



2023 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, 2023 – December 31, 2023.

My Choice Wisconsin Partnership is an HMO SNP with a Medicare contract and a Medicaid contract with the state of Wisconsin. Enrollment in My Choice Wisconsin **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 we cover or list every limitation or exclusion. The *Evidence of Coverage* (EOC) provides a complete list of all coverage and services. To get a complete list of services, please call Customer Service at 1-800-963-0035 (TTY users call 711), 7 days a week, 8:00 a.m. to 8:00 pm. to request the “*Evidence of Coverage*,” or visit our website at www.mychoicewi.org/partnership/member-resources/.

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: Brown, Columbia, Dane, Dodge, Fond du Lac, Jefferson, Manitowoc, Ozaukee, Sauk, Washington, Waukesha, and Winnebago.

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.

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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. Enrollment in My Choice Wisconsin Partnership depends on contract renewal.

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.

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.**



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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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 www.medicare.gov.

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 Customer Service at 1-800-963-0035. Customer service has free language interpreter services available for non-English speakers.

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 <i>(does not include prescription drugs)</i>	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	Because you have Medicaid, you are covered for an unlimited number of days each benefit period. Prior authorization may be required for planned admission. Contact the plan for more information.
Outpatient Hospital Coverage	You pay nothing	Prior authorization may be required Contact the plan for more information.
Ambulatory Surgical Center (ASC) Services	You pay nothing	Prior authorization may be required. Contact the plan for more information
Doctor Visits <ul style="list-style-type: none"> • Primary Care • Specialist 	You pay nothing	Prior authorization is not required. Contact the plan for more information.
Preventive Care	You pay nothing	Any additional preventive services approved by Medicare during the contract year will be covered. Contact the plan for more information.
Emergency Care	You pay nothing	Contact your team after receiving emergency care. Emergency care is not covered outside of the U.S. and its territories.
Urgently Needed Services	You pay nothing	Contact your team after receiving urgently needed services. Urgently needed services are immediate care, not emergency care. Urgently needed services are not covered outside of the U.S. and its territories.



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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	<p>Prior authorization may be required.</p> <p>Contact the plan for more information.</p>
Hearing Services <ul style="list-style-type: none"> • Hearing exam • Hearing aid 	You pay nothing	<p>No prior authorization is needed for hearing exams.</p> <p>Contact the plan for more information.</p>
Dental Services <ul style="list-style-type: none"> • Oral exam & Cleaning • Fillings • Complete dentures 	You pay nothing	<p>Because you have Medicaid, many dental services, including preventative dental services, are covered.</p> <p>No prior authorization is required for routine oral exams and preventative care.</p> <p>Prior authorization is required for other covered dental services.</p> <p>Contact the plan for more information.</p>
Vision Services	You pay nothing	<p>No prior authorization is required for routine eye exams.</p> <p>Prior authorization is required for other covered vision services.</p> <p>Contact the plan for more information.</p>



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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	<p>Prior authorization is required for some services in this category.</p> <p>Contact the plan for more information.</p>
Skilled Nursing Facility	You pay nothing	<p>Because you have Medicaid, you are covered for an unlimited number of days each benefit period.</p> <p>Prior authorization is required.</p> <p>Contact the plan for more information.</p>
Physical Therapy	You pay nothing	<p>Prior authorization is required.</p> <p>Contact the plan for more information.</p>
Ambulance	You pay nothing	<p>Because you have Medicaid, non-emergent ambulance services may be covered.</p> <p>Prior authorization may be required for nonemergency ambulance transportation.</p> <p>Contact the plan for more information.</p>
Transportation	You pay nothing	<p>Because you have Medicaid, routine transportation may be covered.</p> <p>Prior authorization is required.</p> <p>Contact the plan for more information.</p>



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Premiums and Benefits	My Choice Wisconsin Partnership (HMO SNP)	What you should know
Medicare Part B Drugs	You pay nothing	Prior authorization may be required. The Formulary lists drugs that require prior authorization. Contact the plan for more information.
Other Rehabilitation Services <ul style="list-style-type: none"> • Occupational therapy • Speech and language therapy • Cardiac rehabilitation • Pulmonary rehabilitation 	You pay nothing	Prior authorization may be required. Contact the plan for more information.
Outpatient Prescription Drugs		
Medicare Part D drugs	You pay nothing	Because you have Medicaid and are enrolled in Partnership, YOU HAVE NO COPAY ON PRESCRIPTION DRUGS. Prior authorization may be required. The Formulary lists drugs that require prior authorization. Contact the plan for more information. Some over-the-counter (OTC) drugs are covered by Medicaid.



