

2026

# Annual Notice of Changes

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## **iCare Family Care Partnership (HMO D-SNP)**

This is a Fully Integrated Dual Eligible (FIDE) Special Needs Plan.

Wisconsin  
Eastern and South Central Wisconsin



INDEPENDENT CARE HEALTH PLAN  
iCare is a wholly-owned subsidiary of Humana



# It's time to review your *i*Care Family Care Partnership (HMO D-SNP) updates for 2026

Thank you for trusting *i*Care with your Medicare and Medicaid coverage needs for 2025. Inside, you'll find the Annual Notice of Change. This packet makes it easy to compare your Medicare and Medicaid plan benefits for 2025 and 2026, side by side. It shows you important changes, but keep in mind it does not include a full list of all plan benefits.

*i*Care is committed to offering plans that give you the benefits and services you rely on most. Our plans this year are no exception. Many of our members will see the same benefits on their plans this year. Some members may see enhanced benefits, too. Plus, we've made other changes to help make it easier to use your plan and get the care you need.



For example, your Dual Eligible Special Needs (D-SNP) plan includes dental, vision, hearing and prescription drug coverage. It also offers \$0 preventive care, including mammograms, colonoscopies and bone density screenings.

## Here's how to make sure you're ready for 2026:



Please review the plan changes carefully. If you'd like to keep your current *i*Care Family Care Partnership (HMO D-SNP) plan, you don't need to do anything. It will automatically renew on January 1, 2026.



If you have questions, you can find more information by logging in to <http://www.icarehealthplan.org>.

**Beginning October 15, you can go to <http://www.icarehealthplan.org> to see a full list of your plan's benefits online in your 2026 Evidence of Coverage.**

Thank you for being a *i*Care member. We look forward to supporting your best health in 2026.

## Important Information About Your Prescription Drug Coverage

We're writing to let you know about an upcoming change to your prescription drug coverage. **Starting January 1, 2026, Independent Care Health Plan (iCare)** will begin working with **Humana Pharmacy Solutions**, our new **Pharmacy Benefit Manager (PBM)**, to manage your Medicare Part D prescription drug benefits.

### What This Means for You

- **You will receive a new Member ID card** that includes updated PBM information.
- **Your pharmacy network may change.** Some pharmacies may no longer be in-network, including mail order pharmacies, and new ones may be added. You can access an updated pharmacy directory on our website at <https://www.icarehealthplan.org/Members/Member-Documents.htm> or request a copy from Customer Care at 1-800-777-4376 (TTY:711), available 24 hours a day, 7 days a week (Standard office hours: Monday - Friday, 8:30 a.m. - 5:00 p.m. Central time).
- **You may need to update your mail-order pharmacy.** If you use mail-order services, you may need to re-enroll with the mail order pharmacy in the network for 2026.
- **Your prescriptions will still be covered.** Most medications will continue to be covered, but there may be changes to how they are processed. You can access an updated Prescription Drug Guide on <https://www.icarehealthplan.org/Members/Plans-Benefits/Medicare-Plans/Prescription-Drugs.htm> or request a copy by calling Customer Care at 1-800-777-4376 (TTY:711).

### What You Need to Do

- **Review the materials we send you.** Please read the following pages of your **Annual Notice of Change (ANOC)** and view an updated **Evidence of Coverage (EOC)** document for details about the PBM transition. You can find these documents on iCare's website at <https://www.icarehealthplan.org/Members/Member-Documents.htm>.
- **Contact us with questions.** If you have any concerns or need help understanding this change, please call iCare Customer Care at 1-800-777-4376 (TTY:711), available 24 hours a day, 7 days a week (Standard office hours: Monday - Friday, 8:30 a.m. - 5:00 p.m. Central time).

We're committed to making this transition as smooth as possible and ensuring you continue to receive the care and medications you need.

Thank you for being a valued member of iCare.

**iCare Family Care Partnership (HMO D-SNP) offered by Independent Care Health Plan, a wholly-owned subsidiary of Humana**

## ***Annual Notice of Change for 2026***

### **Introduction**

You're currently enrolled as a member of our plan. Next year, there will be some changes to our benefits, coverage, rules, and costs. This *Annual Notice of Change* tells you about the changes and where to find more information about them. To get more information about costs, benefits, or rules please review the *Evidence of Coverage*, which is located on our website at [www.icarehealthplan.org](http://www.icarehealthplan.org). Call Customer Care at the number at the bottom of the page to get a copy by mail. Key terms and their definitions appear in alphabetical order in the last chapter of your *Evidence of Coverage*.

### **Additional resources**

- This document is available for free translation into your written language.
- You can get this Annual Notice of Change for free in other formats, such as large print, braille, or audio. Call 1-800-777-4376 (TTY users call 711) for additional information. Available 24 hours a day, 7 days a week. Office hours are Monday – Friday, 8:30 a.m. – 5:00 p.m. The call is free.
  - o If you prefer to receive your written communications in an alternate format such as braille, large font, audio, or another language please contact Customer Care at 1-800-777-4376 (TTY users call 711).
  - o Once we receive your alternative format request, all future state mandated communications will be provided in your chosen format. If we are unable to provide printed materials within your requested format, then you will receive those communications over the phone with an interpreter.
  - o If you want to change your standing request, call Customer Care at 1-800-777-4376 (TTY users call 711) to have your request updated. Please note: we can only accommodate standing requests for alternate formats.

