

## ***iCare Medicare Plan (HMO D-SNP) offered by Independent Care Health Plan (iCare)***

# **Annual Notice of Changes for 2024**

You are currently enrolled as a member of iCare Medicare Plan. Next year, there will be changes to the plan's costs and benefits. ***Please see page 4 for a Summary of Important Costs, including Premium.***

This document tells about the changes to your plan. To get more information about costs, benefits, or rules please review the *Evidence of Coverage*, which is located on our web site at [www.iCareHealthPlan.org](http://www.iCareHealthPlan.org). You may also call Customer Service to ask us to mail you an *Evidence of Coverage*.

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### **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.
  - Review the changes to medical care costs (doctor, hospital).
  - Review the changes to our drug coverage, including authorization requirements and costs.
  - Think about how much you will spend on premiums, deductibles, and cost sharing.
- Check the changes in the 2024 "Drug List" to make sure the drugs you currently take are still covered.
- Check to see if your primary care doctors, specialists, hospitals and other providers, including pharmacies will be in our network next year.
- 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 Medicare Plan Finder at [www.medicare.gov/plan-compare](http://www.medicare.gov/plan-compare) web site or review the list in the back of your *Medicare & You 2024* handbook.
- Once you narrow your choice to a preferred plan, confirm your costs and coverage on the plan's web site.

#### **3. CHOOSE:** Decide whether you want to change your plan.

- If you don't join another plan by December 7, 2023, you will stay in iCare Medicare Plan.
- To **change to a different plan**, you can switch plans between October 15 and December 7. Your new coverage will start on **January 1, 2024**. This will end your enrollment with iCare Medicare Plan.
- Look in Section 2, page 14 to learn more about your choices.
- If you recently moved into, currently live in, or just moved out of an institution (like a

skilled nursing facility or long-term care hospital), you can switch plans or switch to Original Medicare (either with or without a separate Medicare prescription drug plan) at any time.

### **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. This call is free.
- Please contact Customer Service or our Member Advocate/Member Rights Specialist at 1-800-777-4376 ext. 1076 or 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) web site at [www.irs.gov/Affordable-Care-Act/Individuals-and-Families](http://www.irs.gov/Affordable-Care-Act/Individuals-and-Families) for more information.

### **About iCare Medicare Plan**

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

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## Summary of Important Costs for 2024

The table below compares the 2023 costs and 2024 costs for iCare Medicare Plan in several important areas. **Please note this is only a summary of costs.** 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	2023 (this year)	2024 (next year)
<b>Monthly plan premium*</b> * Your premium may be higher than this amount. See Section 1.1 for details.	\$0 or \$43.10	\$0 or \$48.10
<b>Deductible</b>	\$0 or \$226 If you are eligible for Medicare cost-sharing assistance under Medicaid, you pay \$0.	\$0 or \$240 except for insulin furnished through an item of durable medical equipment. If you are eligible for Medicare cost-sharing assistance under Medicaid, you pay \$0.
<b>Doctor office visits</b>	Primary care visits: 0% or 20% co-insurance per visit. Specialist visits: 0% or 20% co-insurance per visit. If you are eligible for Medicare cost-sharing assistance under Medicaid, you pay \$0 per visit.	Primary care visits: 0% or 20% co-insurance per visit. Specialist visits: 0% or 20% co-insurance per visit. If you are eligible for Medicare cost-sharing assistance under Medicaid, you pay \$0 per visit.
<b>Inpatient hospital stays</b>	In 2023, the cost-sharing amounts for each benefit period are \$0 or: <ul style="list-style-type: none"> <li>\$2,050 per admission</li> </ul> If you are eligible for Medicare cost-sharing assistance under Medicaid, you pay \$0.	In 2024, the cost-sharing amounts for each benefit period are \$0 or: <ul style="list-style-type: none"> <li>\$2,080 per admission</li> </ul> If you are eligible for Medicare cost-sharing assistance under Medicaid, you pay \$0.

