

# Member Handbook

Humana Integrated Care  
Program of Illinois

**Humana®**

# Member Handbook

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# Important Numbers

<b>In an Emergency</b>	911
<b>Member Services</b>	1-800-764-7591 5 days a week 8 a.m. to 8 p.m. Central Standard Time (CST) However, please note that our automated phone system may answer your call during weekends and holidays. Please leave your name and telephone number, and we'll call you back by the end of the next business day.
<b>TTY for the Hearing Impaired</b>	711
<b>24-Hour Nurse Advice Line</b>	1-855-235-7494
<b>Transportation</b>	1-855-253-6865 Hearing Impaired - 1-866-288-3133
<b>Care Management</b>	1-800-764-7591
<b>Pharmacy</b>	1-800-764-7591
<b>Behavioral Health Hotline</b>	1-855-235-7494 7 days a week 24 hours a day This call is free.
<b>Humana Privacy Officer</b>	1-866-861-2762
<b>Report Fraud, Waste and Abuse</b>	1-800-614-4126 7 days a week 24 hours a day This call is free.
<b>Reporting Abuse, Neglect, Exploitation, or Unusual Incidents</b>	Humana Member Services 1-800-764-7591 Nursing Home Hotline 1-800-252-4343 Office of the Inspector General 1-800-268-1463 Aging/Elder Abuse 1-866-800-1409 (TTY – 1-888-206-1327)
<b>File a Grievance or Appeal</b>	1-800-764-7591
<b>Illinois Client Enrollment Broker (ICEB)</b>	1-877-912-8880 For Hearing Impaired 1-866-565-8576

# Welcome to Humana Integrated Care Program of Illinois

We want you and your family to get all the benefits you can get as a member of Humana Integrated Care Program of Illinois. Please take time to read this handbook. It will help you understand your benefits and how to get health services when you need them.

## How to Use Your Member Handbook and Certificate of Coverage

Please read this member handbook very carefully. Much of the information in this handbook is related. Reading just a few of the items or pages may not help you fully understand what you may want to know.

## CERTIFICATE OF COVERAGE

Humana Integrated Care Program of Illinois has a Certificate of Coverage (COC) which is required by state law. The COC has a complete list of your covered services. If you would like a copy of the COC, call Humana Integrated Care Program of Illinois Member Services at 1-800-764-7591.

# Member Services

Our Member Services department can help you get the most from Humana Integrated Care Program of Illinois. You can call us 1-800-764-7591, 5 days a week from 8 a.m. to 8 p.m. Central Standard Time (CST). Our automated phone system may answer your call weekends and holidays. Please leave your name and telephone number, and we'll call you back by the end of the next business day. Member Services is here to help you when you have questions about our plan. Member Services can help you with:

- Information on our plan
- Answers to questions about covered services
- Information on behavioral health and counseling services
- Changing your Primary Care Provider (PCP)
- If you need a list of network providers
- If you need to change your address or phone number
- If you need a new ID card or handbook

## IMPORTANT MEMBER INFORMATION

- Please read and keep this member handbook in a safe place. You need to know how your health plan works.
- To be a Humana Integrated Care Program of Illinois member, you must be on Medicaid and live in Cook, DuPage, Kane, Kankakee, Lake, or Will County.
- As a Humana Integrated Care Program of Illinois member, you have rights and responsibilities. They are listed in this handbook. You can also ask your Primary Care Provider (PCP) to show you a copy.
- Always show your Humana Integrated Care Program of Illinois ID card at your primary care provider's office, specialist's office, a pharmacy, or the hospital.
- Let us know how we can make Humana Integrated Care Program of Illinois a better plan. Call Humana Integrated Care Program of Illinois Member Services at 1-800-764-7591.



**If you have questions,** call Member Services at 1-800-764-7591 (TTY: 711) 8 a.m. - 8 p.m. CST five days a week.

## Your Identification (ID) Card

You will get an ID card when you join. You will need to show this ID card along with your HFS medical card when you go to the doctor or pharmacy. Keep your ID card in a safe place.

