

Family Care Partnership (HMO SNP) offered by Community Care

Annual Notice of Change for 2026

Introduction

You're currently enrolled as a member of our plan. Next year, there are no changes to our benefits, coverage, and rules. However, you should still read this Annual Notice of Change to learn about your coverage choices. 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. Key terms and their definitions appear in alphabetical order in the last chapter of your *Evidence of Coverage*.]

Additional resources

- This document is available for free in Chinese, Hmong, Spanish, Lao, Russian, and Serbo-Croatian. Please contact Member Services at 866-992-6600 (TTY users should call 711) for assistance.
- You can get this Annual Notice of Change 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.
- 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.

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.

OMB Approval 0938-1444 (Expires: June 30, 2026)

If you have questions, please call Community Care at 866-992-6600 (TTY/TDD users should call 711). You can call 24 hours a day, 7 days a week. The call is free. **For more information**, visit www.communitycareinc.org.



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 quý vị cần thông dịch viên xin gọi 1-866-992-6600 sẽ có nhân viên nói tiếng Việt giúp đỡ quý 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 1-866-992-6600. (TTY/TDD: 711). Вам окажет помощь сотрудник, который говорит по-русски. Данная услуга бесплатная.

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

If you have questions, please call Community Care at 866-992-6600 (TTY/TDD users should call 711). You can call 24 hours a day, 7 days a week. The call is free. **For more information**, visit www.communitycareinc.org.



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.

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. (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。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 lwj 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).



Table of Contents

A. Disclaimers.....	5
B. Reviewing your Medicare and Family Care Partnership (Medicaid) coverage for next year	5
B1. Information about Community Care Family Care Partnership.....	5
B2. Important things to do	5
C. Changes to our network providers and pharmacies.....	6
D. Changes to benefits for next year	7
D1. Changes to benefits for medical services.....	7
D2. Changes to drug coverage.....	7
E. Choosing a plan	7
E1. Staying in our plan	7
E2. Changing plans	8
F. Getting help.....	12
F1. Our plan	12
F2. WI State Health Insurance Assistance Program (WI SHIP)	13
F3. Disability Rights Wisconsin.....	13
F4. Wisconsin Board on Aging and Long Term Care.....	14
F5. Medicare	14
F6. Medicaid (Family Care Partnership)	15

If you have questions, please call Community Care at 866-992-6600 (TTY/TDD users should call 711. You can call 24 hours a day, 7 days a week. The call is free. **For more information**, visit www.communitycareinc.org.



A. Disclaimers

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.

B. Reviewing your Medicare and Family Care Partnership (Medicaid) coverage for next year

It's important to review your coverage now to make sure it will still meet your needs next year. If it doesn't meet your needs, you may be able to leave our plan. Refer to **Section D** for more information on changes to your benefits for next year.

If you choose to leave our plan, your membership will end on the last day of the month in which your request was made. You'll still be in the Medicare and Family Care Partnership programs as long as you're eligible.

If you leave our plan, you can get information about your:

- Medicare options in the table in **Section E2**.
- Family Care Partnership options in **Section E2**.

B1. Information about Community Care Family Care Partnership

- Community Care Family Care Partnership is a health plan that contracts with both Medicare and Medicaid to provide benefits of both programs to members.
- When this *Annual Notice of Change* says "we," "us," "our," or "our plan," it means Community Care.

B2. Important things to do

- **Check if there are any changes to our benefits that may affect you.**
 - Are there any changes that affect the services you use?
 - Review benefit changes to make sure they'll work for you next year.
 - Refer to **Section D1** for information about benefit changes for our plan.
- **Check if there are any changes to our drug coverage that may affect you.**

If you have questions, please call Community Care at 866-992-6600 (TTY/TDD users should call 711). You can call 24 hours a day, 7 days a week. The call is free. **For more information**, visit www.communitycareinc.org.



- o Will your drugs be covered? Can you use the same pharmacies? Will there be any changes such as prior authorization, step therapy or quantity limits?
- o Review changes to make sure our drug coverage will work for you next year.
- o Refer to **Section D2** for information about changes to our drug coverage.
- **Check if your providers and pharmacies will be in our network next year.**
 - o Are your doctors, including your specialists, in our network? What about your pharmacy? What about the hospitals or other providers you use?
 - o Refer to **Section C** for information about our *Provider and Pharmacy Directory*.
- **Think about your overall costs in the plan.**
 - o How do the total costs compare to other coverage options?
- **Think about whether you're happy with our plan.**

If you decide to stay with Community Care Family Care Partnership:

If you want to stay with us next year, it's easy – you don't need to do anything. If you don't make a change, you automatically stay enrolled in Community Care Family Care Partnership.

