



# 2024 Summary of Benefits

## My Choice Wisconsin Medicare Dual Advantage (HMO D-SNP)

This is a summary of drug and health services covered by **My Choice Wisconsin Medicare Dual Advantage Plan** January 1, 2024 – December 31, 2024.

**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.

The benefit information provided is a summary of what we cover and what you pay. It does not list every service we offer 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 we cover, 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. and request the “*Evidence of Coverage*,” or visit our website at [www.mychoicewi.org/medicare-dual-advantage/member-resources/](http://www.mychoicewi.org/medicare-dual-advantage/member-resources/).

Our plan is offered by My Choice Wisconsin Health Plan Inc., for people who meet specific enrollment criteria. To join **My Choice Wisconsin Medicare Dual Advantage**, you must be entitled to Medicare Part A, be enrolled in Medicare Part B, be eligible for Wisconsin Medicaid, and live in our service area.

Our service area includes the following counties in Wisconsin: Adams, Brown, Calumet, Columbia, Dane, Dodge, Door, Florence, Fond du Lac, Green, Green Lake, Iowa, Jefferson, Kewaunee, Manitowoc, Marinette, Marquette, Milwaukee, Oconto, Outagamie, Ozaukee, Racine, Rock, Sauk, Shawano, Sheboygan, Walworth, Washington, Waukesha, Waupaca, Waushara, and Winnebago.

You must maintain eligibility with Medicaid to remain enrolled in My Choice Wisconsin Medicare Dual Advantage.

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

## **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 Medicare Dual Advantage Plan. 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](http://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.

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**MY CHOICE WISCONSIN MEDICARE DUAL ADVANTAGE COVERED BENEFITS**

*Note: Services with a \* may require Prior Authorization*

Premiums and Benefits	My Choice Wisconsin Medicare Dual Advantage (HMO SNP)	What you should know
<b>Monthly Plan Premium</b>	You pay nothing	This plan does not have a premium. You must continue to pay your Medicare Part B premium, unless your Part B premium is paid for you by Medicaid.
<b>Deductible</b>	You pay nothing	This plan does not have a deductible.
<b>Maximum Out-of-Pocket Responsibility</b> <i>(does not include prescription drugs)</i>	<p>All Medicare plans have yearly limits on member out-of-pocket costs for medical and hospital care.</p> <p>The yearly limit for your out-of-pocket medical and hospital care is \$8,850.</p> <p>If you reach this limit, we will continue to cover medical and hospital care at no cost to you.</p>	You may pay nothing for Medicare covered services, depending on your level of Wisconsin Medicaid eligibility.

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Premiums and Benefits	My Choice Wisconsin Medicare Dual Advantage (HMO SNP)	What you should know
<p><b>Inpatient Hospital Coverage*</b>            Hospital coverage is based on benefit periods. A benefit period begins the day you are admitted as an inpatient in the hospital. A benefit period ends when you have not received inpatient care for 60 consecutive days. There is no limit to the number of benefit periods.</p> <p>In addition, we cover an additional 60 “lifetime reserve days.” You can use these extra days if your hospital stay is longer than 90 days. Once these extra days are used up, your inpatient coverage will be limited to 90 days for each benefit period.</p>	<p>You pay nothing</p>	<p>Prior authorization may be needed for planned admissions.            Contact the plan for more information.</p>
<p><b>Outpatient Hospital Coverage*</b>            Our plan covers medically necessary services you get in the outpatient department of a hospital for diagnosis or treatment of an illness or injury.</p>	<p>You pay nothing</p>	<p>Prior authorization may be required.            Contact the plan for more information.</p>
<p><b>Ambulatory Surgical Center (ASC) Services*</b></p>	<p>You pay nothing</p>	<p>Prior authorization may be required.            Contact the plan for more information.</p>
<p><b>Doctor Visits*</b></p> <ul style="list-style-type: none"> <li>• Primary Care Providers</li> <li>• Specialists</li> </ul>	<p>You pay nothing</p>	<p>Prior authorization may be needed for certain services.            Contact the plan for more information.</p>

