At iCare, you are not just a member. You are family. Your health and happiness are ALWAYS our priority!

Your iCare Family Care Partnership Care Team is here to work with you to help you live as independently as possible so you can remain connected with family, friends, and your community.

You’re important to us and we’re here to support you. There is always someone you can reach out to at iCare to ask questions or share your concerns.

Customer Service is available 24 hours a day, 7 days a week. Call 1-800-777-4376. To reach a Member Advocate, call the Customer Service number and dial extension 1036.

Our office hours are Monday through Friday, 8:30 a.m. to 5:00 p.m.

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- H2237_IC2819_C • DHS Approved 12/2/2022 • CMS 12/2/2022
It’s Time for Your Flu Shot

Influenza (flu) vaccines protect against the most common flu viruses of the season. Most vaccines are shots (given with a needle) in the arm but sometimes a nasal spray is an option.

Most everyone 6 months and older should get a flu vaccine each season. This is especially important for older adults and people with chronic conditions. There are several types of vaccines. Ask your provider or pharmacist which vaccine is best for you.

The flu vaccine cannot give you the flu. You may feel a little achy, have a low-grade fever, or soreness at the injection site. This is a normal reaction to the vaccine. Flu vaccines do not always protect you from getting the flu, but they are the best protection from getting seriously ill from the flu. Flu causes thousands of hospitalizations and deaths each year.

Flu vaccines are free with your health insurance. You can get a flu vaccine at your provider office or pharmacy. Need help finding a flu vaccine? Go to Vaccine Finder: https://www.vaccines.gov/find-vaccines/

More information, talk with your provider, pharmacy or go to https://www.cdc.gov/flu/prevent/flushot.htm

You can also call iCare Customer Service for help at 1-800-777-4376 (TTY: 711).

Tested Positive for COVID? Anti-viral Medications May Help.

If you test positive for COVID–19, anti-viral medications may prevent you from becoming seriously ill, hospitalized, or dying. The Wisconsin Department of Health Services (DHS) launched a free telehealth program to connect you to medical personnel who can determine if you are eligible for an anti-viral and prescribe it. A few reminders and tips:

» Anti-viral medications must be started within 5 days of symptoms starting. Anti-viral medications are free and available at over 600 pharmacies statewide. No insurance required.

» Medical personnel are available 7 days a week from 8:00 a.m. to 8:00 p.m. This program is only for COVID–19 treatment, not for other medical needs. Before you contact this telehealth service, make sure you have a list of medications and vitamins you are taking. If you have kidney disease, your last lab results.

There are two ways to get COVID–19 treatment through telehealth services. Call 1-833-273-6330 (TTY: 711) or visit https://home.color.com/consults/covid_antivirals/request/about?partner=covid-19-treatment-wi

To get more information, visit www.dhs.wisconsin.gov/covid-19/telehealth.htm
Take Care of Your Health

Getting regular checkups, screenings and immunizations may help prevent disease and help your doctor identify health problems early when they may be more treatable. These important services are included as part of this plan’s preventive care. A few are listed below. Contact your Care Coach for more information about your benefits and MORE covered preventive care services. Your Evidence of Coverage or EOC is also a great resource for benefit information.

Always talk to your doctor about what is right for you.

**Annual Wellness Visit.** A yearly appointment with your primary care provider (PCP) to create or update a personalized prevention plan. This plan may help prevent illness based on your current health and risk factors. Keep in mind that the AWV is not a head-to-toe physical. Also, this service is like, but separate from, the one-time Welcome to Medicare preventive visit. If you need assistance with scheduling your Annual Wellness Visit, contact your Care Coach.

**Mental Health Services.** For people that have a behavioral health challenge like anxiety, depression, bipolar, schizophrenia and other mental illness, it can be difficult to manage alone and even harder if someone is also using alcohol or drugs to cope. We’re here to help. We will offer care management services so you can get the treatment and follow up care your need. We will support you through your recovery.

**Colorectal Cancer Screening.** This preventive measure is recommended for people once they reach age 50. Colonoscopies are standard for this screening; however, alternative testing may be an option for you. Talk to your doctor to learn more.

**Breast Cancer Screening.** Mammograms are x-rays of the breasts to look for cancer. Most of the time women survive breast cancer if it is found and treated early enough. Talk to your doctor about how often you should get a mammogram.

