2027

Summary of Benefits

*i*Care Family Care Partnership (HMO D-SNP)

This is a Fully Integrated Dual Eligible (FIDE) Special Needs Plan.

Wisconsin

Eastern and South Central Wisconsin

Our service area includes the following county/counties in Wisconsin: Adams, Columbia, Dane, Dodge, Grant, Green Lake, Jefferson, Kenosha, La Crosse, Marquette, Milwaukee, Monroe, Ozaukee, Racine, Richland, Rock, Sauk, Sheboygan, Vernon, Walworth, Washington, Waukesha, Waushara

INDEPENDENT CARE HEALTH PLAN
*i*Care is a wholly-owned subsidiary of Humana

H2237_SB_MAPD_HMO_007000_2027_M

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 (TTY: 711)**.

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 **icarehealthplan.org** or call **1-800-777-4376 (TTY: 711)** to view a copy EOC.
- ☐ Review the provider 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 pharmacy directory to make sure the pharmacy you use for any prescription medicines 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

- ☐ You must continue to pay your Medicare Part B premium. This premium is normally taken out of your Social Security check each month. The Part A/Part B premiums may be paid for by the Wisconsin Department of Health Services (DHS)(Medicaid). 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 copays/coinsurance may change on January 1, 2028.
- ☐ **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 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 *i*Care Family Partnership members, Medicaid also pays for your Part A premium (if you do not qualify for it automatically)

*i*Care's Family Care Partnership (FCP) Fully Integrated Dual Eligible (FIDE) SNP | 2027 Summary of Benefits

Introduction

This document is a brief summary of the benefits and services covered by *i*Care Family Care Partnership (HMO D-SNP). It includes answers to frequently asked questions, important contact information, an overview of benefits and services offered, and information about your rights as a member of *i*Care Family Care Partnership (HMO D-SNP). Key terms and their definitions appear in alphabetical order in the last chapter of the *Evidence of Coverage*.

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A. Disclaimers



This is a summary of health services covered by *i*Care Family Care Partnership (HMO D-SNP) for 2027. This is only a summary. Please read the *Evidence of Coverage (EOC)* for the full list of benefits. 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.

- ***i*Care Family Care Partnership**
  This booklet is a summary of drug and health services covered by *i*Care Family Care Partnership from January 1, 2027 through December 31, 2027. 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 (*i*Care), a wholly-owned subsidiary of Humana. This is 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 *i*Care Family Care Partnership depends on *i*Care's contract renewal.

  *i*Care Family Care Partnership (HMO D-SNP) has been approved by the National Committee for Quality Assurance (NCQA) to operate as a Special Needs Plan (SNP) until 12/31/2029 based on a review of *i*Care Family Care Partnership (HMO D-SNP) Model of Care.

  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. *i*Care 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 the 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 *i*Care 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 your requested language. For additional information call Customer Care at 800-777-4376(TTY: 711) 24 hours a day, 7 days a week. Customer Care has free language interpreter services available for non-English speakers.

  For more information about 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. You can get it at the Medicare website (www.medicare.gov) or by calling 1-800-MEDICARE (1-800-633-4227), 24 hours per day, 7 days a week. TTY users should call 1-877-486-2048.

  For more information about Family Care Partnership, you can check the State of Wisconsin Department of Health Services website **www.dhs.wisconsin.gov/familycare/fcp-index.htm** or contact ForwardHealth Member Services at 800-362-3002, TTY: 711 (Wisconsin Relay)

You can get this document for free in other formats, such as large print, braille, or audio. Call 800-777-4376 (TTY: 711), 24 hours a day, 7 days a week. The call is free.

We want to ensure that you receive your communications from *i*Care in the format that best suits your needs. If you prefer to receive your written communications in an alternate format such as braille, large font, or audio, please contact Customer Care at 800-777-4376 or 1-800-947-3529 (TTY). Once we receive your alternative format request, all future communications will be provided in your chosen format. If you wish to stop receiving communications in your selected format, please contact Customer Care, 800-777-4376 or 1-800-947-3529 (TTY).

Additionally, if you need written materials translated into a different language, please contact Customer Care at 800-777-4376 or 1-800-947-3529 (TTY). Please note: we can only accommodate standing requests for alternate formats.

B. Frequently asked questions (FAQ)

The following table lists frequently asked questions.

Frequently Asked Questions	Answers
What is *i*Care's Family Care Partnership (FCP) Fully Integrated Dual Eligible (FIDE) SNP? (continued on the next page)	This plan is 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 *i*Care Family Care Partnership (FCP) depends on *i*Care Family Care Partnership'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. *i*Care Family Care Partnership is a Dual Eligible Special Needs Plan (D-SNP) designed for people who meet specific enrollment criteria. The service area for this plan includes Adams, Columbia, Dane, Dodge, Grant, Green Lake, Jefferson, Kenosha, La Crosse, Marquette, Milwaukee, Monroe, Ozaukee, Racine, Richland, Rock, Sauk, Sheboygan, Vernon, Walworth, Washington, Waukesha and Waushara. You must live in one of these areas to join the plan. Family Care Partnership is a fully integrated Medicare and Medicaid health and long-term care program for frail elderly and adults 18 years and older with physical or developmental disabilities. Members receive all Medicaid and Medicare benefits through the Partnership model of care. Because you are a member of this Partnership program, your Medicare deductible and co-insurance amounts are paid on your behalf. You have no copays for prescription drugs. 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 care plan to support the achievement of these outcomes.

