

2025

# Summary of Benefits

## My Choice Wisconsin Partnership (HMO DSNP)

WISCONSIN H5209-002

Effective January 1 through December 31, 2025

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## 2025 Summary of Benefits

### Introduction

This document is a brief summary of the benefits and services covered by My Choice Wisconsin Partnership. It includes answers to frequently asked questions, important contact information, an overview of benefits and services offered, and information about your rights as a member of My Choice Wisconsin Partnership. Key terms and their definitions appear in alphabetical order in the last chapter of the *Evidence of Coverage*.

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**If you have questions**, please call My Choice Wisconsin Partnership at (800) 963-0035, TTY: 711, 8 a.m.– 8 p.m., 7 days a week, Central time. The call is free. **For more information**, visit [mychoicewi.org](http://mychoicewi.org).

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## A. Disclaimers



This is a summary of health services covered by My Choice Wisconsin Partnership for January 1, 2025. This is only a summary. Please read the *Evidence of Coverage* for the full list of benefits. The Evidence of Coverage (EOC) provides a complete list of all coverage and services. To get a complete list of services, please call Member Service at (800) 963-0035 (TTY users call 711), 7 days a week, 8 a.m. to 8 p.m. Central time, to request the “Evidence of Coverage,” or visit our website at [mychoicewi.org](http://mychoicewi.org).

- ❖ 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.
- ❖ My Choice Wisconsin Health Plan Inc. 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). The plan also has a written agreement with the Wisconsin Medicaid program to coordinate your Medicaid benefits.
- ❖ For more information about **Medicare**, you can read the *Medicare & You* handbook. It has a summary of Medicare benefits, rights, and protections and answers to the most frequently asked questions about Medicare. You can get it at the Medicare website ([www.medicare.gov](http://www.medicare.gov)) or 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.
- ❖ For more information about Family Care Partnership, you can check the State of Wisconsin Department of Health Services website [www.dhs.wisconsin.gov/familycare/fcp-index.htm](http://www.dhs.wisconsin.gov/familycare/fcp-index.htm) or contact ForwardHealth Member Services at 800-362-3002, TTY: 711 (Wisconsin Relay)
- ❖ You can get this document for free in other formats, such as large print, braille, or audio. Call (800) 963-0035 (TTY users call 711), 7 days a week, 8 a.m. to 8 p.m. central time. The call is free.
- ❖ To request your preferred language other than English and/or alternate format, call Member Services at (800) 963-0035, TTY: 711, 8 a.m. to 8 p.m., central time, 7 days a week.
- ❖ We will maintain a record of our member’s preferred language and/or format preferences, and we will keep this information as a standing request for future mailings and communications. This will ensure that our members will not have to make a separate request each time.
- ❖ To change a standing request, call Member Services at (800) 963-0035, TTY: 711, 7 days a week, 8 a.m. to 8 p.m., central time.



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## B. Frequently asked questions (FAQ)

The following table lists frequently asked questions.

Frequently Asked Questions	Answers
<p><b>My Choice Wisconsin Partnership Family Care Partnership Fully Integrated Dual Eligible (FIDE) SNP? (this section continued on the next page)</b></p>	<p>My Choice Wisconsin Partnership is a specialized Medicare Advantage Plan (a Medicare Special Needs Plan), which means its benefits are designed for people with special health care needs.</p> <p>My Choice Wisconsin Partnership is designed for people who have Medicare and who are also entitled to assistance from Medicaid.</p> <p>To join My Choice Wisconsin Partnership, you must be entitled to Medicare Part A and be enrolled in Medicare Part B.</p> <p>You are eligible for our plan as long as:</p> <ul style="list-style-type: none"> <li>• You have both Medicare Part A and Medicare Part B</li> <li>• You live in our geographic service area</li> <li>• You are a United States citizen or are lawfully present in the United States</li> <li>• You meet the special eligibility requirements</li> </ul> <p><b>Special eligibility requirements for our plan</b></p> <p>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.</p> <p>You are eligible for Family Care Partnership with My Choice Wisconsin if you meet the eligibility requirements.</p> <ul style="list-style-type: none"> <li>• Be at least 18 years old;</li> <li>• Be a frail elder or an adult with physical or intellectual/developmental disabilities;</li> <li>• Are a resident of our geographic service area;</li> <li>• Are functionally eligible as determined by the Wisconsin Adult Long-term Care Functional Screen.</li> </ul> <p>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</p>

Frequently Asked Questions	Answers
<p><b>My Choice Wisconsin Partnership Family Care Partnership Fully Integrated Dual Eligible (FIDE) SNP? (continued)</b></p>	<p>share amount. Please call one of our Customer Service Representatives for more information.</p> <p>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.</p> <p>All members of Partnership are also eligible to receive long-term care benefits which are covered by Medicaid. All of the long-term care services in the Partnership benefit package must be prior approved by your care team.</p>
<p><b>Will I get the same Medicare and Medicaid benefits in My Choice Wisconsin Partnership that I get now?</b></p>	<p>You will get most of your covered Medicare and Medicaid benefits directly from My Choice Wisconsin Partnership. You will work with a team of providers who will help determine what services will best meet your needs. This means that some of the services you get now may change based on your needs, and your doctor and care team assessment. You may also get other benefits outside of your health plan the same way you do now, directly from county agencies.</p> <p>When you enroll in My Choice Wisconsin Partnership, you and your care team will work together to develop a care plan to address your health and support needs, reflecting your personal preferences and goals.</p> <p>If you are taking any Medicare Part D prescription drugs that My Choice Wisconsin Partnership does not normally cover, you can get a temporary supply and we will help you to transition to another drug or get an exception for My Choice Wisconsin Partnership to cover your drug if medically necessary. For more information, call Member Services or your care team at the numbers listed at the bottom of this page.</p>
<p><b>Can I go to the same doctors I use now? (this section continued on the next page)</b></p>	<p>This is often the case. If your providers (including doctors, hospitals, therapists, pharmacies, and other health care providers) work with My Choice Wisconsin Partnership and have a contract with us, you can keep going to them.</p> <ul style="list-style-type: none"> <li>• Providers with an agreement with us are “in-network.” Network providers participate in our plan. That means they accept members of our plan and provide services our plan covers. <b>You must use the providers in My Choice Wisconsin Partnership’s network.</b> If you use providers or pharmacies that are not in our network, the plan may not pay for these services or drugs.</li> <li>• If you need urgent or emergency care or out-of-area dialysis services, you can use providers outside of My Choice Wisconsin Partnership’s plan.</li> </ul>

