

Get back on track
with your health care.
You can earn healthy rewards!
See pages 2-3.

iCare Medicare Plan (HMO D-SNP) MEMBER NEWS

Issue 1 2022

Keep Your Information Current with Medicaid: Report Life Changes

Have you recently had a life change like:

- » You changed where you live or someone moved into, or out of, your home?
- » Got married or divorced?
- » You have different health insurance coverage?

Please report any life changes to the Wisconsin Department of Health Services (DHS) Medicaid program. If DHS does not have your current information on file, you might miss Medicaid benefit or renewal information or might not know about programs or services that are important to you. This is especially important during the public health emergency due to the COVID-19 pandemic.

We want to make sure you continue to get the health care you need so we ask you to please:

Update



Make sure DHS has your current mailing address, phone number, email, or other important information that could affect your benefits.

To update your contact information, log in at access.wi.gov, use the MyACCESS mobile app, or call your local agency. Find yours at www.dhs.wisconsin.gov/forwardhealth/imagency/index.htm

Act



Don't miss key deadlines! Future communications from DHS will provide instructions on what you need to do — when the public health emergency unwinds or ends, you will need to act.

Ask



Questions? Contact your local agency or call DHS Member Services at 1-800-362-3002. You can also call iCare Member Retention Specialists at 414-272-5621.

They will help you figure out your next steps, together.

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Did the pandemic interrupt your health care? It's time to get back on track!

It's a milestone we never thought we would reach, but now that the COVID-19 pandemic has passed the 2-year mark you may have found yourself in a situation where you put your health on the back burner. You are not alone. Many people have delayed care or ignored signs and symptoms of something more serious that needs checking.

Now is the time to get back on track with appointments that can prevent future health problems, spot new problems early, or keep existing issues in check. What should you schedule? Here's a partial list:

- » First, make an appointment with your primary care provider (PCP) for a wellness visit. A PCP can help you create a road map for the screenings or specialist appointments you may have missed. Diabetes, heart disease, arthritis, lung issues, autoimmune disorders and digestive conditions all need regular management. Talk to your doctor about any health challenges that have developed during the pandemic. And if you tracked your health during the pandemic, share those findings with your doctor.
- » Look for early signs of common cancers. Ask about guidelines that have changed. Research has shown that pandemic-related concerns have led to people diagnosed with cancer later because of delayed screenings due to COVID. Ask about getting a colorectal screening, mammogram, lung CT scan, and screening for cervical cancer.
- » Next, ask about immunizations you have missed. Catch up on vaccinations like Shingles, Pneumonia, and T-DAP (tetanus, diphtheria, and pertussis). And everyone should get a COVID-19 vaccination and booster(s) and a flu shot prior to flu season. (See page 4 for more information on COVID boosters).

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- » Get to the dentist to get your teeth cleaned and gums checked. All adults should see a dentist or dental hygienist at least once a year, preferably twice. Letting dental problems get worse can impact other aspects of your health.
- » If you have glasses or contacts, you should get your prescription checked and perhaps adjusted. All people over 50 should get checked for early signs of glaucoma, and people who have diabetes need to get their retinas checked.
- » Get your hearing checked. If you've been noticing possible signs that you're not hearing things others are hearing, or others have mentioned this to you, talk to your doctor.
- » If you take many medications, schedule a time with a pharmacist. For older adults especially, an annual medication review can check for possible risks, interactions with supplements, or chances to increase or reduce doses.

There's a lot of pent-up demand out there. So, keep in mind that even if you call or message your doctor's office today, it might be weeks before the next available appointment. That's why it's so important to contact them as soon as possible.

Remember, *iCare* is here to help. Our Customer Service and Care Coordination teams can help you find a doctor and schedule an appointment.

Call us at 1-800-777-4376, Monday – Friday, 8:30 a.m. – 5:00 p.m. TTY users call 711.

You may be rewarded for making healthy choices with *iCare's* Healthy Rewards Program!

As an added incentive, members may earn rewards for completing certain healthy activities. See the chart below.

Depending upon your individual medical needs, not all members are eligible to earn rewards for each screening. Please call your Care Coordinator to discuss which ones are right for you. They can also answer questions and help you schedule appointments, if needed.