If you decide to change plans:

If you decide other coverage will better meet your needs, you may be able to switch plans (refer to **Section G2** for more information). If you enroll in a new plan, or change to Original Medicare, your new coverage will begin on the first day of the following month.

C. Changes to our network providers and pharmacies

We haven't made any changes to our network of providers and pharmacies for next year.

However, it's important that you know that we may make changes to our network during the year. If your provider leaves our plan, you have certain rights and protections. For more information, refer to **Chapter 3** of your *Evidence of Coverage*.]



If you have questions, please call Community Care at 866-992-6600 (TTY/TDD users should call 711). You can call 24 hours a day, 7 days a week. The call is free. **For more information**, visit www.communitycareinc.org.

Please review the 2026 *Provider and Pharmacy Directory* to find out if your providers (primary care provider, specialists, hospitals, etc.) or pharmacy are in our network. An updated *Provider and Pharmacy Directory* is located on our website at www.communitycareinc.org. You may also call Member Services at the numbers at the bottom of the page for updated provider information or to ask us to mail you a *Provider and Pharmacy Directory*.

It's important that you know that we may also make changes to our network during the year. If your provider leaves our plan, you have certain rights and protections. For more information, refer to **Chapter 3** of your *Evidence of Coverage* or call Member Services at the number at the bottom of the page for help.]

D. Changes to benefits for next year

D1. Changes to benefits for medical services

There are no changes to your benefits for medical services. Our benefits will be the same in 2026 as they're in 2025.]

D2. Changes to drug coverage

Changes to our *Drug List*

An updated *List of Covered Drugs* is located on our website at www.communitycareinc.org. You may also call Member Services at the numbers at the bottom of the page for updated drug information or to ask us to mail you a *List of Covered Drugs*.

We haven't made any changes to our *Drug List* at this time for next year. However, we're allowed to make changes to the *Drug List* from time to time throughout the year, with approval from Medicare and/or the state. We update our online *Drug List* at least monthly to provide the most up to date list of drugs. If we make a change that will affect a drug you're taking, we'll send you a notice about the change. Refer to the 2026 *Drug List* for more information.

E. Choosing a plan

E1. Staying in our plan

We hope to keep you as a plan member. You don't have to do anything to stay in our plan. Unless you sign up for a different Medicare plan or change to Original Medicare, you'll automatically stay enrolled as a member of our plan for 2026.



If you have questions, please call Community Care at 866-992-6600 (TTY/TDD users should call 711). You can call 24 hours a day, 7 days a week. The call is free. **For more information**, visit www.communitycareinc.org.

E2. Changing plans

Most people with Medicare can end their membership during certain times of the year. Because you have Family Care Partnership you can end your membership in our plan any month of the year.

In addition, you may end your membership in our plan during the following periods:

- The **Open Enrollment Period**, which lasts from October 15 to December 7. If you choose a new plan during this period, your membership in our plan ends on December 31 and your membership in the new plan starts on January 1.
- The **Medicare Advantage (MA) Open Enrollment Period**, which lasts from January 1 to March 31. If you choose a new plan during this period, your membership in the new plan starts the first day of the next month.

There may be other situations when you're eligible to make a change to your enrollment. For example, when:

- you moved out of our service area,
- your eligibility for Family Care Partnership or Extra Help changed, **or**
- you recently moved into or are currently getting care in an institution (like a skilled nursing facility or a long-term care hospital). If you recently moved out of an institution, you can change plans or change to Original Medicare for two full months after the month you move out.

Your Medicare services

You have three options for getting your Medicare services listed below any month of the year. You have an additional option listed below during certain times of the year including the **Open Enrollment Period** and the **Medicare Advantage Open Enrollment Period** or other situations described in **Section E2**. By choosing one of these options, you automatically end your membership in our plan



If you have questions, please call Community Care at 866-992-6600 (TTY/TDD users should call 711. You can call 24 hours a day, 7 days a week. The call is free. **For more information**, visit www.communitycareinc.org.

