



2021 Summary of Benefits

My Choice Wisconsin Partnership (HMO D-SNP)

This is a summary of drug, health and long-term care services covered by **My Choice Wisconsin Partnership** January 1, 2021 – December 31, 2021.

My Choice Wisconsin Partnership is a Coordinated Care Plan with a Medicare contract and a contract with the state of Wisconsin Department of Health Services (DHS) for the Medicaid Program. Enrollment in **Partnership** depends on contract renewal.

The formulary, pharmacy and/or provider network may change at any time. You will receive notice when necessary.

The benefit information provided is a summary of what we cover and what you pay. It does not list every service that we cover or list every limitation or exclusion. To get a complete list of services, please review our “Evidence of Coverage at www.mychoicewi.org/partnership/member-resources/ or you may request the “Evidence of Coverage” by contacting Customer Service at 1-800-963-0035 (TTY users call 711).

To join **My Choice Wisconsin Partnership** you must be entitled to Medicare Part A, be enrolled in Medicare Part B and live in our service area. Our service area includes the following counties in Wisconsin: Columbia, Dane, Dodge, Jefferson, Ozaukee, Sauk, Washington, and Waukesha.

My Choice Wisconsin Partnership has a network of doctors, hospitals, pharmacies and other providers. If you use the providers that are not in our network, the plan may not pay for these services.

Summary of Benefits for My Choice Wisconsin's Partnership Program (HMO SNP)
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Thank you for your interest in My Choice Wisconsin's Partnership Program. Our plan is offered by My Choice Wisconsin Health Plan, Inc., a Medicare Advantage Health Maintenance Organization (HMO) Special Needs Plan (SNP) that contracts with the Center for Medicare & Medicaid Services (CMS) and the Wisconsin Department of Health Services (DHS). This plan is designed for people who meet specific enrollment criteria.

You are eligible for our plan as long as:

You have both Medicare Part A and Medicare Part B

-- *and* -- You live in our geographic service area (page 1 describes our service area)

-- *and* -- You are a United States citizen or are lawfully present in the United States

-- *and* -- You meet the special eligibility requirements described below

Special eligibility requirements for our plan

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 income and resources.) To be eligible for our plan you must be eligible for Medicare and enrolled in the Family Care Partnership program with My Choice Wisconsin. Family Care Partnership is a Medicaid program in Wisconsin.

You are eligible for Family Care Partnership with My Choice Wisconsin if you meet the eligibility requirements described below.

- Be at least 18 years old;
- Be a frail elder or an adult with physical or intellectual/developmental disabilities;
- Are a resident of our geographic service area (page 1 describes our service area);
- Are functionally eligible as determined by the Wisconsin Adult Long-term Care Functional Screen;

You may have a monthly Medicaid cost share that you must pay to remain eligible for Wisconsin Medicaid and My Choice Wisconsin's Partnership Program. Your county Income Maintenance agency determines your cost share amount. Please call one of our Customer Service Representatives for more information.



If you have questions, please call My Choice Wisconsin Partnership Customer Service at 1-800-963-0035, TTY/TDD Wisconsin Relay System 711, 8 a.m. – 8 p.m. Central, 7 days a week. Calls to this number are free. For more information, visit www.mychoicewi.org.

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To find out if you are eligible to join, contact the Aging and Disability Resource Center (ADRC) for your county. You can find a list of the ADRCs and their phone numbers at the end of this booklet. Please remember you **must** contact the ADRC in your county to enroll. **That is the only way to enroll in My Choice Wisconsin's Partnership Program.**

YOU HAVE CHOICES IN YOUR HEALTH CARE

You can choose from different Medicare options.

One choice is to get your Medicare benefits through Original Medicare (fee-for-service Medicare). Original Medicare is run directly by the Federal government.

Another choice is to get your Medicare benefits by joining a Medicare health plan (such as My Choice Wisconsin's Partnership Program). Our members receive all of the benefits that the Original Medicare Plan offers. We also offer more benefits, which may change from year to year.