OMB Approval 0938-1444 (Expires: June 30, 2026)



**If you have questions**, please call iCare Family Care Partnership at 1-800-777-4376 (TTY: 711), 24 hours a day, 7 days a week. The call is free. **For more information**, visit [www.icarehealthplan.org](http://www.icarehealthplan.org).

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## A. Disclaimers

*Independent Care Health Plan (iCare)* is a wholly-owned subsidiary of Humana. *iCare Family Care Partnership* is a Dual Eligible Special Needs (HMO D-SNP) plan with a Medicare contract and a contract with the state Medicaid program. Enrollment in *iCare Family Care Partnership* depends on *iCare's* contract renewal.

## B. Reviewing your Medicare and Family Care Partnership (Medicaid) coverage for next year

It's important to review your coverage now to make sure it will still meet your needs next year. If it doesn't meet your needs, you may be able to leave our plan. Refer to **Section E** for more information on changes to your benefits for next year.

**New members to iCare Family Care Partnership (HMO D-SNP):** In most instances you'll be enrolled in *iCare Family Care Partnership (HMO D-SNP)* for your Medicare benefits the 1st day of the month after you request to be enrolled in *iCare Family Care Partnership (HMO D-SNP)*. You may still receive your Wisconsin Medicaid from your previous Wisconsin Medicaid health plan for one additional month. After that, you'll receive your Wisconsin Medicaid services through *iCare Family Care Partnership (HMO D-SNP)*. There will be no gap in your Wisconsin Medicaid coverage. Please call us at the number at the bottom of the page if you have any questions.

If you choose to leave our plan, your Medicare membership will end on the last day of the month in which your request was made. You'll still be in the Medicare and Family Care Partnership programs as long as you're eligible.

If you leave our plan, you can get information about your:

- Medicare options in the table in **Section G2**.
- Family Care Partnership options and services in **Section G2**.

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### B1. Information about iCare Family Care Partnership (HMO D-SNP)

- *iCare Family Care Partnership (HMO D-SNP)* is a health plan that contracts with both Medicare and Medicaid to provide benefits of both programs to members.
- When this *Annual Notice of Change* says "we," "us," "our," or "our plan," it means *iCare Family Care Partnership (HMO D-SNP)*.

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### B2. Important things to do

- **Check if there are any changes to our benefits and costs that may affect you.**
  - Are there any changes that affect the services you use?
  - Review benefit and cost changes to make sure they'll work for you next year.
  - Refer to **Section E1** for information about benefit changes for our plan.

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 **If you have questions**, please call *iCare Family Care Partnership* at 1-800-777-4376 (TTY: 711), 24 hours a day, 7 days a week. The call is free. **For more information**, visit [www.icarehealthplan.org](http://www.icarehealthplan.org).

- **Check if there are any changes to our drug coverage that may affect you.**
  - Will your drugs be covered? Are they in a different cost-sharing tier? Can you use the same pharmacies? Will there be any changes such as prior authorization, step therapy or quantity limits?
  - Review changes to make sure our drug coverage will work for you next year.
  - Refer to **Section E2** for information about changes to our drug coverage.
  - Your drug costs may have risen since last year.
    - Talk to your doctor about lower cost alternatives that may be available for you; this may save you in annual out-of-pocket costs throughout the year.
    - Keep in mind that your plan benefits determine exactly how much your own drug costs may change.
- **Check if your providers and pharmacies will be in our network next year.**
  - Are your doctors, including your specialists, in our network? What about your pharmacy? What about the hospitals or other providers you use?
  - Refer to **Section D** for information about our *Provider and Pharmacy Directory*.
- **Think about your overall costs in the plan.**
  - How much will you spend out-of-pocket for the services and drugs you use regularly?
  - How do the total costs compare to other coverage options?
- **Think about whether you're happy with our plan.**

**If you decide to stay with iCare Family Care Partnership (HMO D-SNP):**

If you want to stay with us next year, it's easy – you don't need to do anything. If you don't make a change, you automatically stay enrolled in iCare Family Care Partnership (HMO D-SNP).

**If you decide to change plans:**

If you decide other coverage will better meet your needs, you may be able to switch plans (refer to **Section G2** for more information). If you enroll in a new plan, or change to Original Medicare, your new coverage will begin on the first day of the following month.

## C. Changes to our network providers and pharmacies

Amounts you pay for your drugs depends on which pharmacy you use. Our plan has a network of pharmacies. In most cases, your prescriptions are covered only if they're filled at one of our network pharmacies.

Our provider and pharmacy networks have changed for 2026.

