

iCare Family Care Partnership (HMO D-SNP) offered by Independent Care Health Plan

Annual Notice of Changes for 2021

You are currently enrolled as a member of iCare Family Care Partnership. Next year, there will be some changes to the plan's costs and benefits. *This booklet tells about the changes.*

What to do now

1. ASK: Which changes apply to you.

- Check the changes to our benefits and costs to see if they affect you.
 - It's important to review your coverage now to make sure it will meet your needs next year.
 - Do the changes affect the services you use?
 - Look in Section 2 for information about benefit and cost changes for our plan.
 - Check the changes in the booklet to our prescription drug coverage to see if they affect you.
 - Will your drugs be covered?
 - Do any of your drugs have new restrictions, such as needing approval from us before you fill your prescription?
 - Can you keep using the same pharmacies? Are there changes to the cost of using this pharmacy?
 - Review the 2021 Drug List and look in Section 2.5 for information about changes to our drug coverage.
 - Check to see if your doctors and other providers will be in our network next year.
 - Are your doctors, including specialists you see regularly, in our network?
 - What about the hospitals or other providers you use?
 - Look in Sections 2.2 and 2.3 for information about our Provider/Pharmacy Directory.
 - Think about your overall health care costs.
 - How much will you spend out-of-pocket for the services and prescription drugs you use regularly?
 - How much will you spend on your premium and deductibles?
 - How do your total plan costs compare to other Medicare coverage options?
 - Think about whether you are happy with our plan.
- #### **2. COMPARE:** Learn about other plan choices.
- Check coverage and costs of plans in your area.
 - Use the personalized search feature on the Medicare Plan Finder at www.medicare.gov/plan-compare website.

- Review the list in the back of your Medicare & You handbook.
 - Look in Section 4 to learn more about your choices.
- Once you narrow your choice to a preferred plan, confirm your costs and coverage on the plan's website.
- 3. CHOOSE:** Decide whether you want to change your plan.
- If you don't join another plan by December 7, 2020, you will be enrolled in iCare Family Care Partnership.
 - If you want to **change to a different plan** that may better meet your needs, you can switch plans between October 15 and December 7. Look in Section 4, page 9 to learn more about your choices.
- 4. ENROLL:** To change plans, join a plan between **October 15** and **December 7, 2020**.
- If you don't join another plan by **December 7, 2020**, you will stay in iCare Family Care Partnership.
 - If you join another plan between **October 15** and **December 7, 2020**, your new coverage will start on **January 1, 2021**. You will be automatically disenrolled from your current plan.

Note: If you are eligible to change plans, because you are in the Partnership program you must also contact your local ADRC. The ADRC contact information can be found in Chapter 2 of your *Evidence of Coverage*.

Additional Resources

- Please contact our Customer Service number at 1-800-777-4376 for additional information. (TTY users should call 711). Hours are 24 hours a day, 7 days a week. Office hours are Monday – Friday, 8:30 a.m. – 5:00 p.m.
- Please contact Customer Service or our Member Advocate/Member Rights Specialist at 1-800-777-4376 should you require plan materials in another format such as braille or large print.
- **Coverage under this Plan qualifies as Qualifying Health Coverage (QHC)** and satisfies the Patient Protection and Affordable Care Act's (ACA) individual shared responsibility requirement. Please visit the Internal Revenue Service (IRS) website at www.irs.gov/Affordable-Care-Act/Individuals-and-Families for more information.

About iCare Family Care Partnership

- Independent Care Health Plan (iCare), which insures iCare Family Care Partnership (D-SNP), is an HMO with a Medicare Contract. Enrollment in iCare Family Care Partnership depends on contract renewal. This plan also has a written agreement with the Wisconsin Medicaid program to coordinate your Medicaid benefits.
- When this booklet says “we,” “us,” or “our,” it means Independent Care Health Plan. When it says “plan” or “our plan,” it means iCare Family Care Partnership.

Summary of Important Costs for 2021

The table below compares the 2020 costs and 2021 costs for iCare Family Care Partnership in several important areas. **Please note this is only a summary of changes.** It is important to read the rest of this *Annual Notice of Change* and review the *Evidence of Coverage* to see if other benefit or cost changes affect you. A copy of the *Evidence of Coverage* is located on our website at www.iCareHealthPlan.org. You may also call Customer Service to ask us to mail you an *Evidence of Coverage*.

