

**Community Care's Family Care Partnership Program  
(HMO SNP)(Community Care)  
offered by Community Care Health Plan, Inc.**

**Annual Notice of Changes for 2017**

You are currently enrolled as a member of Community Care Family Care Partnership Program (HMO SNP)(Community Care). Next year, there will be some changes to the plan's costs and benefits. *This booklet tells about the changes.*

---

**Additional Resources**

- Customer Service has free language interpreter services available for non-English speakers. Phone numbers are in Section 7.1 of this booklet.

**Interpreter services are free of charge.**

**English:** For help to translate or understand this, please call 1-866-992-6600  
TTY Call the Wisconsin Relay System at 711

**Spanish:** Si necesita ayuda para traducir o entender este texto, por favor llame al teléfono 1-866-992-6600  
TTY Call the Wisconsin Relay System at 711

**Russian:** Если вам не всё понятно в этом документе, позвоните по телефону 1-866-992-6600  
TTY Call the Wisconsin Relay System at 711

**Hmong:** Yog xav tau kev pab txhais cov ntaub ntauv no kom koj totaub, hu rau 1-866-992-6600  
TTY Call the Wisconsin Relay System at 711

- If you have special needs, this document may be available in other formats.
- Please contact Customer Services at 1-866-992-6600 for additional information. TTY users should call 711. You may call us 24 hours a day, 7 days a week.
- Minimum essential coverage (MEC): Coverage under this Plan qualifies as minimum essential coverage (MEC) and satisfies the Patient Protection and Affordable Care Act's (ACA) individual shared responsibility requirement. Please visit the Internal Revenue Service (IRS) website: <https://www.irs.gov/Affordable-Care-Act/Individuals-and-Families> for more information on the individual requirement for MEC.

**About Community Care**

- Community Care is a Coordinated Care Plan with a Medicare Advantage Contract and a contract with the Wisconsin Medicaid Program. Enrollment in Community care depends on contract renewal.
- When this booklet says "we," "us," or "our," it means Community Care. When it says "plan" or "our plan," it means Community Care Health Plan, Inc.

## Think about Your Medicare Coverage for Next Year

Medicare allows you to change your Medicare health and drug coverage. It's important to review your coverage each fall to make sure it will meet your needs next year. Since you have Medicaid you can change plans at any time.

---

### Important things to do:

- Check the changes to our benefits and costs to see if they affect you.** Do the changes affect the services you use? It is important to review benefit and cost changes to make sure they will work for you next year. Look in Sections 2.1 and 2.4 for information about benefit and cost changes for our plan.
  - Check the changes to our prescription drug coverage to see if they affect you.** Will your drugs be covered? Are they in a different tier? Can you continue to use the same pharmacies? It is important to review the changes to make sure our drug coverage will work for you next year. Look in Section 2.5 for information about changes to our drug coverage.
  - Check to see if your doctors and other providers will be in our network next year.** Are your doctors in our network? What about the hospitals or other providers you use? Look in Section 2.2 for information about our Provider Directory.
  - Think about your overall health care costs.** How much will you spend out-of-pocket for the services and prescription drugs you use regularly? How much will you spend on your premium? How do the total costs compare to other Medicare coverage options?
  - Think about whether you are happy with our plan.**
- 

### If you decide to stay with Community Care:

If you want to stay with us next year, it's easy - you don't need to do anything. If you don't make a change, you will automatically stay enrolled in our plan.

---

### If you decide to change plans:

If you decide other coverage will better meet your needs, you can switch at any time. If you enroll in a new plan, your new coverage will begin on the first day of the month after you request the change. Look in Section 3.2 to learn more about your choices.

---

## Summary of Important Costs for 2017

The table below compares the 2016 costs and 2017 costs for Community Care in several important areas. **Please note this is only a summary of changes. It is important to read the rest of this *Annual Notice of Changes*** and review the enclosed *Evidence of Coverage* to see if other benefit or cost changes affect you.

