



2024 Summary of Benefits

iCare Family Care Partnership (HMO D-SNP)



We want to help you. Call us if you have questions.

Customer Service: 1-800-777-4376 (TTY: 711)

Our customer service is available 24 hours a day, 7 days a week.
Our office hours are Monday through Friday, 8:30 a.m. to 5:00 p.m.

Corporate Office

1555 North RiverCenter Drive, Suite 206
Milwaukee, Wisconsin 53212

www.iCareHealthPlan.org

iCare is a wholly-owned subsidiary of Humana.

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2024 Summary of Benefits

iCare Family Care Partnership (HMO D-SNP) H2237-007

This booklet is a summary of drug and health services covered by iCare Family Care Partnership from January 1, 2024 through December 31, 2024. It's a summary of what we cover and what you pay. It does not list every service that we cover or list every limitation or exclusion. To get a complete list of services we cover, see our Evidence of Coverage (EOC) at www.iCareHealthPlan.org. Or if you would like to receive a copy of the EOC by mail, call us.

ABOUT THIS PLAN

This plan is offered by Independent Care Health Plan (iCare), a Medicare Advantage Health Maintenance Organization (HMO) that contracts with the Centers for Medicare & Medicaid Services (Medicare contract) and the Wisconsin Department of Health Services (contract with the State Medicaid program). Enrollment in iCare Family Care Partnership depends on iCare's contract renewal.

An HMO is a type of health insurance plan that usually limits coverage to care from doctors who work for or contract with the HMO. iCare Family Care Partnership is a Dual Eligible Special Needs Plan (D-SNP) designed for people who meet specific enrollment criteria.

If you are not already a member, to find out if you are eligible to join contact an Aging and Disability Resource Center (ADRC) for your county. You can find a list of the ADRCs and their phone numbers at the end of this booklet. Please remember you must contact the ADRC in your county to enroll. That is the only way to enroll in the iCare Family Care Partnership Program.

You can get this document for free in other formats such as braille, large print or audio. This document may be available in a non-English language. For additional information call Customer Service at 1-800-777-4376 (TTY: 711). Customer Service has free language interpreter services available for non-English speakers.

HOURS OF OPERATION

You can call Customer Service, 24 hours a day, 7 days a week. Our office hours are Monday through Friday, 8:30 a.m. to 5:00 p.m.

HOW TO CONTACT US

- » Call toll-free 1-800-777-4376 (TTY: 711)
- » Visit our web site at www.iCareHealthPlan.org
- » Email to info@iCareHealthPlan.org

YOU HAVE CHOICES IN YOUR HEALTH CARE

You can choose from different Medicare options.

- » One choice is to get your Medicare benefits through Original Medicare. Original Medicare is run directly by the Federal government.
- » Another choice is to get your Medicare benefits by joining a Medicare health plan (such as iCare Family Care Partnership). Our members receive all of the benefits that the Original Medicare offers. We also offer added benefits, which may change from year to year.

You make the choice. No matter what you decide, you are still in the Medicare Program. If you are eligible for both Medicare and Medicaid (Dual Eligible), you may join or leave the plan at certain times during the year. Please refer to the plan's Evidence of Coverage for more information. If you want to compare our plan with other Medicare health plans, ask the other plans for a copy of its Summary of Benefits or use the Medicare Plan Finder on www.medicare.gov.

For more information about Original Medicare, you can read the “Medicare & You” handbook. It has a summary of Medicare benefits, rights and protections, and answers to the most frequently asked questions about Medicare. Everyone with Medicare receives a copy of “Medicare & You” each year in the fall. You can also download a copy of “Medicare & You” from the Medicare web site (www.medicare.gov). Or you can order a printed copy by phone. Call 1-800-MEDICARE (1-800-633-4227), 24 hours a day, 7 days a week. TTY users call 1-877-486-2048.

WHO CAN JOIN iCARE FAMILY CARE PARTNERSHIP?

- » You must be enrolled in the Family Care Partnership program with iCare as your Managed Care Organization (MCO).
- » You must be enrolled in Medicare Part A and be enrolled in Medicare Part B.
- » You must live in the service area for the plan, which includes these counties in Wisconsin:
 - » Dane
 - » Kenosha
 - » Milwaukee
 - » Racine
 - » Sauk

WHAT DO WE COVER?

iCare Family Care Partnership covers:

- » All of the benefits covered by Original Medicare.
- » MORE THAN what is covered by Original Medicare. Some of the added benefits like dental and vision are outlined in this booklet.
- » We cover Part D drugs. In addition, we cover Part B drugs such as chemotherapy/radiation drugs and some drugs administered by your provider. You can see the complete plan Formulary (Drug List/Part D prescription drugs) and any restrictions on our web site www.iCareHealthPlan.org. Or call us and we will mail you a copy of the Formulary.