Cost	2023 (this year)	2024 (next year)
<p><b>Diagnostic Procedures/Tests</b></p> <p><b>Lab Services</b></p> <p><b>Diagnostic Radiology Services (ex. MRI)</b></p> <p><b>Therapeutic Radiological Services (ex. radiation oncology)</b></p> <p><b>X-Rays</b></p>	<p>You pay:</p> <p>0% or 20% co-insurance depending on Place of Treatment.</p>	<p>You pay:</p> <p>\$0-\$300 copay or 0%-20%, depending on Place of Treatment.</p>
<p><b>Part D Prescription Drug Coverage</b> (See Section 1.5 for details.)</p>	<p><b>\$0 RX Copay Benefit</b> applies if you receive "Extra Help". You will pay the following:</p> <p>Deductible: \$0</p> <p>Co-payment during the Initial Coverage Stage:</p> <p>For <b>retail and mail-order pharmacy</b> with standard cost-sharing:</p> <ul style="list-style-type: none"> <li>• Drug Tier 1: \$0</li> <li>• Drug Tier 2: \$0</li> <li>• Drug Tier 3: \$0</li> <li>• Drug Tier 4: \$0</li> <li>• Drug Tier 5: \$0</li> </ul> <p><b>\$0 Rx Copay Benefit</b> does <b>not</b> apply if you <b>do not</b> receive "Extra Help". You will pay the following:</p> <p>Deductible: \$505 except for covered insulin products and most adult Part D vaccines.</p> <p>Co-payment and coinsurance during the Initial Coverage Stage:</p> <ul style="list-style-type: none"> <li>• Drug Tier 1: \$7</li> <li>• Drug Tier 2: \$14</li> <li>• Drug Tier 3: \$33</li> <li>• Drug Tier 4: \$100</li> <li>• Drug Tier 5: 25%</li> </ul>	<p><b>\$0 RX Copay Benefit</b> applies if you receive "Extra Help". You will pay the following:</p> <p>Deductible: \$0</p> <p>Co-payment during the Initial Coverage Stage:</p> <p>For <b>retail and mail-order pharmacy</b> with standard cost-sharing:</p> <ul style="list-style-type: none"> <li>• All Plan-Covered Part D Drugs: \$0</li> </ul> <p><b>\$0 Rx Copay Benefit</b> does <b>not</b> apply if you <b>do not</b> receive "Extra Help". You will pay the following:</p> <p>Deductible: \$545 except for covered insulin products and most adult Part D vaccines.</p> <p>Coinsurance during the Initial Coverage Stage:</p> <p><b>All Plan-Covered Part D Drugs:</b></p> <p>You pay 25% per prescription except for each covered insulin, you will pay \$35 per month supply.</p> <p>Cost shares apply to a 1-month and 3-month supply. Specialty drugs are limited to a 1-month supply.</p>

Cost	2023 (this year)	2024 (next year)
<b>Part D Prescription Drug Coverage (continued)</b> (See Section 1.5 for details.)	Cost shares apply to a 1-month and 3-month supply. Drug Tier 5 is limited to a 1-month supply. Catastrophic Coverage: <ul style="list-style-type: none"> <li>• During this payment stage, the plan pays most of the cost for your covered drugs.</li> <li>• For each prescription, you pay whichever of these is larger: a payment equal to 5% of the cost of the drug (this is called <b>coinsurance</b>), or a co-payment (<b>\$4.15</b> for a generic drug or a drug that is treated like a generic, and <b>\$10.35</b> for all other drugs.)</li> </ul>	Catastrophic Coverage: <ul style="list-style-type: none"> <li>• During this payment stage, the plan pays the full cost for your covered Part D drugs. You pay nothing.</li> </ul>
<b>Maximum out-of-pocket amount</b> This is the <u>most</u> you will pay out-of-pocket for your covered Part A and Part B services. (See Section 1.2 for details)	\$8,300 In-network If you are eligible for Medicare cost-sharing assistance under Medicaid, you are not responsible for paying any out-of-pocket costs toward the maximum out-of-pocket amount for covered Part A and Part B services.	\$8,850 In-network If you are eligible for Medicare cost-sharing assistance under Medicaid, you are not responsible for paying any out-of-pocket costs toward the maximum out-of-pocket amount for covered Part A and Part B services.

## SECTION 1 Changes to Benefits and Costs for Next Year

### Section 1.1 – Changes to the Monthly Premium

Cost	2023 (this year)	2024 (next year)
<b>Monthly premium</b> (You must also continue to pay your Medicare Part B premium unless it is paid for you by Medicaid.)	\$0 or \$43.10	\$0 or \$48.10

## Section 1.2 – Changes to Your Maximum Out-of-Pocket Amount

Medicare requires all health plans to limit how much you pay out-of-pocket for the year. This limit is called the maximum out-of-pocket amount. Once you reach this amount, you generally pay nothing for covered Part A and Part B services for the rest of the year.

