Community Care

Family Care Partnership Program (HMO SNP)
Summary of Benefits

H2034, PLAN 001

JANUARY 1, 2027 – DECEMBER 31, 2027

For help or information:
www.communitycareinc.org
Call toll free: 866-992-6600
TTY, the Wisconsin Relay System at 711

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

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Community Care Family Care Partnership (HMO SNP) | 2027 Summary of Benefits

Introduction

This document is a brief summary of the benefits and services covered by Community Care Family Care Partnership. It includes answers to frequently asked questions, important contact information, an overview of benefits and services offered, and information about your rights as a member of Community Care Family Care Partnership. Key terms and their definitions appear in alphabetical order in the last chapter of the *Evidence of Coverage*.

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A. Disclaimers

This is a summary of health services covered by Community Care Family Care Partnership for 2027. This is only a summary. Please read the *Evidence of Coverage* for the full list of benefits. You can find the *Evidence of Co*verage on our website at www.communitycareinc.org or you can contact Member Services at the numbers at the bottom of this page to request a copy of the *Evidence of Coverage.*

- Out-of-network/non-contracted providers are under no obligation to treat Community Care Family Care Partnership members, except in emergency situations. Please call our Member Services number at the bottom of this page or see your Evidence of Coverage for more information, including the cost-sharing that applies to out-of-network services.
- Your care team will document your preferred language for future mailings and communications. You can change this standing request for preferred language or format at any time by contacting your care team.
- For more information about Medicare, you can read the *Medicare & You* handbook. It has a summary of Medicare benefits, rights, and protections and answers to the most frequently asked questions about Medicare. You can get it at the Medicare website (www.medicare.gov) or by calling 1-800-MEDICARE (1-800-633-4227). TTY users should call 1-877-486-2048.
- For more information about Family Care Partnership, you can check the State of Wisconsin Department of Health Services website www.dhs.wisconsin.gov/familycare/fcp-index.htm or contact ForwardHealth Member Services at 800-362-3002, TTY: 711 (Wisconsin Relay).
- This document is available for free in other languages. Please contact Member Services at 866-992-6600 (TTY users should call 711) for assistance.
- You can get this *Summary of Benefits* for free in other formats, such as large print, braille, or audio. Call Member Services at 866-992-6600 (TTY users should call 711). You may call us 24 hours a day, 7 days a week. Calls to these numbers are free.

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. (TTY/TDD: 711) 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. (TTY/TDD: 711).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。(TTY/TDD: 711). 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。(TTY/TDD: 711).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 pagsasaling-wika upang masagot ang anumang mga katanungan ninyo hinggil sa aming planong pangkalusugan o panggamot. Upang makakuha ng tagasaling-wika, tawagan lamang kami sa 1-866-992-6600. (TTY/TDD: 711).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. (TTY/TDD: 711).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 quí vị cần thông dịch viên xin gọi 1-866-992-6600 sẽ có nhân viên nói tiếng Việt giúp đỡ quí vị. (TTY/TDD: 711). Đây là dịch vụ miễn phí .

German: Unser kostenloser Dolmetscherservice beantwortet Ihren Fragen zu unserem Gesundheits- und Arzneimittelplan. Unsere Dolmetscher erreichen Sie unter 1-866-992-6600. (TTY/TDD: 711).Man wird Ihnen dort auf Deutsch weiterhelfen. Dieser Service ist kostenlos.

Korean: 당사는 의료 보험 또는 약품 보험에 관한 질문에 답해 드리고자 무료 통역 서비스를 제공하고 있습니다. 통역 서비스를 이용하려면 전화 1-866-992-6600 (TTY/TDD: 711).번으로 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-x866-992-6600. (TTY/TDD: 711).Вам окажет помощь сотрудник, который говорит по-русски. Данная услуга бесплатная.

Arabic: -992-6600 إننا نقدم خدمات المترجم الفوري المجانية للإجابة عن أي أسئلة تتعلق بالصحة أو جدول الأدوية لدينا. للحصول على مترجم فوري، ليس عليك سوى الاتصال بنا على 1-866 سيقوم شخص ما يتحدث العربية. هذه خدمة مجانية بمساعدتك. (TTY/TDD: 711).