**Please review the 2026 Provider and Pharmacy Directory** to find out if your providers (primary care provider, specialists, hospitals, etc.) or pharmacy are in our network. An updated *Provider and Pharmacy Directory* is located on our website at [www.icarehealthplan.org/Find-a-Provider.htm](http://www.icarehealthplan.org/Find-a-Provider.htm). You may also call Customer Care at the numbers

at the bottom of the page for updated provider information or to ask us to mail you a *Provider and Pharmacy Directory*.

It's important that you know that we may also make changes to our network during the year. If your provider leaves our plan, you have certain rights and protections. For more information, refer to **Chapter 3** of your *Evidence of Coverage* or call Customer Care at the number at the bottom of the page for help.

**D. Changes to benefits for next year**

<b>Over-the-Counter (OTC) Mail Order</b> You have a \$45 quarterly allowance to buy approved over-the-counter health and wellness products available through our OTC Mail Order providers. The allowance is available to use the first day of each quarter - January, April, July, October. Any unused amount rolls over to the next quarter and expires at the end of the year. Limitation and restrictions may apply. Please contact Customer Care for additional benefit details or to obtain an order form.	<b><u>In-Network:</u></b> <b>\$0</b> copayment
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**D1. Changes to benefits for medical services**

There are no changes to your benefits for medical services. Our benefits will be the same in 2026 as they're in 2025.

**D2. Changes to drug coverage**

**Changes to our Drug List**

An updated *List of Covered Drugs* is located on our website at [www.icarehealthplan.org](http://www.icarehealthplan.org). You may also call Customer Care at the numbers at the bottom of the page for updated drug information or to ask us to mail you a *List of Covered Drugs*.

The *List of Covered Drugs* is also called the *Drug List*.

We made changes to our *Drug List*, which could include removing or adding drugs, changing drugs we cover and changes to the restrictions that apply to our coverage for certain drugs.

Review the *Drug List* to **make sure your drugs will be covered next year** and to find out if there are any restrictions.

Most of the changes in the *Drug List* are new for the beginning of each year. However, we might make other changes that are allowed by Medicare and/or the state that will affect you during the calendar year. We update our online *Drug List* at least monthly to provide the most up to date list of drugs. If we make a change that will affect a drug you're taking, we will send you a notice about the change.

If you're affected by a change in drug coverage, we encourage you to:

- Work with your doctor (or other prescriber) to find a different drug that we cover.
  - You can call Customer Care at the numbers at the bottom of the page to ask for a *List of Covered Drugs* that treat the same condition.
  - This list can help your provider find a covered drug that might work for you.
  - If you're affected by a change in drug coverage at the beginning of the year or during the year, review **Chapter 9** of your **Evidence of Coverage** and talk to your prescriber to find out your options, such as asking for a temporary supply, applying for an exception, and/or working to find a new drug. Call Customer Care at 414-777-4376 (TTY users call: 711) for more information.
- Ask us to cover a temporary supply of the drug.
  - In some situations, we cover a **temporary** supply of the drug during the first 90 days of the calendar year.
  - This temporary supply is for up to 30 or 31 days. (To learn more about when you can get a temporary supply and how to ask for one, refer to **Chapter 5** of your *Evidence of Coverage*.)
  - When you get a temporary supply of a drug, talk with your doctor about what to do when your temporary supply runs out. You can either switch to a different drug our plan covers or ask us to make an exception for you and cover your current drug.

## Changes to drug costs

There are two payment stages for your Medicare Part D drug coverage under our plan. How much you pay depends on which stage you're in when you get a prescription filled or refilled. These are the two stages:

Stage 1 Initial Coverage Stage	Stage 2 Catastrophic Coverage Stage
During this stage, our plan pays part of the costs of your drugs, and you pay your share. Your share is called the copay.  You begin this stage when you fill your first prescription of the year.	During this stage, the plan pays all of the costs of your drugs through December 31, 2026.  You begin this stage after you pay a certain amount of out-of-pocket costs.

The Initial Coverage Stage ends when your total out-of-pocket costs for drugs reaches **\$2,100**. At that point, the Catastrophic Coverage Stage begins. Our plan covers all of your drug costs from then until the end of the year. Refer to **Chapter 6** of your *Evidence of Coverage* for more information on how much you'll pay for drugs.

Under the Manufacturer Discount Program, drug manufacturers pay a portion of our plan's full cost for covered Part D brand name drugs and biologics during the Initial Coverage Stage and the Catastrophic Coverage Stage. Discounts paid by manufacturers under the Manufacturer Discount program don't count toward out-of-pocket costs.

D3. Stage 1: “Initial Coverage Stage”

During the Initial Coverage Stage, our plan pays a share of the cost of your covered drugs, and you pay your share. Your share is called the copay. The copay depends on what cost-sharing tier the drug is in and where you get it. You pay a copay each time you fill a prescription. If your covered drug costs less than the copay, you pay the lower price.

The following table shows your costs for a one-month supply filled at a network pharmacy with standard copays. These amounts apply **only** during the time when you’re in the Initial Coverage Stage.

