

• PARTNERSHIP PROGRAM •

Community Care Partnership Program (HMO SNP)

Summary of Benefits

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

CONTRACT H2034 AND CONTRACT H5207

JANUARY 1, 2016 – DECEMBER 31, 2016



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

Summary of Benefits for Community Care's Partnership Program (HMO) SNP
January 1, 2016 – December 31, 2016
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SECTION I - INTRODUCTION TO SUMMARY OF BENEFITS

You have choices about how to get your Medicare benefits

- 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)**).

Tips for comparing your Medicare choices

This Summary of Benefits booklet gives you a summary of what **Community Care's Partnership Program (HMO SNP)** covers and what you pay.

- 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.

Sections in this booklet

- Things to Know About **Community Care's Partnership Program (HMO SNP)**
- Monthly Premium, Deductible, and Limits on How Much You Pay for Covered Services
- Covered Medical and Hospital Benefits
- Prescription Drug Benefits

This document is available in other formats such as Braille and large print.
This document may be available in a non-English language. For additional information, call us at 1-866-992-6600.

- 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.

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SECTION I - INTRODUCTION TO SUMMARY OF BENEFITS	
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 ntawv no kom koj totaub, hu rau 1-866-992-6600 TTY Call the Wisconsin Relay System at 711
Things to Know About Community Care’s Partnership Program (HMO SNP)	
Hours of Operation	
You can call us 7 days a week from 8:00 a.m. to 8:00 p.m. Central time.	
Community Care’s Partnership Program (HMO SNP) Phone Numbers and Website	
<ul style="list-style-type: none"> • If you are a member of this plan, call toll-free 1-866-992-6600. • If you are not a member of this plan, call toll-free 1-866-992-6600. • Our website: http://www.communitycareinc.org 	
Who can join?	
To join Community Care’s Partnership Program (HMO SNP) , you must be entitled to Medicare Part A, be enrolled in Medicare Part B and Wisconsin Medicaid, 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.	
Which doctors, hospitals, and pharmacies can I use?	
Community Care’s Partnership Program (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.	
You must generally use network pharmacies to fill your prescriptions for covered Part D drugs.	

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You can see our plan's provider and pharmacy directory at our website (<http://www.communitycareinc.org>).
Or, call us and we will send you a copy of the provider and pharmacy directories.

What do we cover?

Our plan members get all of the benefits covered by Original Medicare.

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,
- Or, call us and we will send you a copy of the formulary.

How will I determine my drug costs?

The amount you pay for drugs depends on the drug you are taking and what stage of the benefit you have reached. Later in this document we discuss the benefit stages that occur after you meet your deductible: Initial Coverage, Coverage Gap, and Catastrophic Coverage.

The formulary, pharmacy and/or provider network may change at any time. You will receive notice when necessary.

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Summary of Benefits

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**MONTHLY PREMIUM, DEDUCTIBLE, AND LIMITS ON
HOW MUCH YOU PAY FOR COVERED SERVICES**

How much is the monthly premium?	\$0 per month.
How much is the deductible?	This plan does not have a deductible.
Is there any limit on how much I will pay for my covered services?	<p>Yes. Like all Medicare health plans, our plan protects you by having yearly limits on your out-of-pocket costs for medical and hospital care.</p> <p>In this plan, you may pay nothing for Medicare-covered services, depending on your level of Wisconsin Medicaid eligibility.</p> <p>Refer to the "Medicare & You" handbook for Medicare-covered services. For Wisconsin Medicaid-covered services, refer to the Medicaid Coverage section in this document.</p> <p>Your yearly limit(s) in this plan:</p> <ul style="list-style-type: none">• \$6700 for services you receive from in-network providers. <p>If you reach the limit on out-of-pocket costs, you keep getting covered hospital and medical services and we will pay the full cost for the rest of the year.</p> <p>Please note that you will still need to pay your monthly premiums and cost-sharing for your Part D prescription drugs.</p>

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Is there a limit on how much the plan will pay? No. There are no limits on how much our plan will pay.