Frequently Asked Questions	Answers
<p><b>Can I go to the same doctors I use now? (continued)</b></p>	<ul style="list-style-type: none"> <li>• If you are currently under treatment with a provider that is out of My Choice Wisconsin Partnership’s network or have an established relationship with a provider that is out of My Choice Wisconsin Partnership’s network, call Member Services or your care team to check about staying connected.</li> </ul> <p>To find out if your providers are in the plan’s network, call Member Services or your care team at the numbers listed at the bottom of this page or read My Choice Wisconsin Partnership’s Provider and Pharmacy Directory on the plan’s website at <a href="http://mychoicewi.org/partnership">mychoicewi.org/partnership</a>.</p> <p>If My Choice Wisconsin Partnership is new for you, we will work with you to develop a care plan to address your needs.</p>
<p><b>What is a My Choice Wisconsin Partnership care team?</b></p>	<p>A My Choice Wisconsin Partnership care team are the professionals and friends of family you decide will help you get the services you need.</p>
<p><b>What are Long-term Services and Supports (LTSS)? (this section continued on the next page)</b></p>	<p>Long-term Services and Supports are help for people who need assistance to do everyday tasks like bathing, toileting, getting dressed, making food, and taking medicine. Most of these services are provided at your home or in your community but could be provided in a nursing home or hospital. In some cases, a county or other agency may administer these services, and your care team will work with that agency.</p> <p>All members of Partnership are also eligible to receive long-term services and supports benefits which are covered by Medicaid and listed below. All long-term services and supports in the Partnership benefit package must be prior approved by your care team.</p> <ul style="list-style-type: none"> <li>• Adaptive Aids (general and vehicle)</li> <li>• Adult Day Care</li> <li>• Assistive Technology/Communication Aids</li> <li>• Care/Case Management (including Assessment and Case Planning)</li> <li>• Consultative Clinical and Therapeutic Services for Caregivers</li> <li>• Consumer Education and Training</li> <li>• Counseling and Therapeutic Resources</li> <li>• Environmental Accessibility Adaptations (Home Modifications)</li> <li>• Financial Management Services</li> <li>• Habilitation Services <ul style="list-style-type: none"> <li>o Daily Living Skills Training</li> </ul> </li> </ul>

Frequently Asked Questions	Answers
<p><b>What are Long-term Services and Supports (LTSS)? (continued)</b></p>	<ul style="list-style-type: none"> <li>o Day Habilitation Services</li> <li>• Housing Counseling</li> <li>• Meals – Home Delivered</li> <li>• Personal Emergency Response System (PERS) Services</li> <li>• Prevocational Services</li> <li>• Relocation Services</li> <li>• Residential Services: <ul style="list-style-type: none"> <li>o Residential Care Apartment Complex (RCAC)</li> <li>o Community Based Residential Facility (CBRF)</li> <li>o Adult Family Home (AFH)</li> </ul> </li> <li>• Respite Care (for caregivers and members in non-institutional and institutional settings)</li> <li>• Skilled Nursing Services</li> <li>• Specialized Medical Equipment and Supplies</li> <li>• Support Broker</li> <li>• Supported Employment</li> <li>• Supportive Home Care</li> <li>• Training Services for Unpaid Caregivers</li> <li>• Transportation (Specialized Transportation)</li> <li>• Vocational Futures Planning</li> </ul>
<p><b>What happens if I need a service but no one in My Choice Wisconsin Partnership's network can provide it?</b></p>	<p>Most services will be provided by our network providers. If you need a service that cannot be provided within our network, My Choice Wisconsin Partnership will pay for the cost of an out-of-network provider.</p>
<p><b>Where is My Choice Wisconsin Partnership available?</b></p>	<p>The service area for this plan includes Brown, Columbia, Dane, Dodge, Fond du Lac, Jefferson, Manitowoc, Ozaukee, Sauk, Washington, Waukesha, and Winnebago Counties, Wisconsin. You must live in one of these areas to join the plan.</p> <p>Call Member Services at the numbers listed at the bottom of this page for more information about whether the plan is available where you live.</p>
<p><b>What is prior authorization? (this section continued on the next page)</b></p>	<p>Prior authorization means an approval from My Choice Wisconsin Partnership to seek services outside of our network or to get services not routinely covered by our network <b>before</b> you get the services.</p>

Frequently Asked Questions	Answers
<p><b>What is prior authorization? (continued)</b></p>	<p>My Choice Wisconsin Partnership may not cover the service, procedure, item, or drug if you don't get prior authorization.</p> <p><b>If you need urgent or emergency care or out-of-area dialysis services, you don't need to get prior authorization first.</b> My Choice Wisconsin Partnership can provide you or your provider with a list of services or procedures that require you to get prior authorization from My Choice Wisconsin Partnership before the service is provided.</p> <p>Refer to <b>Chapter 3</b>, of the Evidence of Coverage to learn more about prior authorization. Refer to the Benefits Chart in <b>Chapter 4</b> of the Evidence of Coverage to learn which services require a prior authorization.</p> <p>If you have questions about whether prior authorization is required for specific services, procedures, items, or drugs, call Member Services at the numbers listed at the bottom of this page for help.</p>
<p><b>Do I pay a monthly amount (also called a premium) under My Choice Wisconsin Partnership?</b></p>	<p>No. Because you have Medicaid you will not pay any monthly premiums for your health coverage.</p> <p>However, you must continue to pay your Medicare Part B premium unless your Part B premium is paid for you by Medicaid or another third party.</p>
<p><b>Do I pay a deductible as a member of My Choice Wisconsin Partnership?</b></p>	<p>No. You do not pay deductibles in My Choice Wisconsin Partnership.</p>
<p><b>What is the maximum out-of-pocket amount that I will pay for medical services as a member of My Choice Wisconsin Partnership?</b></p>	<p>There is no cost sharing for medical services in My Choice Wisconsin Partnership, so your annual out-of-pocket costs will be \$0.</p>



## C. List of covered services

The following table is a quick overview of what services you may need, your costs, and rules about the benefits.