WHICH DOCTORS, HOSPITALS, AND PHARMACIES CAN I USE?

iCare Family Care Partnership has a network of doctors, hospitals, pharmacies, and other providers available for you to use for your health care services. The formulary, pharmacy and/or provider network may change at any time. We will send you a notice before we make a change that affects you.

Please visit www.iCareHealthPlan.org and click on “Find a Provider” to search for providers or pharmacies in your area for your plan. Or if you would like to receive a copy of the Provider/Pharmacy Directory by mail, call us.

Pre-Enrollment Checklist

Before making an enrollment decision, it is important that you fully understand our benefits and rules. If you have any questions, you can call and speak to a Customer Service Representative at 1-800-777-4376 24 hours a day, 7 days a week. Our office hours are Monday through Friday, 8:30 a.m. to 5:00 p.m.

UNDERSTANDING THE BENEFITS

- The Evidence of Coverage (EOC) provides a complete list of all coverage and services. It is important to review plan coverage, costs, and benefits before you enroll. Visit www.iCareHealthPlan.org or call 1-800-777-4376 (TTY: 711) to view a copy of the EOC.
- Review the Provider/Pharmacy Directory (or ask your doctor) to make sure the doctors you see now are in the network. If they are not listed, it means you will likely have to select a new doctor.
- Review the Provider/Pharmacy Directory to make sure the pharmacy you use for any prescription medicine is in the network. If the pharmacy is not listed, you will likely have to select a new pharmacy for your prescriptions.
- Review the Formulary to make sure your drugs are covered.

UNDERSTANDING IMPORTANT RULES

- In addition to your monthly plan premium, you must continue to pay your Medicare Part B premium. This premium is normally taken out of your Social Security check each month. The monthly premium is covered (paid for) by the State if you are a full dual member. If Medicaid is not paying your Medicare premium, you must continue to pay your Medicare premiums to remain a member of the plan. Because you get assistance from Medicaid, you pay nothing for your covered services as long as you follow the plan's rules for getting your care. Refer to your EOC for more information.
- Benefits, premiums and/or co-payments/co-insurance may change on January 1, 2025.
- Effect on Current Coverage.** If you are currently enrolled in a Medicare Advantage plan, your current Medicare Advantage healthcare coverage will end once your new Medicare Advantage coverage starts. If you have Tricare, your coverage may be affected once your new Medicare Advantage coverage starts. Please contact Tricare for more information. If you have a Medigap plan, once your Medicare Advantage coverage starts, you may want to drop your Medigap policy because you will be paying for coverage you cannot use.
- Except in emergency or urgent situations, we do not cover services by out-of-network providers (doctors who are not listed in the Provider/Pharmacy Directory).
- This plan is a dual eligible special needs plan (D-SNP). Your ability to enroll will be based on verification that you are entitled to both Medicare and medical assistance from a state plan under Medicaid. For most iCare Family Care Partnership members, Medicaid also pays for your Part A premium (if you don't qualify for it automatically).

Summary of Benefits for iCare Family Care Partnership: January 1, 2024 – December 31, 2024

The following chart is an overview of the benefits available to you, your costs, and what you should know.

MEDICARE COVERED BENEFITS

Premiums and Benefits	iCare Family Care Partnership Program Cost	What You Should Know
Monthly Plan Premium (Part C and D Premium combined)	You pay \$0.	You must continue to pay your Medicare Part B premium unless your Part B premium is paid for you by Medicaid or a third-party.
Part B Premium Buy-down	Benefit not offered.	
Medical Deductible	You pay \$0.	Because you have Medicaid, you do not have a medical deductible.
Pharmacy (Part D) Deductible	You pay \$0.	This plan does not have a Part D deductible.
Maximum Out of Pocket Responsibility (Does not include prescription drugs.)	Because you have Medicaid, you pay \$0.	All Medicare health plans have yearly limits on members out-of-pocket costs for medical and hospital care. Medicaid pays those costs on your behalf.
Inpatient Hospital Coverage	You pay \$0.	Because you have Medicaid, you are covered for an unlimited number of days each benefit period. <i>Prior Authorization is required. Except in an emergency, you must receive doctor approval before admission.</i> Contact your Care Team for details.
Outpatient Hospital Coverage	You pay \$0.	Contact your Care Team for details.
Ambulatory Surgery Center	You pay \$0.	Contact your Care Team for details.
Doctor Visits » Primary Care Providers » Specialists	You pay \$0.	<i>A referral is not required to see a specialist with the exception of second and all additional opinions.</i> <i>Prior Authorization is required for specialist visits.</i> Contact your Care Team for details.
Preventive Care	You pay \$0.	Contact your Care Team for more details.
Emergency Care	You pay \$0.	Contact your Care Team after receiving emergency care. Emergency care is not covered outside of the United States and its territories.

