



First Look 2022

Get to know iCare Medicare Plan (HMO D-SNP)

Since 1994, Wisconsin-based *i*Care has been improving the quality of life for Wisconsin residents. From the beginning, *i*Care has been there for individuals with special needs and limited means, providing access to needed health care services and community resources. With *i*Care Medicare Plan, we help members manage all of their benefits, so that they get the health care services and payment assistance they are entitled to. *i*Care is a wholly-owned subsidiary of Humana.

Plan Details

*i*Care Medicare Plan is a Medicare Advantage Special Needs Plan, which offers complete health care coverage. Enrollees can receive Medicaid and Medicare benefits, including prescription drugs, and additional benefits at no cost to the member like OTC, Vision, Dental and new for 2022, Healthy Foods Card and Prescription Drug Savings Benefit.

Members have their own dedicated Care Coordinator (CC) to help meet their medical, mental health, and social service needs. After they enroll in *i*Care Medicare Plan, they will get to know their CC. The CC will be available to: answer questions, help coordinate doctor visits, help manage prescriptions, and help find community services. But most importantly, the CC is someone who can speak to a member about their health concerns.

In addition to the CC, the *i*Care Customer Service team is a member's link to everything they want to know about *i*Care. Customer Service can be reached at 1-800-777-4376 (TTY: 1-800-947-3529), 24 hours a day, 7 days a week. Our office hours are Monday – Friday, 8:30 a.m. – 5:00 p.m.

Eligibility Requirements

- » Must live in the service area
- » Enrolled in Medicare Parts A and B

- » Enrolled in Medicaid
- » May have Family Care/IRIS

Member Retention Specialists will help make sure that members still qualify for *i*Care Medicare Plan. Call 1-800-777-4346 or 1-414-272-5621 or email MemberRetention@iCareHealthPlan.org. The Member Retention Specialist will walk you through the process to help your client stay enrolled in our plans.

Benefit Highlights

*i*Care Medicare Plan not only helps members manage all of their Medicare and/or Medicaid benefits — it also offers members supplemental or added benefits at no cost to the member.

Members of this plan can use the added benefits below for plan year 2022. Brokers should refer members to the 2022 Summary of Benefits or Evidence of Coverage for a more detailed description of benefits.

Premiums, co-pays, co-insurance and deductibles may vary based on the level of Extra Help the member receives. Members do not pay a separate monthly plan premium for this plan, but they must continue to pay their Part B premium unless it is paid for by Medicaid or another third party. Members may be able to get Extra Help to pay for prescription drug premiums and costs.

iCare Medicare Plan — MA-PD

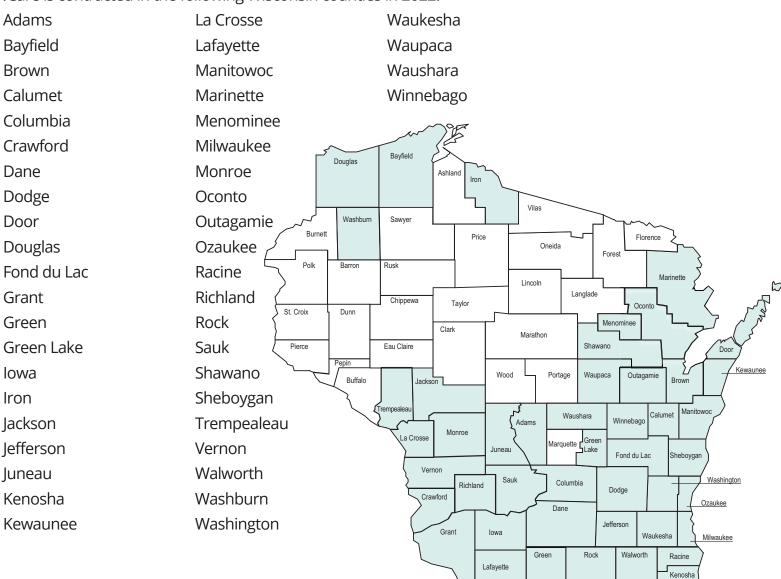
Benefit	What's Covered	
Enhanced for 2022!	» One set of eye glasses lenses and/or frames, upgrades combined	
Vision	» Contact lenses	
Pays up to \$300 per	» Contact fitting	
calendar year. There may	» One routine eye exam	
be limits on how much the plan will provide.	Please ensure members receive clarification on which providers may be used for this benefit.	
NEW for 2022!	\$50 automatically loaded every month to spend at participating retailers	
Healthy Foods Card	toward the purchase of approved healthy foods. Funds expire monthly. See page 6 for more information.	
Over-the-Counter Benefits Card	\$100 every month (\$300 a quarter/\$1,200 a year) to purchase approved over-the-counter items at participating retailers, online or through a catalog using a pre-paid benefits card. Balance re-sets quarterly. See page 6 for more information.	
NEW for 2022!	A needs-based benefit included for chronically ill members who meet	
Special Supplemental Benefits for the	eligibility criteria, and are participating in care management. Please refer to the Summary of Benefits for additional details.	
Chronically III (SSBCI)Flexible Care Assistance	Due to the personalized nature of this benefit, iCare sales and marketing will not promote it in 2022. It will be up to the Care Coordinator's discretion while working with the member.	
NEW for 2022!	\$0 co-payment for all Medicare covered prescription drugs for all formularies,	
Prescription Drug Savings Benefit on all tiers. Benefit begins in the Deductible Stage (when applicable) continues through Initial Coverage Stage, only. To qualify, members eligible for Extra Help.		

