



Summary of Benefits Of Community Care's Family Care Partnership Program

January 1, 2009 – December 31, 2009
(Kenosha, Milwaukee, Ozaukee, Racine, Washington and Waukesha
Counties)

Community Care Health Plan, Inc.
1555 South Layton Boulevard
Milwaukee, WI 53215

Summary of Benefits for Community Care's Partnership Program
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SECTION 1 – INTRODUCTION

INTERPRETER SERVICES

Interpreter services are available free of charge.

- For help to translate or understand this, please call 1-866-992-6600 (TTY 1-866-288-9909).
- Si necesita ayuda para traducir o entender este texto, por favor llame al teléfono 1-866-992-6600 (TTY 1-866-288-9909).
- Если вам не всё понятно в этом документе, позвоните по телефону 1-866-992-6600 (TTY 1-866-288-9909).
- Yog xav tau kev pab txhais cov ntaub ntawv no kom koj totaub, hu rau 1-866-992-6600 (TTY 1-866-288-9909).
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Please call Community Care for more information about this plan.
Visit us at www.CommunityCareInc.org or, call us:

1-866-992-6600

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

TTY users should call 1-866-288-9909 from 8:00 a.m. – 8:00 p.m. Central, 7 days a week. After these hours, if you are deaf or hard of hearing and using a TTY machine, then dial the Wisconsin Relay System's toll free TTY access number: 711, or if no answer: 1-800-947-3529. A Wisconsin Relay CA will answer your call. Provide the area code and phone number of your Team and they will connect you with someone who can help you. There is always a doctor on call to help you.

Current and Prospective members should call 1-866-992-6600 (TTY/TDD 1-866-288-9909) for questions related to the Medicare Advantage program or the Medicare Part D Prescription Drug program.

For more information about Medicare, call 1-800-MEDICARE (1-800-633-4227).
TTY users should call 1-800-486-2048.

You can call 24 hours a day, 7 days a week.
Or, visit www.medicare.gov on the web.

You may also contract the Medigap Hot line at 1-800-1060.

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For more information about Medicaid, call 1-608-266- 2522TTY users should call 1- 888-692-1402.

You can call 24 hours a day, 7 days a week.
Or, visit www.dhfs.state.wi.us on the web.

You may also contact the Aging and Disability Resource Center (ADRC) in your county of residence.

Kenosha County ADRC	262-605-6646
Milwaukee County ADRC	414-289-6874
Racine County ADRC	262-638-6800
Ozaukee County ADRC	262-284-8120
Washington County ADRC	262-335-4497
Waukesha County ADRC	262-548-7848

If you have special needs, this document may be available in other formats.

Thank you for your interest in Community Care's Family Care Partnership (Partnership) program. Our plan is offered by Community Care Health Plan, Inc. (Community Care), a Medicare Advantage Health Maintenance Organization (HMO) Special Needs Plan. This plan is designed for people who meet specific enrollment criteria. You may be eligible to join this plan if you receive assistance from the state and Medicare. All cost sharing in this summary of benefits is based on your level of Medicaid eligibility. Please call the Aging and Disability Resource Center (ADRC) in the county in which you reside to find out if you are eligible to join.

Kenosha County ADRC	262-605-6646
Milwaukee County ADRC	414-289-6874
Racine County ADRC.	262-638-6800
Ozaukee County ADRC	262-284-8120
Washington County ADRC	262-335-4497
Waukesha County ADRC	262-548-7848

This Summary of Benefits tells you some features of our plan. It doesn't list every service we cover or list every limitation or exclusion. To get a complete list of our benefits, please call Community Care and ask for the "Evidence of Coverage."

YOU HAVE CHOICES IN YOUR HEALTH CARE

As a Medicare beneficiary, you can choose from different Medicare options. One option is the Original (fee-for-service) Medicare Plan, and if you have Wisconsin Medicaid, one option is the Wisconsin (fee-for-service) Medicaid Plan. Another option is a health plan, like Community Care's Partnership program. You may have other options too. You make the choice. No matter

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what you decide, if you have Medicare, you are still in the Medicare Program, and if you have Wisconsin Medicaid, you are still in the Wisconsin Medicaid Program.

You may join or leave Community Care's Partnership Plan at any time. Please call Community Care at the number listed in the beginning of this introduction or for more information about Medicare call 1-800-MEDICARE (1-800-633-4227). TTY users should call 1-877-486-2048. You can call these numbers 24 hours a day, 7 days a week

For more information about Medicaid, call 1-608-266- 2522, TTY users should call 1- 888-692-1402. You can call these numbers 24 hours a day, 7 days a week.

