



Lawrence J. Kissner  
Chief Executive Officer  
Aetna Better Health of Illinois

**SAMPLE NOTICE**

<Date>

<Name>  
<Address>  
<City>, <State> <ZIP>

## **Good News! Aetna Better Health Is Teaming With CountyCare Health Plan**

Dear <Member Name>,

We want to share some important information about your Aetna Better Health of Illinois Medicaid Managed Care health plan.

After December 31, 2017, Aetna Better Health will no longer be a health plan choice in the Illinois Medicaid Managed Care Program. Beginning January 1, 2018, Aetna Better Health is teaming with CountyCare Health Plan for your Medicaid healthcare services. This means you will be a CountyCare member on January 1, 2018. You will also continue to have access to the providers and services you have today.

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

- You do **not** need to do anything about this change.
- Because Aetna Better Health is teaming with CountyCare, you will get to keep your health care services and prescription drug coverage with CountyCare beginning January 1, 2018.
- You will get to keep your current Primary Care Provider (PCP). If you are also seeing other providers, you can keep seeing those providers too. (*If you want to change your PCP, you may do so at any time.*) For information about PCPs or other providers who are part of your CountyCare health plan, call CountyCare Member Services at 312.864.8200 (TTY: 711, select option 2) or visit <http://www.countycare.com/members>.
- You will get to keep a Care Coordinator. Care Coordinators work with you to make sure you get the care you need, when you need it. You may even be able to keep your current Care Coordinator. If you do not have a Care Coordinator, call CountyCare Member Services at 312.864.8200 (TTY: 711, select option 2) for more information.
- Like before, some services may require prior approval. CountyCare and Aetna Better Health will work together with you to get the care and services you need.
- CountyCare 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 offered.
- You will also receive a CountyCare Member ID Card. You will use your new ID Card starting January 1, 2018.

Until then, you will continue to be covered by Aetna Better Health 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.

**Please keep this letter.** If you need medical services on or after January 1, 2018, take your HFS medical card and your CountyCare Member ID Card with you to all appointments.

If you do not want to stay in CountyCare, you have 90 days from January 1, 2018 to change health plans. If you do not make a change, you will stay enrolled with CountyCare until your annual open enrollment period. To learn more about your health plan options, or to pick a new health plan, call Illinois Client Enrollment Services at 877.912.8880 (TTY: 866.565.8576) or visit [www.EnrollHFS.illinois.gov](http://www.EnrollHFS.illinois.gov).

We want to work with you and your family to keep you well. If you have questions about this notice, please call:

Aetna Better Health Member Services at 866.212.2851 (TTY: 711)

Or

CountyCare Member Services at 312.864.8200 (TTY: 711, select option 2)

On behalf of Aetna Better Health, thank you for the opportunity to work with you, and welcome to CountyCare!

Sincerely,

Lawrence J. Kissner  
Chief Executive Officer  
Aetna Better Health of Illinois

## Nondiscrimination Notice

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

Aetna:

- 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 a qualified interpreter, written information in other formats, translation or other services, call the number on your ID card or **1-800-385-4104**.

If you believe that Aetna 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 our Civil Rights Coordinator at:

Address: Attn: Civil Rights Coordinator  
4500 East Cotton Center Boulevard  
Phoenix, AZ 85040  
Telephone: **1-888-234-7358 (TTY 711)**  
Email: MedicaidCRCoordinator@aetna.com

You can file a grievance in person or by mail or email. If you need help filing a grievance, our 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, D.C. 20201, 1-800-368-1019, 1-800-537-7697 (TDD).

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

Aetna is the brand name used for products and services provided by one or more of the Aetna group of subsidiary companies, including Aetna Life Insurance Company, and its affiliates.

## Multi-language Interpreter Services

**ENGLISH: ATTENTION:** If you speak English, language assistance services, free of charge, are available to you. Call the number on the back of your ID card or **1-800-385-4104** (TTY: 711).

**SPANISH: ATENCIÓN:** Si habla español, tiene a su disposición servicios gratuitos de asistencia lingüística. Llame al número que aparece en el reverso de su tarjeta de identificación o al **1-800-385-4104** (TTY: 711).

