



[NAME]
[STREET]
[CITY, WA ZIP]

We have an important update for you.

Dear Member,

You recently received a letter telling you about an upcoming pharmacy change taking place on October 1, 2020. To best serve you and make sure we are ready for this exciting change, we've decided to extend this transition date to December 1, 2020.

What you need to know now.

IlliniCare Health will become Aetna Better Health of Illinois. This change will now take place on **December 1, 2020**. Due to this transition, [Termed Pharmacy Name] will no longer accept IlliniCare Health/Aetna Better Health of Illinois coverage beginning on **December 1, 2020**.

Our records show you received specialty medication from this pharmacy during the last 90 days. To have your prescriptions covered under your insurance plan with us, you will need to choose a new preferred specialty pharmacy to fill your prescriptions for

[DRUG 1]

To help you, below is a list of pharmacies that can fill your prescription under your coverage. You should choose one of these pharmacies within 60 days of this letter. You will need to transfer your prescription to one of these specialty pharmacies. You can also see a full list of pharmacies by using our Find a Provider tool on our website at IlliniCare.com.

[Pharmacy 1]

[Pharmacy 2]

[Pharmacy 3]

[Phone1]
[Fax1]

[Phone2]
[Fax2]

[Phone3]
[Fax3]

1-866-329-4701
TTY: 711

IlliniCare.com

With these pharmacies, you get more than medicine. You get extra services. You can:

- Talk with specially-trained pharmacists and nurses any time, day or night
- Drop off and pick up most of your prescriptions at any CVS Pharmacy location (including those inside Target stores)
- Choose delivery to your home, doctor's office or other locations at no cost to you

We're here for you.

If you have any medical questions, be sure to call your doctor. If you have questions about your pharmacy benefits, we're here to help. You can call us at 1-866- 329-4701 (TTY: 711) or visit our website at IlliniCare.com.

We are committed to making sure you receive great care and have easy access to pharmacy benefits.

Sincerely,

Membership Services Department
IlliniCare Health

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	يقوم 1-866-329-4701 عمل حوطة: إذا لقيت حدتلال غة لا عربي ة فإن خدمات المس اع لاقول غوية ت ف ل ر ل أ ل م ح ان. نهن ل ب رقم 711. (تفائل ص موال لاكم:)
Russian	ВНИМАНИЕ: Если вы говорите на русском языке, то вам доступны бесплатные услуги перевода. Звоните 1-866-329-4701 (телетайп: 711).
Gujarati	સુચના: 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 اودبولنے ے ہیں تو آپ کو بیوان کسی مددکی خدمت اعفت میں دستیاب ہیں۔ کلا کیوں 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).

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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 सेवाएं 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).