



## **Important News About Your Healthcare Coverage**

Our records show that you are currently enrolled with Molina Healthcare of Illinois (Molina) in the Integrated Care Program (ICP) and live in one of the following counties:

Champaign, DeWitt, Ford, McLean or Vermilion

Effective December 1, 2016, ICP is no longer a mandatory managed care program in the above counties. This means you can stay a member of Molina and receive all of your healthcare services, including care coordination, from Molina. Or you can choose to get your healthcare as a fee-for-service (standard Medicaid) client and use your HFS medical card when you go for healthcare services.

If you want to stay with Molina, you do not need to do anything. You will continue to:

- Use your Molina member ID card when you go for healthcare services.
- Receive care coordination services from a Molina Care Coordinator.
- See providers in Molina's network.
- Receive extra benefits or services that Molina offers members, such as:
  - No co-pays for doctor visits, emergency room visits or prescription drugs.
  - Programs to help you manage your health needs.

For more information about your Molina healthcare benefits, call the Molina Member Services Helpline at 1 (855) 766-5462 (TTY: Illinois Relay 7-1-1 or 1-800-526-0844). The call is free.

If you pick fee-for-service, you must call Illinois Client Enrollment Broker (CEB) at 1-877-912-8880 (TTY: 1-866-565-8576). The call is free. When you call this number, tell the customer service representative that you want to disenroll from Molina. Once your enrollment with Molina ends, you will be fee-for-service.

As a member of the Medicaid fee-for-service program:

- You will use your HFS medical card to get healthcare services.
- You can see any doctor that accepts the HFS medical card.
- You may have co-pays for doctor's visits, emergency room visits and prescription drugs.

If you need help finding a doctor or specialist in fee-for-service, you can call Illinois Health Connect at 1-877-912-1999 (TTY: 1-866-565-8577). The call is free.

To find out if you will have co-pays or to ask other questions about your benefits in fee-for-service, call the HFS Health Benefits Hotline at 1-866-468-7543 (TTY: 1-877-204-1012). The call is free.

You may also wish to talk to your doctor before making a decision. Please see the attached questions and answers for more information about your options.

Molina Healthcare is committed to providing equal access to our services and does not discriminate in the administration of our programs. We do not discriminate on the basis of race, color, national origin, sex, age, or disability in any of our programs.

Molina Healthcare provides free aid and services to those with disabilities to ensure equitable access to our services.

- Qualified in an appropriate interpreter
- Written information in the appropriate format and accessible electronic format
- Provide free appropriate services to those who are unable to communicate with a
  - o Qualified interpreter
  - o Information written in the appropriate

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We are available at <http://www.molinahealthcare.com/rta>



Your Extended Family.

Non-Discrimination Policy Section 1557
Molina Healthcare of Illinois Inc ICP

English: English language assistance services are available at no cost to you.

Spanish: Si habla español, tiene a su disposición servicios de interpretación en español a un costo de \$0.

Polish: UWAGA: Jeżeli mówisz po polsku, możesz skorzystać z bezpłatnej pomocy językowej. Zadzwoń pod numer 1-800-530-3030.

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 1-800-530-3030 (中文：000)。

Korean: 주의: 한국어를 사용하시는 경우, 언어 지원 서비스를 무료로 이용하실 수 있습니다. 1-800-530-3030번으로 전화해 주십시오.

Hindi: भारतीय भाषाओं में मदद के लिए मुफ्त में भाषा सहायता सेवाएं उपलब्ध हैं। 1-800-530-3030 पर कॉल करें।

Arabic: ملحوظة: إذا كنت تتحدث اذكر اللغة، فإن خدمات المساعدة اللغوية تتوافر لك بالمجان. اتصل برقم 1-800-530-3030 (رقم هاتف الصم والبكم).

Russian: ВНИМАНИЕ: Если вы говорите на русском языке, то вам доступны бесплатные услуги перевода. Звоните 1-800-530-3030 (телетайп: 1-800-530-3030).

Gujarati: સુચના: જો તમે ગુજરાતી બોલતા હો છો તો નિ:શુલ્ક ભાષા સહાય સેવાઓ તમારા માટે ઉપલબ્ધ છે. ફોન કરો 1-800-530-3030.

Urdu: خبردار: اگر آپ اردو بولتے ہیں، تو آپ کو زبان کی مدد کی خدمات مفت میں دستیاب ہیں۔ 1-800-530-3030 پر کال کریں۔

Vietnamese: Dịch vụ hỗ trợ ngôn ngữ miễn phí dành cho người nói tiếng Việt. Gọi 1-800-530-3030.

Italian: Se parli italiano, i servizi di interpretariato sono disponibili gratuitamente. Chiama il numero 1-800-530-3030.

Hindi: ध्यान दें यदि आप हिंदी बोलते हैं तो आपके लिए मुफ्त में भाषा सहायता सेवाएं उपलब्ध हैं। 1-800-530-3030 पर कॉल करें।

Portuguese: Se você fala português, os serviços de interpretação estão disponíveis gratuitamente. Ligue para 1-800-530-3030.

Greek: ΠΡΟΣΟΧΗ: Αν μιλάτε ελληνικά, στη διάθεσή σας βρίσκονται υπηρεσίες γλωσσικής υποστήριξης, οι οποίες παρέχονται δωρεάν. Καλέστε 1-800-530-3030.

German: Wenn Sie Deutsch sprechen, sind Sprachdienstleistungen kostenlos verfügbar. Rufen Sie 1-800-530-3030.