

2017 Summary of Benefits

*i*Care Family Care Partnership (HMO SNP)



Friends for Health. Friends for Life.

Summary of Benefits for *iCare* Family Care Partnership's Partnership Program (HMO SNP)
January 1, 2017 – December 31, 2017
Dane, Kenosha, Milwaukee and Racine Counties

Summary of Benefits

***iCare* Family Care Partnership (HMO SNP)**

H2237 - 007

This is a summary of drug, health and long-term care services covered by *iCare* Family Care Partnership January 1, 2017 – December 31, 2017.

iCare Family Care Partnership 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* Family Care Partnership 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* Family Care Partnership 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: Dane, Kenosha, Milwaukee and Racine Counties.

iCare Family Care Partnership 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.

H2237_IC1258 Accepted

Summary of Benefits for *iCare Family Care Partnership's Partnership Program (HMO SNP)*
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Thank you for your interest in *iCare Family Care Partnership's Partnership Program (HMO SNP)*. Our plan is offered by *iCare Family Care Partnership*, 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.

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 *iCare Family Care Partnership's Partnership Program*.**

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 Family Care Partnership's Partnership Program (HMO SNP)*). Our members receive all of the benefits that the Original Family Care Partnership 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 Family Care Partnership 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.

Summary of Benefits for *iCare* Family Care Partnership’s Partnership Program (HMO SNP)
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Summary of Medicare-Covered Benefits

Premiums and Benefits	<i>iCare</i> Family Care Partnership	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.
Deductible	You pay nothing	This plan does not have a deductible.
Maximum-Out-of-Pocket Responsibility (does not include prescription drugs)	Because you have Medicaid, you pay nothing	All Medicare health plans have yearly limits on members’ out-of-pocket costs for medical and hospital care. Medicaid pays those costs on your behalf.
Inpatient Hospital Coverage	You pay nothing	Because you have Medicaid, you are covered for an unlimited number of days each benefit period. Prior authorization may be required. Contact your Team for details.
Doctor Visits Primary Care & Specialist	You pay nothing	Prior authorization may be required. Contact your Team for details.
Preventive Care	You pay nothing	Prior authorization may be required. Contact your Team for details.
Emergency Care	You pay nothing	Contact your Team after receiving emergency care. Emergency care is not covered outside of the US and its territories.
Urgently Needed Services	You pay nothing	Contact your Team 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"> • Diagnostic radiology service (e.g., MRI) • Lab services • Diagnostic tests and procedures • Outpatient x-rays 	You pay nothing	Prior authorization may be required. Contact your Team for details.

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Premiums and Benefits	<i>iCare</i> Family Care Partnership	What you should know
Hearing Services <ul style="list-style-type: none"> • Hearing exam • Hearing aid 	You pay nothing	Prior authorization may be required. Contact your Team for details.
Dental Services <ul style="list-style-type: none"> • Oral exam & Cleaning • Fillings • Complete dentures 	You pay nothing	Because you have Medicaid, many dental services, including preventative dental services, are covered. Prior authorization may be required. Contact your Team for details.
Vision Services	You pay nothing	Prior authorization may be required. Contact your Team for details.
Mental Health Services <ul style="list-style-type: none"> • Inpatient visit • Outpatient group therapy visit • Outpatient individual therapy visit 	You pay nothing	Prior authorization may be required. Contact your Team for details.
Skilled Nursing Facility	You pay nothing	Because you have Medicaid, you are covered for an unlimited number of days each benefit period. Prior authorization may be required. Contact your Team for details.
Rehabilitation Services <ul style="list-style-type: none"> • Occupational therapy visit • Physical therapy and speech and language therapy visit 	You pay nothing	Prior authorization may be required. Contact your Team for details.
Ambulance	You pay nothing	Emergency ambulance services are covered. Because you have Medicaid, non-emergency ambulance services may be covered and require prior authorization. Contact your Team for details.
Transportation	You pay nothing	Because you have Medicaid, routine transportation may be covered. Prior authorization may be required. Contact your Team for details.
Foot Care (podiatry services) <ul style="list-style-type: none"> • Foot exams and treatment • Routine foot care 	You pay nothing	Prior authorization may be required. Contact your Team for details.