Cost	2023 (this year)	2024 (next year)
<p><b>Maximum out-of-pocket amount</b></p> <p><b>Because our members also get assistance from Medicaid, very few members ever reach this out-of-pocket maximum.</b></p> <p>If you are eligible for Medicaid assistance with Part A and Part B co-pays and deductibles, you are not responsible for paying any out-of-pocket costs toward the maximum out-of-pocket amount for covered Part A and Part B services.</p> <p>Your costs for covered medical services (such as co-pays and deductibles) count toward your maximum out-of-pocket amount. Your plan premium and your costs for prescription drugs do not count toward your maximum out-of-pocket amount.</p>	\$8,300 In-network	<p>\$8,850 In-network</p> <p>Once you have paid \$8,850 out-of-pocket for covered Part A and Part B services, you will pay nothing for your covered Part A and Part B services for the rest of the calendar year.</p>

## Section 1.3 – Changes to the Provider and Pharmacy Networks

Updated directories are located on our web site at [www.iCareHealthPlan.org](http://www.iCareHealthPlan.org). You may also call Customer Service for updated provider and/or pharmacy information or ask us to mail you a directory, which we will mail within three business days.

There are changes to our network of providers for next year. **Please review the 2024 Provider/Pharmacy Directory to see if your providers (primary care provider, specialists, hospitals, etc.) are in our network.**

There are changes to our network of pharmacies for next year. **Please review the 2024 Provider/Pharmacy Directory to see which pharmacies are in our network.**

It is important that you know that we may make changes to the hospitals, doctors and specialists

(providers) and pharmacies that are a part of your plan during the year. If a mid-year change in our providers affects you, please contact Customer Service so we may assist.

## Section 1.4 – Changes to Benefits and Costs for Medical Services

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

We are making changes to costs and benefits for certain medical services next year. The information below describes these changes, which we will mail within three business days.

Cost	2023 (this year)	2024 (next year)
<b>Acupuncture- Medicare Covered</b>	Not available	<b>\$0</b> copay for acupuncture for chronic low back pain visits up to 20 visit(s) per year.
<b>Hearing Services (Non-Medicare Covered)</b>	Not available	<p>\$0 copay for routine hearing exams up to 1 every year.</p> <p>\$0 copay for followup provider visits up to unlimited per year.</p> <p>\$0 copay for each Advanced level hearing aid up to 1 per year every 3 years.</p> <p>Note: Includes 80 batteries per aid and 3 year warranty.</p> <p>Unlimited follow-up provider visits during first year following TruHearing hearing aid purchase.</p>
<b>Inpatient Mental Health Care</b>	<p>In 2023, the cost-sharing amounts for each benefit period are \$0 or:</p> <p>Inpatient Hospital</p> <ul style="list-style-type: none"> <li>• \$2,050 per admission</li> </ul> <p>Inpatient Psychiatry Hospital</p> <ul style="list-style-type: none"> <li>• \$1,872 per admission</li> </ul> <p>If you are eligible for Medicare cost-sharing assistance under Medicaid, you pay \$0.</p>	<p>In 2024, the cost-sharing amounts for each benefit period are \$0 or:</p> <p>Inpatient Hospital</p> <ul style="list-style-type: none"> <li>• \$2,080 per admission</li> </ul> <p>Inpatient Psychiatry Facility</p> <ul style="list-style-type: none"> <li>• \$1,937 per admission</li> </ul> <p>If you are eligible for Medicare cost-sharing assistance under Medicaid, you pay \$0.</p>
<b>Additional Drug Coverage</b> For select Erectile Dysfunction drugs.	Covered at Tier 1 co-pay of \$0. Maximum of 6 tablets every 30 days.	Additional Drug Coverage – select Erectile Dysfunction drugs are <u>not</u> covered.