If you are eligible for Medicare cost-sharing assistance under Medicaid, you pay \$0 for your deductible, doctor office visits, and inpatient hospital stays.

Cost	2020 (this year)	2021 (next year)
Monthly plan premium*	\$0	\$0
Doctor office visits	Primary care visits: \$0 per visit. Specialist visits: \$0 per visit.	Primary care visits: \$0 per visit. Specialist visits: \$0 per visit.
Inpatient hospital stays Includes inpatient acute, inpatient rehabilitation, long-term care hospitals and other types of inpatient hospital services. Inpatient hospital care starts the day you are formally admitted to the hospital with a doctor's order. The day before you are discharged is your last inpatient day.	\$0	\$0
Part D prescription drug coverage (See Section 2.5 for details.)	Deductible: \$0 Co-payment: \$0	Deductible: \$0 Co-payment: \$0

Annual Notice of Changes for 2021

Table of Contents

Summary of Important Costs for 2021	3
SECTION 1 Unless You Choose Another Plan, You Will Be Automatically Enrolled in iCare Family Care Partnership in 2021	5
SECTION 2 Changes to Benefits and Costs for Next Year.....	5
Section 2.1 – Changes to the Monthly Premium	5
Section 2.2 – Changes to the Provider Network.....	5
Section 2.3 – Changes to the Pharmacy Network.....	6
Section 2.4 – Changes to Benefits	6
Section 2.5 – Changes to Part D Prescription Drug Coverage	8
SECTION 3 Changes to your Medicaid Benefits	9
SECTION 4 Deciding Which Plan to Choose.....	9
Section 4.1 – If you want to stay in iCare Family Care Partnership.....	9
Section 4.2 – If you want to change plans	10
SECTION 5 Changing Plans.....	10
SECTION 6 Programs That Offer Free Counseling about Medicare and Medicaid	11
SECTION 7 Programs That Help Pay for Prescription Drugs	11
SECTION 8 Questions?	12
Section 8.1 – Getting Help from iCare Family Care Partnership	12
Section 8.2 – Getting Help from Medicare.....	12
Section 8.3 – Getting Help from Medicaid.....	12
SECTION 9 Legal Notices	13

SECTION 1 Unless You Choose Another Plan, You Will Be Automatically Enrolled in iCare Family Care Partnership in 2021

If you do nothing to change your Medicare coverage in 2020, we will automatically enroll you in our iCare Family Care Partnership. This means starting January 1, 2021, you will be getting your medical and prescription drug coverage through iCare Family Care Partnership. If you want to, you can change to a different Medicare health plan. You can also switch to Original Medicare and get your prescription drug coverage through a Prescription Drug Plan. If you want to change plans, you can do so between October 15 and December 7. The change will take effect on January 1, 2021. For more information, see Chapter 9 of the *Evidence of Coverage*.

The information in this document tells you about the differences between your current benefits in iCare Family Care Partnership and the benefits you will have on January 1, 2021, as a member of iCare Family Care Partnership.

SECTION 2 Changes to Benefits and Costs for Next Year

Section 2.1 – Changes to the Monthly Premium

Cost	2020 (this year)	2021 (next year)
Monthly premium (You must also continue to pay your Medicare Part B premium unless it is paid for you by Medicaid.)	\$0	\$0

Section 2.2 – Changes to the Provider Network

There are changes to our network of providers for next year. An updated Provider/Pharmacy Directory is located on our website at www.iCareHealthPlan.org. You may also call Customer Service for updated provider information or to ask us to mail you a Provider/Pharmacy Directory. **Please review the 2021 Provider/Pharmacy Directory to see if your providers (primary care provider, specialists, hospitals, etc.) are in our network.**

It is important that you know that we may make changes to the hospitals, doctors, and specialists (providers) that are part of your plan during the year. There are a number of reasons why your provider might leave your plan, but if your doctor or specialist does leave your plan you have certain rights and protections summarized below:

- Even though our network of providers may change during the year, we must furnish you with uninterrupted access to qualified doctors and specialists.
- We will make a good faith effort to provide you with at least 30 days' notice that your provider is leaving our plan so that you have time to select a new provider.
- We will assist you in selecting a new qualified provider to continue managing your health care needs.

