



2019 SUMMARY OF BENEFITS

*i*Care Medicare Plan (HMO SNP)



INDEPENDENT CARE HEALTH PLAN

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.

H2237_IC2011_M 9/24/2018

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* Medicare Plan 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.
- 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.

Summary of Benefits January 1, 2019 – December 31, 2019

iCare Medicare Plan (HMO SNP) (H2237-001)

This is a benefit summary of drug and health services covered by *iCare Medicare Plan (HMO SNP)*.

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 (EOC) by calling 1-800-777-4376 (TTY 1-800-947-3529) or view it online at www.iCareHealthPlan.org.

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. Because you have Medicare and Medicaid, most of the costs of this plan will be covered for you. How much Medicaid pays depends on your level of income, assets, and type of care you need.

Who can join *iCare Medicare Plan (HMO SNP)*?

To join you:

- Must be eligible for Medicare and Medicaid Benefits OR eligible for Medicare and Medicare cost-sharing assistance under Medicaid.
- You must have both Part A and Part B to enroll.
- You cannot have End-Stage Renal Disease (exceptions may apply).
- You must live in our service area. Our service area includes these counties in Wisconsin: Adams, Brown, Calumet, Columbia, Crawford, Dane, Door, Fond du Lac, Grant, Green, Green Lake, Iowa, Jackson, Juneau, Kenosha, Kewaunee, La Crosse, Lafayette, Manitowoc, Marinette, Menominee, Milwaukee, Monroe, Oconto, Outagamie, Ozaukee, Racine, Richland, Rock, Sauk, Shawano, Sheboygan, Trempealeau, Vernon, Walworth, Washington, Waukesha, Waupaca, Waushara, and Winnebago.

Network Providers and Pharmacies

The *iCare Medicare Plan* has a network of doctors, hospitals, pharmacies, and other providers available for you to use for your health care services. However, you may go to providers that are not in our network for some services if they are Medicaid and Medicare certified and willing to bill *iCare Medicare Plan*. Please contact the plan for more information. You may get drugs from an in-network pharmacy, out-of-network pharmacy, and through the plan's mail order pharmacy at the same cost.

Please visit www.iCareHealthPlan.org/FindProvider to search for providers or pharmacies in your area. You can also view the plan formulary (list of Part D prescription drugs) to see what drugs are covered and if there are any restrictions.

Premiums and Benefits	iCare Medicare Plan (HMO SNP)
Monthly Plan Premium	<p>You pay \$0</p> <p>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.</p>
Deductible	<p>This plan has deductibles for some hospital and medical services.</p> <p>\$0 or \$183 per year for in-network services, depending on your level of Medicaid eligibility. This amount may change for 2019.</p> <p>This plan does not have a deductible for Part D prescription drugs.</p>
Maximum-Out-of – Pocket Responsibility (does not include prescription drugs)	<p>All Medicare health plans have yearly limits on members’ out-of-pocket costs for medical and hospital care.</p> <p>Your yearly limit(s) in this plan:</p> <ul style="list-style-type: none"> • \$6,700 for services you receive from in-network providers. <p>In this plan, you may pay nothing for Medicare-covered services, depending on your level of Wisconsin Medicaid eligibility.</p> <p>If you reach the limit on out-of-pocket costs, you keep getting covered hospital and medical services and we will pay the full cost for the rest of the year.</p> <p>Please note that you will still need to pay your monthly premiums and cost-sharing for your Part D prescription drugs.</p>