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Premiums and Benefits	My Choice Wisconsin Medicare Dual Advantage (HMO SNP)	What you should know
<p><b>Preventive Care*</b>            Our plan covers many preventive services, including:</p> <ul style="list-style-type: none"> <li>• Abdominal aortic aneurysm screening</li> <li>• Alcohol misuse screening and counseling</li> <li>• Annual wellness visit</li> <li>• Bone mass measurement</li> <li>• Breast cancer screening (mammograms)</li> <li>• Cardiovascular disease risk reduction visit (therapy for cardiovascular disease)</li> <li>• Cardiovascular disease testing</li> <li>• Cervical and vaginal cancer screening</li> <li>• Depression screening</li> <li>• Diabetes screening</li> <li>• Diabetes self-management training, services, and supplies</li> <li>• HIV screening</li> <li>• Immunizations</li> <li>• Lung cancer screening with Low Dose Computed Tomography</li> <li>• Medical nutrition therapy</li> <li>• Medicare Diabetes Prevention Program (MDPP)</li> </ul>	<p>You pay nothing</p>	<p>Prior authorization may be needed for certain services.            Any additional preventive services approved by Medicare during the contract year will be covered.</p>

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Premiums and Benefits	My Choice Wisconsin Medicare Dual Advantage (HMO SNP)	What you should know
<p><b>Preventive Care (continued)</b></p> <ul style="list-style-type: none"> <li>• Obesity screening and therapy</li> <li>• Prostate cancer screening</li> <li>• Sexually transmitted infection screening and counseling</li> <li>• Tobacco use cessation counseling</li> <li>• “Welcome to Medicare” preventive visit (one-time)</li> </ul>	<p>You pay nothing</p>	<p>Any additional preventive services approved by Medicare during the contract year will be covered.</p>
<p><b>Emergency Care</b>            Emergency care is not covered outside the United States and its territories.</p>	<p>You pay nothing</p>	<p>Contact the plan after receiving emergency care.</p>
<p><b>Urgently Needed Services</b>            Urgent care is not covered outside the United States and its territories.</p>	<p>You pay nothing</p>	<p>Contact the plan after receiving urgently needed services.</p>
<p><b>Diagnostic Services / Labs / Imaging*</b></p> <ul style="list-style-type: none"> <li>• Diagnostic radiology service (MRI, CT scans)</li> <li>• Lab services</li> <li>• Diagnostic tests and procedures</li> <li>• Outpatient x-rays</li> </ul>	<p>You pay nothing</p>	<p>Prior authorization may be needed.            Contact the plan for more information.</p>
<p><b>Hearing Services</b>            Hearing exams to diagnose and treat hearing and balance issues</p>	<p>You pay nothing</p>	<p>Prior authorization is not required for hearing exams.</p>
<p><b>Dental Services</b></p> <ul style="list-style-type: none"> <li>• We cover limited dental services that are received when in a hospital.</li> <li>• Preventive dental services</li> </ul>	<p>You pay nothing</p>	<p>Some preventive dental services are covered by the plan as a supplemental benefit, per next section.</p>

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Premiums and Benefits	My Choice Wisconsin Medicare Dual Advantage (HMO SNP)	What you should know
<p><b>Supplemental Dental Services*</b>            We cover:</p> <ul style="list-style-type: none"> <li>• Two diagnostic visits/year</li> <li>• Oral exams, cleanings, and x-rays</li> <li>• Restorative services (crowns, fillings) up to one restoration per tooth, per year</li> <li>• Dentures</li> <li>• Non-surgical extractions</li> <li>• Maximum of \$2,500 per year.</li> </ul>	<p>You pay nothing</p>	<p>Prior authorization for some supplemental dental services is required with the exception of the following: Oral Exams, Cleaning, Fluoride Treatment, Dental X-Rays</p>
<p><b>Vision Services*</b></p> <ul style="list-style-type: none"> <li>• Outpatient physician services to diagnose and treat diseases and conditions of the eye</li> <li>• Glaucoma screening (once per year)</li> <li>• Diabetic retinopathy screening (once per year)</li> <li>• Eyeglasses or contact lenses after cataract surgery (one pair)</li> </ul>	<p>You pay nothing</p>	<p>No prior authorization is required for routine eye exams.            Prior authorization may be needed for other covered vision services. Contact the plan for more information.</p>
<p><b>Supplemental Vision Services*</b></p> <ul style="list-style-type: none"> <li>• Up to \$150 per calendar year for eyewear.</li> <li>• Eyewear includes eyeglass lenses, eyeglass frames, eyewear upgrades, and contact lenses.</li> </ul>	<p>You pay nothing</p>	<p>Prescription and authorization for supplemental vision services is required.</p>