- If you are undergoing medical treatment you have the right to request, and we will work with you to ensure, that the medically necessary treatment you are receiving is not interrupted.
- If you believe we have not furnished you with a qualified provider to replace your previous provider or that your care is not being appropriately managed, you have the right to file an appeal of our decision.
- If you find out your doctor or specialist is leaving your plan, please contact us so we can assist you in finding a new provider to manage your care.

Section 2.3 – Changes to the Pharmacy Network

Amounts you pay for your prescription drugs may depend on which pharmacy you use. Medicare drug plans have a network of pharmacies. In most cases, your prescriptions are covered *only* if they are filled at one of our network pharmacies.

There are changes to our network of pharmacies for next year. An updated Provider/Pharmacy Directory is located on our website at www.iCareHealthPlan.org. You may also call Customer Service for updated provider information or to ask us to mail you a Provider/Pharmacy Directory. **Please review the 2021 Provider/Pharmacy Directory to see which pharmacies are in our network.**

Section 2.4 – Changes to Benefits

Please note that the *Annual Notice of Changes* tells you about changes to your Medicare benefits and costs.

We are changing our coverage for certain medical services next year. The information starting on page 7 describes these changes. For details about the coverage and costs for these services, see Chapter 4, *Benefits Chart (what is covered and what you pay)*, in your *2021 Evidence of Coverage*. A copy of the *Evidence of Coverage* is located on our website at www.iCareHealthPlan.org. You may also call Customer Service to ask us to mail you an *Evidence of Coverage*.

Cost	2020 (this year)	2021 (next year)
Dental Services (Non-Medicare Covered Supplemental Benefit)	<p>We provide Supplemental Dental services under Medicare Part C for preventive and comprehensive dental services limited to a total of \$2,500 per calendar year.</p> <p>Preventive</p> <ul style="list-style-type: none"> • Oral Exams and cleaning: Up to 2 per calendar year. • Dental X-Rays: Up to 1 per calendar year. X-Rays are limited to either 1 panoramic or 1 full set per calendar year. <p>Comprehensive</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>We provide Supplemental Dental services under Medicare Part C for preventive and comprehensive (combined) dental services:</p> <p>Preventive Care</p> <ul style="list-style-type: none"> • Oral Exams: Up to 2 per calendar year. • Prophylaxis (Cleaning): Up to 2 per calendar year. • Fluoride Treatment: Up to 2 per calendar year. • Dental X-rays: X-rays are limited to either 1 panoramic or 1 full set per calendar year. <p>Comprehensive Care</p> <ul style="list-style-type: none"> • Diagnostic Services: Up to 2 visits per calendar year.

Cost	2020 (this year)	2021 (next year)
Telehealth Services (Supplemental Benefit)	Telehealth visits are limited to Behavioral Health Specialists, Urgent Care and Nutritionists. Maximum of 24 visits per calendar year.	Supplemental Telehealth Services are not offered for 2021.
Vision Services (Non-Medicare Covered – Supplemental Benefit)	This plan provides a supplemental benefit under Medicare Part C limited to a total of \$450 per calendar year: <ul style="list-style-type: none"> • Contact fitting • Contact lenses • The purchase of one (1) set of eyeglass lenses and frames; and/or • Upgrades 	This plan provides a supplemental benefit under Medicare Part C limited to a total of \$250 per calendar year: <ul style="list-style-type: none"> • Contact fitting • Contact lenses • The purchase of one (1) set of eyeglass lenses and frames; and/or • Upgrades
Non-Emergency Transportation (Non-Medicare Covered Supplemental Benefit)	64 one-way trips up to 35 miles annually. Covered only for travel to/from Weight Watchers meetings.	Supplemental Non-Emergency Transportation to/from Weight Watchers meetings is not offered for 2021.

Section 2.5 – Changes to Part D Prescription Drug Coverage

Changes to Our Drug List

Our list of covered drugs is called a Formulary or “Drug List.” A copy of our Drug List is provided electronically. You can get the **complete** Drug List by calling Customer Service or visiting our web site www.iCareHealthPlan.org.

