



PO Box 733
Elk Grove Village, IL 60009-0733

«Date»

«Member_Name»
«Member_Address»
«Member_City», «Member_State» «Member_Zip»

Dear «Member_Name»,

We are excited to let you know that MeridianHealth is the new healthcare partner for YouthCare HealthChoice Illinois. MeridianHealth is the Managed Care Organization that oversees YouthCare. We realize that you may have questions about what this means to you. Here is what you need to know...

Nothing is changing.

YouthCare members can depend on the same benefits, network, supports and services you have come to expect. Your current Member ID card is still your key to good health.

If you would like more information, or if you have questions, please call Member Services at 844-289-2264 (TTY:771) Monday through Friday from 8 a.m. – 6 p.m. You can also visit our website at www.ILYouthCare.com.

Thank you for being a valued YouthCare member. We are happy to have you with us.

Sincerely,

YouthCare HealthChoice Illinois

Statement of Non-Discrimination. MeridianHealth complies with applicable Federal civil rights laws and does not discriminate on the basis of race, color, national origin, age, disability, or sex. MeridianHealth 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. MeridianHealth:

- 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 MeridianHealth at 1-844-289-2264 (TTY: 711). If you believe that MeridianHealth 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: MeridianHealth, Attn: Appeals and Grievances, PO Box 733, Elk Grove Village IL 60009-0733, 1-844-289-2264 (TTY: 711), Fax: 1-833-920-1747. You can file a grievance in person, or by mail, fax, or email. If you need help filing a grievance, MeridianHealth 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: 1-866-811-2452).
Spanish	ATENCIÓN: si habla español, tiene a su disposición servicios gratuitos de asistencia lingüística. Llame al 1-866-329-4701 (TTY: 1-866-811-2452).
Polish	UWAGA: Jeżeli mówisz po polsku, możesz skorzystać z bezpłatnej pomocy językowej. Zadzwoń pod numer 1-866-329-4701 (TTY: 1-866-811-2452).
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: 1-866-811-2452)。
Korean	주의: 한국어를 사용하시는 경우, 언어 지원 서비스를 무료로 이용하실 수 있습니다. 1-866-329-4701 (TTY: 1-866-811-2452) 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	(رقم 1-866-329-4701 ملحوظة: إذا كنت تتحدث اللغة العربية، فإن خدمات المساعدة اللغوية تتوافر لك بالمجان. اتصل برقم 1-866-811-2452.) هاتف الصم والبكم:
Russian	ВНИМАНИЕ: Если вы говорите на русском языке, то вам доступны бесплатные услуги перевода. Звоните 1-866-329-4701 (телетайп: 1-866-811-2452).
Gujarati	વધુ માહિતી: જો તમે ગુજરાતી બોલો છો, તો તમને મુક્ત સહાયતા સેવાઓ ઉપલબ્ધ છે. 1-866-329-4701 (TTY: 1-866-811-2452) પર કૉલ કરો.
Urdu	خبردار: اگر آپ اردو بولتے ہیں، تو آپ کو زبان کی مدد کی خدمات مفت میں دستیاب ہیں۔ کال کریں 1-866-329-4701 (TTY: 1-866-811-2452)۔
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: 1-866-811-2452).
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: 1-866-811-2452).
Hindi	ध्यान दें: यदि आप बोलते हैं तो आपके लिए मुफ्त में भाषा सहायता सेवाएं उपलब्ध हैं। 1-866-329-4701 (TTY: 1-866-811-2452) 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: 1-866-811-2452).
Greek	ΠΡΟΣΟΧΗ: Αν μιλάτε ελληνικά, στη διάθεσή σας βρίσκονται υπηρεσίες γλωσσικής υποστήριξης, οι οποίες παρέχονται δωρεάν. Καλέστε 1-866-329-4701 (TTY: 1-866-811-2452).
German	ACHTUNG: Wenn Sie Deutsch sprechen, stehen Ihnen kostenlos sprachliche Hilfsdienstleistungen zur Verfügung. Rufnummer: 1-866-329-4701 (TTY: 1-866-811-2452).