Hindi: हमारे स्वास्थ्य या दवा की योजना के बारे में आपके किसी भी प्रश्न के जवाब देने के लिए हमारे पास मुफ्त दुभाषिया सेवाएँ उपलब्ध हैं. एक दुभाषिया प्राप्त करने के लिए, बस हमें 1-866-992-6600 (TTY/TDD: 711). पर फोन करें. कोई व्यक्ति जो हिन्दी बोलता 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. (TTY/TDD: 711). Un nostro incaricato che parla Italianovi fornirà l'assistenza necessaria. È un servizio gratuito.

Portugués: 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. (TTY/TDD: 711). 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. (TTY/TDD: 711).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. (TTY/TDD: 711). 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ございます。通訳をご用命になるには、1-866-992-6600 (TTY/TDD: 711).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 lwm yam lus muaj rau koj dawb xwb. Hu 1 866 992 6600 (TTY/TDD: 711).

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

B. Frequently asked questions (FAQ)

The following table lists frequently asked questions.

Frequently Asked Questions	Answers
What's a Community Care Family Care Partnership Fully Integrated Dual Eligible (FIDE) SNP? **(Continued on the next page)**	Family Care Partnership is designed for people who have Medicare and who are also entitled to assistance from Medicaid. Family Care Partnership covers both Medicare and Medicaid services including your health care coverage, prescription drug coverage and long-term care services. You are eligible for membership in Family Care Partnership as long as you meet the special eligibility requirements described below. • Be at least 18 years old; • Be a frail elder or an adult with physical or developmental disabilities; • Are a resident of Calumet, Kenosha, Outagamie, Ozaukee, Racine, Washington, Waukesha or Waupaca County in the State of Wisconsin; • Are functionally eligible as determined via the Wisconsin Adult Long-term Care Functional Screen; • You must be enrolled in Medicare Parts A, B, and D; and • You must be enrolled in the Family Care Partnership program with Community Care as your managed care organization. • You must be a United States citizen or are lawfully present in the United States. Our plan is designed to meet the needs of people who receive certain Medicaid benefits. (Medicaid is a joint Federal and state government program that helps with medical costs for certain people with limited incomes and resources.) To be eligible for our plan you must be eligible for Medicare and Full Medicaid Benefits. Family Care Partnership has a network of doctors, hospitals, pharmacies and other providers. Except in emergencies, if you use the providers that are not in our network, the

Frequently Asked Questions	Answers
What's a Community Care Family Care Partnership Fully Integrated Dual Eligible (FIDE) SNP? **(Continued from previous page)**	plan may not pay for these services. If you are an Indian member, you are permitted to obtain covered services from out-of-network Indian health care providers. Because you have Medicaid, you do not pay deductibles, copayments, and coinsurance) and may pay nothing for your Medicare health care services. Medicaid also provides other benefits to you by covering health care services, prescription drugs, long-term care services and home and community-based services that are not usually covered under Medicare. You will also receive "Extra Help" from Medicare to pay for the costs of your Medicare prescription drugs. Family Care Partnership will help manage all of these benefits for you, so that you get the health care services and payment assistance that you are entitled to. You may have a monthly "Cost Share" that you must pay to remain eligible for Wisconsin Medicaid and Family Care Partnership. Your county Income Maintenance agency determines your Cost Share amount. Call Customer Service for more information. Family Care Partnership is a different kind of health Plan. An Interdisciplinary Team (Team) works with you to identify your goals (outcomes), and develops a Plan to support you with achieving these outcomes. You and others are part of the Team who take an active role in decision-making regarding the health, long-term care and home and community based services you need to support your outcomes.

Frequently Asked Questions	Answers
Will I get the same Medicare and Medicaid benefits in Community Care Family Care Partnership that I get now?	You'll get most of your covered Medicare and Medicaid benefits directly from Community Care Family Care Partnership. You'll work with a team of providers who will help determine what services will best meet your needs. This means that some of the services you get now may change based on your needs, and your doctor and care team assessment. You may also get other benefits outside of your health plan the same way you do now, directly from a state or county agency, specialty mental health and substance use disorder services, or regional center services. These services are not covered by Family Care Partnership but are available through Wisconsin Medicaid on a fee-for-services basis. Contact your care team for coordination of the services with Wisconsin Medicaid. When you enroll in Community Care Family Care Partnership, you and your care team will work together to develop a care plan to address your health and support needs, reflecting your personal preferences and goals. If you are taking any Medicare Part D prescription drugs that Family Care Partnership does not normally cover, you can get a temporary supply and we will help you to transition to another drug or get an exception for Family Care Partnership to cover your drug if medically necessary. For more information, call Customer Services *or* your care team at the numbers listed at the bottom of this page