**Diabetic Retinal Exam.** Diabetic retinal exams can occur at the office of your ophthalmologist, optometrist, or primary health care provider. The exam is quick and comfortable. It is recommended that all patients living with diabetes have a retinal exam at least once per year. If diabetic retinopathy is identified, your physician will discuss next steps with you, including a potential referral to an eye specialist, as needed.

**Blood Pressure Test.** A blood pressure test may be done as a part of a routine health checkup or as a screening for high blood pressure (hypertension). Some people use home monitors to check their blood pressure at home. Blood pressure screening is an important part of general health care. How often you should get your blood pressure checked depends on your age and overall health.
We want YOU to join the iCare Family Care Partnership Member Advisory Committee!

Several times every year, our Enrollee Advisory Committee or EAC meet to talk about member concerns — what is working and what needs improvement. We have a few open spots on the EAC, and we’d love to have you join us.

EAC is comprised of plan members, providers and representatives from community organizations. We discuss ways to improve member medical care and our outreach plans, member materials, and communication and care for members who speak a main language other than English. Other topics may be discussed.

All plan members or legal guardians of members can join EAC. It’s easy. To register for an upcoming meeting, call your Care Coach and express your interest. Questions about EAC? Call your Care Team at 1-800-777-4376.

Are You Prepared for an Emergency?

When something bad happens, do you know what to do? Do you worry that you won’t know a natural disaster is coming? Are you afraid rescuers won’t find you if you need help getting out? Having a plan and being prepared when emergencies happen is the best way to help yourself and your family.

The Wisconsin Council on Physical Disabilities Emergency Preparedness Toolkit is a resource tool on evacuation and escape planning, providing all people, particularly those individuals with physical or other disabilities, emergency preparedness information. It includes tools and resources like Emergency Preparedness Toolkit Smart Phone Application, checklists (general, disability, car and important documents) reminder tags, a medical emergency wallet card and much more.

If you, a family member, or friend have access to the internet, we encourage you to visit this web page and read and/or download electronic copies of the many posted resources (other formats are available on this page) https://www.dhs.wisconsin.gov/cpd/toolkit.htm.
If you would like to request hard copies of materials to be mailed to you, please complete the Council on Physical Disabilities online form at https://bit.ly/3Elj6uT. If you need the materials in an accessible format, please call 608-266-3118.

If you do not have access to the web site, contact your Care Coach by calling 1-800-777-4376. They can talk you through what resources are available and help fill out the online hard copy request form.

How to Spot and Avoid Scam Artists
Recognizing these common signs of a scam could help you avoid falling for one.

Four signs that it’s a scam:

1. Scammers PRETEND to be from an organization you know.
2. Scammers say there’s a PROBLEM or a PRIZE.
3. Scammers PRESSURE you to act immediately.
4. Scammers tell you to PAY in a specific way.

How To Avoid a Scam

» Take steps to block unwanted calls and to filter unwanted text messages.

» Don’t give your personal or financial information in response to a request that you didn’t expect. Honest organizations won’t call, email, or text to ask for your personal information, like your Social Security, bank account, or credit card numbers.

» If you get an email or text message from a company you do business with and you think it’s real, it’s still best not to click on any links. Instead, contact them using a web site you know is trustworthy. Or look up their phone number. Don’t call a number they gave you or the number from your caller ID.

To report a scam visit https://reportfraud.ftc.gov/#/
Source: https://consumer.ftc.gov/articles/how-avoid-scam

Fraud, Waste and/or Abuse
Do you think you did not get services iCare paid for? Do you think you may be a target of fraud, waste and/or abuse? Do you know someone who is causing fraud, waste and/or abuse? If you think that someone engaged in any form of health care fraud, waste and/or abuse, contact us:

» Go to our web site at www.iCareHealthPlan.org and click on “Report Fraud” at the top of the page.

» Write to iCare, Attention: Compliance Officer, 1555 N. RiverCenter Drive, Ste. 206, Milwaukee, WI 53212.

» Call the Humana Ethics Help Line at 1-877-584-3539 (1-877-5-THE-KEY).


When you contact us, providing us with as much information as possible helps us investigate. You can report and not give your name or phone number, but this can make investigating more challenging.

