service area).
- *and* -- You are a United States citizen or are lawfully present in the United States.
- *and* -- You do not have End-Stage Renal Disease (ESRD), with limited exceptions, such as if you develop ESRD when you are already a member of a plan that we offer, or you were a member of a different plan that was terminated.
- *and* -- You meet the special eligibility requirements described below.

SPECIAL ELIGIBILITY REQUIREMENTS FOR OUR PLAN

Our plan is designed to meet the needs of people who receive certain Medicaid benefits. (Medicaid is a joint Federal and state government program that helps with medical costs for certain people with limited incomes and resources.) To be eligible for our plan you must be eligible for Medicare and Full Medicaid Benefits.

You are eligible for membership in our plan as long as you meet the special eligibility requirements described below:

- Be at least 18 years old;
- Be a frail elder or an adult with physical or developmental disabilities;
- Are a resident of Dane, Kenosha, Milwaukee, Racine or Sauk Counties;
- Are functionally eligible as determined via the Wisconsin Adult Long-term Care Functional Screen; and
- You must be enrolled in Medicare Parts A, B, and D.

You may have a monthly "Cost Share" that you must pay to remain eligible for Wisconsin Medicaid and iCare Family Care Partnership. Your county Income Maintenance agency determines your Cost Share amount. Call Customer Service for more information at 1-800-777-4376 (TTY: 1-800-947-3529), 24 hours a day, 7 days a week. Office hours are Monday – Friday, 8:30 a.m. – 5:00 p.m.

To find out if you are eligible to join contact the Aging and Disability Resource Center (ADRC) for your county. You can find a list of the ADRCs and their phone numbers at the end of this booklet. Please remember you must contact the ADRC in your county to enroll. That is the only way to enroll in iCare Family Care Partnership's Partnership Program.

YOU HAVE CHOICES IN YOUR HEALTH CARE

You can choose from different Medicare options.

One choice is to get your Medicare benefits through Original Medicare (Fee-for-Service Medicare). Original Medicare is run directly by the Federal government.

Another choice is to get your Medicare benefits by joining a Medicare health plan; such as iCare Family Care Partnership. Our members receive all of the benefits that the Original Medicare Plan offers. We also offer more benefits, which may change from year to year.

You make the choice. No matter what you decide, you are still in the Medicare Program. If you are eligible for both Medicare and Medicaid (dual eligible), you may join or leave the plan at certain times during the year. Please refer to Chapter 9 of the Evidence of Coverage for more information.

If you want to compare our plan with other Medicare health plans, ask the other plans for their Summary of Benefits booklets. Or, use the Medicare Plan Finder on <http://www.medicare.gov>.

If you want to know about the coverage and costs of Original Medicare, look in your current "Medicare & You" handbook. Everyone with Medicare receives a copy of Medicare & You each year in the fall. Those new to Medicare receive it within a month after first signing up. You can also download a copy of "Medicare & You" from the Medicare website (<https://www.medicare.gov>). Or, you can order a printed copy by phone. Call 1-800-MEDICARE (1-800-633-4227), 24 hours a day, 7 days a week. TTY users call 1-877-486-2048.

This document may be available in other formats such as Braille, large print or audio. This document may be available in a non-English language. For additional information call Customer Service at 1-800-777-4376 (TTY: 1-800-947-3529), 24 hours a day, 7 days a week. Office hours: Monday – Friday, 8:30 a.m. – 5:00 p.m. Customer service has free language interpreter services available for non-English speakers.