Frequently Asked Questions	Answers
Can I use the same doctors I use now?	This is often the case. If your providers (including doctors, hospitals, therapists, pharmacies, and other health care providers) work with Community Care Family Care Partnership and have a contract with us, you can keep going to them. • Providers with an agreement with us are "in-network." Network providers participate in our plan. That means they accept members of our plan and provide services our plan covers. **You must use the providers in Community Care Family Care Partnership's network.** If you use providers or pharmacies that aren't in our network, the plan may not pay for these services or drugs. • If you need urgent or emergency care or out-of-area dialysis services, you can use providers outside of the Family Care Partnership network. Notify your care team as soon as possible so that Community Care can arrange payment for those services. • If you are currently under treatment with a provider that is out of Community Care's network, or have an established relationship with a provider that is out of our network, call your care team to check about staying connected To find out if your providers are in the plan's network, call Customer Service *or* your care team at the numbers listed at the bottom of this page or read Community Care's *Provider and Pharmacy Directory* on the plan's website at www.communitycareinc.org If Family Care Partnership is new for you, we will work with you to develop a care plan to address your needs.
What's a Community Care Family Care Partnership care team?	A Community Care Family Care Partnership care team are the professionals and friends of family you decide will help you get the services you need.

Frequently Asked Questions	Answers
What are Long-term Services and Supports (LTSS)?	Long-term Services and Supports are help for people who need assistance to do everyday tasks like bathing, toileting, getting dressed, making food, and taking medicine. Most of these services are provided at your home or in your community but could be provided in a nursing home or hospital. In some cases, another agency may administer these services, and your care team will work with that agency.
What happens if I need a service but no one in Community Care Family Care Partnership's network can provide it?	Most services will be provided by our network providers. If you need a service that can't be provided within our network, Community Care Family Care Partnership will pay for the cost of an out-of-network provider.
Where is Community Care Family Care Partnership available?	The service area for Community Care's Family Care Partnership Program includes: Calumet, Kenosha, Outagamie, Ozaukee, Racine, Washington, Waukesha and Waupaca Counties in Wisconsin. You must live in this area to join the plan.
What is prior authorization? (continued on next page)	Prior authorization means an approval from Community Care Family Care Partnership to seek services outside of our network or to get services not routinely covered by our network **before** you get the services. Community Care Family Care Partnership may not cover the service, procedure, item, or drug if you don't get prior authorization. **If you need urgent or emergency care or out-of-area dialysis services, you don't need to get prior authorization first**. Community Care Family Care Partnership can provide you or your provider with a list of services or procedures that require you to get prior authorization from Community Care Family Care Partnership before the service is provided.

Frequently Asked Questions	Answers
What is prior authorization? (continued)	Refer to **Chapter 3** of the *Evidence of Coverage* to learn more about prior authorization. Refer to the Benefits Chart in **Chapter 4** of the *Evidence of Coverage* to learn which services require a prior authorization. If you have questions about whether prior authorization is required for specific services, procedures, items, or drugs, call Member Services *or* your care team at the numbers listed at the bottom of this page for help.
Do I pay a monthly amount (also called a premium) under Community Care Family Care Partnership?	No. Because you have Medicaid you won't pay any monthly premiums for your health coverage. However, you must continue to pay your Medicare Part B premium unless your Part B premium is paid for you by Medicaid or another third party.
Do I pay a deductible as a member of Community Care Family Care Partnership?	No. You don't pay deductibles in Community Care Family Care Partnership.
What's the maximum out-of-pocket amount that I'll pay for medical services as a member of Community Care Family Care Partnership?	There's no cost sharing for medical services in Community Care Family Care Partnership, so your annual out-of-pocket costs will be $0.

C. List of covered services

The following table is a quick overview of what services you may need, your costs, and rules about the benefits.

