



<date>

First A. Last name  
123 Address Line

Dear Member,

As we told you in an earlier letter, IlliniCare Health will become Aetna Better Health of Illinois on December 1, 2020. Your health care coverage with IlliniCare Health will stay the same through November 30, 2020. Aetna Better Health of Illinois will be the same local health plan you've known with IlliniCare Health, only better.

Unless you change to a different health plan, you will be able to keep your current hospital and primary care provider, as well as the same great benefits and network of community-based health care providers beginning December 1, 2020. If you have an authorization for services, equipment, prescriptions or supplies approved with IlliniCare Health, they will move over to Aetna Better Health of Illinois on December 1, 2020. You do not have to do anything. You should keep any appointments you have with your IlliniCare Health doctors as well.

### **What this means for you**

You and your family members listed below will be enrolled in Aetna Better Health of Illinois beginning December 1, 2020.

Member:

[ENROLLEEn] ID #:

[ENn\_RIN]

[ENROLLEEn] ID #:

[ENn\_RIN]

You can stay with Aetna Better Health of Illinois or you can choose a new health plan.

**1-866-329-4701**  
TTY: 711

**IlliniCare.com**

## **If you want to stay with Aetna Better Health of Illinois, you do not have to do anything**

To stay with Aetna Better Health of Illinois, you do not have to do anything at all! You will work with Aetna Better Health of Illinois to find providers, make appointments, get transportation and get answers to your questions. Aetna Better Health of Illinois will work with you to make sure you get all of the care you need, when you need it.

You will get a welcome packet in the mail from Aetna Better Health of Illinois in mid-November. This welcome packet will include a Member Handbook so you can learn more about Aetna Better Health of Illinois. You will also receive a Member ID Card that includes the name of your Primary Care Provider. You will use your new ID card starting December 1, 2020 when you need services. Be sure to read your Member Handbook and keep it handy. Your handbook is full of important information about your health care and Aetna Better Health of Illinois.

### **If you don't want Aetna and want to change your health plan before December 1, 2020.**

You can change the HealthChoice Illinois plan for anyone listed in this letter. If you do not want to keep Aetna Better Health of Illinois on December 1, 2020, **you must change your health plan by November 18, 2020.** If you do not choose a new health plan before November 18, 2020, you will be enrolled in Aetna Better Health of Illinois beginning December 1, 2020.

### **After December 1, 2020 you will have 90 days to change health plans.**

After December 1, 2020 if you want to change health plans, you have 90 days to do so. That means you must change health plans by February 26, 2021. If you do not choose a new health plan by this date, you will stay with Aetna Better Health of Illinois. The next time you can change plans will be during your open enrollment period the next year. You can choose the same health plan for everyone in your family, or you can choose different plans.

To learn more about these health plans, go to [www.EnrollHFS.illinois.gov](http://www.EnrollHFS.illinois.gov). Click on "Compare Plans", then choose your county and scroll down. The list of Primary Care Providers is updated regularly. You can also call Client Enrollment Services at **1-877-912-8880** (TTY: **1-866-565-8576**) for help comparing plans. There are five HealthChoice Illinois health plans:

<b>HealthChoice Illinois Health Plans</b>	<b>Toll-free number</b>
Aetna Better Health of Illinois (formerly IlliniCare Health)	1-866-329-4701
Blue Cross Community Health Plan	1-877-860-2837
CountyCare Health Plan (Cook County only)	1-855-444-1661
Meridian Health	1-888-437-0606
Molina Healthcare	1-855-687-7861

If you choose another health plan, some of your benefits may be different and you may need to change providers. Before you decide, you should ask your doctors which health plans they will be in starting on December 1, 2020. Your doctors may not accept all of the health plans. Your care coordinator may also change. You can also call the health plan member services number above to ask about providers in the plan, benefits and services. All calls are free.

**To change your health plan**, go to [www.EnrollHFS.Illinois.gov](http://www.EnrollHFS.Illinois.gov) and click “Enroll.” You can also call Client Enrollment Services at **1-877-912-8880** (TTY: 1-866-565-8576), Monday to Friday, 8 a.m. to 6 p.m. The call is free.

### **Transition of Care when changing health plans**

If you change health plans, it is important to let your new plan know about any appointments already scheduled and any prescriptions you are currently taking. Contact the new health plan’s member services department right away to discuss.

### **Continuing your care when changing health plans**

If you are getting treatment from a provider who is not in network with your new plan, you can continue to get that treatment. **It is important to tell your new plan.** Your new plan will work with the provider so you can keep getting treatment from them. This is called a transition of care period and lasts for at least 90 days until you transition to a new provider who is in-network with your new plan.

### **Changing a Primary Care Provider (PCP) with your health plan**

Once you are in a health plan, you can change your PCP at any time. To change your PCP, call your health plan’s member services number on your member ID card. You should always call your PCP first if you are sick or need health services.