COVERED MEDICAL AND HOSPITAL BENEFITS

NOTE:

- **SERVICES WITH A ¹ MAY REQUIRE PRIOR AUTHORIZATION.**
- **SERVICES WITH A ² MAY REQUIRE A REFERRAL FROM YOUR DOCTOR.**

OUTPATIENT CARE AND SERVICES

Acupuncture and Other Alternative Therapies Not covered
 Medicare does not cover these services.
Because you have Medicaid:
 Acupuncture may be covered.
 Prior authorization is required.
 Contact your Team for details.

Ambulance¹ You pay nothing
Because you have Medicaid:
 Ambulance services may be covered.
 Prior authorization is required.
 Contact your Team for details.

Chiropractic Care¹ Manipulation of the spine to correct a subluxation (when 1 or more of the bones of your spine move out of position): You pay nothing
Because you have Medicaid:
 Manual manipulation of the spine is covered.
 Prior authorization is required.
 Contact your Team for details.

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Dental Services¹

Limited dental services (this does not include services in connection with care, treatment, filling, removal, or replacement of teeth): You pay nothing
Medicare provides only limited dental coverage.

Because you have Medicaid:

Many dental services, including preventative dental services, are covered.
Prior authorization is required.
Contact your Team for details.

Diabetes Supplies and Services¹

Diabetes monitoring supplies: You pay nothing
Diabetes self-management training. You pay nothing
Therapeutic shoes or inserts. You pay nothing

Because you have Medicaid:

Diabetic self-monitoring training and supplies or medically necessary nutrition therapy is covered.
Prior authorization is required.
Contact your Team for details.

Diagnostic Tests, Lab and Radiology Services, and X-Rays¹

(Costs for these services may be different if received in an outpatient surgery setting)¹

Diagnostic radiology services (such as MRIs, CT scans): You pay nothing
Diagnostic tests and procedures: You pay nothing
Lab services: You pay nothing
Outpatient x-rays: You pay nothing
Therapeutic radiology services (such as radiation treatment for cancer): You pay nothing

Because you have Medicaid:

Prior authorization is required.
Contact your Team for details.

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**Doctor's Office
visits¹**

Primary care physician visit: You pay nothing
Specialist visit: You pay nothing

Because you have Medicaid:

Prior authorization is required.
Contact your Team for details.

**Durable Medical
Equipment
(wheelchairs,
oxygen, etc.)¹**

You pay nothing

Because you have Medicaid:

Prior authorization is required.
Contact your Team for details.

Emergency Care

You pay nothing

Because you have Medicaid:

Contact your Team after receiving emergency
care.
Emergency care is not covered outside of the
US and its territories.

**Foot Care (*podiatry
services*)¹**

Foot exams and treatment if you have diabetes-
related nerve damage and/or meet certain
conditions: You pay nothing

Because you have Medicaid:

Prior authorization is required.
Contact your Team for details.

Hearing Services¹

Exam to diagnose and treat hearing and balance
issues: You pay nothing

Because you have Medicaid:

Prior authorization is required.
Contact your Team for details.

Home Health Care¹

You pay nothing

Because you have Medicaid:

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Prior authorization is required.
Contact your Team for details.

**Mental Health
Care¹**

Inpatient visit:

Our plan covers up to 190 days in a lifetime for inpatient mental health care in a psychiatric hospital. The inpatient hospital care limit does not apply to inpatient mental services provided in a general hospital.

Our plan covers 90 days for an inpatient hospital stay.

Our plan also covers 60 "lifetime reserve days." These are "extra" days that we cover. If your hospital stay is longer than 90 days, you can use these extra days. But once you have used up these extra 60 days, your inpatient hospital coverage will be limited to 90 days.

You pay nothing Specialist visit: You pay nothing

Outpatient group therapy visit: You pay nothing

Outpatient individual therapy visit: You pay nothing

Because you have Medicaid:

Prior authorization is required except in an emergency.

Contact your Team for details.

or after receiving emergency care.

**Outpatient
Rehabilitation¹**

Cardiac (heart) rehab services (for a maximum of 2 one-hour sessions per day for up to 36 sessions up to 36 weeks): You pay nothing

Occupational therapy visit: You pay nothing

Physical therapy and speech and language therapy visit: You pay nothing

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Because you have Medicaid:

Limits on cardiac rehab services may not apply.
Prior authorization is required.
Contact your Team for details.