Health need or concern	Services you may need	Your costs for in-network providers	Limitations, exceptions, & benefit information (rules about benefits)
<p><b>You need hospital care (continued on the next page)</b></p>	<p>Inpatient hospital stay</p>	<p><b>\$0</b></p>	<p>Our plan covers 90 days during a benefit period for an inpatient hospital stay under your Medicare benefit. A benefit period begins on the first day that you are admitted to a Medicare-covered hospital or skilled nursing facility (SNF).</p> <p>The benefit period ends when you haven't received any inpatient hospital care (or skilled care in a SNF) for 60 days in a row. If you go into a hospital or a SNF after one benefit period ends, a new benefit period begins.</p> <p>There is no limit to the number of benefit periods you can have. You may have coverage for additional inpatient hospital services under your Medicaid benefit. As a Medicare Medicaid Coordinated Plan, we will coordinate your Medicare and Medicaid benefits.</p> <p><i>Prior authorization may be required.</i></p>
	<p>Outpatient hospital services, including observation</p>	<p><b>\$0</b></p>	<p><i>Prior authorization may be required.</i></p> <p>As a Medicare Medicaid Coordinated Plan, we will coordinate your Medicare and Medicaid benefits.</p>
	<p>Ambulatory surgical center (ASC) services</p>	<p><b>\$0</b></p>	<p><i>Prior authorization may be required.</i></p> <p>As a Medicare Medicaid Coordinated Plan, we will coordinate your Medicare and Medicaid benefits.</p>
	<p>Doctor or surgeon care</p>	<p><b>\$0</b></p>	<p><i>Prior authorization may be required.</i></p>



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Health need or concern	Services you may need	Your costs for in-network providers	Limitations, exceptions, & benefit information (rules about benefits)
<b>You need hospital care (continued)</b>			As a Medicare Medicaid Coordinated Plan, we will coordinate your Medicare and Medicaid benefits.
<b>You want a doctor (continued on the next page)</b>	Visits to treat an injury or illness	<b>\$0</b>	As a Medicare Medicaid Coordinated Plan, we will coordinate your Medicare and Medicaid benefits.
	Care to keep you from getting sick, such as flu shots and screenings to check for cancer	<b>\$0</b>	Covered Medicare Part B services include: <ul style="list-style-type: none"> <li>• <b>Pneumonia vaccine Flu shots</b>, once each flu season in the fall and winter, with additional flu shots if medically necessary</li> <li>• <b>Hepatitis B vaccine</b> if you are at high or intermediate risk of getting Hepatitis B COVID-19 vaccine</li> <li>• <b>Other vaccines</b> if you are at risk and they meet Medicare Part B coverage rules.</li> </ul> We also cover some vaccines under our Part D prescription drug benefit.
	Wellness visits, such as a physical	<b>\$0</b>	Any additional preventive services approved by Medicare during the contract year will be covered. Contact the plan for more information.
	“Welcome to Medicare” (preventive visit one time only)	<b>\$0</b>	If you’ve had Part B for longer than 12 months, you can get an annual wellness visit to develop or update a personalized prevention plan based on your current health and risk factors, this is covered once every 12 months. We cover the “Welcome to Medicare” preventive visit only within the first 12 months you have Medicare Part B. When you make your appointment, let your doctor’s office know you

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Health need or concern	Services you may need	Your costs for in-network providers	Limitations, exceptions, & benefit information (rules about benefits)
<p><b>You want a doctor (continued)</b></p>			<p>would like to schedule your “Welcome to Medicare” preventive visit.</p> <p>As a Medicare Medicaid Coordinated Plan, we will coordinate your Medicare and Medicaid benefits.</p>
	Specialist care	<b>\$0</b>	<p>As a Medicare Medicaid Coordinated Plan, we will coordinate your Medicare and Medicaid benefits.</p>
<p><b>You need emergency care (continued on the next page)</b></p>	Emergency room services	<b>\$0</b>	<p>You may get covered emergency medical care whenever you need it, anywhere in the United States or its territories, without prior authorization. Emergency services are not covered outside the U.S. and its territories except under limited circumstances.</p> <p>Contact the plan for details.</p> <p>Worldwide emergency and urgent care coverage and is available to you up to \$10,000 per year as Medicare Supplemental Benefit.</p> <p>As a Medicare Medicaid Coordinated Plan, we will coordinate your Medicare and Medicaid benefits.</p>
	Urgent care	<b>\$0</b>	<p>Urgent care is not emergency care. You do not need a prior authorization and you do not have to be in-network. Urgent care is NOT covered outside the U.S. and its territories, except under limited circumstances.</p> <p>Urgently needed services are provided to treat a non-emergency, unforeseen medical illness, injury, or condition that requires immediate medical care. Worldwide emergency and urgent care coverage and is available to you up to \$10,000 per year as Medicare Supplemental Benefit.</p>

Health need or concern	Services you may need	Your costs for in-network providers	Limitations, exceptions, & benefit information (rules about benefits)
<b>You need emergency care (continued)</b>			As a Medicare Medicaid Coordinated Plan, we will coordinate your Medicare and Medicaid benefits.
<b>You need medical tests</b>	Diagnostic radiology services (for example, X-rays or other imaging services, such as CAT scans or MRIs)	<b>\$0</b>	<p><i>Prior authorization may be required.</i></p> <p>No authorization is required for outpatient lab services and outpatient x-ray services.</p> <p>Genetic lab testing requires prior authorization.</p> <p>As a Medicare Medicaid Coordinated Plan, we will coordinate your Medicare and Medicaid benefits.</p>
	Lab tests and diagnostic procedures, such as blood work	<b>\$0</b>	<p><i>Prior authorization may be required.</i></p> <p>As a Medicare Medicaid Coordinated Plan, we will coordinate your Medicare and Medicaid benefits.</p>
<b>You need hearing/auditory services</b>	Hearing screenings	<b>\$0</b>	<p>In addition to Medicare-covered hearing services, you can get a routine hearing test once every calendar year as a Medicare Supplemental Benefit.</p> <p>As a Medicare Medicaid Coordinated Plan, we will coordinate your Medicare and Medicaid benefits.</p>
	Hearing aids	<b>\$0</b>	<p>Fittings/evaluations for hearing aids can be done once every calendar year as Medicare Supplemental Benefit.</p> <p>Our plan covers up to 2 pre-selected hearing aids from a plan-approved provider every 2 years as Medicare Supplemental Benefit.</p> <p>You must use the plan vendor to access this benefit.</p> <p>As a Medicare Medicaid Coordinated Plan, we will coordinate your Medicare and Medicaid benefits.</p>

