



October 2, 2017

<First Name> <MI> <Last Name>
<Address_Line1>
<Address_Line2>
<City>, <State> <Zip> <-Zip_Extension>

**IMPORTANT: YOUR MEDICARE PLAN WON'T BE OFFERED IN
2018.
YOU'RE BEING ENROLLED IN A NEW HEALTH & DRUG PLAN**

<Plan Code>
Subscriber ID: < Subscriber ID>

<First Name> <Last Name>:

Your Medicare plan won't be offered in 2018. This means your health and prescription drug coverage through WellCare Access (HMO SNP) will end December 31, 2017. If you don't take action by December 31, the Illinois Department of Healthcare and Family Services will offer you health and drug coverage through the Medicare-Medicaid Alignment Initiative (MMAI) program instead of WellCare Access (HMO SNP) starting January 1, 2018. MMAI is a health care program that will cover all of your Medicare and Medicaid benefits through one health care plan. You will get a notice about your enrollment in an MMAI plan from the Illinois Department of Healthcare and Family Services.

There will be no gap in your coverage. The Illinois Department of Healthcare and Family Services will automatically enroll you in an MMAI plan, so you don't have to do anything. Watch your mail for an enrollment notice from Illinois Client Enrollment Services telling you the name of the MMAI plan to which you are being assigned. If you don't make a different choice by December 31, your new coverage with the MMAI plan will start on January 1, 2018. See below for your other options.

The MMAI plan's network primary care providers and pharmacies will provide all of your health care services and prescription drugs as of January 1, 2018. If you need emergency or urgently needed care, or out-of-area dialysis services, you can use providers outside of the MMAI plan's network.

In a few weeks the MMAI plan will send you a new member kit.

For questions about the Medicare-Medicaid Alignment Initiative

- Call Illinois Client Enrollment Services at **1-877-912-8880**, Monday to Friday from 8 a.m. to 7 p.m.
- Call **1-866-565-8576** if you use TTY
- Visit www.EnrollHFS.Illinois.gov

Do I have other options?

Yes. Here are your options for Medicare coverage:

1. You can join another MMAI plan

If you choose to enroll in another health plan that participates in MMAI, it will cover your Medicare and Medicaid benefits, including prescription drugs. An MMAI plan also covers additional services such as behavioral health, community-based services, and care coordination.

To find out which MMAI plans are in your area, or to enroll in another MMAI plan, call 1-877-912-8880 (TTY: 1-866-565-8576), Monday to Friday from 8 a.m. to 7 p.m. The call is free!

2. Original Medicare and a Medicare Prescription Drug Plan

You can get your Medicare services, such as doctor visits, through Original Medicare. If you choose Original Medicare, you need to join a separate Medicare prescription drug plan, also known as a “Part D plan” to get prescription drug coverage. If you don’t choose a drug plan on your own, Medicare will enroll you in a Part D prescription drug plan.

3. Medicare Advantage

You can enroll in a Medicare Advantage health plan to get your Medicare services. A Medicare Advantage plan is offered by a private company that works with Medicare to provide benefits. Medicare Advantage plans cover all services that Original Medicare covers and may offer extra coverage such as vision, hearing, or dental. Most include prescription drug coverage as well.

If you choose a Medicare Advantage plan, check with your current providers to see if they are part of the new plan. You should also ask the new plan to see if your current medications will be covered. You can call the new plan or look at the plan’s provider directory and prescription drug list online.

To get more information about Original Medicare, Medicare Advantage and Medicare Part D plans in your county, call Medicare at 1-800-MEDICARE (1-800-633-4227). TTY users should call 1-877-486-2048.

Your Medicaid coverage will continue. To get more information about Medicaid call the Illinois Department of Healthcare and Family Services Health Benefits Hotline at 1-800-226-0768. TTY users should call 1-877-204-1012. Ask how returning to Original Medicare or a Medicare prescription drug plan or Medicare Advantage affects your Medicaid program coverage.

If you do not pick one of the options listed above by December 31, 2017, you will be automatically enrolled in an MMAI plan as of January 1, 2018.

Review the choices above to select the option that is best for you. Talk about your choices with someone who knows about your health care needs, like your family or call Illinois Senior Health Insurance Program for free counseling at 1-800-252-8966. TTY users should call 888-206-1327.

Get Help Comparing Your Options

It's important to find a plan that covers your doctor visits and prescription drugs.

Please visit 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 plans if you:

- **Call Senior Health Insurance Program (SHIP) at 1-800-252-8966, or 1-888-206-1327 (TTY) Monday through Friday between 8:30 a.m. and 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**. **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**. 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. Please disregard any 2018 plan materials you received before October 1, 2017.

What if I have questions about Medicaid benefits?

If you have questions about Medicaid, call 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. The call and the help are free.

We apologize for any inconvenience.

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.

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. 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 یراف نابز هب رگا: هجوت دیریگب سامت 1-877-374-4056 (TTY: 1-877-247-6272) اب. دشاب یم مهارف امش یارب.