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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 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.



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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 to \$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 to \$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 to \$3 copay per service	Prior authorization may be required. \$0 copay
Dental Services	Full coverage \$.50 to \$3 copay per service	Prior authorization not required for routine oral exams and preventative care. Prior authorization may be required for other dental services. \$0 copay



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Benefit	Medicaid	My Choice Wisconsin Partnership Program (HMO SNP) Benefits
Diagnostic Testing	Full coverage \$.50 to \$3 copay per service	Prior authorization may be required. \$0 copay
Dialysis Services	Full coverage No copay	Prior authorization not required. \$0 copay
Durable Medical Equipment and Medical Supplies	Full coverage. \$0.50 to \$3 copay per item Rental items are not subject to copay	Prior authorization may be required. \$0 copay
Drugs (prescription)	Coverage of generic and brand name prescription drugs, and some over-the-counter (OTC) drugs. Copay: <ul style="list-style-type: none"> • \$.50 for OTC drugs • \$1 for generic drugs • \$3 for brand Copays are limited to \$12 per member, per provider, per month. OTCs are excluded from this \$12 maximum. Limit of five opioid prescription fills per month.	Prior authorization may be required. You pay nothing for covered Medicare Part D and Part B drugs. You pay nothing for covered OTC drugs. \$0 copay
Home Care Services <ul style="list-style-type: none"> • Home Health • Private Duty Nursing • Personal Care 	Full coverage of Private duty nursing, home health services, and personal care. No copay	Prior authorization may be required. \$0 copay



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Benefit	Medicaid	My Choice Wisconsin Partnership Program (HMO SNP) Benefits
Hospice Care Services	Full coverage No copay	Prior authorization may be required. \$0 copay
Hospital Services <ul style="list-style-type: none"> • Inpatient • Outpatient 	Inpatient: \$3 copay per day with a \$75 cap per stay. Outpatient: \$3 copay per visit.	Prior authorization may be required. \$0 copay
Mental Health Services	\$0.50 to \$3 copay per service, limited to the first 15 hours or \$825 of services, whichever comes first, provided per calendar year. Copays are not required when services are provided in a hospital setting or for residential substance use disorder treatment services.	Prior authorization may be required. \$0 copay
Nursing Home Services	Full coverage No copay	Prior authorization may be required. Members are required to pay nursing home patient liability.
Physician Services May include: <ul style="list-style-type: none"> • Physician Assistants • Nurse Practitioners • Rural Health Clinics) 	Full coverage, including laboratory and radiology. \$0.50 to \$3 copay per service limited to \$30 per provider per calendar year. (No copay for emergency services, preventive services, anesthesia or clozapine management.)	Prior authorization not required for primary care or specialty care services. \$0 copay



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Benefit	Medicaid	My Choice Wisconsin Partnership Program (HMO SNP) Benefits
Podiatry Services	Full coverage \$0.50 to \$3 copay per service; limited to \$30 per provider per calendar year.	Prior authorization may be required. \$0 copay
Respiratory Care for Ventilator – Assisted Recipients	Full coverage No copay	Prior authorization may be required. \$0 copay
Transportation <ul style="list-style-type: none"> • Ambulance • Specialized Medical Vehicle (SMV) • Common Carrier 	Full coverage of emergency and non-emergency transportation to and from a certified provider for a covered service. \$2 copay for non-emergency ambulance trips \$1 copay per trip for transportation by Specialized Medical Vehicle (SMV) No copay for transportation by common carrier or emergency ambulance.	Prior authorization may be required. \$0 copay