Healthy Rewards Program

Healthy Activities	Reward Amount
Flu Vaccine	\$20
Medicare Annual Wellness Visit	\$25 in person \$10 virtual visit
Diabetic Retinal Exam	\$30
Colorectal Screening	\$30
Breast Cancer Screening (Mammogram)	\$30
In-home or Virtual Health Assessment	\$25

Members can earn only one reward per activity, per calendar year, and will be notified by a letter in the mail each time a reward is earned. The Healthy Rewards balance is separate from your other balances on the *iCare* Benefit Card. **Please allow 6–8 weeks to receive your Healthy Rewards dollars.**

To learn more about the *iCare* Benefit Card refer to the member materials sent to you, call *iCare* Customer Service, or visit www.iCareHealthPlan.org/BenefitCard



Healthy Rewards must be used within 90 days after disenrollment from the plan or within 90 days after the end of a calendar year, whichever is first.

For examples on what types of wellness products are eligible for purchase visit OTCNetwork.com. Or use the App — download it through Google Play or in the Apple App Store.

Healthy Rewards[^] is a no-cost, optional program for eligible members enrolled in our health plan. This program may change on January 1 of each year. Prior authorization may be required for some healthy activities and there are limitations and exclusions. You cannot purchase items for friends and family members with reward monies. Please refer to the plan's Evidence of Coverage or EOC, Chapter 4 Benefits Chart for more information on benefits, or call your Care Coordinator or Customer Service for more information.

COVID–19 Vaccine Boosters: What You Need to Know

Boosters are an important part of protecting yourself from getting seriously ill or dying from COVID–19. COVID–19 vaccine boosters can further enhance or restore protection that might have decreased over time after your primary series vaccination. They are recommended for most people. People in certain groups or situations are now eligible to get a second COVID–19 booster. If you are eligible, it is up to you whether to get a second booster right now, based on the benefits and risks. Your doctor can help you review your options.

Who Can Get a Booster?

First Booster

» Everyone ages 5 years and older should get one booster after completing their COVID–19 vaccine primary series.

Second Booster

» Adults ages 50 years and older.
» People ages 12 years and older who are moderately or severely immunocompromised.

When Should You Get Your Second Booster?

Pfizer-BioNTech

First Booster

The CDC recommends a booster of either Pfizer-BioNTech or Moderna COVID–19 vaccine for:

» Most people, at least 5 months after the final dose in the primary series.
» People who are moderately or severely immunocompromised, at least 3 months after the final dose in the primary series.

Second Booster

The CDC recommends a second booster of either Pfizer-BioNTech or Moderna COVID–19 vaccine at least 4 months after the first booster for:

» Adults ages 50 years and older.
» People who are moderately or severely immunocompromised.

Moderna

First Booster

The CDC recommends a booster of either Pfizer-BioNTech or Moderna COVID–19 vaccine for:

» Most people, at least 5 months after the final dose in the primary series.
» People who are moderately or severely immunocompromised, at least 3 months after the final dose in the primary series.

Second Booster

The CDC recommends a second booster of either Pfizer-BioNTech or Moderna COVID–19 vaccine at least 4 months after the first booster for:

» Adults ages 50 years and older.
» People who are moderately or severely immunocompromised.

Johnson & Johnson Janssen

First Booster

The CDC recommends a booster of either Pfizer-BioNTech or Moderna COVID–19 vaccine for:

» Most people, at least 2 months after the primary dose of J&J/Janssen COVID–19 vaccine.
» People who are moderately or severely immunocompromised, at least 2 months after the additional dose of Pfizer-BioNTech or Moderna COVID–19 vaccine.

Second Booster

The CDC recommends a second booster of either Pfizer-BioNTech or Moderna COVID–19 vaccine at least 4 months after the first booster for:

» Adults ages 50 years and older.
» People who are moderately or severely immunocompromised.

How Do You Schedule a Booster?

If you need help scheduling a booster, contact the location that set up your previous appointment. If you need to get a booster in a different location from where you received your previous vaccination, there are several ways you can find a vaccine provider. To find a location near you to get your COVID–19 vaccine or booster, search *Vaccines.gov*, text your ZIP code to 438829, or call 1-800-232-0233.



