

2018

# Summary of Benefits



*i*Care Family Care  
Partnership  
(HMO SNP)

## 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, 2018 – December 31, 2018.

*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 contacting Customer Service at 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.



If you have questions, please call *iCare Family Care Partnership* Customer Service at 1-800-777-4376, TTY/TDD 1-800-947-3529, 24 hours-a-day, 7 days-a-week (Office hours: 8:30 a.m. to 5 p.m.) Calls to this number are free. For more information, visit [www.icarehealthplan.org](http://www.icarehealthplan.org).

Summary of Benefits for *iCare Family Care Partnership's Partnership Program (HMO) SNP*  
January 1, 2018 – December 31, 2018

Thank you for your interest in *iCare Family Care Partnership's Partnership Program (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 are eligible for our plan as long as:

You have both Medicare Part A and Medicare Part B (Section 2.2 tells you about Medicare Part A and Medicare Part B)

-- *and* -- You live in our geographic service area (Section 2.3 below describes our service area).

-- *and* -- you are a United States citizen or are lawfully present in the United States

-- *and* -- You do not have End-Stage Renal Disease (ESRD), with limited exceptions, such as if you develop ESRD when you are already a member of a plan that we offer, or you were a member of a different plan that was terminated.

-- *and* -- You meet the special eligibility requirements described below.

### **Special eligibility requirements for our plan**

Our plan is designed to meet the needs of people who receive certain Medicaid benefits. (Medicaid is a joint Federal and state government program that helps with medical costs for certain people with limited incomes and resources.) To be eligible for our plan you must be eligible for Medicare and Full Medicaid Benefits.

You are eligible for membership in our plan as long as you meet the special eligibility requirements described below.

- Be at least 18 years old;
- Be a frail elder or an adult with physical or developmental disabilities;
- Are a resident of Dane, Kenosha, Milwaukee or Racine Counties;
- Are functionally eligible as determined via the Wisconsin Adult Long-term Care Functional Screen;
- You must be enrolled in Medicare Parts A, B, and D;

You may have a monthly "Cost Share" that you must pay to remain eligible for Wisconsin Medicaid and *iCare Family Care Partnership*. Your county Income Maintenance agency determines your Cost Share amount. Call Customer Service for more information (see back cover for phone number).



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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 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	Insert Plan name	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)	<b>Because you have Medicaid, you pay nothing</b>	All Medicare health plans have yearly limits on members' out-of-pocket costs for medical and hospital care. <b>Medicaid pays those costs on your behalf.</b>
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.
Outpatient Hospital Coverage	You pay nothing	Prior authorization may be required. Contact your Team for details.
Doctor Visits Primary Care & Specialist	You pay nothing	Prior authorization is 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"> <li>• Diagnostic radiology service (e.g., MRI)</li> <li>• Lab services</li> <li>• Diagnostic tests and procedures</li> <li>• Outpatient x-rays</li> </ul>	You pay nothing	Prior authorization is required. Contact your Team for details.
Hearing Services <ul style="list-style-type: none"> <li>• Hearing exam</li> <li>• Hearing aid</li> </ul>	You pay nothing	Prior authorization is required. Contact your Team for details.



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Dental Services <ul style="list-style-type: none"> <li>• Oral exam &amp; Cleaning</li> <li>• Fillings</li> <li>• Complete dentures</li> </ul>	You pay nothing	Because you have Medicaid, many dental services, including preventative dental services, are covered. Prior authorization is required. Contact your Team for details.
Vision Services	You pay nothing	Prior authorization is required. Contact your Team for details.
Mental Health Services <ul style="list-style-type: none"> <li>• Inpatient visit</li> <li>• Outpatient group therapy visit</li> <li>• Outpatient individual therapy visit</li> </ul>	You pay nothing	Prior authorization is 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.
Physical Therapy	You pay nothing	Prior authorization is required. Contact your Team for details.
Ambulance	You pay nothing	Because you have Medicaid, ambulance services may be covered. Prior authorization is required. Contact your Team for details.
Transportation	You pay nothing	Because you have Medicaid, routine transportation may be covered. Prior authorization is required. Contact your Team for details
Medicare Part B Drugs	You pay nothing	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.
Supplemental Dental Care Preventive and comprehensive dental services limited to a total of \$2,500 per calendar year. The preventive benefit provides the following services: <ul style="list-style-type: none"> <li>• Oral exams – Up to 2 per calendar year</li> </ul>	You pay nothing	Prior authorization is not required.  Contact your Team for details.