Most adult Part D vaccines are covered at no cost to you. For information about the costs for a long-term supply or for mail-order prescriptions go to **Chapter 6, Section D** of your *Evidence of Coverage*. If you receive Extra Help, the amount you pay depends on the level of Extra Help you receive. Refer to your LIS Rider for your cost sharing amounts. If you do not receive Extra Help, you will pay the cost shares in the chart below:

	2025 (this year)	2026 (next year)
All Plan-Covered Part D Drugs	Your coinsurance for a one-month (30-day) supply is <b>25%</b> .  Your coinsurance for a one-month (30-day) supply of each covered insulin product is <b>25%</b> up to a \$35 copay.	Your coinsurance for a one-month (30-day) supply is <b>25%</b> .  Your coinsurance for a one-month (30-day) supply of each covered insulin product is <b>25%</b> up to a \$35 copay.

The Initial Coverage Stage ends when your total out-of-pocket costs reach **\$2,100**. At that point the Catastrophic Coverage Stage begins. The plan covers all of your drug costs from then until the end of the year. Refer to **Chapter 6** of your *Evidence of Coverage* for more information about how much you pay for drugs.

D4. Stage 2: “Catastrophic Coverage Stage”

When you reach the out-of-pocket limit **\$2,100** for your drugs, the Catastrophic Coverage Stage begins and you pay nothing for your covered drugs. You stay in the Catastrophic Coverage Stage until the end of the calendar year.

For more information about your costs in the Catastrophic Coverage stage, refer to **Chapter 6**.

E. Administrative changes

	2025 (this year)	2026 (next year)
Change to Your Pharmacy Benefit Manager (PBM) *	Your plan’s pharmacy benefit manager (PBM) through December 31, 2025 will be <b>MedImpact</b> .	Starting January 1, 2026, your plan’s pharmacy benefit manager (PBM) will change from <b>MedImpact</b> to <b>Humana Pharmacy Solutions</b> .

	2025 (this year)	2026 (next year)
Medicare Prescription Payment Plan	The Medicare Prescription Payment Plan is a payment option that began this year and can help you manage your out-of-pocket costs for drugs covered by our plan by spreading them across the calendar year (January-December).	If you're participating in the Medicare Prescription Payment Plan and remain in the same plan, you don't need to do anything to stay in the Medicare Prescription Payment Plan.

\* This change may affect how you fill your prescriptions and the pharmacies you can use. Please review your Evidence of Coverage and pharmacy directory for more details. If you have questions or need help finding a pharmacy, contact Customer Care at the number on the bottom of this page.

F. Choosing a plan

F1. Staying in our plan

We hope to keep you as a plan member. You don't have to do anything to stay in our plan. Unless you sign up for a different Medicare plan or change to Original Medicare, you'll automatically stay enrolled as a member of our plan for 2026.

F2. Changing plans

Most people with Medicare can end their membership during certain times of the year. Because you have Family Care Partnership you can end your membership in our plan any month of the year.

In addition, you may end your membership in our plan during the following periods:

- The **Open Enrollment Period**, which lasts from October 15 to December 7. If you choose a new plan during this period, your membership in our plan ends on December 31 and your membership in the new plan starts on January 1.
- The **Medicare Advantage (MA) Open Enrollment Period**, which lasts from January 1 to March 31. If you choose a new plan during this period, your membership in the new plan starts the first day of the next month.

There may be other situations when you're eligible to make a change to your enrollment. For example, when:

- you moved out of our service area,
- your eligibility for Family Care Partnership or Extra Help changed, **or**
- you recently moved into or are currently getting care in an institution (like a skilled nursing facility or a long-term care hospital). If you recently moved out of an institution, you can change plans or change to Original Medicare for two full months after the month you move out.

## Your Medicare services

You have three options for getting your Medicare services listed below any month of the year. You have an additional option listed below during certain times of the year including the **Open Enrollment Period** and the **Medicare Advantage Open Enrollment Period** or other situations described in **Section G2**. By choosing one of these options, you automatically end your membership in our plan.