Summary of Benefits for *iCare* Family Care Partnership

January 1, 2019 – December 31, 2019

Premiums and Benefits	<i>iCare</i> Family Care Partnership	What You Should Know
Monthly Plan Premium	You pay \$0.	You must continue to pay your Medicare Part B premium, unless your Part B premium is paid for you by Medicaid or a third-party.
Deductible	You pay \$0.	This plan does not have a deductible.
Maximum-Out-of-Pocket Responsibility (Does not include prescription drugs)	Because you have Medicaid, you pay \$0.	All Medicare health plans have yearly limits on members' out-of-pocket costs for medical and hospital care. Medicaid pays those costs on your behalf.
Inpatient Hospital Coverage	You pay \$0.	Because you have Medicaid, you are covered for an unlimited number of days each benefit period. Prior authorization may be required. Contact your Care Team for details.
Outpatient Hospital Coverage	You pay \$0.	Prior authorization may be required. Contact your Care Team for details.
Doctor Visits Primary Care Providers & Specialists	You pay \$0.	Prior authorization may be required. Contact your Care Team for details.
Preventive Care	You pay \$0.	Prior authorization may be required. Contact your Care Team for details.

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Summary of Benefits for iCare Family Care Partnership

January 1, 2019 – December 31, 2019

Premiums and Benefits	iCare Family Care Partnership	What You Should Know
Emergency Care	You pay \$0.	Contact your Care Team after receiving emergency care. Emergency care is not covered outside of the United States and its territories.
Urgently Needed Services	You pay \$0.	Contact your Care Team after receiving urgently needed services. Urgently needed services are immediate care, not emergency care. Urgently needed services are not covered outside of the US and its territories.
Diagnostic Services / Labs / Imaging Includes: <ul style="list-style-type: none"> • Diagnostic tests and procedures • Lab services • Diagnostic radiology • X-rays 	You pay \$0.	Prior authorization is required. Contact your Care Team for details.
Hearing Services <ul style="list-style-type: none"> • Routine hearing exam • Hearing aid 	You pay \$0.	Prior authorization is required. Contact your Care Team for details.

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Summary of Benefits for *iCare* Family Care Partnership

January 1, 2019 – December 31, 2019

Premiums and Benefits	<i>iCare</i> Family Care Partnership	What You Should Know
<p>Dental Services</p> <ul style="list-style-type: none"> • Oral exam & cleaning • Fillings • Complete dentures <p>Supplemental Dental Care</p> <p>Preventive and comprehensive dental services limited to a total of \$2,500 per calendar year.</p>	<p>You pay \$0.</p>	<p>Because you have Medicaid, many dental services including preventative dental services are covered. Prior authorization is required. Contact your Care Team for details.</p> <p>The preventive benefit provides the following services:</p> <ul style="list-style-type: none"> • Oral exams: Up to 2 per calendar year • Prophylaxis (Cleaning): Up to 2 per calendar year • Dental X-Rays: Up to 1 per calendar year • X-Rays are limited to either 1 panoramic or 1 full set per calendar year. <p>The comprehensive benefit provides the following services:</p> <ul style="list-style-type: none"> • Diagnostic Services: Up to 2 visits per calendar year. • Simple Restorative Services: Limited to Amalgams/Resins (No root canals/crowns), 1 restoration per tooth per calendar year. • Extractions: Simple extractions only, no surgical extractions. • Prosthodontics: Basic Partials and Basic Dentures are covered, no coverage for repair. • Emergency Office Visits: Limited to 2 visits per calendar year.

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Summary of Benefits for *iCare* Family Care Partnership

January 1, 2019 – December 31, 2019

Premiums and Benefits	<i>iCare</i> Family Care Partnership	What You Should Know
Vision Services Supplemental Vision Care Eye-wear once every calendar year up to \$450.	You pay \$0.	Prior authorization is required. Contact your Care Team for details. Includes 1 set of eye lenses and frames per calendar year. Prior authorization is not required. Contact your Care Team for details.
Mental Health Services <ul style="list-style-type: none">• Inpatient visit• Outpatient group therapy visit• Outpatient individual therapy visit	You pay \$0.	Prior authorization is required. Contact your Care Team for details.
Skilled Nursing Facility	You pay \$0.	Because you have Medicaid, you are covered for an unlimited number of days each benefit period. Prior authorization is required. Contact your Care Team for details.
Physical Therapy	You pay \$0.	Prior authorization is required. Contact your Care Team for details.
Ambulance	You pay \$0.	Because you have Medicaid, ambulance services may be covered. Prior authorization is required. Contact your Care Team for details.

