



September 2017

Dear Member:

Thank you for your membership in Partnership.

We are providing important information about the Medicare and Medicaid health care, long-term care services and prescription drug coverage we will offer next year. Please review this information to help you decide what coverage to choose for 2018.

Here are three documents with important information for you.

1. Please start by reading the **Annual Notice of Changes for 2018**. It gives you a summary of changes to your Medicare and Medicaid benefits for next year. These changes will take effect on January 1, 2018.
  - **Please review this notice within a few days of receiving it** to see how the changes might affect you.
  - **If you decide to stay with Partnership (HMO SNP)** for 2018 – you do not have to tell us or fill out any paperwork. You will automatically stay enrolled as a member of Partnership.
  - **If you decide to leave Partnership**, you can switch to a different Medicare health plan or to Original Medicare at any time. The Annual Notice of Changes tells you more about how to do this. To learn more about your health plan options, you can visit [www.medicare.gov](http://www.medicare.gov) or call 1-800-MEDICARE (1-800-633-4227), 24 hours a day, 7 days a week. TTY users should call 1-877-486-2048.
2. We're including a copy of Partnership's **Evidence of Coverage** for 2018. It explains how to get coverage for the health care services and prescription drugs you need for 2018 if you stay enrolled as a member of Partnership.
3. We're also including a notice of how to find the Partnership plan's **List of Covered Drugs (Formulary)**, effective January 1, 2018. The Drug List tells you what Part D prescription drugs are covered by the plan. It also lets you know if there are any rules that restrict coverage for a drug.

If you have questions, we're here to help. Please call Customer Service at 1-800-963-0035 (TTY only, call Wisconsin Relay System 711), 8 a.m. – 8 p.m., 7 days a week (office hours: Monday-Friday, 8 a.m. to 4:30 p.m. CT). Calls to these numbers are free. Customer Service also has free language interpreter services available for non-English speakers. You can also visit [www.carewisc.org/partnership](http://www.carewisc.org/partnership).

We value your membership and hope to continue to serve you next year.

Sincerely,  
Partnership Customer Service

Partnership is a Coordinated Care Plan with a Medicare Advantage Contract and a contract with the Wisconsin Department of Health Services for the Medicaid Program. Enrollment in Partnership depends on contract renewal. This plan is available to anyone who has both Medical Assistance from the State and Medicare. 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. You must continue to pay your Medicare Part B premium unless it is paid for you by Medicaid. The [formulary, pharmacy network, and/or provider network] may change at any time. You will receive notice when necessary. This information is available for free in other languages or in an alternate format. Please call our customer service number from 8:00 a.m. to 8:00 p.m. CT / 7 days a week at 1-800-963-0035. TTY users should call Wisconsin Relay System 711.

ATTENTION: Language assistance services, free of charge, are available to you. Call 1-800-963-0035 (TTY users should call Wisconsin Relay System 711).

Spanish: ATENCIÓN: si habla español, tiene a su disposición servicios gratuitos de asistencia lingüística. Llame al 1-800-963-0035 (TTY: 711).

Hmong: LUS CEEV: Yog tias koj hais lus Hmoob, cov kev pab txog lus, muaj kev pab dawb rau koj. Hu rau 1-800-963-0035 (TTY: 711).

Russian: ВНИМАНИЕ: Если вы говорите на русском языке, то вам доступны бесплатные услуги перевода. Звоните 1-800-963-0035 (телетайп: 711).

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