You make the choice. No matter what you decide, you are still in the Medicare Program.

If you want to compare our plan with other Medicare health plans, ask the other plans for their Summary of Benefits booklets, or use the Medicare Plan Finder on <http://www.medicare.gov>.

Premiums and Benefits	My Choice Wisconsin Partnership (HMO SNP)	What you should know
Monthly Plan Premium	You pay \$0	You must continue to pay your Medicare Part B premium, unless your Part B premium is paid for you by Medicaid.
Deductible	You pay nothing	This plan does not have a deductible.
Maximum-Out-of-Pocket Responsibility (does not include prescription drugs)	Because you have Medicaid, you pay nothing	All Medicare health plans have yearly limits on members' out-of-pocket costs for medical and hospital care. Medicaid pays those costs on your behalf.



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Premiums and Benefits	My Choice Wisconsin Partnership (HMO SNP)	What you should know
Inpatient Hospital Coverage	You pay nothing	<p>Because you have Medicaid, you are covered for an unlimited number of days each benefit period.</p> <p>Prior authorization may be required for planned admission.</p> <p>Contact the plan for more information.</p>
Outpatient Hospital Coverage	You pay nothing	<p>Prior authorization may be required</p> <p>Contact the plan for more information.</p>
<p>Doctor Visits Primary Care & Specialist</p>	You pay nothing	<p>Prior authorization may be needed for certain services.</p> <p>Contact the plan for more information.</p>
Preventive care	You pay nothing	<p>Any additional preventive services approved by Medicare during the contract year will be covered.</p> <p>Contact the plan for more information.</p>
Emergency Care	You pay nothing	<p>Contact your team after receiving emergency care.</p> <p>Emergency care is not covered outside of the U.S. and its territories.</p>
Urgently Needed Services	You pay nothing	<p>Contact your team after receiving urgently needed services.</p> <p>Urgently needed services are immediate care, not emergency care.</p> <p>Urgently needed services are not covered outside of the U.S. and its territories.</p>



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Premiums and Benefits	My Choice Wisconsin Partnership (HMO SNP)	What you should know
Diagnostic Services/ Labs/ Imaging <ul style="list-style-type: none"> • Diagnostic radiology service (e.g., MRI) • Lab services • Diagnostic tests and procedures • Outpatient x-rays 	You pay nothing	Prior authorization may be required. Contact the plan for more information.
Hearing Services <ul style="list-style-type: none"> • Hearing exam • Hearing aid 	You pay nothing	No prior authorization is needed for hearing exams. Prior authorization is required for hearing aids. Contact the plan for more information.
Dental Services <ul style="list-style-type: none"> • Oral exam & Cleaning • Fillings • Complete dentures 	You pay nothing	Because you have Medicaid, many dental services, including preventative dental services, are covered. No prior authorization is required for routine oral exams and preventative care. Prior authorization is required for other covered dental services. Contact the plan for more information.
Vision Services	You pay nothing	No prior authorization is required for routine eye exams. Prior authorization is required for other covered vision services. Contact the plan for more information.



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Premiums and Benefits	My Choice Wisconsin Partnership (HMO SNP)	What you should know
Mental Health Services <ul style="list-style-type: none"> • Inpatient visit • Outpatient group therapy visit • Outpatient individual therapy visit 	You pay nothing	Prior authorization is required for some services in this category. Contact the plan for more information.
Skilled Nursing Facility	You pay nothing	Because you have Medicaid, you are covered for an unlimited number of days each benefit period. Prior authorization may be required. Contact the plan for more information.
Rehabilitation Services <ul style="list-style-type: none"> • Occupational therapy • Physical therapy • Speech and language therapy • Cardiac rehabilitation • Pulmonary rehabilitation 	You pay nothing	Prior authorization may be required. Contact the plan for more information.
Ambulance	You pay nothing	Because you have Medicaid, non-emergent ambulance services may be covered. Prior authorization is required for nonemergency ambulance transportation. Contact the plan for more information.
Transportation	You pay nothing	Because you have Medicaid, routine transportation may be covered. Prior authorization is required. Contact the plan for more information.



