

<NAME>
<ADDRESS LINE 1> <ADDRESS LINE 2>
<CITY> <STATE> <ZIP>

<DATE>

Dear Member,

On July 1, 2020, you were notified that your health coverage moved from NextLevel Health to MeridianHealth (Meridian). At Meridian, we want to help you get the care that you need. We are here to answer any questions you may have about your move from NextLevel to Meridian.

We want to help you continue your care. This means that up to and on December 28, 2020, you can see and get care from your current provider(s) even if they are not in Meridian's network. After December 28, 2020, you will need to see and get care from a provider in Meridian's network or a provider approved by Meridian.

Meridian can help if you need or want to find a new provider. If you are in the Home Services Program or Community Care Program you may continue to receive those services from your current providers. In addition, within 90 days, your care coordinator will reach out to you to assess your needs and determine if any additional services are needed.

If you had an authorization for services approved on or before June 30, 2020, the authorization was moved to Meridian. You do not need to do anything for these authorizations. You can continue to get the care you need. For example, if you had an authorization from NextLevel Health for physical therapy services through September 30, 2020, you would not need to get a new authorization from Meridian to continue those services through September 30, 2020.

If you want to keep Meridian for your health plan, you do not have to do anything at all. If you need help finding providers, making appointments, getting transportation or getting answers to your questions, we can help. You should have received a Meridian Member Handbook with important information in the mail the week of July 5, 2020. If you did not receive it, you can call Meridian Member Services at **866-606-3700** or go to our website at www.mhplan.com.

If you want to change your health plan, you have until December 28, 2020 to pick another health plan. If you do not choose a new health plan by this date, you will stay with Meridian until your next open enrollment period. Illinois Client Enrollment Services will send you a letter at that time.

To change your health plan, you can go to **www.EnrollHFS.Illinois.gov** and click “Enroll.” You can also call Client Enrollment Services at **1-877-912-8880** (TTY: **1-866-565-8576**), Monday to Friday, 8 a.m. to 6 p.m. The call is free. There are five HealthChoice Illinois health plans:

HealthChoice Illinois Health Plans

- Blue Cross Community Health Plan
- CountyCare Health Plan (Cook County only)
- IlliniCare Health
- Meridian Health
- Molina Healthcare

To learn more about these health plans, go to: www.EnrollHFS.illinois.gov. Click on “Compare Plans.” Then choose your county and scroll down. Client Enrollment Services updates the lists of Primary Care Physicians regularly. You also can call Client Enrollment Services at **1-877-912-8880** (TTY: **1-866-565-8576**) for help comparing health plans.

If you choose another health plan, some of your benefits may be different and you may need to change providers. Before you decide, you might want to ask your doctors which health plans they are in. Your doctors may not accept all of the health plans. Your care coordinator may also change. If you would like a copy of your medical records, you or your provider may ask for copies.

If you have questions or need help finding a provider, call Meridian Member Services at **866-606-3700 Monday – Friday, 8 a.m. to 8 p.m.**

Sincerely,

MeridianHealth

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 because of race, color, national origin, age, disability, or sex.

MeridianHealth:

- 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 Meridian's Grievance Coordinator.

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 Meridian's Grievance Coordinator. You can file a grievance in person or by mail, fax, or email. If you need help filing a grievance, Meridian's Grievance Coordinator is available to help you.

Mail: MeridianHealth
Attn: Grievance Coordinator
P.O. Box 44287
Detroit, MI 48244

Telephone: 866-606-3700 (TTY users should call 711)

Fax: 313-463-5259

Email: medicaidgrievances@mhplan.com

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

800-368-1019, 800-537-7697 (TDD)

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

Español (Spanish): ATENCIÓN: si habla español, tiene a su disposición servicios gratuitos de asistencia lingüística. Llame al 866-606-3700 (TTY: 711).

Polski (Polish): UWAGA: Jeżeli mówisz po polsku, możesz skorzystać z bezpłatnej pomocy językowej. Zadzwoń pod numer 866-606-3700 (TTY: 711).

繁體中文 (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 866-606-3700 (TTY: 711)。

한국어 (Korean): 주의: 한국어를 사용하시는 경우, 언어 지원 서비스를 무료로 이용하실 수 있습니다. 866-606-3700 (TTY: 711)번으로 전화해 주십시오.

Tagalog (Tagalog-Filipino): PAUNAWA: Kung nagsasalita ka ng Tagalog, maaari kang gumamit ng mga serbisyo ng tulong sa wika nang walang bayad. Tumawag sa 866-606-3700 (TTY: 711).

ملحوظة: إذا كنت تتحدث العربية، فإن خدمات المساعدة اللغوية تتوافر لك بالمجان.
العربية
(Arabic): اتصل برقم 866-606-3700 (رقم هاتف الصم والبكم: 711).

Русский (Russian): ВНИМАНИЕ: Если вы говорите на русском языке, то вам доступны бесплатные услуги перевода. Звоните 866-606-3700 (телетайп: 711).

ગુજરાતી (Gujarati): સુચના: જો તમે ગુજરાતી બોલતા હો, તો નિ:શુલ્ક ભાષા સહાય સેવાઓ તમારા માટે ઉપલબ્ધ છે. ફોન કરો 866-606-3700 (TTY: 711).

أردو (Urdu): خبردار: اگر آپ اردو بولتے ہیں، تو آپ کو زبان کی مدد کی خدمات مفت میں دستیاب ہیں۔ کال کریں۔ 866-606-3700 (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 866-606-3700 (TTY: 711).

Italiano (Italian): ATTENZIONE: In caso la lingua parlata sia l'italiano, sono disponibili servizi di assistenza linguistica gratuiti. Chiamare il numero 866-606-3700 (TTY: 711).

हिंदी (Hindi): ध्यान दें: यदि आप हिंदी बोलते हैं तो आपके लिए मुफ्त में भाषा सहायता सेवाएं उपलब्ध हैं। 866-606-3700 (TTY: 711) पर कॉल करें।

Français (French): ATTENTION : Si vous parlez français, des services d'aide linguistique vous sont proposés gratuitement. Appelez le 866-606-3700 (ATS : 711).

λληνικά (Greek): ΠΡΟΣΟΧΗ: Αν μιλάτε ελληνικά, στη διάθεσή σας βρίσκονται υπηρεσίες γλωσσικής υποστήριξης, οι οποίες παρέχονται δωρεάν. Καλέστε 866-606-3700 (TTY: 711).

Deutsch (German): ACHTUNG: Wenn Sie Deutsch sprechen, stehen Ihnen kostenlos sprachliche Hilfsdienstleistungen zur Verfügung.
Rufnummer: 866-606-3700 (TTY: 711).