<p><b>1. You can change to:</b></p> <p><b>Another plan that provides your Medicare and most or all of your Medicaid benefits and services in one plan, also known as an integrated dual-eligible special needs plan (D-SNP) or a Program of All-inclusive Care for the Elderly (PACE) plan, if you qualify.</b></p> <p>If you're changing plans, you must also contact your local Aging and Disability Resource Center (ADRC). You can use the following link to find an ADRC in your area: <a href="http://www.dhs.wisconsin.gov/adrc/consumer/index.htm">www.dhs.wisconsin.gov/adrc/consumer/index.htm</a> or call 1-844-947-2372.</p>	<p><b>Here is what to do:</b></p> <p>Call Medicare at 1-800-MEDICARE (1-800-633-4227). TTY users should call 1-877-486-2048.</p> <p>For Program of All-inclusive Care for the Elderly (PACE) inquiries, call 1-800-362-3002.</p> <p>If you need help or more information:</p> <ul style="list-style-type: none"> <li>• Call the Medigap Helpline 1-800-242-1060, TTY 711, and visit the website at <a href="http://www.longtermcare.wi.gov/Pages/Medigap/Medigap.aspx">www.longtermcare.wi.gov/Pages/Medigap/Medigap.aspx</a>.</li> </ul> <p><b>OR</b></p> <p>Enroll in a new integrated D-SNP.</p> <p>You'll automatically be disenrolled from our plan when your new plan's coverage begins.</p>
<p><b>2. You can change to:</b></p> <p><b>Original Medicare with a separate Medicare drug plan.</b></p> <p>If you're changing plans, you must also contact your local Aging and Disability Resource Center (ADRC). You can use the following link to find an ADRC in your area: <a href="http://www.dhs.wisconsin.gov/adrc/consumer/index.htm">www.dhs.wisconsin.gov/adrc/consumer/index.htm</a>. Or call 1-844-947-2372.</p>	<p><b>Here is what to do:</b></p> <p>Call Medicare at 1-800-MEDICARE (1-800-633-4227). TTY users should call 1-877-486-2048.</p> <p>If you need help or more information:</p> <ul style="list-style-type: none"> <li>• Call the Medigap Helpline 1-800-242-1060, TTY 711, and visit the website at <a href="http://www.longtermcare.wi.gov/Pages/Medigap/Medigap.aspx">www.longtermcare.wi.gov/Pages/Medigap/Medigap.aspx</a>.</li> </ul> <p><b>OR</b></p> <p>Enroll in a new Medicare drug plan.</p> <p>You'll automatically be disenrolled from our plan when your Original Medicare coverage begins.</p>

<p><b>3. You can change to:</b></p> <p><b>Original Medicare without a separate Medicare drug plan.</b></p> <p><b>NOTE:</b> If you switch to Original Medicare and don't enroll in a separate Medicare drug plan, Medicare may enroll you in a drug plan, unless you tell Medicare you don't want to join.</p> <p>You should only drop drug coverage if you have drug coverage from another source, such as an employer or union. If you have questions about whether you need drug coverage, call the Medigap Helpline 1-800-242-1060; TTY 711, Monday through Friday from 8:00 a.m. to 5:00 p.m. For more information or to find a local Medigap Helpline office in your area, please visit <a href="http://www.longtermcare.wi.gov/Pages/Medigap/Medigap.aspx">www.longtermcare.wi.gov/Pages/Medigap/Medigap.aspx</a>.</p>	<p><b>Here is what to do:</b></p> <p>Call Medicare at 1-800-MEDICARE (1-800-633-4227). TTY users should call 1-877-486-2048.</p> <p>If you need help or more information:</p> <ul style="list-style-type: none"> <li>• Call the Medigap Helpline 1-800-242-1060; TTY 711, and visit the website at <a href="http://www.longtermcare.wi.gov/Pages/Medigap/Medigap.aspx">www.longtermcare.wi.gov/Pages/Medigap/Medigap.aspx</a>.</li> </ul> <p>You'll automatically be disenrolled from our plan when your Original Medicare coverage begins.</p>
<p><b>4. You can change to:</b></p> <p><b>Any Medicare health plan</b> during certain times of the year including the <b>Open Enrollment Period</b> and the <b>Medicare Advantage Open Enrollment Period</b> or other situations described in <b>Section A</b>.</p>	<p><b>Here is what to do:</b></p> <p>Call Medicare at 1-800-MEDICARE (1-800-633-4227). TTY users should call 1-877-486-2048.</p> <p>For Program of All-Inclusive Care for the Elderly (PACE) inquiries, call 1-800-362-3002.</p> <p>If you need help or more information:</p> <ul style="list-style-type: none"> <li>• Call the Medigap Helpline 1-800-242-1060; TTY 711, and visit the website at <a href="http://www.longtermcare.wi.gov/Pages/Medigap/Medigap.aspx">www.longtermcare.wi.gov/Pages/Medigap/Medigap.aspx</a>.</li> </ul> <p><b>OR</b></p> <p>Enroll in a new Medicare plan.</p> <p>You're automatically disenrolled from our Medicare plan when your new plan's coverage begins.</p>

### Your Family Care Partnership services

For questions about how to get your Medicaid services after you leave our plan, contact your local ADRC. Ask how joining another plan or returning to Original Medicare affects how you get your Medicaid coverage.

## G. Getting help

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### G1. Our plan

We're here to help if you have any questions. Call Customer Care at the numbers at the bottom of the page during the days and hours of operation listed. These calls are toll-free.

#### Read your *Evidence of Coverage*

Your *Evidence of Coverage* is a legal, detailed description of our plan's benefits. It has details about benefits and costs for 2026. It explains your rights and the rules to follow to get services and drugs we cover.

The *Evidence of Coverage* for 2026 will be available by October 15. An up-to-date copy of the *Evidence of Coverage* is available on our website at **[www.icarehealthplan.org](http://www.icarehealthplan.org)**. You may also call Customer Care at the numbers at the bottom of the page to ask us to mail you an *Evidence of Coverage* for 2026.

