

PARTNERSHIP PROGRAM

Community Care Partnership Program (HMO SNP)

Summary of Benefits

CALUMET, KENOSHA, MILWAUKEE,
OUTAGAMIE, OZAUKEE, RACINE,
WASHINGTON, WAUKESHA
AND WAUPACA COUNTIES

H2034, PLAN 001 & H2034, PLAN 002

JANUARY 1, 2018 – DECEMBER 31, 2018



Community Care Health Plan, Inc. • 205 Bishops Way • Brookfield, WI 53005

Summary of Benefits

Community Care Family Care Partnership Program

(HMO SNP)(Community Care)

H2034, Plan 001 and H2034, Plan 002

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

Community Care's Family Care Partnership Program (HMO SNP)(Community Care) 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 Community Care depends on contract renewal. Enrollment is available to anyone who has both Medical Assistance from the State and Medicare and is functionally eligible as determined by the Wisconsin Long-Term Care Functional Screen.

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 1-866-992-6600 toll free.

To join Community Care 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: Calumet, Kenosha, Milwaukee, Outagamie, Ozaukee, Racine, Washington, Waukesha and Waupaca Counties.

Community Care 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.

Thank you for your interest in Community Care's Family Care Partnership Program (HMO SNP). Our plan is offered by Community Care, 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.



If you have questions, please call Community Care Customer Service at 1-866-992-6600, TTY/TDD call 711. You can call 24 hours a day, 7 days a week. Calls to this number are free. For more information, visit www.communitycareinc.org.

Summary of Benefits for Community Care's Partnership Program (HMO) SNP
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You are eligible for our plan as long as:

You have both Medicare Part A and Medicare Part B (Section 2.2 tells you about Medicare Part A and Medicare Part B)

-- *and* -- You live in our geographic service area (Section 2.3 below describes our service area).

-- *and* -- you are a United States citizen or are lawfully present in the United States

-- *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 <insert service area counties> (section 2.4 below 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 Community Care. Your county Income Maintenance agency determines your Cost Share amount. Call Customer Service for more information (see chapter two 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 Community Care's Partnership Program.**



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Summary of Benefits for Community Care'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 Community Care'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.



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Summary of Benefits for Community Care’s Partnership Program (HMO) SNP
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Premiums and Benefits	Community Care Family Care Partnership Program (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 Providers & Specialist	You pay nothing	Prior authorization may be 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.
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 may be required. Contact your Team for details.



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Hearing Services <ul style="list-style-type: none"> Hearing exam Hearing aid 	You pay nothing	Prior authorization may be 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 may be required. Contact your Team for details.
Vision Services	You pay nothing	Prior authorization may be 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 may be 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 may be 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.
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.



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		<p>Prior authorization may be required. The Formulary lists drugs that require prior authorization. Contact your Team for details.</p> <p>Some over-the-counter (OTC) drugs are covered by Medicaid.</p>
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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 Customer Service at 1-866-992-6600 toll free. Customer service has free language interpreter services available for non-English speakers.

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	Community Care Family Care 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	Full coverage. No copay.	Prior Authorization may be



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Benefit	Medicaid	Community Care Family Care Partnership Program (HMO SNP) Benefits
Services (Targeted)		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
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



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Benefit	Medicaid	Community Care Family Care Partnership Program (HMO SNP) Benefits
Drugs (prescription)	<p>Coverage of generic and brand name prescription drugs, and some over-the-counter (OTC) drugs.</p> <p>Copay: \$0.50 for OTC drugs \$1 for generic drugs \$3 for brand</p> <p>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</p>	<p>Prior Authorization may be required.</p> <p>You pay nothing for covered drugs.</p> <p>Because you have Medicaid and are enrolled in Partnership, you have no copay on prescription drugs.¹⁴</p>
Home Care Services (Home Health, Private Duty Nursing and Personal Care)	<p>Full coverage of Private duty nursing, home health services, and personal care.</p> <p>No copay.</p>	<p>Prior Authorization may be required.</p> <p>\$0 copay</p>
Hospice Care Services	<p>Full coverage. No copay.</p>	<p>Prior Authorization may be required.</p> <p>\$0 copay</p>
Hospital Services – Inpatient and Outpatient	<p>Full coverage. No copays.</p>	<p>Prior Authorization may be required.</p> <p>\$0 copay</p>
Mental Health Services	<p>\$0.50 to \$3 copay per service, limited to the first 15 hours or \$825 of services, whichever comes first,</p>	<p>Prior Authorization may be required.</p> <p>\$0 copay</p>



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Benefit	Medicaid	Community Care Family Care Partnership Program (HMO SNP) Benefits
	provided per calendar year. Copays are not required when services are provided in a hospital setting.	
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
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	Prior Authorization may be required. \$0 copay