Please call Member Services at 1-800-764-7591 if:

- Your PCP's name or phone number is not on your ID card
- You don't have an ID card or you lose your ID card
- You move or change your telephone number

If we make changes, we will send you a new ID card.

You are the only one who can use your ID card. Do not give, loan or sell your ID card to anyone.

**Humana.**

**Humana Integrated Care Program of Illinois**

Medicaid Managed Care Plan

**MEMBER NAME**

**Member ID: HXXXXXXXXX**

HFS ID#: XXXXXXXX

Effective Date: XX/XX/XX

Group #: XXXXXXXX

Date of Birth: XX/XX/XX

RxBIN: XXXXXX

RxPCN: XXXXXXXX

**Member/Provider Service:**

**1-800-764-7591**

Pharmacist/Physician Rx Inquiries:

1-800-865-8715

HumanaFirst 24-hr Nurse Advice Line:

1-855-235-7494

**Website:** Humana.com

**If you use a TTY, call 711**

**PCP Name:**

XXXXXXXXXXXXXX

**PCP Phone:**

(XXX) XXX-XXXX

**Send claims to:**

**Humana Medical Claims**

**Behavioral Health Claims**

PO Box 14601

500 Unicorn Park Drive

Lexington, KY 40512-4601

Woburn, MA 01801

**LTSS Claims**

ILS

PO Box 5787

Hauppauge, NY 11788

## Privacy Notice

Your welcome packet has a Notice of Privacy Practices. It says how we use your personal information. It tells how you can get copies of your health records. It shows how to make changes in your records. Your health care information is private. We will only give it out if the law allows or if you let us give it out. For another copy, please call Humana Integrated Care Program of Illinois Member Services at 1-800-764-7591 or visit our website at [www.humana.com/Medicaid](http://www.humana.com/Medicaid).

## Interpreter Services and Alternative Formats

Is there a Humana Integrated Care Program of Illinois member in your family who:

- Does not speak English?
- Has hearing or visual problems?
- Has trouble reading or speaking English?

If so, we can help. We can get you sign language and language interpreters. They can help members communicate with us or their health care provider. They can help over the phone or in person. We also offer TTY service free of charge. The TTY is available 24 hours a day, 7 days a week at 711. Please contact Humana Integrated Care Program of Illinois Member Services at 1-800-764-7591 to request



**If you have questions,** call Member Services at 1-800-764-7591 (TTY: 711) 8 a.m. - 8 p.m. CST five days a week.

sign language or interpreter services. For sign language services, please call 5 business days before the scheduled appointment. For interpreter services, please call 24 hours before the scheduled appointment.

We can also send you printed materials in other languages or formats, like large print and Braille. And we can read materials to you, if needed.

You can get these services at no cost to you. Just call Humana Integrated Care Program of Illinois Member Services at 1-800-764-7591 to arrange services.

## Informed Consent

You must agree to all medical treatment unless there is an emergency and your life is in danger. You have the right to fully understand any procedure and the reason it is needed. Talk with your PCP if you do not want a procedure done. Your PCP will tell you what your choices are so you can make a good decision for you.

## Advance Directives

Your medical care is your decision. An advance directive is a way to let others know your wishes. Your PCP should tell you what an advance directive is and why it is important. You may want to ask your PCP about it. You can change or cancel an advance directive at any time. If you make changes, tell your PCP or other provider and family members.

You have the right to say no to any medical treatment, including procedures that would keep you alive against your wishes. In 1990 Congress passed the Patient Self-Determination Act. Under this law, health care organizations must tell patients how to use this right with the help of advance directives. You can call a lawyer, your local Legal Aid Office, or the Illinois State Medical Society to help prepare an advance directive.

- **An advance directive** (making your wishes known) is a legal document that tells your doctor or caregiver what type of treatment you want or don't want if you are unable to talk for yourself. The two types are the living will and durable power of attorney for health care decisions.
- **A living will** describes how and what kind of care you want if you are not conscious or have a terminal condition that will lead to death. You can use your living will to tell your PCP or other treating doctors when to continue or discontinue "heroic" efforts to keep you alive.
- **A durable power of attorney** for health care decisions names the person who will make your treatment decisions for you if you are not able to make decisions or speak for yourself.