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Premiums and Benefits	iCare Family Care Partnership	What you should know
<p>Medical Equipment/ Supplies</p> <ul style="list-style-type: none"> • Durable medical equipment (e.g., wheelchairs, oxygen) • Prosthetics (e.g., braces, artificial limbs) • Diabetes supplies 	<p>You pay nothing</p>	<p>Prior authorization may be required. Contact your Team for details.</p>
<p>Wellness Programs (e.g., fitness)</p>	<p>You pay nothing</p>	<p>Prior authorization may be required. Contact your Team for details.</p>
<p>Medicare Part B Drugs</p>	<p>You pay nothing</p>	<p>Because you have Medicaid and are enrolled in Partnership, prior authorization may be required. The Formulary lists drugs that require prior authorization. Contact your Team for details.</p>
<p>Supplemental Dental Care</p> <p>Preventive and comprehensive dental services limited to a total of \$950 per calendar year.</p> <p>The preventive benefit provides the following services:</p> <ul style="list-style-type: none"> • Oral exams – Up to 2 per calendar year • Prophylaxis – Up to 2 per calendar year • Dental X-Rays – Up to 1 per calendar year <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"> • Diagnostic Services – Up to 2 per calendar year • Restorative Services – Up to 2 per calendar year • Endodontics/Periodontics/Extractions – Up to 2 per calendar year <p>Simple restorations are limited to</p>	<p>You pay nothing</p>	<p>Prior authorization is not required. Contact your Team for details.</p>

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<p>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>Supplemental Vision Care Eye-wear once every calendar year for up to \$150.</p> <ul style="list-style-type: none"> • Eyeglasses (lenses and frames) • Upgrades 	<p>You pay nothing</p>	<p>Prior authorization is not required. Contact your Team for details.</p>
<p>SilverSneakers® Fitness</p> <p>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® class options including Latin dance, yoga, tai chi and walking groups are offered in settings outside the traditional gym. Three BOOM® 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 silversneakers.com. Members with additional questions should call 1-888-423-4632 (TTY: 711) Monday</p>	<p>You pay nothing</p>	<p>Prior authorization is not required.</p>

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through Friday, 8 a.m. to 8 p.m. ET. *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.		
Telehealth With Telehealth, members can connect to a provider via a live, two-way video or text chat through their personal computer or via an iOS or Android mobile phone application. TeleHealth visits are limited to Behavioral Health Specialists, Urgent Care & Nutritionists. Maximum of 8 visits per calendar year.	You pay nothing	Prior authorization required. Contact your Team for details.
Outpatient Prescription Drugs		
Premiums and Benefits	iCare Family Care Partnership	What you should know
Medicare Part D drugs	You pay nothing	Because you have Medicaid and are enrolled in Partnership, YOU HAVE NO COPAY ON PRESCRIPTION DRUGS. Prior authorization may be required. The Formulary lists drugs that require prior authorization. Contact your Team for details. Some over-the-counter (OTC) drugs are covered by Medicaid.

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.

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 [insert toll free number]. Customer service has free language interpreter services available for non-English speakers.

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Summary of Medicaid-Covered Benefits

MEDICAID SERVICES

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

Benefit	Medicaid	<i>iCare</i> Family Care Partnership (HMO SNP) Benefits
Alcohol and Other Drug Abuse (AODA) Services	Full coverage - \$.50-\$3 copay per service	Prior Authorization may be required. \$0 copay
Audiology Services	Full coverage - \$.50-\$3 copay per service	Prior Authorization may be required. \$0 copay
Case Management Services (Targeted)	Full coverage. No copay.	Prior Authorization may be required. \$0 copay
Chiropractic Services	Full coverage - \$.50-\$3 copay per service	Prior Authorization may be required. \$0 copay
Dental Services	Full coverage - \$.50 to \$3 copay per service.	Prior Authorization may be required. \$0 copay
Diagnostic Testing	Full coverage - \$.50 to \$3 copay per service.	Prior Authorization may be required. \$0 copay