Cost	2023 (this year)	2024 (next year)
<b>Emergency Services</b> For Medicare covered Emergency room visits. Contact the plan after you receive emergency care.	If you are admitted to the hospital within three (3) days for the same condition that brought you to the emergency room, you have a co-pay of \$0 or \$95.00 per visit for Medicare covered emergency room visits.	If you are admitted to the hospital within 24 hours for the same condition that brought you to the emergency room, you have a co-pay of \$0 or \$100.00 per visit for Medicare covered emergency room visits.
<b>Personal emergency response system</b>	Covered	Not Covered
<b>Skilled Nursing Facility (SNF)</b>	Plan covers up to 100 days each benefit period. Three- day in-patient prior hospital stay is required.  In 2023 the cost-sharing amount you pay for each benefit period is \$0 or: <ul style="list-style-type: none"> <li>• Days 1–20: \$0 co-pay per day.</li> <li>• Days 21–100: \$196 co-pay per day.</li> <li>• Days 101 and beyond: all costs.</li> </ul>	Plan covers up to 100 days each benefit period. Three-day prior in-patient hospital stay is required.  In 2024 the cost-sharing amounts for each benefit period are \$0 or: <ul style="list-style-type: none"> <li>• Days 1–20: \$0 co-pay per day.</li> <li>• Days 21–100: \$203 co-pay per day.</li> <li>• Days 101 and beyond: all costs.</li> </ul>

## Section 1.5 – 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.

We made changes to our “Drug List,” which could include removing or adding drugs, changing the restrictions that apply to our coverage for certain drugs or moving them to a different costsharing tier. **Review the “Drug List” to make sure your drugs will be covered next year and to see if there will be any restrictions, or if your drug has been moved to a different costsharing tier.**

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. For instance, we can immediately remove drugs considered unsafe by the FDA or withdrawn from the market by a product manufacturer. We update our online "Drug List" to provide the most up to date list of drugs.

If you are affected by a change in drug coverage at the beginning of the year or during the year,

please review Chapter 9 of your Evidence of Coverage and talk to your doctor to find out your options, such as asking for a temporary supply, applying for an exception and/or working to find a new drug. You can also contact Customer Service for more information.

**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 may not apply to you.**

There are four **drug payment stages**. The information below shows the changes to the first two stages – the Yearly Deductible Stage and the Initial Coverage Stage. (Most members do not reach the other two stages – the Coverage Gap Stage or the Catastrophic Coverage Stage.)

**Changes to the Deductible Stage**

Stage	2023 (this year)	2024 (next year)
<p><b>Stage 1: Yearly Deductible Stage</b></p> <p>During this stage, <b>you pay the full</b> cost of your drugs until you have reached the yearly deductible. The deductible does not apply to covered insulin products and most adult Part D vaccines, including shingles, tetanus and travel vaccines.</p>	<p>If you receive "Extra Help", for all Plan-Covered Part D Drugs on your formulary for the entire calendar year, the deductible is <b>\$0</b>. During this stage, you pay <b>\$0</b> for all Plan-Covered Part D Drugs. If you <b>do not</b> receive "Extra Help", the deductible is <b>\$505</b>.</p>	<p>If you receive "Extra Help", for all Plan-Covered Part D Drugs on your formulary for the entire calendar year, the deductible is <b>\$0</b>. During this stage, you pay <b>\$0</b> for all Plan-Covered Part D Drugs. If you <b>do not</b> receive "Extra Help", the deductible is <b>\$545</b>.</p>

**Changes to Your Cost Sharing in the Initial Coverage Stage**

Stage	2023 (this year)	2024 (next year)
<p><b>Stage 2: Initial Coverage Stage</b></p> <p>During this stage, the plan pays its share of the cost of your drugs and <b>you pay your share of the cost.</b></p> <p>The costs in this row are for a one-month (30-day) supply when you fill your prescription at a network pharmacy. For information about the costs for a long-term supply or for mail-order prescriptions, look in Chapter 6, Section 5 of your <i>Evidence of Coverage</i>.</p> <p>We changed the tier for some of the drugs on our Drug List. To see if your drugs will be in a different tier, look them up on the Drug List.</p>	<p>Because you qualify for “Extra Help,” you will pay \$0 for all Medicare covered Part D prescription drugs on all tiers.</p> <p>Your cost for a one-month supply filled at a network pharmacy:</p> <p><b>Preferred Generic Standard cost sharing:</b> You pay \$0 per prescription.</p> <p><b>Generic Standard cost sharing:</b> You pay \$0 per prescription.</p> <p><b>Preferred Brand Standard cost sharing:</b> You pay \$0 per prescription.</p> <p><b>Non-Preferred Drug Standard cost sharing:</b> You pay \$0 per prescription.</p> <p><b>Specialty Tier Standard cost sharing:</b> You pay \$0 per prescription.</p> <p>Once your total drug costs have reached \$4,660, you will move to the next stage (the Coverage Gap Stage).</p>	<p>If you receive “Extra Help”, you will pay \$0 for all Medicare Part D covered prescription drugs on our formulary for the entire calendar year.</p>