Assessing and Reducing Risk of Falls

Each year, millions of people — especially those 65 or older — fall. In fact, more than one out of four older people fall each year, but less than half tell their doctor. Falling once doubles your chances of falling again.

What can happen after a fall?

Many falls do not cause injuries. But one out of five falls does cause a severe injury such as a broken bone or head injury. These injuries can make it hard for a person to get around, do everyday activities, or live on their own. What conditions could make you more susceptible to a fall? They are called risk factors, and most falls are caused by a combination of risk factors, which include:

- » Osteoporosis (thinning of bone tissues and loss of bone density).
- » Lower body weakness. Difficulties with walking and balance.
- » Vitamin D and calcium deficiencies.
- » Use of medicines, such as tranquilizers, sedatives, or antidepressants.
- » Vision and hearing problems.
- » Foot pain or poor footwear.
- » Home hazards such as: no handrails in the bathroom, throw rugs, clutter, poor lighting, and uneven surfaces.

What can you do to prevent a fall?

Preventing falls has become a critical issue for all of us, considering the potential for severe injury and

loss of independence. If you recognize that you are at risk, the good news is there are steps you can take to prevent falls.

- » Talk to your health care provider. They will help you to evaluate your risk for falling. It is important to discuss any falls you had and specific things you can do to prevent falls from occurring in the future. Don't be afraid to admit or talk about any falls you had.
- » Have your eyes checked by an eye doctor at least once a year and be sure to update your eyeglasses if needed.
- » Ask your doctor or pharmacist to review the medications you are currently taking to see if any might make you dizzy or sleepy, which could lead to falling (this should also include over-the-counter medicines or any herbal preparations).
- » Do strength and balance exercises that make your legs stronger and improve your balance.
- » Make sure your home is a safe environment. Get rid of things you could trip over.
- » Add grab bars inside and outside your tub or shower and next to the toilet.
- » Put railings on both sides of stairs.
- » Make sure your home has lots of light.

As the saying goes, "An ounce of prevention is worth a pound of cure." Taking steps now before a serious fall happens is the best way to reduce your personal risk for a fall.



Part D Prescription Drug Savings Benefit with \$0 Drug Co-Pays

In 2022, *iCare* Medicare Plan members were introduced to the new Part D Prescription Drug Savings Benefit with \$0 Drug Co-pays. This benefit begins in the first stage (Annual Deductible) and continues through the second stage (Initial Coverage) only. So, while you are in the first two stages, your co-pays are \$0. Co-payments start after the total drug costs paid by you and *iCare* Medicare Plan reach \$4,430, up to the out-of-pocket of \$7,050. This is the third stage called the Coverage Gap or “Gap”.

While in the “Gap” you may have co-pays based on the amount of Extra Help you receive. This means while you are in the “Gap” and go to a pharmacy to fill a new or current prescription and they say you have a co-pay; it is not wrong. You must pay your co-pay as stated in the plan’s Evidence of Coverage or EOC and Summary of Benefits. This is a Medicare rule.

Please NOTE: When you are in the “Gap” you can save money on your co-pays by getting a 90-day supply of medications for a 30-day co-pay.

This program is available at all in-network retail and mail order pharmacies. Tell your provider you would like a 90-day fill on your prescription.

Here’s an example of how you may save money when you are in the “Gap”:

- » If you purchase a 30-day refill with a \$3.95 co-pay three times you’ll pay \$11.85 (3/30-day refills at \$3.95 each x 3 = \$11.85).
- » Purchase a 90-day supply and pay only \$3.95.

Remember: Tell your provider you would like a 90-day fill on your prescription.

It’s easy to sign up for the 90-day Supply Program. Just have your provider send in a 90-day supply of each of your prescriptions to your pharmacy.

2022 Highlights

- » \$0 co-pay for prescription drugs in first stage (Annual Deductible) and second stage (Initial Coverage Limit).
- » Members pay co-pays in the third (Coverage Gap) “Gap” stage. Co-pays can range from \$1.35 – \$9.60 for each fill depending on your Extra Help and type of medication.
- » Save money on co-pays by enrolling in the 90-Day Supply Program.
- » Mail-order and free delivery available.
- » Read the *iCare* Medicare Plan Evidence of Coverage or EOC or the Summary of Benefits for plan rules and how your Prescription Drug Coverage works.