Cost	2016 (this year)	2017 (next year)
<b>Monthly plan premium*</b> * Your premium may be higher or lower than this amount. See Section 2.1 for details.	\$0	\$0
<b>Doctor office visits</b>	Primary care visits: \$0 per visit Specialist visits: \$0 per visit	Primary care visits: \$0 per visit Specialist visits: \$0 per visit
<b>Inpatient hospital stays</b> Includes inpatient acute, inpatient rehabilitation, long-term care hospitals and other types of inpatient hospital services. Inpatient hospital care starts the day you are formally admitted to the hospital with a doctor's order. The day before you are discharged is your last inpatient day.	\$0	\$0
<b>Part D prescription drug coverage</b> (See Section 2.5 for details.)	Deductible: \$0 Copays: \$0	Deductible: \$0 Copays: \$0



## SECTION 1 Unless You Choose Another Plan, You Will Be Automatically Enrolled in Community Care in 2017

**If you do nothing to change your Medicare coverage in 2017, we will automatically enroll you in our Community Care.** This means starting January 1, 2017, you will be getting your medical and prescription drug coverage through Community Care. If you want to, you can change to a different Medicare health plan. You can also switch to Original Medicare.

The information in this document tells you about the differences between your current benefits in Community Care and the benefits you will have on January 1, 2017 as a member of Community Care.

## SECTION 2 Changes to Benefits and Costs for Next Year

### Section 2.1 – Changes to the Monthly Premium

Cost	2016 (this year)	2017 (next year)
<b>Monthly premium</b>	\$0	\$0
(You must also continue to pay your Medicare Part B premium unless it is paid for you by Medicaid.)		

- Your monthly plan premium will be *more* if you are required to pay a lifetime Part D late enrollment penalty for going without other drug coverage that is at least as good as Medicare drug coverage (also referred to as “creditable coverage”) for 63 days or more.
- If you ever lose your low income subsidy ("Extra Help"), you must maintain your Part D coverage or you could be subject to a late enrollment penalty if you ever chose to enroll in Part D in the future. If you have a higher income as reported on your last tax return (\$85,000 or more), you may have to pay an additional amount each month directly to the government for your Medicare prescription drug coverage

### Section 2.2 – Changes to the Provider Network

There are changes to our network of providers for next year.

An updated Provider Directory is located on our website at [www.communitycareinc.org](http://www.communitycareinc.org). You may also call Customer Service for updated provider information or to ask us to mail you a

---

Provider Directory. **Please review the 2017 Provider Directory to see if your providers (primary care provider, specialists, hospitals, etc.) are in our network.**

It is important that you know that we may make changes to the hospitals, doctors and specialist (providers) that are part of your plan during the year. There are a number of reasons why your provider might leave your plan but if your doctor or specialist does leave your plan you have certain rights and protections summarized below:

- Even though our network of providers may change during the year, Medicare requires that we furnish you with uninterrupted access to qualified doctors and specialists.
- When possible we will provide you with at least 30 days' notice that your provider is leaving our plan so that you have time to select a new provider.
- We will assist you in selecting a new qualified provider to continue managing your health care needs.
- If you are undergoing medical treatment you have the right to request, and we will work with you to ensure, that the medically necessary treatment you are receiving is not interrupted.
- If you believe we have not furnished you with a qualified provider to replace your previous provider or that your care is not being appropriately managed you have the right to file an appeal of our decision.
- If you find out your doctor or specialist is leaving your plan please contact us so we can assist you in finding a new provider and managing your care.

---

## **Section 2.3 – Changes to the Pharmacy Network**

---

Amounts you pay for your prescription drugs may depend on which pharmacy you use. Medicare drug plans have a network of pharmacies. In most cases, your prescriptions are covered *only* if they are filled at one of our network pharmacies.

There are changes to our network of pharmacies for next year. An updated Provider Directory is located on our website at [www.communitycareinc.org](http://www.communitycareinc.org). You may also call Customer Service for updated provider information or to ask us to mail you a Provider Directory. **Please review the 2017 Provider Directory to see which pharmacies are in our network.**

---

## Section 2.4 – There are no changes to your benefits or amounts you pay for medical services

---

Please note that the *Annual Notice of Changes* only tells you about changes to your Medicare benefits and costs.

Our benefits and what you pay for these covered medical services will be exactly the same in 2017 as they are in 2016.

