<Date>

<Name>

<Address>

<City>, <State> <ZIP>

<Name>:

Your <plan name> coverage is ending.

You’ll no longer be in <plan name> as of <date>. You may want to tell your providers that there may be a delay in updating your records.

[If MLTSS is an option in the beneficiary’s county, plans must include the following language: If you are in a nursing facility or are enrolled in an HCBS Waiver, you’ll be required to enroll in the HealthChoice Illinois Managed Long-Term Services and Supports (MLTSS) program to get your Medicaid services. You’ll get a HealthChoice Illinois MLTSS enrollment packet in the mail. If you have questions, call Illinois Client Enrollment Services. Contact information is in the List of Resources at the end of this notice.]

What if I think there was a mistake?

If you didn’t ask to leave <plan name> and want to stay in <plan name>, call Illinois Client Enrollment Services. Contact information is in the List of Resources at the end of this notice.

**What if I have questions?**

You can get answers and help. Contact information is in the List of Resources at the end of this notice. The calls and the help are free.

[*Plans must include all applicable disclaimers as required in the Medicare Communications and Marketing Guidelines and State-specific Marketing Guidance.*]

[*Plans are subject to the notice requirements under Section 1557 of the Affordable Care Act. For more information, refer to* [*https://www.hhs.gov/civil-rights/for-individuals/section-1557*](https://www.hhs.gov/civil-rights/for-individuals/section-1557)*.*]

You can get this document for free in other formats, such as large print, braille, or audio. Call <toll-free phone and TTY/TDD numbers>, <days and hours of operation>. The call is free.

**List of Resources**

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

| For questions about: | Contact: |
| --- | --- |
| **This notice or plan coverage** | <**Plan name**> |
|  | Call: <toll-free phone number> |
|  | TTY users call: <toll-free TTY/TDD number> |
|  | <days and hours of operation> |
|  | Online: <website> |
| **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](https://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](https://www.illinois.gov/HFS/Pages/default.aspx) |
| **Medicare** | **Medicare** |
|  | Call: 1-800-MEDICARE (1-800-633-4227) |
|  | TTY users call: 1-877-486-2048 |
|  | 24 hours a day, 7 days a week |
|  | Online: [Medicare.gov](https://www.medicare.gov/) |
| **Other enrollment choices:** | **Senior Health Insurance Program (SHIP)** |
|  | 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.SHIP@Illinois.gov  Online: [Illinois.gov/Aging/SHIP](https://www2.illinois.gov/aging/ship/Pages/default.aspx) |
| **Coverage decisions, appeals, or complaints:** | **Illinois Home 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.HCOProgram@illinois.gov  Online: <https://www2.illinois.gov/aging/ProtectionAdvocacy/LTCOmbudsman/Pages/The-Home-Care-Ombudsman-Program.aspx> |