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Medicare Part B Drugs	You pay nothing	<p>Prior authorization may be required.</p> <p>The Formulary lists drugs that require prior authorization.</p> <p>Contact the plan for more information.</p>
Outpatient Prescription Drugs		
Medicare Part D drugs	You pay nothing	<p>Because you have Medicaid and are enrolled in Partnership, YOU HAVE NO COPAY ON PRESCRIPTION DRUGS.</p> <p>Prior authorization may be required.</p> <p>The Formulary lists drugs that require prior authorization.</p> <p>Contact the plan for more information.</p> <p>Some over-the-counter (OTC) drugs are covered by Medicaid.</p>

If you want to know more about the coverage and costs of Original Medicare, look in your current **“Medicare & You”** handbook. View it online at <http://www.medicare.gov> or get a copy 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.

This document may be available in other formats such as braille, large print or audio. This document may be available in a non-English language. For additional information, call My Choice Wisconsin Customer Service at 1-800-963-0035. Customer Service has free language interpreter services available for non-English speakers.



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Summary of Medicaid-Covered Benefits Section

The benefits described below are covered by Medicaid. For each benefit listed below, you can see what Wisconsin Medicaid covers and what our plan covers.

Benefit	Medicaid	My Choice Wisconsin Partnership Program (HMO SNP) Benefits
MEDICAID SERVICES		
Alcohol and Other Drug Abuse (AODA) Services	Full coverage - \$.50-\$3 copay per service	Prior authorization is required for some services in this category. Contact the plan for more information. \$0 copay
Audiology Services	Full coverage - \$.50-\$3 copay per service	Prior authorization not required for hearing exams. Prior authorization required for hearing aids. \$0 copay
Case Management Services (Targeted)	Full coverage. No copay.	Prior authorization may be required. \$0 copay
Chiropractic Services	Full coverage - \$.50-\$3 copay per service	Prior authorization may be required. \$0 copay



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Benefit	Medicaid	My Choice Wisconsin Partnership Program (HMO SNP) Benefits
Dental Services	Full coverage - \$.50 to \$3 copay per service.	<p>Prior authorization not required for routine oral exams and preventative care.</p> <p>Prior authorization may be required for other dental services.</p> <p>\$0 copay</p>
Diagnostic Testing	Full coverage - \$.50 to \$3 copay per service.	<p>Prior authorization may be required.</p> <p>\$0 copay</p>
Dialysis Services	Full coverage. No copay.	<p>Prior authorization not required.</p> <p>\$0 copay</p>
Durable Medical Equipment and Medical Supplies	<p>Full coverage.</p> <p>\$.50 to \$3 copay per item.</p> <p>Rental items are not subject to copay.</p>	<p>Prior authorization may be required.</p> <p>\$0 copay</p>



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Benefit	Medicaid	My Choice Wisconsin Partnership Program (HMO SNP) Benefits
Drugs (prescription)	<p>Coverage of generic and brand name prescription drugs, and some over-the-counter (OTC) drugs.</p> <p>Copay:</p> <ul style="list-style-type: none"> • \$0.50 for OTC drugs • \$1 for generic drugs • \$3 for brand <p>Copays are limited to \$12 per member, per provider, per month. OTCs are excluded from this \$12 maximum.</p> <p>Limit of five opioid prescription fills per month.</p>	<p>Prior authorization may be required.</p> <p>You pay nothing for covered Medicare Part D and Part B drugs.</p> <p>You pay nothing for covered OTC drugs.</p> <p>\$0 copay</p>
Home Care Services (Home Health, Private Duty Nursing and Personal Care)	<p>Full coverage of Private duty nursing, home health services, and personal care.</p> <p>No copay.</p>	<p>Prior authorization may be required.</p> <p>\$0 copay</p>
Hospice Care Services	<p>Full coverage. No copay.</p>	<p>Prior authorization may be required.</p> <p>\$0 copay</p>
Hospital Services – Inpatient and Outpatient	<p>Full coverage. No copay.</p>	<p>Prior authorization may be required.</p> <p>\$0 copay.</p>



