

# 2017

*i*Care

## Medicare Advantage Special Needs Plan

### SUMMARY OF BENEFITS



Friends for Health. Friends for Life.

Summary of Benefits for *iCare* Medicare Plan (HMO SNP)  
January 1, 2017 – December 31, 2017

**Summary of Benefits**

***iCare* Medicare Plan (HMO SNP)**

This is a summary of drug and health services covered by *iCare* Medicare Plan January 1, 2017 – December 31, 2017.

*iCare* Medicare Plan is a Coordinated Care Plan with a Medicare Advantage contract and a contract with the state of Wisconsin Department of Health Services (DHS) for the Medicaid Program. Enrollment in *iCare* Medicare Plan depends on contract renewal.

The formulary, pharmacy and/or provider network may change at any time. You will receive notice when necessary.

The benefit information 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, please request the “Evidence of Coverage” by calling 1-800-777-4376 (TTY 1-800-947-3529).

To join *iCare* Medicare Plan you must be entitled to Medicare Part A, be enrolled in Medicare Part B and live in our service area. Our service area includes the following counties in Wisconsin: Adams, Brown, Calumet, Columbia, Dane, Green, Green Lake, Iowa, Jackson, Juneau, Kenosha, Kewaunee, Lafayette, Manitowoc, Marinette, Menominee, Milwaukee, Monroe, Oconto, Outagamie, Ozaukee, Racine, Richland, Rock, Sauk, Shawano, Sheboygan, Trempealeau, Vernon, Walworth, Washington, Waukesha, Waupaca and Winnebago.

*iCare* Medicare Plan has a network of doctors, hospitals, pharmacies and other providers. If you use the providers that are not in our network, the plan may not pay for these services.

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Thank you for your interest in *iCare Medicare Plan (HMO SNP)*. Our plan is offered by Independent Care Health Plan, a Medicare Advantage Health Maintenance Organization (HMO) Special Needs Plan (SNP) that contracts with the Center for Medicare & Medicaid Services (CMS) and the Wisconsin Department of Health Services (DHS). This plan is designed for people who meet specific enrollment criteria.

**YOU HAVE CHOICES IN YOUR HEALTH CARE**

You can choose from different Medicare options.

One choice is to get your Medicare benefits through Original Medicare (fee-for-service Medicare). Original Medicare is run directly by the Federal government.

Another choice is to get your Medicare benefits by joining a Medicare health plan (such as *iCare Medicare Plan (HMO SNP)*). Our members receive all of the benefits that the Original Medicare Plan offers. We also offer more benefits, which may change from year to year.

You make the choice. No matter what you decide, you are still in the Medicare Program. If you are eligible for both Medicare and Medicaid (dual eligible), you may join or leave a plan at any time.

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 <http://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 online at <http://www.medicare.gov> or get a copy by calling 1-800-MEDICARE (1-800-633-4227), 24 hours a day, 7 days a week. TTY users should call 1-877-486-2048.

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Premiums and Benefits	<i>iCare</i> Medicare Plan	What you should know
Monthly Plan Premium	You pay \$0	You must continue to pay your Medicare Part B premium, unless your Part B premium is paid for you by Medicaid or a third-party.
Deductible	<p>This plan has deductibles for some hospital and medical services.</p> <p>\$0 or \$166 per year for in-network services, depending on your level of Medicaid eligibility. This amount may change for 2017, we will provide updated rates as soon as Medicare releases them.</p> <p>This plan does not have a deductible for Part D prescription drugs.</p>	
Maximum-Out-of – Pocket Responsibility (does not include prescription drugs)	In this plan, you may pay nothing for Medicare-covered services, depending on your level of Wisconsin Medicaid eligibility.	<p>All Medicare health plans have yearly limits on members’ out-of-pocket costs for medical and hospital care.</p> <p>Your yearly limit(s) in this plan:</p> <ul style="list-style-type: none"> <li>• \$6,700 for services you receive from in-network providers.</li> </ul> <p>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.</p> <p>Please note that you will still need to pay your monthly premiums and cost-sharing for your Part D prescription drugs.</p>