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Premiums and Benefits	iCare Family Care Partnership Program Cost	What You Should Know
Urgently Needed Services	You pay \$0.	Contact your Care Team after receiving urgently needed services. Urgently needed services are immediate care, not emergency care. Urgently needed services are not covered outside of the United States and its territories.
Diagnostic Services/ Labs/Imaging Including diagnostic tests and procedures, labs, diagnostic radiology, and x-rays.	You pay \$0.	Includes: Diagnostic Procedures/Tests <i>Prior Authorization is required.</i> Lab Services <i>Prior Authorization is required.</i> Diagnostic Radiology Services (ex. MRI) Therapeutic Radiological Services (ex. radiation oncology) X-rays Contact your Care Team for details.
Hearing Services Medicare covered	You pay \$0.	If ordered by a physician as a diagnostic test, some exams are covered by the plan. Contact your Care Team for details.
Supplemental or Added Hearing Care Non-Medicare covered There may be limits on how much the plan will provide.	You pay \$0.	You Pay: » \$0 co-pay for routine hearing exams up to 1 every year. » \$0 co-pay for follow-up provider visits up to unlimited per year. » \$0 co-pay for each Advanced level hearing aid up to 1 per ear every 3 years. » Note: Includes 80 batteries per aid and 3 year warranty. » Unlimited follow-up provider visits during first year following TruHearing hearing aid purchase. » You must see a TruHearing provider to use this benefit. Call 1-844-255-7144 to schedule an appointment (for TTY, dial 711).
Dental Services Medicare covered	You pay \$0.	Because you have Medicaid, many dental services including preventive dental services are covered. Contact your Care Team for details.

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<p>Supplemental or Added Dental Services</p> <p>Non-Medicare covered</p> <p>There may be limits on how much the plan will provide.</p> <p>\$4,000 maximum benefit coverage amount per year.</p> <p>There is no additional premium amount for this benefit.</p>	<p>You pay \$0.</p>	<p>\$0 Co-pay for Preventive Dental Care</p> <ul style="list-style-type: none"> » Oral Exams: Up to three (3) per calendar year, includes emergency diagnostic exam up to one (1) per year, and periodic oral exam up to two (2) per year. » Prophylaxis (Cleaning): Up to six (6) per calendar year, includes periodontal maintenance up to four (4) per year and prophylaxis (cleaning) up to two (2) per year. » Fluoride Treatment: Up to two (2) per calendar year. » Dental X-rays: Includes bitewing x-rays and intraoral x-rays up to one (1) set(s) per year, and panoramic film or diagnostic x-rays up to one (1) every 5 years. <p>\$0 Co-pay for Comprehensive Dental Care</p> <p><i>Prior Authorization is required for Comprehensive Dental Care.</i></p> <ul style="list-style-type: none"> » Non-routine Services: Includes emergency treatment for pain up to two (2) per year. » Diagnostic Services: Includes comprehensive oral evaluation or periodontal exam up to one (1) every 3 years. » Restorative Services: Includes fillings up to unlimited per year, re-cementation of crown and re-cementation of dentures up to one (1) every 5 years, crown up to one (1) per tooth per lifetime. » Endodontics: Includes root canal, root canal retreatment up to one (1) per tooth per lifetime. » Periodontics: Includes scaling and root planning (deep cleaning) up to one (1) per quadrant every 3 years, scaling for moderate inflammation up to one (1) every 3 years. » Extractions: Surgical extractions are covered up to unlimited per year. » Prosthodontics, Other Oral/Maxillofacial Surgery, Other Services: Includes partial dentures and complete dentures up to one (1) set(s) every 5 years, denture adjustment, denture reline, denture repair, denture rebase, tissue conditioning up to one (1) per year, occlusal adjustments up to one (1) every 3 years, oral surgery up to two (2) per year, bridges up to one (1) every 5 years.