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Benefit	Medicaid	My Choice Wisconsin Partnership Program (HMO SNP) Benefits
Mental Health Services	<p>\$0.50 to \$3 copay per service, limited to the first 15 hours or \$825 of services, whichever comes first, provided per calendar year.</p> <p>Copays are not required when services are provided in a hospital setting.</p>	<p>Prior authorization may be required.</p> <p>\$0 copay</p>
Nursing Home Services	Full coverage. No copay.	<p>Prior authorization may be required.</p> <p>Members are required to pay nursing home patient liability.</p>
<p>Physician Services (May include:</p> <ul style="list-style-type: none"> • Physician Assistants • Nurse Practitioners • Rural Health Clinics) 	<p>Full coverage, including laboratory and radiology.</p> <p>\$0.50 to \$3 copay per service limited to \$30 per provider per calendar year.</p> <p>(No copay for emergency services, preventive services, anesthesia or clozapine management.)</p>	<p>Prior authorization not required for primary care or specialty care services.</p> <p>\$0 copay</p>
Podiatry Services	Full coverage – \$0.50 to \$3 copay per service; limited to \$30 per provider per calendar year.	<p>Prior authorization may be required.</p> <p>\$0 copay</p>
Respiratory Care for Ventilator – Assisted Recipients	Full coverage. No copay.	<p>Prior authorization may be required.</p> <p>\$0 copay</p>



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Benefit	Medicaid	My Choice Wisconsin Partnership Program (HMO SNP) Benefits
Transportation – Ambulance, Specialized Medical Vehicle (SMV), Common Carrier	<p>Full coverage of emergency and non-emergency transportation to and from a certified provider for a covered service.</p> <p>\$2 copay for non-emergency ambulance trips</p> <p>\$1 copay per trip for transportation by Specialized Medical Vehicle (SMV)</p> <p>No copay for transportation by common carrier or emergency ambulance.</p>	<p>Prior authorization may be required.</p> <p>\$0 copay</p>
Therapy – Physical Therapy, Occupational Therapy and Speech and Language Pathology	<p>Full coverage -\$0.50 to \$3 copay per service.</p> <p>Copay obligation limited to the first 30 hours or \$1500, whichever occurs first, during one calendar year (copay limits calculated separately for each discipline)</p>	<p>Prior authorization may be required.</p> <p>\$0 copay</p>
Vision Care Services	<p>Full coverage including eyeglasses - \$0.50 to \$3 copay per service.</p>	<p>Prior authorization not required for routine eye exams.</p> <p>\$0 copay</p>



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MEDICAID LONG-TERM CARE SERVICES

All members of Partnership are also eligible to receive the long-term care benefits which are covered by Medicaid and listed in the chart below. All of the long-term care services in the Partnership benefit package must be prior approved by your care team.

Benefits	My Choice Wisconsin Partnership (HMO SNP)	What you should know
Adaptive Aids (general and vehicle)	Covered	\$0 copay
Adult Day Care	Covered	\$0 copay
Assistive Technology/ Communication Aids	Covered	\$0 copay
Care/ Case Management (including Assessment and Case Planning)	Covered	\$0 copay
Consultative Clinical and Therapeutic Services for Caregivers	Covered	\$0 copay
Consumer Education and Training	Covered	\$0 copay
Counseling and Therapeutic Resources	Covered	\$0 copay
Environmental Accessibility Adaptations (Home Modifications)	Covered	\$0 copay
Financial Management Services	Covered	\$0 copay