Health need or concern	Services you may need	Your costs for in-network providers	Limitations, exceptions, & benefit information (rules about benefits)
You need hospital care	Inpatient hospital stay	$0	Because you have Medicaid, you are covered for an unlimited number of days each benefit period. Prior authorization may be required. Contact your Team for details. Except in an emergency, your health care provider must tell the plan of your hospital admission.
	Outpatient hospital services, including observation	$0	Prior authorization may be required. Contact your Team for details.
	Ambulatory surgical center (ASC) services	$0	Because you have Medicaid, the ambulatory surgery center may be covered. Prior authorization may be required. Contact your Team for details.
	Doctor or surgeon care	$0	Prior authorization may be required. Contact your Team for details.
You want a doctor **(continued on next page)**	Visits to treat an injury or illness	$0	Prior authorization may be required. Contact your Team for details.

Health need or concern	Services you may need	Your costs for in-network providers	Limitations, exceptions, & benefit information (rules about benefits)
You want a doctor (continued)	Care to keep you from getting sick, such as flu shots and screenings to check for cancer	$0	Prior authorization may be required. Contact your Team for details.
	Wellness visits, such as a physical	$0	Prior authorization may be required. Contact your Team for details.
	"Welcome to Medicare" (preventive visit one time only)	$0	Prior authorization may be required. Contact your Team for details.
	Specialist care	$0	Prior authorization may be required. Contact your Team for details.
You need emergency care	Emergency room services	$0	Emergency room services are covered out of network and without prior authorization requirements. Contact your Team after receiving emergency care. Emergency care is not covered outside of the US and its territories.
	Urgent care	$0	Urgent care services are covered out of network and without prior authorization requirements. Contact your Team after receiving urgently needed services. Urgently needed services are not covered outside of the US and its territories.

Health need or concern	Services you may need	Your costs for in-network providers	Limitations, exceptions, & benefit information (rules about benefits)
You need medical tests	Diagnostic radiology services (for example, X-rays or other imaging services, such as CAT scans or MRIs)	$0	Prior authorization may be required. Contact your Team for details.
	Lab tests and diagnostic procedures, such as blood work	$0	Prior authorization may be required. Contact your Team for details.
You need hearing/auditory services	Hearing screenings	$0	Prior authorization may be required. Contact your Team for details.
	Hearing aids	$0	Prior authorization may be required. Contact your Team for details.
You need dental care	Dental check-ups and preventive care	$0	Because you have Medicaid, many dental services, including preventative dental services, are covered. Prior authorization may be required. Contact your Team for details..
	Restorative and emergency dental care	$0	Because you have Medicaid, many dental services are covered. Prior authorization may be required. Contact your Team for details.
You need eye care **(continued on next page)**	Eye exams	$0	Because you have Medicaid, outpatient services for eye care provided by an optometrist, optician or physician, including routine eye exams are covered.

Health need or concern	Services you may need	Your costs for in-network providers	Limitations, exceptions, & benefit information (rules about benefits)
You need eye care (continued)	Glasses or contact lenses	$0	Because you have Medicaid, eyeglasses and contact lenses are covered as needed.
	Other vision care	$0	Outpatient physician services for the diagnosis and treatment of diseases and injuries of the eye are covered.
You need mental health services	Mental health services	$0	Mental health services are covered. Prior authorization may be required. Contact your Team for details..
	Inpatient and outpatient care and community-based services for people who need mental health services	$0	Both inpatient and outpatient mental health services are covered. Because you have Medicaid, you are covered for an unlimited number of days each benefit period. Prior authorization may be required. Contact your Team for details.
You need substance use disorder services	Substance use disorder services	$0	Substance use disorder services are covered. Prior authorization may be required. Contact your Team for details.

Health need or concern	Services you may need	Your costs for in-network providers	Limitations, exceptions, & benefit information (rules about benefits)
You need a place to live with people available to help you	Skilled nursing care	$0	Skilled nursing care is covered. Prior authorization is required. Contact your Team for details.
	Nursing home care	$0	Nursing home care is covered. Prior authorization is required. Contact your Team for details.
	Adult Foster Care and Group Adult Foster Care	$0	Adult Foster Care and Group Adult Foster Care are covered. Prior authorization is required. Contact your Team for details
You need therapy after a stroke or accident	Occupational, physical, or speech therapy	$0	Occupational, physical and speech therapy are covered. Prior authorization may be required. Contact your Team for details.
You need help getting to health services **(continued on next page)**	Ambulance services	$0	Family Care Partnership covers ambulance services, whether for an emergency or non-emergency,for you if any other means of transportation could endanger your health or if authorized by the plan.

