



## 2026 Transition Policy for Independent Care Health Plan (iCare) Prescription Drug Coverage

iCare wants to make sure that members like you get the medicine you need in the coming plan year. Starting January 1, 2026, you may not be able to get the drug you get now if:

- The drug is not on our approved list, or
- We need to approve it in advance because:
  - There are limits on the amount you can get
  - You need to try a less costly drug first, or
  - We need to know some facts about your health

If your drug is not on our approved list or we need to approve it in advance, you can keep getting your drug for a little while. This is called a transition supply.

You cannot get a transition supply for some drugs. Examples of these drugs are:

- Drugs where we need to determine Part A or B versus D coverage.
- Drugs that may not be eligible for Part D coverage. We may need to know what you are using your drug for before it can be covered by us.
- Drugs where we may need information to know if it is being used safely.

### **If you are a new member or an existing member with history of a drug**

During your first **90 days** as a member, iCare will cover **30 days'** worth of a drug that Medicare Part D covers. iCare will do this only **one** time per drug *unless* the prescription is written for less than 30 days (in which case iCare will allow multiple fills to provide up to a total of 30 days of medication).

### **Transition across contract years**

For existing members whose drugs will be affected by negative changes in the upcoming year, iCare will provide a transition process at the start of the new contract year. iCare will also extend the transition policy across contract years for members who enroll into a plan with an effective enrollment date of either November 1 or December 1 and need access to a transition supply.

### **Distinguishing brand new drugs**

iCare will apply transition processes to brand new drugs not on our approved drug list or if the drug has limits, if iCare cannot make the distinction between a brand-new drug and on-going history of the drug at point of sale. To determine if the member has history of the drug, members must have at least 108 days of claim history with iCare. iCare will look-back 180 days from the member effective date or the start of the plan year for drug history.

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### **If you are a new member in a long-term care facility**

We will help you if you:

- Are new to your plan
- Have both Medicare and full Medicaid benefits
- Ask us to make an exception, **or**
- Make an appeal

During your first **90 days** as a member, we will cover a **31 day** supply *unless* the prescription is written for less than 31 days (in which *iCare* will allow multiple fills to provide up to a total of 31 days of medication) of a drug that Medicare Part D covers.

After that, we will cover a **31-day** emergency supply *unless* the prescription is written for less than 31 days (in which case *iCare* will allow multiple fills to provide up to a total of 31 days of medication) of a drug that Medicare Part D covers. This will let you keep getting your drug while we look at your request to:

- Make an exception, **or**
- Approve your drug in advance

### **If you change treatment settings**

During the plan year, you may change treatment settings because of a change in the level of your care. For instance, you may:

- Move from a hospital or skilled nursing facility to a home setting
- Move from a home setting to a hospital or skilled nursing facility
- Move from one skilled nursing facility to another, so you need to use a new pharmacy
- Stop staying at a skilled nursing facility where Medicare Part A covered your prescription drugs, so you need to use Part D now
- Give up your Hospice status, so you need to use Medicare Parts A and B now
- Leave a long-term psychiatric hospital where your drugs were tailored to you

In such cases, we will cover up to **31 days'** worth of a drug that Medicare Part D covers when you get the drug at a pharmacy.

**If you change treatment settings more than once in the same month** you may need to ask us to make an exception, **or** approve your drug in advance.

We will look at your request to see if you have a treatment plan, **and** changing it would harm your health.

### **Transition Member and Prescriber Notices**

After you receive a transition fill, we will send you a letter within 3 business days and also send your doctor a letter. Letters are sent for the first transition fill only if you receive your transition supply in multiple fills. The letters will explain that we will not cover more of the drug unless you

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receive approval from us.

We suggest you talk with your doctor. Decide if you should:

- Try another drug to treat your health problem. You can review the Prescription Drug Guide to find out which drugs are covered, **or**
- Ask us to make an exception, **or**
- Ask us to approve your drug in advance

### **If you get the low-income subsidy (LIS, also known as “Extra Help”) in 2026**

The amount you pay for your 30-day supply will be **no more than** your LIS limit.

### **If you don’t get “Extra Help”**

The amount you pay for your 30-day supply will be based on your plan’s terms. Refer to your Member Handbook for more information on your plan’s terms.

### **If you need more time**

We may extend your transition supply. This will let you keep getting your drug while we look at your appeal, **or** request for an exception.

### **After you get a transition supply of a Part D drug**

We may need to do a medical review of the drug if:

- The drug is not on our approved list, **or**
- We need to approve it in advance because:
  - There are limits on the amount you can get, **or**
  - You need to try a less costly drug first, **or**
  - We need to know some facts about your health

### **If we need to know some facts about your health**

Your doctor can give us these facts. This will help us work on your request to approve your drug in advance or make an exception if:

- Your drug is not on our approved list, **or**
- We need to approve your drug in advance, **or**
- You have tried other drugs to treat your health problem

### **To ask for an exception**

Ask your doctor to send us a letter. The letter must say that you need this drug to treat your health problem because the drugs we **do** cover:

- Would not work as well to treat your health problem, **or**
- Would harm your health

The letter must explain why the limit we placed on your drug:

- Is not fitting given your health problem, **or**

- Would harm your health

In most cases, we must tell you our decision no more than **72 hours** after we get your doctor's letter. We will grant you a fast request if we find, or your doctor tells us, that waiting for a standard request could harm your life, health, or ability to function. With a fast request, we must tell you our decision no more than **24 hours** after we get your doctor's letter.

### **If we say no to your request for an exception**

You can ask us if we cover another drug for your health problem if:

- Your drug is **not** on our approved list, **or**
- Your drug **is** on our list, but:
  - We need to approve your drug in advance
  - You need to try a less costly drug first, **or**
  - There are limits on the amount you can get

Ask your doctor if this drug is a good choice for you.

You can also ask us to review our decision. You must make this appeal no more than **65 days** after our first decision.

### **We can help**

We can help you and your doctor:

- Ask for an exception
- Make an appeal
- Find another drug for your health problem
- Learn more about your Transition Policy

You and your doctor can also get forms to ask us to:

- Approve your drug in advance
- Make an exception

Just call the customer service number on the back of your *iCare* member ID card. Or go to our website.

### **Pharmacy and Therapeutics (P&T) committee**

This committee watches over our Part D drug list and related rules. It made these rules for certain Part D drugs. The rules are meant to make sure the drugs:

- Are used per medical guidelines
- Have been proven safe and effective for the health problem they are treating
- Are prescribed per the maker's guidelines

## 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](mailto: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)**

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

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# 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]: નિ:શુલ્ક 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]: नि:शुल्क भाषा, सहायक मदद और वैकल्पिक प्रारूप सेवाएं उपलब्ध हैं।  
**1-800-777-4376 (TTY: 711)** पर काल 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 សេវាកម្មជំនួយផ្សេងៗដល់សមាជិក។  
រកបាន។ 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, ຊ່ວຍກ່ອນຊ່ວຍເຫຼືອ ແລະ ຊ່ວຍແບບທາງເລືອກອື່ນ  
ໃຫ້ໃຊ້ພຣິ. ໂທ **1-800-777-4376 (TTY: 711)**.

Diné [Navajo]: Saad t'áá jiik'eh, t'áadoole'é binahji' bee adahodooníígíí diné bich'í' anídahazt'í'í, dóó łahgo át'éego bee hada'dilyaaígíí bee bika'aanída'awo'í dahóló. Kohjì' 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]: ਮੁਫਤ 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 ఫార్మాట్ 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۔

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)**.