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<p>Inpatient Hospital Coverage</p>	<p>In 2016 the amounts for each benefit period were \$0 or:</p> <ul style="list-style-type: none"> <li>• \$1,288 deductible for each benefit period.</li> <li>• Days 1–60: \$0 coinsurance for each benefit period.</li> <li>• Days 61–90: \$322 coinsurance per day of each benefit period.</li> <li>• Days 91 and beyond: \$644 coinsurance per each "lifetime reserve day" after day 90 for each benefit period (up to 60 days over your lifetime).</li> <li>• Beyond lifetime reserve days: all costs.</li> </ul> <p>These amounts may change for 2017, we will provide updated rates as soon as Medicare releases them.</p>	<p>Our plan covers 90 days for an inpatient hospital stay.</p> <p>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.</p> <p>Prior authorization may be required.</p>
<p>Doctor Visits Primary Care &amp; Specialist</p>	<p>Primary care physician visit: 0% or 20% of the cost</p> <p>Specialist visit: 0% or 20% of the cost</p>	<p>A referral is not required to see a specialist with the exception of plastic surgery specialists and oral surgery specialists.</p>
<p>Preventive Care</p>	<p>You pay nothing</p>	<p>Our plan covers many preventive services, including:</p> <ul style="list-style-type: none"> <li>• Abdominal aortic aneurysm screening</li> <li>• Alcohol misuse counseling</li> <li>• Bone mass measurement</li> <li>• Breast cancer screening (mammogram)</li> <li>• Cardiovascular disease (behavioral therapy)</li> <li>• Cardiovascular screenings</li> </ul>

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		<ul style="list-style-type: none"> <li>• Cervical and vaginal cancer screening</li> <li>• Colonoscopy</li> <li>• Colorectal cancer screenings (Colonoscopy, Fecal occult blood test, Flexible sigmoidoscopy)</li> <li>• Depression screening</li> <li>• Diabetes screenings</li> <li>• HIV screening</li> <li>• Medical nutrition therapy services</li> <li>• Obesity screening and counseling</li> <li>• Prostate cancer screenings (PSA)</li> <li>• Sexually transmitted infections screening and counseling</li> <li>• Tobacco use cessation counseling (counseling for people with no sign of tobacco-related disease)</li> <li>• Vaccines, including Flu shots, Hepatitis B shots, Pneumococcal shots</li> <li>• "Welcome to Medicare" preventive visit (one-time) Yearly "Wellness" visit</li> </ul> <p>Any additional preventive services approved by Medicare during the contract year will be covered.</p> <p>Annual physical exam: You pay nothing</p>
Emergency Care	\$0 or \$75 copay	<p>Contact <i>iCare</i> after receiving emergency care.</p> <p>Emergency care is not covered outside of the US and its territories.</p>

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		If you are admitted to the hospital within 3 days, you do not have to pay your share of the cost for emergency care. See the "Inpatient Hospital Care" section of this booklet for other costs.
Urgently Needed Services	0% or 20% of the cost (up to \$65)	Contact <i>iCare</i> after receiving urgently needed services. Urgently needed services are immediate care, not emergency care.  Urgently needed services are not covered outside of the US and its territories.
Diagnostic Services/ Labs/ Imaging <ul style="list-style-type: none"> <li>• Diagnostic radiology service (e.g., MRI)</li> <li>• Lab services</li> <li>• Diagnostic tests and procedures</li> <li>• Outpatient x-rays</li> </ul>	Diagnostic radiology services (such as MRIs, CT scans): 0% or 20% of the cost  Diagnostic tests and procedures: 0% or 20% of the cost  Lab services: 0% or 20% of the cost  Outpatient x-rays: 0% or 20% of the cost  Therapeutic radiology services (such as radiation treatment for cancer): 0% or 20% of the cost	Prior authorization may be required.  Costs for these services may be different if received in an outpatient surgery setting.
Hearing Services	Exam to diagnose and treat hearing and balance issues: 0% or 20% of the cost	
Dental Services	Limited dental services (this does not include services in connection with care, treatment, filling, removal, or replacement of teeth): 0% or 20% of the cost	
Vision Services	Exam to diagnose and treat diseases and conditions of the eye (including yearly glaucoma screening): 0% or 20% of the	