HOW CAN I COMPARE MY OPTIONS?

You can compare Community Care's Partnership program and the Original Medicare Plan using this Summary of Benefits. The charts in this booklet list some important health benefits. For each benefit, you can see what our plan covers and what the Original Medicare Plan covers.

Our members receive all of the benefits that the Original Medicare Plan offers, plus all the benefits of Wisconsin Medicaid including long term care services. Our benefits may change from year to year.

WHERE IS COMMUNITY CARE'S PARTNERSHIP PROGRAM AVAILABLE?

The service area for this plan includes: Kenosha, Milwaukee, Ozaukee, Racine, Washington and Waukesha Counties in the State of Wisconsin. You must live in one of these places to join the plan.

WHO IS ELIGIBLE TO JOIN COMMUNITY CARE'S PARTNERSHIP PROGRAM?

You can join Community Care's Partnership Program if you live in the service area, are eligible for Wisconsin Medicaid, meet the age requirement listed in Section 3 of this booklet, and are functionally eligible as determined by the State of Wisconsin Long-Term Care Functional Screen. In addition, if you are entitled to Medicare, you must be enrolled in all Parts of Medicare for which you are eligible. Please see Section 3 of this booklet for more detailed information.

CAN I CHOOSE MY DOCTORS?

Community Care has formed a network of doctors, specialists, and hospitals. You can only use doctors who are part of our network. The health providers in our network can change at any time. You can ask for a current Provider Directory for an up-to-date list or visit us at www.CommunityCareInc.org. Our customer service number is listed at the beginning of this introduction.

WHAT HAPPENS IF I GO TO A DOCTOR WHO'S NOT IN YOUR NETWORK?

If you choose to go to a doctor outside of our network, you must pay for these services yourself. Neither Community Care, the Original Medicare Plan, nor Wisconsin Medicaid will pay for these services.

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DOES MY PLAN COVER MEDICARE PART B, MEDICARE PART D, OR MEDICAID DRUGS?

Community Care's Partnership program covers Wisconsin Medicaid prescription drugs, and if you are entitled, to Medicare Part B and Medicare Part D prescription drugs.

WHERE CAN I GET MY PRESCRIPTIONS IF I JOIN THIS PLAN?

Community Care has formed a network of pharmacies. You must use a network pharmacy to receive plan benefits. We may not pay for your prescriptions if you use an out-of-network pharmacy, except in certain cases. The pharmacies in our network can change at any time. You can ask for a current Pharmacy Network List or visit us at www.communitycareinc.org. Our customer service number is listed at the beginning of this introduction. We will notify the affected members if the pharmacy they are using is no longer part of the network.

WHAT IS A PRESCRIPTION DRUG FORMULARY?

Community Care's Partnership Program uses a formulary. A formulary is a list of drugs covered by our plan to meet our participants' needs. We may periodically add, remove, or make changes to coverage limitations on certain drugs or change how much you pay for a drug. If we make any formulary change that limits your ability to fill your prescriptions, we will notify the affected members before the change is made. We will send a formulary to you, and you can see our complete formulary on our Website at www.communitycareinc.org.

If you are currently taking a drug that is not on our formulary or is subject to additional requirements or limits, you may be able to get a temporary supply of the drug. With your physician's help, you can contact us to request an exception or to switch to an alternative drug listed on our formulary. Call us to see if you can get a temporary supply of the drug or for more details about our drug transition policy.

HOW CAN I GET EXTRA HELP WITH PRESCRIPTION DRUG PLAN COSTS?

If you do not have Medicare, then you have no premiums or other costs for your prescription drugs. If you have Medicare, you can qualify for extra help with your Medicare prescription drug plan costs. If you qualify for extra help, your premium and costs at the pharmacy will be lower. When you join Community Care's Partnership Program, Medicare will tell us how much extra help you are getting. Then we will let you know the amount you will pay. If you are not getting this extra help, you can see if you qualify by calling 1-800-Medicare (1-800-633-4227), TTY users should call 1-877-486-2048. You can call this number 24 hours a day, 7 days a week.

WHAT ARE MY PROTECTIONS IN THIS PLAN?

Community Care's Partnership Program is a Medicaid plan and a Medicare Advantage Plan. All Medicare Advantage Plans agree to stay in the program for a full year at a time. Each year, the plans decide whether to continue for another year. Even if a Medicare Advantage Plan leaves the program, you will not lose your Medicare coverage. If a plan decides not to continue, it must send you a letter at least 90 days before your coverage will end. The letter will explain your options for Medicare and Medicaid coverage in your area.