We made changes to our Drug List, including changes to the 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 see if there will be any restrictions.**

If you are affected by a change in drug coverage, you can:

- **Work with your doctor (or other prescriber) and ask the plan to make an exception to cover the drug. We encourage current members to ask for an exception before next year.**

- To learn what you must do to ask for an exception, see Chapter 8 of your *Evidence of Coverage (What to do if you have a problem or complaint (coverage decisions, appeals, complaints))* or call Member Services.
- **Work with your doctor (or prescriber) to find a different drug** that we cover. You can call Member Services to ask for a list of covered drugs that treat the same medical condition.

In some situations, we are required to cover a temporary supply of a non-formulary drug in the first 90 days of the plan year or the first 90 days of membership to avoid a gap in therapy. (To learn more about when you can get a temporary supply and how to ask for one, see Chapter 5 of the *Evidence of Coverage*.) During the time when you are getting a temporary supply of a drug, you should talk with your doctor to decide what to do when your temporary supply runs out. You can either switch to a different drug covered by the plan or ask the plan to make an exception for you and cover your current drug.

In most cases, formulary exceptions are approved for a period of one year. When your formulary exception is approved, we send you a letter with the dates of approval. The approval may extend into the next year, if the date on the approval extends into the next calendar year. A new formulary exception request will need to be submitted when your current exception expires.

Most of the changes in the Drug List are new for the beginning of each year. However, during the year, we might make other changes that are allowed by Medicare rules.

When we make these changes to the Drug List during the year, you can still work with your doctor (or other prescriber) and ask us to make an exception to cover the drug. We will also continue to update our online Drug List as scheduled and provide other required information to reflect drug changes. (To learn more about changes we may make to the Drug List, see Chapter 5 of the *Evidence of Coverage*.)

Changes to Prescription Drug Costs

Note: If you are in a program that helps pay for your drugs (“Extra Help”), **the information about costs for Part D prescription drugs does not apply to you.** We have included a separate insert, called the “Evidence of Coverage Rider for People Who Get Extra Help Paying for Prescription Drugs” (also called the “Low Income Subsidy Rider” or the “LIS Rider”), which tells you about your drug costs. Because you receive “Extra Help” and if you didn’t receive this insert with this packet, please call Customer Service and ask for the “LIS Rider.” Phone numbers for Customer Service are in Section 8 of this booklet.

SECTION 3 Changes to your Medicaid Benefits

There will be no changes to your Medicaid benefits in 2021. Please refer to Chapter 4 of your *Evidence of Coverage* and/or the Summary of Benefits for a list of your covered Medicaid benefits.

SECTION 4 Deciding Which Plan to Choose

Section 4.1 – If you want to stay in iCare Family Care Partnership

To stay in our plan you don’t need to do anything. If you do not sign up for a different plan or change to Original Medicare by December 7, you will automatically be enrolled in our iCare Family Care Partnership.

Section 4.2 – If you want to change plans

We hope to keep you as a member next year but if you want to change for 2021 follow these steps:

Step 1: Learn about and compare your choices

- You can join a different Medicare health plan;
- -- OR-- You can change to Original Medicare. If you change to Original Medicare, you will need to decide whether to join a Medicare drug plan.

To learn more about Original Medicare and the different types of Medicare plans, read *Medicare & You 2021*, call your State Health Insurance Assistance Program (see Section 6), or call Medicare (see Section 8).

You can also find information about plans in your area by using the Medicare Plan Finder on the Medicare website. Go to www.medicare.gov/plan-compare. **Here, you can find information about costs, coverage, and quality ratings for Medicare plans.**

As a reminder, Independent Care Health Plan (iCare) offers other Medicare health plans with prescription drug coverage. These other plans may differ in coverage, monthly premiums, and cost-sharing amounts.

Step 2: Change your coverage

- To **change to a different Medicare health plan**, enroll in the new plan. You will automatically be disenrolled from iCare Family Care Partnership.
- To **change to Original Medicare with a prescription drug plan**, enroll in the new drug plan. You will automatically be disenrolled from iCare Family Care Partnership.
- To **change to Original Medicare without a prescription drug plan**, you must either:
 - Send us a written request to disenroll. Contact Customer Service if you need more information on how to do this (phone numbers are in Section 8 of this booklet).
 - – or – Contact **Medicare**, at 1-800-MEDICARE (1-800-633-4227), 24 hours a day, 7 days a week, and ask to be disenrolled. TTY users should call 1-877-486-2048.