<p>1. You can change to:</p> <p>Another plan that provides your Medicare and most or all of your Medicaid benefits and services in one plan, also known as an integrated dual-eligible special needs plan (D-SNP) or a Program of All-inclusive Care for the Elderly (PACE) plan, if you qualify.</p> <p>If you're changing plans, you must also contact your local Aging and Disability Resource Center (ADRC). You can use the following link to find an ADRC in your area: www.dhs.wisconsin.gov/adrc/consumer/index.htm.</p>	<p>Here is what to do:</p> <p>Call Medicare at 1-800-MEDICARE (1-800-633-4227). TTY users should call 1-877-486-2048.</p> <p>For Program of All-inclusive Care for the Elderly (PACE) inquiries, call <PACE phone number>.</p> <p>If you need help or more information:</p> <ul style="list-style-type: none"> • Call the Medigap Helpline 1-800-242-1060; TTY 711, and visit the website at www.longtermcare.wi.gov/Pages/Medigap/Medigap.aspx. <p>OR</p> <p>Enroll in a new integrated D-SNP.</p> <p>You'll automatically be disenrolled from our plan when your new plan's coverage begins.</p>
---	---



If you have questions, please call Community Care at 866-992-6600 (TTY/TDD users should call 711). You can call 24 hours a day, 7 days a week. The call is free. **For more information**, visit www.communitycareinc.org.

<p>2. You can change to:</p> <p>Original Medicare with a separate Medicare drug plan</p> <p>If you're changing plans, you must also contact your local Aging and Disability Resource Center (ADRC). You can use the following link to find an ADRC in your area: www.dhs.wisconsin.gov/adrc/consumer/index.htm. Or call 1-844-947-2372.</p>	<p>Here is what to do:</p> <p>Call Medicare at 1-800-MEDICARE (1-800-633-4227). TTY users should call 1-877-486-2048.</p> <p>If you need help or more information:</p> <ul style="list-style-type: none">• Call the Medigap Helpline 1-800-242-1060; TTY 711, and visit the website at www.longtermcare.wi.gov/Pages/Medigap/Medigap.aspx. <p>OR</p> <p>Enroll in a new Medicare drug plan.</p> <p>You'll automatically be disenrolled from our plan when your Original Medicare coverage begins.</p>
--	---



<p>3. You can change to:</p> <p>Original Medicare without a separate Medicare drug plan</p> <p>NOTE: If you switch to Original Medicare and don't enroll in a separate Medicare drug plan, Medicare may enroll you in a drug plan, unless you tell Medicare you don't want to join.</p> <p>You should only drop drug coverage if you have drug coverage from another source, such as an employer or union. If you have questions about whether you need drug coverage, call the Medigap Helpline 1-800-242-1060; TTY 711, Monday through Friday from 8:00 a.m. to 5:00 p.m. For more information or to find a local Medigap Helpline office in your area, please visit www.longtermcare.wi.gov/Pages/Medigap/Medigap.aspx.</p>	<p>Here is what to do:</p> <p>Call Medicare at 1-800-MEDICARE (1-800-633-4227). TTY users should call 1-877-486-2048.</p> <p>If you need help or more information:</p> <ul style="list-style-type: none">• Call the Medigap Helpline 1-800-242-1060; TTY 711, and visit the website at www.longtermcare.wi.gov/Pages/Medigap/Medigap.aspx. <p>You'll automatically be disenrolled from our plan when your Original Medicare coverage begins.</p>
---	---



If you have questions, please call Community Care at 866-992-6600 (TTY/TDD users should call 711. You can call 24 hours a day, 7 days a week. The call is free. **For more information**, visit www.communitycareinc.org.

<p>4. You can change to:</p> <p>Any Medicare health plan during certain times of the year including the Open Enrollment Period and the Medicare Advantage Open Enrollment Period or other situations described in Section A.</p>	<p>Here is what to do:</p> <p>Call Medicare at 1-800-MEDICARE (1-800-633-4227). TTY users should call 1-877-486-2048.</p> <p>For Program of All-Inclusive Care for the Elderly (PACE) inquiries, call <PACE phone number>.</p> <p>If you need help or more information:</p> <ul style="list-style-type: none"> • Call the Medigap Helpline 1-800-242-1060; TTY 711, and visit the website at www.longtermcare.wi.gov/Pages/Medigap/Medigap.aspx. <p>OR</p> <p>Enroll in a new Medicare plan.</p> <p>You're automatically disenrolled from our Medicare plan when your new plan's coverage begins.</p>
---	--

Your Family Care Partnership services

For questions about how to get your Medicaid services after you leave our plan, contact your local ADRC. Ask how joining another plan or returning to Original Medicare affects how you get your Medicaid coverage.