Please Report Accidents or Injuries to iCare Family Care Partnership
iCare’s Quality Department and the Family Care Partnership Care Team monitor all reports of incidents. For example, an incident could be an accident or injury, like a fall, even if you don’t receive medical care.
iCare needs to be informed if an incident happens to you. Call your Interdisciplinary Team or IDT, Care Coach,
or Nurse Care Manager so they can assist with putting processes in place to hopefully prevent the incident from occurring again.

All incident reports need to be investigated and closed within 30 days after you notify your team. The Quality Department monitors to make sure the incidents get closed on time and to your satisfaction. Questions? Call your Care Coach or 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.

**Keep Your Contact and Insurance Information Current**

If you move, change phone numbers or have any major life changes like a marriage, divorce or someone new moving into your home, please report them to iCare Customer Service, the Wisconsin Department of Health Services (DHS) and Medicare. We, and these agencies, need the most up-to-date information. If we do not have your current information on file, you might miss benefit or renewal information, or might not know about programs and services that are important to you.

» To update your contact information, log in at access.wi.gov or use the MyACCESS mobile app.
  Or call your local ADRC. Find yours: https://www.dhs.wisconsin.gov/adrc/index.htm
» Contact the Social Security Administration (SSA) by calling 1-800-772-1213 or visit www.ssa.gov
» Contact iCare Customer Service by calling 1-800-777-4376 (TTY: 711)

### Help with your Internet Service Bill

Are you struggling to afford internet service? The Affordable Connectivity Program is a new long-term government program that may help to lower the cost of broadband service for eligible households. To be eligible, your household income should be below 200 percent of the Federal Poverty Guidelines or having a member of the household who meets at least one of the criteria outlined at https://www.fcc.gov/acp.

To get started, go to ACPBenefit.org to apply or print out a mail-in application. Once you are approved, contact your preferred participating provider to select a plan and have the discount applied to your bill. Some providers may have an alternative application that they will ask you to complete. Eligible households must both apply for the program and contact a participating provider to select a service plan. For more information and full details, visit www.affordableconnectivity.gov or call 1-877-384-2575.
Important Information about your 2022 Over-the-Counter (OTC), Healthy Foods and Healthy Rewards program balances!

Unused OTC and Healthy Foods balances expire December 31, 2022. 2022 Healthy Rewards earnings expiration date extended. **Read the details below!**

Currently, iCare Family Care Partnership members can purchase Medicare approved Over-the-Counter (OTC) items and healthy foods, PLUS earn rewards to purchase wellness items through our Healthy Rewards program. **These benefits and program end on December 31, 2022.** What this means to you:

» You will receive a new card called the iCare Spending Account Card to use with your Healthy Options allowance. You'll also receive a new OTC catalog (watch for both in your mailbox!). This benefit is enhanced for 2023 — you'll have more spending freedom! See pages 10-12 for details.

» Hold on to your 2022 iCare Benefit Card* (it looks like the card in the photo above). Remember to allow for enough time to replace your card if your current one is lost. Replacement cards can take up to 10-14 days to arrive in your mailbox. If you need to replace your card, call Customer Service at 1-800-777-4376 (TTY: 711).

» If you complete an eligible healthy activity in 2022, you will receive a letter when your reward is loaded. Once your reward* is loaded you can use your card to purchase eligible wellness items from participating retailers.

» To make sure members receive their 2022 Healthy Rewards, eligible healthy activities that were completed in 2022 will be loaded to the iCare Benefit Card until 4/30/2023. All 2022 Healthy Rewards expire on 7/31/2023, or 90 days after you disenroll, whichever comes first.

» Track your spending/available balance and use up your money! You do not have to wait to speak to an iCare Customer Service Representative to get your balances. Visit www.OTCNetwork.com or download the OTC Network App to check your balance and for a list of eligible items and retailers.