**POLISH: UWAGA:** Jeśli mówisz po polsku, możesz skorzystać z bezpłatnej pomocy językowej. Zadzwoń pod numer podany na odwrocie Twojego identyfikatora lub pod numer **1-800-385-4104** (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。請致電您的 ID 卡背面的電話號碼或 **1-800-385-4104** (TTY: 711)。

**KOREAN: 주의:** 한국어를 사용하시는 경우, 언어 지원 서비스를 무료로 이용하실 수 있습니다. 귀하의 ID 카드 뒷면에 있는 번호로나 **1-800-385-4104** (TTY: 711) 번으로 연락해 주십시오.

**TAGALOG: PAUNAWA:** Kung nagsasalita ka ng wikang Tagalog, mayroon kang magagamit na mga libreng serbisyo para sa tulong sa wika. Tumawag sa numero na nasa likod ng iyong ID card o sa **1-800-385-4104** (TTY: 711).

**ARABIC:** ملحوظة: إذا كنت تتحدث باللغة العربية، فإن خدمات المساعدة اللغوية تتوافر لك بالمجان. اتصل على الرقم الموجود خلف بطاقتك الشخصية أو على **1-800-385-4104** (للصم والبكم: 711).

**RUSSIAN: ВНИМАНИЕ:** если вы говорите на русском языке, вам могут предоставить бесплатные услуги перевода. Позвоните по номеру, указанному на обратной стороне вашей идентификационной карточки, или по номеру **1-800-385-4104** (TTY: 711).

**GUJARATI: ધ્યાન આપો:** જો તમે ગુજરાતી બોલતા હો, તો નિ:શુલ્ક ભાષા સહાયતા સેવાઓ તમારા માટે ઉપલબ્ધ છે. તમારા આઈડી કાર્ડના પાછળ આપેલા નંબર પર અથવા **1-800-385-4104** પર કોલ કરો. (TTY: 711).

**URDU:** توجہ دیں: اگر آپ اردو زبان بولتے ہیں، تو زبان سے متعلق مدد کی خدمات آپ کے لئے مفت دستیاب ہیں۔ اپنے شناختی کارڈ کے پیچھے موجود نمبر پر یا **1-800-385-4104** (TTY: 711) پر رابطہ کریں۔

**VIETNAMESE: CHÚ Ý:** nếu bạn nói tiếng việt, có các dịch vụ hỗ trợ ngôn ngữ miễn phí dành cho bạn. Hãy gọi số có ở mặt sau thẻ id của bạn hoặc **1-800-385-4104** (TTY: 711).

**ITALIAN: ATTENZIONE:** Nel caso la lingua parlata sia l'italiano, sono disponibili servizi di assistenza linguistica gratuita. Chiamare il numero sul retro della tessera oppure il numero **1-800-385-4104** (utenti TTY: 711).

**HINDI: ध्यान दें:** यदि आप हिंदी भाषा बोलते हैं तो आपके लिए भाषा सहायता सेवाएं नि: शुल्क उपलब्ध हैं। अपने आईडी कार्ड के पृष्ठ भाग में दिए गए नम्बर अथवा **1-800-385-4104** (TTY: 711) पर कॉल करें।

**FRENCH: ATTENTION :** Si vous parlez français, des services d'aide linguistique vous sont proposés gratuitement. Appelez le numéro indiqué au verso de votre carte d'identité ou le **1-800-385-4104** (ATS : 711).

**GREEK: ΠΡΟΣΟΧΗ:** Εάν μιλάτε Ελληνικά, στη διάθεσή σας βρίσκονται υπηρεσίες γλωσσικής υποστήριξης, οι οποίες παρέχονται δωρεάν. Καλέστε τον αριθμό που θα βρείτε στο πίσω μέρος της ταυτότητάς σας ή στο **1-800-385-4104** (Λειτουργία TTY: 711).

**GERMAN: ACHTUNG:** Wenn Sie deutschen sprechen, können Sie unseren kostenlosen Sprachservice nutzen. Rufen Sie die Nummer auf der Rückseite Ihrer ID-Karte oder **1-800-385-4104** (TTY: 711) an.