**Changes to your VBID Part D Benefit**

Please refer to the Summary of Important Costs for 2024, Section 1.4 (Prescription Drugs — Changes to Benefits and Costs for Medical Services) and Section 1.5 (Changes to Prescription Drugs) for changes to 2024.

**Important Message About What You Pay for Vaccines** — Our plan covers most Part D vaccines at no cost to you. Call Customer Service for more information.

**Important Message About What You Pay for Insulin** — You won’t pay more than \$0 for a one-month supply of each insulin product covered by our plan.

## SECTION 2 Deciding Which Plan to Choose

### Section 2.1 – If you want to stay in iCare Medicare Plan

**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 Medicare Plan.

### Section 2.2 – If you want to change plans

We hope to keep you as a member next year but if you want to change for 2024 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, use the Medicare Plan Finder ([www.medicare.gov/plan-compare](http://www.medicare.gov/plan-compare)), read the *Medicare & You 2024* handbook, call your State Health Insurance Assistance Program (see Section 4), or call Medicare (see Section 6).

As a reminder, Independent Care Health Plan and its parent company, Humana, offers other Medicare health plans AND/OR Medicare prescription drug plans. 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 Medicare Plan.
- To **change to Original Medicare with a prescription drug plan**, enroll in the new drug plan. You will automatically be disenrolled from iCare Medicare Plan.
- To **change to Original Medicare without a prescription drug plan**, you must either:
  - o Send us a written request to disenroll. Contact Customer Service if you need more information on how to do so.
  - o – 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.

## SECTION 3 Changing Plans

If you want to change to a different plan or Original Medicare for next year, you can do it from

**October 15 until December 7.** The change will take effect on January 1, 2024.

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

In certain situations, changes are also allowed at other times of the year. Examples include 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.

Because you have Wisconsin Medicaid, you may be able to end your membership in our plan or switch to a different plan one time during each of the following **Special Enrollment Periods**:

- January to March
- April to June
- July to September

If you enrolled in a Medicare Advantage plan for January 1, 2024, 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, 2024.

If you recently moved into, currently live in, or just moved out of an institution (like a skilled nursing facility or long-term care hospital), you can change your Medicare coverage at any time. You can change to any other Medicare health plan (either with or without Medicare prescription drug coverage) or switch to Original Medicare (either with or without a separate Medicare prescription drug plan) at any time.

## **SECTION 4 Programs That Offer Free Counseling about Medicare and Medicaid**

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

It is a state program that gets money from the Federal government to give free local health insurance counseling to people with Medicare. The SHIP 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 SHIP at 1-800-242-1060 or 1-855-677-2783 (for people age 60 or over), or 1-800-926-4862 (for people under age 60). You can learn more about the Wisconsin SHIP by visiting their web site <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 visit <https://access.wisconsin.gov/access/> or a local ADRC (find an ADRC at <https://www.dhs.wisconsin.gov/adrc/consumer/index.htm>). Ask how joining another plan or returning to Original Medicare affects how you get your Wisconsin Medicaid coverage.