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Benefit	Medicaid	My Choice Wisconsin Partnership Program (HMO SNP) Benefits
Therapy <ul style="list-style-type: none"> Physical Therapy Occupational Therapy Speech and Language Pathology 	Full coverage \$0.50 to \$3 copay per service Copay obligation limited to the first 30 hours or \$1500, whichever occurs first, during one calendar year (copay limits calculated separately for each discipline)	Prior authorization may be required. \$0 copay
Vision Care Services	Full coverage including eyeglasses \$0.50 to \$3 copay per service No copay for eyeglasses selected from the Medicaid collection.	Prior authorization not required for routine eye exams. \$0 copay



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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
Habilitation Services <ul style="list-style-type: none"> • Daily Living Skills Training • Day Habilitation Services 	Covered	\$0 copay
Housing Counseling	Covered	\$0 copay



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Benefits	My Choice Wisconsin Partnership (HMO SNP)	What you should know
Meals – Home Delivered	Covered	\$0 copay
Personal Emergency Response System (PERS) 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
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 Brown County

300 S. Adams Street
Green Bay, WI 54301
Local Phone: (920) 448-4300
TTY/TDD/Relay: WI Relay 711

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 Eagle County

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 Fond du Lac County

50 N. Portland Street
Fond du Lac, WI 54935
Toll-Free Phone: (888) 435-7335
Local Phone: (920) 929-3446
TTY/TDD/Relay: (920) 929-3400

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



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ADRC of the Lakeshore

Manitowoc Office

1701 Michigan Avenue
Manitowoc, WI 54220
Toll-Free Phone: (877) 416-7803
TTY/TDD/Relay: (920) 683-5168

ADRC of Winnebago County

220 Washington Ave.
P.O. Box 2187
Oshkosh, WI 54903-2187
Toll-Free Phone: (877) 886-2372
TTY/TDD/Relay: WI Relay 711

ADRC of Ozaukee County

121 W. Main Street
P.O. Box 994
Port Washington, WI 53074
Toll-Free Phone: (866) 537-4261
Local Phone: (262) 284-8120
TTY/TDD/Relay: WI Relay 711

ADRC of the Wolf River Region

Shawano County

W7327 Anderson Avenue
Shawano, WI 54166
Toll-Free Phone: (855) 492-2372
TTY/TDD/Relay: (866) 526-3130

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
TTY/TDD/Relay: WI Relay 711

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 (including pregnancy, sexual orientation, and gender identity). My Choice Wisconsin Health Plan does not exclude people or treat them differently because of race, color, national origin, age, disability, or sex (including pregnancy, sexual orientation, and gender identity).

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 My Choice Wisconsin 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 (including pregnancy, sexual orientation, and gender identity), you can file a grievance with:

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

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

You can file a grievance in person or by mail, fax, or email. If you need help filing a grievance, a My Choice Wisconsin Member Rights Specialist is 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

1-800-368-1019
800-537-7697 (TDD)

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

Multi-language 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 1-800-963-0035. Someone who speaks English 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 1-800-963-0035. 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 1-800-963-0035。我们的中文工作人员很乐意帮助您。这是一项免费服务。

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 1-800-963-0035. Maaari kayong tulungan ng isang nakakapagsalita ng Tagalog. Ito ay libreng serbisyo.

Hmong: Peb muaj tib neeg los pab ntshais lus dawb rau koj yog koj muaj kev nug txog ntawm peb cov ntaub ntawv ua yog kev los pab kho mob los yog kev muab tshuaj noj. Yog xav tau kev pab txhais lus, hu tau rau peb tus xov tooj 1-800-963-0035. Muaj ib tus neeg ua paub hais lus Hmoob yuav los pab koj. Qhov no yog kev pab dawb xwb.

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 1-800-963-0035. 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 1-800-963-0035 sẽ có nhân viên nói tiếng Việt giúp đỡ quý vị. Đây là dịch vụ miễn phí.

German: Unser kostenloser Dolmetscherservice beantwortet Ihren Fragen zu unserem Gesundheits- und Arzneimittelplan. Unsere Dolmetscher erreichen Sie unter 1-800-963-0035. Man wird Ihnen dort auf Deutsch weiterhelfen. Dieser Service ist kostenlos.

Pennsylvania Dutch: We hebben mensen die u gratis kunnen helpen als u vragen heeft over onze informatie, of het nu gaat over een medische behandeling of over medicatie. Voor hulp bij het vertalen kunt u ons bellen op 1-800-963-0035. Iemand die Pennsylvania Nederlands spreekt, zal u helpen. Dit is een gratis dienst.