Health need or concern	Services you may need	Your costs for in-network providers	Limitations, exceptions, & benefit information (rules about benefits)
<p><b>You need dental care</b></p>	<p>Dental check-ups and preventive care</p>	<p><b>\$0</b></p>	<p>We have partnered with a Dental Vendor to give you more options for your routine dental needs. If you use a Provider within our Dental Vendor network, you will get both Preventive and select Comprehensive Dental Services through this vendor.</p> <p>Preventive Dental services includes: Oral Exams, Cleanings, Fluoride Treatments, and X-Rays at no cost to you.</p>
	<p>Restorative and emergency dental care</p>	<p><b>\$0</b></p>	<p>In addition, you will have \$3,600 for select comprehensive dental services, including dentures.</p> <p>The annual maximum allowance does not apply towards your supplemental preventive services.</p>
<p><b>You need eye care (continued on the next page)</b></p>	<p>Eye exams</p>	<p><b>\$0</b></p>	<p>We have partnered with a Vision Vendor to give you more value for your routine vision need.</p> <p>Your Medicare Supplemental Benefit coverage includes:</p> <ul style="list-style-type: none"> <li>• One routine eye exam every calendar year from our supplemental vision provider</li> </ul> <p>To find an in-network vision provider close to you, you can search online using our vision provider search tool at <a href="http://mychoicewi.org">mychoicewi.org</a>.</p> <p><i>Prior authorization not required for eye exams.</i></p> <p>You may be able to access additional vision exams under your Medicaid benefits if you meet Medicaid criteria.</p> <p>As a Medicare Medicaid Coordinated Plan, we will coordinate your Medicare and Medicaid benefits.</p>

Health need or concern	Services you may need	Your costs for in-network providers	Limitations, exceptions, & benefit information (rules about benefits)
<p><b>You need eye care (continued)</b></p>	<p>Glasses or contact lenses</p>	<p><b>\$0</b></p>	<p>We have partnered with a Vision Vendor to give you more value for your routine vision needs.</p> <p>Your Medicare Supplemental Benefits coverage includes an eyewear allowance of \$300 every calendar year.</p> <p>You can use your eyewear allowance to purchase:</p> <p>Contact lenses, Eyeglasses (frames and lenses), Eyeglass frames, Eyeglass lenses, and Upgrades (such as tinted, U-V, polarized or photochromatic lenses. If you choose contact lenses, your eyewear allowance can also be used to pay down all or a portion of your contact lenses fitting fee.</p> <p>You are responsible for paying for any corrective eyewear over the limit of the plan’s eyewear allowance.</p> <p>All benefits must be used in the plan year and are only available if you are enrolled at the time services are rendered.</p> <p>Prior authorization may be required.</p> <p>As a Medicare Medicaid Coordinated Plan, we will coordinate your Medicare and Medicaid benefits.</p>
	<p>Other vision care (including diagnosis and treatment for diseases and conditions of the eye)</p>	<p><b>\$0</b></p>	<p>Covered services include:</p> <ul style="list-style-type: none"> <li>• Medicare-covered vision care such as exams to diagnose and treat diseases and conditions of the eye.</li> <li>• One Medicare-covered glaucoma screening each calendar year if you are at high risk of glaucoma</li> </ul>

Health need or concern	Services you may need	Your costs for in-network providers	Limitations, exceptions, & benefit information (rules about benefits)
<b>You need eye care (continued)</b>			<ul style="list-style-type: none"> <li>• One Medicare-covered diabetic retinopathy screening each calendar year if you have diabetes.</li> <li>• One pair of Medicare-covered eyeglasses or contact lenses after each cataract surgery that includes insertion of an intraocular lens.</li> </ul> <p><i>Prior authorization may be required.</i></p> <p>As a Medicare Medicaid Coordinated Plan, we will coordinate your Medicare and Medicaid benefits.</p>
<b>You need mental health services</b>	Mental health services	<b>\$0</b>	<p><i>Prior authorization is required for some services in this category.</i></p> <p>Contact the plan for more information.</p>
	Inpatient and outpatient care and community-based services for people who need mental health services	<b>\$0</b>	<p>Community-based outpatient behavioral health services include screening, evaluation, and diagnostic assessments (including occupational therapy assessments), treatment planning, and group and family psychotherapy.</p> <p>The services are available to members of the Medicaid Basic and Enhanced plans.</p>
<b>You need a substance use disorder services</b>	Substance use disorder services	<b>\$0</b>	<p>Medicare covers inpatient and outpatient treatment for substance use disorders (SUD).</p> <p>Individual or group therapy visits</p> <p><i>Prior Authorization is required.</i></p> <p>As a Medicare Medicaid Coordinated Plan, we will coordinate your Medicare and Medicaid benefits.</p>

Health need or concern	Services you may need	Your costs for in-network providers	Limitations, exceptions, & benefit information (rules about benefits)
<p><b>You need a place to live with people available to help you</b></p>	<p>Skilled nursing care</p>	<p><b>\$0</b></p>	<p>Because you have Medicaid, you are covered for an unlimited number of days each benefit period. <i>Prior authorization is required.</i> Contact the plan for more information.</p>
	<p>Nursing home care</p>	<p><b>\$0</b></p>	<p>Because you have Medicaid, you are covered for an unlimited number of days each benefit period. <i>Prior authorization is required.</i> Contact the plan for more information.</p>
<p><b>You need therapy after a stroke or accident</b></p>	<p>Occupational, physical, or speech therapy</p>	<p><b>\$0</b></p>	<p><i>Prior authorization may be required.</i> As a Medicare Medicaid Coordinated Plan, we will coordinate your Medicare and Medicaid benefits.</p>
<p><b>You need help getting to health services (continued on the next page)</b></p>	<p>Ambulance services</p>	<p><b>\$0</b></p>	<p>Covered ambulance services include fixed wing, rotary wing, and ground ambulance services, to the nearest appropriate facility that can provide care only if they are furnished to a member whose medical condition is such that other means of transportation could endanger the person's health or if authorized by the plan.  Non-emergency transportation by ambulance is appropriate if it is documented that the member's condition is such that other means of transportation could endanger the person's health and that transportation by ambulance is medically required. Prior authorization required for non-emergent ambulance only.</p>