» Remember, the 2022 benefits and program include the following:

<table>
<thead>
<tr>
<th>Over-the-Counter</th>
<th>Healthy Foods</th>
<th>Healthy Rewards</th>
</tr>
</thead>
<tbody>
<tr>
<td>Approved OTC items in-store and online.</td>
<td>Approved healthy foods in-store and online.</td>
<td>Purchase eligible wellness items with earned rewards.</td>
</tr>
</tbody>
</table>

**Examples of Eligible OTC Items:**
» Cold, Cough, and Allergy Relief
» Pain Relief
» Digestive Health
» First Aid
» Vitamins

**Examples of Eligible Healthy Food Items:**
» Fruits and Vegetables
» Dairy Products
» Rice and Whole Grains
» Breakfast Foods
» Soups and Pasta

**Examples of Eligible Wellness Items:**
» Hair Care
» Household Products
» Shaving/Grooming
» Body and Facial Care
» Soap and Detergents

<table>
<thead>
<tr>
<th>Balance Expiration Date</th>
<th>Over-the-Counter</th>
<th>Healthy Foods</th>
<th>Healthy Rewards</th>
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<tbody>
<tr>
<td><strong>December 31, 2022</strong></td>
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<td><strong>December 31, 2022</strong></td>
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<tr>
<td><strong>July 31, 2023</strong></td>
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Spotlight on iCare Family Care Partnership 2023 Medicare Added Benefits

Below and on the next few pages is a listing of the Medicare added benefits for iCare Family Care Partnership (HMO D-SNP) in 2023. We have several NEW and ENHANCED benefits designed with your health and well-being in mind so be sure to read up on everything the plan offers you.

Not every member will use these benefits. Your Care Coach will work with you to determine what is best for your personal health needs — ask them how to get started. Prior authorization or a doctor’s order may be required for some of these benefits. Refer to your plan documents like the 2023 Summary of Benefits and Evidence of Coverage for more information.

NEW! Healthy Options allowance & Spending Account Card

$150/month to spend how you want on OTC, healthy foods, home supplies, and/or personal wellness care products, in addition to other categories. See pages 10-12 for details.

NEW! $0 Rx Co-Pays

$0 co-pays for all Medicare covered Part D medications.

Part D Prescription drugs on Tiers 1 through can be filled with a 1-month or 3-month supply through a retail pharmacy or mail-order. Tier 5 (Specialty Drugs) is limited to a 30-day supply at a retail pharmacy only.

To learn more about the plan's Medicare Part D prescription drug coverage, coverage stages, and drug tiers, please review the 2023 Summary of Benefits or Evidence of Coverage (EOC).

Wellness and Health Care Planning

This resource helps members create an advance directive where they can combine the elements of a living will, medical power of attorney, do not attempt resuscitation, and an organ donation form. Available in-person, telephonic, or web based. Digital tool offered by 5 Wishes. See page 13 for more information about advance directives.
ENHANCED FOR 2023! Vision

Our added vision benefit includes:

» $400 year for:
  • Contact lenses.
  • One (1) set of eyeglasses (lenses and/or frames).
  • Fitting for eyeglasses (lenses and frames).

» Plus $50/year for a routine eye exam.

» And a $0 co-pay for the routine eye exam.

You can choose from an extensive network of National Vision Administrators (NVA) care providers.

ENHANCED for 2023! Dental

Includes preventive and comprehensive dental benefits with a $4,000 maximum coverage limit (an increase of $1,500 from 2022 to 2023!) per calendar year. You must use dentists and dental specialists in the iCare dental network, DentaQuest. There may be limits on how much the plan will provide. Please contact Customer Service for more information.

$0 Co-pay for Preventive Care

» Oral Exams: Up to three per calendar year, includes emergency diagnostic exam up to one per year, and periodic oral exam up to two per year.

» Prophylaxis (Cleaning): Up to six per calendar year, includes periodontal maintenance up to four per year and prophylaxis (cleaning) up to two per year.

» Fluoride Treatment: Up to two per calendar year.

» Dental X-rays: Include bitewing x-rays and intraoral x-rays up to one set per year, and panoramic film or diagnostic x-rays up to one every 5 years.

$0 Co-pay for Comprehensive Care

» Non-routine Services: Two visits included every year.

» Diagnostic Services: One visit included every 3 years.

» Restorative Services: Include fillings up to unlimited per year, re-cementation of crown and re-cementation of dentures up to one every 5 years, crown up to one per tooth per lifetime.

» Endodontics: Include root canal and root canal retreatment up to one per tooth per lifetime.

