



Notice: Temporary plan changes adopted during the COVID-19 Health Emergency are ending May 11, 2023

My Choice Wisconsin Medicare Dual Advantage is required by the Centers for Medicare and Medicaid Services to notify you of changes to your plan caused by the ending of the COVID-19 public health emergency.

The following changes go into effect May 12, 2023:

- You may not be able to refill your prescription early.
- You may have a limit on the number of tablets allowed in a month for a medicine you take.
- You may be limited to a temporary 31-day supply of medicines that are not included in the list of covered drugs (formulary) when you have a change in your level of care or living location.
- Out-of-Network Providers will need to obtain prior authorization unless related to an urgent care or emergency room visit.
- Skilled Nursing Home stays will require prior authorization if the length of stay is longer than 14 days.
- Durable Medical Equipment and Disposable Medical Supplies (DME/DMS) replacement requirements, such as documentation, will be required.

My Choice Wisconsin Medicare Dual Advantage will continue to provide the below services until further notice:

1. COVID-19 testing
2. Medicare and Medicaid Telemedicine Benefits

Contact My Choice Wisconsin if you have questions about providers or check the provider directory on the MCW website at www.mychoicewi.org/.

You are not required to take any action in response to this notice. If you have any questions, please call Customer Service number at 1-800-963-0035 for additional information. (TTY users should call Wisconsin Relay System 711.) Hours are 8 a.m. – 8 p.m. CT, 7 days a week.

My Choice Wisconsin Medicare Dual Advantage is an HMO SNP with a Medicare contract. Enrollment in My Choice Wisconsin Medicare Dual Advantage depends on contract renewal.

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 ntxhais 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. ເພື່ອສົມກັບຜູ້ແປພາສາ, ກະລຸນາໂທໄປທີ່ເບີ 1-800-963-0035. ເຈົ້າໜ້າທີ່ຜູ້ວິພາສາລາວສາມາດ ຊ່ວຍທ່ານໄດ້. ນີ້ແມ່ນບໍລິການບໍ່ເສຍຄ່າໃຊ້ຈ່າຍໃດ ໆ.

Serbo-Croatian: Usluge prevodjenja 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 1-800-963-0035. يمكن أن يساعدك شخص يتحدث العربية. هذه خدمة مجانية.

Arabic

Hindi: हमारे .ा. या दवा की योजना के बारे म. आपके िकसी भी प्र. के जवाब देने के िलए हमारे पास मु. दुभाषिया सेवाएँ उपल. ह.. एक दुभाषिया प्रा. करने के िलए, बस हम. 1-800-963-0035 पर फोन कर.. कोई ... जो िह.ी 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.

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- 800-963-0035. 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 1-800-963-0035. 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.

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>