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MEDICARE COVERED BENEFITS

Premiums and Benefits	iCare Family Care Partnership Program Cost	What You Should Know
Vision Services Medicare covered	You pay \$0.	Contact your Care Team for details.
Supplemental or Added Vision Care Non-Medicare covered There may be limits on how much the plan will provide. There is no additional premium for this benefit.	You pay \$0.	<i>Prior Authorization is required.</i> This plan provides a Medicare supplemental benefit for: <ul style="list-style-type: none"> » \$0 co-pay for routine exam up to one (1) per year. \$50 combined maximum benefit coverage amount per year for routine exam. » \$400 combined maximum benefit coverage amount per year for contact lenses or eyeglasses — lenses and frames, fitting for eyeglasses — lenses and frames. » Eyeglass lens options may be available with the maximum benefit coverage amount up to one (1) pair per year. Maximum benefit coverage amount is limited to one time use per year.
Mental Health Services	You pay \$0.	<i>Prior Authorization is required.</i> <ul style="list-style-type: none"> » Inpatient Hospital – Psychiatric <i>Provider referral is required.</i> » Outpatient Group Therapy Visit with a Psychiatrist » Outpatient Individual Therapy Visit with a Psychiatrist » Outpatient Group Therapy Visit » Outpatient Individual Therapy Visit Contact your Care Team for details.
Skilled Nursing Facility	You pay \$0.	Because you have Medicaid, you are covered for an unlimited number of days each benefit period. <i>Prior Authorization is required.</i> <i>Physician referral is required.</i> Contact your Care Team for details.

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MEDICARE COVERED BENEFITS

Premiums and Benefits	iCare Family Care Partnership Program Cost	What You Should Know
<p>Rehabilitation Services</p> <p>Medically necessary physical therapy, occupational therapy, and speech and language pathology services are covered.</p>	<p>You pay \$0.</p>	<p><i>Prior Authorization is required. Physician referral is required.</i></p> <ul style="list-style-type: none"> » Occupational Therapy Visit » Physical Therapy and Speech and Language Therapy Visit <p>Contact your Care Team for details.</p>
<p>Ambulance</p>	<p>You pay \$0.</p>	<p>Medicare covered Air Ambulance Services</p> <p>Medicare covered Ground Ambulance Services</p> <p>Because you have Medicaid, ambulance services may be covered.</p> <p>Contact your Care Team for details.</p>
<p>Transportation</p> <p>There may be limits on how much the plan will provide.</p>	<p>You pay \$0.</p>	<p>Because you have Medicaid, non-emergency transportation services may be covered.</p> <p>Transportation is not covered by Medicare.</p> <p>Contact your Care Team for details.</p>
<p>If you have questions please 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. Calls to these numbers are free. For more information visit www.iCareHealthPlan.org.</p>		

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MEDICARE COVERED BENEFITS

Premiums and Benefits	iCare Family Care Partnership Program Cost	What You Should Know
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PRESCRIPTION DRUGS

<p>Medicare Part B Drugs</p> <ul style="list-style-type: none"> » Chemotherapy / Radiation Drugs » Other Part B Drugs 	<p>You pay \$0.</p>	<p>The Formulary lists drugs that require Prior Authorization. You can see the complete plan Formulary (Drug List/Part D prescription drugs) and any restrictions on our web site at www.iCareHealthPlan.org.</p> <p>Diabetic lancets and test strips are covered up to a 100 day supply at no cost to you (\$0) through Abbott.</p> <p><i>Prior Authorization is required for Chemotherapy and Other Part B drugs.</i></p>
<p>Medicare Part D Drugs</p>	<p>\$0 Rx Co-pay Benefit</p> <p>There is no additional premium for this benefit.</p>	<p>Because you qualify for and receive “Extra Help” (you have Medicaid and are enrolled in Partnership):</p> <p>YOU HAVE NO CO-PAY ON PRESCRIPTION DRUGS.</p> <p>You will pay \$0 for all Medicare Part D covered prescription drugs on your formulary, for all tiers, and through all stages. The tiers include: Tier 1 (Preferred Generic), Tier 2 (Generic), Tier 3 (Preferred Brand), Tier 4 (Non-preferred Brand) and Tier 5 (Specialty Tier) drugs.</p> <p>YOU ALSO DO NOT ENTER THE FOUR STAGES OF COVERAGE.</p> <p>1. Deductible Stage, 2. Initial Coverage Stage, 3. Gap Coverage Stage and 4. Catastrophic Coverage Stage.</p> <p>The formulary lists drugs that require Prior Authorization, quantity limits, and/or step therapy. Contact your Care Team for details.</p> <p>Some over-the-counter (OTC) drugs are covered by Medicaid.</p>