Frequently Asked Questions	Answers
What is *i*Care's Family Care Partnership (FCP) Fully Integrated Dual Eligible (FIDE) SNP? (continued from previous page)	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.
Will I get the same Medicare and Medicaid benefits in *i*Care Family Care Partnership (HMO D-SNP) that I get now?	You'll get most of your covered Medicare and Medicaid benefits directly from *i*Care Family Care Partnership (HMO D-SNP). You'll work with a team of providers who will help determine what services will best meet your needs. This means that some of the services you get now may change based on your needs, and your doctor and care team's assessment. You may also get other benefits outside of your health plan the same way you do now. When you enroll in *i*Care Family Care Partnership (HMO D-SNP), you and your care team will work together to develop a care plan to address your health and support needs, reflecting your personal preferences and goals. If you're taking any Medicare Part D drugs that *i*Care Family Care Partnership (HMO D-SNP) doesn't normally cover, you can get a temporary supply and we'll help you to transition to another drug or get an exception for *i*Care Family Care Partnership (HMO D-SNP) to cover your drug if medically necessary. For more information, call your care team at 800-777-4376 (TTY: 711.

Frequently Asked Questions	Answers
Can I use the same doctors I use now?	That's often the case. If your providers (including doctors, hospitals, therapists, pharmacies, and other health care providers) work with *i*Care Family Care Partnership (HMO D-SNP) and have a contract with us, you can keep going to them. • Providers with an agreement with us are "in-network." Network providers participate in our plan. That means they accept members of our plan and provide services our plan covers. **You must use the providers in** *i*Care Family Care Partnership (HMO D-SNP)'s network. If you use providers or pharmacies that aren't in our network, the plan may not pay for these services or drugs. • If you need urgent or emergency care or out-of-area dialysis services, you can use providers outside of *i*Care Family Care Partnership (HMO D-SNP)'s plan . You must use network providers to get your medical care and services. The only exceptions are emergencies, urgently needed services when the network is not available (that is, in situations when it is unreasonable or not possible to obtain services in-network), out-of-area dialysis services, and cases in which *i*Care Family Care Partnership (HMO D-SNP) authorizes use of out-of-network providers. If you are currently under treatment with a provider that's out of *i*Care Family Care Partnership's network or have an established relationship with a provider that's out of *i*Care Family Care Partnership's network, call your care team to check about staying connected. To find out if your providers are in the plan's network, call your care team at 800-777-4376 (TTY: 711) or review *i*Care Family Care Partnership's *Provider and Pharmacy Directory* at **https://www.icarehealthplan.org/Find-a-Provider.htm** . If *i*Care Family Care Partnership is new for you, we'll work with you to develop a care plan to address your needs.
What's an *i*Care Family Care Partnership care team?	The *i*Care Family Care Partnership care team are the professionals, friends, and family you decide will help you get the services you need. Each member is assigned a care manager, registered nurse, and nurse practitioner.
What are Long-term Services and Supports (LTSS)?	Long-Term Services and Supports (LTSS) are help for people who need assistance to do everyday tasks like bathing, toileting, getting dressed, making food, and taking medicine. Most of these services are provided at your home or in your community. In some cases, another agency may provide these services, and your care team will work with that agency. If you need a nursing home or are hospitalized, we can provide care management during those stays and also assist with arranging services in preparation for discharge.

Frequently Asked Questions	Answers
What happens if I need a service but no one in *i*Care Family Care Partnership (HMO D-SNP)'s network can provide it?	Most services will be provided by our network providers. If you need a service that can't be provided within our network, *i*Care Family Care Partnership (HMO D-SNP) will pay for the cost of an out-of-network provider.
Where's *i*Care Family Care Partnership (HMO D-SNP) available?	The service area for this plan includes: Adams, Columbia, Dane, Dodge, Grant, Green Lake, Jefferson, Kenosha, La Crosse, Marquette, Milwaukee, Monroe, Ozaukee, Racine, Richland, Rock, Sauk, Sheboygan, Vernon, Walworth, Washington, Waukesha and Waushara. You must live in one of these areas to join the plan. Call Customer Care at 800-777-4376 (TTY: 711) for more information about whether the plan is available where you live.
What's prior authorization?	Prior authorization means an approval from *i*Care Family Care Partnership (HMO D-SNP) to seek services outside of our network or to get services not routinely covered by our network **before** you get the services. *i*Care Family Care Partnership (HMO D-SNP) may not cover the service, procedure, item, or drug if you don't get prior authorization. **If you need urgent or emergency care or out-of-area dialysis services, you don't need to get prior authorization first.** *i*Care Family Care Partnership (HMO D-SNP) can provide you or your provider with a list of services or procedures that require you to get prior authorization from *i*Care Family Care Partnership (HMO D-SNP) before the service is provided. Refer to **Chapter 3**, of the *Evidence of Coverage* to learn more about prior authorization. Refer to the Benefits Chart in **Chapter 4** of the *Evidence of Coverage*, Medical Benefits Chart indicated by a footnote, to learn which services require a prior authorization. If you have questions about whether prior authorization may be required for specific services, procedures, items, or drugs, call your care team at 800-777-4376 (TTY: 711) for help.
What's a referral?	A referral means that your primary care provider (PCP) must give you approval to go to someone that is isn't your PCP. A referral is different than a prior authorization. If you don't get a referral from your PCP, *i*Care Family Care Partnership (HMO D-SNP) may not cover the services. *i*Care Family Care Partnership (HMO D-SNP) can provide you with a list of services that require you to get a referral from PCP before the service is provided. Refer to the *Evidence of Coverage* **Chapter 3 section 2.2**, to learn more about when you will need to get a referral from PCP.

Frequently Asked Questions	Answers
Do I pay a monthly amount (also called a premium) under *i*Care Family Care Partnership (HMO D-SNP)?	No. Because you have Medicaid, you won't pay any monthly premiums for your health coverage. However, you must continue to pay your Medicare Part B premium unless you Part B premium is paid for you by Medicaid or another third party.
Do I pay a deductible as a member of *i*Care Family Care Partnership (HMO D-SNP)?	No. You don't pay deductibles in *i*Care Family Care Partnership (HMO D-SNP).
What's the maximum out-of-pocket amount that I'll pay for medical services as a member of *i*Care Family Care Partnership (HMO D-SNP)?	There's no cost-sharing for medical services in *i*Care Family Care Partnership (HMO D-SNP), so your annual out-of-pocket costs will be $0.