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	<p>cost</p> <p>Eyeglasses or contact lenses after cataract surgery: 0% or 20% of the cost</p>	
<p>Mental Health Services</p> <ul style="list-style-type: none"> <li>• Inpatient visit</li> <li>• Outpatient group therapy visit</li> <li>• Outpatient individual therapy visit</li> </ul>	<p>Inpatient visit:</p> <p>In 2016 the amounts for each benefit period were \$0 or:</p> <ul style="list-style-type: none"> <li>• \$1,288 deductible for each benefit period.</li> <li>• Days 1–60: \$0 coinsurance per day of each benefit period.</li> <li>• Days 61–90: \$322 coinsurance per day of each benefit period.</li> <li>• Days 91 and beyond: \$644 coinsurance per each "lifetime reserve day" after day 90 for each benefit period (up to 60 days over your lifetime).</li> <li>• Beyond lifetime reserve days: all costs.</li> <li>• 20% of the Medicare-approved amount for mental health services you get from doctors and other providers while you're a hospital inpatient.</li> </ul> <p>These amounts may change for 2017, we will provide updated rates as soon as Medicare releases them.</p> <p>Outpatient group therapy visit: 0% or 20% of the cost</p>	<p>Prior authorization may be required.</p> <p>May require a referral from your doctor.</p> <p>Our plan covers up to 190 days in a lifetime for inpatient mental health care in a psychiatric hospital. The inpatient hospital care limit applies to inpatient mental services provided in a general hospital.</p> <p>Our plan covers 90 days for an inpatient hospital stay.</p> <p>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.</p>



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	Outpatient individual therapy visit: 0% or 20% of the cost	
Skilled Nursing Facility	<p>In 2016 the amounts for each benefit period were \$0 or:</p> <ul style="list-style-type: none"> <li>• Days 1–20: \$0 for each benefit period.</li> <li>• Days 21–100: \$161 coinsurance per day of each benefit period.</li> <li>• Days 101 and beyond: all costs.</li> </ul> <p>These amounts may change for 2017, we will provide updated rates as soon as Medicare releases them.</p>	<p>Prior authorization may be required.</p> <p>May require a referral from your doctor.</p> <p>Our plan covers up to 100 days in a SNF.</p>
Rehabilitation Services <ul style="list-style-type: none"> <li>• Cardiac Rehab</li> <li>• Occupational therapy visit</li> <li>• Physical therapy and speech and language therapy visit</li> </ul>	<p>Cardiac (heart) rehab services (for a maximum of 2 one-hour sessions per day for up to 36 sessions up to 36 weeks): 0% or 20% of the cost</p> <p>0% or 20% of the cost for Medicare-covered Intensive Cardiac Rehabilitation Services</p> <p>Occupational therapy visit: 0% or 20% of the cost</p> <p>Physical therapy and speech and language therapy visit: 0% or 20% of the cost</p>	<p>Prior authorization may be required.</p> <p>May require a referral from your doctor.</p>
Ambulance	0% or 20% of the cost	
Transportation	Not Covered	
Foot Care (podiatry services)	Foot exams and treatment if you have diabetes-related nerve damage and/or meet certain conditions: 0% or 20% of the cost.	
Medical Equipment/Supplies <ul style="list-style-type: none"> <li>• Durable medical equipment (e.g.,</li> </ul>	<p>Durable medical equipment: 0% or 20% of the cost</p> <p>Prosthetic devices and related</p>	<p>Prior authorization may be required.</p>

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<p>wheelchairs, oxygen)</p> <ul style="list-style-type: none"> <li>• Prosthetics (e.g., braces, artificial limbs)</li> <li>• Diabetes supplies</li> </ul>	<p>medical supplies: 0% or 20% of the cost</p> <p>Diabetes monitoring supplies: You pay nothing</p> <p>Diabetes self-management training: 0% or 20% of the cost</p> <p>Therapeutic shoes or inserts: 0% or 20% of the cost</p>	
<p>Medicare Part B Drugs</p>	<p>Chemotherapy drugs: 0% or 20% of the cost</p> <p>Other Part B drugs: 0% or 20% of the cost</p> <p>Abbott brand Diabetic Testing Supplies: \$0</p> <p>Generic Nebulizer Drugs: \$0</p>	<p>Prior authorization may be required.</p> <p>The Formulary lists drugs that require prior authorization.</p> <p>You can see the complete plan formulary (list of Part D prescription drugs) and any restrictions on our website at <a href="http://www.icare-wi.org">www.icare-wi.org</a></p>
<b>Outpatient Prescription Drugs</b>		
<p>Medicare Part D Drugs <b>(Initial Coverage: You do not have a deductible)</b></p>	<p>Our plan groups each medication into one of three "tiers." You will need to use your formulary to locate what tier your drug is on to determine how much it will cost you. The amount you pay depends on the drug's tier and what stage of the benefit you have reached. Cost-sharing may change when entering another phase of the Part D benefit. Call <i>iCare</i> Medicare 1-800-777-4376 (TTY 1-800-947-3529) or access the Evidence of Coverage online.</p> <p>If you reside in a long-term care facility, you pay the same as at a retail pharmacy.</p> <p>You may get drugs from an out-of-network pharmacy at the same cost as an in-network pharmacy.</p> <p>Because you are eligible for Medicaid, you qualify for and are getting "Extra Help" from Medicare to pay for your prescription drug plan costs. You do not need to do anything further to get this "Extra Help". For more information on "Extra Help" please contact the plan.</p>	