If you switch to Original Medicare and do **not** enroll in a separate Medicare prescription drug plan, Medicare may enroll you in a drug plan unless you have opted out of automatic enrollment.

If you are changing plans, you must also contact your local Aging and Disability Resource Center (ADRC). Please see Chapter 2 in the *Evidence of Coverage* for the telephone numbers of the ADRCs. You can also use the following link to find an ADRC in your area:

<https://www.dhs.wisconsin.gov/adrc/consumer/index.htm>.

SECTION 5 Changing Plans

If you want to change to a different plan or Original Medicare for next year, you can do it from October 15 to December 7. The change will take effect on January 1, 2021.

Are there other times of the year to make a change?

In certain situations, changes are also allowed at other times of the year. For example, people with Medicaid, those who get “Extra Help” paying for their drugs, those who have or are leaving employer

coverage, and those who move out of the service area may be allowed to make a change at other times of the year.

If you enrolled in a Medicare Advantage plan for January 1, 2021, and don't like your plan choice, you can switch to another Medicare health plan (either with or without Medicare prescription drug coverage) or switch to Original Medicare (either with or without Medicare prescription drug coverage) between January 1 and March 31, 2021. For more information, see Chapter 9 of the *Evidence of Coverage*.

SECTION 6 Programs That Offer Free Counseling about Medicare and Medicaid

The State Health Insurance Assistance Program (SHIP) is a government program with trained counselors in every state. In Wisconsin, the SHIP is called the Wisconsin State Health Insurance Assistance Program.

The Wisconsin State Health Insurance Assistance Program is independent (not connected with any insurance company or health plan). It is a state program that gets money from the Federal government to give **free** local health insurance counseling to people with Medicare. The Wisconsin State Health Insurance Assistance Program counselors can help you with your Medicare questions or problems. They can help you understand your Medicare plan choices and answer questions about switching plans. You can call Wisconsin State Health Insurance Assistance Program at 1-800-242-1060. You can learn more about the Wisconsin State Health Insurance Assistance Program by visiting their website: <https://www.dhs.wisconsin.gov/benefit-specialists/medicare-counseling.htm>

For questions about your Wisconsin Medicaid benefits, contact the Wisconsin Department of Health Services (DHS), 1-800-362-3002 (TTY users should call WI Relay 711) Monday – Friday from 8:00 am to 6:00 pm. You can also contact your local Aging and Disability Resource Center (ADRC). See the *Evidence of Coverage* Chapter 2 for contact information. Ask how joining another plan or returning to Original Medicare affects how you get your Wisconsin Medicaid coverage.

SECTION 7 Programs That Help Pay for Prescription Drugs

You may qualify for help paying for prescription drugs. Below we list different kinds of help:

- **“Extra Help” from Medicare.** Because you have Medicaid, you are already enrolled in “Extra Help,” also called the Low Income Subsidy. Extra Help pays some of your prescription drug premiums, annual deductibles and coinsurance. Because you qualify, you do not have a coverage gap or late enrollment penalty. If you have questions about Extra Help, call:
 - 1-800-MEDICARE (1-800-633-4227). TTY users should call 1-877-486-2048, 24 hours a day/7 days a week;
 - The Social Security Office at 1-800-772-1213 between 7 am and 7 pm, Monday through Friday. TTY users should call, 1-800-325-0778 (applications); or
 - Your State Medicaid Office (applications).

SECTION 8 Questions?

Section 8.1 – Getting Help from iCare Family Care Partnership

Questions? We're here to help. Please call Customer Service at 1-800-777-4376 (TTY only, call 711.) We are available for phone calls 24 hours a day, 7 days a week. Our office hours are Monday – Friday, 8:30 a.m. – 5:00 p.m. Calls to these numbers are free.

Read your 2021 Evidence of Coverage (it has details about next year's benefits and costs)

This *Annual Notice of Changes* gives you a summary of changes in your benefits and costs for 2021. For details, look in the 2021 *Evidence of Coverage* for iCare Family Care Partnership. The *Evidence of Coverage* is the legal, detailed description of your plan benefits. It explains your rights and the rules you need to follow to get covered services and prescription drugs. A copy of the *Evidence of Coverage* is located on our website at www.iCareHealthPlan.org. You may also call Customer Services to ask us to mail you an *Evidence of Coverage*.