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Summary of Benefits

iCare Family Care Partnership: January 1, 2024 – December 31, 2024

The following chart is an overview of the benefits available to you, your costs, and what you should know about the benefits.

MEDICARE SUPPLEMENTAL BENEFITS

There is no additional premium amount for these benefits.

Premiums and Benefits	iCare Family Care Partnership Program Cost	What You Should Know
Over-the-Counter (OTC) Program	See Healthy Options Allowance	
Healthy Foods	See Healthy Options Allowance	
Healthy Options Allowance	You pay \$0.	<p>\$150 monthly allowance on a prepaid card to use for essentials you need to support your health. This allowance can be used to buy approved products from participating retail locations (like groceries, over-the-counter health and wellness items, personal care items, home supplies, etc.) or pay for approved services (monthly living expenses like rent, non-medical transportation costs like a taxi, Uber, Lyft, etc.).</p> <p>Unused funds will roll over to the next month and expire at the end of the plan year or upon disenrollment.</p> <p>Limitations and restrictions may apply.</p>
Acupuncture	You pay \$0.	<p>\$0 co-payment for acupuncture for chronic low back pain visits up to 20 visit(s) per year.</p> <p>Authorization rules may apply.</p>

MORE BENEFITS WITH YOUR PLAN

There is no additional premium amount for these benefits.

Premiums and Benefits	iCare Family Care Partnership Program Cost	What You Should Know
Wellness and Health Care Planning (WHP) Services	You pay \$0.	<p>As an <i>iCare</i> member, you have access to an online advance care planning resource called, 5 Wishes on www.iCareHealthPlan.org.</p> <p>This resource helps you to create an advance directive where you can combine the elements of a living will, medical power of attorney, do not attempt resuscitation, and an organ donation form.</p> <p>Available in-person, telephonic, or web based.</p>

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MEDICAID COVERED BENEFITS

The benefits described below are covered by Medicaid. For each benefit listed below, you can see what Wisconsin Medicaid covers and what our plan covers.

Benefit	Medicaid	iCare Family Care Partnership
Ambulatory Surgical Centers	Coverage of certain surgical procedures and related lab services. \$3.00 co-pay per service.	<i>Prior Authorization may be required.</i> \$0 co-pay
Behavioral Treatment	Full coverage of comprehensive and focused behavioral treatment services (with Prior Authorization). No co-pay.	<i>Prior Authorization may be required.</i> \$0 co-pay
Chiropractic Services	Full coverage: \$0.50 to \$3.00 co-pay per service.	<i>Prior Authorization may be required.</i> \$0 co-pay
Dental Services	Full coverage: \$0.50 to \$3.00 co-pay per service.	<i>Prior Authorization may be required.</i> \$0 co-pay
Disposable Medical Supplies	Full coverage: \$0.50 to \$3.00 co-pay per service and \$0.50 per prescription for diabetic supplies.	<i>Prior Authorization may be required.</i> \$0 co-pay
Drugs (Prescription)	Coverage of generic and brand name prescription drugs and some over-the-counter (OTC) drugs. Co-pay: » \$0.50 for over-the-counter drugs » \$1.00 for generic drugs » \$3.00 for brand Co-pays are limited to \$12.00 per member, per provider, per month. Over-the-counter drugs do not count toward the \$12.00 maximum. Limit of five opioid prescription fills per month.	Coverage of generic and brand name prescription drugs, and some OTC drugs. <i>Prior Authorization may be required.</i> Because you have Medicaid and are enrolled in Partnership, you have no co-pay on prescription drugs.
Durable Medical Equipment (DME)	Full coverage: \$0.50 to \$3.00 co-pay per item. Rental items are not subject to copay.	<i>Prior Authorization may be required.</i> \$0 co-pay
End-Stage Renal Disease (ESRD)	Full coverage. No co-pay.	<i>Prior Authorization may be required.</i> \$0 co-pay
<p>If you have questions ask your local agency. To get the address and phone number of your agency, call 1-800-362-3002 or visit www.dhs.wisconsin.gov/forwardhealth/imagency/index.htm. You can also visit https://access.wisconsin.gov/access/</p>		

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The benefits described below are covered by Medicaid. For each benefit listed below, you can see what Wisconsin Medicaid covers and what our plan covers.