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Summary of Benefits for *iCare Family Care Partnership*

January 1, 2019 – December 31, 2019

Premiums and Benefits	<i>iCare Family Care Partnership</i>	What You Should Know
Transportation	You pay \$0.	Because you have Medicaid, transportation services may be covered. Prior authorization is required. Contact your Care Team for details.
Medicare Part B Drugs	You pay \$0.	Because you have Medicaid and are enrolled in Partnership, prior authorization may be required. The Formulary lists drugs that require prior authorization. Contact your Care Team for details.
SUPPLEMENTAL BENEFITS		
<p>SilverSneakers® Fitness</p> <p>SilverSneakers is a fitness benefit that includes access to 14,000+ fitness locations nationwide, exercise equipment and other amenities, group exercise classes led by certified instructors, a support network and online resources. Signature SilverSneakers classes designed for all levels and abilities are offered in traditional fitness classrooms.</p> <p><i>Tivity Health and SilverSneakers are registered trademarks or trademarks of Tivity Health, Inc., and/or its subsidiaries and/or affiliates in the USA and/or other countries.</i></p> <p>© 2019 Tivity Health, Inc. All rights reserved.</p>	You pay \$0.	<p>Prior authorization is not required.</p> <p>Eligible plan members simply show their personal SilverSneakers ID number at the front desk of any participating location to use the benefit. Members may get their SilverSneakers ID number and find locations and classes at silversneakers.com. Members with additional questions should call 1-888-423-4632 (TTY: 711) Monday through Friday, 8 a.m. – 8 p.m., ET. At-home kits are offered for members who want to start working out at home or for those who can't get to a fitness location due to injury, illness or being homebound.</p>
<p>If you have questions, please call Customer Service at 1-800-777-4376, (TTY: 1-800-947-3529), 24 hours a day, 7 days a week. Office hours: Monday – Friday, 8:30 a.m. – 5:00 p.m. Calls to these numbers are free. For more information, visit www.iCareHealthPlan.org.</p>		

Summary of Benefits for *iCare* Family Care Partnership

January 1, 2019 – December 31, 2019

Premiums and Benefits	<i>iCare</i> Family Care Partnership	What You Should Know
Remote Access Technology (Telehealth)	You pay \$0.	<p>Maximum of 12 visits per calendar year.</p> <p>Prior authorization required. Contact your Care Team for details. If you have high-speed Internet access you can connect to an urgent care provider, behavioral health specialist, or nutritionist via a live, two-way video through your home computer or smart phone using Amwell's telehealth application, 24 hours a day, 7 days a week. You can also visit <i>iCare's</i> Milwaukee office to use Amwell Health Kiosk during regular business hours (Monday – Friday, 8:30 a.m. to 5:00 p.m.).</p>
Weight Watchers	You pay \$0.	<p>Members can receive local Weight Watchers meeting voucher packs. These packs will contain 13 weeks worth of meeting vouchers at a local, on-site Weight Watchers location. Members can request new voucher packs near the end of each 13 week period if they continue to use Weight Watchers.</p>
Non-Emergency Transportation	You pay \$0.	<p>64 one-way trips up to 35 miles. Covered only for travel to/from Weight Watchers meetings.</p>

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January 1, 2019 – December 31, 2019

Premiums and Benefits	<i>iCare</i> Family Care Partnership	What You Should Know
Over-the-Counter (OTC) Program	You pay \$0.	\$15 a month for over-the-counter items using an account that is replenished with funds on a monthly basis. Unused amounts roll over to the next month. Unused amounts do not roll over to the next calendar year. Orders are limited to one per month. Maximum of \$180 per year. Please visit the plan's website for a list of covered over-the-counter items.
Outpatient Prescription Drugs		
Medicare Part D Drugs	You pay \$0.	Because you have Medicaid and are enrolled in Partnership, YOU HAVE NO CO-PAY ON PRESCRIPTION DRUGS. Prior authorization may be required. The Formulary lists drugs that require prior authorization. Contact your Care Team for details. Some over-the-counter (OTC) drugs are covered by Medicaid.