A living will or durable power of attorney for health care decisions is effective only when you cannot make decisions or speak for yourself.

If you would like more information about advance directives, please see <http://www.idph.state.il.us/public/books/advdir4.htm> or call Humana Integrated Care Program of Illinois Member Services at 1-800-764-7591.



**If you have questions,** call Member Services at 1-800-764-7591 (TTY: 711) 8 a.m. - 8 p.m. CST five days a week.



## Confidentiality

We respect your right to privacy. We must have your written consent to give out medical information about you. We will not give your information to employers, contractors, researchers, medical or office personnel, or anyone else unless it is allowed by law.

## Consumer Advisory Committee

As a member of our health plan, we invite you to meet your peers in the community. You can do this by joining our “Consumer Advisory Committee.” On our committee, you will tell us how we can better serve you. Joining will allow you and your caregiver the chance to attend a community gathering. The gatherings will take place once every three months for two hours. If chosen, you will be mailed an invitation two weeks before the event. We really look forward to seeing our members! When you come, you will be given a light snack and a drink. Attendance will be taken. If chosen, and cannot attend in person, you may call into the meeting. The phone number will be provided in the mailed invitations. Your concerns will be heard. If you want more information, please dial 1 (877) 291-6608 and press “2”.

## Accessibility

We work with providers to make sure their locations and services are accessible for our members with disabilities. All providers must meet Americans with Disabilities Act (ADA) standards. Humana Integrated Care Program of Illinois also has providers in our network who can provide services to members with special needs. If you need assistance in finding a provider who can meet your special needs, please call Humana Integrated Care Program of Illinois Member Services at 1-800-764-7591.

We ensure our members can get services in a culturally competent manner. We provide materials and services in many languages and formats. We want to make sure that all our members can access services and information regardless of race, economic status, culture or primary language. Interpreter services are free to all non-English speaking members and members with limited English proficiency. You can access the language line directly by calling Humana Integrated Care Program of Illinois Member Services at 1-800-764-7591.

# Member Rights and Responsibilities

## Your Rights

- You have the right to be treated with courtesy and respect, with appreciation of your individual dignity, and with protection of your need for privacy.
- You have the right to a prompt and reasonable response to questions and requests.
- You have the right to know who is providing medical services and who is responsible for your care.
- You have the right to receive information on available treatment options and alternatives, presented in a manner appropriate to your condition and ability to understand.



**If you have questions,** call Member Services at 1-800-764-7591 (TTY: 711) 8 a.m. - 8 p.m. CST five days a week.

- You have the right to know what patient support services are available, including whether an interpreter is available if you do not speak English.
- You have right to request home PCP visits if you are homebound or have significant mobility limitations.
- You have the right to know what rules and regulations apply to your conduct.
- You have rights under the Health Insurance Portability and Accountability Act (HIPAA). This is a federal law that protects your health information. These privacy rights are important for you to know. You can exercise these rights, ask questions about them, and file a complaint if you think your rights are being denied or your health information isn't being protected.
- You have the right to be given by the health care provider information concerning diagnosis, planned course of treatment, alternatives, risks, and prognosis.
- You have the right to participate in decisions regarding your health care, including the right to refuse treatment, except as otherwise provided by law.
- You have the right to be given, upon request, full information and necessary counseling on the availability of known financial resources for your care.
- You have the right to receive, upon request, prior to treatment, a reasonable estimate of charges for medical care.
- You have the right to receive a copy of a reasonably clear and understandable, itemized bill and, upon request, to have the charges explained.
- You have the right to request and receive a copy of your medical records, and request that they be amended or corrected.
- You have the right to be furnished health care services in accordance with federal and state regulations.
- You have the right to receive all services required pursuant to the terms and agreements of Humana Integrated Care Program of Illinois's provider agreement with Illinois Department of Health and Family Services.
- You have the right to impartial access to medical treatment or accommodations, regardless of race, national origin, religion, handicap, or source of payment.
- You have the right to treatment for any emergency medical condition that will deteriorate from failure to provide treatment.
- You have the right to know if medical treatment is for purposes of experimental research and to give your consent or refusal to participate in such experimental research.
- You have the right to be free from any form of restraint or seclusion used as a means of coercion, discipline, convenience or retaliation.
- You have the right to express grievances regarding any violation of your rights, as stated in Illinois law, through the grievance procedure of the health care provider or health care facility which served you and through the appropriate state licensing agency.
- You have the right to receive information about Humana Integrated Care Program of Illinois, its services, practitioners and providers. To get this information, visit [www.humana.com/Medicaid](http://www.humana.com/Medicaid). Or call Member Services at 1-800-764-7591.