---

## Section 2.5 – Changes to Part D Prescription Drug Coverage

---

### Changes to Our Drug List

Our list of covered drugs is called a Formulary or “Drug List.” A copy of our Drug List is in this envelope.

We made changes to our Drug List, including changes to the drugs we cover and changes to the restrictions that apply to our coverage for certain drugs. **Review the Drug List to make sure your drugs will be covered next year and to see if there will be any restrictions.**

If you are affected by a change in drug coverage you can:

- **Work with your doctor (or other prescriber) and ask the plan to make an exception** to cover the drug.
  - To learn what you must do to ask for an exception, see Chapter 8 of your *Evidence of Coverage (What to do if you have a problem or complaint (coverage decisions, appeals, complaints))* or call Customer Service.
- **Work with your doctor (or prescriber) to find a different drug** that we cover. You can call Customer Service to ask for a list of covered drugs that treat the same medical condition.

In some situations, we are required to cover a **one-time**, temporary supply of a non-formulary in the first 90 days of coverage of the plan year or coverage. (To learn more about when you can get a temporary supply and how to ask for one, see Chapter 5, Section 5.2 of the *Evidence of Coverage*.) During the time when you are getting a temporary supply of a drug, you should talk with your doctor to decide what to do when your temporary supply runs out. You can either switch to a different drug covered by the plan or ask the plan to make an exception for you and cover your current drug. Current formulary exceptions will not be carried over into the next year. Please contact your Team to request an exception for 2017.

## Changes to Prescription Drug Costs

*Note:* If you are in a program that helps pay for your drugs (“Extra Help”), **the information about costs for Part D prescription drugs does not apply to you.** We will send you a separate insert, called the “Evidence of Coverage Rider for People Who Get Extra Help Paying for Prescription Drugs” (also called the “Low Income Subsidy Rider” or the “LIS Rider”), which tells you about your drug costs. If you get “Extra Help” and didn’t receive this insert with this packet, please call Customer Service and ask for the “LIS Rider.” Phone numbers for Customer Service are in Section 7.1 of this booklet.

## SECTION 3 Deciding Which Plan to Choose

### Section 3.1 – If you want to stay in Community Care

**To stay in our plan you don’t need to do anything.** If you do not sign up for a different plan or change to Original Medicare, you will automatically stay enrolled as a member of our plan for 2017.

### Section 3.2 – If you want to change plans

We hope to keep you as a member next year but if you want to change for 2017 follow these steps:

#### Step 1: Learn about and compare your choices

- You can join a different Medicare health plan,
- -- *OR*-- You can change to Original Medicare. If you change to Original Medicare, you will need to decide whether to join a Medicare drug plan and whether to buy a Medicare supplement (Medigap) policy.

**You will be disenrolled from Community Care, if you join a different Medicare health plan or change to Original Medicare. You will no longer be able to receive Medicaid benefits from Community Care.**

To learn more about Original Medicare and the different types of Medicare plans, read *Medicare & You 2017*, call your State Health Insurance Assistance Program (see Section 5), or call Medicare (see Section 7.2).

You can also find information about plans in your area by using the Medicare Plan Finder on the Medicare website. Go to <http://www.medicare.gov> and click “Find health & drug plans.” **Here, you can find information about costs, coverage, and quality ratings for Medicare plans.**



## Step 2: Change your coverage

- To change to a **different Medicare health plan**, enroll in the new plan. You will automatically be disenrolled from Community Care.
- To **change to Original Medicare with a prescription drug plan**, enroll in the new drug plan. You will automatically be disenrolled from Community Care.
- To **change to Original Medicare without a prescription drug plan**, you must either:
  - Send us a written request to disenroll. Contact Customer Service if you need more information on how to do this (phone numbers are in Section 7.1 of this booklet).
  - – *or* – Contact **Medicare**, at 1-800-MEDICARE (1-800-633-4227), 24 hours a day, 7 days a week, and ask to be disenrolled. TTY users should call 1-877-486-2048.
- **You must also contact your local Aging and Disability Resource Center (ADRC). Please see Chapter 2, Section 9 of the enclosed EOC for the telephone numbers of the ADRCs. You can also use the following link to find an ADRC in your area: <https://www.dhs.wisconsin.gov/adrc/consumer/index.htm>.**

## SECTION 4 Deadline for Changing Plans

Because you are eligible for Medicare and Full Medicaid Benefits, you can change your Medicare coverage **at any time**. You can change to any other Medicare health plan (either with or without Medicare prescription drug coverage) or switch to Original Medicare (either with or without a separate Medicare prescription drug plan) at any time.