If you have questions, please call Customer Service at 1-800-777-4376, (TTY: 1-800-947-3529), 24 hours a day, 7 days a week. Office hours: Monday – Friday, 8:30 a.m. – 5:00 p.m. Calls to these numbers are free. For more information, visit www.iCareHealthPlan.org.

Summary of Medicaid-Covered Benefits Section

The benefits described below are covered by Medicaid. For each benefit listed below, you can see what Wisconsin Medicaid covers and what our plan covers.

Benefit	Medicaid	iCare Family Care Partnership Benefits
Alcohol and Other Drug Abuse (AODA) Services	Full coverage: \$.50 – \$3.00 co-pay per service.	Prior authorization may be required. \$0 co-pay.
Audiology Services	Full coverage: \$.50 – \$3.00 co-pay per service.	Prior authorization may be required. \$0 co-pay.
Case Management Services (Targeted)	Full coverage. No co-pay.	Prior authorization may be required. \$0 co-pay.
Chiropractic Services	Full coverage: \$.50 – \$3.00 co-pay per service.	Prior authorization may be required. \$0 co-pay.
Dental Services	Full coverage: \$.50 – \$3.00 co-pay per service.	Prior authorization may be required. \$0 co-pay.
Diagnostic Testing	Full coverage: \$.50 – \$3.00 co-pay per service.	Prior authorization may be required. \$0 co-pay.
Dialysis Services	Full coverage. No co-pay.	Prior authorization may be required. \$0 co-pay.
Durable Medical Equipment and Medical Supplies	Full coverage: \$.50 – \$3.00 co-pay per item. Rental items are not subject to co-pay.	Prior authorization may be required. \$0 co-pay.

If you have questions, please call Customer Service at 1-800-777-4376, (TTY: 1-800-947-3529), 24 hours a day, 7 days a week. Office hours: Monday – Friday, 8:30 a.m. – 5:00 p.m. Calls to these numbers are free. For more information, visit www.iCareHealthPlan.org.

Summary of Medicaid-Covered Benefits Section

The benefits described below are covered by Medicaid. For each benefit listed below, you can see what Wisconsin Medicaid covers and what our plan covers.

Benefit	Medicaid	iCare Family Care Partnership Benefits
Drugs (Prescription)	Co-pay: \$0.50 for over-the-counter (OTC) drugs \$1.00 for generic drugs \$3.00 for brand Co-pays are limited to \$12 per member, per provider, per month. OTCs are excluded from this \$12 maximum. Limit of five opioid prescription fills per month.	Coverage of generic and brand name prescription drugs, and some OTC drugs. Prior authorization may be required. You pay nothing for covered drugs. \$0 co-pay.
Home Care Services Home Health, Private Duty Nursing, and Personal Care	Full coverage of private duty nursing, home health services, and personal care. No co-pay.	Prior Authorization may be required. \$0 co-pay.
Hospice Care Services	Full coverage. No co-pay.	Prior Authorization may be required. \$0 co-pay.
Hospital Services – Inpatient and Outpatient	Full coverage. No co-pays.	Prior Authorization may be required. \$0 co-pay.
Mental Health Services	\$0.50 to \$3.00 co-pay per service, limited to the first 15 hours or \$825 of services, whichever comes first, provided per calendar year. Co-pays are not required when services are provided in a hospital setting.	Prior Authorization may be required. \$0 co-pay.

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Summary of Medicaid-Covered Benefits Section

The benefits described below are covered by Medicaid. For each benefit listed below, you can see what Wisconsin Medicaid covers and what our plan covers.

