



Your Extended Family.

**IMPORTANT: Your Molina HealthCare of Illinois MMAI coverage will end on 05/01/2017**

<Date>

<Member Name>

<Member Address>

<City>, <State> <ZIP>

Dear <Member Name>,

We regret to tell you that Molina HealthCare of Illinois MMAI will no longer be able to provide coverage to you through the Medicare-Medicaid Alignment Initiative (MMAI) program after April 30, 2017. However, you will still have Medicare and Medicaid benefits, including prescription drugs. You will be automatically enrolled in the regular Medicaid fee-for-service program. Unless you make another choice, you will be automatically enrolled in the Original Medicare fee-for-service program and a SilverScript Insurance Company Medicare Part D prescription drug plan effective May 1, 2017. If you do not want to be automatically enrolled in Medicare coverage, you have options, which are listed below.

### **What are my options?**

**1. Original Medicare and a Medicare Prescription Drug Plan**

You can get your Medicare services, such as doctor visits, through Original Medicare. If you choose Original Medicare, you need to join a separate Medicare prescription drug plan, also known as a “Part D plan” to get prescription drug coverage. If you don’t choose a drug plan on your own, Medicare will enroll you in a SilverScript Insurance Company Medicare Part D prescription drug plan.

**2. Medicare Advantage**

You can enroll in a Medicare Advantage health plan to get your Medicare services. A Medicare Advantage plan is offered by a private company that works with Medicare to provide benefits. Medicare Advantage plans cover all services that Original Medicare covers and may offer extra coverage such as vision, hearing, or dental. Most include prescription drug coverage as well.

If you choose a Medicare Advantage plan, check with your current providers to see if they are part of the new plan. You should also ask the new plan to see if your current medications will be covered. You can call the new plan or look at the plan’s provider directory and prescription drug list online.

To get more information about Original Medicare, Medicare Advantage and Medicare Part D plans in your county, call Medicare at 1-800-MEDICARE (1-800-633-4227). TTY users should call 1-877-486-2048.

To get more information about the regular Medicaid fee-for-service program call the Illinois Department of Healthcare and Family Services Health Benefits Hotline at 1-800-226-0768. TTY users should call 1-877-204-1012. For help finding a Medicaid provider, call Illinois Health Connect at 1-877-912-1999. TTY users should call 1-866-565-8577.

Review the choices above to select the option that is best for you. Talk about your choices with someone who knows about your health care needs, like your family or call Illinois Senior Health Insurance Program for free counseling at 1-800-252-8966. TTY users should call 888-206-1327.

You will be enrolled in the regular Medicaid fee-for-service (standard Medicaid) program for Medicaid-covered services. This change will not affect your Medicaid eligibility. **For Medicare, if you do not pick one of the choices listed above by April 30, 2017, you will be enrolled into Original Medicare fee-for-service, and a SilverScript Insurance Company Medicare Part D prescription drug plan as of May 1, 2017.** You don't need to do anything to get benefits through Medicaid fee-for-service and Original Medicare fee-for-service. If you choose to get your Medicaid and Medicare benefits through fee-for-service, you need to pick a prescription drug plan, called a Medicare Part D plan, for your medications. If you don't pick a Medicare Part D plan, Medicare will enroll you in a SilverScript Insurance Company Medicare Part D prescription drug plan. You will get a separate letter telling you about your Medicare Part D plan.

**If you want help, you can get free, confidential assistance by calling the Senior Health Insurance Program** at 1-800-252-8966, or 1-888-206-1327 (TTY) Monday through Friday between 8:30 a.m. and 5:00 p.m.

**No matter what choice you make, you will still have Medicare and Medicaid benefits, including prescription drugs.**

We recognize the inconvenience this may cause and are committed to making this transition as smooth as possible.

Sincerely,

Molina HealthCare of Illinois MMAI

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 1-877-941-0482. Someone who speaks English/Language can help you. This is a free service.

Molina Dual Options Medicare-Medicaid Plan is a health plan that contracts with both Medicare and Illinois Medicaid to provide benefits of both programs to enrollees.