Visit our Website

You can also visit our website at www.iCareHealthPlan.org. As a reminder, our website has the most up-to-date information about our provider and pharmacy networks (Provider/Pharmacy Directory) and our list of covered drugs (Formulary/Drug List).

Section 8.2 – Getting Help from Medicare

To get information directly from Medicare:

Call 1-800-MEDICARE (1-800-633-4227)

You can call 1-800-MEDICARE (1-800-633-4227), 24 hours a day, 7 days a week. TTY users should call 1-877-486-2048.

Visit the Medicare Website

You can visit the Medicare website (www.medicare.gov). It has information about cost, coverage, and quality ratings to help you compare Medicare health plans. You can find information about plans available in your area by using the Medicare Plan Finder on the Medicare website. (To view the information about plans, go to www.medicare.gov/plan-compare).

Read Medicare & You 2021

You can read *Medicare & You 2021* 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. If you don't have a copy of this booklet, you can get it at the Medicare website (www.medicare.gov) or 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.

Section 8.3 – Getting Help from Medicaid

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

SECTION 9 Legal Notices

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, gender identity, or sex.

Independent Care Health Plan does not exclude people or treat them differently because of race, color, national origin, age, disability, gender identity, 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, gender identity, or sex, you can file a grievance with the Grievance and Appeal Coordinator, 1555 North RiverCenter Drive, Suite 206, Milwaukee, Wisconsin 53212, 1-800-777-4376 x1076

(TTY: 1-800-947-3529), F: 414-918-7589, or advocate@icarehealthplan.org. You can file a grievance in person or by mail, fax, or email.

If you need help filing a grievance, the Grievance and Appeal Coordinator 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>.

Last update: 08/24/2020

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

ATENCIÓN: Si habla español, los servicios de asistencia de idiomas están disponibles sin cargo, llame al 1-800-777-4376 (TTY: 1-800-947-3529).

CEEB TOOM: Yog koj hais lus Hmoob, kev pab rau lwm yam lus muaj rau koj dawb xwb. Hu 1-800-777-4376 (TTY: 1-800-947-3529).

注意:如果您说中文, 您可获得免费的语言协助服务。请致电 1-800-777-4376 (TTY 文字电话: 1-800-947-3529)。

DIGTOONI: Haddii aad ku hadasho afka Soomaaliha, adeegyada caawimada luqadda waxaa lagu heli karaa iyadoo bilaash ah. Wac 1-800-777-4376 (TTY: 1-800-947-3529).

ໝາຍເຫດ: ຖ້າທ່ານເວົ້າພາສາລາວ, ທ່ານສາມາດໃຊ້ການບໍລິການຊ່ວຍເຫຼືອດ້ານພາສາໄດ້ ໂດຍບໍ່ເສຍຄ່າ. ໂທ 1-800-777-4376 (TTY: 1-800-947-3529).

ВНИМАНИЕ: Если Вы говорите по-русски, Вам будут бесплатно предоставлены услуги переводчика. Позвоните по номеру: 1-800-777-4376 (TTY: 1-800-947-3529).

ကျေးဇူးပြု၍ နားဆင်ပါ - သင်သည် မြန်မာစကားပြောသူဖြစ်ပါက၊
သင့်အတွက် အခမဲ့ဖြင့် ဘာသာစကားကူညီရေး ဝန်ဆောင်မှုများ ရရှိနိုင်သည်။
1-800-777-4376 (TTY: 1-800-947-3529) တွင် ဖုန်းခေါ်ဆိုပါ။

PAŽNJA: Ako govorite srpsko-hrvatski imate pravo na besplatnu jezičnu pomoć. Nazovite 1-800-777-4376 (telefon za gluhe: 1-800-947-3529).

تنبيه: إذا كنتم تتحدثون العربية، تتوفر لكم مساعدة لغوية مجانية. اتصلوا بالرقم
4376-777-8001 (هاتف نصي: 3529-947-8001).

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 Independent Care Health Plan at 1-800-777-4376 (TTY: 1-800-947-3529).

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Notes

Use this page to write down questions you may have for the plan. Or use it to write notes. Call us at 1-800-777-4376 (TTY: 711) with your questions or visit www.iCareHealthPlan.org.

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