**If you have questions,** call Member Services at 1-800-764-7591 (TTY: 711) 8 a.m. - 8 p.m. CST five days a week.

- You are free to exercise these rights, and the exercise of these rights will not negatively affect the way you are treated.

## Your Responsibilities

- You are responsible for providing the health care provider accurate and complete information about present complaints, past illnesses, hospitalizations, medications, and other matters relating to your health to the best of your knowledge.
- You are responsible for reporting unexpected changes in your condition to the health care provider.
- You are responsible for notifying your PCP of any significant mobility limitations or homebound status that will warrant the need for PCP home visits.
- You are responsible for reporting to the health care provider whether you understand a possible course of action and what is expected of you.
- You are responsible for following the treatment plan recommended by your health care provider.
- You are responsible for keeping appointments and, when you are unable to do so for any reason, for notifying the health care provider or health care facility.
- You are responsible for your actions if you refuse treatment or do not follow the health care provider's instructions.
- You are responsible for assuring that the financial obligations of your health care are fulfilled as promptly as possible.
- You are responsible for following health care facility rules and regulations affecting patient care and conduct.

# Enrollment and Disenrollment

## ENROLLMENT

### Confirmation of Health Plan Enrollment

You will receive a confirmation of health plan enrollment letter. It has your effective date of enrollment. You will also receive a member welcome packet. You should also receive a welcome call within 30 days of your enrollment.

### Open Enrollment

If you are new to the Humana Integrated Care Program of Illinois, you will have 90 days from the effective date of your first enrollment to change your health plan. During the first 90 days, you can change health plans for any reason. If you change your health plan, you will have 90 days during which you may go back to your original health plan. After 90 days you will stay enrolled in the plan until your annual open enrollment period.



**If you have questions,** call Member Services at 1-800-764-7591 (TTY: 711) 8 a.m. - 8 p.m. CST five days a week.

The annual enrollment period is one (1) year from your effective date. You will receive a letter from Illinois Client Enrollment Broker (ICEB) 95 calendar days prior to your annual effective date. The letter will say that you can change health plans if you want to. The letter will give you the dates that you can make the change. You will have 60 days to change. This 60 day period is called your open enrollment. You can change health plans during your 60 day open enrollment period every year. You do not have to change health plans, but you can if you want to. If you choose to change plans during open enrollment, you will be a member in the new plan at the start of your new enrollment period. Whether you pick a new plan or stay with Humana Integrated Care Program of Illinois, you will be locked in to that plan for the next 12 months.

## **Reinstatement**

If you lose eligibility for two (2) calendar months or less and then become eligible again, you will be reenrolled with Humana Integrated Care Program of Illinois. We will assign you to your previous PCP if they are still accepting patients.

## **Disenrollment for Cause**

Under certain circumstances, Humana Integrated Care Program of Illinois can ask HFS to disenroll you from our health plan. This is called “disenrollment for cause.” We can ask that you be disenrolled for cause for the following reasons:

- You move out of the state
- You become eligible for Medicare
- You move out of the service area. Humana Integrated Care Program of Illinois serves members in the following counties only:
  - Cook
  - DuPage
  - Kane
  - Kankakee
  - Lake
  - Will



**If you have questions,** call Member Services at 1-800-764-7591 (TTY: 711) 8 a.m. - 8 p.m. CST five days a week.

# Your Primary Care Provider

## Your Primary Care Provider (PCP)

Your PCP will work with you to coordinate all your health care. Your PCP will do your checkups and treat most of your routine health care needs. If needed, your PCP may send you to specialists. You can reach your PCP by calling his/her office. Your PCP's name and phone number are printed on your ID card. It is important to call your PCP when you need medical care. You may also be seen by your PCP's assistant or a nurse.

