

# Community Care Family Care Partnership Program (HMO SNP) (Community Care)

## Annual Notice of Changes for 2024

You are currently enrolled as a member of Community Care. Next year, there will be changes to the plan's costs and benefits. *Please see page 4 for a Summary of Important Costs.*

This document tells about the changes to your plan. To get more information about costs, benefits, or rules please review the *Evidence of Coverage*, which is located on our website at [www.communitycareinc.org](http://www.communitycareinc.org). You may also call Customer Service to ask us to mail you an *Evidence of Coverage*.

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### What to do now

#### 1. **ASK:** Which changes apply to you

- Check the changes to our benefits and costs to see if they affect you.
  - Review the changes to Medical care costs (doctor, hospital)
  - Review the changes to our drug coverage, including authorization requirements and costs
  - Think about how much you will spend on premiums, deductibles, and cost sharing
- Check the changes in the 2024 Drug List to make sure the drugs you currently take are still covered.
- Check to see if your primary care doctors, specialists, hospitals and other providers, including pharmacies will be in our network next year.
- Think about whether you are happy with our plan.

#### 2. **COMPARE:** Learn about other plan choices

- Check coverage and costs of plans in your area. Use the Medicare Plan Finder at [www.medicare.gov/plan-compare](http://www.medicare.gov/plan-compare) website or review the list in the back of your *Medicare & You 2024* handbook.
- Once you narrow your choice to a preferred plan, confirm your costs and coverage on the plan's website.

#### 3. **CHOOSE:** Decide whether you want to change your plan

- If you don't join another plan by December 7, 2023, you will stay in Community Care.

- To **change to a different plan**, you can switch plans between October 15 and December 7. Your new coverage will start on **January 1, 2024**. This will end your enrollment with Community Care.
- Look in Section 4.2, page 8 to learn more about your choices.
- If you recently moved into, currently live in, or just moved out of an institution (like a skilled nursing facility or long-term care hospital), you can switch plans or switch to Original Medicare (either with or without a separate Medicare prescription drug plan) at any time.

### Additional Resources

- Please contact our Customer Services number at 1-866-992-6600 for additional information. (TTY/TDD users should call 711.) You may call us 24 hours a day, 7 days a week. Calls to these numbers are free.
- If you have special needs, this document may be available in other formats. Contact Customer Service or your care team for assistance.
- Customer Service has free language interpreter services available for non-English speakers. Phone numbers are listed below.
- **Coverage under this Plan qualifies as Qualifying Health Coverage (QHC)** and satisfies the Patient Protection and Affordable Care Act's (ACA) individual shared responsibility requirement. Please visit the Internal Revenue Service (IRS) website at [www.irs.gov/Affordable-Care-Act/Individuals-and-Families](http://www.irs.gov/Affordable-Care-Act/Individuals-and-Families) for more information.

### About Community Care

- Community Care has a Medicare Advantage Special Needs Plan contract with the Center for Medicare and Medicaid Services (CMS). This plan also has a written agreement with the Wisconsin Medicaid program to coordinate your Medicaid benefits. Enrollment is available to individuals who have both Medical Assistance from the State and Medicare, reside in the service area and are functionally eligible as determined by the Wisconsin Long-Term Care Functional Screen. Enrollment in Community Care depends on contract renewal.
- When this booklet says “we,” “us,” or “our,” it means Community Care. When it says “plan” or “our plan,” it means Community Care Health Plan, Inc.

## ***Annual Notice of Changes for 2024***

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## Summary of Important Costs for 2024

The table below compares the 2023 costs and 2024 costs for Community Care in several important areas. **Please note this is only a summary of costs.**

Cost	2023 (this year)	2024 (next year)
<b>Monthly plan premium</b>	\$0	\$0
<b>Doctor office visits</b>	Primary care visits: \$0 per visit  Specialist visits: \$0 per visit	Primary care visits: \$0 per visit  Specialist visits: \$0 per visit
<b>Inpatient hospital stays</b>	\$0	\$0
<b>Part D prescription drug coverage</b>  (See Section 2.5 for details.)	Deductible: \$0  Copayment: \$0	Deductible: \$0  Copayment: \$0
<b>Maximum out-of-pocket amount</b>  This is the <u>most</u> you will pay out-of-pocket for your covered Part A and Part B services. (See Section 2.2 for details.)	\$0  You are not responsible for paying any out-of-pocket costs toward the maximum out-of-pocket amount for covered Part A and Part B services.	\$0  You are not responsible for paying any out-of-pocket costs toward the maximum out-of-pocket amount for covered Part A and Part B services.