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Benefit	Medicaid	iCare Family Care Partnership (HMO SNP) Benefits
Dialysis Services	Full coverage. No copay.	Prior Authorization may be required. \$0 copay
Durable Medical Equipment and Medical Supplies	Full coverage. \$0.50 to \$3 copay per item. Rental items are not subject to copay.	Prior Authorization may be required. \$0 copay
Drugs (prescription)	Coverage of generic and brand name prescription drugs, and some over-the-counter (OTC) drugs. Copay: \$0.50 for OTC drugs \$1 for generic drugs \$3 for brand Copays are limited to \$12 per member, per provider, per month. OTCs are excluded from this \$12 maximum. Limit of five opioid prescription fills per month. \$0 copay	Prior Authorization may be required. You pay nothing for covered drugs. Because you have Medicaid and are enrolled in Partnership, you have no copay on prescription drugs.
Home Care Services (Home Health, Private Duty Nursing and Personal Care)	Full coverage of Private duty nursing, home health services, and personal care. No copay.	Prior Authorization may be required. \$0 copay
Hospice Care Services	Full coverage. No copay.	Prior Authorization may be required. \$0 copay
Hospital Services –	Full coverage. No copays.	Prior Authorization may be

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Benefit	Medicaid	iCare Family Care Partnership (HMO SNP) Benefits
Inpatient and Outpatient		required. \$0 copay
Mental Health Services	\$0.50 to \$3 copay per service, limited to the first 15 hours or \$825 of services, whichever comes first, provided per calendar year. Copays are not required when services are provided in a hospital setting.	Prior Authorization may be required. \$0 copay
Nursing Home Services	Full Coverage. \$0 copay	Prior Authorization may be required. Members are required to pay nursing home patient liability.
Physician Services (May include: <ul style="list-style-type: none"> • Physician Assistants • Nurse Practitioners • Rural Health Clinics) 	Full coverage, including laboratory and radiology. \$0.50 to \$3 copay per service limited to \$30 per provider per calendar year. (No copay for emergency services, preventive services, anesthesia or clozapine management.)	Prior Authorization may be required. \$0 copay
Podiatry Services	Full coverage – \$0.50 to \$3 copay per service; limited to \$30 per provider per calendar year.	Prior Authorization may be required. \$0 copay
Respiratory Care for Ventilator – Assisted Recipients	Full Coverage. \$0 copay	Prior Authorization may be required. \$0 copay
Transportation – Ambulance,	Full coverage of emergency and non-emergency transportation to and	Emergency ambulance services are covered. Because you have

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Benefit	Medicaid	iCare Family Care Partnership (HMO SNP) Benefits
Specialized Medical Vehicle (SMV), Common Carrier	<p>from a certified provider for a covered service.</p> <p>\$2 copay for non-emergency ambulance trips \$1 copay per trip for transportation by Specialized Medical Vehicle (SMV)</p> <p>No copay for transportation by common carrier or emergency ambulance</p>	<p>Medicaid, non-emergency ambulance services may be covered and require prior authorization.</p> <p>Other non-emergency transportation requires prior authorization.</p> <p>Contact your Team for details.</p> <p>Prior Authorization may be required.</p> <p>\$0 copay</p>
Therapy – Physical Therapy, Occupational Therapy and Speech and Language Pathology	<p>Full coverage -\$0.50 to \$3 copay per service.</p> <p>Copay obligation limited to the first 30 hours or \$1500, whichever occurs first, during one calendar year (copay limits calculated separately for each discipline)</p>	<p>Prior Authorization may be required.</p> <p>\$0 copay</p>
Vision Care Services	<p>Full coverage including eyeglasses - \$0.50 to \$3 copay per service.</p>	<p>Prior Authorization may be required.</p> <p>\$0 copay</p>

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MEDICAID LONG-TERM CARE SERVICES

All members of Partnership are also eligible to receive the long-term care benefits which are covered by Medicaid and listed in the chart below. Contact your care team about authorization of the services in the Partnership benefit package.