Prescription Opioids: What You Need to Know

Prescription opioids can be used to help relieve short-term moderate-to-severe pain and are often prescribed following a surgery or injury, or for certain health conditions. These medications can be an important part of treatment but also come with serious risks like addiction and overdose, especially with prolonged use.

At *iCare* Medicare Plan, we know that managing pain treatment can be a challenge. You need to find pain relief that works, but you also want to keep yourself safe. We want to make that easy, by checking in with you on your current treatments and offering new options that may work for you.

What are some options or treatments for pain management?

Some of these options may work better than opioids and have fewer risks and side effects. Options may include:

- » Exercising using your SilverSneakers® benefit*. Start at a slower pace than you think you can do and increase over time.
- » Physical or occupational therapy or pain relief devices ordered by your doctor** and authorized by *iCare*. Motion is lotion for your joints and mood lifting.
- » Acupuncture for chronic low back pain.**
- » Behavioral therapy or counseling. Learn relaxation and stress reduction techniques. Practice daily.
- » Using your Over-the-Counter (OTC) benefit of \$100 a month/\$300 a quarter to purchase OTC medications like naproxen, ibuprofen, acetaminophen, or OTC topical pain creams.*

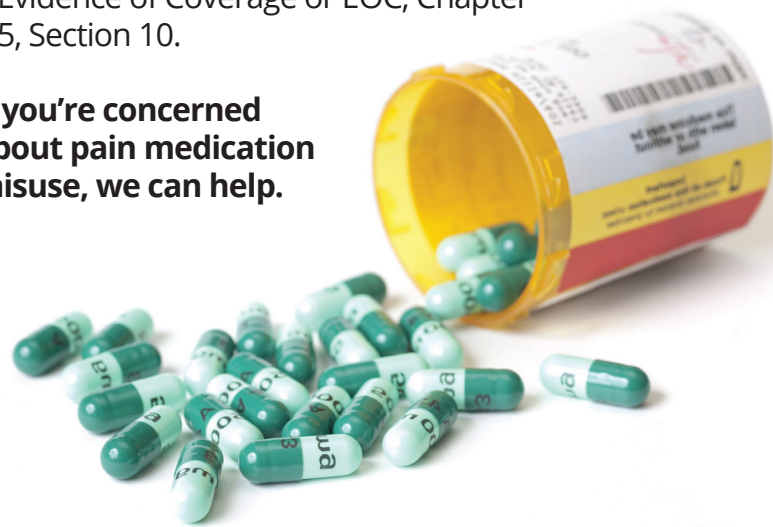
Always talk with your health care provider before you start new ways to manage your pain that does not involve prescription opioids. To discuss more pain relief options that are covered by *iCare* Medicare Plan, call your Care Coordinator, or speak to Customer Service.

If my pain medications are working for me, what should I do?

- » Stay in touch and work with your provider on your pain management strategy to make sure you are getting the safest most effective care.
- » Look out for potential side effects, like nausea, constipation, tiredness, or confusion.

- » Keep safe by knowing about the long-term side effects of using opioids, including an increased risk of heart disease, dependence, and overdose.
- » Use the programs on drug safety and managing medications available to you through *iCare* Medicare Plan. Learn more by reading your Evidence of Coverage or EOC, Chapter 5, Section 10.

If you're concerned about pain medication misuse, we can help.



iCare Medicare Plan members with opioid use disorder (OUD) can receive coverage of services to treat OUD through an Opioid Treatment Program.**

You're also covered for outpatient programs that offer substance misuse recovery and mental health support.

Talk to your Care Coordinator or your health care provider about your concerns.

Find local treatment centers by using the *iCare* Provider Search tool or *iCare* Medicare Plan Provider/Pharmacy Directory on our web site at www.iCareHealthPlan.org.

You can request a copy of our Provider/Pharmacy Directory by calling us at 1-800-777-4376, 24 hours a day, 7 days a week. Our office hours are Monday – Friday, 8:30 a.m. – 5:00 p.m.

Know that we're working alongside you to ensure your pain management is truly effective at treating your pain and supporting the life you want to live.

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*Please consult your doctor or pharmacist prior to use to assure these OTCs are safe with your current medications.