## Your Medical Home

Your PCP will become your medical home. As a medical home, your PCP is your primary source for healthcare. They will refer you to a specialist if needed. They will also help manage your chronic conditions. You should have an ongoing, trusting relationship with your PCP. Your PCP knows your medical history. A medical home also includes the support team who works with your PCP to coordinate the services and care you need. The goal is to help you be as healthy as possible.

When you need to see your PCP, call the office for an appointment. Your PCP's phone number is on the back of your ID Card. Member Services can help you make your first appointment. For help in scheduling your first appointment, call Humana Integrated Care Program of Illinois Member Services at 1-800-764-7591.

It is important that you keep your appointments and get to the office on time. If you cannot keep your appointment, call the office as soon as you can. You can make a new appointment when you call to cancel.

Having a medical home is important because it is the first place you go to get the care you need to stay healthy. This is what having a medical home means.

- Your personal PCP gets to know you well.
- Your PCP works with your other health care providers, such as specialists, including behavioral health providers and hospitals, to coordinate your care.
- You get better health care because your PCP knows your health care needs.
- You can better understand your illnesses and how to care for yourself.
- You can understand how to get and take your medicine.
- You only use the emergency room for health care emergencies.
- The PCP may use other team members to help you get better care.

Your PCP may be one of the following types of health care providers.

- Family doctor
- General practitioner



**If you have questions,** call Member Services at 1-800-764-7591 (TTY: 711) 8 a.m. - 8 p.m. CST five days a week.

- Internist
- Women's Health Care Provider (WHCP) or OB/GYN

A Women's Health Care Provider (WHCP) is a doctor, nurse practitioner or other provider who specializes in obstetrics, gynecology, or family practice. Female members may choose a WHCP as their PCP or may see a WHCP as needed and without a referral.

Members who are identified as American Indian/Alaskan Native may see providers who are designated as Indian Health Care Providers if they choose to. They are not limited to these providers and can choose any network provider. Members who are identified as American Indian/Alaskan Native will never be charged co-pays or coinsurance on this plan. For help in locating an Indian Health Care Provider, call Humana Integrated Care Program of Illinois Member Services at 1-800-764-7591.

In some cases, a specialist may be a PCP. If you have a specialist that you want to be your PCP, the specialist must call Humana Integrated Care Program of Illinois. There is a process the specialists must go through to be your PCP.

## Choosing Your PCP

You most likely picked your PCP when you joined Humana Integrated Care Program of Illinois. If you did not pick your own PCP, the Illinois Client Enrollment Broker (ICEB) gave you one. Your PCP's name and phone number are listed on your ID card. Your PCP's address will also be on your welcome letter. If this information is not listed on your ID card, call Humana Integrated Care Program of Illinois Member Services at 1-800-764-7591.

It is important to choose the PCP that is right for you. If you don't already have a PCP and you need help choosing one, call Humana Integrated Care Program of Illinois Member Services at 1-800-764-7591.

## Changing Your PCP

We hope you will be happy with your PCP. But you may want to change. If you want to change your PCP for any reason, you must call Humana Integrated Care Program of Illinois Member Services at 1-800-764-7591 to let us know. We will change your PCP within 30 days of your request. We will send you a new member ID card with your new PCP on it. Humana Integrated Care Program of Illinois Member Services can also help you schedule your first appointment, if needed.

To find the PCPs you can choose from:

- Look in our Provider Directory.
- Look on our website at [www.humana.com/Medicaid](http://www.humana.com/Medicaid).
- Call Humana Integrated Care Program of Illinois Member Services at 1-800-764-7591.

If you need a copy of the Provider Directory, call Humana Integrated Care Program of Illinois Member Services at 1-800-764-7591.



**If you have questions,** call Member Services at 1-800-764-7591 (TTY: 711) 8 a.m. - 8 p.m. CST five days a week.

You may not be able to change if the new PCP you want is not accepting new patients or has other restrictions. Please call us if you need help.