**Outpatient
Substance Abuse¹**

Group therapy visit: You pay nothing
Individual therapy visit: You pay nothing

Because you have Medicaid:

Prior authorization is required.
Contact your Team for details.

**Outpatient
Surgery¹**

Ambulatory surgical center: You pay nothing
Outpatient hospital: You pay nothing

Because you have Medicaid:

Prior authorization is required.
Contact your Team for details.

**Over-the-Counter
Items**

Not Covered

Because you have Medicaid:

Certain over-the-counter items are covered.
Prior authorization is required.
Contact your Team for details.

**Prosthetic Devices
(braces, artificial
limbs, etc.)¹**

Prosthetic devices: You pay nothing
Related medical supplies: You pay nothing

Because you have Medicaid:

Prior authorization is required.
Contact your Team for details.

Renal Dialysis¹

You pay nothing

Because you have Medicaid:

Prior authorization is required.

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Contact your Team for details.

Transportation

Not covered

Because you have Medicaid:

Routine transportation may be covered.

Prior authorization is required.

Contact your Team for details.

**Urgently Needed
Services**

You pay nothing

Because you have Medicaid:

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.

Vision Services¹

Exam to diagnose and treat diseases and
conditions of the eye (including yearly glaucoma
screening): You pay nothing

Eyeglasses or contact lenses after cataract
surgery: You pay nothing

Because you have Medicaid:

Prior authorization is required.

Contact your Team for details.

Preventive Care¹

You pay nothing

Our plan covers many preventive services,
including:

- Abdominal aortic aneurysm screening
- Alcohol misuse counseling
- Bone mass measurement
- Breast cancer screening (mammogram)
- Cardiovascular disease (behavioral therapy)
- Cardiovascular screenings

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- Cervical and vaginal cancer screening
 - Colorectal cancer screenings (colonoscopy, fecal occult blood test, flexible sigmoidoscopy)
- Depression screening
- Diabetes screenings
- HIV screening
- Medical nutrition therapy services
- Obesity screening and counseling
- Prostate cancer screenings (PSA)
- Sexually transmitted infections screening and counseling
 - Tobacco use cessation counseling (counseling for people with no sign of tobacco-related disease)
 - Vaccines, including Flu shots, Hepatitis B shots, Pneumococcal shots
- "Welcome to Medicare" preventive visit (one-time)
- Yearly "Wellness" visit

Any additional preventive services approved by Medicare during the contract year will be covered.

Annual physical exam: You pay nothing

Because you have Medicaid:

Prior authorization may be required.
Contact your Team for details.

Hospice

You pay nothing for hospice care from a Medicare-certified hospice. You may have to pay part of the cost for drugs and respite care. Hospice is covered outside of our plan. Please contact us for more details.

Because you have Medicaid:

You will not have to pay part of the cost for drugs and respite care.
Prior authorization is required.

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Contact your Team for details.

INPATIENT CARE

**Inpatient Hospital
Care¹**

Our plan covers 90 days for an inpatient hospital stay.

Our plan also covers 60 "lifetime reserve days." These are "extra" days that we cover. If your hospital stay is longer than 90 days, you can use these extra days. But once you have used up these extra 60 days, your inpatient hospital coverage will be limited to 90 days.

You pay nothing

Because you have Medicaid:

You are covered for unlimited days each benefit period.

Prior authorization may be required.

Contact your Team for details.

**Inpatient Mental
Health Care**

For inpatient mental health care, see the "Mental Health Care" section of this booklet.

**Skilled Nursing
Facility (SNF)¹**

Our plan covers up to 100 days in a SNF.

You pay nothing

Because you have Medicaid:

You are covered for unlimited days each benefit period.

Prior authorization may be required.

Contact your Team for details.

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PRESCRIPTION DRUG BENEFITS

How much do I pay?

For Part B drugs such as chemotherapy drugs¹: You pay nothing

Other Part B drugs¹: 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.

Initial Coverage

Our plan does not have a deductible for Part D prescription drugs.