If you have any questions, call IlliniCare Health/Aetna Better Health of Illinois Member Services at 866-329-4701 (TTY: 711).

Thank you,

IlliniCare Health  
Membership Services

**1-866-329-4701**  
TTY: 711

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**Statement of Non-Discrimination.** IlliniCare Health complies with applicable Federal civil rights laws and does not discriminate on the basis of race, color, national origin, age, disability, or sex. IlliniCare Health does not exclude people or treat them differently based on age, disability, marital status, race, sex, income, health status, arrest or conviction, religion, sexual preference, color, birth nation, military participation, or language. IlliniCare Health:

- Provides free aids and services to people with disabilities to communicate effectively with us, such as qualified sign language interpreters and 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, and information written in other languages

If you need these services, contact IlliniCare Health at 1-866-329-4701 (TTY: 711).

If you believe that IlliniCare Health has 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: IlliniCare Health, Attn: Complaints and Grievances, PO Box 92050, Elk Grove Village IL 60009-2050, 1-866-329-4701 (TTY: 711), Fax: 1-877-668-2076. You can file a grievance in person, or by mail, fax, or email. If you need help filing a grievance, IlliniCare Health 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/smartscreen/main.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, 1-800-537-7697 (TDD).

Complaint forms are available at <http://www.hhs.gov/ocr/filing-with-ocr/index.html>.

English	ATTENTION: If you speak English, language assistance services, free of charge, are available to you. Call 1-866-329-4701 (TTY: 711).
Spanish	ATENCIÓN: si habla español, tiene a su disposición servicios gratuitos de asistencia lingüística. Llame al 1-866-329-4701 (TTY: 711).
Polish	UWAGA: Jeżeli mówisz po polsku, możesz skorzystać z bezpłatnej pomocy językowej. Zadzwoń pod numer 1-866-329-4701 (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 1-866-329-4701 (TTY: 711)。
Korean	주의: 한국어를 사용하시는 경우, 언어 지원 서비스를 무료로 이용하실 수 있습니다. 1-866-329-4701 (TTY: 711) 번으로 전화해 주십시오.
Tagalog	PAUNAWA: Kung nagsasalita ka ng Tagalog, maaari kang gumamit ng mga serbisyo ng tulong sa wika nang walang bayad. Tumawag sa 1-866-329-4701 (TTY: 1-866-811-2452).
Arabic	يُوقم 1-866-329-4701 أم حوطة: إلفقنت حدتلفلغة لأ عربفة إن خدمات المسماع لوقل غويفتت ولرل لبال م جان بتصل لبرقم (711 تلفل صمول لبقم:)
Russian	ВНИМАНИЕ: Если вы говорите на русском языке, то вам доступны бесплатные услуги перевода. Звоните 1-866-329-4701 (телетайп: 711).
Gujarati	ચુચના: જો તમે ગુજરાતી બોલતા હો, તો નિ:શુલ્ક ભાષા સહાય સેવાઓ તમારા માટે ઉપલબ્ધ છે. ફોન કરો 1-866-329-4701 (TTY: 711).
Urdu	ضردار! اگر آپ اودبولتے ہیں تو آپ کو زبان کسی مددکی خدمات مفت ہیں دیسی اب ہیں کلا کہیں 1-866-329-4701 (TTY: 711).
Vietnamese	CHÚ Ý: Nếu bạn nói Tiếng Việt, có các dịch vụ hỗ trợ ngôn ngữ miễn phí dành cho bạn. Gọi số 1-866-329-4701 (TTY: 711).
Italian	ATTENZIONE: In caso la lingua parlata sia l'italiano, sono disponibili servizi di assistenza linguistica gratuiti. Chiamare il numero 1-866-329-4701 (TTY: 711).
Hindi	ध्यान दें: यदि आप हिंदी बोलते हैं तो आपके लिए मुफ्त में भाषा सहायता सेवाएँ उपलब्ध हैं। 1-866-329-4701 (TTY: 711) पर कॉल करें।
French	ATTENTION: Si vous parlez français, des services d'aide linguistique vous sont proposés gratuitement. Appelez le 1-866-329-4701 (ATS: 711).
Greek	ΠΡΟΣΟΧΗ: Αν μιλάτε ελληνικά, στη διάθεσή σας βρίσκονται υπηρεσίες γλωσσικής υποστήριξης, οι οποίες παρέχονται δωρεάν. Καλέστε 1-866-329-4701 (TTY: 711).
German	ACHTUNG: Wenn Sie Deutsch sprechen, stehen Ihnen kostenlos sprachliche Hilfsdienstleistungen zur Verfügung. Rufnummer: 1-866-329-4701 (TTY: 711).

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