C. List of covered services

The following table is a quick overview of what services you may need, your costs, and rules about the benefits.

Health need or concern	Services you may need	Your costs for in-network providers	Limitations, exceptions, & benefit information (rules about benefits)
You need hospital care	Inpatient hospital stay	$0	Because you have Medicaid, you are covered for an unlimited number of days each benefit period. Prior Authorization may be required. Except in an emergency, you must receive doctor approval before admission. Contact your care team for details.
	Outpatient hospital services, including observation	$0	Contact your care team for details.
	Ambulatory surgical center (ASC) services	$0	Contact your care team for details.
	Doctor or surgeon care	$0	A referral is not required to see a specialist except for second and all additional opinions. Prior Authorization may be required for specialist visits. Contact your care team for details.
You want a doctor	Visits to treat an injury or illness	$0	Contact your care team for details.
	Care to keep you from getting sick, such as flu shots and screenings to check for cancer	$0	Contact your care team for details.
	Wellness visits, such as a physical	$0	Contact your care team for details.
	"Welcome to Medicare" (preventive visit one time only)	$0	Contact your care team for details.
	Specialist care	$0	Contact your care team for details.

Health need or concern	Services you may need	Your costs for in-network providers	Limitations, exceptions, & benefit information (rules about benefits)
You need emergency care	Emergency room services	$0	Emergency care is not covered outside of the United States and its territories. Emergency services are provided out of network and without Prior Authorization requirements. Contact your care team after receiving emergency care
	Urgent care	$0	Urgently needed services are immediate care, not emergency care. Urgently needed services are not covered outside of the United States and its territories. Urgently needed services are provided out of network and without Prior Authorization requirements. Contact your care team after receiving urgently needed services.
You need medical tests	Diagnostic radiology services (for example, X-rays or other imaging services, such as CAT scans or MRIs)	$0	Prior Authorization may be required. Contact your care team for details.
	Lab tests and diagnostic procedures, such as blood work	$0	Prior authorization requirements may apply. Prior Authorization may be required. Contact your care team for details.
You need hearing/ auditory services	Hearing screenings	$0	If ordered by a physician as a diagnostic test, some hearing screenings are covered by the plan. Contact your care team for details.

Health need or concern	Services you may need	Your costs for in-network providers	Limitations, exceptions, & benefit information (rules about benefits)
You need dental care (continued on the next page)	Dental services	$0	Because you have Medicaid, many dental services including preventive dental services are covered. To view Medicaid dental benefits and providers, please visit: **https://www.dhs.wisconsin.gov/oral-health/find-dental-care.htm**. Dental Non-Medicare Covered-Supplemental benefit: Preventive Dental Care • 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.

Health need or concern	Services you may need	Your costs for in-network providers	Limitations, exceptions, & benefit information (rules about benefits)
You need dental care (continued)			• 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. Comprehensive Dental Care • Prior Authorization may be required. Contact your care team for details. • 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 bridges 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. • Anesthesia- Unlimited procedure codes per calendar year (only if covered primary procedure is covered). • 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. • $4,000 maximum benefit coverage amount per year for all diagnostic/ preventative and comprehensive benefits.
You need eye care (continued on the next page)	Eye exams	$0	Contact your care team for details.

Health need or concern	Services you may need	Your costs for in-network providers	Limitations, exceptions, & benefit information (rules about benefits)
You need eye care (continued)	Glasses or contact lenses	$0	Contact your care team for details.
	Other vision care	$0	Because you have Medicaid, there is no additional premium for this benefit. There may be limits on how much the plan will provide. For your Medicaid coverage of eyeglass lenses, no copay for eyeglasses selected from the Medicaid collection.
You need mental health services	Mental health services		Inpatient hospital - psychiatric provider referral is required. Prior Authorization may be required. Contact your care team for details
	Inpatient and outpatient care and community-based services for people who need mental health services	$0	Contact your care team for details.
You need substance use disorder services	Substance use disorder services	$0	Full coverage (not including room and board). Copays are not required when services are provided in a hospital setting. Prior Authorization may be required. Contact your care team for details.
You need a place to live with people available to help you (continued on the next page	Skilled nursing care	$0	Because you have Medicaid, you are covered for an unlimited number of days each benefit period. Prior Authorization and physician referral are required. Contact your care team for details.
	Nursing home care	$0	Full coverage. Members are required to pay nursing home patient liability. Prior Authorization may be required. Contact your care team for details.

Health need or concern	Services you may need	Your costs for in-network providers	Limitations, exceptions, & benefit information (rules about benefits)
You need a place to live with people available to help you (continued)	Adult residential family home (AFH) (1-2 bed and 3-4 bed), community-based residential facilities (CBRF), residential care apartment complex (RCAC)	$0	Members are required to pay room and board costs. Contact your care team for details.
You need therapy after a stroke or accident	Occupational, physical, or speech therapy	$0	Prior Authorization and physician referral are required. Contact your care team for details.
You need help getting to health services	Ambulance services	$0	Medicare covers Air Ambulance services and Ground Ambulance services. Contact your care team for details.
	Emergency transportation	$0	Full coverage of emergency transportation to and from a certified provider for a Medicaid-covered service. Prior Authorization may be required. Contact your care team for details.
You need drugs to treat your illness or condition (continued on the next page)	Medicare Part B drugs	$0	Part B drugs include drugs given by your doctor in their office, some oral cancer drugs, and some drugs used with certain medical equipment. the *Evidence of Coverage* for more information on these drugs.

