2024 Summary of Benefits

*i*Care Medicare Plan (HMO D-SNP)

iCare
INDEPENDENT CARE HEALTH PLAN

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

Medicare Benefits Consultants
1-855-839-0918

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

***i*Care is a wholly-owned subsidiary of Humana.**

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*i*Care Medicare Plan (HMO D-SNP) H2237–001

This booklet is a summary of drug and health services covered by *i*Care Medicare Plan from January 1, 2024 through December 31, 2024. It is 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.

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

» If you are a member of *i*Care Medicare Plan, call Customer Service toll-free at 1-800-777-4376 (TTY: 711).

» If you are NOT a member of *i*Care Medicare Plan, call toll-free 1-855-839-0918 (TTY: 711).

» Visit our web site: www.iCareHealthPlan.org.

» Email: info@iCareHealthPlan.org.

ABOUT THIS PLAN

Independent Care Health Plan (*i*Care) insures *i*Care Medicare Plan. *i*Care is a Health Maintenance Organization (HMO). 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 is also a Dual Eligible Special Needs Plan (D-SNP). D-SNPs enroll individuals who are entitled to both Medicare and medical assistance from a State plan under Medicaid. States cover some Medicare costs depending on the State and the individual's eligibility. How much Medicaid pays depends on your income, assets, and type of care you need. **Because you have Medicare and Medicaid, most of the costs of this plan will be covered for you.** *i*Care has a Medicare contract and a contract with the State Medicaid program. Enrollment in *i*Care Medicare Plan depends on *i*Care's contract renewal.

WHO CAN JOIN *i*CARE MEDICARE PLAN?

» Must be eligible for Medicare and Medicaid Benefits OR eligible for Medicare and Medicare cost-sharing assistance under Medicaid.

» Must have both Medicare Part A and Part B to enroll.

» Must live in the service area for the plan, which includes these counties in Wisconsin:

- Adams
- Bayfield
- Brown
- Buffalo
- Burnett
- Calumet
- Clark
- Columbia
- Crawford
- Dane
- Dodge
- Door
- Douglas
- Florence
- Fond du Lac
- Forest
- Grant
- Green
- Green Lake
- Iowa
- Iron
- Jackson
- Jefferson
- Juneau
- Kenosha
- Kewaunee
- La Crosse
- Lafayette
- Manitowoc
- Marinette
- Marquette
- Menominee
- Milwaukee
- Monroe
- Oconto
- Outagamie
- Ozaukee
- Pepin
- Pierce
- Racine
- Richland
- Rock
- Sauk
- Shawano
- Sheboygan
- Trempealeau
- Vernon
- Walworth
- Washington
- Waukesha
- Waupaca
- Waushara
- Winnebago

WHAT DO WE COVER?

Like all Medicare health plans, we cover everything that Original Medicare covers — however, we cover even more.

» **Our plan members get all the benefits covered by Original Medicare.**

» **Our plan members also get MORE THAN what is covered by Original Medicare.** Some of the added benefits are outlined in this booklet like dental, vision and non-emergency transportation.

We cover Part D drugs. In addition, we cover Part B drugs such as chemotherapy and some drugs administered by your provider.

WHICH DOCTORS, HOSPITALS, AND PHARMACIES CAN I USE?

The *i*Care Medicare Plan has a network of doctors, hospitals, pharmacies, and other providers you must use for your health care services. Please contact the plan for more information.

To search for providers and/or pharmacies in your area, visit www.iCareHealthPlan.org and click on "Find a Provider." If you would like to receive a hard copy of the Provider/Pharmacy Directory by mail, call us.

HOW WILL I DETERMINE MY DRUG COSTS?

Our plan groups each medication into one of five tiers. You will need to use your Formulary to locate what tier your drug is on to determine how much it will cost. The amount you pay depends on the drug's tier and what stage of the benefit you have reached. If you receive "Extra Help" to pay for your prescription drugs, this will also impact how much you pay for your medications.

There are four (4) benefit stages: Deductible, Initial Coverage, Gap Coverage, and Catastrophic Coverage. Refer to page 11 for more information on the four benefit stages, what happens in each stage, and the costs in each stage.