Health need or concern	Services you may need	Your costs for in-network providers	Limitations, exceptions, & benefit information (rules about benefits)
You need help getting to health services **(continued)**	Emergency transportation	$0	Family Care Partnership covers emergency and non-emergency transportation for a covered service.
	Transportation to medical appointments and services	$0	Because you have Medicaid, routine transportation may be covered. Prior authorization is required. Contact your Team for details.
You need drugs to treat your illness or condition **(continued on next page)**	Medicare Part B drugs	$0	Part B drugs include drugs given by your doctor in their office, some oral cancer drugs, and some drugs used with certain medical equipment. Read the *Evidence of Coverage* for more information on these drugs.
	Medicare Part D drugs	$0	There may be limitations on the types of drugs covered. Please refer to Community Care Family Care Partnership's *List of Covered Drugs* (*Drug List*) for more information.
You need drugs to treat your illness or condition **(continued)**	Over-the-counter (OTC) drugs]	$0	Community Care covers a $45 credit each month for OTC drugs. There may be limitations on the types of drugs covered. Please refer to Family Care Partnership's *List of Covered Drugs* (*Drug List*) for more information.

Health need or concern	Services you may need	Your costs for in-network providers	Limitations, exceptions, & benefit information (rules about benefits)
You need help getting better or have special health needs	Rehabilitation services	$0	Rehabilitation services are covered. Prior authorization is required. Contact your Team for details.
	Medical equipment for home care	$0	Certain medical equipment for home care is covered when ordered by a network provider for medical reasons. Prior authorization is required. Contact your Team for details.
	Dialysis services	$0	Dialysis is covered then order by a network provider. Prior authorization is required. Contact your Team for details.
You need foot care	Podiatry services	$0	Covered when provided by a network provider/. Prior authorization is required. Contact your Team for details.
	Orthotic services	$0	Covered when provided by a network provider. Prior authorization is required. Contact your Team for details.
You need durable medical equipment (DME)	Wheelchairs, crutches, and walkers	$0	Covered when provided by a network provider. Prior authorization is required. Contact your Team for details.

Health need or concern	Services you may need	Your costs for in-network providers	Limitations, exceptions, & benefit information (rules about benefits)
(continued on the next page)	Nebulizers	$0	Nebulizers are covered when provided by a network provider. Prior authorization is required. Contact your Team for details.
You need durable medical equipment (DME) (continued) **Note:** This isn't a complete list of covered DME. For a complete list, contact Member Services *or* your care team or refer to **Chapter 4** of the *Evidence of Coverage*.	Oxygen equipment and supplies	$0	Covered when provided by a network provider. Prior authorization is required. Contact your Team for details.
You need help living at home **(continued on the next page)**	Home health services	$0	Covered when provided by a network provider. Prior authorization is required. Contact your Team for details.
	Home services, such as cleaning or housekeeping, or home modifications such as grab bars	$0	Covered when provided by a network provider and approved by your care team. Contact your care team for information about how to get Medicaid supports.

Health need or concern	Services you may need	Your costs for in-network providers	Limitations, exceptions, & benefit information (rules about benefits)
	Adult day health, Community Based Adult Services (CBAS), or other support services]	$0	Covered when provided by a network provider. Prior authorization is required. Contact your Team for details.
You need help living at home **(continued)**	Day habilitation services	$0	Covered when provided by a network provider and approved by your care team. Contact your care team for information about how to get Medicaid supports.
	Services to help you live on your own (home health care services or personal care attendant services)	$0	Covered when provided by a network provider and approved by your care team. Contact your care team for information about how to get Medicaid supports.
Additional services **(continued on next page)**	Chiropractic services	$0	Covered when provided by a network provider. Prior authorization is required. Contact your Team for details.
	Diabetes supplies and services	$0	Covered when provided by a network provider. Prior authorization is required. Contact your Team for details.

Health need or concern	Services you may need	Your costs for in-network providers	Limitations, exceptions, & benefit information (rules about benefits)
	Prosthetic services	$0	Covered when provided by a network provider. Prior authorization is required. Contact your Team for details.
Additional services **(continued)**	Radiation therapy	$0	Covered when provided by a network provider. Prior authorization is required. Contact your Team for details.
	Services to help manage your disease	$0	Covered when provided by a network provider. Prior authorization is required. Contact your Team for details.