#### Our website

You can visit our website at **[www.icarehealthplan.org](http://www.icarehealthplan.org)**. As a reminder, our website has the most up-to-date information about our provider and pharmacy network (*Provider and Pharmacy Directory*) and our *Drug List (List of Covered Drugs)*.

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### G2. WI State Health Insurance Assistance Program (WI SHIP)

You can also call the state health insurance program (SHIP). WI State Health Insurance Assistance Program can help you understand your plan choices and answer questions about switching plans. WI SHIP isn't connected with us or with any insurance company or health plan. WI SHIP has trained counselors statewide and services are free. WI SHIP phone number is 1-800-242-1060 (TTY 711) or 1-800-947-3529. For more information or to find a local WI SHIP office in your area, please visit [www.dhs.wisconsin.gov/benefit-specialists/ship.htm](http://www.dhs.wisconsin.gov/benefit-specialists/ship.htm).

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### G3. Disability Rights Wisconsin

The ombudsman from this agency helps people under age 60.

<b>CALL</b>	800-928-8778
<b>TTY</b>	888-758-6049
<b>WRITE</b>	1502 West Broadway, Suite 201 Madison, WI 53713
<b>EMAIL</b>	<a href="mailto:info@drwi.org">info@drwi.org</a>

<b>WEBSITE</b>	<a href="https://disabilityrightswi.org/program/family-care-and-iris-ombudsman-program/">disabilityrightswi.org/program/family-care-and-iris-ombudsman-program/</a> See website for contact information for other locations.
<b>FAX</b>	833-635-1968

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#### G4. Wisconsin Board on Aging and Long Term Care

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Ombudsmen from this agency help people aged 60 and older.

<b>CALL</b>	800-815-0015
<b>WRITE</b>	1402 Pankratz Street, Suite 111 Madison, WI 53704-4001
<b>EMAIL</b>	<a href="mailto:BOALTC@wisconsin.gov">BOALTC@wisconsin.gov</a>
<b>WEBSITE</b>	<a href="https://longtermcare.wi.gov/Pages/Home.aspx">longtermcare.wi.gov/Pages/Home.aspx</a>

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#### G5. Medicare

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To get information directly from Medicare:

- call 1-800-MEDICARE (1-800-633-4227). TTY users should call 1-877-486-2048
- chat live at [www.Medicare.gov/talk-to-someone](https://www.Medicare.gov/talk-to-someone)
- write to Medicare at PO Box 1270, Lawrence, KS 66044.

#### Medicare's Website

You can visit the Medicare website ([www.medicare.gov](https://www.medicare.gov)). If you choose to disenroll from our plan and enroll in another Medicare plan, the Medicare website has information about costs, coverage, and quality ratings to help you compare plans.

You can find information about Medicare plans available in your area by using Medicare Plan Finder on Medicare's website. (For information about plans, refer to [www.medicare.gov](https://www.medicare.gov) and click on "Find plans.")

#### Medicare & You 2026

You can read the *Medicare & You 2026* handbook. Every year in the fall, this booklet is mailed to people with Medicare. It has a summary of Medicare benefits, rights and protections, and answers to the most frequently asked questions about Medicare. This handbook is also available in Spanish, Chinese, and Vietnamese.

If you don't have a copy of this booklet, you can get it at the Medicare website ([www.medicare.gov/Pubs/](https://www.medicare.gov/Pubs/)

[pdf/10050-medicare-and-you.pdf](#)) or by calling 1 800 MEDICARE (1-800-633-4227). TTY users should call 1-877-486-2048.

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## **G6. Medicaid (Family Care Partnership)**

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Wisconsin Medicaid is a joint federal and state program that helps residents get high-quality health care coverage, long-term care, and other services that promote physical and mental health and well-being.

There are many types of Medicaid programs. Each has certain requirements you must meet if you want to enroll.

To get information from Medicaid you can call the Wisconsin Department of Health Services (DHS) at 1-800-362-3002. TTY/TDD users should call the Wisconsin Relay System at 711. You can also visit the Medicaid website at [www.dhs.wisconsin.gov/medicaid/index.htm](http://www.dhs.wisconsin.gov/medicaid/index.htm).

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## **G7. The Medicare Prescription Payment Plan**

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The Medicare Prescription Payment Plan is a payment option that may help you manage your out-of-pocket costs for drugs covered by our plan by spreading them across the calendar year (January-December) as monthly payments. This program doesn't lower your total out-of-pocket costs.

"Extra Help" from Medicare and the HIV Drug Assistance Program (HDAP), for those who qualify, is more advantageous than participation in the Medicare Prescription Payment Plan alone. All enrollees are eligible to participate in this program, regardless of income level. To learn more about this program please contact us at the phone number at the bottom of this page or visit [www.Medicare.gov](http://www.Medicare.gov).

## Notice of Non-Discrimination

Independent Care Health Plan complies with applicable Federal civil rights laws and does not discriminate or exclude people because of their race, color, religion, gender, gender identity, sex, sexual orientation, age, disability, national origin, military status, veteran status, genetic information, ancestry, ethnicity, marital status, language, health status, or need for health services. Independent Care Health Plan:

- Provides people with disabilities reasonable modifications and free appropriate auxiliary aids and services 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 assistance services to people whose primary language is not English, which may include:
  - Qualified interpreters
  - Information written in other languages.