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As a member of Community Care's Partnership Program, you have the right to request a determination, which includes the right to request an exception; the right to file an appeal is we deny coverage for a prescription drug, and the right to file a grievance.

You have the right to request a prescription drug coverage determination if you want us to cover a benefit or service that you believe should be covered. An exception is a type of coverage determination for prescription drugs. You may ask us for an exception if you believe you need a drug that is not on our list of covered drugs or believe you should get a non-preferred drug at a lower out-of-pocket cost. You can also ask for an exception to cost utilization rules, such as a limit on the quantity of a drug. If you think you need an exception, you should contact us before you try to fill your prescription at a pharmacy. Your doctor must provide a statement to support your exception request. If we deny coverage for your prescription drug(s), you have the right to appeal and ask us to review our decision.

Finally, you have the right to file a grievance if you have any type of problem with us or one of our network providers or pharmacies that does not involve coverage for a benefit or a service.

WHAT IS A MEDICATION THERAPY MANAGEMENT (MTM) PROGRAM?

A Medication Therapy Management (MTM) Program is a free service we may offer. You may be invited to participate in a program designed for your specific health and pharmacy needs. You may decide not to participate, but it is recommended that you take full advantage of this covered service if you are selected. Contact Community Care for more details.

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Benefit Category	Original Medicare	Partnership Program Members who are eligible for both Medicare and Wisconsin Medicaid	Partnership Program Members who are eligible for Wisconsin Medicaid but not Medicare
1 - Premium and Other Important Information	You pay the Medicare Part B premium of \$96.40 each month.	<p>There is a Medicare Part B premium of \$96.40 each month for your plan benefits. You may be eligible for Medicare Part B premium assistance depending on your income and asset level.</p> <p>There is an additional premium of \$ 29.40 each month for Medicare Part D prescription drug benefits. You are eligible for \$27.93 of Medicare Part D premium assistance.</p> <p>Some Members may have to pay a monthly Medicaid cost share as determined by the Kenosha, Milwaukee or Racine County Department of Human Services to remain eligible and enrolled in Community Care's Partnership Program.</p>	<p>There are no premiums, deductibles, or co-payments for members who are eligible for Medicaid but not for Medicare.</p> <p>Some members may have to pay a monthly Medicaid cost share as determined by the Kenosha, Milwaukee or Racine County Department of Human Services to remain eligible and enrolled in Community Care's Partnership Program..</p>

SUMMARY OF BENEFITS

INPATIENT CARE

3 - Inpatient Hospital Care (includes Substance Abuse and	<p>You pay for each benefit period (3):</p> <p>Days 1 - 60: an initial deductible of \$ 1,068</p>	<p>There are no deductibles or co-payments for covered stays at a network hospital.</p> <p>You are covered for unlimited days each benefit</p>	<p>There are no deductibles or co-payments for covered stays at a network hospital.</p> <p>You are required to use network hospitals, except in</p>
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Rehabilitation Services)	Days 61 - 90: \$ 267 each day Days 91 - 150: \$ 534 each lifetime reserve day (4) Please call 1-800-MEDICARE (1-800-633-4227) for information about lifetime reserve days. (4)	period. You are required to use network hospitals, except in an emergency. You do NOT need a referral to receive services from a network hospital. Except in an emergency, your provider must obtain authorization from Community Care.	an emergency. You do NOT need a referral to receive services from a network hospital. Except in an emergency, your provider must obtain authorization from Community Care.
4- Inpatient Mental Health Care	You pay the same deductible and copayments as inpatient hospital care (above) except Medicare beneficiaries may only receive 190 days in a Psychiatric Hospital in a	There are no deductibles or co-payments for covered stays at a network hospital. You are required to use network hospitals except in an emergency.. You do NOT need a referral to receive services from a network hospital.	There are no deductibles or co-payments for covered stays at a network hospital. You are required to use network hospitals except in an emergency. You do NOT need a referral to receive services from a network hospital.