Benefit	Medicaid	iCare Family Care Partnership Benefits
Nursing Home Services	Full coverage. \$0 co-pay.	Prior Authorization may be required. Members are required to pay nursing home patient liability.
Physician Services May include: <ul style="list-style-type: none"> • Physician Assistants (PA) • Nurse Practitioners (NP) • Rural Health Clinics 	Full coverage, including laboratory and radiology. \$0.50 to \$3.00 co-pay per service; limited to \$30.00 per provider, per calendar year. No co-pay for emergency services, preventive services, anesthesia or clozapine management.	Prior Authorization may be required. \$0 co-pay.
Podiatry Services	Full coverage – \$0.50 to \$3.00 co-pay per service; limited to \$30.00 per provider, per calendar year.	Prior Authorization may be required. \$0 co-pay.
Respiratory Care for Ventilator – Assisted Recipients	Full coverage. \$0 co-pay	Prior Authorization may be required. \$0 co-pay.

If you have questions, please call Customer Service at 1-800-777-4376, (TTY: 1-800-947-3529), 24 hours a day, 7 days a week. Office hours: Monday – Friday, 8:30 a.m. – 5:00 p.m. Calls to these numbers are free. For more information, visit www.iCareHealthPlan.org.

Summary of Medicaid-Covered Benefits Section

The benefits described below are covered by Medicaid. For each benefit listed below, you can see what Wisconsin Medicaid covers and what our plan covers.

Benefit	Medicaid	iCare Family Care Partnership Benefits
Transportation – Ambulance, Specialized Medical Vehicle (SMV) Common Carrier	Full coverage of emergency and non-emergency transportation to and from a certified provider for a covered service. \$2 co-pay for non-emergency ambulance trips. \$1 co-pay per trip for transportation by Specialized Medical Vehicle (SMV). \$0 co-pay for transportation by common carrier or emergency ambulance.	Prior Authorization may be required. \$0 co-pay
Therapy – Physical Therapy, Occupational Therapy and Speech and Language Pathology	Full coverage \$0.50 to \$3.00 co-pay per service. Co-pay obligation limited to the first 30 hours or \$1500, whichever occurs first, during one calendar year (co-pay limits calculated separately for each discipline).	Prior Authorization may be required. \$0 co-pay.
Vision Care Services	Full coverage including eyeglasses — \$0.50 to \$3.00 co-pay per service.	Prior Authorization may be required. \$0 co-pay.

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Medicaid Long Term Care Services

All members of Partnership are also eligible to receive the long-term care benefits which are covered by Medicaid and listed in the chart below. All of the services in the Partnership benefit package must be prior approved by your care team.

Premiums and Benefits	iCare Family Care Partnership	What You Should Know
Adaptive Aids (General and Vehicle)	Covered	Prior Authorization may be required. \$0 co-pay.
Adult Day Care	Covered	Prior Authorization may be required. \$0 co-pay.
Assistive Technology / Communication Aids	Covered	Prior Authorization may be required. \$0 co-pay.
Care / Case Management (Including Assessment and Case Planning)	Covered	Prior Authorization may be required. \$0 co-pay.
Consultative Clinical and Therapeutic Services for Caregivers	Covered	Prior Authorization may be required. \$0 co-pay.
Consumer Education and Training	Covered	Prior Authorization may be required. \$0 co-pay.
Counseling and Therapeutic Resources	Covered	Prior Authorization may be required. \$0 co-pay.
Environmental Accessibility Adaptations (Home Modifications)	Covered	Prior Authorization may be required. \$0 co-pay.
Financial Management Services	Covered	Prior Authorization may be required. \$0 co-pay.
Habilitation Services • Daily Living Skills Training • Day Habilitation Services	Covered	Prior Authorization may be required. \$0 co-pay.
Housing Counseling	Covered	Prior Authorization may be required. \$0 co-pay.
Meals — Home Delivered	Covered	Prior Authorization may be required. \$0 co-pay.
Personal Emergency Response System Services	Covered	Prior Authorization may be required. \$0 co-pay.