**Prior authorization may be required and there are limitations and exclusions. Please refer to the plan's Evidence of Coverage or EOC, Chapter 4 Benefits Chart for more information, call your Care Coordinator or Customer Service for more information.



Over-the-Counter (OTC) Benefit

iCare Medicare Plan members receive a Health and Wellness benefit called Over-the-Counter or OTC. *iCare* deposits \$100 a month (\$300 a quarter) into an account that is linked to the *iCare* Benefits Card so you can purchase Medicare approved items like bandages, pain relievers, cold medicine, toothpaste, vitamins, and much more.

You can make a purchase up to your available account balance in a couple of ways — the choice is yours: In a retail store or pharmacy; and/or online, by phone, or by catalog.

It is important to understand how your OTC account works so you can manage your funds and have enough money to make purchases each quarter.

At the beginning of each quarter, your account starts at a \$100 balance. Funds can be rolled over month-to-month within a quarter, but unused balances expire at the end of each quarter on March 31, June 30, September 30, and December 31 or if you disenroll from the plan.

Remember to keep your *iCare* Benefits Card in a safe place. *iCare* is not responsible for lost or stolen cards. To learn more about your *iCare* Benefits Card, refer to your plan materials or call *iCare* Customer Service at 1-800-777-4376 (TTY: 711), 24 hours a day, 7 days a week. Visit our web site at www.iCareHealthPlan.org or call your Care Coordinator.

Terms and conditions apply.



Buy In-store: Swipe the *iCare* Benefit Card to purchase OTC products.

Buy Online or by Phone: Order online or by phone through participating vendors. Visit OTCNetwork.com for details.

Check Benefit Balances: It's easy. Visit www.OTCNetwork.com and use the *iCare* Benefit Card number and your *iCare* Member ID. Or call 1-888-682-2400. The automated system provides a balance for each benefit. Please remain on the line for the entire message. You may be responsible for any out-of-pocket costs over your available balance.

Download the FREE OTC Network Mobile App: Download the App for FREE today! The OTC Network Mobile App allows you to find participating retailers, track your balance and find eligible items and discounts when shopping in-store. Download it through Google Play or in the Apple App Store! Or visit OTCNetwork.com for more information.

Good News!

The following products and/or categories will be available to purchase effective June 1, 2022:

- » Beano (Digestive Enzymes).
- » Baby/Children's OTC medicine.
- » All feminine hygiene products (wipes, washes, deodorants, liners, and pads).
- » Skin moisturizers, including, but not limited to, face, body, and foot lotions.
- » All Mouthwash/Mouth Rinse regardless of fluoride content.

Not available at CVS Pharmacies in Target stores. Participating retailers include:





Healthy Eating

You've heard the phrase "you are what you eat". It means you can't be healthy if you don't eat healthy foods. Getting those healthy foods, especially these days, can pose challenges but there are many ways to get nutritious food affordably, safely, and conveniently. A few are listed below.

iCare is a Resource

iCare Community Health Workers are here to help. They can connect you with local organizations offering resources like home food delivery, mobile neighborhood-based food trucks, gardening programs and farmer's markets accepting food assistance programs like FoodShare Wisconsin. If you are not enrolled in food assistance, let them know. Call iCare Customer Service at 1-800-777-4376 (TTY: 711) to connect with a Community Health Worker.

Government Programs

The Emergency Food Assistance Program is a federal program that helps supplement the diets of low-income Americans, including elderly people, by providing them with emergency food assistance at no cost. You may be eligible to obtain groceries once per month if your gross household income does not exceed 300% of the poverty level. Check the eligibility and income guidelines for more information at <https://www.dhs.wisconsin.gov/nutrition/tefap/eligibility.htm>. Call 211 Wisconsin and ask for the location and hours of the nearest TEFAP food pantry in your county.

Other programs available to individuals living in Wisconsin include, but are not limited to, the Commodity Supplemental Food Program, Elderly Nutrition Program, and WIC (Women, Infants, and Children) Program. Each program has its own eligibility requirements and are not available in all areas of the state. So, not everyone can qualify for each or all these programs. Please call 211 or visit <https://www.dhs.wisconsin.gov/prevention-healthy-living/nutrition-food-assistance.htm> for more information.