Health need or concern	Services you may need	Your costs for in-network providers	Limitations, exceptions, & benefit information (rules about benefits)
You need drugs to treat your illness or condition (continued)	Medicare Part D drugs All Plan-Covered Part D Drugs Tier 1: Preferred Generic Tier 2: Generic Tier 3: Preferred Brand Tier 4: Non-Preferred Drug Tier 5: Specialty Tier	**Tiers 1–2: Generic and brand drugs have a $0 copay. Tiers 3–5: Generic drugs, or brand drugs treated like generics, have a $0, $1.65, or $5.80 copay. Brand drugs have a $0, $5, or $14.40 copay Copays for other drugs may vary based on the level of Extra Help you get. Please contact the plan for more details.	There may be limitations on the types of drugs covered. Please refer to *i*Care Family Care Partnership (HMO D-SNP)'s *List of Covered Drugs (Drug Guide)* for more information. Once you or others on your behalf pay **$2,400**, you've reached the catastrophic coverage stage and you pay **$0** for all your Medicare drugs. Read the *Evidence of Coverage* for more information on this stage. You can get up to 100-day supply* of most of your drugs through network retail and mail-order pharmacies. *Some drugs are limited to a 30-day supply. **The drug costs shown are for members who qualify for Medicare's Extra Help program. If you no longer receive Extra Help, you may pay more for your prescriptions. You will receive a letter with your new drug costs. • Extended-day supplies are available at retail and/or mail order pharmacy locations and the cost sharing amount for these extended-day supplies is the same as for a one-month supply. • Some over the counter (OTC) drugs are covered by Medicaid.
You need help getting better or have special health needs	Rehabilitation services	$0	Medically necessary physical therapy, occupational therapy, and speech and language pathology services are covered. Prior Authorization and physician referral are required. Contact your care team for details.
	Medical equipment for home care	$0	Prior Authorization may be required. Contact your care team for details.
	Dialysis services	$0	Full coverage. Prior Authorization may be required. Contact your care team for details.
	Orthotic services	$0	Contact your care team for details.

Health need or concern	Services you may need	Your costs for in-network providers	Limitations, exceptions, & benefit information (rules about benefits)
You need durable medical equipment (DME) **Note:** This is not a complete list of covered DME. For a complete list, contact your care team or refer to **Chapter 4** of the *Evidence of Coverage*.	Wheelchairs, crutches, and walkers	$0	Full coverage. Prior Authorization may be required. Contact your care team for details.
	Nebulizers	$0	Prior authorization may be required. Contact your care team for details.
	Oxygen equipment and supplies	$0	Prior authorization may be required. Contact your care team for details.
You need help living at home (continued on the next page)	Home health services	$0	All the services in the *i*Care Family Care Partnership benefit package must be prior approved by your care team.
	Home services, such as cleaning or housekeeping, or home modifications such as grab bars	$0	All the services in the *i*Care Family Care Partnership benefit package must be prior approved by your care team.
	Adult day care, community support program, or other support services	$0	All the services in the *i*Care Family Care Partnership benefit package must be prior approved by your care team.
	Day habilitation services	$0	All the services in the *i*Care Family Care Partnership benefit package must be prior approved by your care team.

Health need or concern	Services you may need	Your costs for in-network providers	Limitations, exceptions, & benefit information (rules about benefits)
You need help living at home (continued)	Services to help you live on your own (home health care, supportive home care, or personal care services)	$0	Read Section D below of this document for information on Medicaid Community Supports. Full coverage of private duty nursing, home health services, and personal care. Prior Authorization may be required. All the services in the *i*Care Family Care Partnership benefit package must be prior approved by your care team.
Additional services (continued on the next page)	CIE (Competitive Integrated Employment) Exploration	$0	All the services in the *i*Care Family Care Partnership benefit package must be prior approved by your care team.
	Health and Wellness	$0	All the services in the *i*Care Family Care Partnership benefit package must be prior approved by your care team.
	Chiropractic services	$0	Medicare covers manual manipulation of the spine to correct a subluxation is covered. Full coverage for Medicaid. Prior Authorization may be required. Contact your care team for details.
	Diabetes supplies and services	$0	Prior authorization may be required. Contact your care team for details.
	Prosthetic services	$0	Prior authorization may be required. Contact your care team for details.
	Radiation therapy	$0	Prior authorization may be required. Contact your care team for details.
	Services to help manage your disease	$0	Prior authorization may be required. Contact your care team for details.
	Remote Monitoring and Support	$0	All the services in the *i*Care Family Care Partnership benefit package must be prior approved by your care team.
	Disposable medical supplies	$0	Full coverage. Prescription required for diabetic supplies. Prior Authorization may be required. Contact your care team for details.

Health need or concern	Services you may need	Your costs for in-network providers	Limitations, exceptions, & benefit information (rules about benefits)
Additional services (continued)	Prenatal/Maternity care	$0	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. Prior Authorization may be required. Contact your care team for details.
	Acupuncture	$0	Medicare covers acupuncture for chronic low back pain visits up to 20 visit(s) per year. Prior Authorization may be required. Contact your care team for details.
	Reproductive health services: family planning services	$0	Full coverage with the exceptions listed below. No copay for services provided by a family planning clinic or contraceptive management. Does not cover: • Reversal of voluntary sterilization • Infertility treatments • Surrogate parenting and related services, including, but not limited to: – Artificial insemination – Obstetrical care – Labor or delivery – Prescription or over-the-counter drugs Prior Authorization may be required. Contact your care team for details.
	HealthCheck screenings for children	$0	Full coverage for individuals under 21 years of age. Prior Authorization may be required. Contact your care team for details.
	Behavioral treatment	$0	Full coverage of comprehensive and focused behavioral treatment services. Prior Authorization may be required. Contact your care team for details.
	Assistive technology	$0	All the services in the *i*Care Family Care Partnership benefit package must be prior approved by your care team.