You may get drugs from an in-network pharmacy, out-of-network pharmacy, and through the plan's mail order pharmacy at the same cost.

You can see the complete plan Formulary (list of Part D prescription drugs) and any restrictions on our web site, www.iCareHealthPlan.org. If you would like to receive a hard copy of the Formulary by mail, call us.

COST-SHARING, BENEFITS AND MEDICAID ELIGIBILITY

Because you get Medicaid assistance from the State, you will pay less for some of your Medicare health care services. Medicaid also provides other benefits to you by covering health care services not usually covered under Medicare. You will also receive "Extra Help" from Medicare to pay for the costs of your Medicare prescription drugs. Refer to page 14 for more information about State Medicaid covered services.

TIPS FOR COMPARING YOUR MEDICARE CHOICES

» If you want to compare our plan with other Medicare health plans, ask the other plans for their Summary of Benefits booklets. Or use the Medicare Plan Finder on www.medicare.gov.

» If you want to know more about the coverage and costs of Original Medicare, look in your current "Medicare & You" handbook. View it at www.medicare.gov or get a copy by calling 1-800-MEDICARE (1-800-633-4227), 24 hours a day, 7 days a week (except some federal holidays). TTY users should call 1-877-486-2048.

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 Medicare Part D prescription medications 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 *i*Care Medicare Plan members, Medicaid also pays for your Part A premium (if you don't qualify for it automatically).

Monthly Premium, Deductible and Limits

Please note: All cost sharing in this chart is based on your level of Medicaid eligibility. Please contact your Medicaid agency to determine your level of cost-sharing.

Monthly Plan Premium (Part C & D Premium Combined)	You pay $0 or $48.10. 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 is not offered.
Medical Deductible	This plan has deductibles for some hospital and medical services. **These are 2023 cost-sharing amounts and may change for 2024. *i*Care Medicare Plan will provide updated rates at www.iCareHealthPlan.org as soon as they are released by Medicare.** You pay $0 or $226 per year for in-network services, depending on your level of Medicaid eligibility.
Pharmacy (Part D) Deductible	This plan does not have a Part D deductible.
Maximum Out–of–Pocket Responsibility (Does not include prescription drugs)	All Medicare health plans have yearly limits on out-of-pocket costs for medical and hospital care. Your yearly limit in this plan: » $8,850 for services you receive from in-network providers In this plan, you may pay nothing for Medicare covered services depending on your level of Medicaid eligibility. If you reach the limit on out-of-pocket costs, you keep getting covered hospital and medical services and we will pay the full cost for the rest of the year. Please note that you will still need to pay your monthly premiums and cost-sharing for your Part D prescription drugs unless you qualify for "Extra Help".

Covered Medical and Hospital Benefits

Please note: All cost sharing in this chart is based on your level of Medicaid eligibility. Please contact your Medicaid agency to determine your level of cost-sharing.

Inpatient Hospital Coverage	This plan covers up to 90 days for an inpatient hospital stay. Our plan also covers 60 lifetime reserve days. These are extra days that we cover. If your hospital stay is longer than 90 days, you can use these extra days. But once you have used up these extra 60 days, your inpatient hospital coverage will be limited to 90 days. The 60 lifetime reserve days can be used only once during a member's lifetime for care provided in either an acute care hospital or a psychiatric hospital. » $0 or $2,080 co-pay per admission *Prior Authorization is required. Except in an emergency, you must receive doctor approval before admission.*

Covered Medical and Hospital Benefits

Please note: All cost sharing in this chart is based on your level of Medicaid eligibility. Please contact your Medicaid agency to determine your level of cost-sharing.