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<b>Standard Retail and Mail Order Cost-Sharing</b>			
<b>Tier</b>	<b>One-Month Supply</b>	<b>Two-month supply</b>	<b>Three-month supply</b>
Tier 1 (generic), Tier 2 (brand)	For generic drugs (including brand drugs treated as generic), depending on your income and institutional status, you pay either: <ul style="list-style-type: none"> <li>• \$0 copay; or</li> <li>• 1.20 copay; or</li> <li>• \$3.30 copay</li> </ul> For all other drugs, either: <ul style="list-style-type: none"> <li>• \$0 copay; or</li> <li>• \$3.70 copay; or</li> <li>• \$8.25 copay</li> </ul>	For generic drugs (including brand drugs treated as generic), depending on your income and institutional status, you pay either: <ul style="list-style-type: none"> <li>• \$0 copay; or</li> <li>• 1.20 copay; or</li> <li>• \$3.30 copay</li> </ul> For all other drugs, either: <ul style="list-style-type: none"> <li>• \$0 copay; or</li> <li>• \$3.70 copay; or</li> <li>• \$8.25 copay</li> </ul>	For generic drugs (including brand drugs treated as generic), depending on your income and institutional status, you pay either: <ul style="list-style-type: none"> <li>• \$0 copay; or</li> <li>• 1.20 copay; or</li> <li>• \$3.30 copay</li> </ul> For all other drugs, either: <ul style="list-style-type: none"> <li>• \$0 copay; or</li> <li>• \$3.70 copay; or</li> <li>• \$8.25 copay</li> </ul>
Tier 3 (specialty)	For generic drugs (including brand drugs treated as generic), depending on your income and institutional status, you pay either: <ul style="list-style-type: none"> <li>• \$0 copay; or</li> <li>• 1.20 copay; or</li> <li>• \$3.30 copay</li> </ul> For all other drugs, either: <ul style="list-style-type: none"> <li>• \$0 copay; or</li> <li>• \$3.70 copay; or</li> <li>• \$8.25 copay</li> </ul>	Not Offered	Not Offered
<b>Medicare Part D Drugs (Catastrophic Coverage)</b>	After your yearly out-of-pocket drug costs (including drugs purchased through your retail pharmacy and through mail order) reach \$4,950, you pay nothing for all drugs		

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<b>Additional Benefits</b>		
<b>Acupuncture</b>	Not covered	
<b>Chiropractic Care</b>	Manipulation of the spine to correct a subluxation (when 1 or more of the bones of your spine move out of position): 0% or 20% of the cost	
<b>Home Health Care</b>	You pay nothing	Prior authorization may be required.  May require a referral from your doctor.
<b>Hospice</b>	You pay nothing for hospice care from a Medicare-certified hospice. You may have to pay part of the cost for drugs and respite care. Hospice is covered outside of our plan. Please contact us for more details.	
<b>Meals Benefit</b>	You pay nothing  If you are transitioning from an inpatient hospital or skilled nursing facility, you are eligible for up to 28 days of meals (maximum 56 meals provided).	Prior authorization may be required.
<b>Outpatient Substance Abuse</b>	Group therapy visit: 0% or 20% of the cost  Individual therapy visit: 0% or 20% of the cost	

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<b>Outpatient Surgery</b>	Ambulatory surgical center: 0% or 20% of the cost  Outpatient hospital: 0% or 20% of the cost	
<b>Over-the-Counter Items</b>	Please visit our website for a list of covered over-the- counter items.	The <i>iCare</i> OTC program allows members to purchase up to \$42 per month for over- the-counter “Drug Store” type items using an account that is replenished with funds on a monthly basis. Unused amounts roll over to the next month. Unused amounts do not roll over to the next calendar year. Orders are limited to one per month. Maximum of \$504 per year.
<b>Personal Emergency Response System (PERS)</b>	You pay nothing	Prior authorization may be required.
<b>Renal Dialysis</b>	0% or 20% of the cost	
<b>SilverSneakers<sup>®</sup> Fitness</b>	You pay nothing	SilverSneakers is a fitness benefit that includes access to 13,000+ fitness locations* nationwide, exercise equipment and other amenities, group exercise classes led by certified instructors, a support network and online resources. Signature SilverSneakers classes designed for all levels and abilities are offered in traditional fitness classrooms. More than 70 SilverSneakers FLEX <sup>®</sup> class options

