

2018

*i*Care Medicare Plan (HMO SNP) Summary of Benefits



***i*Care**

INDEPENDENT CARE HEALTH PLAN

H2237_IC1519 Accepted

Summary of Benefits for *iCare Medicare Plan (HMO SNP)*
January 1, 2018 – December 31, 2018

Summary of Benefits

iCare Medicare Plan (HMO SNP)

This is a summary of drug and health services covered by *iCare Medicare Plan* January 1, 2018 – December 31, 2018.

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.

This information is not a complete description of benefits. Contact the plan for more information. Limitations, copayments, and restrictions may apply. Benefits, premiums and/or copayments/co-insurance may change on January 1 of each year. The formulary, pharmacy and/or provider network may change at any time. You will receive notice when necessary. Premium, co-pays, co-insurance, and deductibles may vary based on the level of Extra Help you receive. Please contact the plan for further details. This plan is available to anyone who has both Medical Assistance from the State and Medicare.

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).

The *iCare Medicare Plan* has a network of doctors, hospitals, and other providers available for you to use for your health care services. However, you may go to providers that are not in our network for most services if they are Medicaid and Medicare certified and willing to bill *iCare Medicare Plan*.

All of your health care, except emergency or urgently needed care, or out-of-area dialysis services, must be given or arranged by a *iCare Medicare Plan* doctor(s). You will need to pay your plan co-payments and co-insurance at the time you get health care services, as provided in your member materials. Please remember that, except for emergency or out-of-area urgent care, or out-of-area dialysis services, if you get health care services from a non-*iCare Medicare Plan* doctor without prior authorization, you will have to pay for these services yourself.

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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.

To join the *iCare* Medicare Plan you must be eligible for Medicare and Medicaid Benefits OR eligible for Medicare and Medicare cost-sharing assistance under Medicaid. You must have both Part A and Part B to enroll, and live in our service area. Our service area includes these counties in Wisconsin: Adams, Brown, Calumet, Columbia, Crawford, Dane, Door, Fond du Lac, Grant, Green, Green Lake, Iowa, Jackson, Juneau, Kenosha, Kewaunee, La Crosse, Lafayette, Manitowoc, Marinette, Menominee, Milwaukee, Monroe, Oconto, Outagamie, Ozaukee, Racine, Richland, Rock, Sauk, Shawano, Sheboygan, Trempealeau, Vernon, Walworth, Washington, Waukesha, Waupaca, Waushara, and Winnebago.

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 Medicare Plan</i>	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 \$183 per year for in-network services, depending on your level of Medicaid eligibility. This amount may change for 2018, 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"> • \$6,700 for services you receive from in-network providers. <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>
Inpatient Hospital Coverage	In 2017 the amounts for each benefit period were \$0 or:	Our plan covers 90 days for an inpatient hospital stay.

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	<ul style="list-style-type: none"> • \$1,316 deductible for each benefit period. • Days 1–60: \$0 coinsurance for each benefit period. • Days 61–90: \$329 coinsurance per day of each benefit period. • Days 91 and beyond: \$658 coinsurance per each "lifetime reserve day" after day 90 for each benefit period (up to 60 days over your lifetime). • Beyond lifetime reserve days: all costs. <p>These amounts may change for 2018, we will provide updated rates as soon as Medicare releases them.</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>
Outpatient Hospital Coverage	0% or 20% of the cost per visit	
Doctor Visits Primary Care & Specialist	<p>Primary care physician visit: 0% or 20% of the cost per visit</p> <p>Specialist visit: 0% or 20% of the cost per visit</p>	A referral is not required to see a specialist with the exception of second and all additional opinions.
Preventive Care	You pay nothing	<p>Our plan covers many preventive services, including:</p> <ul style="list-style-type: none"> • Abdominal aortic aneurysm screening • Alcohol misuse counseling • Bone mass measurement • Breast cancer screening (mammogram) • Cardiovascular disease (behavioral therapy) • Cardiovascular screenings

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		<ul style="list-style-type: none"> • Cervical and vaginal cancer screening • Colonoscopy • Colorectal cancer screenings (Colonoscopy, Fecal occult blood test, Flexible sigmoidoscopy) • Depression screening • Diabetes screenings • HIV screening • Medical nutrition therapy services • Obesity screening and counseling • Prostate cancer screenings (PSA) • Sexually transmitted infections screening and counseling • Tobacco use cessation counseling (counseling for people with no sign of tobacco-related disease) • Vaccines, including Flu shots, Hepatitis B shots, Pneumococcal shots • "Welcome to Medicare" preventive visit (one-time) Yearly "Wellness" visit <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 \$80 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> <p>If you are admitted to the hospital</p>