Health need or concern	Services you may need	Your costs for in-network providers	Limitations, exceptions, & benefit information (rules about benefits)
Additional services (continued)	Home delivered meals	$0	All the services in the *i*Care Family Care Partnership benefit package must be prior approved by your care team.
	Individual and small group employment support, prevocation, vocational future planning and support	$0	All the services in the *i*Care Family Care Partnership benefit package must be prior approved by your care team.
	Housing counseling, relocation services	$0	All the services in the *i*Care Family Care Partnership benefit package must be prior approved by your care team.
	Respite care, supportive home care, consumer directed supports (self-directed supports), training services for unpaid caregivers	$0	All the services in the *i*Care Family Care Partnership benefit package must be prior approved by your care team.
	Financial management services, consumer education and training	$0	All the services in the *i*Care Family Care Partnership benefit package must be prior approved by your care team.
	Specialized and other community transportation	$0	All the services in the *i*Care Family Care Partnership benefit package must be prior approved by your care team.
	*i*Care Meal Program	$0	Receive two (2) meals per day for 7 days (up to 14 meals) delivered to member's home after an inpatient stay in a hospital or nursing facility. Meal delivery must be scheduled within 30 days of discharge event. Limited to four (4) times per year. Prior authorization may be required. Contact your care team details.

Health need or concern	Services you may need	Your costs for in-network providers	Limitations, exceptions, & benefit information (rules about benefits)
Additional services (continued)	Over-the-Counter (OTC) Mail Order	$0	You have a $25 quarterly allowance to buy approved over-the-counter health and wellness products available through our OTC Mail Order providers. The allowance is available to use the first day of each quarter - January, April, July, October. Any unused amount rolls over to the next quarter and expires at the end of the year. Limitation and restrictions may apply. Please contact Customer Care for additional benefit details or to obtain an order form.
	Uniform Flexibility Virtual Cardiac Recovery Program	$0	Virtual cardiac recovery program delivered via telehealth, with up to 36 covered sessions to support recovery and reduce the risk of hospital readmission. Coverage is available Post-Inpatient stay for members with Congestive heart Failure (CHF), Hypertension, Pneumonia or Respiratory Illness

The above summary of benefits is provided for informational purposes only and isn't a complete list of benefits. For a complete list and more information about your benefits, you can read *i*Care Family Care Partnership (HMO D-SNP) the *Evidence of Coverage*. If you do not have a *Evidence of Coverage*, call your care team at 1-800-777-4376 (TTY: 711) to get one. If you have questions, you can also call your care team or visit **www.icarehealthplan.org**.

D. Benefits covered outside of *i*Care Family Care Partnership (HMO D-SNP)

There are some services that you can get that aren't covered by *i*Care Family Care Partnership (HMO D-SNP) but are covered by Medicare, Medicaid, or a State or county agency. This isn't a complete list. Call your care team at 800-777-4376 (TTY: 711) to find out about these services.

Other services covered directly by Medicare or Medicaid	Your costs
The following services are not covered by *i*Care Family Care Partnership but are available to members through Wisconsin Medicaid: • Behavioral treatment services • Community recovery services • Comprehensive community services • Residential substance use disorder treatment • School-based services • Medication therapy management • Tuberculosis-related services • Covered outpatient drugs that are not reimbursable as part of the rate paid for a physician office visit or a stay in a hospital or nursing home • Prescription drugs administered by a physician as part of a physician office visit or incident to a physician's service • Substance Use Disorder (SUD) Health Home Pilot Program	$0
Certain hospice care services covered outside of *i*Care Family Care Partnership (HMO D-SNP).	$0
Psychosocial rehabilitation	$0
Targeted case management	$0
Rest home and board	$0

E. Services that *i*Care Family Care Partnership (HMO D-SNP), Medicare, and Medicaid do not cover

This isn't a complete list. Call your care team at 800-777-4376 (TTY:711)to find out about other excluded services.

Services *i*Care Family Care Partnership (HMO D-SNP), Medicare, and Medicaid do not cover	
• Cosmetic surgery or procedures • Custodial care • Experimental medical and surgical procedures, equipment and medications • Fees charged for care by your immediate relatives or members of your household • Naturopath services (uses natural or alternative treatments) • Non-routine dental care • Personal items in your room at a hospital or a skilled nursing facility, such as a telephone or a television • Private room in a hospital • Reversal of sterilization procedures and/or non-prescription contraceptive supplies • Routine chiropractic care • Services considered not reasonable and necessary, according to Original Medicare standards	*i*Care Family Care Partnership covers services under Medicare and Medicaid. If you have any questions, please contact your care team.

ABOUT THE *i*CARE FAMILY CARE PARTNERSHIP PROGRAM

*i*Care Family Care Partnership (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.

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 Adams County
569 N. Cedar St.
Adams, WI 53910
Toll-free: 608-339-4505
TTY/TDD/Relay: 711

ADRC Columbia County
111 E. Mullett Street
P.O. Box 136
Portage, WI 53901
Phone: 888-742-9233
TTY/TDD/Relay: 608-742-9229

ADRC Dane County
2865 N. Sherman Ave
Madison, WI 53704
Toll-free: 608-240-7400
TTY/TDD/Relay: 711

ADRC Dodge County
199 County Road DF
3rd Floor
Juneau, WI 53039
Toll-Free Phone: 800-924-6407
TTY/TDD/Relay: 920-386-3883

ADRC Green Lake County
571 County Road A
Green Lake, WI 54941
Toll Free: 833-694-0192
TTY/TDD/Relay: 711

ADRC Sauk County
505 Broadway St.
Baraboo, WI 53913
Toll-free: 800-482-3710
TTY: 711

ADRC Jefferson County
1541 Annex Road
Jefferson, WI 53549
Phone: 866-740-2372
TTY/TDD/Relay: 866-740-2372

ADRC Monroe County
315 W. Oak St. Suite A Sparta, WI 54656
Toll-free: 888-339-7854 TTY/TDD/Relay: 711

ADRC of Ozaukee County
121 W Main St.
Port Washington, WI 53074
Phone: (262) 284-9411
TTY: 711

ADRC Richland County
221 W. Seminary St. Richland Center, WI 53581
Phone: 877-794-2372 TTY/TDD/Relay: WI Relay 711

ADRC of Walworth County
1910 County Road NN
P.O. Box 1005
Elkhorn, WI 53121
Phone: 262-741-3400
TTY: 711