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	lifetime.	Except in an emergency, your provider must obtain authorization from Community Care.	Except in an emergency, your provider must obtain authorization from Community Care.
5 - Skilled Nursing Facility (in a Medicare-certified skilled nursing facility)	You pay for each benefit period (3), following at least a 3-day covered hospital stay: Days 1 - 20: \$0 for each day Days 21 - 100: \$133.50 for each day There is a limit of 100 days for each benefit period. (3)	There is no co-payment for covered stays at a network skilled nursing facility. You are covered for an unlimited number of days. You are required to use network skilled nursing facilities. No prior hospital stay is required. Authorization rules may apply. Prior authorization may be required. Contact plan for details.	There is no co-payment for covered stays at a network skilled nursing facility. You are required to use network skilled nursing facilities. No prior hospital stay is required. Authorization rules may apply. Prior authorization may be required. Contact plan for details.
6 - Home Health Care (includes medically necessary intermittent skilled nursing care, home health	There is no copayment for all covered home health visits.	There is no co-payment for covered home health visits. Authorization rules may apply. Prior authorization may be required. Contact plan for details.	There is no co-payment for covered home health visits. Authorization rules may apply. Prior authorization may be required. Contact plan for details.

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Benefit Category	Original Medicare	Partnership Program Members who are eligible for both Medicare and Wisconsin Medicaid	Partnership Program Members who are eligible for Wisconsin Medicaid but not Medicare
aide services, and rehabilitation services, etc.)			
7 - Hospice	<p>You pay part of the cost for outpatient drugs and inpatient respite care.</p> <p>You must receive care from a Medicare-certified hospice.</p>	<p>You must receive care from a Medicare-certified hospice.</p> <p>Authorization rules may apply. Prior authorization may be required. Contact plan for details.</p>	<p>There are no co-payments for end-of-life care.</p> <p>Authorization rules may apply. Prior authorization may be required. Contact plan for details.</p>
OUTPATIENT CARE			
8 - Doctor Office Visits	<p>You pay 20% of Medicare-approved amounts. (1)(2)</p>	<p>There are no deductibles or co-payments for covered primary care doctor or specialist office visits.</p>	<p>There are no deductibles or co-payments for covered primary care doctor or specialist office visits.</p>
9 - Chiropractic Services	<p>You are covered for manual manipulation of the spine to correct subluxation, provided by chiropractors or</p>	<p>There are no deductibles or co-payments for covered chiropractic services.</p> <p>Authorization rules may apply. Prior authorization may be required. Contact plan for details.</p>	<p>There are no deductibles or co-payments for covered chiropractic services.</p> <p>Authorization rules may apply. Prior authorization may be required. Contact plan for details.</p>

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Benefit Category	Original Medicare	Partnership Program Members who are eligible for both Medicare and Wisconsin Medicaid	Partnership Program Members who are eligible for Wisconsin Medicaid but not Medicare
	<p>other qualified providers.</p> <p>You pay 100% for routine care.</p> <p>You pay 20% of Medicare-approved amounts. (1)(2)</p>		
10 - Podiatry Services	<p>You pay 20% of Medicare-approved amounts. (1)(2)</p> <p>You are covered for medically necessary foot care, including care for medical conditions affecting the lower limbs.</p> <p>You pay 100% for routine care.</p>	<p>There are no deductibles or co-payments for covered podiatry services.</p> <p>Authorization rules may apply. Prior authorization may be required. Contact plan for details.</p>	<p>There are no deductibles or co-payments for covered podiatry services.</p> <p>Authorization rules may apply. Prior authorization may be required. Contact plan for details.</p>
11 - Outpatient Mental Health Care	<p>You pay 50% of Medicare-approved amounts with the exception of certain situations and services for which you pay 20% of approved charges. (1)(2)</p>	<p>There are no deductibles or co-payments for covered mental health care.</p> <p>Authorization rules may apply. Prior authorization may be required. Contact plan for details.</p>	<p>There are no deductibles or co-payments for covered mental health care.</p> <p>Authorization rules may apply. Prior authorization may be required. Contact plan for details.</p>

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12 - Outpatient Substance Abuse Care	You pay 20% of Medicare-approved amounts. (1)(2)	There are no deductibles or co-payments for covered substance abuse care. Authorization rules may apply. Prior authorization may be required. Contact plan for details.	There are no deductibles or co-payments for covered substance abuse care. Authorization rules may apply. Prior authorization may be required. Contact plan for details.
13 - Outpatient Services/Surgery	You pay 20% of Medicare-approved amounts for the doctor. (1)(2) You pay 20% of outpatient facility charges. (1)(2)	There are no deductibles or co-payments for covered outpatient services/surgery. Authorization rules may apply. Prior authorization may be required. Contact plan for details.	There are no deductibles or co-payments for covered outpatient services/surgery. Authorization rules may apply. Prior authorization may be required. Contact plan for details.
14 - Ambulance Services (medically necessary ambulance services)	You pay 20% of Medicare-approved amounts or applicable fee schedule charge. (1)(2)	There are no deductibles or co-payments for covered ambulance services. Authorization rules may apply. Prior authorization may be required. Contact plan for details.	There are no deductibles or co-payments for covered ambulance services. Authorization rules may apply. Prior authorization may be required. Contact plan for details.