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Benefits	My Choice Wisconsin Partnership (HMO SNP)	What you should know
Habilitation Services <ul style="list-style-type: none"> • Daily Living Skills Training • Day Habilitation Services 	Covered	\$0 copay
Housing Counseling	Covered	\$0 copay
Meals – Home Delivered	Covered	\$0 copay
Personal Emergency Response System Services	Covered	\$0 copay
Prevocational Services	Covered	\$0 copay
Relocation Services	Covered	\$0 copay
Residential Services: <ul style="list-style-type: none"> • Residential Care Apartment Complex (RCAC) • Community Based Residential Facility (CBRF) • Adult Family Home (AFH) 	Covered	\$0 copay* *Members are required to pay Room and Board costs
Respite Care (for caregivers and members in non-institutional and institutional settings)	Covered	\$0 copay
Skilled Nursing Services	Covered	\$0 copay
Specialized Medical Equipment and Supplies	Covered	\$0 copay
Support Broker	Covered	\$0 copay
Supported Employment	Covered	\$0 copay
Supportive Home Care	Covered	\$0 copay



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Benefits	My Choice Wisconsin Partnership (HMO SNP)	What you should know
Training Services for Unpaid Caregivers	Covered	\$0 copay
Transportation (Specialized Transportation)	Covered	\$0 copay
Vocational Futures Planning	Covered	\$0 copay



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My Choice Wisconsin Partnership Program is a fully integrated Medicare and Medicaid health and long-term care program for the frail elderly and adults with physical or intellectual/developmental disabilities. Members receive all Medicaid and Medicare benefits through the Partnership model of care which includes but is not limited to:

- combined Medicaid and Medicare eligibility and enrollment procedures;
- member participation in care planning;
- member and team cooperation in managing care;
- quality management; and
- help with grievances and appeals.

Because you are a member of this Partnership program, your Medicare deductible and coinsurance amounts are paid on your behalf.

My Choice Wisconsin's Partnership Program, a Medicare Advantage Special Needs Plan, is a different kind of health plan, providing your health care services in a personal way. We 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 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. An Interdisciplinary Team (care team) works with you to identify your goals (outcomes) and develops a care plan to support achievement of these outcomes.

As a member of My Choice Wisconsin's Partnership Program, you may be responsible for a monthly cost share. This amount is determined by your county Income Maintenance Agency and **must be paid** to keep your eligibility for Medicaid. **My Choice Wisconsin Partnership** will bill you for the cost share each month. (The federal government refers to this as the "post-eligibility treatment of income.").

If you reside in substitute care, you **must also pay** for room and board. My Choice Wisconsin Partnership will bill you for room and board each month.

Providers may not bill you for covered benefits that were authorized by My Choice Wisconsin Partnership and received while you were enrolled in our plan. Providers may bill you for non-covered services that you have agreed to pay.



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Please remember that **you must** contact the ADRC in your county to enroll. That is the only way to enroll in **My Choice Wisconsin's Partnership Program**.

Contact your local Aging and Disability Resource Center (ADRC) to find out if you are eligible to join and to enroll.

ADRC of Columbia County

111 E. Mullett Street
P.O. Box 136
Portage, WI 53901-0136
Toll-Free Phone: (888) 742-9233
Local Phone: (608) 742-9233
TTY/TDD/Relay: (608) 742-9229

ADRC of Dane County

2865 N. Sherman Avenue
Madison, WI 53704
Toll-Free Phone: (855) 417-6892
Local Phone: (608) 240-7400
TTY/TDD/Relay: (608) 240-7404

ADRC of Dodge County

199 County Road DF, 3rd Floor
Juneau, WI 53039
Toll-Free Phone: (800) 924-6407
Local Phone: (920) 386-3580
TTY/TDD/Relay: (920) 386-3883

ADRC of Jefferson County

1541 Annex Road
Jefferson, WI 53549
Toll-Free Phone: (866) 740-2372
Local Phone: (920) 674-8734
TTY: (800) 947-3529
TTD: (920) 674-5011

ADRC of Ozaukee County

121 W. Main Street
Port Washington, WI 53074
Toll-Free Phone: (866) 537-4261
Local Phone: (262) 284-8120
TTY/TDD/Relay: WI Relay 711