ADRC of Waukesha County
514 Riverview Ave
Waukesha, WI 53188
Phone: (262) 548-7848
TTY: 711

ADRC Kenosha County
8600 Sheridan Rd., Suite 500
Kenosha, WI 53143
Toll-free: 1-800-472-8008
TTY/TDD/Relay: 711

ADRC Marquette County
428 Underwood Ave.
P.O. Box 405
Montello, WI 53949-0405
Toll-free: 855-440-ADRC (2372)
TTY/TDD/Relay: 71

ADRC Milwaukee County
1230 W. Cherry St.
Milwaukee, WI 53205
Local: 414-289-6874
TTY/TDD/Relay: 711

ADRC Racine County
14200 Washington Ave.
Sturtevant, WI 53177
Toll-free: 1-866-219-1043
TTY/TDD/Relay: 711

ADRC Rock County
1717 Center Ave.
Janesville, WI 53546
Phone: 855-741-3600
TTY/TDD/Relay: WI Relay 711

ADRC Waushara County
380 S. Townline Road
Wautoma, WI 54982
Toll Free: 877-883-5378
TTY/TDD/Relay: 711

ADRC Grant County
8820 HWY 35 and 61 South., Lancaster, WI 53813
Toll-free: 1-800-514-0066 TTY/TDD/Relay: 711

ADRC La Crosse County
300 N. 4th St North La Crosse, WI 54601
Toll-free:800-500-3910 TTY/TDD/Relay: 711

ADRC of Sheboygan County
650 Forest Ave
Sheboygan Falls, WI 53085
Phone: (920) 467-4100
TTY: 711

ADRC Vernon County
402 Courthouse Square Viroqua, WI 54665
Toll-free: 1-888-637-1323 TTY/TDD/Relay: 711

ADRC of Washington County
333 E Washington St #1000
West Bend, WI 53095
Phone: (262) 335-4497
TTY: 711

F. Your rights as a member of the plan

As a member of *i*Care Family Care Partnership (HMO D-SNP), you have certain rights. You can exercise these rights without being punished. You can also use these rights without losing your health care services. We'll tell you about your rights at least once a year. For more information on your rights, please read the *Evidence of Coverage*. Your rights include, but are not limited to, the following:

- **You have a right to respect, fairness, and dignity.** This includes the right to:
  - Get covered services without concern about medical condition, health status, receipt of health services, claims experience, medical history, disability (including mental impairment), marital status, age, sex, sexual orientation, national origin, race, color, religion, creed, or public assistance
  - Get information in other languages and formats (for example, large print, braille, or audio) free of charge
  - Be free from any form of physical restraint or seclusion

- **You have the right to get information about your health care.** This includes information on treatment and your treatment options. This information should be in a language and format you can understand. This includes the right to get information on:
  - Description of the services we cover
  - How to get services
  - How much services will cost you
  - Names of health care providers and team

- **You have the right to make decisions about your care, including refusing treatment.** This includes the right to:
  - Choose a primary care provider (PCP) and change your PCP at any time during the year
  - Use a women's health care provider without a referral
  - Get your covered services and drugs quickly
  - Know about all treatment options, no matter what they cost or whether they're covered
  - Refuse treatment, even if your health care provider advises against it
  - Stop taking medicine, even if your health care provider advises against it
  - Ask for a second opinion. *i*Care Family Care Partnership (HMO D-SNP) will pay for the cost of your second opinion visit
  - Make your health care wishes known in an advance directive

- **You have the right to timely access to care that does not have any communication or physical access barriers.** This includes the right to:
  - Get timely medical care
  - Get in and out of a health care provider's office. This means barrier-free access for people with disabilities, in accordance with the Americans with Disabilities Act
  - Have interpreters to help with communication with your health care providers and your health plan

- **You have the right to seek emergency and urgent care when you need it.** This means you have the right to:
  - Get emergency services without prior authorization in an emergency
  - Use an out-of-network urgent or emergency care provider, when necessary

- **You have a right to confidentiality and privacy.** This includes the right to:
  - Ask for and get a copy of your medical records in a way that you can understand and to ask for your records to be changed or corrected
  - Have your personal health information kept private.
  - Have privacy during treatment

- **You have the right to make complaints about your covered services or care.** This includes the right to:
  - File a complaint or grievance against us or our providers.
  - File a complaint with State of Wisconsin Department of Health Services ForwardHealth Member Services at 800-362-3002, TTY: 711 (Wisconsin Relay). The *i*Care Family Care Partnership website **www.icarehealthplan.org** has complaint forms and instructions available.
  - Appeal certain decisions made by State a Wisconsin Department of Health Services or our providers

- Ask for a State Fair Hearing
- Get a detailed reason for why services were denied

For more information about your rights, you can read *the Evidence of Coverage*. If you have questions, you can call your care team at 800-777-4376 (TTY: 711).

You can also call the special Independent Ombudsman for people who have Medicare and Medicaid. For members ages 18 to 59, contact: Disability Rights Wisconsin, Toll Free: 800-928-8778 and TTY: 711 (Wisconsin Relay). For members age 60 and older, contact: Wisconsin Board on Aging and Long Term Care, Toll Free: 800-815-0015 and TTY: 711 (Wisconsin Relay).

G. How to file a complaint or appeal a denied service

If you have a complaint or think *i*Care Family Care Partnership (HMO D-SNP) should cover something we denied, call Member Rights Specialist or your care team at 1-800-777-4376 (TTY: 711). You may be able to appeal our decision.

For questions about complaints and appeals, you can read **Chapter 9** of the *Evidence of Coverage*. You can also call the Member Rights Specialist or *i*Care Family Care Partnership Customer Care at 1-800-777-4376 (TTY: 711).

You can also make complaints about quality of care to the Quality Improvement Organization. See **Chapter 8** of the Evidence of Coverage for details.