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Benefit Category	Original Medicare	Partnership Program Members who are eligible for both Medicare and Wisconsin Medicaid	Partnership Program Members who are eligible for Wisconsin Medicaid but not Medicare
15 - Emergency Care (You may go to any emergency room if you reasonably believe you need emergency care.)	You pay 20% of the facility charge or applicable Copayment for each emergency room visit; you do NOT pay this amount if you are admitted to the hospital for the same condition within 3 days of the emergency room visit. (1)(2) You pay 20% of doctor charges (1)(2) NOT covered outside the U.S. except under limited circumstances.	There are no deductibles or co-payments for covered emergency care. NOT covered outside the U.S. except under limited circumstances.	There are no deductibles or co-payments for covered emergency care. NOT covered outside the U.S. except under limited circumstances.
16 - Urgently Needed Care (This is NOT emergency care, and in most cases, is out of the service area.)	You pay 20% of Medicare-approved amounts or applicable Copayment. (1)(2) NOT covered outside the U.S. except under circumstances.	There are no deductibles or co-payments for covered urgently needed care. NOT covered outside the U.S. except under limited circumstances.	There are no deductibles or co-payments for covered urgently needed care. NOT covered outside the U.S. except under limited circumstances.
17 - Outpatient	You pay 20% of	There are no deductibles or	There are no deductibles or

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Rehabilitation Services (Occupational Therapy, Physical Therapy, Speech and Language Therapy)	Medicare-approved amounts. (1)(2)	co-payments for covered outpatient rehabilitation services. Authorization rules may apply. Prior authorization may be required. Contact plan for details.	co-payments for covered outpatient rehabilitation services. Authorization rules may apply. Prior authorization may be required. Contact plan for details.
OUTPATIENT MEDICAL SERVICES AND SUPPLIES			
18 - Durable Medical Equipment (includes wheelchairs, oxygen, etc.)	You pay 20% of Medicare-approved amounts. (1)(2)	There are no deductibles or co-payments for covered durable medical equipment. Authorization rules may apply. Prior authorization may be required. Contact plan for details.	There are no deductibles or co-payments for covered durable medical equipment. Authorization rules may apply. Prior authorization may be required. Contact plan for details.
19 - Prosthetic Devices (includes braces, artificial limbs and eyes, etc.)	You pay 20% of Medicare-approved amounts. (1)(2)	There are no deductibles or co-payments for covered prosthetic devices. Authorization rules may apply. Prior authorization may be required. Contact plan for details.	There are no deductibles or co-payments for covered prosthetic devices. Authorization rules may apply. Prior authorization may be required. Contact plan for details.

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20 - Diabetes Self-Monitoring Training and Supplies (includes coverage for glucose monitors, test strips, lancets, screening tests, and self-management training)	You pay 20% of Medicare-approved amounts. (1)(2)	There are no deductibles or co-payments for covered diabetes self-monitoring training and supplies. Authorization rules may apply. Prior authorization may be required. Contact plan for details.	There are no deductibles or co-payments for covered diabetes self-monitoring training and supplies. Authorization rules may apply. Prior authorization may be required. Contact plan for details.
21 - Diagnostic Tests, X-Rays, and Lab Services	You pay 20% of Medicare-approved amounts, except for approved lab services. (1)(2) There is no copayment for Medicare-approved lab services.	There are no deductibles or co-payments for covered diagnostic tests, x-rays and lab services. Authorization rules may apply. Prior authorization may be required. Contact plan for details.	There are no deductibles or co-payments for covered diagnostic tests, x-rays and lab services. Authorization rules may apply. Prior authorization may be required. Contact plan for details.
PREVENTIVE SERVICES			
22 - Bone Mass Measurement (for people who are at risk)	You pay 20% of Medicare-approved amounts. (1)(2)	There are no deductibles or co-payments for covered bone mass measurement. Authorization rules may apply. Prior authorization may be required. Contact plan for details.	There are no deductibles or co-payments for covered bone mass measurement. Authorization rules may apply. Prior authorization may be required. Contact plan for details.