The above summary of benefits is provided for informational purposes only and isn't a complete list of benefits. For a complete list and more information about your benefits, you can read the Community Care Family Care Partnership *Evidence of Coverage*. If you don't have an *Evidence of Coverage*, call Community Care Family Care Partnership Member Services *or* your care team at the numbers listed at the bottom of this page to get one. If you have questions, you can also call Member Services *or* your care team or visit www.communitycareinc.org.

D. Benefits covered outside of Community Care Family Care Partnership

There are some services that you can get that aren't covered by Community Care Family Care Partnership but are covered by Medicare, Medicaid, or a State or county agency. This isn't a complete list. Call Member Services *or* your care team to find out about these services.

Other services covered by Medicare, Medicaid, or a State Agency	Your costs
• Behavioral treatment services (Autism Services) as defined in ForwardHealth Online Handbook; • Comprehensive community services; • Community recovery services; • School-based services; and Residential substance use disorder treatment.	Prior Authorization may be required. $0 co-pay
Certain hospice care services covered outside of Community Care Family Care Partnership	Prior Authorization may be required. $0 co-pay
Psychosocial rehabilitation	Prior Authorization may be required. $0 co-pay
Targeted case management	Prior Authorization may be required. $0 co-pay
Rest home room and board	Prior Authorization may be required. $0 co-pay

E. Services that Community Care Family Care Partnership, Medicare, and Medicaid don't cover

This is not a complete list. Call Customer Service or your care team toll-free at 866-992-6600 or TTY: 711 to find out about other excluded services.

Services Community Care Family Care Partnership, Medicare, and Medicaid don't cover	
Cosmetic surgery or procedures	
Custodial care	
Experimental medical and surgical procedures, equipment and medications.	
Fees charged for care by your immediate relatives or members of your household	
Naturopath services (uses natural or alternative treatments)	
Non-routine dental care	
Personal items in your room at a hospital or a skilled nursing facility, such as a telephone or a television	
Private room in a hospital	
Reversal of sterilization procedures and/or non-prescription contraceptive supplies	
Routine chiropractic care	
Services considered not reasonable and necessary, according to Original Medicare standards	

F. Your rights as a member of the plan

As a member of Community Care Family Care Partnership, you have certain rights. You can exercise these rights without being punished. You can also use these rights without losing your health care services. We'll tell you about your rights at least once a year. For more information on your rights, please read the *Evidence of Coverage*. Your rights include, but aren't limited to, the following:

- You have a right to respect, fairness, and dignity. This includes the right to:
  - Get covered services without concern about medical condition, health status, receipt of health services, claims experience, medical history, disability (including mental impairment), marital status, age, sex (including sex stereotypes and gender identity) sexual orientation, national origin, race, color, religion, creed, or public assistance
  - Get information in other languages and formats (for example, large print, braille, or audio) free of charge
  - Be free from any form of physical restraint or seclusion
- **You have the right to get information about your health care.** This includes information on treatment and your treatment options. This information should be in a language and format you can understand. This includes the right to get information on:
  - Description of the services we cover
  - How to get services
  - How much services will cost you
  - Names of health care providers and team
- You have the right to make decisions about your care, including refusing treatment. This includes the right to:
  - Choose a primary care provider (PCP) and change your PCP at any time during the year
  - Use a women's health care provider without a referral
  - Get your covered services and drugs quickly
  - Know about all treatment options, no matter what they cost or whether they're covered
  - Refuse treatment, even if your health care provider advises against it
  - Stop taking medicine, even if your health care provider advises against it

- Ask for a second opinion. Community Care Family Care Partnership will pay for the cost of your second opinion visit
- Make your health care wishes known in an advance directive

- You have the right to timely access to care that doesn't have any communication or physical access barriers. This includes the right to:
  - Get timely medical care
  - Get in and out of a health care provider's office. This means barrier-free access for people with disabilities, in accordance with the Americans with Disabilities Act
  - Have interpreters to help with communication with your health care providers and your health plan
- You have the right to seek emergency and urgent care when you need it. This means you have the right to:
  - Get emergency services without prior authorization in an emergency
  - Use an out-of-network urgent or emergency care provider, when necessary
- You have a right to confidentiality and privacy. This includes the right to:
  - Ask for and get a copy of your medical records in a way that you can understand and to ask for your records to be changed or corrected
  - Have your personal health information kept private
  - Have privacy during treatment
- You have the right to make complaints about your covered services or care. This includes the right to:
  - File a complaint or grievance against us or our providers
  - File a complaint with State of Wisconsin Department of Health Services ForwardHealth Member Services at 800-362-3002, TTY: 711 (Wisconsin Relay). The Family Care Partnership website www.communitycareinc.org/members/partnership-resources/grievances-appeals has complaint forms and instructions available online.
  - Appeal certain decisions made by State of Wisconsin Department of Health Services or our providers

