

Use of Your Card

Your card is not a credit card but may be entered as “credit” to checkout. If prompted, your PIN is the last 4 digits of your card number. Products may not be available at every location. Your card is not accepted at ATMs and cannot be used to obtain cash. Please do not throw away and keep your card safe. Independent Care Health Plan (iCare) is not responsible for funds lost due to lost or stolen cards. Unused amounts roll over each month and expire on 12/31/2023 or upon disenrollment in the plan. Members will be responsible for any out-of-pocket costs over the available Spending Account Card balance. Limitations and restrictions may apply.

This Card is redeemable for specific goods and services at select merchants and cannot be used to purchase prescription drugs or medical services that are covered by Medicare, Medicaid or other federal healthcare programs, alcohol, tobacco, e-cigarettes, firearms or ammunition, candy, electronics, toys, seasonal items or jewelry. This Card is not redeemable for cash except as required by law. Call 1-866-757-1964 (TTY: 711) for balance. Issued by Citizens Alliance Bank, Member FDIC, pursuant to a license from Visa® U.S.A. Inc. Distributed by Optum Financial, Inc. on behalf of its subsidiary. No Cash or ATM Access.

*If you are an iCare Family Care Partnership (HMO D-SNP) member, some of the items listed may be included under your Partnership Medicaid Benefit Package covered by the State of Wisconsin. Please ask your Care Team for more information.

Independent Care Health Plan complies with applicable federal civil rights laws and does not discriminate, exclude or treat people differently because of their race, color, national origin, age, disability, sex, sexual orientation, gender, gender identity, ancestry, ethnicity, marital status, religion or language.

Independent Care Health Plan provides free aids and services to people with disabilities and people whose primary language is not English to communicate effectively with us, such as; qualified interpreters (including sign language) and written information in other formats (large print, audio, accessible electronic formats, braille, other formats) and languages.

If you need these services contact Customer Service at 1-800-777-4376 (TTY: 711), 24 hours a day, 7 days a week. Our office hours are Monday – Friday, 8:30 a.m. – 5:00 p.m. CST.

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 1-800-777-4376. Alguien que hable español le podrá ayudar. Este es un servicio gratuito.

Peb muaj kev pab txhais lus dawb los teb cov lus nug uas koj muaj txog peb txoj kev npaj khomob lossis tshuaj. Yog xav tau ib tug neeg txhais lus, hu rau peb ntwm 1-800-777-4376. Ib tug neeg uas hais lus Askiv / thiab lwm yam lus tuaj yeem pab koj. Qhov no yog ib qho kev pab dawb.

注意：如果您说中文，您可获得免费的语言协助服务。请致电 1 800 777 4376 (TTY 文字电话: 1 800 947 3529)。

DIGTOONI: Haddii aad ku hadasho afka Soomaaliha, adeegyada caawimada luqadda waxaa lagu heli karaa iyadoo bilaash ah. Wac 1-800-777-4376 (TTY: 1-800-947-3529).

ໝາຍເຫດ: ຖ້າທ່ານເວົ້າພາສາລາວ, ທ່ານສາມາດໃຊ້ການບໍລິການຊ່ວຍເຫຼືອດ້ານພາສາໄດ້ໂດຍບໍ່ເສຍຄ່າ. ໂທ 1 800 777 4376 (TTY: 1 800 947 3529).

ВНИМАНИЕ: Если Вы говорите по-русски, Вам будут бесплатно предоставлены услуги переводчика. Позвоните по номеру: 1-800-777-4376 (TTY: 1-800-947-3529).

ကျေးဇူးပြု၍ နားဆင်ပါ - သင်သည် မြန်မာစကားပြောသူဖြစ်ပါက၊ သင့်အတွက် အခမဲ့ဖြင့် ဘာသာစကားကူညီရေး ဝန်ဆောင်မှုများ ရရှိနိုင်သည်။ 1 800 777 4376 (TTY: 1 800 947 3529) တွင် ဖုန်းခေါ်ဆိုပါ။

PAŽNJA: Ako govorite srpsko-hrvatski imate pravo na besplatnu jezičnu pomoć. Nazovite 1-800-777-4376 (telefon za gluhe: 1-800-947-3529).

تنبيه: إذا كنتم تتحدثون العربية، تتوفر لكم مساعدة لغوية مجانية. اتصلوا بالرقم 4376-777-800-1 (هاتف نصي: 3529-947-800-1).