Benefit	Medicaid	iCare Family Care Partnership
HealthCheck Screenings for Children	Full coverage of HealthCheck screenings and other services for individuals under 21 years of age. No co-pay.	<i>Prior Authorization may be required.</i> \$0 co-pay
Hearing Services	Full coverage: \$0.50 to \$3.00 co-pay per procedure. No co-pay for hearing aid batteries.	<i>Prior Authorization may be required.</i> \$0 co-pay
Home Care Services (Home Health, Private Duty Nursing and Personal Care)	Full coverage of private duty nursing, home health services, and personal care. No co-pay.	<i>Prior Authorization may be required.</i> \$0 co-pay
Hospice	Full coverage. No co-pay.	<i>Prior Authorization may be required.</i> \$0 co-pay
Hospital Services: Inpatient	Full coverage: \$3.00 co-pay per day with a \$75.00 cap per stay.	<i>Prior Authorization may be required.</i> \$0 co-pay
Hospital Services: Outpatient	Full coverage: \$3.00 co-pay per visit.	<i>Prior Authorization may be required.</i> \$0 co-pay
Hospital Services: Outpatient Emergency Room	Full coverage. No co-pay for a medical emergency.	<i>Prior Authorization may be required.</i> \$0 co-pay
Mental Health and Substance Abuse Treatment	Full coverage (not including room and board). \$0.50 to \$3.00 co-pay per service, limited to the first 15 hours or \$825.00 of services, whichever comes first, provided per calendar year. Co-pays are not required when services are provided in a hospital setting.	<i>Prior Authorization may be required.</i> \$0 co-pay
Nursing Home Services	Full coverage. \$0 co-pay	<i>Prior Authorization may be required.</i> Members are required to pay nursing home patient liability.
<p>If you have questions ask your local agency. To get the address and phone number of your agency, call 1-800-362-3002 or visit www.dhs.wisconsin.gov/forwardhealth/imagency/index.htm. You can also visit https://access.wisconsin.gov/access/</p>		

MEDICAID COVERED BENEFITS

The benefits described below are covered by Medicaid. For each benefit listed below, you can see what Wisconsin Medicaid covers and what our plan covers.

Benefit	Medicaid	iCare Family Care Partnership
Physician Services	Full coverage, including laboratory and radiology. \$0.50 to \$3.00 co-pay per service, limited to \$30.00 per provider per calendar year. No co-pay for emergency services, preventive services, anesthesia, or clozapine management.	<i>Prior Authorization may be required.</i> \$0 co-pay
Podiatry Services	Full coverage: \$0.50 to \$3.00 co-pay per service; limited to \$30.00 per provider per calendar year.	<i>Prior Authorization may be required.</i> \$0 co-pay
Prenatal/Maternity Care	Full coverage, including prenatal care coordination and preventive mental health and substance abuse screening and counseling for women at risk of mental health or substance abuse problems. This includes services provided by nurse midwives and licensed midwives. No co-pay.	<i>Prior Authorization may be required.</i> \$0 co-pay
Reproductive Health Services: Family Planning Services	Full coverage with the exceptions listed below. No co-pay for services provided by a family planning clinic or contraceptive management. Does not cover: <ul style="list-style-type: none"> » Reversal of voluntary sterilization » Infertility treatments » Surrogate parenting and related services, including, but not limited to: <ul style="list-style-type: none"> • Artificial insemination • Obstetrical care • Labor or delivery • Prescription or over-the-counter drugs 	<i>Prior Authorization may be required.</i> \$0 co-pay

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You can also visit <https://access.wisconsin.gov/access/>