Eating Healthy on a Budget

MyPlate.gov offers tips and advice to help you get the most out of your food dollars. The Healthy Eating on a Budget resource can help you create a grocery game plan, shop smart, and prepare healthy meals at home. Check it out: www.myplate.gov/eat-healthy/healthy-eating-budget.

Healthy Foods Benefit

Don't forget to use your \$50/month healthy foods benefit!

You may purchase approved healthy groceries that you hand-pick yourself or, if leaving home is a challenge, get nutritious meals delivered directly to your home.

Funds expire at the end of each month. Amounts do not carry over. You must use your entire \$50 balance each month.

Funds also expire if you disenroll from the plan.

To make a purchase, use your iCare Benefit Card to



shop in-store or online at these participating retailers. You will receive notification if new retailers are added.

To learn more about your iCare Benefit Card, please refer to your plan materials or visit www.iCareHealthPlan.org/BenefitsCard.





Advance Directives

Sometimes people become unable to make health care decisions for themselves due to accidents or serious illness. You have the right to say what you want to happen if you are in this situation. This means that, if you want to, you can:

- » Fill out a written form to give someone the legal authority to make medical decisions for you if you ever become unable to make decisions for yourself.
- » Give your doctors written instructions about how you want them to handle your medical care if you become unable to make decisions for yourself.

The legal documents that you can use to give your directions in advance in these situations are called "Advance Directives." There are several types of Advance Directives and different names for them. Documents called "Living Will" and "Power of Attorney for Health Care" are examples of Advance Directives.

***i*Care Medicare Plan members have access to an online advance care planning resource through our Wellness and Health Care Planning benefit. Five Wishes can help you create an Advance Directive where the elements of a living will, medical power of attorney, do not attempt resuscitation, and an organ donation form are combined.**

To get started, visit www.iCareHealthPlan.org, click on "For Members" then hover over "Medicare Plans" and slide down to "Five Wishes" and click on it. Then click on "Proceed" and you will be redirected to the Five Wishes web site. You can also call your Care Coordinator or Customer Service at 1-800-777-4376 (TTY: 711). Your online advance care plan will be available to you and your designated medical providers 24 hours a day, seven days a week. You can add information at any time as your health status or wishes change.

Remember, it is your choice whether you want to fill out an Advance Directive (including whether you want to sign one if you are in the hospital). According to law, no one can deny you care or discriminate against you based on whether you have signed an Advance Directive. Read more about Advance Directives in your 2022 Evidence of Coverage or EOC, Chapter 8, Section 1.5. The EOC is on the *i*Care web site, or you can call Customer Service to request a hard copy at 1-800-777-4376. Or ask *i*Care Customer Service to mail you a copy of our Advance Directives brochure.

News Briefs

Awareness of Plan Costs

Please read your plan documents and become familiar with any out-of-pocket costs you may be responsible for like co-pays or co-insurance. You may need to pay these costs to your providers, up front, if applicable. Plan documents include your Summary of Benefits and the Evidence of Coverage or EOC. Both documents are posted on our web site at www.iCareHealthPlan.org/MemberDocs. Please call *iCare* Customer Service at 1-800-777-4376 if you need a hard copy of these documents.

If you go to an appointment and they ask you to pay up front and you feel as though you are not responsible for these costs, contact your *iCare* Care Coordinator. They can help you work through any issues or refer you to someone who can.

Fraud, Waste and/or Abuse

Do you think you did not get services *iCare* paid for? Do you think you may be a target of fraud, waste and/or abuse? Do you know someone who is causing fraud, waste and/or abuse? If you think that someone engaged in any form of fraud, waste and/or abuse, contact us:

- » Go to our web site at www.iCareHealthPlan.org and click on “Report Fraud” at the top of the page.
- » Write to *iCare*, Attention: Compliance Officer, 1555 N. RiverCenter Drive, Ste. 206, Milwaukee, WI 53212.
- » You can also call the Humana Ethics Help Line at 1-877-584-3539 (1-877-5-THE-KEY).