You can get this information for free in other formats, such as large print, braille, or audio. Call (877) 901-8181, TTY/TDD: 711, Monday – Friday, 8 a.m. to 8 p.m., local time. The call is free.

Limitations, copays, and restrictions may apply. For more information, call Molina Dual Options Member Services or read the Molina Dual Options Member Handbook. Benefits, and/or copayments may change on January 1 of each year.

The List of Covered Drugs and/or pharmacy and provider networks may change throughout the year. We will send you a notice before we make a change that affects you.

**Illinois Department of Healthcare  
and Family Services Health  
Benefits Hotline**

For questions about your Medicaid  
benefits

Call: 1-800-226-0768  
TTY users: 1-877-204-1012

Monday-Friday 8:00 am – 4:45 pm

The call and the help are free.

Online: <http://www.hfs.illinois.gov>

**Illinois Health Connect Helpline**

For help finding a Medicaid  
provider

Call: 1-877-912-1999  
TTY users: 1-866-565-8577

Monday-Friday, 8:00 am – 6:00 pm

The call and the help are free.

Online: [www.illinoishealthconnect.com](http://www.illinoishealthconnect.com)

**Medicare**

For questions about your Medicare  
benefits

Call: 1-800-MEDICARE (1-800-633-4227)  
TTY users: 1-877-486-2048.

24 hours a day, 7 days a week

The call and the help are free.

Online: [www.medicare.gov](http://www.medicare.gov)

**Molina Dual Options Member  
Services**

For questions about your plan  
coverage

Call: 1-877-901-8181  
TTY users: 7-1-1

Monday through Friday, 8 a.m. to 8 p.m.

The call and the help are free.

Online:  
[www.molinahealthcare.com/members/il/en-US/mem/duals/Pages/duals.aspx](http://www.molinahealthcare.com/members/il/en-US/mem/duals/Pages/duals.aspx)



**Your Extended Family.**

Molina Healthcare of Illinois (Molina) complies with all Federal civil rights laws that relate to healthcare services. Molina offers healthcare services to all members without regard to race, color, national origin, age, disability, or sex. Molina does not exclude people or treat them differently because of race, color, national origin, age, disability, or sex. This includes gender identity, pregnancy and sex stereotyping.

To help you talk with us, Molina provides services free of charge:

- Aids and services to people with disabilities
  - Skilled sign language interpreters
  - Written material in other formats (large print, audio, accessible electronic formats, Braille)
- Language services to people who speak another language or have limited English skills
  - Skilled interpreters
  - Written material translated in your language
  - Material that is simply written in plain language

If you need these services, contact Molina Member Services at (877) 901-8181; TTY/TDD: 711, Monday – Friday, 8 a.m. to 8 p.m., local time.

If you think that Molina failed to provide these services or treated you differently based on your race, color, national origin, age, disability, or sex, you can file a complaint. You can file a complaint in person, by mail, fax, or email. If you need help writing your complaint, we will help you. Call our Civil Rights Coordinator at (866) 606-3889, or TTY, 711. Mail your complaint to:

Civil Rights Coordinator  
200 Oceangate  
Long Beach, CA 90802

You can also email your complaint to [civil.rights@molinahealthcare.com](mailto:civil.rights@molinahealthcare.com). Or, fax your complaint to (562) 499-0610.

You can also file a civil rights complaint with the U.S. Department of Health and Human Services, Office for Civil Rights. Complaint forms are available at <http://www.hhs.gov/ocr/office/file/index.html>. You can mail it to:

U.S. Department of Health and Human Services  
200 Independence Avenue, SW  
Room 509F, HHH Building  
Washington, D.C. 20201

You can also send it to a website through the Office for Civil Rights Complaint Portal, available at <https://ocrportal.hhs.gov/ocr/portal/lobby.jsf>.

If you need help, call 1-800-368-1019; TTY 800-537-7697.



