



Date>

<Name>

<Address>

<City>, <State> <ZIP>

Dear <Member Name>,

We want to share some important information about a change in your Integrated Care Program (ICP) health plan.

Humana will not be participating in the Illinois Medicaid Integrated Care Program after December 31, 2017.

What does this mean for you?

- You will continue to get your health care services and prescription drug coverage with Humana through December 31, 2017.
- You will be assigned to a new plan for your health care services and prescription drug coverage beginning January 1, 2018. You will receive a notice in the mail with your new health plan assignment. Be sure to watch your mail.
- Your new health plan will assign you a new care coordinator. If any of your providers are not with your new health plan, your new health plan will help you find new providers.
- You will begin to work with your new health plan and care coordinator to develop a new care plan and service plan (when applicable).
- Your new health plan will send you a welcome packet. This welcome packet will include a member handbook. Make sure to read your member handbook. It will give you more information about your new plan and the extra benefits they offer.
- You will also receive a new Member ID Card from your new health plan. You will use your new ID Card starting January 1, 2018.

Until then, you will continue to be covered by Humana for all your current benefits. This means:

- There will be no change in your medical or prescription drug coverage.
- You should continue to make appointments and meet with your doctors as you normally do.

- You should keep working with your care coordinator to get the care and services you need.
- You will keep getting your plan-covered drugs as prescribed by your doctors.

If you do not want to stay in your new health plan, you have 90 days from January 1, 2018 to change health plans. To learn more about your health plan options, call Illinois Client Enrollment Services at 1-877-912-8880 (TTY: 1-866-565-8576) or visit www.EnrollHFS.illinois.gov.

What if you have questions about your Medicaid coverage?

For questions regarding your Medicaid coverage please call the Illinois Health Benefits Hotline at 1-800-226-0768 (TTY users call 1-877-204-1012) Monday through Friday from 8 a.m. to 4:45 p.m. The call is free.

What if you have more questions about your Humana Integrated Care Program of Illinois coverage through December 31, 2017?

If you have questions, you can call us at 1-800-764-7591 (TTY: 711). We're available Monday – Friday, from 8 a.m. – 8 p.m. Central time. However, please note that our automated phone system may answer your call after hours, during weekends, and holidays. Please leave your name and telephone number, and we'll call you back by the end of the next business day. Visit Humana.com for 24 hour access to information like claims history, eligibility, and Humana's drug list. There you can also use the physician finder and get health news and information.

Sincerely,

Humana Integrated Care Program of Illinois

List of Resources

The calls and the help are free!

For questions about:

Contact:

This notice or plan coverage

Humana Integrated Care Program of Illinois

Call: 1-800-764-7591

TTY users call: 711

5 days a week

8 a.m. to 8 p.m.

Central Standard Time (CST)

Online: www.humana.com/medicaid/illinois/icp

Health Plan Enrollment

Illinois Client Enrollment Services

Call: 1-877-912-8880

TTY users call: 1-866-565-8576

Monday – Friday, 8:00 a.m. – 7:00 p.m.

Online: EnrollHFS.Illinois.gov

Medicaid Coverage

Illinois Health Benefits Hotline

Call: 1-800-226-0768

TTY users call: 1-877-204-1012

Monday – Friday, 8:00 a.m. – 4:45 p.m.

Online: Illinois.gov/HFS

**Long Term Care or Home and
Community-Based Services (HCBS)
waiver coverage decisions, appeals,
or complaints:**

Illinois Home Care Ombudsman

Call: 1-800-252-8966

TTY users call: 1-888-206-1327

Monday – Friday, 8:30 a.m. – 5:00 p.m.

E-mail: Aging.HCOProgram@illinois.gov

Online:

<https://www.illinois.gov/aging/ProtectionAdvocacy/LTCOmbudsman/Pages/The%20Long-Term%20Care%20Ombudsman%20Community%20Expansion%20Program.aspx>

Discrimination is Against the Law

Humana Inc. and its subsidiaries comply with applicable Federal civil rights laws and do not discriminate on the basis of race, color, national origin, age, disability, or sex. Humana Inc. and its subsidiaries do not exclude people or treat them differently because of race, color, national origin, age, disability or sex.

Humana Inc. and its subsidiaries:

- **Provide 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)
- **Provide 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 Customer Service at 1-800-764-7591 (TTY 711).