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23 - Colorectal Screening Exams (for people age 50 and older)	You pay 20% of Medicare-approved amounts. (1)(2)	There are no deductibles or co-payments for covered colorectal screening exams. Authorization rules may apply. Prior authorization may be required. Contact plan for details.	There are no deductibles or co-payments for covered colorectal screening exams. Authorization rules may apply. Prior authorization may be required. Contact plan for details.
24 – Immunizations (Flu vaccine, Hepatitis B vaccine- for people who are at risk, Pneumonia vaccine)	There is no copayment for the Pneumonia and Flu vaccines. You pay 20% of Medicare-approved amounts for the Hepatitis B vaccine. (1)(2) You may only need the Pneumonia vaccine once in your lifetime. Please contact your doctor for further details.	There are no deductibles or co-payments for the Flu, Pneumonia and Hepatitis B vaccines. No referral is necessary for the Flu, Pneumonia, and Hepatitis vaccines. Authorization rules may apply. Prior authorization may be required. Contact plan for details.	There are no deductibles or co-payments for the Flu, Pneumonia and Hepatitis B vaccines. No referral is necessary for the Flu, Pneumonia, and Hepatitis vaccines. Authorization rules may apply. Prior authorization may be required. Contact plan for details.
25 - Mammograms (Annual Screening)	You pay 20% of Medicare-approved amounts. (2)	There are no deductibles or co-payments for covered mammograms. Authorization rules may apply. Prior authorization	There are no deductibles or co-payments for covered mammograms. Authorization rules may apply. Prior authorization

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(for women age 40 and older)	No referral necessary for Medicare-covered screenings.	may be required. Contact plan for details.	may be required. Contact plan for details.
26 - Pap Smears and Pelvic Exams (for women)	There is no copayment for a Pap Smear once every 2 years, annually for beneficiaries at high risk. (2) You pay 20% of Medicare-approved amounts for Pelvic Exams. (2)	There are no deductibles or co-payments for covered pap smears and pelvic exams. Authorization rules may apply. Prior authorization may be required. Contact plan for details.	There are no deductibles or co-payments for covered pap smears and pelvic exams. Authorization rules may apply. Prior authorization may be required. Contact plan for details.
27 - Prostate Cancer Screening Exams (for men age 50 and older)	There is no copayment for approved lab services and a copayment of 20% of Medicare-approved amounts for other related services. (1)(2)	There are no deductibles or co-payments for covered prostate cancer screening exams. Authorization rules may apply. Prior authorization may be required. Contact plan for details.	There are no deductibles or co-payments for covered prostate cancer screening exams. Authorization rules may apply. Prior authorization may be required. Contact plan for details.
28- End Stage Renal Disease (ESRD)	You pay 20% of Medicare-approved amounts. (1)(2)	There are no deductibles or co-payments for covered dialysis services. Authorization rules may apply. Prior authorization may be required. Contact plan for details.	There are no deductibles or co-payments for covered dialysis services. Authorization rules may apply. Prior authorization may be required. Contact plan for details.

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Benefit Category	Original Medicare	Partnership Program Members who are eligible for both Medicare and Wisconsin Medicaid	Partnership Program Members who are eligible for Wisconsin Medicaid but not Medicare
29 - Prescription Drugs	You pay 100% for most prescription drugs, unless you enroll in the Medicare Part D Prescription Drug program.		
Drugs covered under Medicare Part B (Original Medicare)		There are no deductibles or co-payments for Medicare Part B or Medicaid covered outpatient prescription drugs.	There are no deductibles or co-payments for Medicaid covered outpatient prescription drugs.
Drugs covered under Medicare Part D (Prescription Drug Benefit)		This plan uses a formulary. A formulary is a list of drugs covered by our plan to meet our participants' needs. We may periodically add, remove, or make changes to coverage limitations on certain drugs or change how much you pay for a drug. If we make any formulary change that limits your ability to fill your prescriptions, we will notify you before the change is made. We will send a formulary to you, and you can see our complete formulary on our Website at www.communitycareinc.org	This plan uses a formulary. A formulary is a list of drugs covered by our plan to meet our participants' needs. We may periodically add, remove, or make changes to coverage limitations on certain drugs or change how much you pay for a drug. If we make any formulary change that limits your ability to fill your prescriptions, we will notify you before the change is made. We will send a formulary to you, and you can see our complete formulary on our Website at www.communitycareinc.org
Deductibles and Coinsurance		There are no deductibles or coinsurance for Medicare Part D covered drugs.	There are no deductibles or coinsurance for Medicaid covered prescription drugs.