» Periodontics: Include scaling and root planing (deep cleaning) up to one per quadrant every 3 years, scaling for moderate inflammation up to one every 3 years.

» Extractions: Surgical extractions are covered; unlimited per year.

» Prosthodontics, Other Oral/Maxillofacial Surgery, Other Services: Includes partial dentures and complete dentures up to one set every 5 years. Denture adjustment, denture reline, denture repair, denture rebase, and tissue conditioning up to one per year. Occlusal adjustments up to one every 3 years. Oral surgery up to two per year. Bridges up to one every 5 years.

24/7 Nurse Line

Staying healthy starts by asking questions and getting up-to-date information. When members need answers the Nurse Advice Line is there 24 hours a day, 7 days a week. Call 1-800-679-9874.
NEW for 2023!

Healthy Options allowance and iCare Spending Account Card

iCare Family Care Partnership members have more options to help you live fully with the $150/month Healthy Options allowance using the iCare Spending Account Card!

Your Healthy Options allowance linked to your new iCare Spending Account Card helps you buy the things you need. Your card provides more flexibility to use it towards what you think is important. You can use all the money to purchase from one category or spend some on each one. It is up to YOU!

Healthy Options allowance

Use your Healthy Options allowance to buy products like healthy foods, OTC, personal supplies, and to help with bills like utilities, rent, mortgage and more. See page 12 for the categories and a listing of a few of the many eligible items and services.

» You get $150.00 every month. Shop with it in-store and online starting 1/1/2023.

» Your allowance rolls over each month and expires 12/31/2023 or if you disenroll from the plan. It cannot be combined with other benefit allowances. Limitations and restrictions may apply.

» Members will be responsible for any out-of-pocket costs over the available iCare Spending Account Card balance.
**iCare Spending Account Card**

The iCare Spending Account Card is as easy to use, but you must activate your card to start using it. To get started, visit HealthyBenefitsPlus.com/iCare, download the Healthy Benefits+ mobile app, or call 1-855-256-4620 (TTY: 711) anytime.

Once your card is activated, you can shop for:

**Items such as food, OTC, home and personal care supplies, and more:**

- In-store at in-network retailers, such as Walgreens, Walmart, Pick 'n Save, Metro Market, Piggly Wiggly, and Woodman’s. Other in-network retailers may be available. Visit the Store Finder at HealthyBenefitsPlus.com/iCare to find local participating stores.
- Online at participating retailers, including Walmart.com. Sign in or create a profile at HealthyBenefitsPlus.com/iCare. Once you are signed in, you can easily browse approved products and services.
- For eligible bill pay services, in-store, online, or by phone.
- For eligible pest control and non-medical transportation service providers.
- Use the store locator, check your balance and see the terms and conditions, go to HealthyBenefitsPlus.com/iCare or call 1-866-757-1964 (TTY: 711) anytime.

Please do not throw away your card and keep it safe. iCare is not responsible for funds lost due to lost or stolen cards. Limitations and restrictions may apply.

**Bill pay services:**

Bill payment will be withdrawn on the date you select. The documented home address with iCare Family Care Partnership must match the service address where you currently reside. iCare is not responsible for any fees or loss of service associated with past due payments and may not include all utility companies. Service fee may apply.

- You can pay your eligible utility bills at your local Walmart Customer Service desk or money center.
- Sign in or create a profile at HealthyBenefitsPlus.com/iCare. Click on the Bill Pay page and complete your payment. You can also pay your bill directly on your service provider’s web site if they accept Visa.
- To pay your utility bill, call 1-866-757-1964 (TTY: 711). Have your bill ready. The customer service representative will need to know your date of birth and ZIP code.

**For pest control and non-medical transportation:**

Use your card where the primary business is pest control or non-medical transportation Swipe your card with the service provider or use the 16-digit card number and 3-digit CVV online (ex: Uber, Lyft app). If your current iCare Spending Account balance cannot cover entire charge, please be sure to have alternate payment ready.

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**Questions?**

Visit HealthyBenefitsPlus.com/iCare

Download the Healthy Benefits+ mobile app

Call 1-866-757-1964 (TTY: 711) anytime.
What can I buy with my Healthy Options allowance?

Please note: As an iCare Family Care Partnership (HMO D-SNP) member, some of the items listed may be included under your Partnership Medicaid Benefit Package covered by the State of Wisconsin. Please ask your Care Coach for more information.

