



Summary of Benefits

Care Wisconsin Partnership

(HMO SNP)

Contract H5209 Plan 002

This is a summary of drug, health and long-term care services covered by **Care Wisconsin Partnership (HMO SNP)** January 1, 2018 – December 31, 2018.

Partnership (HMO SNP) 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 **Partnership (HMO SNP)** 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 1-800-963-0035.

To join **Partnership (HMO SNP)** 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: Columbia, Dane, Dodge, Jefferson, Ozaukee, Sauk, Washington, and Waukesha.

Partnership (HMO SNP) 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.

Summary of Benefits for Care Wisconsin's Partnership Program (HMO) SNP)
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Thank you for your interest in Care Wisconsin's Partnership Program (HMO SNP). Our plan is offered by Care Wisconsin Health Plan, Inc., 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

-- *and* -- You live in our geographic service area (page 1 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 our geographic service area (page 1 describes our service area);
- 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 Care Wisconsin's Partnership Program (HMO SNP). Your county Income Maintenance agency determines your Cost Share amount. Call Customer Service for more information (see the end of this booklet for listing of phone numbers).

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 Care Wisconsin's Partnership Program.**



If you have questions, please call Care Wisconsin Partnership Customer Service at 1-800-963-0035, TTY/TDD Wisconsin Relay System 711, 8 a.m. – 8 p.m. Central, 7 days a week. Calls to this number are free. For more information, visit www.carewisc.org.

Summary of Benefits for Care Wisconsin's Partnership Program (HMO) SNP
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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 Care Wisconsin'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.



If you have questions, please call Care Wisconsin Partnership Customer Service at 1-800-963-0035, TTY/TDD Wisconsin Relay System 711, 8 a.m. – 8 p.m. Central, 7 days a week. Calls to this number are free. For more information, visit www.carewisc.org.

Summary of Benefits for Care Wisconsin's Partnership Program (HMO) SNP
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Premiums and Benefits	Care Wisconsin Partnership (HMO SNP)	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)	Because you have Medicaid, you pay nothing	All Medicare health plans have yearly limits on members' out-of-pocket costs for medical and hospital care. Medicaid pays those costs on your behalf.
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.



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Premiums and Benefits	Care Wisconsin Partnership (HMO SNP)	What you should know
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 	You pay nothing	Prior authorization is required. Contact your Team for details.
Hearing Services <ul style="list-style-type: none"> • Hearing exam • Hearing aid 	You pay nothing	Prior authorization is required. Contact your Team for details.
Dental Services <ul style="list-style-type: none"> • Oral exam & Cleaning • Fillings • Complete dentures 	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"> • Inpatient visit • Outpatient group therapy visit • Outpatient individual therapy visit 	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.



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Premiums and Benefits	Care Wisconsin Partnership (HMO SNP)	What you should know
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.
Outpatient Prescription Drugs		
Medicare Part D drugs	You pay nothing	Because you have Medicaid and are enrolled in Partnership, YOU HAVE NO COPAY ON PRESCRIPTION DRUGS. Prior authorization may be required. The Formulary lists drugs that require prior authorization. Contact your Team for details. Some over-the-counter (OTC) drugs are covered by Medicaid.

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 Partnership Customer Service at 1-800-963-0035. Customer Service has free language interpreter services available for non-English speakers.



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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.

Benefit	Medicaid	Care Wisconsin Partnership Program (HMO) SNP Benefits
MEDICAID SERVICES		
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



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Benefit	Medicaid	Care Wisconsin Partnership Program (HMO) SNP Benefits
Dialysis Services	Full coverage. No copay.	Prior Authorization may be required. \$0 copay
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



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



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Benefit	Medicaid	Care Wisconsin Partnership Program (HMO SNP) Benefits
Respiratory Care for Ventilator – Assisted Recipients	Full Coverage. \$0 copay	Prior Authorization may be required. \$0 copay
Transportation – Ambulance, Specialized Medical Vehicle (SMV), Common Carrier	Full coverage of emergency and non-emergency transportation to and 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	Prior Authorization may be required. \$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



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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.

Premiums and Benefits	Care Wisconsin Partnership (HMO SNP)	What you should know
Adaptive Aids (general and vehicle)	Covered	Prior Authorization may be required. \$0 copay
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



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



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Premiums and Benefits	Care Wisconsin Partnership (HMO SNP)	What you should know
Respite Care (for caregivers and members in non-institutional and institutional settings)	Covered	Prior Authorization may be required. \$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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Care Wisconsin 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.

Care Wisconsin'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 Care Wisconsin'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. **Care Wisconsin Partnership (HMO SNP)** 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. Care Wisconsin Partnership (HMO SNP) will also bill you for room and board each month.

Providers may not bill you for covered benefits that were authorized by Care Wisconsin Partnership (HMO SNP) and received while you were enrolled in our plan. Providers may bill you for non-covered services that you have agreed to pay.

Please remember that **you must** contact the ADRC in your county to enroll. That is the only way to enroll in **Care Wisconsin's Partnership Program**.



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Contact your local Aging and Disability Resource Center (ADRC) to find out if you are eligible to join and to enroll.