Benefits	iCare Medicare Plan (HMO SNP)	
Inpatient Hospital Coverage	<p>Our plan covers 90 days for an inpatient hospital stay.</p> <p>Our plan also covers 60 “lifetime reserve days”. These are “extra” days that we cover. If your hospital stay is longer than 90 days, you can use these extra days. But once you have used up these extra 60 days, your inpatient hospital coverage will be limited to 90 days.</p> <p>In 2018 the amounts for each benefit period were \$0 or:</p> <ul style="list-style-type: none"> • \$1,340 deductible for each benefit period. • Days 1–60: \$0 coinsurance for each benefit period. • Days 61–90: \$335 coinsurance per day of each benefit period. • Days 91 and beyond: \$670 coinsurance per each “lifetime reserve day” after day 90 for each benefit period (up to 60 days over your lifetime). • Beyond lifetime reserve days: all costs. <p>These amounts may change for 2019. We will provide updated rates as soon as Medicare releases them.</p> <p>Prior authorization may be required.</p>	
Outpatient Hospital Coverage	<p>Outpatient hospital coverage: 0% or 20% of the cost per visit</p> <p>Ambulatory surgical center: 0% or 20% of the cost per visit</p>	
Doctor Visits Primary Care & Specialist	<p>Primary care physician visit: 0% or 20% of the cost per visit</p> <p>Specialist visit: 0% or 20% of the cost per visit</p> <p>A referral is not required to see a specialist with the exception of second and all additional opinions. Prior authorization may be required to see a specialist.</p>	
Preventive Care	<p>\$0 co-pay</p> <p>Our plan covers many preventive services, including:</p> <ul style="list-style-type: none"> • Abdominal aortic aneurysm screening • Alcohol misuse counseling • Bone mass measurement (bone density) • Breast cancer screening (mammogram) • Cardiovascular disease (behavioral therapy) • Cardiovascular disease screenings • Cervical and vaginal cancer screening • Colorectal cancer screenings (Barium enema, Colonoscopy, Fecal occult blood test, Multi-target stool DNA test, Flexible sigmoidoscopy) • Depression screening • Diabetes screenings • Hepatitis C Screening • HIV screening • Lung cancer screening • Nutrition therapy services 	<ul style="list-style-type: none"> • Obesity screening and counseling • Prostate cancer screenings (PSA) • Sexually transmitted infections screening and counseling • Tobacco use cessation counseling • Shots, including Flu shots, Hepatitis B shots, Pneumococcal shots • “Welcome to Medicare” preventive visit (one-time) • Yearly “Wellness” visit <p>Any additional preventive services approved by Medicare during the contract year will be covered.</p>

Benefits	iCare Medicare Plan (HMO SNP)
Emergency Care	<p>\$0 or \$90 co-pay.</p> <p>Contact the plan after receiving emergency care.</p> <p>If you are admitted to the hospital within 3 days, you do not have to pay your share of the cost for emergency care. See the "Inpatient Hospital Care" section of this booklet for other costs.</p> <p>Emergency care is not covered outside of the US and its territories.</p>
Urgently Needed Services	<p>0% or 20% of the cost per visit (up to \$65)</p> <p>Contact the plan after receiving urgently needed services. Urgently needed services are immediate care, not emergency care.</p> <p>Urgently needed services are not covered outside of the US and its territories.</p>
Diagnostic Services/ Labs/ Imaging	<p>Diagnostic tests and procedures: 0% or 20% of the cost</p> <p>Lab services: 0% or 20% of the cost</p> <p>Diagnostic radiology services (such as MRIs, CT scans): 0% or 20% of the cost</p> <p>Outpatient x-rays: 0% or 20% of the cost</p> <p>Therapeutic radiology services (such as radiation treatment for cancer): 0% or 20% of the cost</p> <p>Costs for these services may be different if received in an outpatient surgery setting.</p> <p>Prior authorization may be required.</p>
Hearing Services	<p>Exam to diagnose and treat hearing and balance issues: 0% or 20% of the cost</p>
Dental Services	<p>Preventive Dental</p> <p>The preventive benefit provides the following services for a \$0 co-pay.</p> <p>There may be limits on how much the plan will provide:</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 <p>X-Rays are limited to either 1 panoramic or 1 full set per calendar year.</p> <p>Comprehensive Dental</p> <p>The comprehensive benefit provides the following services for a \$0 co-pay.</p> <p>There may be limits on how much the plan will provide:</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): One 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 are limited to 2 visits per calendar year <p>Preventive and comprehensive dental services limited to a combined total of \$2,500 per calendar year.</p>

Benefits	iCare Medicare Plan (HMO SNP)
Vision Services	<p>Medicare-covered vision exam to diagnose and treat diseases and conditions of the eye (including yearly glaucoma screening): 0% or 20% of the cost</p> <p>Eyeglasses or contact lenses after cataract surgery: 0% or 20% of the cost</p> <p>Eye-wear of up to \$450 per calendar year.</p> <ul style="list-style-type: none"> • One set of lenses and frames per calendar year
<p>Mental Health Services</p> <ul style="list-style-type: none"> • Inpatient visit • Outpatient group therapy visit • Outpatient individual therapy visit 	<p>Our plan covers up to 190 days in a lifetime for inpatient mental health care in a psychiatric hospital. The inpatient hospital care limit applies to inpatient mental services provided in a general hospital.</p> <p>Our plan covers 90 days for an inpatient hospital stay.</p> <p>Our plan also covers 60 “lifetime reserve days.” These are “extra” days that we cover. If your hospital stay is longer than 90 days, you can use these extra days. But once you have used up these extra 60 days, your inpatient hospital coverage will be limited to 90 days.</p> <p>Inpatient visit:</p> <p>In 2018 the amounts for each benefit period were \$0 or:</p> <ul style="list-style-type: none"> • \$1,340 deductible for each benefit period. • Days 1–60: \$0 coinsurance per day of each benefit period. • Days 61–90: \$335 coinsurance per day of each benefit period. • Days 91 and beyond: \$670 coinsurance per each “lifetime reserve day” after day 90 for each benefit period (up to 60 days over your lifetime). • Beyond lifetime reserve days: all costs. • 20% of the Medicare-approved amount for mental health services you get from doctors and other providers while you’re a hospital inpatient. <p>These amounts may change for 2019. We will provide updated rates as soon as Medicare releases them.</p> <p>Outpatient group therapy visit: 0% or 20% of the cost Outpatient group therapy visit with a psychiatrist: 0% or 20% of the cost</p> <p>Outpatient individual therapy visit: 0% or 20% of the cost Outpatient individual therapy visit with a psychiatrist: 0% or 20% of the cost</p> <p>May require a referral from your doctor.</p> <p>Prior authorization may be required.</p>
Skilled Nursing Facility	<p>In 2018 the amounts for each benefit period were \$0 or:</p> <ul style="list-style-type: none"> • Days 1–20: \$0 for each benefit period. • Days 21–100: \$167.50 coinsurance per day of each benefit period. • Days 101 and beyond: all costs. <p>These amounts may change for 2019. We will provide updated rates as soon as Medicare releases them.</p> <p>May require a referral from your doctor.</p> <p>Prior authorization may be required.</p>

