

<Date>

<Name>

<Address>

<City>, <State> <ZIP>

Dear <Member Name>,

We want to share some important information about your Cigna-HealthSpring SpecialCare of Illinois plan.

**Cigna-HealthSpring will not be participating in the Illinois Medicaid Integrated Care Program after July 31, 2017.**

#### **What does this mean for you?**

- You will get your health care services and prescription drug coverage through <plan name> after July 31, 2017.
- <Plan name> will assign you a new care coordinator. If any of your providers are not with your new health plan, your new health plan will help you find new providers.
- You will begin to work with your new care coordinator to develop a new care plan and service plan (when applicable).
- <Plan Name> will send you a welcome packet. This welcome packet will include a member handbook. Make sure to read your member handbook. It will give you more information about your new plan and the extra benefits they offer.
- You will also receive a <plan name> Member ID Card. You will use your new ID Card starting August 1, 2017.

Until then, you will continue to be covered by Cigna-HealthSpring for all your current benefits. This means:

- There will be no change in your medical or prescription drug coverage.
- You should continue to make appointments and meet with your doctors as you normally do.
- You should keep working with your care coordinator to get the care and services you need.
- You will keep getting your plan-covered drugs as prescribed by your doctors.

If you do not want to stay in <plan name>, you have 90 days from August 1, 2017 to change health plans. To learn more about your health plan options, call Illinois Client Enrollment Services at 1-877-912-8880 (TTY: 1-866-565-8576) or visit [www.EnrollHFS.illinois.gov](http://www.EnrollHFS.illinois.gov).

#### **What if you have questions about your Medicaid coverage?**

For questions regarding your Medicaid coverage please call the Illinois Health Benefits Hotline at 1-800-226-0768 (TTY users call 1-877-204-1012) Monday through Friday from 8 a.m. to 4:45 p.m. The call is free.

#### **What if you have more questions about your Cigna-HealthSpring coverage through July 31, 2017?**

We're here to help. Please call Customer Service at 1-866-487-4331 (TTY users call 7-1-1), Monday to Friday, 8 a.m. to 5 p.m. The call is free.

Sincerely,

Cigna-HealthSpring

## List of Resources

**The calls and the help are free!**

For questions about:

Contact:

**This notice or plan coverage**

**Cigna-HealthSpring**

Call: 1-866-487-4331

TTY users call: 7-1-1

Monday to Friday, 8 a.m. - 5 p.m. Central Time

Online: [SpecialCareIL.com](http://SpecialCareIL.com)

**Health Plan Enrollment**

**Illinois Client Enrollment Services**

Call: 1-877-912-8880

TTY users call: 1-866-565-8576

Monday – Friday, 8:00 a.m. – 7:00 p.m.

Online: [EnrollHFS.Illinois.gov](http://EnrollHFS.Illinois.gov)

**Medicaid**

**Illinois Health Benefits Hotline**

Call: 1-800-226-0768

TTY users call: 1-877-204-1012

Monday – Friday, 8:00 a.m. – 4:45 p.m.

Online: [Illinois.gov/HFS](http://Illinois.gov/HFS)

**Long Term Care or Home and  
Community-Based Services (HCBS)  
waiver coverage decisions, appeals, or  
complaints:**

**Illinois Long-Term Care Ombudsman**

Call: 1-800-252-8966

TTY users call: 1-888-206-1327

Monday – Friday, 8:30 a.m. – 5:00 p.m.

E-mail: [Aging.ILSenior@Illinois.gov](mailto:Aging.ILSenior@Illinois.gov)

Online: [Illinois.gov/Aging/ProtectionAdvocacy/LTC](http://Illinois.gov/Aging/ProtectionAdvocacy/LTC)

Ombudsman

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## **Notice of Nondiscrimination: Discrimination is Against the Law**

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

Cigna-HealthSpring:

- 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 Customer Service.

If you believe that Cigna-HealthSpring 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: Cigna-HealthSpring - Attention: Appeals, Complaints, and Grievances Department, P.O. Box 211088, Bedford, Texas 76095, 1-866-487-4331 (TTY: 7-1-1), 7 days a week, 8 a.m. to 8 p.m. Central Time. Fax: 877-809-0783.