Benefit	What's Covered			
	\$2,500 maximum benefit coverage amount per year.			
	Preventive Care			
	» Oral Exams: Up to two (2) per calendar year.			
	» Prophylaxis (Cleaning): Up to two (2) per calendar year.			
	» Fluoride Treatment: Up to two (2) per calendar year.			
Enhanced for 2022!	» X-Rays are limited to either 1 panoramic, 1 full set, or 1 bitewing set per calendar year.			
Dental There were he limite	Comprehensive Care			
There may be limits on how much the plan	» Diagnostic Services — Up to two (2) visits per calendar year.			
will provide.	» Restorative Services — Simple restorations are limited to Amalgams/Resins, one (1) restoration per tooth, per calendar year.			
	» Extractions — Simple extractions only. No surgical extractions.			
	» Prosthodontics/Oral or Maxillofacial Surgery/Other services:			
	Crowns — Limited to one (1) per tooth per 60 months.			
	 Basic Partials and basic dentures are covered, one (1) every 60 months. No coverage for repair. 			
	No coverage for oral/maxillofacial surgery			
Enhanced for 2022! Meals	If a member transitions home from an inpatient hospital or skilled nursing facility, they are eligible for a maximum of 28 meals per year (14 days total —			
	2 meals per day).			
Back for 2022! Non-emergency Transportation	The <i>i</i> Care transportation benefit provides members with non-emergency transportation to and from plan approved locations for up to 24 one-way trips annually, up to 25 miles.			
Silver Sneakers Fitness	SilverSneakers can help members live a healthier, more active life through fitness and social connection. They are covered for a fitness benefit through SilverSneakers at participating locations, and have access to instructors who lead specially designed group exercise classes. At participating locations nationwide, they can take classes plus use exercise equipment and other amenities. For members who are home-bound or choose to exercise at home, "at-home" kits are also available.			
Personal Emergency Response System	A personal emergency response system that can help connect members to the assistance they need.			
Weight Watchers	Care will supply members with local Weight Watchers meeting voucher acks containing thirteen-weeks' worth of meeting vouchers at a local, on-site leight Watchers location. Members can request new voucher packs near need of each thirteen-week period if they continue to use the program. This benefit will help members eat healthier, lose weight and keep it off. Weight Watchers supports good health and activity at member's own pace. This benefit is only for Weight Watchers meeting participation and does not include meals.			

Programs and Services	What's Covered		
24/7 Nurse Advice Line	Members can speak to a registered nurse about their health care concerns, ask questions, and get advice.		
Healthy Rewards	Members can earn monetary rewards for making healthy choices. See page 6 for more information.		
Health Education Classes	Some members can attend health education sessions to learn strategies that can lead to better health. The classes are offered by WIHA. A member's Care Coordinator will approve the course and help the member register.		
	Community Health Worker Program		
	We offer a team of Community Health Workers (CHW) that can help members and their families with housing, doctors or medical care, education, AODA treatment, food and clothing, and more.		
	When a member signs up for the program, a CHW is selected for them by zip code. The CHW knows what services are available where a member lives and can connect them with resources. They will provide support and guidance to a member through face-to-face home or facility visits, or by phone. There is no cost to use these services. Members should ask their Care Coordinator how to participate in this program.		
Casial Caminas	Eviction Control Program		
A few of the many programs <i>i</i> Care offers members to help with Social Determinants of Health.	If a member is facing eviction, <i>i</i> Care can help. We use housing navigators to work with a member's landlord even if it means moving them to a new home. Members should ask their Care Coordinator (CC) for more information.		
	In-Home Check-up Program		
	If a member qualifies, <i>i</i> Care will send a doctor or nurse practitioner to their home for a check-up. They will learn how <i>i</i> Care can help with any health issues, home conditions and special needs. <i>i</i> Care will make sure the member's doctor has this information. Members should ask their CC for more information.		
	Senior Companion		
	Members can volunteer to be a companion for another member three to four hours weekly. Companions accompany members to social or recreational events, support them as exercise partners, join them on shopping trips, or escort them to medical appointments. They can also provide light personal care assistance, housekeeping, and food preparation.		

Market Service Area

*i*Care is contracted in the following Wisconsin counties in 2022:



Network Highlights

*i*Care Medicare Plan has an "open access network" allowing members to see providers that are Medicare and Medicaid certified and willing to bill *i*Care. However, there are a few exceptions:

- » Medicaid vision services are provided through National Vision Administrators (NVA).
- » Dental services are provided through DentaQuest.
- » Durable Medical Equipment and Supplies through HOMECARE MEDICAL. Exceptions include: Oxygen, rental equipment during the rental payment period, and large unique medical equipment.
- » Home Health Care Services. These services require prior authorization (PA). PA will be provided only to contracted in-network providers. Exceptions require approval of the Medical Director. Home health services include supportive home nursing and Personal Care Worker services.
- » Most benefits do not require referrals and very few require prior authorization.
- » Most major hospital facilities and health care systems within iCare's service area are in-network.