If you believe that Humana Inc. or its subsidiaries have failed to provide these services or discriminated in another way on the basis of race, color, national origin, age, disability, or sex, you can file a grievance with:

**Discrimination Grievances, P.O. Box 14618
Lexington, KY 40512 - 4618
1-800-764-7591, or if you use a TTY, call 711.**

You can file a grievance by mail or phone. If you need help filing a grievance, Customer Service 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, D.C. 20201
1-800-368-1019, 800-537-7697 (TDD)**

Complaint forms are available at <http://www.hhs.gov/ocr/office/file/index.html>

Multi-Language Interpreter Services

English: ATTENTION: If you do not speak English, language assistance services, free of charge, are available to you. Call 1-800-764-7591 (TTY: 711).

Español (Spanish): ATENCIÓN: Si habla español, tiene a su disposición servicios gratuitos de asistencia lingüística. Llame al 1-800-764-7591 (TTY: 711).

Filipino (Filipino): LINGGAT: Kung nagmamalita ka ng Filipino, karamihan ng mga serbisyo ay libre sa tulong sa wika nang walang bayad. Tumawag sa 1-800-764-7591 (TTY: 711).

Tagalog (Tagalog): Linggát: Kung nagmamalita ka ng Tagalog, karamihan ng mga serbisyo ay libre sa tulong sa wika nang walang bayad. Tumawag sa 1-800-764-7591 (TTY: 711).

한국어 (Korean): 주피: 한국어를 사용하시는 경우, 언어 지원 서비스를 무료로 이용하실 수 있습니다. 1-800-764-7591 (TTY: 711)으로 전화하십시오.

Tagalog (Tagalog) = Filipino: PALINGGAT: Kung nagmamalita ka ng Tagalog, karamihan ng mga serbisyo ay libre sa tulong sa wika nang walang bayad. Tumawag sa 1-800-764-7591 (TTY: 711).

Русский (Russian): ВНИМАНИЕ: Если вы говорите на русском языке, то вам доступны бесплатные услуги лингвистической помощи. Позвоните по номеру 1-800-764-7591 (телефон 711).

മലയാളം (Malayalam): ശ്രദ്ധിക്കുക: മലയാളം സംസാരിക്കുന്നവർക്ക് ഭാഷാ സഹായ സേവകൾ മുക്തമായി ലഭിക്കുന്നവയാണ്. 1-800-764-7591 (TTY: 711) ന്റെ കോൾ ചെയ്യുക.

Tiếng Việt (Vietnamese): CHÚ Ý: Nếu bạn nói Tiếng Việt, các dịch vụ hỗ trợ ngôn ngữ miễn phí sẽ sẵn sàng phục vụ. Gọi số 1-800-764-7591 (TTY: 711).

Italiano (Italian): ATTENZIONE: Se usi la lingua parlata sia l'italiano, sono disponibili servizi di assistenza linguistica gratuiti. Chiama il numero 1-800-764-7591 (TTY: 711).

Français (French): ATTENTION : Si vous parlez français, des services d'aide linguistique vous sont proposés gratuitement. Appelez le 1-800-764-7591 (ATS : 711).

λληνικά (Greek): ΠΡΟΣΟΧΗ: Αν μιλάτε ελληνικά, στη διάθεσή σας βρίσκονται υπηρεσίες γλωσσικής υποστήριξης, οι οποίες παρέχονται δωρεάν. Καλέστε 1-800-764-7591 (TTY: 711).

Deutsch (German): ACHTUNG: Wenn Sie Deutsch sprechen, stehen Ihnen kostenlos sprachliche Hilfsdienstleistungen zur Verfügung. Rufnummer: 1-800-764-7591 (TTY: 711).

Diné Bizaad (Navajo): Din baa aida nidaiz. Din sand bee yáá'niłį́yá Diné Bizaad, sand bee aidaizíłį́'niłį́yá, aida jik'eh, aida na haidi, haidi haidiłį́n 1-800-764-7591 (TTY: 711).

العربية (Arabic):

مقدمو خدماتنا هنا نقدم خدمات الترجمة الفورية، فمن خدمات المساعدة اللغوية المجانية في البلدان. اتصل برقم 1-800-764-7591 (رقم هاتف العم والبلدا 711)

हिंदी (Hindi): ध्यान दें: यदि आप हिंदी बोलते हैं तो आपके लिए मुफ्त में भाषा सहायता सेवाएं उपलब्ध हैं। 1-800-764-7591 (TTY: 711) पर कॉल करें।

اردو (Urdu):

خبرداران اگر آپ اردو بولتے ہیں، تو آپ کو زبان کی مدد کی خدمات مفت میں دستیاب ہیں۔ کال کریں 1-800-764-7591 (TTY: 711)۔