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Premiums and Benefits	My Choice Wisconsin Medicare Dual Advantage (HMO SNP)	What you should know
<p><b>Mental Health Services*</b></p> <ul style="list-style-type: none"> <li>• Inpatient services Our plan covers a lifetime limit of 190 days for inpatient care in a psychiatric hospital. The Inpatient Hospital Coverage rules apply to inpatient mental health services provided in a general hospital</li> <li>• Outpatient group therapy</li> <li>• Outpatient individual therapy</li> </ul>	<p>You pay nothing</p>	<p>Prior authorization may be needed. Contact the plan for more information.</p>
<p><b>Skilled Nursing Facility*</b> Skilled Nursing Facility coverage is based on benefit periods. A benefit period begins the day you are admitted to the skilled nursing facility. A benefit period ends when you have not received skilled care in a skilled nursing facility for 60 consecutive days. There is no limit to the number of benefit periods.</p> <p>Our plan covers 100 days of Skilled Nursing Facility care during each benefit period.</p> <p>Skilled Nursing Facility coverage is covered within 30 days of discharge from a qualifying inpatient hospital stay and a doctor certifies a need for daily skilled care.</p>	<p>You pay nothing</p>	<p>Prior authorization may be needed. Contact the plan for more information.</p>
<p><b>Physical Therapy*</b></p>	<p>You pay nothing</p>	<p>Prior authorization may be needed. Contact the plan for more information.</p>



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Premiums and Benefits	My Choice Wisconsin Medicare Dual Advantage (HMO SNP)	What you should know
<b>Ambulance</b>	You pay nothing	
<b>Transportation</b>	Not covered	
<b>Medicare Part B Drugs*</b> <ul style="list-style-type: none"> <li>• Limited drugs that are given as injections or infusions in a doctor’s office</li> <li>• Certain chemotherapy drugs</li> <li>• Drugs you take with durable medical equipment (such as nebulizers) that was authorized by our plan</li> <li>• Certain self-administered drugs in limited circumstances</li> </ul>	You pay nothing	Prior authorization may be needed. Contact the plan for more information.
<b>Other Rehabilitation Services*</b> <ul style="list-style-type: none"> <li>• Occupational therapy</li> <li>• Speech and language therapy</li> <li>• Cardiac rehabilitation (maximum of 2 one-hour sessions per day for up to 36 sessions or 36 weeks)</li> <li>• Pulmonary rehabilitation (maximum of 2 one-hour sessions per day for up to 36 sessions or 36 weeks)</li> </ul>	You pay nothing	Prior authorization may be needed. Contact the plan for more information.
<b>Readmission Prevention Services*</b> <ul style="list-style-type: none"> <li>• Two meals per day for up to 28 days (maximum of 56 meals) following inpatient hospital or SNF stay</li> <li>• An unlimited number of events/occurrences are covered in the calendar year</li> </ul>	You pay nothing	Prior authorization may be needed. Contact the plan for more information.

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Premiums and Benefits	My Choice Wisconsin Medicare Dual Advantage (HMO SNP)	What you should know
<p><b>Over-the-Counter (OTC) Items</b></p> <ul style="list-style-type: none"> <li>• The My Choice Wisconsin OTC program allows members to make one purchase up to \$155 per month for over-the-counter “Drug Store” type items from a catalog, using their My Choice Wisconsin account.</li> <li>• Funds to this account are replenished each month.</li> <li>• Unused amounts roll over to the next month. Unused amounts at the end of the year do not roll over into the new year.</li> <li>• Maximum of \$1,860 per year.</li> <li>• CMS compliant products may be ordered through a catalog to be shipped to a member home, or, to be purchased at a network provider retail location.</li> <li>• Nicotine Replacement Therapy (NRT) is a covered OTC service.</li> </ul>	<p>You pay nothing</p>	<p>Contact the plan for more information.</p>
<p><b>Diabetic Supplies and Services*</b></p>	<p>Co-insurance is \$0 for preferred diabetes testing products, non-preferred products are covered with a 20% co-insurance.</p>	<p>Prior authorization may be needed for certain services.                      Contact the plan for more information.</p>
<p><b>Personal Emergency Response System (PERS)*</b></p>	<p>You pay nothing</p>	<p>Prior authorization may be needed for certain services.                      May require a referral from your doctor.</p>

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Premiums and Benefits	My Choice Wisconsin Medicare Dual Advantage (HMO SNP)	What you should know
<p><b>Home and Bathroom Safety Devices and Modifications*</b></p> <ul style="list-style-type: none"> <li>• Annual maximum benefit of \$300.</li> <li>• Grab bars</li> <li>• Shower chairs</li> <li>• Bathtub benches</li> <li>• Raised toilet seats</li> <li>• Toilet chairs</li> <li>• Handheld shower heads</li> </ul>	<p>You pay nothing</p>	<p>Prior authorization may be needed.                      Contact the plan for more information.</p>

