



October 2, 2017

**IMPORTANT NOTICE: Your Medicare plan won't be offered in 2018.**

<Plan Code>  
Subscriber ID: < Subscriber ID>

<First Name> <MI> <Last Name>  
<Address\_Line1>  
<Address\_Line2>  
<City>, <State> <Zip> <-Zip\_Extension>

Dear <First Name> <Last Name>,

WellCare Access (HMO SNP) won't offer your Medicare-Medicaid plan in 2018. This means your coverage through WellCare Access (HMO SNP) will end **December 31, 2017**. You need to choose how you want to get your health care and prescription drug coverage. Whichever choice you make, you will still have Medicare and Medicaid benefits, including prescription drug coverage. If you don't choose another plan by December 31, Medicare will choose a new drug plan for you and you'll have health coverage through Original Medicare starting **January 1, 2018**.

Your Medicaid coverage won't change. You will still get your Medicaid the way you do today.

**What do you need to do?**

You need to choose how you want to get your health and prescription drug coverage. Here are your options for Medicare coverage:

**Option 1: You can join another plan that combines your Medicare and Medicaid coverage under one plan.** These are a special kind of Medicare health plan called Medicare-Medicaid Alignment Initiative (MMAI) Plans. These plans are offered by private companies that contract with Medicare and with Medicaid. These plans cover all services that Original Medicare covers and prescription drugs. Some plans offer extra coverage such as vision, hearing or dental.

**Option 2: You can join another Medicare health plan.** A Medicare health plan is offered by a private company that contracts with Medicare to provide benefits. Medicare

Keep this letter. It's proof that you have a special right to join a Medicare plan.

health plans cover all services that Original Medicare covers and may offer extra coverage such as vision, hearing, or dental.

**Option 3: You can change to Original Medicare.** Original Medicare is coverage managed by the Federal government. If you choose Original Medicare, you should also pick a Medicare prescription drug plan. If you don't pick a prescription drug plan yourself, Medicare will enroll you in one and send you a letter telling you the name of your new drug plan.

## **Important Information:**

**Because you have Medicaid,** you can join a Medicare health or prescription drug plan at any time. If you join a new Medicare plan **AFTER** December 31, your coverage in the new plan won't start until the month after you join.

**For questions about Medicaid,** contact the Illinois Department of Healthcare and Family Services Health Benefits Hotline, 1-800-226-0768 (TTY users: 1-877-204-1012), Monday-Friday 8:00 am – 4:45 pm. Ask how joining another plan or returning to Original Medicare affects how you get your Medicaid coverage.

**If you have an employer or union group health plan, VA benefits, or TRICARE for Life,** contact your insurer or benefits administrator. Ask how joining another plan or returning to Original Medicare affects your coverage.

**If you have End-Stage Renal Disease (ESRD),** you have a one-time right to join a new Medicare health plan. Keep a copy of this letter as proof of your right to join a new Medicare health plan.

## **Get Help Comparing Your Options**

It's important to make a choice that works for you and that covers your doctor visits and prescription drugs.

Please visit [Medicare.gov](https://www.Medicare.gov) or refer to your Medicare & You Handbook for a list of all Medicare health and prescription drug plans in your area. If you want to join one of these plans, call the plan to get information about their costs, rules, and coverage. Please note Medicare isn't part of the Health Insurance Marketplace. Following the instructions in this letter will ensure that you are reviewing Medicare plans and not Marketplace options.

You can also get help comparing your choices if you:

- **Call or visit your Illinois Home Care Ombudsman at 1-800-252-8966, Monday through Friday from 8:30 a.m. to 5:00 p.m.** Representatives are available to answer

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your questions, discuss your needs, and give you information about your options. All counseling is **free**. TTY users should call 1-888-206-1327.

- **Call Illinois Client Enrollment Services at 1-877-912-8880, Monday to Friday from 8 a.m. to 7 p.m.** Representative can help you find out which MMAI Plans are in your area, or enroll you in another MMAI Plan. The calls are free. TTY users should call 1-866-565-8576.
- **Call the Illinois Senior Health Insurance Program (SHIP) at 1-800-252-8966, Monday through Friday from 8:30 a.m. to 5:00 p.m.** Counselors are available to answer your questions, discuss your needs, and give you information about your options. All counseling is **free**. TTY users should call 1-888-206-1327.
- **Call 1-800-MEDICARE (1-800-633-4227).** Tell them you got a letter saying your plan isn't going to be offered next year and you want help choosing a new plan. This toll-free help line is available 24 hours a day, 7 days a week. TTY users should call 1-877-486-2048.
- **Visit [Medicare.gov](http://www.Medicare.gov).** Medicare's official web site has tools that can help you compare plans and answer your questions.
  - **Click** "Find health & drug plans" to compare the plans in your area.