Benefits	<i>i</i> Care Medicare Plan (HMO SNP)
Physical Therapy	Physical therapy: 0% or 20% of the cost May require a referral from your doctor. Prior authorization may be required.
Ambulance	0% or 20% of the cost
Transportation	Non-Emergency Transportation: 100 one-way trips up to 35 miles are covered by the plan. Covered only for travel: <ul style="list-style-type: none"> • To/From Health Education Classes • Weight Watchers meetings

Prescription Drug Coverage	iCare Medicare Plan (HMO SNP)	
Medicare Part B Drugs	<p>Chemotherapy drugs: 0% or 20% of the cost Other Part B drugs: 0% or 20% of the cost Abbott brand Diabetic Testing Supplies: \$0 Generic Nebulizer Drugs: \$0</p> <p>Prior authorization may be required. The Formulary lists drugs that require prior authorization.</p> <p>You can see the complete plan formulary (list of Part D prescription drugs) and any restrictions on our website at www.iCareHealthPlan.org</p>	
Medicare Part D Drugs	<p>Initial Coverage Stage: You do not have a Deductible Stage</p> <p>Our plan groups each medication into one of three “tiers.” You will need to use your formulary to locate what tier your drug is on to determine how much it will cost you. The amount you pay depends on the drug’s tier and what stage of the benefit you have reached. Cost-sharing may change when entering another phase of the Part D benefit. Call Customer Service at 1-800-777-4376 (TTY 1-800-947-3529) or access the Evidence of Coverage (EOC) online.</p> <p>If you reside in a long-term care facility, you pay the same as at a retail pharmacy.</p> <p>Because you are eligible for Medicaid, you qualify for and are getting “Extra Help” from Medicare to pay for your prescription drug plan costs. You do not need to do anything further to get this “Extra Help”. For more information on “Extra Help” please contact the plan.</p> <p>You may get drugs from an in-network pharmacy, out-of-network pharmacy, and through the plan’s mail order pharmacy at the same cost.</p>	
Standard Retail and Mail Order Cost-Sharing		
Tier 1 (generic) Tier 2 (brand) One, two, or three-month supply Tier 3 (specialty) One-month supply only	For generic drugs (including brand drugs treated as generic), depending on your income and institutional status, you pay either: \$0 co-pay; or \$1.25 co-pay; or \$3.40 co-pay For all other drugs, either: \$0 co-pay; or \$3.80 co-pay; or \$8.50 co-pay	
<p>Catastrophic Coverage</p> <p>After your yearly out-of-pocket drug costs (including drugs purchased through your retail pharmacy and through mail order) reach \$5,100, you pay nothing for all drugs.</p>		