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Medicare Part D Prescription Drugs		
<b>Phase 1: Initial Coverage</b>	<p>Depending on your income level and institutional status, you may pay the following:</p> <p>For generic drugs:            \$0 / \$1.55 / \$4.50 copay for a 31-day supply            \$0 / \$4.65 / \$13.50 copay for a 93-day supply</p> <p>For all other drugs:            \$0 / \$4.60 / \$11.20 copay for a 31-day supply            \$0 / \$13.80 / \$33.60 copay for a 93-day supply</p>	<p>The Formulary lists drugs that have special rules, or restrictions, for coverage.</p> <p>Generally, we only cover drugs filled at a network pharmacy. If you have to get medications at an out-of-network pharmacy, the cost will be the same as at a network pharmacy.</p>
<b>Catastrophic Coverage</b>	<p>You will pay a maximum out-of-pocket amount each year.</p> <p>Once you have paid \$8,000 out-of-pocket, you will pay nothing for all drugs.</p>	

*Many of the covered benefits listed above are subject to a 20% coinsurance cost-share. Because My Choice Wisconsin Medicare Dual Advantage eligibility requires eligibility for Full Medicaid benefits in Wisconsin, these cost-shares should be paid by Medicaid.*

*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.*

## SUMMARY OF MEDICAID-COVERED BENEFITS

### Medicaid Benefit Comparison

Members eligible to enroll in My Choice Wisconsin Medicare Dual Advantage must be eligible for full benefits from a State Medicaid plan. Because you have Medicare and Medicaid coverage, your services are paid first by your Medicare plan and then by your Medicaid plan. Full Medicaid benefits include payment of some or all of your Medicare cost-sharing (premiums, deductibles, coinsurance and copays). Depending on your level of Medicaid eligibility, you may not have any cost-sharing responsibility for Medicare-covered services.

It is important that you maintain your Medicaid eligibility to remain eligible for My Choice Wisconsin Medicare Dual Advantage and continue receiving assistance from Medicaid in paying your Medicare cost-share amounts.

If you no longer qualify for Medicaid, you will have a grace period in My Choice Wisconsin Medicare Dual Advantage before you are involuntarily disenrolled. The amount you have to pay for Medicare cost-sharing during this grace period may change.

The benefits described in the chart below are covered by Medicaid. For each benefit listed below, you can see what Wisconsin Medicaid covers if you are entitled to benefits under your Medicaid plan. What you pay for covered services may depend on your level of Medicaid eligibility. The chart indicates if the benefit is covered under the My Choice Wisconsin Medicare Dual Advantage plan.

*If you are currently entitled to receive Medicaid benefits, please see your Medicaid member handbook or other state Medicaid documents for full details on your Medicaid benefits, limitations, restrictions, and exclusions. In your state, the Medicaid program can be reached through the office of the Wisconsin Department of Health Services by calling 1-800-362-3002 or visiting their website <http://www.dhs.wisconsin.gov/Medicaid>.*

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**MEDICAID STATE PLAN BENEFITS CHART**

<b>Benefit</b>	<b>Medicaid</b>	<b>My Choice Wisconsin Medicare Dual Advantage (HMO SNP)</b>
<b>Ambulatory Surgery Centers</b>	Coverage of certain surgical procedures and related lab services \$3 copay per service	Covered
<b>Chiropractic</b>	Full coverage \$0.50 to \$3 copay per service	Covered
<b>Dental</b>	Full coverage \$0.50 to \$3 copay per service	Covered in limited situations.
<b>Disposable Medical Supplies (DMS)</b>	Full coverage \$0.50 to \$3 copay per service, and \$0.50 per prescription for diabetic supplies	Covered in limited situations.
<b>Drugs</b>	Comprehensive drug benefit with coverage of generic and brand name prescription drugs and some over-the-counter (OTC) drugs. Copay: <ul style="list-style-type: none"> <li>• \$0.50 for over-the counter drugs</li> <li>• \$1 for generic drugs</li> <li>• \$3 for brand drugs</li> </ul> Copays are limited to \$12 per member, per provider, per month. OTC drugs do not count toward the \$12 maximum. Limit of five opioid prescription fills per month.	Medicare Part B and Part D coverage.
<b>Durable Medical Equipment (DME)</b>	Full coverage \$0.50 to \$3 copay per item Rental items not subject to copay	Covered
<b>Emergency Room</b>	Full coverage No copay	Covered
<b>End-Stage Renal Disease (ESRD)</b>	Full coverage No copay	Covered
<b>Health Screenings for Children</b>	Full coverage of Health Check screenings and other services for individuals under the age of 21. No copay	Not Covered

