



What is the *iCare* Medicare Plan?

The *iCare* Medicare Plan is a Coordinated Care plan with a Medicare

contract and a contract with the Wisconsin Medicaid program. Enrollment in *iCare* Medicare Plan depends on contract renewal. The *iCare* Medicare Plan is a Medicare Special Needs Plan, which means its benefits are designed for people with special health care needs.

How does it work?

Because you get assistance from Medicaid, you will pay less for some of your Medicare health care services. Medicaid may provide other benefits to you by covering health care services that are not usually covered under Medicare. You may also receive Extra Help from Medicare to pay for the costs of your Medicare prescription drugs. *iCare* Medicare Plan will help manage all of these benefits for you, so that you get the health care services and payment assistance that you are entitled to.

The *iCare* Medicare Plan offers complete coverage for doctor and dental visits, emergency care, hospital services, mental health and substance abuse treatment, medical equipment and other services at almost no expense to you. Premiums, co-pays, coinsurance and deductibles may vary based on the level of Extra Help that you receive. Please contact the plan for further details.

Am I eligible?

To be eligible for the *iCare* Medicare Plan, you must live in our service area. In addition, 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. This plan is available to anyone who has both Medical Assistance from the State and Medicare. You cannot have End-Stage Renal Disease (exceptions may apply). You must also enroll in a Medicaid HMO plan (including *iCare*'s or another plan) to receive full benefit coverage. You can remain in Medicaid Fee-For Service, but you may be subject to small co-pays. To find out about a Medicaid HMO Plan that fits your needs, please contact the Medicaid Managed Care Enrollment Specialist at **1-800-291-2002**, TTY users should call 1-800-325-0778. Office hours are from 7:00 am to 6:00 pm, Monday - Friday.

Supplemental Benefits OVER-THE-COUNTER (OTC) MEDICATION AND SUPPLIES PROGRAM

As an *iCare* Medicare Plan member, you can receive a select group of over-the-counter medications and supplies shipped to your house at no cost to you. Members are

Members receive up to **\$720** a year to use toward OTC medications.

allowed up to **\$60** a month, and unused amounts will be carried over to the next month. Amounts expire at the end of each calendar year or if you disenroll from the plan.

SILVERSNEAKERS® FITNESS

As an *iCare* Medicare Plan member, you have access to SilverSneakers. SilverSneakers is a fitness benefit that includes access to 11,000+ fitness locations* nationwide. **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.*

WEIGHT WATCHERS®

Members will receive thirteen-weeks' worth of meeting vouchers at a local, on-site Weight Watchers location. Member can request additional vouchers at the end of the thirteen weeks. Prior authorization is required.

VISION AND DENTAL ALLOWANCE

Receive **\$150** per calendar year towards the purchase of lenses and frames. We also cover up to **\$2,500** per calendar year for comprehensive and preventive dental care.

24/7 NURSE ADVICE LINE

When you need answers the *iCare* Nurse Advice Line will be there for you 24 hours-a-day/7 days-a-week.

PERSONAL EMERGENCY RESPONSE SYSTEM (PERS)

PERS is a medical alert system that can help connect members to the assistance they need.

MEALS

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.

ROUTINE CHIROPRACTIC

Limited to 40 visits every calendar year.

ACUPUNCTURE

Limited to 30 visits every calendar year.

HEALTH EDUCATION WITH TRANSPORT

We provide members with the ability to attend health education sessions at no cost. Additionally, transportation is provided to and from health education sessions for up to 36 one-way trips annually, up to 35 miles. Prior authorization is required.

TELEHEALTH

If you have high-speed Internet access you can connect to an Urgent Care Provider, a Behavioral Health Specialist, Nurse Practitioner, Physician Assistant or a Nutritionist 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.

Mail-order Prescriptions

We now offer an easier way to get your prescription drugs. We have partnered with NoviXus, a Medicare-participating provider, who can deliver oral drugs, diabetes testing supplies, insulin and syringes right to your home!



What is Care Management?

When you join the iCare Medicare Plan, you will be provided with a Care

Coordinator who will perform an initial assessment of your needs. Your Care Coordinator works with you and your family to help you get medical care and connect you with social services.

What else does iCare Medicare Plan offer?

We can put you in touch with interpreter services if you are hearing impaired, or if you speak another language like Spanish or Hmong. If you need to go to the hospital, iCare will help you make the arrangements. Please call Customer Service at 1-800-777-4376 (TTY: 1-800-947-3529) 24 hours-a-day, 7 days-a-week (office hours: Monday-Friday, 8:30 a.m. to 5:00 p.m).

What does it cost?

You do not pay a separate monthly plan premium for iCare Medicare Plan. You must continue to pay your Medicare Part B premium (unless your Part B premium is paid for you by Medicaid or another third

No plan premium.

party). You may be able to get Extra Help to pay for your prescription drug premiums and costs. To see if you qualify for extra help, call: 1-800-MEDICARE (1-800-633-4227). TTY users should call 1-877-486-2048, 24 hours a day/7 days a week; the Social Security Office at 1-800-772-1213 between

7:00 am and 7:00 pm, Monday through Friday. TTY users should call 1-800-325-0778; or your State Medicaid Office.

How do I sign up?

You can enroll at any time by calling one of our Medicare Benefits Consultants at **1-855-818-1124 (TTY: 1-800-947-3529)**.

Exclusions & limitations

Services considered not reasonable and necessary, according to the standards of the Original Medicare Plan, unless these services are otherwise listed by our plan as covered services; experimental medical and surgical procedures, equipment and medications; surgical treatment for morbid obesity except when considered medically necessary and covered under Original Medicare; private room in a hospital, unless medically necessary; private duty nurses; personal items in your room at a hospital or a skilled nursing facility; full-time nursing care in your home; custodial care unless it is provided with covered skilled nursing care and/or skilled rehabilitation services; homemaker services; fees charged by your immediate relatives or members of your household; meals delivered to your home; elective or voluntary enhancement procedures or services, except when medically necessary; cosmetic surgery or procedures, unless because of accidental an injury or to improve a malformed part of the body; routine dental care*; chiropractic care, except manual manipulation of the spine; routine foot care; orthopedic shoes; supportive devices for the feet; routine hearing exams[^], hearing aids[^], or exams to

fit hearing aids[^]; eyeglasses (except after cataract surgery), routine eye exams*, radial keratotomy, LASIK surgery, vision therapy and other low vision aids; reversal of sterilization procedures, sex change operations, and non-prescription contraceptive supplies; acupuncture; naturopath services; services provided to veterans in Veterans Affairs (VA) facilities. Other exclusions and limitations may apply. For full information on iCare Medicare Plan benefits, call Customer Service at 1-800-777-4376 (TTY: 1-800-947-3529). 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 co-payments/co-insurance may change on January 1 of each year. The pharmacy network and/or provider network may change at any time. You will receive notice when necessary.

*These services are covered under Medicaid and limited services under Medicare.

[^]These services are covered under Medicaid.

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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)

2018

iCare Medicare Plan (HMO SNP)



complete health and community services for people with special needs

iCare

INDEPENDENT CARE HEALTH PLAN

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