## SECTION 1 Unless You Choose Another Plan, You Will Be Automatically Enrolled in Community Care in 2024

If you do nothing in 2023, we will automatically enroll you in our Community Care Family Care Partnership Program (HMO SNP)(Community Care). This means starting January 1, 2024, you will be getting your medical and prescription drug coverage through Community Care. If you want to change plans or switch to Original Medicare and get your prescription drug coverage through a Prescription Drug Plan, you must do so between October 15 and December 7. The change will take effect on January 1, 2024.

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

### Section 2.1 – Changes to the Monthly Premium

Cost	2023 (this year)	2024 (next year)
<b>Monthly premium</b> (You must also continue to pay your Medicare Part B premium unless it is paid for you by Medicaid.)	\$0	\$0 There is no change for the upcoming benefit year.

### Section 2.2 – Changes to Your Maximum Out-of-Pocket Amount

Medicare requires all health plans to limit how much you pay out-of-pocket for the year. This limit is called the maximum out-of-pocket amount. Once you reach this amount, you generally pay nothing for covered Part A and Part B services for the rest of the year.

### Section 2.3 – Changes to the Provider and Pharmacy Networks

Updated directories are located on our website at [www.communitycareinc.org](http://www.communitycareinc.org). You may also call Customer Service for updated provider and/or pharmacy information or to ask us to mail you a directory.

There are changes to our network of providers for next year. **Please review the 2024 Provider Directory to see if your providers (primary care provider, specialists, hospitals, etc.) are in our network.**

There are changes to our network of pharmacies for next year. **Please review the 2024 Pharmacy Directory to see which pharmacies are in our network.**

It is important that you know that we may make changes to the hospitals, doctors and specialists (providers) and pharmacies that are a part of your plan during the year. If a mid-year change in our providers affects you, please contact Customer Service so we may assist.

## Section 2.4 – Changes to Benefits and Costs for Medical Services

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

We are making changes to costs and benefits for certain medical services next year. The information below describes these changes.

Cost	2023 (this year)	2024 (next year)
<b>Meals</b>	Meals are a Medicare covered benefit in 2023.	Meals will not be a Medicare covered benefit in 2024. Meals may be covered as a Medicaid benefit in 2024 and you will pay \$0 for this service. Please contact your team for more information.
<b>Personal Emergency Response System (PERS)</b>	PERS is a Medicare covered benefit in 2023.	PERS will not be a Medicare covered benefit in 2024. PERS may be covered as a Medicaid benefit in 2024 and you will pay \$0 for the PERS. Please contact your team for more information.
<b>Over the Counter (OTC) Program</b> Over-the-counter medicine is also known as OTC or medicine you can buy without a prescription.	In 2023, Medicare covered a monthly credit of \$45 for members to buy OTC products.	In 2024, the amount Medicare will cover for OTC products will be reduced to a monthly credit of \$15. Although the monthly Medicare OTC benefit will be reduced from \$45 to \$15 in 2024, <b>your OTC benefit will not change.</b> Community Care understands the importance of this benefit to members and will cover the difference. <b>You will continue to receive a \$45 OTC benefit each month in 2024.</b>

The Rewards and Incentive Program will continue as a Medicare benefit in 2024. Members will be paid \$20.00 for each influenza, pneumonia and COVID vaccination in 2024. Members will be required to provide proof of vaccination. Payment will be made quarterly.

In-home support services will continue as a Medicare benefit in 2024, and you will pay \$0 for this service. The benefit will be provided if authorized by a health care provider. The amount and frequency is based on what is authorized by the health care provider. Contact your team for more information

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

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### Changes to Our Drug List

Our list of covered drugs is called a Formulary or “Drug List.” A copy of our “Drug List” is provided electronically.

We made changes to our “Drug List”, which could include removing or adding drugs or changing the restrictions that apply to our coverage for certain drugs. **Review the Drug List to make sure your drugs will be covered next year and to see if there will be any restrictions.**

Most of the changes in the “Drug List” are new for the beginning of each year. However, during the year, we might make other changes that are allowed by Medicare rules. For instance, we can immediately remove drugs considered unsafe by the FDA or withdrawn from the market by a product manufacturer. We update our online “Drug List” to provide the most up to date list of drugs.

If you are affected by a change in drug coverage at the beginning of the year or during the year, please review Chapter 8 of your Evidence of Coverage and talk to your doctor to find out your options, such as asking for a temporary supply, applying for an exception and/or working to find a new drug. You can also contact Customer Service for more information.