You can file a grievance in writing by mail or fax. If you need help filing a grievance, Customer Service 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, D.C. 20201  
1-800-368-1019, 800-537-7697 (TDD)  
Complaint forms are available at <http://www.hhs.gov/ocr/office/file/index.html>.

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## Multi-language Interpreter Services

**English – ATTENTION:** If you speak English, language assistance services, free of charge are available to you. Call 1-866-487-4331 (TTY 711).

**Spanish – ATENCIÓN:** si habla español, tiene a su disposición servicios gratuitos de asistencia lingüística. Llame al 1-866-487-4331 (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 1-866-487-4331 (TTY 711)。

**Tiếng Việt (Vietnamese) – CHÚ Ý:** Nếu bạn nói Tiếng Việt, có các dịch vụ hỗ trợ ngôn ngữ miễn phí dành cho bạn. Gọi số 1-866-487-4331 (TTY: 711).

**Korean – 주의:** 한국어를 사용하시는 경우, 언어 지원 서비스를 무료로 이용하실 수 있습니다. 1-866-487-4331 (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 1-866-487-4331 (TTY: 711).

**Russian – ВНИМАНИЕ:** Если вы говорите на русском языке, то вам доступны бесплатные услуги перевода. Звоните 1-866-487-4331 (телетайп: 711).

**Arabic** ملحوظة: إذا كنت تتحدث اذكر اللغة، فإن خدمات المساعدة اللغوية تتوافر لك بالمجان. اتصل برقم 1-866-487-4331 (رقم هاتف الصم والبكم 711).

**French – ATTENTION :** Si vous parlez français, des services d'aide linguistique vous sont proposés gratuitement. Appelez le 1-866-487-4331 (ATS : 711).

**Polish – UWAGA:** Jeżeli mówisz po polsku, możesz skorzystać z bezpłatnej pomocy językowej. Zadzwoń pod numer 1-866-487-4331 (TTY: 711).

**Italian – ATTENZIONE:** In caso la lingua parlata sia l'italiano, sono disponibili servizi di assistenza linguistica gratuiti. Chiamare il numero 1-866-487-4331 (TTY: 711).

**German – ACHTUNG:** Wenn Sie Deutsch sprechen, stehen Ihnen kostenlos sprachliche Hilfsdienstleistungen zur Verfügung. Rufnummer: 1-866-487-4331 (TTY: 711).

**Japanese – 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。1-866-487-4331 (TTY: 711) まで、お電話にてご連絡ください。

**Farsi** توجه: اگر به زبان فارسی گفتگو می کنید، تسهیلات زبانی بصورت رایگان برای شما فراهم می باشد. با 1-866-487-4331 (TTY: 711) تماس بگیرید.

**Hindi – ध्यान दें:** अगर आप हिंदी बोलते हैं तो आपके लिए भाषा सहायता सेवाएं नि:शुल्क उपलब्ध हैं। 1-866-487-4331 (TTY 711) पर कॉल करें।

**Gujarati – સુચના:** જો તમે ગુજરાતી બોલતા હો, તો નિ:શુલ્ક ભાષા સહાય સેવાઓ તમારા માટે ઉપલબ્ધ છે. ફોન કરો 1-866-487-4331 (TTY: 711).

**Urdu** خبردار: اگر آپ اردو بولتے ہیں، تو آپ کو زبان کی مدد کی خدمات مفت میں دستیاب ہیں۔ کال 1-866-487-4331 (TTY: 711)۔

**Lao – ຄຳໃຈໃສ່:** ຖ້າທ່ານເວົ້າພາສາລາວ, ການບໍລິການໃຫ້ຄວາມຊ່ວຍເຫຼືອດ້ານພາສາຈະໃຫ້ບໍລິການຟຣີແກ່ທ່ານ. ໂທ: 1-866-487-4331 (TTY 711).

**Greek – ΠΡΟΣΟΧΗ:** Αν μιλάτε ελληνικά, στη διάθεσή σας βρίσκονται υπηρεσίες γλωσσικής υποστήριξης, οι οποίες παρέχονται δωρεάν. Καλέστε 1-866-487-4331 (TTY: 711).