Health need or concern	Services you may need	Your costs for in-network providers	Limitations, exceptions, & benefit information (rules about benefits)
<p><b>You need help getting to health services (continued)</b></p>			<p>As a Medicare Medicaid Coordinated Plan, we will coordinate your Medicare and Medicaid benefits.</p>
	<p>Transportation to medical appointments and services</p>	<p><b>\$0</b></p>	<p>Because you have Medicaid, routine transportation may be covered. <i>Prior authorization is required.</i></p> <p>Contact the plan for more information. Medicare does not cover routine transportation services.</p> <p>As a Medicare Supplemental Benefit, you have a \$100 allowance every month on your My Choice benefits card to spend on transportation to health-related locations.</p> <p>This amount is combined with your Over-the-Counter (OTC) monthly allowance. If you don't use all of your monthly benefit allowance, the remaining balance will expire and not rollover to the next benefit period.</p> <p>As a Medicare Medicaid Coordinated Plan, we will coordinate your Medicare and Medicaid benefits.</p>
<p><b>You need drugs to treat your illness or condition (continued on the next page)</b></p>	<p>Medicare Part B prescription drugs</p>	<p><b>\$0</b></p>	<p>Part B drugs include drugs given by your doctor in their office, some oral cancer drugs, and some drugs used with certain medical equipment.</p> <p>Read the Evidence of Coverage for more information on these drugs.</p> <p>Your pharmacy must bill remaining 20% cost share to ForwardHealth. For information refer to the handbook.</p>
	<p>Medicare Part D prescription drugs Tier 1: Covered Generic and brand name drugs</p>	<p><b>\$0 for a 31-day supply.</b></p>	<p>There may be limitations on the types of drugs covered. Please refer to My Choice Wisconsin Partnership's List of Covered Drugs (Drug List) for more information.</p>

Health need or concern	Services you may need	Your costs for in-network providers	Limitations, exceptions, & benefit information (rules about benefits)
<p><b>You need drugs to treat your illness or condition (continued)</b></p>		<p><b>Copays for prescription drugs may vary based on the level of Extra Help you get. Please contact the plan for more details.</b></p>	
	<p>Over-the-counter (OTC) drugs</p>	<p><b>\$0</b></p>	<p>There may be limitations on the types of drugs covered. Please refer to My Choice Wisconsin Partnership List of Covered Drugs (Drug List) for more information.</p> <p>As a Medicare Supplemental Benefit, you have a \$100 allowance every month on your My Choice benefits card to spend on Over-the-Counter (OTC).</p> <p>This amount is combined with your transportation monthly allowance. If you don't use all of your monthly benefit allowance, the remaining balance will expire and not rollover to the next benefit period.</p> <p>You do not need a prescription from your doctor to get OTC items through this Medicare Supplemental Benefit.</p> <p>You must show your My Choice benefits card to participating providers to receive approved health-related items at retailers.</p> <p>Your My Choice benefits card is required to access this benefit. You can get more information about your</p>

Health need or concern	Services you may need	Your costs for in-network providers	Limitations, exceptions, & benefit information (rules about benefits)
<p><b>You need drugs to treat your illness or condition (continued)</b></p>			<p>My Choice benefits card in Chapter 4 of the Evidence of Coverage.</p> <p>Note: This coverage is for your Medicare Supplemental OTC Benefit. Some OTC medications and certain vitamins are covered under your Medicaid benefit.</p> <p>You can call Member Services or visit our web site at <a href="http://mychoicewi.org">mychoicewi.org</a> for more information on the drugs covered under your Medicaid benefit.</p> <p>As a Medicare Medicaid Coordinated Plan, we will coordinate your Medicare and Medicaid benefits.</p>
	Rehabilitation services	<b>\$0</b>	As a Medicare Medicaid Coordinated Plan, we will coordinate your Medicare and Medicaid benefits.
<p><b>You need help getting better or have special health needs</b></p>	Medical equipment for home care	<b>\$0</b>	As a Medicare Medicaid Coordinated Plan, we will coordinate your Medicare and Medicaid benefits.
	Dialysis services	<b>\$0</b>	As a Medicare Medicaid Coordinated Plan, we will coordinate your Medicare and Medicaid benefits.
<p><b>You need foot care</b></p>	Podiatry services	<b>\$0</b>	<p>Medicare covers foot exams and treatment if you have diabetes-related nerve damage and/or meet certain condition.</p> <p><i>Prior authorization may be required.</i></p>
	Orthotic services	<b>\$0</b>	As a Medicare Medicaid Coordinated Plan, we will coordinate your Medicare and Medicaid benefits.

Health need or concern	Services you may need	Your costs for in-network providers	Limitations, exceptions, & benefit information (rules about benefits)
<p><b>You need durable medical equipment (DME)</b></p> <p><b>Note:</b> This is not a complete list of covered DME. For a complete list, contact Member Services or refer to <b>Chapter 4</b> of the <i>Evidence of Coverage</i>.</p>	Wheelchairs, crutches, and walkers	<b>\$0</b>	<p><i>Prior authorization may be required.</i></p> <p>As a Medicare Medicaid Coordinated Plan, we will coordinate your Medicare and Medicaid benefits.</p>
	Nebulizers	<b>\$0</b>	<p><i>Prior authorization may be required.</i></p> <p>As a Medicare Medicaid Coordinated Plan, we will coordinate your Medicare and Medicaid benefits.</p>
	Oxygen equipment and supplies	<b>\$0</b>	<p>Prior authorization is not required for preferred manufacturer.</p> <p>As a Medicare Medicaid Coordinated Plan, we will coordinate your Medicare and Medicaid benefits.</p>
<p><b>You need help living at home (continued on the next page)</b></p>	Home health services	<b>\$0</b>	<p>As a Medicare Medicaid Coordinated Plan, we will coordinate your Medicare and Medicaid benefits.</p> <p><i>Prior authorization may be required.</i></p>
	Home services, such as cleaning or housekeeping, or home modifications such as grab bars	<b>\$0</b>	<p>Home services, such as cleaning or housekeeping, or home modifications such as grab bars are not covered by Medicare.</p> <p>These kinds of services may be available to you if you qualify for the Aged &amp; Disabled (A&amp;D) Waiver.</p> <p>A&amp;D Waiver participants may qualify to receive:</p> <ul style="list-style-type: none"> <li>• Homemaker services (which help with things like laundry, errands, meal preparation, and other routine housekeeping tasks if no one else in the household can help);</li> <li>• and/or Environmental accessibility adaptations (which are minor home modifications such as installing ramps or widening doorways)</li> </ul>