If your PCP tells us that he or she is moving away, retiring or leaving our network for any reason, we will assign another PCP for you. We will let you know by mail within 45 days whenever possible. You can call us if you need help choosing a different PCP. We will also let you know if any hospitals in your region stop accepting our plan.

## Access to Your PCP

We have many PCPs in your area to give you the care you need. You are less than 30 minutes or 30 miles away from PCPs and hospitals in urban areas and less than 60 minutes or 60 miles in rural areas. You are also less than 60 minutes away from specialists you need to provide your health care.

- You will get urgently needed care in less than 24 hours. Urgently needed care is when you are very sick but your life is not in danger.
- You will get routine care within three weeks after you call your PCP.
- You will get routine, preventive care in less than five weeks after you call your PCP.
- You will get initial prenatal care within two weeks after you call your provider if you are in your first trimester. You will be seen sooner if you are experiencing problems or if you are beyond your first trimester.

## Continuity of Care

We will ensure continuity of care for members who are in an active ongoing course of treatment or are in the third trimester of pregnancy if your provider is not in our network. If this happens, we will allow you to continue treatment with your provider for up to 90 days or through your postpartum period if your current provider agrees to continue such treatment. Your care will continue through this period or until you choose another PCP. If the provider's quality of care is in question, this may not be possible.

If you are receiving services as part of a Williams or Colbert consent decree, we will work also to ensure continuity of care by honoring the service plan that is in place for you.

## After-Hours Coverage

Except in an emergency, if you get sick after your PCP's office is closed, or on a weekend, call the office anyway. An answering service will make sure your PCP gets your message. Your PCP will call you back to tell you what to do. Be sure your phone accepts blocked calls. Otherwise, your PCP may not be able to reach you.

You can even call your PCP in the middle of the night. You might have to leave a message with the answering service. It may take a while, but your PCP will call you back to tell you what to do.

**If you are having an emergency, you should ALWAYS call 911 or go to the nearest emergency room.**



**If you have questions,** call Member Services at 1-800-764-7591 (TTY: 711) 8 a.m. - 8 p.m. CST five days a week.



## PCP and Other Providers

Doctors, hospitals, pharmacies, Federally Qualified Health Centers (FQHC), Rural Health Centers (RHC), Encounter Rate Clinics, and other providers in our network can give you all the medical care you need.

- You must get your care from providers or facilities in the network except in an emergency.
- If you use a doctor or hospital that is not in our network, or has not been approved by your PCP, you may receive a bill from that provider.
- When you receive approved care from a PCP or hospital in the network, we will pay the bill.
- You may be limited to providers affiliated with their primary care medical group. This means you must go to a specialist referred by your PCP. Check with your PCP.

## Second Opinion

If you need a second opinion, call Humana Integrated Care Program of Illinois Member Services at 1-800-764-7591. If a physician tells you that you need surgery or any other medical need, and you want a second opinion, we will help you get another physician's opinion at no cost to you.

Our doctors will review your medical history, including any test reports, and give an opinion to your PCP at no cost to you. After reviewing this second opinion, your PCP will make the final decision about your treatment.

If you want a second opinion from a doctor who is not in the network, we can refer you to that doctor.

## Specialty Care

### Care From a Specialist

Your PCP or Women's Health Care Provider (WHCP) can recommend a specialist to you if you have a specific problem. Your PCP or WHCP can also recommend a lab or hospital to you for special services. We may need to review and approve service requests before you can get services. If it is medically necessary you can get a standing authorization to see a specialist. The specialist, lab or hospital will know how to get approval for these services.

## Your Care

### Where to Get Medical Care

We want to make sure you get the right care from the right health care provider when you need it. Use the information below to help you decide where you should go for medical care.

### How to Decide Whether to go to an ER, Urgent Care or PCP

Ask yourself these questions:

- Is it safe to wait?
- Is it safe to wait and call my doctor first?
- Is it safe to wait and schedule an appointment in the next day or two with my doctor?