Benefits	<i>iCare</i> Family Care Partnership (HMO SNP) Program	What you should know
Adaptive Aids (general and vehicle)	Covered	Prior Authorization may be required. \$0 copay
Adult Day Care	Covered	Prior Authorization may be required. \$0 copay
Assistive Technology/ Communication Aids	Covered	Prior Authorization may be required. \$0 copay
Care/ Case Management (including Assessment and Case Planning)	Covered	Prior Authorization may be required. \$0 copay
Consultative Clinical and Therapeutic Services for Caregivers	Covered	Prior Authorization may be required. \$0 copay
Consumer Education and Training	Covered	Prior Authorization may be required. \$0 copay
Counseling and Therapeutic Resources	Covered	Prior Authorization may be required. \$0 copay
Environmental Accessibility Adaptations (Home Modifications)	Covered	Prior Authorization may be required. \$0 copay

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Benefits	<i>iCare</i> Family Care Partnership (HMO SNP) Program	What you should know
Financial Management Services	Covered	Prior Authorization may be required. \$0 copay
Habilitation Services <ul style="list-style-type: none"> • Daily Living Skills Training • Day Habilitation Services 	Covered	Prior Authorization may be required. \$0 copay
Housing Counseling	Covered	Prior Authorization may be required. \$0 copay
Meals – Home Delivered	Covered	Prior Authorization may be required. \$0 copay
Personal Emergency Response System Services	Covered	Prior Authorization may be required. \$0 copay
Prevocational Services	Covered	Prior Authorization may be required. \$0 copay
Relocation Services	Covered	Prior Authorization may be required. \$0 copay
Residential Services: <ul style="list-style-type: none"> • Residential Care Apartment Complex (RCAC) • Community Based Residential Facility (CBRF) • Adult Family Home (AFH) 	Covered	Prior Authorization may be required. \$0 copay* *Members are required to pay Room and Board costs

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Benefits	<i>iCare</i> Family Care Partnership (HMO SNP) Program	What you should know
Respite Care (for caregivers and members in non-institutional and institutional settings)	Covered	Prior Authorization may be required. \$0 copay
Skilled Nursing Services	Covered	Prior Authorization may be required. \$0 copay
Specialized Medical Equipment and Supplies	Covered	Prior Authorization may be required. \$0 copay
Support Broker	Covered	Prior Authorization may be required. \$0 copay
Supported Employment	Covered	Prior Authorization may be required. \$0 copay
Supportive Home Care	Covered	Prior Authorization may be required. \$0 copay
Training Services for Unpaid Caregivers	Covered	Prior Authorization may be required. \$0 copay
Transportation (Specialized Transportation)	Covered	Prior Authorization may be required. \$0 copay
Vocational Futures Planning	Covered	Prior Authorization may be required. \$0 copay

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iCare Family Care Partnership (HMO SNP) is a fully integrated Medicare and Medicaid health and long-term care program for the 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; and
- help with grievances and appeals.

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

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

Your health care is planned with you and your family or significant others by a special group of people working with you. An Interdisciplinary Team (Team) works with you to identify your goals (outcomes), and develops a Plan to support achievement of these outcomes. As a member of *iCare 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. ***iCare 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 reside in substitute care, you **must also pay** for room and board. *iCare 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 *iCare 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.

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Please remember that **you must** contact the ADRC in your county to enroll. That is the only way to enroll in ***iCare* Family Care Partnership's Partnership Program**.

Contact your local Aging and Disability Resource Center (ADRC) to find out if you are eligible to join and to enroll.

- Dane County ADRC: 608-241-7400
- Kenosha County ADRC: 262-605-6646
- Milwaukee County ARC: 414-289-6874 for individuals age 60 and over
- Milwaukee County DRC: 414-289-6660 for individuals under age 60
- Racine County ADRC: 262-833-8777

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

iCare Family Care Partnership (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* Family Care Partnership does not exclude people or treat them differently because of race, color, national origin, age, disability, or sex.

iCare Family Care Partnership:

- 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* Family Care Partnership 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, info@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>.

For more information, please call us at the phone number below or visit us at www.icare-wi.org.

Toll free 1-800-777-4376, TTY users should call 711.

You can call us 24 hours-a-day, 7 days-a-week.

You can see our plan's provider directory at our website at www.icare-wi.org.

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

You can see the complete plan formulary (list of Part D prescription drugs) and any restrictions on our website at www.icare-wi.org.