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		<p>including Latin dance, yoga, tai chi and walking groups are offered in settings outside the traditional gym. Three BOOM<sup>®</sup> classes, MIND, MUSCLE and MOVE IT, offer more intense workouts inside the gym. Eligible plan members simply show their personal SilverSneakers ID number at the front desk of any participating location to use the benefit. Members may get their SilverSneakers ID number and find locations and classes at <b>silversneakers.com</b>. Members with additional questions should call 1-888-423-4632 (TTY: 711) Monday through Friday, 8 a.m. to 8 p.m. ET.</p> <p>*At-home kits are offered for members who want to start working out at home or for those who can't get to a fitness location due to injury, illness or being homebound.</p>
<p><b>Supplemental Dental Care</b> Preventive and comprehensive dental services limited to a total of \$750 per calendar year.</p> <p>The preventive benefit provides the following services:</p> <ul style="list-style-type: none"> <li>• Oral exams – Up to 2 per calendar year</li> <li>• Prophylaxis – Up to 2 per calendar year</li> <li>• Dental X-Rays – Up to 1</li> </ul>	<p>You pay nothing</p>	

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<p>per calendar year</p> <p>X-Rays are limited to either 1 panoramic or 1 full set per calendar year.</p> <p>The comprehensive benefit provides the following services:</p> <ul style="list-style-type: none"> <li>• Diagnostic Services – Up to 2 per calendar year</li> <li>• Restorative Services – Up to 2 per calendar year</li> <li>• Endodontics/Periodontics/Extractions – Up to 2 per calendar year</li> </ul> <p>Simple restorations are limited to amalgams and resins (no root canals or crowns). This benefit is limited to one restoration per tooth per calendar year. This benefit allows for simple extractions – no surgical extractions are allowable under the benefit. Emergency Office Visits are limited to two visits per calendar year.</p>		
<p><b>Supplemental Vision Services</b></p> <p>Eye-wear of up to \$150 per calendar year.</p> <ul style="list-style-type: none"> <li>• Eyeglasses (lenses and frames)</li> <li>• Upgrades</li> </ul>	<p>You pay nothing</p>	
<p><b>Weight Watchers®</b></p>	<p>You pay nothing</p>	<p><i>iCare</i> will supply members with local Weight Watchers meeting voucher packs. These packs will contain ten-weeks’</p>

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		worth of meeting vouchers at a local, on-site Weight Watchers location. Members can request new voucher packs near the end of each ten-week period if they continue to use Weight Watchers.
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If you want to know more about the coverage and costs of Original Medicare, look in your current “**Medicare & You**” handbook. View it online at <http://www.medicare.gov> or get a copy by calling 1-800-MEDICARE (1-800-633-4227), 24 hours a day, 7 days a week. TTY users should call 1-877-486-2048.

To see the summary of Medicaid covered benefits, please see your Evidence of Coverage. You can see what Wisconsin Medicaid covers and what our plan covers. What you pay for covered services may depend on your level of Medicaid eligibility.

This document may be available in other formats such as Braille, large print or audio. This document may be available in a non-English language. For additional information call Customer Service at 1-800-777-4376. TTY users should call 1-800-947-3529. Customer service has free language interpreter services available for non-English speakers.

For more information, please call us at the phone number below or visit us at [www.icare-wi.org](http://www.icare-wi.org)

Toll free 1-800-777-4376. TTY users should call 1-800-947-3529. You can call us 24 hours-a-day, 7 days-a-week (office hours: Monday-Friday, 8:30 a.m. to 5:00 p.m.)

You can see our plan’s provider and/or pharmacy directory at our website at [www.icare-wi.org](http://www.icare-wi.org).



# Notice Informing Individuals About Nondiscrimination and Accessibility Requirements: Discrimination is Against the Law

*iCare* Medicare Plan (HMO SNP) complies with applicable Federal civil rights laws and does not discriminate on the basis of race, color, national origin, age, disability, or sex. *iCare* Medicare Plan does not exclude people or treat them differently because of race, color, national origin, age, disability, or sex.

