[*Plans must send this notice to all beneficiaries that received the Member Handbook.*]

**Errata Sheet to the**

**<Plan Name>**

**2014 and 2015**

**Member Handbook**

<Insert Date>

[*Plans may add a greeting (e.g., Dear Member, Dear Mrs.* [*insert name*])*.*]

This is important information on changes to your <plan name> Member Handbook.

Chapter 9 of your Member Handbook includes information about your appeal rights. This notice is to inform you about new addresses for filing Level 2 Appeals on Medicaid services. Please see the new addresses in the table below. Please keep this information for your reference.

**Changes to your Member Handbook, Chapter 9, Section 5.4:**

| Where to find the information | Original information | Corrected information |
| --- | --- | --- |
| Page <page number> in your **2014** Member Handbook.  Page <page number> in your **2015** Member Handbook. | If you want to ask for a State Fair Hearing related to a standard Medicaid item or service, the Aging Waiver (Community Care Program, or CCP), or the Supportive Living Facilities Waiver, submit your appeal in writing or over the phone to:  Illinois Healthcare & Family Services  Fair Hearings Section  401 South Clinton, 6th Floor  Chicago, Illinois 60607 | If you want to ask for a State Fair Hearing related to a standard Medicaid item or service, the Aging Waiver (Community Care Program, or CCP), or the Supportive Living Facilities Waiver, submit your appeal in writing or over the phone to:  Illinois Healthcare & Family Services  Bureau of Administrative Hearings  Fair Hearings Section  69 West Washington, 4th Floor  Chicago, Illinois 60602 |
| Page <page number> in your **2014** Member Handbook.  Page <page number> in your **2015** Member Handbook. | If you want to ask for a State Fair Hearing related to the Persons with Disabilities Waiver, Traumatic Brain Injury Waiver, or the HIV/AIDS Waiver (Home Services Program, or HSP), submit your appeal in writing or over the phone to:  Department of Human Services  Bureau of Hearings  401 South Clinton, 6th Floor  Chicago, Illinois 60607 | If you want to ask for a State Fair Hearing related to the Persons with Disabilities Waiver, Traumatic Brain Injury Waiver, or the HIV/AIDS Waiver (Home Services Program, or HSP), submit your appeal in writing or over the phone to:  Department of Human Services  Bureau of Hearings  69 West Washington, 4th Floor  Chicago, Illinois 60602 |

You are not required to take any action in response to this document, but we recommend you keep this information for future reference. If you have any questions, please call us at <phone number> (TTY: <TTY number), <days and hours of operation>.

Thank you.

<Plan Name>

<Plan’s legal or marketing name> is a health plan that contracts with both Medicare and Illinois Medicaid to provide benefits of both programs to enrollees.

You can get this document in Spanish, or speak with someone about this information in other languages for free. Call <toll-free number>. The call is free.