### Changes to Prescription Drug Costs

**Note:** If you are in a program that helps pay for your drugs (“Extra Help”), **the information about costs for Part D prescription drugs does not apply to you.**

## SECTION 3 Changes to your Medicaid Benefits

There will be no changes to your Medicaid benefits in 2024. Please refer to Chapter 4, Section 2.1 of your Evidence of Coverage for a list of your covered Medicaid benefits.

## SECTION 4 Deciding Which Plan to Choose

### Section 4.1 – If you want to stay in Community Care

**To stay in our plan you don't need to do anything.** If you do not sign up for a different plan or change to Original Medicare by December 7, you will automatically be enrolled in our Community Care Family Care Partnership Program.

### Section 4.2 – If you want to change plans

We hope to keep you as a member next year but if you want to change for 2024 follow these steps:

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

- You can join a different Medicare health plan,
- -- *OR*-- You can change to Original Medicare. If you change to Original Medicare, you will need to decide whether to join a Medicare drug plan.

To learn more about Original Medicare and the different types of Medicare plans, use the Medicare Plan Finder ([www.medicare.gov/plan-compare](http://www.medicare.gov/plan-compare)), read the *Medicare & You 2024* handbook, call your State Health Insurance Assistance Program (see Section 6), or call Medicare (see Section 8.2).

#### Step 2: Change your coverage

- To **change to a different Medicare health plan**, enroll in the new plan. You will automatically be disenrolled from Community Care.
- To **change to Original Medicare with a prescription drug plan**, enroll in the new drug plan. You will automatically be disenrolled from Community Care.
- To **change to Original Medicare without a prescription drug plan**, you must either:
  - Send us a written request to disenroll. Contact Customer Service if you need more information on how to do so.
  - – *or* – Contact **Medicare**, at 1-800-MEDICARE (1-800-633-4227), 24 hours a day, 7 days a week, and ask to be disenrolled. TTY users should call 1-877-486-2048.

If you switch to Original Medicare and do **not** enroll in a separate Medicare prescription drug plan, Medicare may enroll you in a drug plan unless you have opted out of automatic enrollment.

**If you are changing plans, you must also contact your local Aging and Disability Resource Center (ADRC). Please see the summary of Medicaid-Covered Benefits Section in Chapter 2, Section 10 of the Evidence of Coverage (EOC) for the telephone numbers of the ADRCs. You can also use the following link to find an ADRC in your area: <https://www.dhs.wisconsin.gov/adrc/consumer/index.htm>.**



## SECTION 5 Changing Plans

If you want to change to a different plan or Original Medicare for next year, you can do it from **October 15 until December 7**. The change will take effect on January 1, 2024.

### Are there other times of the year to make a change?

In certain situations, changes are also allowed at other times of the year. Examples include people with Medicaid, those who get “Extra Help” paying for their drugs, those who have or are leaving employer coverage, and those who move out of the service area.

Because you have Wisconsin Medicaid, you may be able to end your membership in our plan or switch to a different plan one time during each of the following **Special Enrollment Periods**:

- January to March
- April to June
- July to September

If you enrolled in a Medicare Advantage plan for January 1, 2024, and don’t like your plan choice, you can switch to another Medicare health plan (either with or without Medicare prescription drug coverage) or switch to Original Medicare (either with or without Medicare prescription drug coverage) between January 1 and March 31, 2024.

If you recently moved into, currently live in, or just moved out of an institution (like a skilled nursing facility or long-term care hospital), you can change your Medicare coverage **at any time**. You can change to any other Medicare health plan (either with or without Medicare prescription drug coverage) or switch to Original Medicare (either with or without a separate Medicare prescription drug plan) at any time.

## SECTION 6 Programs That Offer Free Counseling about Medicare and Medicaid

The State Health Insurance Assistance Program (SHIP) is an independent government program with trained counselors in every state. In Wisconsin, the SHIP is called the Wisconsin State Health Insurance Assistance Program. It is a state program that gets money from the Federal government to give **free** local health insurance counseling to people with Medicare. The Wisconsin State Health Insurance Assistance Program counselors can help you with your Medicare questions or problems. They can help you understand your Medicare plan choices and answer questions about switching plans. You can call the Wisconsin State Health Insurance Assistance Program at 1-800-242-1060. You can learn more about the Wisconsin State Health Insurance Assistance Program by visiting their website:

<https://www.dhs.wisconsin.gov/benefit-specialists/medicare-counseling.htm>

For questions about your Wisconsin Medicaid benefits, contact the Wisconsin Department of Health Services (DHS), 1-800-362-3002, TTY/TDD call 711, and Monday – Friday from 8:00 am to 6:00 pm. You can also contact your local Aging and Disability Resource Center (ADRC). See the Evidence of Coverage Chapter 2, Section 10 for contact information. Ask how joining another plan or returning to Original Medicare affects how you get your Wisconsin Medicaid coverage.