If you need reasonable modifications, appropriate auxiliary aids, or language assistance services contact **1-800-777-4376 (TTY: 1-800-947-3529)**. If you believe that Independent Care Health Plan has not provided these services or discriminated on the basis of race, color, religion, gender, gender identity, sex, sexual orientation, age, disability, national origin, military status, veteran status, genetic information, ancestry, ethnicity, marital status, language, health status, or need for health services, you can file a grievance in person or by mail, fax, or email with Independent Care Health Plan's Non-Discrimination Coordinator at 1555 North RiverCenter Drive, Suite 206, Milwaukee, Wisconsin 53212, **1-800-777-4376 (TTY: 1-800-947-3529)**, Fax: 1-414-918-7589, or **advocate@icarehealthplan.org**. If you need help filing a grievance, Independent Care Health Plan's Non-Discrimination Coordinator can help you.

You can also file a 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, S.W., Room 509F, HHH Building Washington, D.C. 20201. **800-368-1019, 800-537-7697 (TDD)**

# Notice of Availability - Auxiliary Aids and Services Notice

English: Free language, auxiliary aid, and alternate format services are available.  
Call **1-800-777-4376 (TTY: 711)**.

العربية [Arabic]: تتوفر خدمات اللغة والمساعدة الإضافية والتنسيق البديل مجانًا. اتصل على الرقم **1-800-777-4376 (الهاتف النصي: 711)**.

Հայերեն [Armenian]: Հասանելի են անվճար լեզվական, աջակցման և այլընտրանքային ձևաչափի ծառայություններ: Չանգահարե՛ք՝ **1-800-777-4376 (TTY: 711)**:

বাংলা [Bengali]: বিনামূল্যে ভাষা, আনুষঙ্গিক সহায়তা, এবং বিকল্প বিন্যাসে পরিষেবা উপলব্ধ। ফোন করুন **1-800-777-4376 (TTY: 711)** নম্বরে।

简体中文 [Simplified Chinese]: 我们可提供免费的语言、辅助设备以及其他格式版本服务。请致电 **1-800-777-4376 (听障专线: 711)**。

繁體中文 [Traditional Chinese]: 我們可提供免費的語言、輔助設備以及其他格式版本服務。請致電 **1-800-777-4376 (聽障專線: 711)**。

Kreyòl Ayisyen [Haitian Creole]: Lang gratis, èd oksilyè, ak lòt fòm sèvis disponib. Rele **1-800-777-4376 (TTY: 711)**.

Hrvatski [Croatian]: Dostupni su besplatni jezik, dodatna pomoć i usluge alternativnog formata. Nazovite **1-800-777-4376 (TTY: 711)**.

فارسی [Farsi]: خدمات زبان رایگان، کمک های اضافی و فرمت های جایگزین در دسترس است. با **1-800-777-4376 (TTY: 711)** تماس بگیرید.

Français [French]: Des services gratuits linguistiques, d'aide auxiliaire et de mise au format sont disponibles. Appeler le **1-800-777-4376 (TTY: 711)**.

Deutsch [German]: Es stehen kostenlose unterstützende Hilfs- und Sprachdienste sowie alternative Dokumentformate zur Verfügung. Telefon: **1-800-777-4376 (TTY: 711)**.

Ελληνικά [Greek]: Διατίθενται δωρεάν γλωσσικές υπηρεσίες, βοηθήματα και υπηρεσίες σε εναλλακτικές προσβάσιμες μορφές. Καλέστε στο **1-800-777-4376 (TTY: 711)**.

ગુજરાતી [Gujarati]: નિઃશુલ્ક ભાષા, સહાયક સહાય અને વૈકલ્પિક ફોર્મેટ સેવાઓ ઉપલબ્ધ છે. **1-800-777-4376 (TTY: 711)** પર કોલ કરો.

עברית [Hebrew]: שירותים אלה זמינים בחינם: שירותי תרגום, אביזרי עזר וטקסטים בפורמטים חלופיים. נא התקשר למספר **1-800-777-4376 (TTY: 711)**.

हिन्दी [Hindi]: निःशुल्क भाषा, सहायक मदद और वैकल्पिक प्रारूप सेवाएं उपलब्ध हैं। **1-800-777-4376 (TTY: 711)** पर कॉल करें।

Hmoob [Hmong]: Muaj kev pab txhais lus, pab kom hnov suab, thiab lwm tus qauv pab cuam. Hu **1-800-777-4376 (TTY: 711)**.

Italiano [Italian]: Sono disponibili servizi gratuiti di supporto linguistico, assistenza ausiliaria e formati alternativi. Chiama il numero **1-800-777-4376 (TTY: 711)**.

This notice is available at **[www.icarehealthplan.org](http://www.icarehealthplan.org)**.