#### English

ATTENTION: If you speak English, language assistance services, free of charge, are available to you. Call 1-877-901-8181 (TTY: 711).

#### Spanish

ATENCIÓN: si habla español, tiene a su disposición servicios gratuitos de asistencia lingüística. Llame al 1-877-901-8181 (TTY: 711).

#### Chinese

注意：如果您使用繁體中文，您可以免費獲得語言援助服務。請致電 1-877-901-8181 (TTY: 711)。

#### Tagalog

PAUNAWA: Kung nagsasalita ka ng Tagalog, maaari kang gumamit ng mga serbisyo ng tulong sa wika nang walang bayad. Tumawag sa 1-877-901-8181 (TTY: 711).

#### French

ATTENTION : Si vous parlez français, des services d'aide linguistique vous sont proposés gratuitement. Appelez le 1-877-901-8181 (ATS : 711).

#### Vietnamese

CHÚ Ý: Nếu bạn nói Tiếng Việt, có các dịch vụ hỗ trợ ngôn ngữ miễn phí dành cho bạn. Gọi số 1-877-901-8181 (TTY: 711).

#### German

ACHTUNG: Wenn Sie Deutsch sprechen, stehen Ihnen kostenlos sprachliche Hilfsdienstleistungen zur Verfügung. Rufnummer: 1-877-901-8181 (TTY: 711).

#### Korean

주의: 한국어를 사용하시는 경우, 언어 지원 서비스를 무료로 이용하실 수 있습니다. 1-877-901-8181 (TTY: 711) 번으로 전화해 주십시오.

#### Russian

ВНИМАНИЕ: Если вы говорите на русском языке, то вам доступны бесплатные услуги перевода. Звоните 1-877-901-8181 (телетайп: 711).

#### Arabic

ملحوظة: إذا كنت تتحدث اذكر اللغة، فإن خدمات المساعدة اللغوية تتوافر لك بالمجان. اتصل برقم 1-877-901-8181 (رقم هاتف الصم

والبكم: 711).

**Hindi**

ध्यान दें: यदि आप हिंदी बोलते हैं तो आपके लिए मुफ्त में भाषा सहायता सेवाएं उपलब्ध हैं। 1-877-901-8181 (TTY: 711) पर कॉल करें।

**Italian**

ATTENZIONE: In caso la lingua parlata sia l'italiano, sono disponibili servizi di assistenza linguistica gratuiti. Chiamare il numero 1-877-901-8181 (TTY: 711).

**Portugués**

ATENÇÃO: Se fala português, encontram-se disponíveis serviços linguísticos, grátis. Ligue para 1-877-901-8181 (TTY: 711).

**French Creole**

ATANSYON: Si w pale Kreyòl Ayisyen, gen sèvis èd pou lang ki disponib gratis pou ou. Rele 1-877-901-8181 (TTY: 711).

**Polish**

UWAGA: Jeżeli mówisz po polsku, możesz skorzystać z bezpłatnej pomocy językowej. Zadzwoń pod numer 1-877-901-8181 (TTY: 711).

**Japanese**

注意事項：日本語を話される場合、無料の言語支援をご利用いただけます。1-877-901-8181 (TTY: 711) まで、お電話にてご連絡ください。

**Greek**

ΠΡΟΣΟΧΗ: Αν μιλάτε ελληνικά, στη διάθεσή σας βρίσκονται υπηρεσίες γλωσσικής υποστήριξης, οι οποίες παρέχονται δωρεάν. Καλέστε 1-877-901-8181 (TTY: 711).

**Gujarati**

સુચના: જો તમે ગુજરાતી બોલતા હો, તો નિ:શુલ્ક ભાષા સહાય સેવાઓ તમારા માટે ઉપલબ્ધ છે. ફોન કરો 1-877-901-8181 (TTY: 711).

**Urdu**

خبردار: اگر آپ اردو بولتے ہیں، تو آپ کو زبان کی مدد کی خدمات مفت میں دستیاب ہیں۔ کال کریں (TTY: 711) 8181-901-877-1