## SECTION 7 Programs That Help Pay for Prescription Drugs

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

- **“Extra Help” from Medicare.** Because you have Medicaid, you are already enrolled in “Extra Help,” also called the Low Income Subsidy. “Extra Help” pays some of your prescription drug premiums, annual deductibles and coinsurance. Because you qualify, you do not have a coverage gap or late enrollment penalty. If you have questions about “Extra Help”, call:
  - 1-800-MEDICARE (1-800-633-4227). TTY users should call 1-877-486-2048, 24 hours a day/7 days a week;
  - The Social Security Office at 1-800-772-1213 between 8 am and 7 pm, Monday through Friday for a representative. Automated messages are available 24 hours a day. TTY users should call, 1-800-325-0778; or
  - Your State Medicaid Office (applications).

## SECTION 8 Questions?

### Section 8.1 – Getting Help from Community Care

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

#### **Read your 2024 Evidence of Coverage (it has details about next year's benefits and costs)**

This *Annual Notice of Changes* gives you a summary of changes in your benefits and costs for 2024. For details, look in the 2024 *Evidence of Coverage* for Community Care. The *Evidence of Coverage* is the legal, detailed description of your plan benefits. It explains your rights and the rules you need to follow to get covered services and prescription drugs. A copy of the *Evidence of Coverage* is located on our website at [www.communitycareinc.org](http://www.communitycareinc.org). You may also call Customer Service to ask us to mail you an *Evidence of Coverage*.

#### **Visit our Website**

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

## Section 8.2 – Getting Help from Medicare

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To get information directly from Medicare:

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

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

### **Visit the Medicare Website**

Visit the Medicare website ([www.medicare.gov](http://www.medicare.gov)). It has information about cost, coverage, and quality Star Ratings to help you compare Medicare health plans in your area. To view the information about plans, go to [www.medicare.gov/plan-compare](http://www.medicare.gov/plan-compare).

### **Read *Medicare & You 2024***

Read the *Medicare & You 2024* handbook. Every fall, this booklet is mailed to people with Medicare. It has a summary of Medicare benefits, rights and protections, and answers to the most frequently asked questions about Medicare. If you don't have a copy of this document, you can get it at the Medicare website (<https://www.medicare.gov/Pubs/pdf/10050-medicare-and-you.pdf>) or by calling 1-800-MEDICARE (1-800-633-4227), 24 hours a day, 7 days a week. TTY users should call 1-877-486-2048.

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## Section 8.3 – Getting Help from Medicaid

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

## Community Care Annual Notice of Changes for 2024

### Interpreter Services

**English:** We have free interpreter services to answer any questions you may have about our health or drug plan. To get an interpreter, just call us at 1-866-992-6600. Someone who speaks English/Language can help you. This is a free service.

**Spanish:** Tenemos servicios de intérprete sin costo alguno para responder cualquier pregunta que pueda tener sobre nuestro plan de salud o medicamentos. Para hablar con un intérprete, por favor llame al 1-866-992-6600. Alguien que hable español le podrá ayudar. Este es un servicio gratuito.

**Chinese Mandarin:** 我们提供免费的翻译服务，帮助您解答关于健康或药物保险的任何疑问。如果您需要此翻译服务，请致电 1-866-992-6600。我们的中文工作人员很乐意帮助您。这是一项免费服务。

**Chinese Cantonese:** 您對我們的健康或藥物保險可能存有疑問，為此我們提供免費的翻譯服務。如需翻譯服務，請致電 1-866-992-6600。我們講中文的人員將樂意為您提供幫助。這是一項免費服務。

**Tagalog:** Mayroon kaming libreng serbisyo sa pagsasalang-wika upang masagot ang anumang mga katanungan ninyo hinggil sa aming planong pangkalusugan o panggamot. Upang makakuha ng tagasalang-wika, tawagan lamang kami sa 1-866-992-6600. Maaari kayong tulungan ng isang nakakapagsalita ng Tagalog. Ito ay libreng serbisyo

**French:** Nous proposons des services gratuits d'interprétation pour répondre à toutes vos questions relatives à notre régime de santé ou d'assurance-médicaments. Pour accéder au service d'interprétation, il vous suffit de nous appeler au 1-866-992-6600. Un interlocuteur parlant Français pourra vous aider. Ce service est gratuit.