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日本語 [Japanese]: 言語支援サービス、補助支援サービス、代替形式サービスを無料でご利用いただけます。**1-800-777-4376 (TTY: 711)** までお電話ください。

ភាសាខ្មែរ [Khmer]: សេវាកម្មផ្នែកភាសា ជំនួយ និង សេវាកម្មជំនួសប្រភេទផ្សេងៗដល់អ្នកមានការប្រឈមនឹងការប្រើប្រាស់។ ទូរសព្ទទៅលេខ **1-800-777-4376 (TTY: 711)**។

한국어 [Korean]: 무료 언어, 보조 지원 및 대체 형식 서비스를 이용하실 수 있습니다.  
**1-800-777-4376 (TTY: 711)**번으로 문의하십시오.

ພາສາລາວ [Lao]: ມີການບໍລິການດ້ານພາສາ, ຊ່ວຍເຫຼືອຜູ້ທີ່ມີຄວາມສິ້ນສຸດ ແລະ ຮູບແບບທາງເລືອກອື່ນ  
ໃຫ້ໃຊ້ພຣິ. ໂທ **1-800-777-4376 (TTY: 711)**.

Diné [Navajo]: Saad t'áa jiik'eh, t'áadoole'é binahjí' bee adahodooníłígíí diné bich'í' anídahazt'i'í, dóó łahgo át'éego bee hada'dilyaaígíí bee bika'aanída'awo'í dahóló. Kohjí' hodíilnih **1-800-777-4376 (TTY: 711)**.

Polski [Polish]: Dostępne są bezpłatne usługi językowe, pomocnicze i alternatywne formaty. Zadzwoń pod numer **1-800-777-4376 (TTY: 711)**.

Português [Portuguese]: Estão disponíveis serviços gratuitos de ajuda linguística auxiliar e outros formatos alternativos. Ligue **1-800-777-4376 (TTY: 711)**.

ਪੰਜਾਬੀ [Punjabi]: ਮੁਫ਼ਤ ਭਾਸ਼ਾ, ਸਹਾਇਕ ਸਹਾਇਤਾ, ਅਤੇ ਵਿਕਲਪਿਕ ਫਾਰਮੈਟ ਸੇਵਾਵਾਂ ਉਪਲਬਧ ਹਨ।  
**1-800-777-4376 (TTY: 711)** 'ਤੇ ਕਾਲ ਕਰੋ।

Русский [Russian]: Предоставляются бесплатные услуги языковой поддержки, вспомогательные средства и материалы в альтернативных форматах. Звоните по номеру **1-800-777-4376 (TTY: 711)**.

Español [Spanish]: Los servicios gratuitos de asistencia lingüística, ayuda auxiliar y servicios en otro formato están disponibles. Llame al **1-800-777-4376 (TTY: 711)**.

Tagalog [Tagalog]: Magagamit ang mga libreng serbisyong pangwika, serbisyo o device na pantulong, at kapalit na format. Tumawag sa **1-800-777-4376 (TTY: 711)**.

தமிழ் [Tamil]: இலவச மொழி, துணை உதவி மற்றும் மாற்று வடிவ சேவைகள் உள்ளன.  
**1-800-777-4376 (TTY: 711)** ஐ அழைக்கவும்.

తెలుగు [Telugu]: ఉచిత భాష, సహాయక మద్దతు, మరియు ప్రత్యామ్నాయ ఛార్జిట్ సేవలు అందుబాటులో గలవు. **1-800-777-4376 (TTY: 711)** కి కాల్ చేయండి.

(TTY: 711) **1-800-777-4376** اردو [Urdu]: مفت زبان، معاون امداد، اور متبادل فارمیٹ کی خدمات دستیاب ہیں۔ کال

Tiếng Việt [Vietnamese]: Có sẵn các dịch vụ miễn phí về ngôn ngữ, hỗ trợ bổ sung và định dạng thay thế. Hãy gọi **1-800-777-4376 (TTY: 711)**.

You can view these 2026 plan documents starting October 15, 2025 at **<http://www.icarehealthplan.org>**. Here you can see the most up-to-date information about your plan. It's easy to search, so you can find what you are looking for quickly.

- See your Evidence of Coverage for your plan's specific details, benefits and costs.
- Review the *Drug List* which includes the drugs covered by your plan.
- View the *Provider and Pharmacy Directory* to see a list of providers and specialists in your plan's network.

To get paper copies of these documents by mail, make your request online at the website above, or call **800-777-4376 (TTY: 711)**, 24 hours a day, seven days a week. Please have your member ID card ready when you call. When asked why you've called, say "Member Handbook," "Drug List" and/or "Provider Directory." Please allow up to two weeks to receive the documents by mail.

We're here for you. If you need help using these online tools, please call the number on the back of your member ID card for support.

As an iCare member, we may call you to offer other insurance-related products. You can opt out of those future calls by calling the Customer Care number on the back of your ID card.



1555 North RiverCenter Drive Suite 206  
Milwaukee, Wisconsin 53212

Important information about changes to your  
Medicare Advantage and prescription drug plan



INDEPENDENT CARE HEALTH PLAN  
iCare is a wholly-owned subsidiary of Humana