You may request a hard copy of the Provider/Pharmacy Directory, Comprehensive Formulary, or Evidence of Coverage.

There are several ways to request a hard copy to be mailed to you:

1. Call Customer Service at 1-800-777-4376 (TTY: 711), 24 hours a day, 7 days a week. Our office hours are Monday through Friday, 8:30 a.m. to 5:00 p.m.

2. Email us at info@iCareHealthPlan.org

3. Go online at www.iCareHealthPlan.org/hardcopy

A request for a hard copy of any of these items can be a one-time or a permanent request.

You may find what you need by visiting our web site at any time:

For a Provider/Pharmacy Directory, visit www.iCareHealthPlan.org/FindProvider to access our online searchable directory.

For a Comprehensive Formulary, visit www.iCareHealthPlan.org/druglist to view the formulary. If you have a question about covered drugs, please call Customer Service at the number above.

For an Evidence of Coverage, visit our member documents page at www.icarehealthplan.org/Members/Member-Documents.htm

These documents will be available 10/15/2022 for 2023.
Independent Care Health Plan (iCare), which insures iCare Medicare Plan (HMO D-SNP) and iCare Family Care Partnership (HMO D-SNP), is an HMO with a Medicare contract and a contract with the State Medicaid program. Enrollment in iCare Medicare Plan or iCare Family Care Partnership depends on iCare's contract renewal. Questions? Call 1-800-777-4376 (TTY: 711) for more information.

Independent Care Health Plan provides free aids and services to people with disabilities and people whose primary language is not English to communicate effectively with us, such as; qualified interpreters (including sign language) and written information in other formats (large print, audio, accessible electronic formats, braille, other formats) and languages. If you need these services contact Customer Service at 1-800-777-4376 (TTY: 711), 24 hours a day, 7 days a week. Our office hours are Monday through Friday, 8:30 a.m. to 5:00 p.m. CST.

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.

Tenemos servicios de intérprete sin costo alguno para responder cualquier pregunta que pueda tener sobre nuestro plan de salud o medicamentos. Para hablar con un intérprete, por favor llame al 1-800-777-4376. Alguien que hable español le podrá ayudar. Este es un servicio gratuito.