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Benefit	Medicaid	iCare Family Care Partnership
Routine Vision	Full coverage, including eyeglasses: \$0.50 to \$3.00 co-pay per service. No co-pay for eyeglasses selected from the Medicaid collection.	<i>Prior Authorization may be required.</i> \$0 co-pay
Therapy: Physical Therapy, Occupational Therapy, and Speech and Language Pathology	Full coverage: \$0.50 to \$3.00 co-pay per service. Co-pay obligation limited to the first 30 hours or \$1,500, whichever occurs first, during one calendar year (co-pay limits calculated separately for each discipline).	<i>Prior Authorization may be required.</i> \$0 co-pay
Transportation – Ambulance, Specialized Medical Vehicle (SMV) Common Carrier	Full coverage of emergency and non-emergency transportation to and from a certified provider for a Medicaid-covered service. » \$2.00 co-pay for non-emergency ambulance trips. » \$1.00 co-pay per trip for transportation by specialized medical vehicle. » No co-pay for transportation by common carrier or emergency ambulance.	<i>Prior Authorization may be required.</i> \$0 co-pay
<p>If you have questions ask your local agency. To get the address and phone number of your agency, call 1-800-362-3002 or visit www.dhs.wisconsin.gov/forwardhealth/imagency/index.htm. You can also visit https://access.wisconsin.gov/access/</p>		

The following services are not covered by Family Care Partnership but are available to members through Wisconsin Medicaid:

- » Behavioral treatment services (Autism Services) as defined in ForwardHealth Online Handbook
- » Community recovery services
- » Comprehensive community services
- » Prenatal care coordination
- » Residential substance use disorder treatment
- » School-based services

MEDICAID LONG-TERM CARE SERVICES

All members of Partnership are also eligible to receive the long-term care benefits which are covered by Medicaid and listed in the chart below.

All of the services in the Partnership benefit package must be prior approved by your Care Team.

Benefits	iCare Family Care Partnership Program Benefits	Cost to You
Adaptive Aids (general and vehicle)	Covered	\$0 co-pay
Adult Day Care	Covered	\$0 co-pay
Assistive Technology/Communication Aids/Interpreters	Covered	\$0 co-pay
Care Management (including assessment and case planning)	Covered	\$0 co-pay
Community Support Program (excluding physician provided)	Covered	\$0 co-pay
Consultative Clinical and Therapeutic Services for Caregivers	Covered	\$0 co-pay
Consumer Directed Supports (self-directed supports)	Covered	\$0 co-pay
Consumer Education and Training	Covered	\$0 co-pay
Counseling and Therapeutic Resources	Covered	\$0 co-pay
Environmental Accessibility Adaptations (home modifications)	Covered	\$0 co-pay
Financial Management Services	Covered	\$0 co-pay
Habilitation Services » Daily living skills training » Day habilitation services	Covered	\$0 co-pay
Home Delivered Meals	Covered	\$0 co-pay
Housing Counseling	Covered	\$0 co-pay
Mental Health Day Treatment	Covered	\$0 co-pay
Mental Health Services	Covered	\$0 co-pay
Personal Emergency Response System (PERS)	Covered	\$0 co-pay
Prevocational Services	Covered	\$0 co-pay
Relocation Services	Covered	\$0 co-pay
Residential Care » Adult Residential Family Home (AFH) (1-2 bed and 3-4 bed) » Community-Based Residential Facility (CBRF) » Residential Care Apartment Complex (RCAC)	Covered	\$0 co-pay Members are required to pay room and board costs.
Respite Care (for caregivers and members in non-institutional and institutional settings)	Covered	\$0 co-pay
Self-Directed Personal Care	Covered	\$0 co-pay

If you have questions, please call Customer Service at 1-800-777-4376, (TTY: 711), 24 hours a day, 7 days a week. Office hours: Monday through Friday, 8:30 a.m. to 5:00 p.m. Calls to these numbers are free. For more information, visit www.iCareHealthPlan.org.

MEDICAID LONG-TERM CARE SERVICES

All members of Partnership are also eligible to receive the long-term care benefits which are covered by Medicaid and listed in the chart below.

All of the services in the Partnership benefit package must be prior approved by your Care Team.

Benefits	iCare Family Care Partnership Program Benefits	Cost to You
Skilled Nursing Services RN/LPN (above what is available with ForwardHealth Card)	Covered	\$0 co-pay
Specialized Medical Equipment and Supplies	Covered	\$0 co-pay
Supported Employment — Individual Employment Support	Covered	\$0 co-pay
Supported Employment — Small Group Employment Support	Covered	\$0 co-pay
Supportive Home Care	Covered	\$0 co-pay
Training Services for Unpaid Caregivers	Covered	\$0 co-pay
Transportation (specialized transportation) — Community Transportation/Other Transportation	Covered	\$0 co-pay
Vocational Futures Planning and Support	Covered	\$0 co-pay
<p>If you have questions, please call Customer Service at 1-800-777-4376, (TTY: 711), 24 hours a day, 7 days a week. Office hours: Monday through Friday, 8:30 a.m. to 5:00 p.m. Calls to these numbers are free. For more information, visit www.iCareHealthPlan.org.</p>		