Depending on your income and institutional status, you pay the following:

For generic drugs (including brand drugs treated as generic), either:

- \$0 copay; or
- 1.20 copay; or
- \$2.95 copay

For all other drugs, either:

- \$0 copay; or
- \$3.60 copay; or
- \$7.40 copay

You may get your drugs at network retail pharmacies.

If you reside in a long-term care facility, you pay the same as at a retail pharmacy.

You may get drugs from an out-of-network pharmacy at the same cost as an in-network pharmacy.

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**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.

**Catastrophic
Coverage**

You pay nothing

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Additional Information Section

Community Care's 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.

Community Care'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.

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Summary of Medicaid-Covered Benefits Section

The benefits described below are covered by Medicaid. The benefits described in the Covered Medical and Hospital Benefits section of the Summary of Benefits are covered by Medicare. For each benefit listed below, you can see what Wisconsin Medicaid covers and what our plan covers. What you pay for covered services may depend on your level of Medicaid eligibility.

Benefit	Medicaid	Community Care's Partnership Program (HMO SNP) Benefits
MEDICAID SERVICES		
Alcohol and Other Drug Abuse (AODA) Day Treatment	Full coverage - \$.50-\$3 copay per service Prior Authorization is required.	Prior Authorization may be required. \$0 copay
Alcohol and Other Drug Abuse (AODA) Services	Full coverage - \$.50-\$3 copay per service	Prior Authorization may be required. \$0 copay
Ambulatory Prenatal Services	Full coverage - \$.50-\$3 copay per service	Prior Authorization may be required. \$0 copay
Ambulatory Surgical Centers	Coverage of certain surgical procedures and related lab services. \$3 copay per service.	Prior Authorization may be required. \$0 copay
Anesthesiology 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.

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Benefit	Medicaid	Community Care's Partnership Program (HMO SNP) Benefits
		\$0 copay
Blood	Full coverage. No copay.	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
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-	Prior Authorization may be

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Benefit	Medicaid	Community Care's Partnership Program (HMO SNP) Benefits
	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	required. You pay nothing for covered drugs. \$0 copay
Early and Periodic Screening, Diagnosis and Treatment (EPSDT) Services	Full coverage - \$0.50 to \$3 copay	Prior Authorization may be required. \$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
Hospital Services – Inpatient	Full coverage. No copays.	Prior Authorization may be required. \$0 copay
Hospital Services – Outpatient Hospital and Emergency Room	Full coverage. \$3 copay per visit.	\$0 copay

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Benefit	Medicaid	Community Care's Partnership Program (HMO SNP) Benefits
Mental Health and Mental Health Day Treatment	Full coverage (not including room and board). \$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.
Nursing and Private Duty Nursing	Full Coverage. \$0 copay	Prior Authorization may be required. \$0 copay
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
Prenatal / Maternity	Full coverage, including prenatal	Prior Authorization may be

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Benefit	Medicaid	Community Care's Partnership Program (HMO SNP) Benefits
Care (May include: Nurse Midwife)	care coordination, and preventative mental health and substance abuse screening and counseling for women at risk of mental health or substance abuse problems. \$0.50 to \$3 copay	required. \$0 copay
Reproductive Health Services – Family Planning services	Full coverage with the exceptions listed below. No copay for services provided by a family planning clinic or contraceptive management. Does not cover: <ul style="list-style-type: none"> • Reversal of voluntary sterilization • Infertility treatments • Surrogate parenting and related services, including but not limited to: <ul style="list-style-type: none"> ○ Artificial insemination ○ Obstetrical care ○ Labor or delivery ○ Prescription or over-the-counter drugs 	Prior Authorization may be required. \$0 copay
Respiratory Care for Ventilator – Assisted Recipients	Full Coverage. \$0 copay	Prior Authorization may be required. \$0 copay
School Based Services (under age 21)	Covered if listed in child's Individualized Education Program (IEP) \$0 copay	Covered if listed in child's Individualized Education Program (IEP) Prior Authorization may be required. \$0 copay
Transportation –	Full coverage of emergency and non-	Prior Authorization may be

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Benefit	Medicaid	Community Care's Partnership Program (HMO SNP) Benefits
Ambulance, Specialized Medical Vehicle (SMV), Common Carrier	<p>emergency transportation to and from a certified provider for a covered service.</p> <p>\$2 copay for non-emergency ambulance trips \$1 copay per trip for transportation by Specialized Medical Vehicle (SMV)</p> <p>No copay for transportation by common carrier or emergency ambulance</p>	<p>required.</p> <p>\$0 copay</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	<p>Full coverage including eyeglasses - \$0.50 to \$3 copay per service.</p>	<p>Prior Authorization may be required.</p> <p>\$0 copay</p>

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MEDICAID HOME AND COMMUNITY BASED WAIVER 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.