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Medicaid Long Term Care Services

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Premiums and Benefits	iCare Family Care Partnership	What You Should Know
Pre-vocational Services	Covered	Prior Authorization may be required. \$0 co-pay.
Relocation Services	Covered	Prior Authorization may be required. \$0 co-pay.
Residential Services: <ul style="list-style-type: none"> • Residential Care Apartment Complex • Community Based Residential Facility • Adult Family Home 	Covered	Prior Authorization may be required. \$0 co-pay.* *Members are required to pay room and board costs.
Respite Care (For Caregivers and members in non-institutional and institutional settings)	Covered	Prior Authorization may be required. \$0 co-pay.
Skilled Nursing Services	Covered	Prior Authorization may be required. \$0 co-pay.
Specialized Medical Equipment and Supplies	Covered	Prior Authorization may be required. \$0 co-pay.
Support Broker	Covered	Prior Authorization may be required. \$0 co-pay.
Supported Employment	Covered	Prior Authorization may be required. \$0 co-pay.
Supportive Home Care	Covered	Prior Authorization may be required. \$0 co-pay.
Training Services for Unpaid Caregivers	Covered	Prior Authorization may be required. \$0 co-pay.
Transportation (Specialized Transportation)	Covered	Prior Authorization may be required. \$0 co-pay.

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Medicaid Long Term Care Services

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Premiums and Benefits	iCare Family Care Partnership	What You Should Know
Vocational Futures Planning	Covered	Prior Authorization may be required. \$0 co-pay.

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iCare Family Care Partnership's Partnership Program (HMO SNP) is a fully integrated Medicare and Medicaid health and long-term care program for the frail elderly and adults with physical or developmental disabilities. Members receive all Medicaid and Medicare benefits through the Partnership model of care which includes but is not limited to:

- Combined Medicaid and Medicare eligibility and enrollment procedures;
- Member participation in care planning;
- Member and team cooperation in managing care;
- Quality management; and
- Help with grievances and appeals.

Because you are a member of this Partnership program, your Medicare deductible and coinsurance amounts are paid on your behalf.

iCare Family Care Partnership's Partnership Program (HMO SNP), a Medicare Advantage Special Needs Plan, is a different kind of health plan, providing your health care services in a personal way. We work with you and your family to give the kind of care you need and want. We want you to stay independent and will encourage you to do as much for yourself as possible. We help you to make informed health choices.

Your health care is planned with you and your family or significant others by a special group of people working with you. An Interdisciplinary Team (Team) works with you to identify your goals (outcomes), and develops a Plan to support achievement of these outcomes.

As a member of iCare Family Care Partnership's Partnership Program (HMO SNP), you may be responsible for a monthly cost share. This amount is determined by your county and **must be paid** to keep your eligibility for Medicaid. iCare Family Care Partnership will bill you for the cost share each month. (The federal government refers to this as the "post-eligibility treatment of income.")

If you reside in substitute care, **you must also pay** for room and board. iCare Family Care Partnership will also bill you for room and board each month.

Providers may not bill you for covered benefits that were authorized by iCare Family Care Partnership and received while you were enrolled in our plan. Providers may bill you for non-covered services that you have agreed to pay.

Please remember that **you must contact the Aging and Disability Resource Center (ADRC) in your county to enroll.** That is the only way to enroll in iCare Family Care Partnership's Partnership Program.