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 January 1, 2009 – December 31, 2009
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SECTION 2 – SUMMARY OF BENEFITS *If you have any questions about this plan's benefit costs, please contact Community Care.*

Benefit Category	Original Medicare	Partnership Program Members who are eligible for both Medicare and Wisconsin Medicaid	Partnership Program Members who are eligible for Wisconsin Medicaid but not Medicare
Co-payments		You pay co-payments of \$ 1.10 for generic prescription drugs and \$ 3.20 for brand name prescription drugs, or \$ 2.40 for generic prescription drugs and \$ 6.00 for brand name prescription drugs, depending on your income level. You do not pay co-payments for prescription drugs during certain stays in a medical institution or nursing facility. Contact plan for details.	You have no co-payments for Medicaid covered prescription drugs.
In-Network Retail Pharmacy		You may receive drugs for the following: one month (30 day) supply	You may receive drugs for the following: - one month (30 day) supply
Catastrophic Coverage		After your yearly out-of-pocket drug costs reach \$ 4,350, you will not pay co-payments for the rest of the year.	
General Information		In some cases, Community Care's Partnership Program requires you to first try one drug to treat your medical condition before they will cover another drug for that condition. Certain prescription drugs will have maximum quantity limits.	In some cases, Community Care's Partnership Program requires you to first try one drug to treat your medical condition before they will cover another drug for that condition. Certain prescription drugs will have maximum quantity limits.

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Benefit Category	Original Medicare	Partnership Program Members who are eligible for both Medicare and Wisconsin Medicaid	Partnership Program Members who are eligible for Wisconsin Medicaid but not Medicare
		<p>Your provider must get prior authorization from Community Care's Partnership Program for certain prescription drugs.</p> <p>Prescription drugs are available at out-of-network pharmacies in special circumstances including illness while traveling outside of the plan's service area where there is no network pharmacy. You may also incur an additional cost for drugs received at an out-of-network pharmacy.</p> <p>Please contact the plan for details.</p>	<p>Your provider must get prior authorization from Community Care's Partnership Program for certain prescription drugs.</p> <p>Prescription drugs are available at out-of-network pharmacies in special circumstances including illness while traveling outside of the plan's service area where there is no network pharmacy. You may also incur an additional cost for drugs received at an out-of-network pharmacy.</p> <p>Please contact the plan for details.</p>
OTHER SERVICES			
ADDITIONAL BENEFITS (WHAT ORIGINAL MEDICARE DOES NOT COVER)			
30 - Dental Services	In general, you pay 100% for dental services.	There are no deductibles or co-payments for covered dental services. Authorization rules may apply. Prior authorization may be required. Contact plan for details.	There are no deductibles or co-payments for covered dental services. Authorization rules may apply. Prior authorization may be required. Contact plan for details.
31 - Hearing Services	You pay 100% for routine hearing exams and hearing	There are no deductibles or co-payments for covered hearing services.	There are no deductibles or co-payments for covered hearing services.

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SECTION 2 – SUMMARY OF BENEFITS *If you have any questions about this plan's benefit costs, please contact Community Care.*

Benefit Category	Original Medicare	Partnership Program Members who are eligible for both Medicare and Wisconsin Medicaid	Partnership Program Members who are eligible for Wisconsin Medicaid but not Medicare
	<p>aids.</p> <p>You pay 20% of Medicare-approved amounts for diagnostic hearing exams. (1)(2)</p>	<p>Authorization rules may apply. Prior authorization may be required. Contact plan for details.</p>	<p>Authorization rules may apply. Prior authorization may be required. Contact plan for details.</p>
32 - Vision Services	<p>You are covered for one pair of eyeglasses or contact lenses after each cataract surgery. (1)(2)</p> <p>For people with Medicare who are at risk, you are covered for annual glaucoma screenings. (1)(2)</p> <p>You pay 20% of Medicare-approved amounts for diagnosis and treatment of diseases and conditions of the eye. (1)(2)</p> <p>You pay 100% for routine eye exams and glasses.</p>	<p>There are no deductibles or co-payments for covered vision services.</p>	<p>There are no deductibles or co-payments for covered vision services.</p>

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SECTION 2 – SUMMARY OF BENEFITS *If you have any questions about this plan's benefit costs, please contact Community Care.*

Benefit Category	Original Medicare	Partnership Program Members who are eligible for both Medicare and Wisconsin Medicaid	Partnership Program Members who are eligible for Wisconsin Medicaid but not Medicare
33 - Physical Exams	<p>When you get Medicare Part B, you may receive a one time physical exam within the first twelve months of your new Part B coverage.</p> <p>This will not include laboratory tests. Please contact your plan for further details.</p> <p>You pay 20% of the Medicare-approved amount.(1)(2)</p>	There are no deductibles or co-payments for covered physical exams.	There are no deductibles or co-payments for covered physical exams.