Outpatient Hospital Coverage	**Medicare covered Outpatient Hospital Services** **Medicare covered Observation Services** You pay: » $0 co-pay » $0 deductible » 0% or 20% co-insurance per visit
Ambulatory Surgery Center	You pay: » $0 co-pay » $0 deductible » 0% or 20% co-insurance per visit
Doctor Visits Primary Care Provider (PCP) Specialists	You pay: » $0 co-pay » $0 deductible » 0% or 20% co-insurance per visit *A referral is not required to see a specialist except for second and all additional opinions. Prior Authorization is required for specialist visits.*
Preventive Care Any additional preventive services approved by Medicare during the contract year will be covered.	You pay: » $0 co-pay » $0 deductible » 0% co-insurance Our plan covers many preventive services at no cost when you see an in-network provider including the list below: » Abdominal aortic aneurysm screening » Annual Wellness Visit » Bone mass measurement » Breast cancer screening (Mammograms) » Cardiovascular disease risk reduction visit (therapy for cardiovascular disease) » Cardiovascular disease testing » Cervical and vaginal cancer screening » Colorectal cancer screening » Depression screening » Diabetes screening » Diabetes self-management training, diabetic services and supplies » Health and wellness education programs » Immunizations » Medical nutrition therapy services » Medicare Diabetes Prevention Program (MDPP) » Obesity screening and therapy to promote sustained weight loss » Prostate cancer screenings exams » Screening and counseling to reduce alcohol misuse » Screening for lung cancer with low dose computed tomography (LDCT) » Screening for sexually transmitted infections (STI) and counseling to prevent STIs » Smoking and tobacco use cessation (counseling to stop smoking or tobacco use) » Medicare covered vision services » "Welcome to Medicare" preventive visit

Covered Medical and Hospital Benefits

Please note: All cost sharing in this chart is based on your level of Medicaid eligibility. Please contact your Medicaid agency to determine your level of cost-sharing.

Emergency Care Emergency Care for Medicare covered Emergency room visits. Contact the plan after you receive emergency care.	You pay: » $0 or $100 co-pay per visit for Medicare covered emergency room visits » $0 deductible » 0% co-insurance If you are admitted to the hospital within 24 hours for the same condition that brought you to the emergency room, your co-pay is waived. See the "Inpatient Hospital Care" section of this booklet for other costs or call the plan.
Urgently Needed Services Urgent Care for Medicare covered visits. Contact the plan after you receive urgently needed services.	You pay: » $0 co-pay » $0 deductible » 0% or 20% co-insurance per visit (up to $55) Urgently needed services are provided to treat a non-emergency, unforeseen medical illness, injury, or condition that requires immediate medical attention.
Diagnostic Services/ Labs/Imaging Diagnostic tests and procedures, labs, diagnostic radiology, and x-rays	**Diagnostic Procedures/Tests** *Prior Authorization is required.* **Lab Services** *Prior Authorization is required.* **Diagnostic Radiology Services (ex. MRI)** **Therapeutic Radiological Services (ex. radiation oncology)** **X-Rays** You pay: » $0 or $300 co-pay depending on place of treatment » 0% or 20% co-insurance depending on place of treatment
Hearing Services Medicare covered	If ordered by a physician as a diagnostic test, some exams are covered by the plan. You pay: » 0% or 20% co-insurance
Hearing Services - Supplemental Benefit Non-Medicare covered	You Pay: » $0 co-pay for routine hearing exams up to 1 every year. » $0 co-pay for followup 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)**

Covered Medical and Hospital Benefits

Please note: All cost sharing in this chart is based on your level of Medicaid eligibility. Please contact your Medicaid agency to determine your level of cost-sharing.

Dental Services – Supplemental Benefit Non–Medicare covered There may be limits on how much the plan will provide. $4,000 maximum benefit coverage amount per year. There is no additional premium amount for this benefit.	You pay: » $0 deductible » 0% co-insurance **$0 Co-pay for 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 » 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 **$0 Co-pay for Comprehensive Dental Care** *Prior Authorization is required for Comprehensive Dental Care.* » 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

Covered Medical and Hospital Benefits

Please note: All cost sharing in this chart is based on your level of Medicaid eligibility. Please contact your Medicaid agency to determine your level of cost-sharing.