ADRC of Eagle Country

Sauk County - Baraboo Office
505 Broadway Street, Room 102
Baraboo, WI 53913
Toll-Free Phone: (877) 794-2372
Local Phone: (608) 355-3289
TTY/TDD/Relay: WI Relay 711

ADRC of Washington County

333 E. Washington Street, Room 1000
West Bend, WI 53095
Toll-Free Phone: (877) 306-3030
Local Phone: (262) 335-4497

ADRC of Waukesha County

514 Riverview Avenue
Waukesha, WI 53188
Toll-Free Phone: (866) 677-2372
Local Phone: (262) 548-7848
TTY/TDD/Relay: WI Relay 711



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Notice Informing Individuals About Nondiscrimination and Accessibility Requirements

My Choice Wisconsin Health Plan complies with applicable Federal civil rights laws and does not discriminate on the basis of race, color, national origin, age, disability, or sex. My Choice Wisconsin Health Plan does not exclude people or treat them differently because of race, color, national origin, age, disability, or sex.

My Choice Wisconsin Health Plan:

- Provides free aids and services to people with disabilities to communicate effectively with us, such as:
 - Qualified sign language interpreters
 - 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:
 - Qualified interpreters
 - Information written in other languages

If you need these services, contact Customer Service.

If you believe that My Choice Wisconsin Health Plan has failed to provide these services or discriminated in another way on the basis of race, color, national origin, age, disability, or sex, you can file a grievance with:

My Choice Wisconsin Member Rights
10201 West Innovation Drive Suite 100
Wauwatosa, WI 53226

Toll-Free Phone Number: 1-800-963-0035 ext. 3448
TTY: Wisconsin Relay System 711
Fax: (608) 245-3821
Email: mrs@carewisc.org

If you need help filing a grievance, our Member Rights Specialists are available to help you. You can also file a civil rights complaint with the U.S. Department of Health and Human Services, Office for Civil Rights electronically through the Office for Civil Rights Complaint Portal, available at <https://ocrportal.hhs.gov/ocr/portal/lobby.jsf>, or by mail or phone at:

U.S. Department of Health and Human Services
200 Independence Avenue SW
Room 509F, HHH Building
Washington, DC 20201
Toll-Free Phone Number: 1-800-368-1019
TDD: 800-537-7697

Complaint forms are available at <http://www.hhs.gov/ocr/office/file/index.html>.

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Multi-language Interpreter Services

ATTENTION: Language assistance services, free of charge, are available to you. Call 1-800-963-0035 (TTY users should call Wisconsin Relay System 711).

Spanish

ATENCIÓN: Si habla español, tiene a su disposición servicios gratuitos de asistencia lingüística. Llame al 1-800-963-0035 (TTY: 711).

Hmong

LUS CEEV: Yog tias koj hais lus Hmoob, cov kev pab txog lus, muaj kev pab dawb rau koj. Hu rau 1-800-963-0035 (TTY: 711).

Chinese

注意：如果您使用繁體中文，您可以免費獲得語言援助服務。請致電 1-800-963-0035 (TTY: 711)。

German

ACHTUNG: Wenn Sie Deutsch sprechen, stehen Ihnen kostenlos sprachliche Hilfsdienstleistungen zur Verfügung. Rufnummer: 1-800-963-0035 (TTY: 711).

Arabic

ملحوظة: إذا كنت تتحدث اذكر اللغة، فإن خدمات المساعدة اللغوية تتوافر لك بالمجان. اتصل برقم 1-800-963-0035 واليكم الصم هاتف - (TTY: 711). (رقم

Russian

ВНИМАНИЕ: Если вы говорите на русском языке, то вам доступны бесплатные услуги перевода. Звоните 1-800-963-0035 (телетайп: 711).

Korean

주의: 한국어를 사용하시는 경우, 언어 지원 서비스를 무료로 이용하실 수 있습니다. 1-800-963-0035 (TTY: 711)번으로 전화해 주십시오.