*iCare* Medicare 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 Kandi Lortie.

If you believe that *iCare* Medicare Plan has failed to provide these services or discriminated in another way on the basis of race, color, national origin, age, disability, or sex, you can file a grievance with: Quality Improvement Specialist Kandi Lortie, 1555 N. RiverCenter Dr., Suite 206, Milwaukee, WI 53212, 1-800-777-4376 (TTY: 1-800-947-3529), 414-231-1094, [klortie@icare-wi.org](mailto:klortie@icare-wi.org). You can file a grievance in person or by mail, fax, or email. If you need help filing a grievance, Quality Improvement Specialist Kandi Lortie is available to help you. 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>.



## Multi-language Interpreter Services

**English:** ATTENTION: If you speak English, language assistance services, free of charge, are available to you. Call 1-800-777-4376 (TTY: 1-800-947-3529).

**Spanish:** ATENCIÓN: si habla español, tiene a su disposición servicios gratuitos de asistencia lingüística. Llame al 1-800-777-4376 (TTY: 1-800-947-3529).

**Chinese:** 注意：如果您使用繁體中文，您可以免費獲得語言援助服務。請致電。1-800-777-4376 (TTY: 1-800-947-3529)。

**Tagalog:** PAUNAWA: Kung nagsasalita ka ng Tagalog, maaari kang gumamit ng mga serbisyo ng tulong sa wika nang walang bayad. Tumawag sa 1-800-777-4376 (TTY: 1-800-947-3529).

**French:** ATTENTION : Si vous parlez français, des services d'aide linguistique vous sont proposés gratuitement. Appelez le 1-800-777-4376 (ATS : 1-800-947-3529).

**Vietnamese:** CHÚ Ý: Nếu bạn nói Tiếng Việt, có các dịch vụ hỗ trợ ngôn ngữ miễn phí dành cho bạn. Gọi số 1-800-777-4376 (TTY: 1-800-947-3529).

**German:** ACHTUNG: Wenn Sie Deutsch sprechen, stehen Ihnen kostenlos sprachliche Hilfsdienstleistungen zur Verfügung. Rufnummer: 1-800-777-4376 (TTY: 1-800-947-3529).

**Korean:** 주의: 한국어를 사용하시는 경우, 언어 지원 서비스를 무료로 이용하실 수 있습니다. 1-800-777-4376 (TTY: 1-800-947-3529) 번으로 전화해 주십시오.

**Russian:** ВНИМАНИЕ: Если вы говорите на русском языке, то вам доступны бесплатные услуги перевода. Звоните 1-800-777-4376 (телетайп: 1-800-947-3529).

**Arabic:** تظوظحلم: اذا بتك تكدحتت ركذا اللغة، نإفاتامدخ ؤدعاسملا تميوظلا رفاوتتلك لن اجملاب. لصتا مقرب 1-800-777-4376 (مقر فتاه مصلا مكبالو: 1-800-947-3529).

**Hindi:** ध्यान दः यद आप हदी बोलते ह तो आपके िलए मुफ्त म भाषा सहायता सेवाएं उपलब्ध ह। 1-800-777-4376 (TTY: 1-800-947-3529) पर कॉल कर।

**Italian:** ATTENZIONE: In caso la lingua parlata sia l'italiano, sono disponibili servizi di assistenza linguistica gratuiti. Chiamare il numero 1-800-777-4376 (TTY: 1-800-947-3529).

**Portugués:** ATENÇÃO: Se fala português, encontram-se disponíveis serviços linguísticos, grátis. Ligue para 1-800-777-4376 (TTY: 1-800-947-3529).

**French Creole:** ATANSYON: Si w pale Kreyòl Ayisyen, gen sèvis èd pou lang ki disponib gratis pou ou. Rele 1-800-777-4376 (TTY: 1-800-947-3529).

**Polish:** UWAGA: Jeżeli mówisz po polsku, możesz skorzystać z bezpłatnej pomocy językowej. Zadzwoń pod numer 1-800-777-4376 (TTY: 1-800-947-3529).

**Japanese:** 注意事項：日本語を話される場合、無料の言語支援をご利用いただけます。1-800-777-4376 (TTY: 1-800-947-3529)まで、お電話にてご連絡ください。

**Hmong:** LUS CEEV: Yog tias koj hais lus Hmoob, cov kev pab txog lus, muaj kev pab dawb rau koj. Hu rau 1-800-777-4376 (TTY: 1-800-947-3529).

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