Vision Services Medicare covered	*Prior Authorization is required.* Medicare doesn't cover routine eye exams for eyeglasses/contacts. Medicare covered vision services related to the diagnosis and treatment of diseases and injuries of the eye, including treatment for age-related macular degeneration. Includes limited coverage of eyewear and prosthetic lenses related to cataract surgery. Medicare covered diabetic eye exam (diabetic retinopathy) once every 12 months; glaucoma test once every 12 months for people at high-risk; and/or age-related macular degeneration (certain diagnosis and treatment). You pay: » $0 co-pay » $0 deductible » 0% or 20% co-insurance
Vision Services – Supplemental Benefit Non–Medicare covered There may be limits on how much the plan will provide. There is no additional premium amount for this benefit.	*Prior Authorization is required.* You pay: » $0 co-pay » $0 deductible » 0% co-insurance This plan provides a supplemental benefit under Medicare Part C for: » $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.

Covered Medical and Hospital Benefits

Please note: All cost sharing in this chart is based on your level of Medicaid eligibility. Please contact your Medicaid agency to determine your level of cost-sharing.

Mental Health Services Inpatient Hospital – Psychiatric	Our plan covers 90 days for an inpatient hospital stay. Medicare also covers up to 60 lifetime reserve days. These are extra days that we cover. If your hospital stay is longer than 90 days, you can use these extra days. But once you have used up these extra 60 days, your inpatient hospital coverage will be limited to 90 days. The 60 lifetime reserve days can be used only once during a member's lifetime for care provided in either an acute care hospital or a psychiatric hospital. *Prior Authorization is required. A provider referral is required.* » $0 or $1,937 co-pay per admission » Beyond lifetime reserve days: all costs
Mental Health Services Outpatient Mental Health Care	*Prior Authorization is required.* **Outpatient Group Therapy Visit** **Outpatient Group Therapy Visit with a Psychiatrist** **Outpatient Individual Therapy Visit** **Outpatient Individual Therapy Visit with a Psychiatrist** You pay: » $0 co-payment » $0 deductible » 0% or 20% co-insurance
Skilled Nursing Facility	*Prior Authorization is required. A provider referral is required.* Plan covers up to 100 days each benefit period. A three-day prior hospital stay is required. **These are 2023 cost-sharing amounts and may change for 2024. *i*Care Medicare Plan will provide updated rates at www.iCareHealthPlan.org as soon as they are released by Medicare.** In 2023 the amounts you pay for each benefit period are $0 or: » Days 1–20: $0 co-pay per day » Days 21–100: $203 co-pay per day » Days 101 and beyond: all costs You will not be charged additional cost sharing for professional services.

Covered Medical and Hospital Benefits

Please note: All cost sharing in this chart is based on your level of Medicaid eligibility. Please contact your Medicaid agency to determine your level of cost-sharing.

Rehabilitation Services Medically necessary physical therapy, occupational therapy, and speech and language pathology services are covered.	*Prior Authorization is required. Provider referral is required.* **Occupational Therapy Visit** **Physical Therapy and Speech and Language Therapy Visit** You pay: » $0 co-payment » $0 deductible » 0% or 20% co-insurance
Ambulance	**Medicare covered Air Ambulance Services** Please ask the plan for details. **Medicare covered Ground Ambulance Services** Please refer to your EOC for more information. You pay: » $0 or $300 co-pay for ground ambulance » 0% or 20% co-insurance for air ambulance
Non-Emergency Transportation Non-Medicare covered Supplemental Benefit	*Prior Authorization is required.* $0 co-payment for plan approved location up to 50 one-way trip(s) per year. This benefit is not to exceed 25 miles per trip. Services arranged by the plan's transportation provider to approved locations by means of car, van, or wheelchair access vehicle that provide members access to health benefits. There may be limits on how much the plan will provide. There is no additional premium amount for this benefit.

Prescription Drug Benefits

Medicare Part B Drugs	The Formulary lists drugs that require Prior Authorization. You can see the complete plan Formulary (list of Part D prescription drugs) and any restrictions on our web site at www.iCareHealthPlan.org. Diabetic lancets and test strips are covered up to a 100-day supply at no cost to you ($0 co-pay, $0 deductible, and $0 co-insurance) through Abbott. **Chemotherapy/Radiation Drugs** *Prior Authorization is required.* You pay: » $0 co-pay » $0 deductible » 0% or 20% co-insurance **Other Part B Drugs** *Prior Authorization is required.* You pay: » $0 co-pay » $0 deductible » 0% or 20% co-insurance