Adaptive Aids (general and vehicle)	Not covered	Prior Authorization may be required. \$0 copay
Adult Day Care	Not covered	Prior Authorization may be required. \$0 copay
Assistive Technology/ Communication Aids	Not covered	Prior Authorization may be required. \$0 copay
Care/ Case Management (including Assessment and Case Planning)	Not covered	\$0 copay
Consultative Clinical and Therapeutic Services for Caregivers	Not covered	Prior Authorization may be required. \$0 copay
Consumer Education and Training	Not covered	Prior Authorization may be required. \$0 copay
Counseling and Therapeutic Resources	Not covered	Prior Authorization may be required.

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		\$0 copay
Environmental Accessibility Adaptations (Home Modifications)	Not covered	Prior Authorization may be required. \$0 copay
Financial Management Services	Not covered	Prior Authorization may be required. \$0 copay
Habilitation Services <ul style="list-style-type: none"> • Daily Living Skills Training • Day Habilitation Services 	Not covered	Prior Authorization may be required. \$0 copay
Housing Counseling	Not covered	Prior Authorization may be required. \$0 copay
Meals – Home Delivered	Not covered	Prior Authorization may be required. \$0 copay
Personal Emergency Response System Services	Not covered	Prior Authorization may be required. \$0 copay
Prevocational Services	Not covered	Prior Authorization may be required. \$0 copay
Relocation Services	Not covered	Prior Authorization may be required.

Summary of Benefits for Community Care's Partnership Program (HMO) SNP
 January 1, 2016 – December 31, 2016
 Calumet, Kenosha, Milwaukee, Outagamie, Ozaukee, Racine, Washington, Waukesha and
 Waupaca Counties

		\$0 copay
Residential Services: <ul style="list-style-type: none"> • Residential Care Apartment Complex (RCAC) • Community Based Residential Facility (CBRF) • Adult Family Home (AFH) 	Not covered	Prior Authorization may be required. \$0 copay* *Members are required to pay Room and Board costs
Respite Care (for caregivers and members in non-institutional and institutional settings)	Not covered	Prior Authorization may be required. \$0 copay
Skilled Nursing Services	Limited coverage under Home Health and Physicians Services \$0.50 – \$3 copay	Prior Authorization may be required. \$0 copay
Specialized Medical Equipment and Supplies	Coverage limited to DME and DMS coverage \$0.50-\$3copay	Prior Authorization may be required. \$0 copay
Support Broker	Not covered	Prior Authorization may be required. \$0 copay
Supported Employment	Not covered	Prior Authorization may be required.

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		\$0 copay
Supportive Home Care	Not covered	Prior Authorization may be required. \$0 copay
Training Services for Unpaid Caregivers	Not covered	Prior Authorization may be required. \$0 copay
Transportation (Specialized Transportation)	Not covered	Prior Authorization may be required. \$0 copay
Vocational Futures Planning	Not covered	Prior Authorization may be required. \$0 copay

As a member of Community Care’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. **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 also bill you for 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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Please remember that **you must** contact the ADRC in your county to enroll. That is the only way to enroll 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. Please note that Milwaukee County has an Aging Resource Center (ARC) and a Disability Resource Center (DRC).

Calumet County ADRC	920-849-1451
Kenosha County ADRC	262-605-6646
Milwaukee County ARC	414-289-6874 For individuals age 60 and over
Milwaukee County DRC	414-289-6660 For individuals under age 60
Racine County ADRC	262-638-6800
Outagamie County ADRC	920-832-5178
Ozaukee County ADRC	262-284-8120
Washington County ADRC	262-335-4497
Waukesha County ADRC	262-548-7848
Waupaca County ADRC	715-258-6400

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.



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