Health need or concern	Services you may need	Your costs for in-network providers	Limitations, exceptions, & benefit information (rules about benefits)
<p><b>You need help living at home (continued)</b></p>			<p>Your care coordinator can help you obtain more information about these services and whether you qualify.</p> <p><i>Prior authorization may be required.</i></p> <p>As a Medicare Medicaid Coordinated Plan, we will coordinate your Medicare, Medicaid, and any A&amp;D Waiver services you qualify to receive.</p>
	Day habilitation services	<b>\$0</b>	Daily Living Skills Training and Day Habilitation Services
	Services to help you live on your own (home health care services or personal care attendant services)	<b>\$0</b>	<p><i>Prior authorization may be required.</i></p> <p>Contact the plan for more information.</p>
<p><b>Additional services (continued on the next page)</b></p>	Acupuncture	<b>\$0</b>	<p>Up to 12 visits in 90 days are covered for chronic lower back pain. Up to eight additional sessions are covered in the same year for those patients demonstrating an improvement.</p>
	Diabetes supplies and services	<b>\$0</b>	<p><i>Prior authorization may be required diabetic supplies, diabetic shoes, and inserts.</i></p> <p>We have a preferred manufacturer for diabetic test strips.</p> <p><i>Prior authorization is not required for preferred manufacturer.</i></p> <p>Supplies are covered when you have a prescription and fill it at a network retail pharmacy or through the Mail Service Pharmacy program.</p> <p>As a Medicare Medicaid Coordination Plan, we will coordinate your Medicare and Medicaid benefits.</p>
	Health Education	<b>\$0</b>	<p>Programs to help you learn to manage your health conditions, including health education, learning material, health advice, and care tips.</p>

Health need or concern	Services you may need	Your costs for in-network providers	Limitations, exceptions, & benefit information (rules about benefits)
<b>Additional services (continued)</b>	Nutritional/ Dietary Benefit	<b>\$0</b>	12 individual or group sessions every year. Individual telephonic nutrition counseling upon request.
	Opioid Services	<b>\$0</b>	<i>Prior authorization may be required.</i>
	Outpatient Blood Services	<b>\$0</b>	3 pint deductible waived
	Prosthetic services	<b>\$0</b>	<i>Prior authorization may be required.</i> As a Medicare Medicaid Coordination Plan, we will coordinate your Medicare and Medicaid benefits.
	Radiation therapy	<b>\$0</b>	<i>Prior authorization may be required.</i> As a Medicare Medicaid Coordination Plan, we will coordinate your Medicare and Medicaid benefits.
	Services to help manage your disease	<b>\$0</b>	<i>Prior authorization may be required.</i> As a Medicare Medicaid Coordination Plan, we will coordinate your Medicare and Medicaid benefits.
	Special Supplemental Benefits for Chronic Illness	<b>\$0</b>	\$200 allowance every month for food and produce. Unused allowance does not carry over to the next month. <i>Prior authorization may be required.</i> You must use your My Choice benefits card to get the benefit and services. See My Choice benefits card section for more information. Members must complete a Health Risk Assessment and meet the criteria outlined in Chapter 4 of the Evidence of Coverage.
	Telehealth Services	<b>\$0</b>	Includes Primary care Physician Services. <i>Prior authorization may be required.</i>
	24-Hour- Nurse Advice Line	<b>\$0</b>	Available 24 hours a day, 7 days a week.

The above summary of benefits is provided for informational purposes only and is not a complete list of benefits. For a complete list and more information about your benefits, you can read the My Choice Wisconsin Partnership *Evidence of Coverage*. If you don't have an *Evidence of Coverage*, call My Choice Wisconsin Partnership Member Services at the numbers listed at the bottom of this page to get one. If you have questions, you can also call Member Services or visit [mychoicewi.org](http://mychoicewi.org).

## D. Benefits covered outside of My Choice Wisconsin Partnership

There are some services that you can get that are not covered by My Choice Wisconsin Partnership but are covered by Medicare, Medicaid, or a State or county agency. This is not a complete list. Call Member Services or at the numbers listed at the bottom of this page to find out about these services.

Other services covered by Medicare, Medicaid, or a State Agency	Your costs
Medicare covered Chiropractic services	\$0
Targeted case management	\$0



## E. Services that My Choice Wisconsin Partnership, Medicare, and Medicaid do not cover

This is not a complete list. Call Member Services or at the numbers listed at the bottom of this page to find out about other excluded services.

Services My Choice Wisconsin Partnership, Medicare, and Medicaid do not cover	
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.	

## F. Your rights as a member of the plan

As a member of My Choice Wisconsin Partnership, you have certain rights. You can exercise these rights without being punished. You can also use these rights without losing your health care services. We will tell you about your rights at least once a year. For more information on your rights, please read the Evidence of Coverage. Your rights include, but are not limited to, the following:

- **You have a right to respect, fairness, and dignity.** This includes the right to:
  - Get covered services without concern about medical condition, health status, receipt of health services, claims experience, medical history, disability (including mental impairment), marital status, age, sex (including sex stereotypes and gender identity) sexual orientation, national origin, race, color, religion, creed, or public assistance
  - Get information in other languages and formats (for example, large print, braille, or audio) free of charge
  - Be free from any form of physical restraint or seclusion
- **You have the right to get information about your health care.** This includes information on treatment and your treatment options. This information should be in a language and format you can understand. This includes the right to get information on:
  - Description of the services we cover
  - How to get services
  - How much services will cost you
  - Names of health care providers and team
- **You have the right to make decisions about your care, including refusing treatment.** This includes the right to:
  - Choose a primary care provider (PCP) and change your PCP at any time during the year
  - Use a women's health care provider without a referral
  - Get your covered services and drugs quickly
  - Know about all treatment options, no matter what they cost or whether they are covered
  - Refuse treatment, even if your health care provider advises against it
  - Stop taking medicine, even if your health care provider advises against it
  - Ask for a second opinion. My Choice Wisconsin Partnership will pay for the cost of your second opinion visit
  - Make your health care wishes known in an advance directive
- **You have the right to timely access to care that does not have any communication or physical access barriers.** This includes the right to:

- Get timely medical care
- Get in and out of a health care provider’s office. This means barrier free access for people with disabilities, in accordance with the Americans with Disabilities Act
- Have interpreters to help with communication with your health care providers and your health plan.
- **You have the right to seek emergency and urgent care when you need it.** This means you have the right to:
  - Get emergency services without prior authorization in an emergency
  - Use an out-of-network urgent or emergency care provider, when necessary
- **You have a right to confidentiality and privacy.** This includes the right to:
  - Ask for and get a copy of your medical records in a way that you can understand and to ask for your records to be changed or corrected
  - Have your personal health information kept private
  - Have privacy during treatment
- **You have the right to make complaints about your covered services or care.** This includes the right to:
  - File a complaint or grievance against us or our providers.
  - File a complaint with State of Wisconsin Department of Health Services ForwardHealth Member Services at 800-362-3002, TTY: 711 (Wisconsin Relay). The My Choice Wisconsin Partnership website [mychoicewi.org](http://mychoicewi.org) has complaint forms, and instructions available online.
  - Appeal certain decisions made by State of Wisconsin Department of Health Services or our providers
  - Ask for a State Hearing
  - Get a detailed reason for why services were denied

For more information about your rights, you can read the *Evidence of Coverage*. If you have questions, you can call My Choice Wisconsin Partnership Member Services at the numbers listed at the bottom of this page.

You can also call the special Independent Ombudsman for people who have Medicare and Medicaid. For members ages 18 to 59, contact: Disability Rights Wisconsin, Toll Free: 800-928-8778 and TTY: 711 (Wisconsin Relay). For members age 60 and older, contact: Wisconsin Board on Aging and Long Term Care, Toll Free: 800-815-0015 and TTY: 711 (Wisconsin Relay)

## **G. How to file a complaint or appeal a denied service**

If you have a complaint or think My Choice Wisconsin Partnership should cover something we denied, call Member Services or your care team at the numbers listed at the bottom of this page. You may be able to appeal our decision.

For questions about complaints and appeals, you can read **Chapter 9** of the *Evidence of Coverage*. You can also call My Choice Wisconsin Partnership Member Services at the numbers listed at the bottom of this page.

**You may file a complaint (grievance) or someone else may file the complaint (grievance) on your behalf.**

To file the complaint (grievance):

- Call Member Services at (800) 963-0035 (TTY: 711)
- Fax your complaint to (608) 245-3821
- Write to:  
My Choice Wisconsin Health Plan  
ATTN: Member Rights Specialist  
10201 W. Innovation Drive  
Suite 100  
Wauwatosa, WI 53226

## **H. What to do if you suspect fraud**

Most health care professionals and organizations that provide services are honest. Unfortunately, there may be some who are dishonest.

If you think a doctor, hospital or other pharmacy is doing something wrong, please contact us.

- Call us at My Choice Wisconsin Partnership Member Services. Phone numbers are the numbers listed at the bottom of this page.
- Or, call the ForwardHealth Customer Service Center at (800)362-3002. TTY users may call 711 (Wisconsin Relay).
- Or, call Medicare at 1-800-MEDICARE (1-800-633-4227). TTY users may call 1-877-486-2048. You can call these numbers for free, 24 hours a day, 7 days a week.
- Or, call the Wisconsin Department of Health Services Fraud Hotline at 1-877-865-3432. TTY users may call 711 (Wisconsin Relay).



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**If you have questions**, please call My Choice Wisconsin Partnership at (800) 963-0035, TTY: 711, 8 a.m.– 8 p.m., 7 days a week, Central time. The call is free. **For more information**, visit [mychoicewi.org](http://mychoicewi.org).

**If you have general questions or questions about our plan, services, service area, billing, or Member ID Cards, please call My Choice Wisconsin Partnership Member Services:**

(800) 963-0035

Calls to this number are free. 8 a.m. – 8 p.m., 7 days a week, central time.

Member Services also has free language interpreter services available for non-English speakers.

TTY:711

This number requires special telephone equipment and is only for people who have difficulties with hearing or speaking.

Calls to this number are free. 8 a.m. – 8 p.m., 7 days a week, central time.

**If you have questions about your health:**

- Call your primary care provider (PCP). Follow your PCP's instructions for getting care when the office is closed.
- If your PCP's office is closed, you can also call 24-Hour Nurse Advice Line. A nurse will listen to your problem and tell you how to get care. (Example: [convenience care,] urgent care, emergency room).

The numbers for the 24-Hour Nurse Advice Line are:

(877) 373-8985. Calls to this number are free. 7 days a week, 24 hours a day.

My Choice Wisconsin Partnership also has free language interpreter services available for non-English speakers.

TTY: 711

Calls to this number are free. 7 days a week, 24 hours a day.

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 the Lakeshore**

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

**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 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 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 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

**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

**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 the Wolf River Region**

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



## Medicare Language Assistance Services

Free aids and services, such as sign language interpreters and written information in alternative formats are available to you. Call 1-800-963-0035 (TTY: 711).

### **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 (TTY: 711). 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 (TTY: 711). Alguien que hable español le podrá ayudar. Este es un servicio gratuito.

### **Chinese Mandarin:**

如果您对我们的健康计划或药品计划有任何问题，我们可以提供免费的口译服务回答您的问题。若要获得口译服务，请致电我们：1-800-963-0035 (TTY: 711)。说普通话的人士会帮助您。这是免费服务。

### **Chinese Cantonese:**

我們有免費的口譯員服務，可回答您對於我們健康或藥物計劃的任何問題。若需要口譯員，請撥打1-800-963-0035 (TTY: 711) 聯絡我們。能說广东话的人士會為您提供協助。這是免費的服務。

### **Tagalog:**

May mga libre kaming serbisyo ng interpreter para sagutin ang anumang posibleng katanungan ninyo tungkol sa aming planong pangkalusugan o plano sa gamot. Para kumuha ng interpreter, tawagan lang kami sa 1-800-963-0035 (TTY: 711). May makakatulong sa inyo na nagsasalita ng Tagalog. Isa itong libreng serbisyo.

### **French:**

Nous proposons des services gratuits d'interprétation pour répondre à toutes vos questions relatives à notre régime de santé ou d'assurance-médicaments. Pour accéder au service d'interprétation, il vous suffit de nous appeler au 1-800-963-0035 (TTY: 711). Un interlocuteur parlant français pourra vous aider. Ce service est gratuit.

### **Vietnamese:**

Chúng tôi có các dịch vụ thông dịch miễn phí để trả lời các câu hỏi của quý vị về chương trình sức khỏe hoặc chương trình thuốc của chúng tôi. Để có thông dịch viên, hãy gọi cho chúng tôi theo số 1-800-963-0035 (TTY: 711). Sẽ có nhân viên nói tiếng Việt trợ giúp quý vị. Đây là dịch vụ miễn phí.