Prescription Drug Benefits

Medicare Part D Drugs	**$0 Rx Co-Pay** **If you qualify for "Extra Help," you will pay $0 for all Medicare Part D covered prescription drugs on your formulary, for all tiers, and through all stages.** *i*Care Medicare Plan members that are eligible for Medicaid qualify for and get "Extra Help" from Medicare to pay for prescription drug plan costs. You do not need to do anything further to get this "Extra Help." For more information on "Extra Help" or for questions on the Prescription Drug Benefit, please contact Customer Service at 1-800-777-4376 (TTY: 711) or read the Evidence of Coverage (EOC) for this plan at www.iCareHealthPlan.org. There is no additional premium amount for this benefit.

What You Pay as a Member — The Part D prescription drug benefit has four stages of coverage. In each stage, you and the plan pay a different share of your prescription drug costs. The cost-sharing may change when entering another stage of the Part D prescription drug coverage benefit.

STAGE 1: Deductible — This plan does not have a deductible.

STAGE 2: Initial Coverage Stage — Typically, after members pay their deductible, if applicable, members pay co-pays up the Initial Coverage Limit of $5,030. In 2024, members do not have a co-pay during the Initial Coverage Stage.

STAGE 3: Coverage Gap Stage — Typically, after the total drug costs paid by you and the plan reach $5,030 up to the out-of-pocket threshold of $8,000, members have a co-pay. In 2024, members do not have a co-pay during the Coverage Gap Stage.

	Standard Retail & Mail Order Pharmacies		
	1 Month (30 days) Standard Retail Each Prescription	**3 Month (90 days) Standard Retail Each Prescription**	**3 Month (90 days) Mail Order Each Prescription**
All Medicare-Covered Part D Drugs	$0 co-pay	$0 co-pay	$0 co-pay

If you reside in a long-term care facility, you pay the same as at a standard retail pharmacy. Only a one month or 31-day supply is allowed. You may get drugs from an in-network pharmacy, out-of-network pharmacy (one month fill/supply only), and through the plan's mail order pharmacy at the same costs listed in the table above.

STAGE 4: Catastrophic Coverage Stage — Most members do not reach this stage. After your annual out-of-pocket drug costs (including drugs purchased through a retail pharmacy and through mail order) exceed $8,000, members pay nothing ($0 co-pay) for all drugs.

Supplemental Covered Benefits — You Pay $0 There is no additional premium amount for these benefits.	
SilverSneakers® Fitness	SilverSneakers® Fitness benefit includes a health and wellness program which has the goal of helping older adults live healthy active lifestyles by providing access to partner fitness facilities and may include classes specifically for older adults. These classes are focused on physical activity. In addition, this program may include a specialized at-home package to support fitness and exercise at home for those unable to take a class at the fitness center. No prior authorization required for this service.
Meals	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 is required.*
Over-the-Counter (OTC) Program	See Healthy Options Allowance
Healthy Foods	See Healthy Options Allowance
Healthy Options Allowance	$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.). Unused funds will roll over to the next month and expire at the end of the plan year or upon disenrollment. Limitations and restrictions may apply.
Wellness and Health Care Planning (WHP) Services	As an *i*Care member, you have access to an online advance care planning resource called, 5 Wishes on www.iCareHealthPlan.org. 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. Available in-person, telephonic, or web based.
Acupuncture	$0 copayment for acupuncture for chronic low back pain visits up to 20 visit(s) per year. Authorization rules may apply.

More Benefits with Your Plan — No Cost to Participate

There is no additional premium amount for this benefit.

Special Supplemental Benefits for the Chronically Ill (SSBCI)	*i*Care Flexible Care Assistance is available to members with chronic health conditions, are participating in care management services, and meet program criteria.
***i*Care Flexible Care Assistance**	Eligible members may receive medical expense assistance and other additional benefits, either primarily health related or non-primarily health related, to address the member's unique individual needs. Benefits are limited up to $500 per year and must be coordinated and authorized by a care coordinator or care manager. There is no cost to participate. Benefit is for members with: » Chronic alcohol and other drug dependence » Autoimmune disorders » Cancer » Cardiovascular disorders » Chronic heart failure » Dementia » Diabetes » End-stage liver disease » End-stage renal disease » Severe hematologic disorders » HIV/AIDS » Chronic lung disorders » Chronic and disabling mental health conditions » Neurologic disorders » Stroke Benefits may include, but are not limited to, fall prevention equipment, housekeeping services, dental care, meal prep/delivery, transportation for medical and non-medical needs.