Additional Benefits	iCare Medicare Plan (HMO SNP)
Acupuncture	<p>You pay nothing.</p> <p>Limited to 30 visits every calendar year.</p>
Chiropractic Care	<p>Manipulation of the spine to correct a subluxation (when 1 or more of the bones of your spine move out of position): 0% or 20% of the cost</p> <p>You pay nothing for routine chiropractic services (limited to 40 visits every calendar year).</p> <p>Routine chiropractic services may require a prior authorization.</p>
Health Education	<p>You pay nothing.</p> <p>The plan will pay registration fees for selected courses. 18 sessions per calendar year. Contact Care Management to access this benefit.</p>
Post Inpatient Stay Meals	<p>You pay nothing.</p> <p>If you are transitioning from an inpatient hospital or skilled nursing facility, you are eligible for up to 28 days of meals (maximum 84 meals provided).</p>
Over-the-Counter Items	<p>\$60 per 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 \$720 per year. Please visit the plan's website for a list of covered over-the-counter items.</p>
Personal Emergency Response System (PERS)	<p>You pay nothing.</p> <p>May require a referral from your doctor.</p> <p>Prior authorization is required.</p>
Remote Access Technology (Telehealth)	<p>You pay nothing.</p> <p>Remote Access Technology visits are limited to Behavioral Health Specialists, Urgent Care & Nutritionists.</p> <p>Maximum of 12 visits per calendar year.</p>
SilverSneakers® Fitness	<p>You pay nothing.</p> <p>Tivity Health and SilverSneakers are registered trademarks or trademarks of Tivity Health and/or its subsidiaries. © 2018 Tivity Health. All rights reserved.</p>
Weight Watchers®	<p>You pay nothing.</p> <p>The plan will supply members with thirteen-weeks' worth of meeting vouchers at a local, on-site Weight Watchers location.</p> <p>Contact Care Management to access this benefit.</p>

Wisconsin Medicaid Covered Services

The benefits described above are covered by Medicare. Your services are first paid by Medicare and then by Medicaid. The benefits in the section below are covered by Medicaid. For each benefit listed, you can see what Wisconsin Medicaid covers. If you have questions about your Medicaid eligibility, please call 1-800-362-3002.

Benefit Category	Wisconsin Medicaid
What you pay for covered services may depend on your level of Medicaid eligibility.	
Ambulatory Surgical Centers	Coverage of certain surgical procedures and related lab services.
Chiropractic services	Full coverage.
Dental services	Full coverage.
Durable Medical Equipment and Supplies	Full coverage.
Drugs (Prescription)	Coverage for generic drugs, brand name drugs, and some over-the-counter (OTC drugs).
Emergency Room	Full coverage.
End-Stage Renal Disease (ESRD)	Full coverage.
HealthCheck	Full coverage of HealthCheck screenings and other services for individuals under 21 years of age.
Hearing Services	Full coverage.
Home Care Services (Home Health, Private Duty Nursing and Personal Care)	Full coverage.
Hospice Care Services	Full coverage.
Hospital Services - Inpatient	Full coverage.
Hospital Services - Outpatient	Full coverage.
Mental Health and Substance Abuse Treatment	Full coverage (not including room and board).
Nursing Home Services	Full coverage.

Benefit Category	Wisconsin Medicaid
What you pay for covered services may depend on your level of Medicaid eligibility.	
Physician Services (May include: Physician Assistants, Nurse Practitioners, Rural Health Clinics)	Full coverage, including laboratory and radiology.
Podiatry Services	Full coverage.
Prenatal/Maternity Care (May include: Nurse Midwife)	Full coverage, including prenatal care coordination and preventive mental health and substance abuse screening and counseling for women at risk of mental health and substance abuse problems.
Reproductive Health Services - Family Planning Services	Full coverage with the exceptions listed below. Does not cover: <ul style="list-style-type: none"> • Reversal of involuntary sterilization • Infertility treatments • Surrogate parenting and related services, including, but not limited to artificial insemination, obstetrical care, labor or delivery, prescription or over-the-counter drugs.
Therapy - Physical Therapy (PT), Occupational Therapy (OT), and Speech and Language Pathology (SLP)	Full coverage.
Transportation - Ambulance, Specialized Medical Vehicle (SMV), Common Carrier	Full coverage for Medicaid-covered emergency transportation services and non-emergency transportation to and from a covered service.
Vision Care Services	Full coverage, including eyeglasses.

If you want to know more about the coverage and costs of Original Medicare, look in your current “Medicare & You” handbook. View it online at <http://www.medicare.gov> or get a copy by calling 1-800-MEDICARE (1-800-633-4227), 24 hours a day, 7 days a week. TTY users should call 1-877-486-2048.

This information is not a complete description of benefits. Call 1-800-777-4376 (TTY: 1-800-947-3529) for more information. You can call us 24 hours a day, 7 days a week (office hours: Monday-Friday, 8:30 a.m. to 5:00 p.m.)

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). Customer service has free language interpreter services available for non-English speakers.

The *i*Care Medicare Plan (HMO SNP) is a Coordinated Care Plan with a Medicare contract and a contract with the State Medicaid Program. Enrollment in the plan depends on contract renewal.

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>.

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, ແມ່ນມີພ້ອມໃຫ້ ທ່ານ. 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).

Independent Care Health Plan

1555 N. RiverCenter Dr. Ste 206 Milwaukee, WI 53212

1-800-777-4376 (TTY: 1-800-947-3529)

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