Vietnamese

CHÚ Ý: Nếu bạn nói Tiếng Việt, có các dịch vụ hỗ trợ ngôn ngữ miễn phí dành cho bạn. Gọi số 1-800-963-0035 (TTY: 711).

Pennsylvanian Dutch

Wann du Deitsch (Pennsylvania German / Dutch) schwetzsch, kannscht du mitaus Koschte ebber gricke, ass dihr helft mit die englisch Schprooch. Ruf selli Nummer uff: Call 1-800-963-0035 (TTY: 711).

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January 1, 2021 – December 31, 2021

Laotian

ໂປດຊາບ: ຖ້າວ່າທ່ານເວົ້າພາສາລາວ, ການບໍລິການຊ່ວຍເຫຼືອດ້ານພາສາ, ໂດຍບໍ່ເສຍຄ່າ, ແມ່ນມີພ້ອມໃຫ້ທ່ານ. ໂທ 1-800-963-0035 (TTY: 711).

French

ATTENTION: Si vous parlez français, des services d'aide linguistique vous sont proposés gratuitement. Appelez le 1-800-963-0035 (TTY: 711).

Polish

UWAGA: Jeżeli mówisz po polsku, możesz skorzystać z bezpłatnej pomocy językowej. Zadzwoń pod numer 1-800-963-0035 (TTY: 711).

Hindi

ध्यान दें: यदि आप हिंदी बोलते हैं तो आपके लिए मुफ्त में भाषा सहायता सेवाएं उपलब्ध हैं। 1-800-963-0035 (TTY: 711) पर कॉल करें।

Albanian

KUJDES: Nëse flitni shqip, për ju ka në dispozicion shërbime të asistencës gjuhësore, pa pagesë. Telefononi në 1-800-963-0035 (TTY: 711).

Tagalog

PAUNAWA: Kung nagsasalita ka ng Tagalog, maaari kang gumamit ng mga serbisyo ng tulong sa wika nang walang bayad. Tumawag sa 1-800-963-0035 (TTY: 711).

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PRE-ENROLLMENT CHECKLIST

Before making an enrollment decision, it is important that you fully understand our benefits and rules. If you have any questions, you can call and speak to a customer service representative at 1-800-963-0035 (TTY: Wisconsin Relay 711).

Understanding the Benefits

- Review the full list of benefits found in the Evidence of Coverage (EOC), especially for those services that you routinely see a doctor. Visit www.mychoicewi.org or call Customer Service at 1-800-963-0035 to obtain a copy of the EOC.
- Review the provider directory (or ask your doctor) to make sure the doctors you see now are in the network. If they are not listed, it means you will likely have to select a new doctor.
- Review the pharmacy directory to make sure the pharmacy you use for any prescription medicines is in the network. If the pharmacy is not listed, you will likely have to select a new pharmacy for your prescriptions.

Understanding Important Rules

- Benefits, premiums and/or copayments/co-insurance may change on January 1, 2021.
- Except in emergency or urgent situation, we do not cover services by out-of-network providers (doctors who are not listed in the provider directory). If you are an Indian member, you are permitted to obtain covered services from out-of-network Indian health care providers.
- This plan is a dual eligible special needs plan (D-SNP). Your ability to enroll will be based on verification that you are entitled to both Medicare and medical assistance from a state plan under Medicaid.

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For more information, please call us at the phone number below or visit us at www.mychoicewi.org.

Toll-free 1-800-963-0035, TTY users should call Wisconsin Relay System 711.

You can call us 7 days a week from 8:00 a.m. to 8:00 p.m. Central.

You can see our plan's provider directory at our website at www.providerlookuponline.com/mychoicewi/po/Search.aspx.

We cover Part D drugs. In addition we cover Part B drugs such as chemotherapy and some drugs administered by your provider.

You can see the complete plan formulary (list of Part D prescription drugs) and any restrictions on our website at www.mychoicewi.org/partnership/member-resources/.



My Choice Wisconsin Health Plan
10201 West Innovation Drive Suite 100
Wauwatosa, WI 53226
1-800-963-0035