

**Aurora Special Needs Plan (HMO SNP)**  
**iCare Family Care Partnership (HMO SNP)**  
**iCare Medicare Plan (HMO SNP)**  
**Lakeland Care +Health (HMO SNP)**  
**Monthly Plan Premium for People who get Extra Help from Medicare**  
**to Help Pay for their Prescription Drug Costs**

If you get extra help from Medicare to help pay for your Medicare prescription drug plan costs, your monthly plan premium will be lower than what it would be if you did not get extra help from Medicare. The amount of extra help you get will determine your total monthly plan premium as a member of our Plan.

This table shows you what your monthly plan premium will be if you get extra help.

Your level of extra help	Monthly Premium for Aurora Special Needs Plan *	Monthly Premium for iCare Family Care Partnership *	Monthly Premium for iCare Medicare Plan *	Monthly Premium for Lakeland Care +Health *
100%	\$0	\$0	\$0	\$0
75%	N/A	N/A	N/A	N/A
50%	N/A	N/A	N/A	N/A
25%	N/A	N/A	N/A	N/A

\*This does not include any Medicare Part B premium you may have to pay.

Aurora Special Needs Plan (HMO SNP), iCare Family Care Partnership (HMO SNP), iCare Medicare Plan (HMO SNP), and Lakeland Care +Health (HMO SNP)'s premium includes coverage for both medical services and prescription drug coverage.

If you aren't getting extra help, you can see if you qualify by calling:

- 1-800-Medicare or TTY users call 1-877-486-2048 (24 hours a day/7 days a week),
- Your State Medicaid Office, or
- The Social Security Administration at 1-800-772-1213. TTY users should call 1-800-325-0778 between 7 a.m. and 7 p.m., Monday through Friday.

If you have any questions, please call Customer Service at 1-800-777-4376, (TTY: 1-800-947-3529) from 8:00 a.m. to 8:00 p.m. (Central), 7 days-a-week.

Aurora Special Needs Plan (HMO SNP), iCare Family Care Partnership (HMO SNP), iCare Medicare Plan (HMO SNP), and Lakeland Care +Health (HMO SNP)'s insured by Independent Care Health Plan are Coordinated Care plans with a Medicare contract and a contract with the Wisconsin Medicaid program. Enrollment in these plans depends on contract renewal. The benefit information provided is a brief summary, not a complete description of benefits. For more information contact the plan. Limitations, co-payments and restrictions may apply. Benefits, formulary, pharmacy network, premium and/or co-payments/coinsurance may change on January 1 of each year. You must continue to pay your Medicare Part B premium unless qualified as a full-dual member.

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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.

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

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).