**Vietnamese:** Chúng tôi có dịch vụ thông dịch miễn phí để trả lời các câu hỏi về chương sức khỏe và chương trình thuốc men. Nếu quý vị cần thông dịch viên xin gọi 1-866-992-6600 sẽ có nhân viên nói tiếng Việt giúp đỡ quý vị. Đây là dịch vụ miễn phí.

**German:** Unser kostenloser Dolmetscherservice beantwortet Ihren Fragen zu unserem Gesundheits- und Arzneimittelpflichtplan. Unsere Dolmetscher erreichen Sie unter 1-866-992-6600. Man wird Ihnen dort auf Deutsch weiterhelfen. Dieser Service ist kostenlos.

**Korean:** 당사는 의료 보험 또는 약품 보험에 관한 질문에 대해 드리고자 무료 통역 서비스를 제공하고 있습니다. 통역 서비스를 이용하려면 전화 1-866-992-6600번으로 문의해 주십시오. 한국어를 하는 담당자가 도와 드릴 것입니다. 이 서비스는 무료로 운영됩니다.

**Russian:** Если у вас возникнут вопросы относительно страхового или медикаментного плана, вы можете воспользоваться нашими бесплатными услугами переводчиков. Чтобы воспользоваться услугами переводчика, позвоните нам по телефону 1-866-992-6600. Вам окажет помощь сотрудник, который говорит по-русски. Данная услуга бесплатная.

**Arabic:** نرحبكم بخدمات الترجمة المجانية التي نقدمها لكم لتساعدكم في فهم خططنا الصحية أو خططنا للأدوية. إذا كنتم بحاجة إلى مترجم، يرجى الاتصال بنا على رقم الهاتف 1-866-992-6600. نحن نقدم لكم هذه الخدمة مجاناً.

## Community Care Annual Notice of Changes for 2024

**Hindi:** हमारे स्वास्थ्य या दवा की योजना के बारे में आपके ककसी भी प्रश्न के जवाब देने के लिए हमारे पास मुफ्त दुभाकिया सेवाएँ उपलब्ध हैं। एक दुभाकिया प्राप्त करने के लिए, बस हमें 1-866-992-6600 पर फोन करें। कोई व्यक्ति जो कहन्दी बोिता है आपकी मदद कर सकता है। यह एक मुफ्त सेवा है।

**Italian:** È disponibile un servizio di interpretariato gratuito per rispondere a eventuali domande sul nostro piano sanitario e farmaceutico. Per un interprete, contattare il numero 1866-992-6600. Un nostro incaricato che parla Italiano vi fornirà l'assistenza necessaria. È un servizio gratuito.

**Português:** Dispomos de serviços de interpretação gratuitos para responder a qualquer questão que tenha acerca do nosso plano de saúde ou de medicação. Para obter um intérprete, contacte-nos através do número 1-866-992-6600. Irá encontrar alguém que fale o idioma Português para o ajudar. Este serviço é gratuito.

**French Creole:** Nou genyen sèvis entèprèt gratis pou reponn tout kesyon ou ta genyen konsènan plan medikal oswa dwòg nou an. Pou jwenn yon entèprèt, jis rele nou nan 1-866-992-6600. Yon moun ki pale Kreyòl kapab ede w. Sa a se yon sèvis ki gratis.

**Polish:** Umożliwiamy bezpłatne skorzystanie z usług tłumacza ustnego, który pomoże w uzyskaniu odpowiedzi na temat planu zdrowotnego lub dawkowania leków. Aby skorzystać z pomocy tłumacza znającego język polski, należy zadzwonić pod numer 1-866-992-6600. Ta usługa jest bezpłatna.

**Japanese:** 当社の健康 健康保険と薬品 処方薬プランに関するご質問にお答えするために、無料の通訳サービスがあります。通訳をご用命になるには、1-866-992-6600にお電話ください。日本語を話す人者が支援いたします。これは無料のサービスです。

**Hmong:** CEEB TOOM: Yog koj hais lus Hmoob, kev pab rau lwj yam lus muaj rau koj dawb xwb. Hu 1 866 992 6600 (TTY: 711).

**Serbo-Croatian:** PAŽNJA: Ako govorite srpsko-hrvatski imate pravo na besplatnu jezičnu pomoć. Nazovite 1 866 992 6600 (telefon za gluhe: 711).

## Community Care:

- Provides free aids and services to people with disabilities to communicate effectively with us, such as:
  - o Qualified sign language interpreters
  - o Written information in other formats (large print, audio, accessible electronic formats, other formats)
- Provides free language services to people whose primary language is not English, such as:
  - o Qualified interpreters
  - o Information written in other languages

If you need these services, contact your care team toll free at 1-866-992-6600.