If you need more information, please call us at 1-866-439-1190. Monday–Friday, 8 a.m. to 8 p.m. Between October 1 and February 14, representatives are available Monday–Sunday, 8 a.m. to 8 p.m. TTY users should call 711. Tell the customer service representative you got this letter.

We apologize for any inconvenience.

Sincerely,

WellCare Health Plans

WellCare (HMO SNP) is a Medicare Advantage organization with a Medicare contract and a contract with the Illinois Medicaid program. Enrollment in WellCare depends on contract renewal.

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## Discrimination is Against the Law

WellCare Health Plans, Inc., complies with applicable Federal civil rights laws and does not discriminate on the basis of race, color, national origin, age, disability, or sex. WellCare Health Plans does not exclude people or treat them differently because of race, color, national origin, age, disability, or sex.

WellCare Health Plans, Inc.:

- Provides 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)
- Provides 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 WellCare Customer Service for help or you can ask Customer Service to put you in touch with a Civil Rights Coordinator who works for WellCare.

If you believe that WellCare Health Plans, Inc., 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:

WellCare Health Plans, Inc., Grievance Department, P.O. Box 31384, Tampa, FL 33631-3384; Telephone - 1-866-530-9491; TTY number - 1-877-247-6272; Fax: 1-866-388-1769; [OperationalGrievance@wellcare.com](mailto:OperationalGrievance@wellcare.com). You can file a grievance in person or by mail, fax, or email. If you need help filing a grievance, a WellCare Civil Rights Coordinator 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, DC 20201, 1-800-368-1019, 800-537-7697 (TDD).

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

**\* This Nondiscrimination Notice also applies to ‘Ohana Health Plan, a plan offered by WellCare Health Insurance of Arizona, Inc., and Easy Choice Health Plan, a WellCare company.**

## Multi-Language Insert Multi-language Interpreter Services

ATTENTION: If you speak English, language assistance services, free of charge, are available to you. Call 1-877-374-4056 (TTY: 1-877-247-6272).

ATENCIÓN: Si habla español, tiene a su disposición servicios gratuitos de asistencia lingüística. Llame al 1-877-374-4056 (TTY: 1-877-247-6272).

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 1-877-374-4056 (TTY: 1-877-247-6272)。

CHÚ Ý: Nếu bạn nói Tiếng Việt, có các dịch vụ hỗ trợ ngôn ngữ miễn phí dành cho bạn. Gọi số 1-877-374-4056 (TTY: 1-877-247-6272).

주의: 한국어를 사용하시는 경우, 언어 지원 서비스를 무료로 이용하실 수 있습니다. 1-877-374-4056 (TTY: 1-877-247-6272) 번으로 전화해 주십시오.

PAUNAWA: Kung nagsasalita ka ng Tagalog, maaari kang gumamit ng mga serbisyo ng tulong sa wika nang walang bayad. Tumawag sa 1-877-374-4056 (TTY: 1-877-247-6272).

ВНИМАНИЕ: Если вы говорите на русском языке, то вам доступны бесплатные услуги перевода. Звоните 1-877-374-4056 (телетайп: 1-877-247-6272).

ملحوظة: إذا كنت تتحدث اذكر اللغة، فإن خدمات المساعدة اللغوية تتوافر لك بالمجان. اتصل برقم 1-877-374-4056 (رقم هاتف الصم والبكم: 1-877-247-6272).

ATANSYON: Si w pale Kreyòl Ayisyen, gen sèvis èd pou lang ki disponib gratis pou ou. Rele 1-877-374-4056 (TTY: 1-877-247-6272).

ATTENTION : Si vous parlez français, des services d'aide linguistique vous sont proposés gratuitement. Appelez le 1-877-374-4056 (TTY: 1-877-247-6272).

UWAGA: Jeżeli mówisz po polsku, możesz skorzystać z bezpłatnej pomocy językowej. Zadzwoń pod numer 1-877-374-4056 (TTY: 1-877-247-6272).

ATENÇÃO: Se fala português, encontram-se disponíveis serviços linguísticos, grátis. Ligue para 1-877-374-4056 (TTY: 1-877-247-6272).

ATTENZIONE: In caso la lingua parlata sia l'italiano, sono disponibili servizi di assistenza linguistica gratuiti. Chiamare il numero 1-877-374-4056 (TTY: 1-877-247-6272).

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。1-877-374-4056 (TTY: 1-877-247-6272) まで、お電話にてご連絡ください。

ACHTUNG: Wenn Sie Deutsch sprechen, stehen Ihnen kostenlos sprachliche Hilfsdienstleistungen zur Verfügung. Rufnummer: 1-877-374-4056 (TTY: 1-877-247-6272).

ناگیار تروصب ینابز تالیهست، دینک یم وگتفگ یسراف نابز هب رگا: هجوت دیریگب سامت 1-877-374-4056 (TTY: 1-877-247-6272) اب. دشاب یم مهارف امش یارب