For a complete list of in-network providers, visit www.iCareHealthPlan.org/FindProvider



The iCare Benefit Card now comes with MORE!

Now, members can purchase Medicare–approved Over-the-Counter (OTC) items and healthy foods PLUS earn rewards to purchase wellness items through our Healthy Rewards program — **all on ONE card**.



OTC

approved OTC items in-store and online through NationsOTC.



Healthy Foods

approved healthy foods in-store and online through NationsOTC.



Wellness

Rewards

earn even more through the Healthy Rewards program.



- » Cold, Cough, and Allergy Relief
- » Pain Relief
- » Digestive Health
- » First Aid
- » Vitamins

Eligible Healthy

Food Items

Include:

- » Fruits and Vegetables
- » Dairy Products
- » Rice and Whole Grains
- » Breakfast Foods
- » Soups and Pasta

Eligible Wellness Items

Include:

- » Hair Care
- » Household Products
- » Shaving/Grooming
- » Body and Facial Care
- » Soap and Detergents















Buy in-store

Swipe the *i*Care Benefit Card to purchase OTC, healthy foods, and wellness products with earned rewards.

Buy online

Order online from NationsOTC for free home delivery (http://www.nationsotc.com/iCare).

Buy by phone

Call 1-877-644-3273 (TTY: 711). Members should have the item numbers for the products and *i*Care Benefit Card handy.

Check card balance

It's easy. Visit www.otcnetwork.com and use the *i*Care Benefit Card number. Or call 1-888-682-2400.



AND even MORE! Members can download the App for FREE! The OTC Network Mobile App allows them to track their balance and find eligible items and discounts when shopping in store. Download it through Google Play or in the Apple App Store, or visit OTCNetwork.com.

Prescription Drug Information

Mail-Order Program

Members have the option of enrolling in our mail-order pharmacy program administered by MedImpact. Not only does it save them time and money, it's also convenient! Once the prescription is received from the doctor, deliveries average 7–10 days.

90-Day Supply of Medications for a 30-Day Co-pay

Members can save time and money by taking advantage of a 90-day supply for a 30-day co-pay for Tier 1 and Tier 2 formulary medications. This program is particularly beneficial in 2022 when members may have co-pays during the Gap Coverage Stage until the Catastrophic Stage. Available at all in-network retail and mail-order pharmacies.

Medication Therapy Program

Medication Therapy Management (MTM) services are offered to all plan members who qualify at no additional cost. Members may be contacted by their current pharmacy to receive MTM services. Participation is voluntary.

Prescription Drug Savings Benefit

\$0 co-payment for all Medicare covered prescription drugs for all formularies, on all tiers. Benefit begins in the Deductible Stage (when applicable) and continues through Initial Coverage Stage, only. To qualify, members must be eligible for Extra Help.

The Part D prescription drug benefit has four stages of coverage. In each stage, the member and the plan pay a different share of prescription drug costs. The cost-sharing may change when entering another stage of the Part D prescription drug coverage benefit.

STAGE 1: Deductible — This plan does not have a deductible.

STAGE 2: Initial Coverage Stage — After a member pays the deductible, if applicable, up to the initial coverage limit of \$4,430.

In 2022, while in the Initial Coverage Stage, members will have a \$0 co-pay for all Medicare-covered drugs on all tiers.

STAGE 3: Gap Coverage Stage — Members will have co-pays during the Coverage Gap Stage. Co-payments start after the total drug costs paid by the member and the plan reach \$4,430, up to the out-of-pocket threshold of \$7,050.

Our plan groups each medication into one of five "tiers." Members will need to use their formulary to locate what tier their drug is on. The amount paid each time they fill their drug (listed in the table below) depends on the drug's tier, level of extra help, and institutional status.

Part D Co-Pays and Out-of-Pocket Expense							
Tier	Туре	LIS 1	LIS 2	LIS 3			
1	Preferred Generic	\$3.95	\$1.35	\$0			
2	Generic	\$3.95	\$1.35	\$0			
3	Preferred Brand	\$3.95/\$9.85	\$1.35/\$4.00	\$0			
4	Non-Preferred Drug	\$3.95/\$9.85	\$1.35/\$4.00	\$0			
5	Specialty	\$3.95/\$9.85	\$1.35/\$4.00	\$0			

STAGE 4: Catastrophic Coverage Stage — After a member's annual out-of-pocket drug costs (including drugs purchased through a retail pharmacy and through mail order) exceed \$7,050, they pay nothing (\$0 co-pay) for all drugs.

Not an *i*Care appointed broker yet? Questions about 2022 plan year benefits? Contact us.



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iCare is a wholly-owned subsidiary of Humana.