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<ul style="list-style-type: none"> <li>• Prophylaxis – Up to 2 per calendar year</li> <li>• Dental X-Rays – Up to 1 per calendar year</li> </ul> <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>Supplemental Vision Care Eye-wear once every calendar year for up to \$150.</p> <ul style="list-style-type: none"> <li>• Eyeglasses (lenses and frames)</li> </ul>	<p>You pay nothing</p>	<p>Prior authorization is not required.</p> <p>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</p>	<p>You pay nothing</p>	<p>Prior authorization is not required.</p>



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<p>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 <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>Remote Access Technology (Telehealth)</p> <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 iCare'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>	<p>You pay nothing</p>	<p>Prior authorization required.</p> <p>Contact your Team for details.</p>



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Weight Watchers®  iCare Family Care Partnership will supply members with local Weight Watchers meeting voucher packs. These packs will contain ten-weeks’ worth of meeting vouchers at a local, on-site Weight Watchers location. Members can request new voucher packs near the end of each 13-week period if they continue to use Weight Watchers.	You pay nothing	Authorization rules may apply
<b>Outpatient Prescription Drugs</b>		
Medicare Part D drugs	You pay nothing	<p><b>Because you have Medicaid and are enrolled in Partnership, YOU HAVE NO COPAY ON PRESCRIPTION DRUGS.</b></p> Prior authorization may be required. The Formulary lists drugs that require prior authorization. Contact your Team for details. <p>Some over-the-counter (OTC) drugs are covered by Medicaid.</p>

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 1-800-777-4376. Customer service has free language interpreter services available for non-English speakers.

**Summary of Medicaid-Covered Benefits Section**

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.



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Benefit	Medicaid	Plan Name Program (HMO SNP) Benefits
<b>MEDICAID SERVICES</b>		
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
Dialysis Services	Full coverage. No copay.	Prior Authorization may be required.  \$0 copay



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<b>Benefit</b>	<b>Medicaid</b>	<b>Plan Name Program (HMO SNP) Benefits</b>
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.  \$0 copay
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 – Inpatient and Outpatient	Full coverage. No copays.	Prior Authorization may be required.  \$0 copay



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



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

**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. All of the services in the Partnership benefit package must be prior approved by your care team.

<b>Premiums and Benefits</b>	<b>Insert Plan name</b>	<b>What you should know</b>
Adaptive Aids (general and vehicle)	Covered	Prior Authorization may be required.  \$0 copay



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<b>Premiums and Benefits</b>	<b>Insert Plan name</b>	<b>What you should know</b>
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	\$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
Financial Management Services	Covered	Prior Authorization may be required.  \$0 copay



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



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<b>Premiums and Benefits</b>	<b>Insert Plan name</b>	<b>What you should know</b>
members in non-institutional and institutional settings)		\$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's Partnership Program (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's Partnership Program (HMO SNP)*, 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's Partnership Program (HMO SNP)*, 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.



If you have questions, please call *iCare Family Care Partnership* Customer Service at 1-800-777-4376, TTY/TDD 1-800-947-3529, 24 hours-a-day, 7 days-a-week (Office hours: 8:30 a.m. to 5 p.m.) Calls to this number are free. For more information, visit [www.icarehealthplan.org](http://www.icarehealthplan.org).

Summary of Benefits for *iCare* Family Care Partnership's Partnership Program (HMO) SNP  
January 1, 2018 – December 31, 2018

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**

2865 N. Sherman Avenue  
Northside Town Center  
Madison WI 53704  
1-608-240-7400, 1-855-417-6892  
TTY: 1-608-240-7404

**Kenosha County**

Kenosha County Division of Aging  
& Disability Services  
8600 Sheridan Road, Suite 500  
Kenosha, WI 53143-6514  
1-262-605-6646, 1-800-472-8008  
TTY: 262-605-6663

**Milwaukee County**

- For people 60 years of age or over call:

Milwaukee Aging Resource Center  
1220 W. Vliet St., Suite 300  
Milwaukee, WI 53221  
1-414-289-6874 1-866-229-9695  
(TTY/TDD: 414-289-8591)

- For people under 60 years of age call:

Milwaukee Disability Resource Center  
1220 W. Vliet St., Suite 300  
Milwaukee, WI 53205  
1-414-289-6660  
(TTY/TDD: 414-289-8559)

**Racine County**

ADRC of Racine County  
14200 Washington Ave  
Sturtevant, WI 53177  
1-262-833-8777  
1-866-219-1043  
TTY: Wisconsin Relay 711



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# 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](mailto: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>



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For more information, please call us at the phone number below or visit us at [www.icarehealthplan.com](http://www.icarehealthplan.com).

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.icarehealthplan.org](http://www.icarehealthplan.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.icarehealthplan.org](http://www.icarehealthplan.org).



If you have questions, please call *iCare* Family Care Partnership Customer Service at 1-800-777-4376, TTY/TDD 1-800-947-3529, 24 hours-a-day, 7 days-a-week (Office hours: 8:30 a.m. to 5 p.m.) Calls to this number are free. For more information, visit [www.icarehealthplan.org](http://www.icarehealthplan.org).