## SECTION 5 Programs That Offer Free Counseling about Medicare

The State Health Insurance Assistance Program (SHIP) is a government program with trained counselors in every state. In Wisconsin, the SHIP is called the Wisconsin State Health Insurance Assistance Program.

The Wisconsin State Health Insurance Assistance Program is independent (not connected with any insurance company or health plan). It is a state program that gets money from the Federal government to give **free** local health insurance counseling to people with Medicare. Wisconsin State Health Insurance Assistance Program counselors can help you with your Medicare questions or problems. They can help you understand your Medicare plan choices and answer questions about switching plans. You can call the Wisconsin State Health Insurance Assistance Program at 1-800-242-1060. You can learn more about the Wisconsin State Health Insurance Assistance Program by visiting their Web site (<http://www.dhs.wisconsin.gov/aging/EBS/ship.htm>).

## SECTION 6 Programs That Help Pay for Prescription Drugs

You may qualify for help paying for prescription drugs. Below we list different kinds of help:

- **“Extra Help” from Medicare.** People with limited incomes may qualify for “Extra Help” to pay for their prescription drug costs. If you qualify, Medicare could pay up to 75% or more of your drug costs including monthly prescription drug premiums, annual deductibles, and coinsurance. Additionally, those who qualify will not have a coverage gap or late enrollment penalty. Many people are eligible and don’t even know it. To see if you qualify, 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 a.m. and 7 p.m., Monday through Friday. TTY users should call, 1-800-325-0778 (applications); or
  - Your State Medicaid Office (applications).

**Prescription Cost-sharing Assistance for Persons with HIV/AIDS.** The AIDS Drug Assistance Program (ADAP) helps ensure that ADAP-eligible individuals living with HIV/AIDS have access to life-saving HIV medications. Individuals must meet certain criteria, including proof of State residence and HIV status, low income as defined by the State, and uninsured/under-insured status. Medicare Part D prescription drugs that are also covered by ADAP qualify for prescription cost-sharing assistance through the Wisconsin AIDS/HIV Drug Assistance Program, <https://www.dhs.wisconsin.gov/aids-hiv/adap.htm>. For information on eligibility criteria, covered drugs, or how to enroll in the program, please call 1-800-991-5532.

## SECTION 7 Questions?

### Section 7.1 – Getting Help from Community Care

Questions? We’re here to help. Please call Customer Service at 1-866-992-6600. (TTY only, call 711.) We are available for phone calls 24 hours a day, 7 days a week. Calls to these numbers are free.

#### **Read your 2017 *Evidence of Coverage* (it has details about next year's benefits and costs)**

This *Annual Notice of Changes* gives you a summary of changes in your benefits and costs for 2017. For details, look in the 2017 *Evidence of Coverage* for Community Care. The *Evidence of Coverage* is the legal, detailed description of your plan benefits. It explains your rights and the rules you need to follow to get covered services and prescription drugs. A copy of the *Evidence of Coverage* is included in this envelope.

## Visit our Website

You can also visit our website at [www.communitycareinc.org](http://www.communitycareinc.org). As a reminder, our website has the most up-to-date information about our provider network (Provider Directory) and our list of covered drugs (Formulary/Drug List).

---

## Section 7.2 – Getting Help from Medicare

---

To get information directly from Medicare:

### Call 1-800-MEDICARE (1-800-633-4227)

You can call 1-800-MEDICARE (1-800-633-4227), 24 hours a day, 7 days a week. TTY users should call 1-877-486-2048.

### Visit the Medicare Website

You can visit the Medicare website (<http://www.medicare.gov>). It has information about cost, coverage, and quality ratings to help you compare Medicare health plans. You can find information about plans available in your area by using the Medicare Plan Finder on the Medicare website. (To view the information about plans, go to <http://www.medicare.gov> and click on “Find health & drug plans.”)