Medicaid Covered Services

The benefits described on the previous pages are covered by Medicare. Now, we will explain to you what is covered by Medicaid.

YOUR STATE MEDICAID PROGRAM

Your State Medicaid program can be reached through the office of the Wisconsin Department of Health Services, Division of Medicaid Services (www.dhs.wisconsin.gov/dms/index.htm).

A person who is entitled to both Medicare and medical assistance from a State Medicaid plan is considered dual eligible. As a dual eligible beneficiary your services are paid first by Medicare and then by Medicaid. Your Medicaid coverage varies depending on your income, resources, and other factors. Benefits may include full Medicaid benefits and/or payment of some or all your Medicare cost-share (premiums, deductibles, co-insurance, or co-pays). Depending on your level of Medicaid eligibility, you may not have any cost-sharing responsibility for Medicare covered services.

WHAT YOU PAY FOR COVERED SERVICES MAY DEPEND ON YOUR LEVEL OF MEDICAID ELIGIBILITY

Below is a list of dual eligible coverage categories for beneficiaries:

Qualified Medicare Beneficiary (QMB): Helps pay Medicare Part A and Part B premiums, and other cost-sharing (like deductibles, co-insurance, and co-pays). Most people with QMB are also eligible for full Medicaid benefits.

If you are a QMB Beneficiary:

» You have a 0% cost-share if you remain a QMB member.

» Preventive services and supplemental benefits provided by *i*Care are also at a $0 cost-share.

Specified Low-Income Medicare Beneficiary (SLMB): Helps pay Part B premiums. Some people with SLMB are also eligible for full Medicaid benefits.

Qualifying Individual (QI): Helps pay Part B premiums.

If you are a SLMB or SLMB+:

» You may be eligible for full Medicaid benefits and as such your cost-share is 0% or 20%. Typically, your cost-share is 0% when the service is covered by both Medicare and Medicaid if you are found to be eligible for full Medicaid.

» Preventive services and supplemental benefits provided by *i*Care are also at a $0 cost-share. In some instances, you will pay 20% when a service or benefit is not covered by Medicaid.

If you are a QI Beneficiary:

» Because Medicaid does not pay your cost-share, and you do not have full Medicaid benefits, your cost-share is typically 20%. There are a few exceptions such as preventive wellness exams and supplemental benefits provided by *i*Care where you will have a $0 cost-share.

ELIGIBILITY CHANGES

It is important to read and respond to all mail that comes from Social Security and the State Medicaid office and to maintain your Medicaid eligibility status. Periodically, as required by CMS, we will check the status of your Medicaid eligibility as well as your dual eligible category. If your eligibility status changes, your cost-share may also change from 0% to 20% or from 20% to 0%. If you lose Medicaid coverage entirely, you will be given a grace period so that you can reapply for Medicaid and become reinstated if you still qualify.

If you no longer qualify for Medicaid, you may be involuntarily disenrolled from your plan. Your State Medicaid agency will send you notification of your loss of Medicaid or change in Medicaid category. We may also contact you to remind you to reapply for Medicaid. For this reason, it is important to let us know

whenever your mailing address and/or phone number changes.

If you are currently entitled to receive full or partial Medicaid benefits, please see your Medicaid member handbook or other State Medicaid documents for full details on your Medicaid benefits, limitations, restrictions, and exclusions. The Medicaid program can be reached through the office of the Wisconsin Department of Health Services, Division of Medicaid Services by calling Member Services at 1-800-363-3002 or visiting www.dhs.wisconsin.gov/dms/index.htm.

HOW TO READ THE MEDICAID BENEFITS CHART

The chart below and on page 16 shows the services/benefits covered by Medicaid. The charts apply only if you are entitled to benefits under your Medicaid program. Your cost-share varies based on your Medicaid category. **Please refer to your Medicaid-Only Handbook or your Medicaid Enrollment and Benefits Booklet for more information about your benefits, your cost share (co-pays, if applicable), limitations and exclusions (what is covered and what is not covered).**

Medicaid Covered Benefits

AMBULATORY SURGICAL CENTERS: Coverage of certain surgical procedures and related lab services.