You can submit a complaint about *i*Care directly to Medicare. To submit a complaint to Medicare, go to www.medicare.gov/MedicareComplaintForm/home.aspx . You may also call 1-800-MEDICARE (1-800-633-4227). TTY/TDD users can call 1-877-486-2048.

If you disagree with *i*Care's response on your complaint, or if *i*Care fails to timely respond to your complaint, you can ask for a review by the Wisconsin Department of Health Services (DHS). DHS works with an outside organization called MetaStar to review grievances.

H. What to do if you suspect fraud

Most health care professionals and organizations that provide services are honest. Unfortunately, there may be some who are dishonest.

If you think a doctor, hospital or other pharmacy is doing something wrong, contact us.
- Call us at *i*Care Family Care Partnership Customer Care. Phone number is 800-777-4376 (TTY: 711).
- Or, call the ForwardHealth Customer Services at 800-362-3002. TTY users may call 711 (Wisconsin Relay).
- Or, call Medicare at 1-800-MEDICARE (1-800-633-4227). TTY users may call 1-877-486-2048. You can call these numbers for free.
- Or, call the Wisconsin Department of Health Services Fraud Hotline at 1-877-865-3432. TTY users may call 711 (Wisconsin Relay).

Notice of Non-Discrimination

Independent Care Health Plan complies with applicable Federal civil rights laws and does not discriminate or exclude people because of their race, color, religion, gender, gender identity, sex, sexual orientation, age, disability, national origin, military status, veteran status, genetic information, ancestry, ethnicity, marital status, language, health status, or need for health services. Independent Care Health Plan:

- Provides people with disabilities reasonable modifications and free appropriate auxiliary aids and services to communicate effectively with us, such as:
  - Qualified sign language interpreters
  - Written information in other formats (large print, audio, accessible electronic formats, other formats).

- Provides free language assistance services to people whose primary language is not English, which may include:
  - Qualified interpreters
  - Information written in other languages.

If you need reasonable modifications, appropriate auxiliary aids, or language assistance services contact **1-800-777-4376 (TTY: 1-800-947-3529)**. If you believe that Independent Care Health Plan. has not provided these services or discriminated on the basis of race, color, religion, gender, gender identity, sex, sexual orientation, age, disability, national origin, military status, veteran status, genetic information, ancestry, ethnicity, marital status, language, health status, or need for health services, you can file a grievance in person or by mail, fax, or email with Independent Care Health Plan's Non-Discrimination Coordinator at 1555 North RiverCenter Drive, Suite 206, Milwaukee, Wisconsin 53212, **1-800-777-4376 (TTY: 1-800-947-3529)**, Fax: 1-414-918-7589, or **advocate@icarehealthplan.org**. If you need help filing a grievance, Independent Care Health Plan's Non-Discrimination Coordinator can help you.

You can also file a complaint with the U.S. Department of Health and Human Services, Office for Civil Rights, electronically through the Office for Civil Rights Complaint Portal, available at **https://ocrportal.hhs.gov/ocr/portal/lobby.jsf**, or by mail or phone at:

- U.S. Department of Health and Human Services, 200 Independence Avenue, S.W., Room 509F, HHH Building Washington, D.C. 20201. **800-368-1019, 800-537-7697 (TDD)**.

This notice is available at **www.icarehealthplan.org**

Notice of Availability - Auxiliary Aids and Services Notice

English: Free language, auxiliary aid, and alternate format services are available. Call **1-800-777-4376 (TTY: 711)**.

العربية [Arabic]: تتوفر خدمات اللغة والمساعدة الإضافية والتنسيق البديل مجانًا. اتصل على الرقم **1-800-777-4376 (الهاتف النصي: 711)**.

Հայերեն [Armenian]: Հասանելի են անվճար լեզվական, աջակցման և այլընտրանքային ձևաչափի ծառայություններ: Զանգահարե՛ք՝ **1-800-777-4376 (TTY: 711)**:

বাংলা [Bengali]: বিনামূল্যে ভাষা, আনুষঙ্গিক সহায়তা, এবং বিকল্প বিন্যাসে পরিষেবা উপলব্ধ। ফোন করুন **1-800-777-4376 (TTY: 711)** নম্বরে।

简体中文 [Simplified Chinese]：我们可提供免费的语言、辅助设备以及其他格式版本服务。请致电 **1-800-777-4376（听障专线：711）**。

繁體中文 [Traditional Chinese]：我們可提供免費的語言、輔助設備以及其他格式版本服務。請致電 **1-800-777-4376（聽障專線：711）**。

Kreyòl Ayisyen [Haitian Creole]: Lang gratis, èd oksilyè, ak lòt fòma sèvis disponib. Rele **1-800-777-4376 (TTY: 711)**.

Hrvatski [Croatian]: Dostupni su besplatni jezik, dodatna pomoć i usluge alternativnog formata. Nazovite **1-800-777-4376 (TTY: 711)**.

فارسی [Farsi]: خدمات زبان رایگان، کمک های اضافی و فرمت های جایگزین در دسترس است. با **1-800-777-4376 (TTY: 711)** تماس بگیرید.

Français [French] : Des services gratuits linguistiques, d'aide auxiliaire et de mise au format sont disponibles. Appeler le **1-800-777-4376 (TTY: 711)**.

Deutsch [German]: Es stehen kostenlose unterstützende Hilfs- und Sprachdienste sowie alternative Dokumentformate zur Verfügung. Telefon: **1-800-777-4376 (TTY: 711)**.

Ελληνικά [Greek]: Διατίθενται δωρεάν γλωσσικές υπηρεσίες, βοηθήματα και υπηρεσίες σε εναλλακτικές προσβάσιμες μορφές. Καλέστε στο **1-800-777-4376 (TTY: 711)**.

ગુજરાતી [Gujarati]: નિઃશુલ્ક ભાષા, સહાયક સહાય અને વૈકલ્પિક ફોર્મેટ સેવાઓ ઉપલબ્ધ છે. **1-800-777-4376 (TTY: 711)** પર કૉલ કરો.