### Read *Medicare & You 2017*

You can read *Medicare & You 2017* Handbook. Every year in the fall, this booklet is mailed to people with Medicare. It has a summary of Medicare benefits, rights and protections, and answers to the most frequently asked questions about Medicare. If you don't have a copy of this booklet, you can get it at the Medicare website (<http://www.medicare.gov>) or 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.

---

## Section 7.3 – Getting Help from Medicaid

---

To get information from Medicaid, you can call the Wisconsin Department of Health Services (DHS) at 1-800-362-3002. TTY users should call the Wisconsin Relay System at 711. You can also contact the Medicaid website at <https://www.dhs.wisconsin.gov/medicaid/index.htm>.

## SECTION 8 Multi-Language Insert



ATTENTION: If you speak English, language assistance services, free of charge, are available to you. Call 1-866-992-6600 (TTY: 711).

ATENCIÓN: si habla español, tiene a su disposición servicios gratuitos de asistencia lingüística. Llame al 1-866-992-6600 (TTY: 711). [SPANISH]

LUS CEEV: Yog tias koj hais lus Hmoob, cov kev pab txog lus, muaj kev pab dawb rau koj. Hu rau 1-866-992-6600 (TTY: 711). [HMONG]

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 1-866-992-6600 (TTY : 711)。[CHINESE]

ACHTUNG: Wenn Sie Deutsch sprechen, stehen Ihnen kostenlos sprachliche Hilfsdienstleistungen zur Verfügung. Rufnummer: 1-866-992-6600 (TTY: 711). [GERMAN]

ملحوظة: إذا كنت تتحدث اذكر اللغة، فإن خدمات المساعدة اللغوية تتوافر لك بالمجان. اتصل برقم 6600-992-866-1 (رقم هاتف الصم والبكم: 711). [ARABIC]

ВНИМАНИЕ: Если вы говорите на русском языке, то вам доступны бесплатные услуги перевода. Звоните 1-866-992-6600 (телетайп: 711). [RUSSIAN]

주의: 한국어를 사용하시는 경우, 언어 지원 서비스를 무료로 이용하실 수 있습니다. 1-866-992-6600 (TTY: 711)번으로 전화해 주십시오. [KOREAN]

CHÚ Ý: Nếu bạn nói Tiếng Việt, có các dịch vụ hỗ trợ ngôn ngữ miễn phí dành cho bạn. Gọi số 1-866-992-6600 (TTY: 711). [VIETNAMESE]

Wann du [Deutsch (Pennsylvania German / Dutch)] schwetzsch, kannsch du mitaus Koschte ebber gricke, ass dihr helft mit die englisch Schprooch. Ruf selli Nummer uff: Call 1-866-992-6600 (TTY: 711). [PENNSYLVANIA DUTCH]

ໂປດຊາບ: ຖ້າວ່າ ທ່ານເວົ້າພາສາ ລາວ, ການບໍລິການຊ່ວຍເຫຼືອດ້ານພາສາ, ໂດຍບໍ່ເສັຽຄ່າ, ແມ່ນມີຮ່ວມໃຫ້ທ່ານ. ໂທ 1-866-992-6600 (TTY: 711). [LAOTIAN]

ATTENTION :Si vous parlez français, des services d'aide linguistique vous sont proposés gratuitement. Appelez le 1-866-992-6600 (ATS : 711). [FRENCH]

UWAGA: Jeżeli mówisz po polsku, możesz skorzystać z bezpłatnej pomocy językowej. Zadzwoń pod numer 1-866-992-6600 (TTY: 711).[POLISH]

ध्यान दें: यदि आप हिंदी बोलते हैं तो आपके लिए मुफ्त में भाषा सहायता सेवाएं उपलब्ध हैं। 1-866-992-6600 (TTY: 711) पर कॉल करें। [HINDI]

KUJDES: Nëse flitni shqip, për ju ka në dispozicion shërbime të asistencës gjuhësore, pa pagesë. Telefononi në 1-866-992-6600 (TTY: 711). [ALBANIAN]

PAUNAWA: Kung nagsasalita ka ng Tagalog, maaari kang gumamit ng mga serbisyo ng tulong sa wika nang walang bayad. Tumawag sa 1-866-992-6600 (TTY: 711). [TAGALOG]