<table>
<thead>
<tr>
<th>Category</th>
<th>Product or Service Examples</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Over-the-Counter (OTC)</strong></td>
<td>» Vitamins and supplements&lt;br&gt;» Digestive health&lt;br&gt;» Personal care products&lt;br&gt;» Allergy, cold, and flu</td>
</tr>
<tr>
<td><strong>Healthy Foods</strong></td>
<td>» Breads, tortillas, and rolls&lt;br&gt;» Coffee, tea, and juice&lt;br&gt;» Milk, eggs, cheese, and yogurt&lt;br&gt;» Produce, meals, and vegetables&lt;br&gt;» Fresh meal kits and deli items</td>
</tr>
<tr>
<td><strong>General Supports for Living</strong></td>
<td>» Rent/mortgage&lt;br&gt;» Utilities and government services such as electric, sanitation, water, and sewer</td>
</tr>
<tr>
<td><strong>Home and Personal Care Supplies</strong></td>
<td>» Essential Paper Products: Paper towels, napkins, paper plates, toilet paper, facial tissue (Kleenex), and paper cups&lt;br&gt;» Essential Cleaning Supplies: Bathroom, kitchen and dust cleaner/wipes, laundry and dishwasher detergent, and dish soap</td>
</tr>
<tr>
<td><strong>Pest Control</strong></td>
<td>» Extermination services: Available at any retailer or service provider that accepts Visa.</td>
</tr>
<tr>
<td><strong>Assistive Devices</strong></td>
<td>» Grab bars&lt;br&gt;» Raised toilet seats&lt;br&gt;» Low vision aids</td>
</tr>
<tr>
<td><strong>Pet Care &amp; Supplies</strong></td>
<td>» Pet food&lt;br&gt;» Pet toys</td>
</tr>
<tr>
<td><strong>Disaster Recovery</strong></td>
<td>» Water&lt;br&gt;» First aid&lt;br&gt;» Band aids</td>
</tr>
<tr>
<td><strong>Nonmedical Transportation</strong></td>
<td>» Public transportation&lt;br&gt;» Uber, Lyft and/or Taxi&lt;br&gt;Available at any retailer or service provider that accepts Visa.</td>
</tr>
</tbody>
</table>
Advance Directives

Sometimes people become unable to make health care decisions for themselves due to accidents or serious illness. You have the right to say what you want to happen if you are in this situation. This means that, if you want to, you can:

» Fill out a written form to give someone the legal authority to make medical decisions for you if you ever become unable to make decisions for yourself.

» Give your doctors written instructions about how you want them to handle your medical care if you become unable to make decisions for yourself.

The legal documents that you can use to give your directions in advance in these situations are called “Advance Directives.” There are several types of advance directives and different names for them. Documents called “Living Will” and “Power of Attorney for Health Care” are examples of advance directives.

*iCare Family Care Partnership members have access to an online advance care planning resource through our Wellness and Health Care Planning (WHP) benefit. Five Wishes can help you create an advance directive where the elements of a living will, medical power of attorney, do not attempt resuscitation, and an organ donation form are combined.*

To get started, visit www.iCareHealthPlan.org, click on “Family Care Partnership” then on the “Five Wishes” button at the top of the page. You can also call your Care Coach or Customer Service at 1-800-777-4376 (TTY: 711). Your online advance care plan will be available to you and your designated medical providers 24 hours a day, seven days a week. You can add information at any time as your health status or wishes change.

Remember, it is your choice whether you want to fill out an advance directive (including whether you want to sign one if you are in the hospital). According to law, no one can deny you care or discriminate against you based on whether you have signed an advance directive.

Read more about Advance Directives in your 2023 Evidence of Coverage or EOC. The EOC is on the iCare website, or you can call Customer Service to request a hard copy at 1-800-777-4376. Or ask your Care Coach to mail you a copy of our Advance Directives brochure.
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 los dawb los teb cov lus nug uas koj txog. Yog xav tau ib tug neeg txhais lus, hu rau peb ntawm 1-800-777-4376. Ib tug neeg uas 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.