Laotian: ພວກເຮົາມີບໍລິການແປພາສາບໍ່ເສຍຄ່າ ໃຫ້ເພື່ອຕອບຄໍາຖາມທີ່ທ່ານອາດຈະມີ ກ່ຽວກັບແຜນປະກັນສຸຂະພາບ ຫຼື ການຢາຂອງພວກເຮົາ. ເພື່ອນຶກກັບຜູ້ແປພາສາ, ກະລຸນາໂທໄປທີ່ເບີ 1-800-963-0035. ເຈົ້າໜ້າທີ່ຜູ້ເວົ້າພາສາລາວສາມາດ ຊ່ວຍທ່ານໄດ້. ນີ້ແມ່ນບໍລິການບໍ່ເສຍຄ່າໃຊ້ຈ່າຍໃດ ໆ.

Serbo-Croatian: Usluge prevođenja su besplatne kako bismo odgovorili na sva vaša pitanja o našem planu zdravstvene zaštite ili u vezi sa lekovima. Ako želite da razgovarate sa prevodiocem, pozovite 1-800-963-0035. Pomoći će vam neko ko govori srpski jezik. Ova usluga je besplatna.

Korean: 당사는 의료 보험 또는 약품 보험에 관한 질문에 답해 드리고자 무료 통역 서비스를 제공하고 있습니다. 통역 서비스를 이용하려면 전화 1-800-963-0035 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 1-800-963-0035. Вам окажет помощь сотрудник, который говорит по-русски. Данная услуга бесплатная.

نوفر خدمات الترجمة الفورية مجانًا للإجابة عن أي أسئلة قد تراودك حول خطة الرعاية الصحية أو الأدوية. للتحدث مع مترجم، يُرجى الاتصال على الرقم 0035-963-800-1. يمكن أن يساعدك شخص يتحدث العربية. هذه خدمة مجانية.

Arabic

Hindi: हमारे .ा. या दवा की योजना के बारे में आपके किसी भी प्र. के जवाब देने के लिए हमारे पास मु. दुभाषिया सेवाएँ उपल. ह.. एक दुभाषिया प्रा. करने के लिए, बस हम. 1-800-963-0035 पर फोन कर.. कोई ... जो हि.ी बोलता है आपकी मदद कर सकता है. यह एक मु. 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 1-800-963-0035. 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- 800-963-0035. Irá encontrar alguém que fale o idioma Português para o ajudar. Este serviço é gratuito.

Summary of Benefits for My Choice Wisconsin's Partnership Program (HMO SNP)
January 1, 2023 – December 31, 2023

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 1-800-963-0035. 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 1-800-963-0035. 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、1-800-963-0035 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。

Albanian: Kemi personel për t'ju ndihmuar falas nëse keni ndonjë pyetje lidhur me informacionin tonë, pavarësisht nëse është për trajtim mjekësor ose mjekim. Për ndihmë me përkthimin, ju lutemi na telefononi në 1-800-963-0035. Dikush që flet shqiptare do t'ju ndihmojë. Ky është një shërbim falas.

Somali: Waxaa diyaar ku ah dad ku caawiya si lacag la'aan haddii aad wax su'aalo ah ka qabto macluumaadkeena, hadday tahay daaweyn ama dawo. Si lagaaga caawiyo tarjumaada, fadlan naga soo wac 1-800-963-0035. Qof hadli karo Soomaali ayaa ku caawin doona. Kani waa adeeg bilaash ah.

Summary of Benefits for My Choice Wisconsin's Partnership Program (HMO SNP)
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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

- ☐ The *Evidence of Coverage* (EOC) provides a complete list of all coverage and services. It is important to review plan coverage, costs, and benefits before you enroll. Visit www.mychoicewi.org or call Customer Service at 1-800-963-0035 to view 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.
- ☐ Review the *Formulary* to make sure your drugs are covered.

Understanding Important Rules

- ☐ Benefits, premiums and/or copayments/co-insurance may change on January 1, 2024.
- ☐ 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
www.mychoicewi.org