עברית [Hebrew]: שירותים אלה זמינים בחינם: שירותי תרגום, אביזרי עזר וטקסטים בפורמטים חלופיים. נא התקשר למספר **1-800-777-4376 (TTY: 711)**

हिन्दी [Hindi]: निःशुल्क भाषा, सहायक मदद और वैकल्पिक प्रारूप सेवाएं उपलब्ध हैं। **1-800-777-4376 (TTY: 711)** पर कॉल करें।

Hmoob [Hmong]: Muaj kev pab txhais lus, pab kom hnov suab, thiab lwm tus qauv pab cuam. Hu **1-800-777-4376 (TTY: 711)**.

Italiano [Italian]: Sono disponibili servizi gratuiti di supporto linguistico, assistenza ausiliaria e formati alternativi. Chiama il numero **1-800-777-4376 (TTY: 711)**.

This notice is available at **www.icarehealthplan.org.**

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日本語 [Japanese]:言語支援サービス、補助支援サービス、代替形式サービスを無料でご利用いただけます。**1-800-777-4376 (TTY: 711)** までお電話ください。

ភាសាខ្មែរ [Khmer]៖ សេវាកម្មផ្នែកភាសា ជំនួយ និង សេវាកម្មជាទម្រង់ផ្សេងជំនួសអាចរកបាន។ ទូរសព្ទទៅ លេខ **1-800-777-4376 (TTY: 711)**។

한국어 [Korean]: 무료 언어, 보조 지원 및 대체 형식 서비스를 이용하실 수 있습니다. **1-800-777-4376 (TTY: 711)**번으로 문의하십시오.

ພາສາລາວ [Lao] ມີການບໍລິການດ້ານພາສາ, ຊຸປະກອນຊ່ວຍເຫຼືອ ແລະ ຮູບແບບທາງເລືອກອື່ນໃຫ້ໃຊ້ຟຣີ. ໂທ **1-800-777-4376 (TTY: 711)**.

Diné [Navajo]: Saad t’áá jiik’eh, t’áadoole’é binahjį’ bee adahodooníłígíí diné bich’į’ anídahazt’i’í, dóó łahgo át’éego bee hada’dilyaaígíí bee bika’aanída’awo’í dahóló. Kohjį’ hodíilnih **1-800-777-4376 (TTY: 711)**.

Polski [Polish]: Dostępne są bezpłatne usługi językowe, pomocnicze i alternatywne formaty. Zadzwoń pod numer **1-800-777-4376 (TTY: 711)**.

Português [Portuguese]: Estão disponíveis serviços gratuitos de ajuda linguística auxiliar e outros formatos alternativos. Ligue **1-800-777-4376 (TTY: 711)**.

ਪੰਜਾਬੀ [Punjabi]: ਮੁਫ਼ਤ ਭਾਸ਼ਾ, ਸਹਾਇਕ ਸਹਾਇਤਾ, ਅਤੇ ਵਿਕਲਪਿਕ ਫਾਰਮੈਟ ਸੇਵਾਵਾਂ ਉਪਲਬਧ ਹਨ। **1-800-777-4376 (TTY: 711)** ‘ਤੇ ਕਾਲ ਕਰੋ।

Русский [Russian]: Предоставляются бесплатные услуги языковой поддержки, вспомогательные средства и материалы в альтернативных форматах. Звоните по номеру **1-800-777-4376 (TTY: 711)**.

Español [Spanish]: Los servicios gratuitos de asistencia lingüística, ayuda auxiliar y servicios en otro formato están disponibles. Llame al **1-800-777-4376 (TTY: 711)**.

Tagalog [Tagalog]: Magagamit ang mga libreng serbisyong pangwika, serbisyo o device na pantulong, at kapalit na format. Tumawag sa **1-800-777-4376 (TTY: 711)**.

தமிழ் [Tamil]: இலவச மொழி, துணை உதவி மற்றும் மாற்று வடிவ சேவைகள் உள்ளன. **1-800-777-4376 (TTY: 711)** ஐ அழைக்கவும்.

తెలుగు [Telugu]: ఉచిత భాష, సహాయక మద్దతు, మరియు ప్రత్యామ్నాయ ఫార్మాట్ సేవలు అందుబాటులో గలవు. **1-800-777-4376 (TTY: 711)** కి కాల్ చేయండి.

اردو [Urdu]: مفت زبان، معاون امداد، اور متبادل فارمیٹ کی خدمات دستیاب ہیں۔ کال **1-800-777-4376 (TTY: 711)**۔

Tiếng Việt [Vietnamese]: Có sẵn các dịch vụ miễn phí về ngôn ngữ, hỗ trợ bổ sung và định dạng thay thế. Hãy gọi **1-800-777-4376 (TTY: 711)**.

Notes

INDEPENDENT CARE HEALTH PLAN
*i*Care is a wholly-owned subsidiary of Humana

If you have general questions or questions about our plan, services, service area, billing, or Member ID Cards, please call *i*Care Family Care Partnership (HMO D-SNP) Customer Care:

800-777-4376
Calls to this number are free, 24 hours a day, 7 days a week.
Customer Care also has free language interpreter services available for non-English speakers

TTY, call 711
This number requires special telephone equipment and is only for people who have difficulties with hearing or speaking.
Calls to this number are free, 24 hours a day,7 days a week.

If you have questions about your health:

Call your primary care provider (PCP). Follow your PCP's instructions for getting care when the office is closed. If your PCP's office is closed, you can also call Nurse Advice Line. A nurse will listen to your problem and tell you how to get care. (Example: convenience care). The number for the *i*Care Family Care Partnership Nurse Advice Line is:

1-800-679-9874
Calls to this number are free. 24 hours a day, 7 days a week.
*i*Care Family Care Partnership (HMO D-SNP) also has free language interpreter services available for non-English speakers.

TTY: 711
Calls to this number are free. 24 hours a day, 7 days a week.