- Ask for a State Hearing
- Get a detailed reason for why services were denied

For more information about your rights, you can read the *Evidence of Coverage*. If you have questions, you can call Community Care Family Care Partnership Member Services *or* your care team toll-free phone at 866-992-6600, TTY 711.

You can also call the special Independent Ombudsman for people who have Medicare and Medicaid. For members ages 18 to 59, contact: Disability Rights Wisconsin, Toll Free: 800-928-8778 and TTY: 711 (Wisconsin Relay). For members aged 60 and older, contact: Wisconsin Board on Aging and Long Term Care, Toll Free: 800-815-0015 and TTY: 711 (Wisconsin Relay).

G. How to file a complaint or appeal a denied service

If you have a complaint or think Community Care should cover something we denied, call the Member Rights Specialists or your care team at 866-992-6600 toll-free, TTY: 711. You may also call the Member Rights Specialist Phone at 262-207-9325. You may be able to appeal our decision.

For questions about complaints and appeals, you can read Chapter 9 of the Evidence of Coverage. You can also call Community Care Member Rights Specialists toll free 888-992-6600 and TTY 711. You may also call the Member Rights Department at 262-207-9325.

You can also make complaints about quality of care to the Quality Improvement Organization. See Chapter 8 of the Evidence of Coverage for details.

You can submit a complaint about Community Care directly to Medicare. To submit a complaint to Medicare, go to www.medicare.gov/MedicareComplaintForm/home.aspx. You may also call 1-800-MEDICARE (1-800-633-4227). TTY/TDD users can call 1-877-486-2048.

If you disagree with Community Care's response on your complaint, or if Community Care fails to timely respond to your complaint, you can ask for a review by the Wisconsin Department of Health Services (DHS). DHS works with an outside organization called MetaStar to review grievances.

H. What to do if you suspect fraud

Most health care professionals and organizations that provide services are honest. Unfortunately, there may be some who are dishonest.

If you think a doctor, hospital or other pharmacy is doing something wrong, please contact us.

- Call your care team or the Compliance Department at Community Care Family Care Partnership. Phone numbers are toll-free at 866-992-6600 and TTY 711.
- Or, call the ForwardHealth Customer Service Center at 800-362-3002. TTY users may call 711 (Wisconsin Relay).
- Or, call Medicare at 1-800-MEDICARE (1-800-633-4227). TTY users may call 1-877-486-2048. You can call these numbers for free.
- Or, call the Wisconsin Department of Health Services Fraud Hotline at 1-877-865-3432. TTY users may call 711 (Wisconsin Relay).

[BACK COVER]

If you have general questions or questions about our plan, services, service area, billing, or Member ID Cards, please call Community Care Family Care Partnership Member Services: **866-992-6600** *(*toll-free phone number) Calls to this number are free. You may call 7 days a week, 24 hours a day. Customer Service also has free language interpreter services available for non-English speakers. TTY number 711 This number requires special telephone equipment and is only for people who have difficulties with hearing or speaking. Calls to this number are free. You may call 7 days a week, 24 hours a day.
If you have questions about your health: Call your primary care provider (PCP). Follow your PCP's instructions for getting care when the office is closed. If your PCP's office is closed, you can also call your care team.at 866-992-6600. Calls to this number are free. You may call 7 days a week, 24 hours a day. Community Care also has free language interpreter services available for non-English speakers. TTY 711. Calls to this number are free. You may call 7 days a week, 24 hours a day
If you need immediate behavioral health care, please call Community Care Family Care Partnership Member Services: **866-992-6600** *(*toll-free phone number) Calls to this number are free. You may call 7 days a week, 24 hours a day. Customer Service also has free language interpreter services available for non-English speakers. TTY number 711 This number requires special telephone equipment and is only for people who have difficulties with hearing or speaking. Calls to this number are free. You may call 7 days a week, 24 hours a day.

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.

Community Care

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