**German:**

Unser kostenloser Dolmetscherservice beantwortet Ihre Fragen zu unserem Gesundheits- und Arzneimittelplan. Unsere Dolmetscher erreichen Sie unter 1-800-963-0035 (TTY: 711). Man wird Ihnen dort auf Deutsch weiterhelfen. Dieser Service ist kostenlos.

**Korean:**

당사는 의료 보험 또는 약품 보험에 관한 질문에 답해 드리고자 무료 통역 서비스를 제공하고 있습니다. 통역 서비스를 이용하려면 전화 1-800-963-0035 (TTY: 711)번으로 문의해 주십시오. 한국어를 하는 담당자가 도와드릴 것입니다. 이 서비스는 무료로 운영됩니다.

**Russian:**

Получить ответы на вопросы о нашем медицинском страховом плане или о плане, покрывающем лекарства по рецепту, вам бесплатно помогут наши устные переводчики. Просто позвоните нам по номеру 1-800-963-0035 (TTY: 711). Вам бесплатно поможет русскоязычный сотрудник.

**Arabic:** إننا نقدم خدمات المترجم الفوري المجانية لإجابة عن أي أسئلة تتعلق بالصحة أو جدول الأدوية لدينا. للحصول على مترجم فوري، ليس عليك سوى الاتصال بنا على الرقم (1-800-963-0035 (TTY: 711)). سيقوم شخص يتحدث العربية بمساعدتك. هذه خدمة مجانية.

**Hindi:**

हमारी स्वास्थ्य या दवा योजना के बारे में अगर आपके कुछ सवाल हैं, तो उनके जवाब देने के लिए हमारे पास नःशुल्क दुभाषिया सेवाएँ उपलब्ध हैं। दुभाषिया पाने के लिए, हमें 1-800-963-0035 (TTY: 711) पर कॉल करें। हृदि बोलने वाला कोई व्यक्ति आपकी मदद कर सकता है। यह एक नःशुल्क सेवा है।

**Italian:**

È disponibile un servizio di interpretariato gratuito per rispondere a eventuali domande sul nostro piano sanitario o farmaceutico. Per ottenere un interprete, contattare il numero 1-800-963-0035 (TTY: 711). Un nostro incaricato che parla italiano fornirà l'assistenza necessaria. È un servizio gratuito.

**Portuguese:**

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 (TTY: 711). Irá encontrar alguém que fale o idioma português para o ajudar. Este serviço é gratuito.

**French Creole:**

Nou genyen sèvis entèprèt gratis pou reponn tout kesyon ou ta genyen konsènan plan medikal oswa asirans medikaman nou an. Pou jwenn yon entèprèt, jis rele nou nan 1-800-963-0035 (TTY: 711). Yon moun ki pale Kreyòl kapab ede w. Sa a se yon sèvis ki gratis.



**Polish:**

Umożliwiamy bezpłatne skorzystanie z usług tłumacza ustnego, który pomoże w uzyskaniu odpowiedzi na temat planu zdrowotnego lub dawkowania leków. Aby skorzystać z pomocy tłumacza znającego język polski, należy zadzwonić pod numer 1-800-963-0035 (TTY: 711). Ta usługa jest bezpłatna.

**Japanese:**

当社の健康健康保険と薬品処方薬プランに関するご質問にお答えするために、無料の通訳サービスがあります。通訳をご用命になるには、1-800-963-0035 (TTY: 711) にお電話ください。日本語を話す人が支援いたします。これは無料のサービスです。

**Albanian:**

Ne ofrojmë shërbime interpretimi pa pagesë për t'iu përgjigjur çdo pyetjeje që mund të keni rreth planit tone shëndetësor ose të barnave. Për të marrë një interpret, thjesht na telefononi në 1-800-963-0035 (TTY: 711). Dikush që flet shqip mund t'ju ndihmojë. Ky është një shërbim pa pagesë.

**Laotian:**

ພວກເຮົາມີການບໍລິການນາຍພາສາພຣີເພື່ອຕອບຄໍາຖາມທີ່ທ່ານອາດຈະມີກ່ຽວກັບສຸຂະພາບ ທີ່ ຄວນການຢາຂອງພວກເຮົາ. ເພື່ອໃຫ້ໄດ້ຮັບນາຍແປພາສາ, ພຽງແຕ່ໂທຫາພວກເຮົາທີ່ 1-800-963-0035 (TTY: 711). ມີຄົນທີ່ເວົ້າພາສາລາວສາມາດຊ່ວຍທ່ານໄດ້. ນີ້ແມ່ນການບໍລິການໂດຍບໍ່ເສຍຄ່າ.

**Hmong:**

Peb muaj cov kev pab cuam kws txhais lus yam tsis xam nqi los teb cov lus nug uas koj muaj hais txog peb lub phiaj xwm kev noj qab haus huv los sis tshuaj kho mob. Yog xav tau ib tug neeg txhais lus, tsuas yog hu rau peb ntawm 1-800-963-0035 (TTY: 711). Ib tug uas hais lus Hmoob pab tau koj. Nov yog ib qho kev pab cuam pub dawb xwb.

**Pennsylvanian Dutch:**

Mir hen koschdelos Iwwersetze Services um eeniche Frooge die du hoscht iwwer en Health odder Drug Blan zu antwadde. Um en Iwwersetzer zu griege, yuscht ruf uns um 1-800-963-0035 (TTY: 711). Epper der Deitsch schwetzt kann dir helfe. Des iss en koschdelos Service.

**Serbo-Croatian:**

Имамо бесплатне услуге преводиоца да одговоримо на сва питања која имате о нашем здравственом плану или плану за лекове. Да бисте добили преводиоца, само нас позовите на број 1-800-963-0035 (TTY: 711). Неко ко говори Српски може вам помоћи. Ово је бесплатна услуга.

**Somali:**

Waxaan haynaa adeegyada turjubaanka bilaashka ah ee kaaga jawaabayo su'aalo walba ee laga yaabo inaad ka qabtid qorshaheena caafimaadka ama daawada. Si aad u heshid turjubaan, kaliya naga soo wac 1-800-963-0035 (TTY: 711). Qof ku hadlaa af Somali ayaa ku caawin kara. Kan waa adeeg bilaash ah.

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