## SECTION 5 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 co-insurance. Because you qualify, you do not have a coverage gap or late enrollment penalty. If you have questions about “Extra Help,” call:
  - o 1-800-MEDICARE (1-800-633-4227). TTY users should call 1-877-486-2048, 24 hours a day/7 days a week;
  - o The Social Security Office at 1-800-772-1213 between 8 am and 7 pm, Monday through Friday for a representative. Automated messages are available 24 hours a day. TTY users should call, 1-800-325-0778; or
  - o Your State Medicaid Office (applications).
- **Help from your state’s pharmaceutical assistance program.** Wisconsin has a program called SeniorCare that helps people pay for prescription drugs based on their financial need, age, or medical condition. To learn more about the program, check with your State Health Insurance Assistance Program.
- **Prescription Cost-sharing Assistance for Persons with HIV/AIDS.** The AIDS Drug Assistance Program (ADAP) helps ensure that ADAP-eligible individuals living with HIV/AIDS have access to life-saving HIV medications. Individuals must meet certain criteria, including proof of State residence and HIV status, low income as defined by the State, and uninsured/under-insured status. Medicare Part D prescription drugs that are also covered by ADAP qualify for prescription cost-sharing assistance through the AIDS/HIV Drug Assistance Program (ADAP) and the Insurance Assistance Program. For information on eligibility criteria, covered drugs, or how to enroll in the program, please call 608-261-6952, 608-267-6875, or 1-800-991-5532.

## SECTION 6 Questions?

### Section 6.1 – Getting Help from iCare Medicare Plan

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., or visit [www.iCareHealthPlan.org](http://www.iCareHealthPlan.org). Calls to these numbers are free.

#### **Read your 2024 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 2024. For details, look in the *2024 Evidence of Coverage* for iCare Medicare Plan. 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 web site at [www.iCareHealthPlan.org](http://www.iCareHealthPlan.org). You may also call Customer Service to ask us to mail you an *Evidence of Coverage*.

### **Visit our Web site**

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

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## **Section 6.2 – Getting Help from Medicare**

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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 Web site**

Visit the Medicare web site ([www.medicare.gov](http://www.medicare.gov)). It has information about cost, coverage, and quality Star Ratings to help you compare Medicare health plans in your area. To view the information about plans, go to [www.medicare.gov/plan-compare](http://www.medicare.gov/plan-compare).

### **Read *Medicare & You 2024***

Read the *Medicare & You 2024* handbook. Every fall, this document 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 document, you can get it at the Medicare web site (<https://www.medicare.gov/Pubs/pdf/10050-medicare-and-you.pdf>) 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.

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## **Section 6.3 – Getting Help from Medicaid**

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To get information from Medicaid *OR* your Medicaid managed care plan you can call the Wisconsin Department of Health Services (DHS), Member Services, at 1-800-362-3002. TTY users should call 711. You can also visit the Medicaid web site at <https://www.dhs.wisconsin.gov/medicaid/index.htm>

## **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, 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.

### **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 you have been discriminated against by Independent Care Health Plan, you may file a complaint, also known as 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.

- Grievance and Appeal Coordinator  
1555 North RiverCenter Drive, Suite 206, Milwaukee, Wisconsin 53212  
1-800-777- 4376 x1076 (TTY: 1-800-947-3529)  
Fax: 414-918-7589  
[advocate@icarehealthplan.org](mailto:advocate@icarehealthplan.org).
- 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: 07/20/2022



## Multi-Language Insert

### Multi-language Interpreter Services

**English:** We have free interpreter services to answer any questions you may have about our health or drug plan. To get an interpreter, just call us at 1-800-777-4376. Someone who speaks English/Language can help you. This is a free service.

**Spanish:** 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.

**Hmong:** Peb muaj kev pab txhais lus dawb los teb cov lus nug uas koj muaj txog peb txoj kev npaj khomob lossis tshuaj. Yog xav tau ib tug neeg txhais lus, hu rau peb ntawm 1-800-777-4376. Ib tug neeg uas hais lus Hmong lwm yam lus tuaj yeem pab koj. Qhov no yog ib qho kev pab dawb.

**Chinese Mandarin:** 我们提供免费的翻译服务，帮助您解答关于健康或药物保险的任何疑问。如果您需要此翻译服务，请致电 1-800-777-4376。我们的中文工作人员很乐意帮助您。这是一项免费服务。

**Chinese Cantonese:** 您對我們的健康或藥物保險可能存有疑問，為此我們提供免費的翻譯服務。如需翻譯服務，請致電 1-800-777-4376。我們講中文的人員將樂意為您提供幫助。這是一項免費服務。

**Tagalog:** Mayroon kaming libreng serbisyo sa pagsasaling-wika upang masagot ang anumang mga katanungan ninyo hinggil sa aming planong pangkalusugan o panggamot. Upang makakuha ng tagasaling-wika, tawagan lamang kami sa 1-800-777-4376. Maaari kayong tulungan ng isang nakakapagsalita ng Tagalog. Ito ay libreng serbisyo.