**If you have questions**, call Member Services at 1-800-764-7591 (TTY: 711) 8 a.m. - 8 p.m. CST five days a week.



- Is it safe to wait if I can get an appointment today with my doctor?
- If my doctor can't see me, is it safe to wait to be seen at an urgent care clinic as a walk-in?
- Could I die or suffer a serious injury if I don't get medical help right away?

If you are not sure if your illness or injury is an emergency, call your doctor. Or call our 24-hour nurse advice line. Just dial 1-855-235-7494 to talk to a nurse. For a list of facilities providing emergency and post-stabilization services, please refer to the Humana Integrated Care Program of Illinois Medicaid Provider Directory or call Member Services at 1-800-764-7591.

## PCP Services

You should see your PCP for all routine visits. Here are some examples of conditions that can be treated by your PCP:

- Dizziness
- High/low blood pressure
- Swelling of the legs and feet
- High/low blood sugar
- Persistent cough
- Loss of appetite
- Restlessness
- Joint pains
- Colds/flu
- Headache
- Earache
- Backache
- Constipation
- Rash
- Sore throat
- Taking out stitches
- Vaginal discharge
- Pregnancy tests
- Pain management

## Urgent Care

Urgent care is when you need care right away, but you are not in danger of lasting harm or of losing your life. Here are some examples of urgent care:

- Sore throat
- Flu
- Migraines



**If you have questions,** call Member Services at 1-800-764-7591 (TTY: 711) 8 a.m. - 8 p.m. CST five days a week.

You can visit an urgent care center for non-emergency situations to keep an injury or illness from getting worse. You can do this when your PCP's office is closed or if your PCP is not able to see you right away.

If you think you need urgent care, you can:

- Call your PCP for advice. You can reach your PCP or a back-up doctor, 24 hours a day, 7 days a week.

**OR**

- Call our 24-hour nurse advice line at 1-855-235-7494.

**OR**

- Go to a participating urgent care center. They are listed in the Provider Directory. Or you can find them on our website at [www.humana.com/Medicaid](http://www.humana.com/Medicaid). After you go, always call your PCP to schedule follow-up care.

Sometimes you get sick or injured while you are traveling. If you think you need to go to an urgent care center while you are out of our service area, call your PCP. Or you can call our 24-hour nurse advice line. The number is 1-855-235-7494.

They can help you decide what to do. If you go to an urgent care center, call your PCP as soon as you can. Let him or her know of your visit.

## Emergency Services

Emergency services are for a medical problem that you think is so serious that it must be treated right away by a doctor.

We cover care for emergencies both in and out of our service area. You have the right to use any hospital or other setting for emergency services. Here are some examples of when emergency services are needed:

- Miscarriage/pregnancy with vaginal bleeding
- Severe chest pain
- Shortness of breath
- Loss of consciousness
- Seizures/convulsions
- Uncontrolled bleeding
- Severe vomiting
- Rape
- Major burns
- Feeling like you are going to harm yourself or someone else



**If you have questions,** call Member Services at 1-800-764-7591 (TTY: 711) 8 a.m. - 8 p.m. CST five days a week.

You do not have to contact us for an okay before you get emergency services. If you have an emergency, call **911** or go to the nearest ER. If there is no 911 service in your area, call the nearest ambulance service. If you are not sure what to do, call your PCP for help. Or you can call our 24-hour nurse advice line at 1-855-235-7494.

Remember, if you have an emergency:

- Go to the nearest ER. Be sure to tell them that you are a member of our plan. Show them your ID card.
- If the provider that treats you for an emergency takes care of your emergency but thinks that you need other medical care to treat the problem that caused it, the provider must call Humana Integrated Care Program of Illinois.
- If you are able, call your PCP as soon as you can. Let him or her know that you have a medical emergency. Or you can have someone call for you. Then call your PCP as soon as you can after the emergency to schedule any follow-up care.
- If the hospital has you stay, please make sure that Humana Integrated Care Program of Illinois is called within 24 hours.

## Post Stabilization Care

This is care you get after you have received emergency medical services. It helps maintain, improve or clear up your health issue. It does not matter whether you get the emergency care in or outside of our network. These services may be provided in the hospital or in an office setting. We will cover services to make sure you are stable after an emergency. You should get care until your condition is stable.