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SECTION 2 – SUMMARY OF BENEFITS *If you have any questions about this plan's benefit costs, please contact Community Care.*

Benefit Category	Original Medicare	Partnership Program Members who are eligible for both Medicare and Wisconsin Medicaid	Partnership Program Members who are eligible for Wisconsin Medicaid but not Medicare
34 – Other Health Related and long term care services (case management, supportive housing, personal care assistance and chore services, respite care, adult day care, home modifications, medical and non-medical transportation, specialized medical supplies, home delivered meals, and personal emergency response systems)	Not Covered	There are no co-payments for covered services and supplies. However, room and board in supportive housing (including but not limited to a community based residential facility, an adult family home and assisted living facility) are not covered and therefore, members are responsible for room and board charges. Authorization rules may apply. Prior authorization may be required. Contact plan for details.	There are no co-payments for covered services and supplies. However, room and board in supportive housing (including but not limited to a community based residential facility, an adult family home and assisted living facility) are not covered and therefore, members are responsible for room and board charges. Authorization rules may apply. Prior authorization may be required. Contact plan for details.

- (1) Each year, you pay a total of one \$ 135 deductible.
- (2) If a doctor or supplier chooses not to accept assignment, their costs are often higher, which means you may pay more.
- (3) A benefit period begins the day you go to a hospital or skilled nursing facility. The benefit period ends when you have not received hospital or skilled nursing care for 60 days in a row. If you go into the hospital after one benefit period has ended, a new benefit period begins. You must pay the inpatient hospital deductible for each benefit period. There is no limit to the number of benefit periods you can have.
- (4) Lifetime reserve days can only be used once.

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SECTION 3 – BENEFITS AND COVERED SERVICES *If you have any questions about this plan's benefit costs, please contact Community Care.*

SPECIAL FEATURES

Community Care's Partnership program is a different kind of health plan. It gives you health care services in a personal way. We can 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 will 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. We call them the Partnership Team. Your Partnership Team includes YOU and:
 - Your significant others;
 - Your primary care physician;
 - Your nurse practitioner;
 - Your registered nurse;
 - Your social worker; and
 - Your other caregivers.
- Your team is responsible for your assessment, care planning, service authorization and delivery, coordination, monitoring, and health education and prevention.
- Your team members and network providers have the expertise to meet your needs.
- Your team conducts an assessment in your home. This assessment identifies your needs, strengths and resources.
- Your team will work with you to develop an individualized service plan that clearly identifies your preferences, goals, specified treatments and strategies.
- Your team coordinates your care by overseeing services delivered by other providers or by providing services to you directly.
- Your team will meet with you regularly to review your care plan.
- Customer service is available 24 hours a day, seven days a week.

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SECTION 3 – BENEFITS AND COVERED SERVICES *If you have any questions about this plan's benefit costs, please contact Community Care.*

To be Eligible for Community Care's Partnership Program you must:

- Meet the age requirement as listed below;
- Be a member of the group as listed below;
- Reside in our service area;
- Be financially eligible for Wisconsin Medicaid;
- Be functionally eligible as determined via the Long-term Care Functional Screen prior to enrollment and annually thereafter; and
- Medicare eligible applicants to the Partnership program must be enrolled in all Parts of Medicare for which they are eligible.. Once current enrollees become eligible for Medicare , they must obtain that coverage and enroll in the Partnership Medicare Special Needs Plan (SNP).

County of Residence	Age Criteria	Group	Effective Date
Milwaukee	At least 55 years old	Frail elders and physically disabled adults.	January 1, 2009
Milwaukee	At least 18 years old	Adults with physical or developmental disabilities.	To be determined. Contact Customer Service for information.
Racine	At least 18 years old	Frail elders and adults with physical or developmental disabilities	January 1, 2009
Kenosha	At least 18 years old	Frail elders and adults with physical or developmental disabilities	January 1, 2009
Ozaukee	At least 18 years old	Frail elders and adults with physical or developmental disabilities	January 1, 2009*
Washington	At least 18 years old	Frail elders and adults with physical or developmental disabilities	January 1, 2009*
Waukesha	At least 18 years old	Frail elders and adults with physical or developmental disabilities	First quarter 2009*

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*Projected effective date which is subject to change. If you have any questions, please contact Customer Service. Contact information is located in Section 1 of this booklet.