Dane County

2865 North Sherman Avenue
Madison, Wisconsin 53704
Local: 1-608-240-7400
Toll-free: 1-855-417-6892
TTY: 1-608-240-7404

Kenosha County

Kenosha County Division of Aging &
Disability Services
8600 Sheridan Road, Suite 500
Kenosha, Wisconsin 53143
Local: 1-262-605-6646
Toll-free: 1-800-472-8008
TTY: 262-605-6663

Milwaukee County

For people 60 years of age or over call:

Milwaukee Aging Resource Center
1220 West Vliet Street, Suite 300
Milwaukee, Wisconsin 53221
Local: 1-414-289-6874
Toll-free: 1-866-229-9695
(TTY/TDD: 414-289-8591)

For people under 60 years of age call:

Milwaukee Disability Resource Center
1220 West Vliet Street, Suite 300
Milwaukee, Wisconsin 53205
Local: 1-414-289-6660
TTY/TDD: 414-289-8559

Racine County

ADRC of Racine County
14200 Washington Ave
Sturtevant, Wisconsin 53177
Local: 1-262-833-8777
Toll-free: 1-866-219-1043
TTY: Wisconsin Relay 711

Sauk County — ADRC of Eagle County

Toll-free: 1-877-794-2372
TTY/TDD/Relay: Wisconsin Relay 711

Baraboo Office
505 Broadway Street
Baraboo, Wisconsin 53913

Mauston Office
200 Hickory Street
Mauston, Wisconsin 53948

Prairie du Chien Office
225 N. Beaumont Road, Suite 117
Prairie du Chien, Wisconsin 53821

Richland Center Office
221 W. Seminary Street
Richland Center, Wisconsin 53581

Notice Informing Individuals About Nondiscrimination and Accessibility Requirements: Discrimination is Against the Law

Independent Care Health Plan complies with applicable Federal civil rights laws and does not discriminate on the basis of race, color, national origin, age, disability, or sex. Independent Care Health Plan does not exclude people or treat them differently because of race, color, national origin, age, disability, or sex.

Independent Care Health Plan:

- Provides free aids and services to people with disabilities to communicate effectively with us, such as:
 - Qualified sign language interpreters
 - Written information in other formats (large print, audio, accessible electronic formats, other formats)
- Provides free language services to people whose primary language is not English, such as:
 - Qualified interpreters
 - Information written in other languages

If you need these services, contact Customer Service at 1-800-777-4376 (TTY: 1-800-947-3529), 24 hours a day, 7 days a week (Office hours: Monday – Friday, 8:30 a.m. – 5:00 p.m.).

If you believe that Independent Care Health Plan has failed to provide these services or discriminated in another way on the basis of race, color, national origin, age, disability, or sex, you can file a grievance with: QAPI Nurse Ellen Wiesner, 1555 N. RiverCenter Dr., Suite 206, Milwaukee, WI 53212, 1-800-777-4376 (TTY: 1-800-947-3529), 1-414-918-7565, ewiesner@icare-wi.org. You can file a grievance in person or by mail, fax, or email.

If you need help filing a grievance, QAPI Nurse Ellen Wiesner is available to help you. You can also file a civil rights complaint with the U.S. Department of Health and Human Services, Office for Civil Rights electronically through the Office for Civil Rights Complaint Portal, available at <https://ocrportal.hhs.gov/ocr/portal/lobby.jsf>, or by mail or phone at: U.S. Department of Health and Human Services, 200 Independence Avenue SW., Room 509F, HHH Building, Washington, DC 20201, 1-800-368-1019, 800-537-7697 (TDD).

Complaint forms are available at <http://www.hhs.gov/ocr/office/file/index.html>.

Multi-language Interpreter Services

English: ATTENTION: If you speak English, language assistance services, free of charge, are available to you. Call 1-800-777-4376 (TTY: 1-800-947-3529).

Spanish: ATENCIÓN: Si habla español, tiene a su disposición servicios gratuitos de asistencia lingüística. Llame al 1-800-777-4376 (TTY: 1-800-947-3529).

Hmong: LUS CEEV: Yog tias koj hais lus Hmoob, cov kev pab txog lus, muaj kev pab dawb rau koj. Hu rau 1-800-777-4376 (TTY: 1-800-947-3529).