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<b>Benefit</b>	<b>Medicaid</b>	<b>My Choice Wisconsin Medicare Dual Advantage (HMO SNP)</b>
<b>Hearing Services</b>	Full coverage \$0.50 to \$3 copay per procedure No copay for hearing aid batteries	Covered
<b>Home Care Services</b>	Full coverage of Private Duty Nursing, home health services, and personal care services No copay	Home Health is covered.
<b>Hospice</b>	Full coverage No copay	Covered by Original Medicare.
<b>Inpatient Hospital</b>	Full coverage \$3 copay per day with a \$75 cap per stay	Covered
<b>Mental Health and Substance Abuse Treatment</b>	Full coverage (not including room and board) \$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.	Covered
<b>Nursing Home Services</b>	Full coverage No copay	Covered
<b>Outpatient Hospital</b>	Full coverage \$3 copay per visit	Covered
<b>Physician Services</b>	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.	Covered
<b>Physical Therapy (PT), Occupational Therapy (OT), and Speech and Language Pathology (SLP)</b>	Full coverage \$0.50 to \$3 copay per service, limited to the first 30 hours or \$1,500, whichever occurs first, during one calendar year (copay limits calculated separately for each discipline)	Covered

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Benefit	Medicaid	My Choice Wisconsin Medicare Dual Advantage (HMO SNP)
<b>Podiatry</b>	Full coverage \$0.50 to \$3 copay per service; limited to \$30 per provider per calendar year	Covered
<b>Prenatal/Maternity Care</b>	Full coverage, including prenatal care coordination, and preventative mental health and substance abuse screening and counseling for women at risk of mental health or substance abuse problems. This includes services by midwives and licensed midwives. No copay.	Covered
<b>Reproductive Health Service</b>	Full coverage, excluding: <ul style="list-style-type: none"> <li>• Reversal of voluntary sterilization</li> <li>• Infertility treatments</li> <li>• Surrogate parenting and related services, including, but not limited to:               <ul style="list-style-type: none"> <li>○ Artificial insemination</li> <li>○ Obstetrical care</li> <li>○ Labor or delivery</li> <li>○ Prescription or over-the-counter drugs</li> </ul> </li> </ul> No copay for services provided by a family planning clinic or contraceptive management.	Covered
<b>Routine Vision</b>	Full coverage including coverage of eyeglasses. No copay for eyeglasses selected from the Medicaid collection. \$0.50 to \$3 copay per service	Covered
<b>Transportation – Ambulance, Specialized Medical Vehicle (SMV), Common Carrier</b>	Full coverage of emergency and non-emergency transportation to and from a certified provider for a covered service.	Ambulance is covered.



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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](mailto: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 <https://www.hhs.gov/ocr/complaints/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 tagasalang-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.

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**Laotian:** ພວກເຮົາມີບໍລິການແປພາສາບໍ່ເສຍຄ່າ ໃຫ້ເພື່ອຕອບຄໍາຖາມທີ່ທ່ານອາດຈະມີ ກ່ຽວກັບແຜນປະກັນສຸຂະພາບ ຫຼື ການຢາຂອງພວກເຮົາ. ເພື່ອນົມກັບຜູ້ແປພາສາ, 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 مجاناً 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.

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**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.

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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](http://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

- If you pay a Medicare Part B premium, you must continue to do so. This premium is normally taken out of your Social Security check each month.
- 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*).
- 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.

For more information, please call us at the phone number listed below or visit us at [www.mychoicewi.org/medicare-dual-advantage/](http://www.mychoicewi.org/medicare-dual-advantage/).

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

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

You can see our plan's *Provider Directory* at our website at [www.providerlookuponline.com/mychoicewi/po/Search.aspx](http://www.providerlookuponline.com/mychoicewi/po/Search.aspx).

You can see our plan's *Pharmacy Directory* at our website at [www.mychoicewi.org/medicare-dual-advantage/](http://www.mychoicewi.org/medicare-dual-advantage/).

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/medicare-dual-advantage/member-resources/](http://www.mychoicewi.org/medicare-dual-advantage/member-resources/).



My Choice Wisconsin Health Plan  
10201 West Innovation Drive, Suite 100  
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[www.mychoicewi.org](http://www.mychoicewi.org)