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		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 per visit (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"> • Diagnostic radiology service (e.g., MRI) • Lab services • Diagnostic tests and procedures • Outpatient x-rays 	<p>Diagnostic radiology services (such as MRIs, CT scans): 0% or 20% of the cost</p> <p>Diagnostic tests and procedures: 0% or 20% of the cost</p> <p>Lab services: 0% or 20% of the cost</p> <p>Outpatient x-rays: 0% or 20% of the cost</p> <p>Therapeutic radiology services (such as radiation treatment for cancer): 0% or 20% of the cost</p>	<p>Prior authorization may be required.</p> <p>Costs for these services may be different if received in an outpatient surgery setting.</p>
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 cost	

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	<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"> • Inpatient visit • Outpatient group therapy visit • Outpatient individual therapy visit 	<p>Inpatient visit:</p> <p>In 2017 the amounts for each benefit period were \$0 or:</p> <ul style="list-style-type: none"> • \$1,316 deductible for each benefit period. • Days 1–60: \$0 coinsurance per day of each benefit period. • Days 61–90: \$329 coinsurance per day of each benefit period. • Days 91 and beyond: \$658 coinsurance per each "lifetime reserve day" after day 90 for each benefit period (up to 60 days over your lifetime). • Beyond lifetime reserve days: all costs. • 20% of the Medicare-approved amount for mental health services you get from doctors and other providers while you're a hospital inpatient. <p>These amounts may change for 2018, 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>Outpatient group therapy visit with a psychiatrist: 0% or 20%</p> <p>Outpatient individual 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 with a psychiatrist: 0% or 20%	
Skilled Nursing Facility	<p>In 2017 the amounts for each benefit period were \$0 or:</p> <ul style="list-style-type: none"> • Days 1–20: \$0 for each benefit period. • Days 21–100: \$164.50 coinsurance per day of each benefit period. • Days 101 and beyond: all costs. <p>These amounts may change for 2018, 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>
Physical Therapy	Physical therapy visit: 0% or 20% of the cost	<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	
Medicare Part B Drugs	<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 www.icarehealthplan.org</p>
Outpatient Prescription Drugs		
Medicare Part D Drugs (Initial Coverage: You	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	

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do not have a deductible)	<p>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>		
Standard Retail and Mail Order Cost-Sharing			
Tier	One-Month Supply	Two-month supply	Three-month supply
Tier 1 (generic), Tier 2 (brand)	<p>For generic drugs (including brand drugs treated as generic), depending on your income and institutional status, you pay either:</p> <ul style="list-style-type: none"> • \$0 copay; or • \$1.25 copay; or • \$3.35 copay <p>For all other drugs, either:</p> <ul style="list-style-type: none"> • \$0 copay; or • \$3.70 copay; or • \$8.35 copay 	<p>For generic drugs (including brand drugs treated as generic), depending on your income and institutional status, you pay either:</p> <ul style="list-style-type: none"> • \$0 copay; or • \$1.25 copay; or • \$3.35 copay <p>For all other drugs, either:</p> <ul style="list-style-type: none"> • \$0 copay; or • \$3.70 copay; or • \$8.35 copay 	<p>For generic drugs (including brand drugs treated as generic), depending on your income and institutional status, you pay either:</p> <ul style="list-style-type: none"> • \$0 copay; or • \$1.25 copay; or • \$3.35 copay <p>For all other drugs, either:</p> <ul style="list-style-type: none"> • \$0 copay; or • \$3.70 copay; or • \$8.35 copay
Tier 3 (specialty)	<p>For generic drugs (including brand drugs treated as generic), depending on your income and institutional status, you pay either:</p> <ul style="list-style-type: none"> • \$0 copay; or • \$1.25 copay; or • \$3.35 copay 	Not Offered	Not Offered

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	For all other drugs, either: <ul style="list-style-type: none"> • \$0 copay; or • \$3.70 copay; or • \$8.35 copay 		
Medicare Part D Drugs (Catastrophic Coverage)	After your yearly out-of-pocket drug costs (including drugs purchased through your retail pharmacy and through mail order) reach \$5,000, you pay nothing for all drugs		