**French:** Nous proposons des services gratuits d'interprétation pour répondre à toutes vos questions relatives à notre régime de santé ou d'assurance-médicaments. Pour accéder au service d'interprétation, il vous suffit de nous appeler au 1-800-777-4376. Un interlocuteur parlant Français pourra vous aider. Ce service est gratuit.

**Vietnamese:** Chúng tôi có dịch vụ thông dịch miễn phí để trả lời các câu hỏi về chương sức khỏe và chương trình thuốc men. Nếu quý vị cần thông dịch viên xin gọi 1-800-777-4376 sẽ có nhân viên nói tiếng Việt giúp đỡ quý vị. Đây là dịch vụ miễn phí.

**German:** Unser kostenloser Dolmetscherservice beantwortet Ihren Fragen zu unserem Gesundheits- und Arzneimittelplan. Unsere Dolmetscher erreichen Sie unter 1-800-777-4376. Man wird Ihnen dort auf Deutsch weiterhelfen. Dieser Service ist kostenlos.

**Korean:** 당사는 의료 보험 또는 약품 보험에 관한 질문에 대해 드리고자 무료 통역 서비스를 제공하고 있습니다. 통역 서비스를 이용하려면 전화 1-800-777-4376 번으로 문의해 주십시오. 한국어를 하는 담당자가 도와 드릴 것입니다. 이 서비스는 무료로 운영됩니다.

**Russian:** Если у вас возникнут вопросы относительно страхового или медикаментного плана, вы можете воспользоваться нашими бесплатными услугами переводчиков. Чтобы воспользоваться услугами переводчика, позвоните нам по телефону 1-800-777-4376. Вам окажет помощь сотрудник, который говорит по-русски. Данная услуга бесплатная.

**Arabic:** إننا نقدم خدمات المترجم الفوري المجانية للإجابة عن أي أسئلة تتعلق بالصحة أو جدول الأدوية لدينا. للحصول على مترجم فوري، ليس عليك سوى الاتصال بنا على 1-800-777-4376. سيقوم شخص ما يتحدث العربية بمساعدتك. هذه خدمة مجانية.

**Hindi:** हमारे स्वास्थ्य या दवा की योजना के बारे में आपके किसी भी प्रश्न के जवाब देने के लिए हमारे पास मुफ्त दुभाषिया सेवाएँ उपलब्ध हैं। एक दुभाषिया प्राप्त करने के लिए, बस हमें 1-800-777-4376 पर फोन करें। कोई व्यक्ति जो हिन्दी बोलता है आपकी मदद कर सकता है। यह एक मुफ्त सेवा है।

**Italian:** È disponibile un servizio di interpretariato gratuito per rispondere a eventuali domande sul nostro piano sanitario e farmaceutico. Per un interprete, contattare il numero 1-800-777-4376. Un nostro incaricato che parla Italianovi fornirà l'assistenza necessaria. È un servizio gratuito.

**Portuguese:** Dispomos de serviços de interpretação gratuitos para responder a qualquer questão que tenha acerca do nosso plano de saúde ou de medicação. Para obter um intérprete, contacte-nos através do número 1-800-777-4376. Irá encontrar alguém que fale o idioma Português para o ajudar. Este serviço é gratuito.

**French Creole:** Nou genyen sèvis entèprèt gratis pou reponn tout kesyon ou ta genyen konsènan plan medikal oswa dwòg nou an. Pou jwenn yon entèprèt, jis rele nou nan 1-800-777-4376. Yon moun ki pale Kreyòl kapab ede w. Sa a se yon sèvis ki gratis.

**Polish:** Umożliwiamy bezpłatne skorzystanie z usług tłumacza ustnego, który pomoże w uzyskaniu odpowiedzi na temat planu zdrowotnego lub dawkowania leków. Aby skorzystać z pomocy tłumacza znającego język polski, należy zadzwonić pod numer 1-800-777-4376. Ta usługa jest bezpłatna.

**Japanese:** 当社の健康 健康保険と薬品 処方薬プランに関するご質問にお答えするために、無料の通訳サービスがあります。通訳をご用命になるには、**1-800-777-4376**にお電話ください。日本語を話す人者が支援いたします。これは無料のサービスです。