F. Getting help

F1. Our plan

We're here to help if you have any questions. Call Member Services at the numbers at the bottom of the page during the days and hours of operation listed. These calls are toll-free.

If you have questions, please call Community Care at 866-992-6600 (TTY/TDD users should call 711. You can call 24 hours a day, 7 days a week. The call is free. **For more information**, visit www.communitycareinc.org.



Read your *Evidence of Coverage*

Your *Evidence of Coverage* is a legal, detailed description of our plan's benefits. It has details about benefits for 2026. It explains your rights and the rules to follow to get services and drugs we cover.

An up-to-date copy of the *Evidence of Coverage* is available on our website at www.communitycareinc.org. You may also call Member Services at the numbers at the bottom of the page to ask us to mail you an *Evidence of Coverage* for 2026.

Our website

You can visit our website at www.communitycareinc.org. As a reminder, our website has the most up-to-date information about our provider and pharmacy network (*Provider and Pharmacy Directory*) and our *Drug List (List of Covered Drugs)*.

F2. WI State Health Insurance Assistance Program (WI SHIP)

You can also call the state health insurance program (SHIP). WI State Health Insurance Assistance Program can help you understand your plan choices and answer questions about switching plans. WI SHIP isn't connected with us or with any insurance company or health plan. WI SHIP has trained counselors statewide and services are free. WI SHIP phone number is 1-800-242-1060 TTY 771 or 1-800-947-3529. For more information or to find a local WI SHIP office in your area, please visit www.dhs.wisconsin.gov/benefit-specialists/ship.htm.

F3. Disability Rights Wisconsin

The ombudsman from this agency helps people under age 60.

CALL	800-928-8778
TTY	888-758-6049
WRITE	1502 West Broadway, Suite 201 Madison, WI 53713
EMAIL	info@drwi.org
WEBSITE	disabilityrightswi.org/program/family-care-and-iris-ombudsman-program/ See website for contact information for other locations.
FAX	833-635-1968

If you have questions, please call Community Care at 866-992-6600 (TTY/TDD users should call 711). You can call 24 hours a day, 7 days a week. The call is free. **For more information**, visit www.communitycareinc.org.



F4. Wisconsin Board on Aging and Long Term Care

Ombudsmen from this agency help people aged 60 and older.

CALL	800-815-0015
WRITE	1402 Pankratz Street, Suite 111 Madison, WI 53704-4001
EMAIL	BOALTC@wisconsin.gov
WEBSITE	longtermcare.wi.gov/Pages/Home.aspx

F5. Medicare

To get information directly from Medicare:

- call 1-800-MEDICARE (1-800-633-4227). TTY users should call 1-877-486-2048
- chat live at www.Medicare.gov/talk-to-someone
- write to Medicare at PO Box 1270, Lawrence, KS 66044.

Medicare's Website

You can visit the Medicare website (www.medicare.gov). If you choose to disenroll from our plan and enroll in another Medicare plan, the Medicare website has information about costs, coverage, and quality ratings to help you compare plans.

You can find information about Medicare plans available in your area by using Medicare Plan Finder on Medicare's website. (For information about plans, refer to www.medicare.gov and click on "Find plans.")

Medicare & You 2026

You can read the *Medicare & You 2026* handbook. Every year in the 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. This handbook is also available in Spanish, Chinese, and Vietnamese.

If you don't have a copy of this booklet, you can get it at the Medicare website (www.medicare.gov/Pubs/pdf/10050-medicare-and-you.pdf) or by calling 1-800-MEDICARE (1-800-633-4227). TTY users should call 1-877-486-2048.



If you have questions, please call Community Care at 866-992-6600 (TTY/TDD users should call 711). You can call 24 hours a day, 7 days a week. The call is free. **For more information**, visit www.communitycareinc.org.

F6. Medicaid (Family Care Partnership)

Wisconsin Medicaid is a joint federal and state program that helps residents get high-quality health care coverage, long-term care, and other services that promote physical and mental health and well-being.

There are many types of Medicaid programs. Each has certain requirements you must meet if you want to enroll.

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 www.dhs.wisconsin.gov/medicaid/index.htm.



If you have questions, please call Community Care at 866-992-6600 (TTY/TDD users should call 711. You can call 24 hours a day, 7 days a week. The call is free. **For more information**, visit www.communitycareinc.org.