Additional Benefits	<i>iCare</i> Medicare Plan	What you should know
Acupuncture	You pay nothing.	Limited to 30 visits every calendar year.
Chiropractic Care	<p>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</p> <p>You pay nothing for routine chiropractic services (limited to 40 visits every calendar year).</p>	<p>Routine Chiropractic services will not require a prior authorization.</p> <p>Radiology tests performed by a State licensed Chiropractor following practice guidelines must obtain a primary care provider order. These services would require prior authorization.</p>
Health Education with Transportation	You pay nothing.	<p>The <i>iCare</i> Health Education with Transportation benefit provides members with the ability to attend health education sessions to reinforce healthy behaviors, which leads to better outcomes.</p> <p>The Plan will pay registration fees for selected courses.</p> <p>Additionally, transportation is provided to and from health</p>

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		education sessions for up to 36 one-way trips annually, up to 35 miles. Prior authorization is required.
Meals Benefit	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 84 meals provided).	Prior authorization is required. May require a referral from your doctor.
Over-the-Counter Items	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 \$60 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 \$720 per year.
Personal Emergency Response System (PERS)	You pay nothing.	Prior authorization is required. May require a referral from your doctor.
Readmission Prevention	You pay nothing.	This program helps people transition back to their own home following a hospital or nursing home stay. Members will receive the following immediately after discharge. <ul style="list-style-type: none"> • Medication Reconciliation • In-Home Safety Assessment • Information and training on self-care

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		while recovering at home
Remote Access Technology (Telehealth)	You pay nothing.	<p>If you have high-speed Internet access you can connect to an urgent care provider, behavioral health specialist, nutritionist, nurse practitioner or physician assistant via a live, two-way video through your home computer or smart phone using Amwell’s telehealth application. You can have a two-way video conference with a provider 24 hours-a-day, 7 days-a-week. You can also visit <i>iCare</i>’s Milwaukee office to use Amwell Health Kiosk during regular business hours (Monday – Friday, 8:30 a.m. to 5:00 p.m).</p> <p>Maximum of 12 visits per calendar year.</p>

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<p>SilverSneakers® Fitness</p>	<p>You pay nothing.</p>	<p>SilverSneakers provides members with free access to over 11,000 participating SilverSneakers fitness centers. Members can work out at any participating fitness center, and members are not limited to one gym at a time –members can visit any participating fitness center across the nation. Members can use the fitness center’s equipment, take a SilverSneakers fitness class, and attend health fairs. SilverSneakers also has a FLEX program with specialty classes including tai chi, yoga, and walking groups offered at local parks and recreation centers. Members are also able to utilize this benefit in their home with one of four available fitness kits of their choice – general fitness, strength, walking or yoga.</p> <p>SilverSneakers is a registered trademark or trademark of Tivity Health and/or its subsidiaries. © 2017 Tivity Health. All rights reserved.</p>
<p>Supplemental Dental Care</p>	<p>You pay nothing.</p>	<p>Preventive and comprehensive dental services limited to a combined total of \$2,500 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 (Cleaning) –

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		<p>Up to 2 per calendar year</p> <ul style="list-style-type: none"> • 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 • Extractions – Up to 2 per calendar year • Prosthodontics, Other Oral/Maxillofacial Surgery, Other Services – Up to 2 per calendar year • Simple Restorations are limited to Amalgams/Resins (No root canals or crowns) – One restoration per tooth per calendar year • Simple extractions - No surgical extractions. • Basic Partials and Basic Dentures are covered, no coverage for repair. • Emergency Office Visits are limited to 2 visits per calendar year.
Supplemental Vision Services	You pay nothing.	<p>Eye-wear of up to \$150 per calendar year.</p> <ul style="list-style-type: none"> • Eyeglasses (lenses and frames)
Weight Watchers®	You pay nothing.	<i>iCare</i> will supply members with local Weight Watchers meeting voucher packs. These

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		packs will contain thirteen-weeks' worth of meeting vouchers at a local, on-site Weight Watchers location. Members can request new voucher packs near the end of each thirteen-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.icarehealthplan.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.icarehealthplan.org.

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 on the basis of race, color, national origin, age, disability, or sex. Independent Care Health Plan does not exclude people or treat them differently because of race, color, national origin, age, disability, or sex.

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 Kandi Lortie.

If you believe that Independent Care Health 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@icarehealthplan.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>.

Independent Care Health Plan
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www.icarehealthplan.org