BEHAVIORAL TREATMENT: Full coverage of comprehensive and focused behavioral treatment services with Prior Authorization.

CASE MANAGEMENT SERVICES: Full coverage.

CHIROPRACTIC SERVICES: Full coverage.

COMMUNITY RECOVERY SERVICES: Full coverage.

COMPREHENSIVE COMMUNITY SERVICES: Full coverage.

DENTAL SERVICES: Full coverage.

DISPOSABLE MEDICAL SUPPLIES: Full coverage.

DRUGS — PRESCRIPTION: Coverage for generic drugs, brand name drugs, and some Over-the-Counter (OTC drugs). Limit of five opioid prescription refills per month.

DURABLE MEDICAL EQUIPMENT: Full coverage.

END STAGE RENAL DISEASE (ESRD): Full coverage.

HEALTHCHECK SCREENINGS FOR CHILDREN: Full coverage of HealthCheck screenings and other services for individuals under 21 years of age.

HEARING SERVICES: Full coverage.

HOME CARE SERVICES (HOME HEALTH, PRIVATE DUTY NURSING, AND PERSONAL CARE): Full coverage of private duty nursing, home health services, and personal care.

HOSPICE: Full coverage.

HOSPITAL SERVICES — INPATIENT: Full coverage.

HOSPITAL SERVICES — OUTPATIENT: Full coverage.

HOSPITAL SERVICES — OUTPATIENT EMERGENCY ROOM: Full coverage.

INTERMEDIATE CARE FACILITY SERVICES: Full coverage.

MEDICAL DAY TREATMENT SERVICES: Full coverage.

MENTAL HEALTH AND SUBSTANCE ABUSE TREATMENT: Full coverage (not including room and board).

NURSE PRACTITIONER: Full coverage.

NURSING HOME SERVICES: Full coverage.

PHYSICIAN SERVICES: Full coverage, including laboratory and radiology.

PODIATRY SERVICES: Full coverage.

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.

REPRODUCTIVE HEALTH SERVICES — FAMILY PLANNING SERVICES: Full coverage, with the exceptions listed below. 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

RESIDENTIAL SUBSTANCE USE DISORDER: Full coverage.

RESPIRATORY CARE SERVICES FOR VENTILATOR-DEPENDENT INDIVIDUALS: Full coverage.

ROUTINE VISION: Full coverage, including eyeglasses. No co-pay for eyeglasses selected from the Medicaid collection.

RURAL HEALTH CLINIC SERVICES: Full coverage.

SCHOOL-BASED SERVICES: Full coverage.

SUBSTANCE USE DISORDER (SUD) HEALTH HOME PILOT PROGRAM: Full coverage.

THERAPY — PHYSICAL THERAPY (PT), OCCUPATIONAL THERAPY (OT), AND SPEECH AND LANGUAGE PATHOLOGY (SLP): Full coverage.

TRANSPORTATION — AMBULANCE, SPECIALIZED MEDICAL VEHICLE (SMV), COMMON CARRIER: Full coverage for Medicaid-covered emergency transportation services and non-emergency transportation to and from a Medicaid certified provider.

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

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 quí vị cần thông dịch viên xin gọi 1-800-777-4376 sẽ có nhân viên nói tiếng Việt giúp đỡ quí 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 답해 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ございます。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。

Notes and Important Information

Use this page to write down things you want to remember or questions for *i*Care Customer Service.

Not a member yet?

If you are **NOT a member of *i*Care Medicare Plan**, contact our Medicare Benefits Consultants, licensed sales agents. Call toll-free 1-855-839-0918 (TTY: 711). You can also contact a licensed agent or broker.

Existing Members call Customer Service

1-800-777-4376, 24 hours a day, 7 days a week

TTY: 711

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

iCare
INDEPENDENT CARE HEALTH PLAN

Corporate Office
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Milwaukee, Wisconsin 53212

www.iCareHealthPlan.org

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