ADRC of Columbia County

2652 Murphy Road
P.O. Box 136
Portage, WI 53901-0136
Toll-Free Phone: (888) 742-9233
Local Phone: (608) 742-9233
TTY/TDD/Relay: (608) 742-9229

ADRC of Dane County

2865 N. Sherman Avenue
Madison, WI 53704
Toll-Free Phone: (855) 417-6892
Local Phone: (608) 240-7400
TTY/TDD/Relay: (608) 240-7404

ADRC of Dodge County

199 County Road DF, 3rd Floor
Juneau, WI 53039
Toll-Free Phone: (800) 924-6407
Local Phone: (920) 386-3580
TTY/TDD/Relay: (920) 386-3883

ADRC of Jefferson County

1541 Annex Road
Jefferson, WI 53549
Toll-Free Phone: (866) 740-2372
Local Phone: (920) 674-8734
TTY/TDD/Relay: (800) 947-3529

ADRC of Ozaukee County

121 W. Main Street
Port Washington, WI 53074
Toll-Free Phone: (866) 537-4261
TTY/TDD/Relay: WI Relay 711

ADRC of Eagle Country

Sauk County - Baraboo Office
505 Broadway Street, Room 102
Baraboo, WI 53913
Toll-Free Phone: (877) 794-2372
Local Phone: (608) 355-3289
TTY/TDD/Relay: WI Relay 711

ADRC of Washington County

333 E. Washington Street, Room 1000
West Bend, WI 53095
Toll-Free Phone: (877) 306-3030
Local Phone: (262) 335-4497

ADRC of Waukesha County

514 Riverview Avenue
Waukesha, WI 53188
Toll-Free Phone: (866) 677-2372
Local Phone: (262) 548-7848
TTY/TDD/Relay: WI Relay 711



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Notice Informing Individuals About Nondiscrimination and Accessibility Requirements

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

Care Wisconsin 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 Angela Seidl.

If you believe that Care Wisconsin 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:

Angela Seidl, Care Wisconsin Compliance Officer
1617 Sherman Avenue
Madison, WI 53704

Toll-Free Phone Number: 1-800-963-0035
TTY: Wisconsin Relay System 711
Fax: (608) 246-8428
Email: seidla@carewisc.org

If you need help filing a grievance, Angela Seidl, Care Wisconsin Compliance Officer, 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



If you have questions, please call Care Wisconsin Partnership Customer Service at 1-800-963-0035, TTY/TDD Wisconsin Relay System 711, 8 a.m. – 8 p.m. Central, 7 days a week. Calls to this number are free. For more information, visit www.carewisc.org.

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Toll-Free Phone Number: 1-800-368-1019
TDD: 800-537-7697

Complaint forms are available at <http://www.hhs.gov/ocr/office/file/index/html>.

Multi-language Interpreter Services

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).

Chinese

注意：如果您使用繁體中文，您可以免費獲得語言援助服務。請致電 1-800-963-0035 (TTY: 711)。

German

ACHTUNG: Wenn Sie Deutsch sprechen, stehen Ihnen kostenlos sprachliche Hilfsdienstleistungen zur Verfügung. Rufnummer: 1-800-963-0035 (TTY: 711).

Arabic

ملحوظة: إذا كنت تتحدث اذكر اللغة، فإن خدمات المساعدة اللغوية تتوافر لك بالمجان. اتصل برقم 1800-963-0035 والبيكم الصم هاتف - (TTY: 711). (رقم

Russian

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

Korean

주의: 한국어를 사용하시는 경우, 언어 지원 서비스를 무료로 이용하실 수 있습니다. 1-800-963-0035 (TTY: 711)번으로 전화해 주십시오.

Vietnamese



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CHÚ Ý: Nếu bạn nói Tiếng Việt, có các dịch vụ hỗ trợ ngôn ngữ miễn phí dành cho bạn. Gọi số 1-800-963-0035 (TTY: 711).

Pennsylvanian Dutch

Wann du Deitsch (Pennsylvania German / Dutch) schwetzsch, kantscht du mitaus Koschte ebber gricke, ass dihr helft mit die englisch Schprooch. Ruf selli Nummer uff: Call 1-800-963-0035 (TTY: 711).

Laotian

ໂບດຊາບ: ຖ້າວ່າ ທ່ານເວົ້າພາສາ ລາວ, ການບໍລິການຊ່ວຍເຫຼືອດ້ານພາສາ, ໂດຍບໍ່ເສັງຄ່າ, ແມ່ນມີພ້ອມໃຫ້ທ່ານ. ໂທ 1-800-963-0035 (TTY: 711).

French

ATTENTION : Si vous parlez français, des services d'aide linguistique vous sont proposés gratuitement. Appelez le 1-800-963-0035 (TTY : 711).

Polish

UWAGA: Jeżeli mówisz po polsku, możesz skorzystać z bezpłatnej pomocy językowej. Zadzwoń pod numer 1-800-963-0035 (TTY: 711).

Hindi

ध्यान दें: यदि आप हिंदी बोलते हैं तो आपके लिए मुफ्त में भाषा सहायता सेवाएं उपलब्ध हैं।
1-800-963-0035 (TTY: 711) पर कॉल करें।

Albanian

KUJDES: Nëse flitni shqip, për ju ka në dispozicion shërbime të asistencës gjuhësore, pa pagesë. Telefononi në 1-800-963-0035 (TTY: 711).

Tagalog

PAUNAWA: Kung nagsasalita ka ng Tagalog, maaari kang gumamit ng mga serbisyo ng tulong sa wika nang walang bayad. Tumawag sa 1-800-963-0035 (TTY: 711).



If you have questions, please call Care Wisconsin Partnership Customer Service at 1-800-963-0035, TTY/TDD Wisconsin Relay System 711, 8 a.m. – 8 p.m. Central, 7 days a week. Calls to this number are free. For more information, visit www.carewisc.org.

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

For more information, please call us at the phone number below or visit us at www.carewisc.org.

Toll-free 1-800-963-0035, TTY users should call Wisconsin Relay System 711.

You can call us 7 days a week from 8:00 a.m. to 8:00 p.m. Central.

You can see our plan's provider directory at our website at www.carewisc.org/partnership.

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.carewisc.org/partnership.



Care Wisconsin Health Plan
1617 Sherman Ave.
Madison, WI 53704
1-800-963-0035



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