Korean: 당사는 의료 보험 또는 약품 보험에 관한 질문에 답해 드리고자 무료 통역 서비스를 제공하고 있습니다. 통역 서비스를 이용하려면 전화 1-800-777-4376번으로 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: إذا كنت محتاجاً إلى خدمات الترجمة الفورية 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 सेवाएं उपलब्ध हैं. एक दुभाषिया प्राप्त करने के लिए, बस हमें 1-800-777-4376 पर फोन करें. कोई व्यक्ति जो हिंदी 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 Italiano fornirà l’assistenza necessaria. È un servizio gratuito.

Portuguese: Disponemos 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: 当社の健康保険および薬品処方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ございます。通訳をご利用になるには、1-800-777-4376にお電話ください。日本語を話す者が支援いたします。これ無料のサービスです。
iCare's Privacy Policy

The law says we must keep your health information private. The iCare Privacy Notice tells you what information we collect and how we use it. This Notice is posted to our web site at https://www.iCareHealthPlan.org. You can get a hard copy of our Privacy Notice by calling Customer Service at 1-800-777-4376 (TTY: 711), 24 hours a day, 7 days a week.

We have the right to change the terms of the Notice at any time. The new Notice will be effective for all health information we have. Until changes are made to the Notice, we will comply with this version. We will notify you if there are changes to this Notice and how to obtain the updated version of the Notice.

Complaints

You can tell us if you think your privacy rights were not honored. This is called a complaint. You will not be treated any differently if you file a complaint. You can file a complaint by calling our Member Advocates at 1-800-777-4376 ext.1076. You can put your complaint in writing and mail it to iCare.

Independent Care Health Plan (iCare), which insures 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 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 – Friday, 8:30 a.m. – 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.

*This card is redeemable for specific goods and services at select merchants and cannot be used to purchase prescription drugs or medical services that are covered by Medicare, Medicaid or other federal healthcare programs. Program details are subject to change. Exclusions and limitations may apply. Contact the plan for details.

Questions

If you have questions about the Privacy Notice you can write or call our Member Advocate/Member Rights Specialists at iCare, Attention: Member Advocate/Member Rights Specialist, 1555 N. RiverCenter Dr., Ste. 206, Milwaukee, WI 53212, phone: 1-800-777-4376 ext.1076. Our office hours are Monday – Friday, 8:30 a.m. – 5:00 p.m. If you do not have any questions, you do not have to do anything.

Doctors, nurses, and other health care staff review the stories in each iCare newsletter. However, this information should never take the place of your doctor's advice and opinions. Always talk with your doctor first when deciding the best course of action to take for your health.

Attention: Grievance and Appeals Dept. Our address is: 1555 N. RiverCenter Dr., Ste. 206, Milwaukee, WI 53212. If you need help filing the complaint, the Member Advocates can help you. You may also file a complaint with the Secretary of the Department of Health and Human Services by writing to Office of Civil Rights, Department of Health and Human Services, 200 Independence Ave. SW, Washington, D.C. 20201.

In accordance with our federal contract with Medicare, rewards cannot be used for Medicare covered services, prescriptions or supplies or redeemed for cash. Rewards cannot be used to purchase prescription drugs or medical services that are covered by Medicare, Medicaid or other federal healthcare programs, alcohol, tobacco, e-cigarettes, or firearms. Program details are subject to change. Exclusions and limitations may apply. Contact the plan for details.

^The iCare Spending Account Card is redeemable for specific goods and services at select merchants and cannot be used to purchase prescription drugs or medical services that are covered by Medicare, Medicaid or other federal health care programs, alcohol, tobacco, e-cigarettes, firearms or ammunition, candy, electronics, toys, seasonal items or jewelry and is not redeemable for cash except as required by law. Your card is not a credit card but may be entered as "credit" to checkout. If prompted, your PIN is the last 4 digits of your card number. Products may not be available at every location. Issued by Citizens Alliance Bank, Member FDIC, pursuant to a license from Visa® U.S.A. Inc. Distributed by Solutran, LLC. No Cash or ATM Access. Allowance amounts cannot be combined with other benefit allowances. Limitations and restrictions may apply.

If you have a Marketing complaint, please call 1-800-MEDICARE (1-800-633-4227, TTY: 1-877-486-2048) or call iCare. When you call, it is important to provide the agent or broker name, if possible.