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Benefit	Medicaid	Community Care Family Care Partnership Program (HMO SNP) Benefits
	<p>\$1 copay per trip for transportation by Specialized Medical Vehicle (SMV)</p> <p>No copay for transportation by common carrier or emergency ambulance</p>	
Therapy – Physical Therapy, Occupational Therapy and Speech and Language Pathology	<p>Full coverage - \$0.50 to \$3 copay per service.</p> <p>Copay obligation limited to the first 30 hours or \$1500, whichever occurs first, during one calendar year (copay limits calculated separately for each discipline)</p>	<p>Prior Authorization may be required.</p> <p>\$0 copay</p>
Vision Care Services	Full coverage including eyeglasses - \$0.50 to \$3 copay per service.	<p>Prior Authorization may be required.</p> <p>\$0 copay</p>

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	Community Care Family Care Partnership Program (HMO SNP)	What you should know
Adaptive Aids (general and vehicle)	Covered	<p>Prior Authorization may be required.</p> <p>\$0 copay</p>



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Premiums and Benefits	Community Care Family Care Partnership Program (HMO SNP)	What you should know
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
Financial Management Services	Covered	Prior Authorization may be required. \$0 copay



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Premiums and Benefits	Community Care Family Care Partnership Program (HMO SNP)	What you should know
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
Respite Care (for caregivers and	Covered	Prior Authorization may be required.



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Premiums and Benefits	Community Care Family Care Partnership Program (HMO SNP)	What you should know
members in non-institutional and institutional settings)		\$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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Community Care 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.

Community Care, 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 Community Care, you may be responsible for a monthly cost share. This amount is determined by your county Income Maintenance Agency and **must be paid** to keep your eligibility for Medicaid. Community Care 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. Community Care will bill you for the room and board each month.

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



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Summary of Benefits for Community Care’s Partnership Program (HMO) SNP)
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Please remember that **you must** contact the ADRC in your county to enroll or disenroll. That is the only way to enroll or disenroll in Community Care’s Partnership Program.

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

You can contact the ADRC for your county of residence as listed below.

Calumet County ADRC	920-849-1451	TTY Call the Wisconsin Relay System at 711
Kenosha County ADRC	262-605-6646	TTY Call the Wisconsin Relay System at 711
Milwaukee County ARC ¹	414-286-6874	TTY 414-289-8591
Milwaukee County DRC ²	414-289-6660	TTY 414-289-8559
Racine County ADRC	262-638-6800	TTY Call the Wisconsin Relay System at 711
Outagamie County ADRC	920-832-5178	TTY call the Wisconsin Relay System at 711
Ozaukee County ADRC	262-284-8120	TTY call the Wisconsin Relay System at 711
Washington County ADRC	262-335-4497	TTY call the Wisconsin Relay System at 711
Waukesha County ADRC	262-548-7848	TTY call the Wisconsin Relay System at 711
Waupaca County ADRC	715-258-6400	TTY call the Wisconsin Relay System at 711

¹ For individuals age 60 and older

² For individuals under age 60



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Calumet, Kenosha, Milwaukee, Outagamie, Ozaukee, Racine, Washington, Waukesha and
Waupaca Counties

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 1-866-992-6600 (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)] schwetzscht, kannscht 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]



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Waupaca Counties

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]



If you have questions, please call Community Care Customer Service at 1-866-992-6600, TTY/TDD call 711. You can call 24 hours a day, 7 days a week. Calls to this number are free. For more information, visit www.communitycareinc.org.

Summary of Benefits for Community Care's Family Care's Partnership Program (HMO) SNP)
January 1, 2017 – December 31, 2017
Calumet, Kenosha, Milwaukee, Outagamie, Ozaukee, Racine, Washington, Waukesha and
Waupaca Counties

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

Toll free: 1-866-992-6600, TTY users should call 711.

You can call us 24 hours a day, 7 days a week.

You can see our plan's provider directory at our website at www.communitycareinc.org.

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.communitycareinc.org.



If you have questions, please call Community Care Customer Service at 1-866-992-6600, TTY/TDD call 711. You can call 24 hours a day, 7 days a week. Calls to this number are free. For more information, visit www.communitycareinc.org.

Community Care is a private, non-profit organization that integrates health care and well-being services to provide the wider range of help that seniors and adults with disabilities need. In business since 1977, our services allow people to continue living independently, in their own homes and communities.

The Community Care Family Care Partnership Program (HMO SNP) 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 Community Care depends on contract renewal.

Enrollment is available to anyone who has both Medical Assistance from the State and Medicare and is functionally eligible as determined by the Wisconsin Long-Term Care Functional Screen.



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