When you contact us, providing us with as much information as possible helps us investigate. You can report anonymously if you’d like, and not give your name or phone number, but this can make investigating more challenging.

iCare’s Privacy Policy

The law says we must keep your health information private. The *iCare* Privacy Notice tells you what information we collect and how we use it. This Notice is on our web site: www.iCareHealthPlan.org/privacy. You can get a hard copy of our Privacy Notice. Ask us to mail you a copy by calling Customer Service at 1-800-777-4376 (TTY: 711), 24 hours a day, 7 days a week.

We have the right to change the terms of the Notice at any time. The new Notice will be effective for all health information we have. Until changes are made to the Notice, we will comply with this version. We will notify you if there are changes to this Notice and how to obtain the updated version of the Notice.

Complaints

You can tell us if you think your privacy rights were not honored. This is called a complaint. You will not be treated any differently if you file a complaint. You can file a complaint by calling our Member Advocates at 1-800-777-4376 ext.1076. You can put your complaint in writing and mail it to *iCare*, Attention: Grievance and Appeals Dept. Our address is: 1555 N. RiverCenter Dr., Ste. 206, Milwaukee, WI 53212. If you need help filing the complaint, the Member Advocates can help you. You may also file a complaint with the Secretary of the Department of Health and Human Services by writing to Office of Civil Rights, Department of Health and Human Services, 200 Independence Ave. SW, Washington, D.C. 20201.

Questions

If you have questions about the Privacy Notice you can write or call our Member Advocate/Member Rights Specialists at *iCare*, Attention: Member Advocate/Member Rights Specialist, 1555 N. RiverCenter Dr., Ste. 206, Milwaukee, WI 53212, phone: 1-800-777-4376 ext.1076. Our office hours are Monday – Friday, 8:30 a.m. – 5:00 p.m. If you do not have any questions, you do not have to do anything.

Get Social with *iCare*!

Facebook: <https://www.facebook.com/IndependentCareHealthPlan>

Twitter: <https://www.twitter.com/iCareHealthPlan>

Instagram: https://www.instagram.com/icare_healthplan



1555 North RiverCenter Drive
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Milwaukee, Wisconsin 53212

Health and Wellness or
Prevention Information

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At *iCare*, you are not just a member. You are family. Your health and happiness are ALWAYS our priority!

We are here to make a positive difference in the lives of our members. Our team of Community Health Workers may be able to help you with your needs outside of medical care, like having access to healthy foods, securing safe and affordable housing, and addressing loneliness and social isolation. In addition to our own programs, we may be able to connect you to available resources in your community.

Learn more by calling *iCare* at 1-800-777-4376 (TTY: 711), Monday – Friday, 8:30 a.m. – 5:00 p.m.

Independent Care Health Plan (*iCare*), which insures *iCare* Medicare Plan (HMO D-SNP), is an HMO with a Medicare contract and a contract with the State Medicaid program. Enrollment in *iCare* Medicare Plan depends on *iCare*'s contract renewal. Questions? Call 1-800-777-4376 (TTY: 711) for more information.

Independent Care Health Plan complies with applicable federal civil rights laws and does not discriminate, exclude or treat people differently because of their race, color, national origin, age, disability, sex, sexual orientation, gender, gender identity, ancestry, ethnicity, marital status, religion or language.

ATENCIÓN: Si habla español, tiene a su disposición servicios gratuitos de asistencia lingüística. Llame al 1-800-777-4376 (TTY: 711).

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: 711).

Independent Care Health Plan provides free aids and services to people with disabilities to communicate effectively with us, such as, qualified sign language interpreters and written information in other formats (large print,

audio, accessible electronic formats, other formats). We also provide free language services to people whose primary language is not English, such as qualified interpreters and 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. Our office hours are Monday – Friday, 8:30 a.m. – 5:00 p.m.

^In accordance with our federal contract with Medicare, rewards cannot be used for Medicare covered services, prescriptions or supplies or redeemed for cash. Rewards cannot be used to purchase prescription drugs or medical services that are covered by Medicare, Medicaid or other federal healthcare programs, alcohol, tobacco, e-cigarettes, or firearms. Program details are subject to change. Exclusions and limitations may apply. Contact the plan for details.

Doctors, nurses, and other health care staff review the stories in each *iCare* newsletter. However, this information should never take the place of your doctor's advice and opinions. Always talk with your doctor first when deciding the best course of action to take for your health.