Chinese: 注意：如果您使用繁體中文，您可以免費獲得語言援助服務。請致電。1-800-777-4376 (TTY: 1-800-947-3529).

German: ACHTUNG: Wenn Sie Deutsch sprechen, stehen Ihnen kostenlos sprachliche Hilfsdienstleistungen zur Verfügung. Rufnummer: 1-800-777-4376 (TTY: 1-800-947-3529).

Arabic: ملحوظة: إذا كنت تتحدث انكر اللغة، فإن خدمات المساعدة اللغوية تتوافر لك بالمجان. اتصل برقم 1-800-777-4376 (رقم هاتف الصم والبكم: 1-800-947-3529).

Russian: ВНИМАНИЕ: Если вы говорите на русском языке, то вам доступны бесплатные услуги перевода. Звоните 1-800-777-4376 (телетайп: 1-800-947-3529).

Korean: 주의: 한국어를 사용하시는 경우, 언어 지원 서비스를 무료로 이용하실 수 있습니다. 1-800-777-4376 (TTY: 1-800-947-3529) 번으로 전화해 주십시오.

Vietnamese: CHÚ Ý: Nếu bạn nói Tiếng Việt, có các dịch vụ hỗ trợ ngôn ngữ miễn phí dành cho bạn. Gọi số 1-800-777-4376 (TTY: 1-800-947-3529).

Pennsylvania Dutch: Wann du [Deutsch (Pennsylvania German / Dutch)] schwetzscht, kannscht du mitaus Koschte ebber gricke, ass dihr helft mit die englisch Schprooch. Ruf selli Nummer uff: Call 1-800-777-4376 (TTY: 1-800-947-3529).

Laotian: ໂປດຊາບ: ຖ້າວ່າ ທ່ານເວົ້າພາສາ ລາວ, ການບໍລິການຊ່ວຍເຫຼືອດ້ານພາສາ, ໂດຍບໍ່ເສັຽຄ່າ, ແມ່ນມີພ້ອມໃຫ້ທ່ານ. ໂທ 1-800-777-4376 (TTY: 1-800-947-3529).

French: ATTENTION : Si vous parlez français, des services d'aide linguistique vous sont proposés gratuitement. Appelez le 1-800-777-4376 (ATS: 1-800-947-3529).

Polish: UWAGA: Jeżeli mówisz po polsku, możesz skorzystać z bezpłatnej pomocy językowej. Zadzwoń pod numer 1-800-777-4376 (TTY: 1-800-947-3529).

Hindi: ध्यान दें: यदि आप हिंदी बोलते हैं तो आपके लिए मुफ्त में भाषा सहायता सेवाएं उपलब्ध हैं। 1-800-777-4376 (TTY: 1-800-947-3529) पर कॉल करें।

Albanian: KUJDES: Nëse flitni shqip, për ju ka në dispozicion shërbime të asistencës gjuhësore, pa pagesë. Telefononi në 1-800-777-4376 (TTY: 1-800-947-3529).

Tagalog: PAUNAWA: Kung nagsasalita ka ng Tagalog, maaari kang gumamit ng mga serbisyo ng tulong sa wika nang walang bayad. Tumawag sa 1-800-777-4376 (TTY: 1-800-947-3529).

For more information, please call us at the phone number below or visit us at **www.iCareHealthPlan.org**.

Toll free: 1-800-777-4376.

TTY users should call 1-800-947-3529.

You can call us 24 hours a day, 7 days a week.

Office hours: Monday – Friday, 8:30 a.m. – 5:00 p.m.

You can see our plan's provider directory at our website at **www.iCareHealthPlan.org**.

We cover Part D drugs. In addition we cover Part B drugs such as chemotherapy and some drugs administered by your provider.

You can see the complete plan formulary (list of Part D prescription drugs) and any restrictions on our website at **www.iCareHealthPlan.org**.



Independent Care Health Plan
1555 North RiverCenter Drive
Suite 206
Milwaukee, Wisconsin 53212