ABOUT THE *i*CARE FAMILY CARE PARTNERSHIP PROGRAM

*i*Care Family Care Partnership Program (HMO D-SNP) is a fully integrated Medicare and Medicaid health and long-term care program for frail elderly and adults with physical or developmental disabilities. Members receive all Medicaid and Medicare benefits through the Partnership model of care which includes but is not limited to:

- » Combined Medicaid and Medicare eligibility and enrollment procedures
- » Member participation in care planning
- » Member and team cooperation in managing care
- » Quality management
- » Help with grievances and appeals

Because you are a member of this Partnership program, your Medicare deductible and co-insurance amounts are paid on your behalf.

*i*Care Family Care Partnership's Partnership Program, a Medicare Advantage Special Needs Plan, is a different kind of health plan providing your health care services in a personal way. We work with you and your family to give the kind of care you need and want. We want you to stay independent and will encourage you to do as much for yourself as possible. We help you to make informed health choices.

Your health care is planned with you and your family or significant others by a special group of people working with you. An Interdisciplinary Team works with you to identify your goals (outcomes), and develops a Plan to support achievement of these outcomes. As a member of *i*Care Family Care Partnership, you may be responsible for a monthly cost share. This amount is determined by your county and **must be paid** to keep your eligibility for Medicaid. *i*Care Family Care Partnership will bill you for the cost share each month. (The federal government refers to this as the "post-eligibility treatment of income.")

If you are living in an adult family home, community-based residential facility, or residential care apartment complex you must also pay for room and board. *i*Care Family Care Partnership will also bill you for room and board each month. Providers may not bill you for covered benefits that were authorized by *i*Care Family Care Partnership and received while you were enrolled in our plan. Providers may bill you for non-covered services that you have agreed to pay.

Please remember that **you must contact the Aging and Disability Resource Center (ADRC) in your county to enroll**. That is the only way to enroll in *i*Care Family Care Partnership's Partnership Program. You can contact the ADRC for your county of residence as listed below.

ADRC Dane County

2865 N. Sherman Ave.
Madison, WI 53704

Toll-free: 1-855-417-6892

TTY: 1-608-240-7404

ADRC Kenosha County

8600 Sheridan Rd., Suite 500
Kenosha, WI 53143

Toll-free: 1-800-472-8008

TTY: 711

ADRC Racine County

14200 Washington Ave.
Sturtevant, WI 53177

Toll-free: 1-866-219-1043

TTY: 711

ADRC Milwaukee County

1220 W. Vliet St., Suite 300
Milwaukee, WI 53221

Local: 414-289-6874

TTY/TDD: 711

ADRC Eagle Country (Serving Crawford, Juneau, Richland and Sauk Counties)

» Baraboo Office
505 Broadway St., Baraboo, WI 53913

» Mauston Office
200 Hickory St., Mauston, WI 53948

» Prairie du Chien Office
225 N. Beaumont Rd., Suite 117
Prairie du Chien, WI 53821

» Richland Center Office
221 W. Seminary St., Richland Center, WI 53581

Toll-free: 1-877-794-2372 (TTY/TDD/Relay: 711)

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。

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.
- 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

Not a member yet?

For more information about the *iCare* Family Care Partnership Program, please contact your local Resource Center. A few are listed below.

More ADRC sites can be found on <https://www.dhs.wisconsin.gov/adrc>

- » Dane County: 1-855-417-6892
- » Kenosha County: 1-800-472-8008
- » Milwaukee County: 1-414-289-6874
- » Racine County: 1-866-219-1043
- » Sauk County: 1-877-794-2372
- » TTY for all sites: 711

Are you a current member?

If you need help, 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.

For plan information, please call us at the phone number above or visit us on the web.

You can see our plan's Provider/Pharmacy Directory at our web site at www.iCareHealthPlan.org

You can see the complete plan Formulary (list of Part D prescription drugs) and any restrictions on our web site at www.iCareHealthPlan.org

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.



Corporate Office

1555 North RiverCenter Drive, Suite 206
Milwaukee, Wisconsin 53212

www.iCareHealthPlan.org

***iCare* is a wholly-owned subsidiary of Humana.**