## Hospital Care

If you need hospital care, your PCP will make arrangements for you. You may have an emergency and be admitted by a hospital doctor. If this happens, call your PCP as soon as possible. Or have a friend or family member call for you.

## Emergency and Non-emergency Transportation

- For emergency transportation services, call 911.
- If you need a ride to a health care appointment that is not an emergency or to the pharmacy right after a doctor's visit, call MTM, Inc. at 1-855-253-6865 TTY 711 Monday – Friday 8:00 a.m. – 8:00 p.m. Central Time, or online at <http://memberportal.net/>.

## Out-of-Network Non-emergency Care Outside the Service Area

If you are away from home and have an emergency, go to the nearest emergency room. Call your PCP as soon as you can. Know that only emergency services are covered outside your service area. Humana Integrated Care Program of Illinois is not responsible for non-emergency health care services you get from an out-of-network provider unless we approve these services.



**If you have questions,** call Member Services at 1-800-764-7591 (TTY: 711) 8 a.m. – 8 p.m. CST five days a week.

## Out-of-Network Care for Services not Available

Your PCP will arrange for out-of-network care if Humana Integrated Care Program of Illinois is unable to provide you with necessary covered services or a second opinion if a network provider is not available. We will ensure that there is no cost to you.

## Pregnancy Care

Pregnant women need special care. If you are pregnant, please call Member Services at 1-800-764-7591. They can help you with:

- Choosing a PCP, WHCP or OB/GYN for your pregnancy (prenatal) care
- Getting you into special programs for pregnant members, such as childbirth classes, or help getting healthy food through the Women Infants and Children (WIC) program

If you are not sure you are pregnant, make an appointment with your provider for a pregnancy test.

Here are some important reminders about pregnancy care.

- If you are pregnant and have chosen your pregnancy provider, make an appointment to see them.
- It is important that you visit your PCP during the first three months of your pregnancy or within 42 days of enrolling in the plan.
- If you need help finding a provider, call Member Services.

Early and regular care is very important for your health and your baby's health.

Your PCP, WHCP or OB/GYN will tell you about the following:

- Regular pregnancy care and services
- Special classes for moms to be, such as childbirth or parenting classes
- What to expect during your pregnancy
- Information about good nutrition, exercise and other helpful advice
- Family planning services, including birth control pills, condoms and tubal ligation (getting your tubes tied) for after your baby is born

Healthy Pregnancy Tips:

- During your pregnancy, your provider will tell you when you need to come back for a visit. It is important for your health and your baby's health to keep all your appointments with your provider while you are pregnant.
- Childbirth classes can help with your pregnancy and delivery. These classes are available at no cost to you. Ask your provider about the classes and how you can sign up for them.
- High lead levels in a pregnant woman can harm her unborn child. If you are pregnant, talk to your provider to see if you may have been exposed to lead.



**If you have questions,** call Member Services at 1-800-764-7591 (TTY: 711) 8 a.m. - 8 p.m. CST five days a week.

- If you are pregnant, it is important that you do not smoke, drink alcohol or take illegal drugs because they will harm you and your baby.

After You Have Your Baby:

You should see your own PCP, WHCP or OB/GYN 21 - 56 days after your baby is born. You will get a well woman checkup to make sure you are healthy. Your PCP will also talk with you about family planning.

## Quality Improvement Program

Humana Integrated Care Program of Illinois wants to provide you with quality care so we have developed a program to make sure we are always improving. This is called the Quality Improvement (QI) program. Humana's Quality Improvement Program includes clinical care, preventive care and member services. It is available on Humana's website under Member Guidelines/Important Member Information. To request a printed copy, call 1-800-4-HUMANA (1-800-448-6262) or write to us at: Humana Quality Operations and Compliance Department, QI Program, 321 West Main Street, WFP20, Louisville, KY 40202.

## New Medical Treatment

Sometimes new treatments work very well and sometimes they do not. Some can even have bad side effects. Humana Integrated Care Program of Illinois tracks new medical research. This is how it decides new benefits for your health plan. If you think a new medical technology or treatment might help you, call your PCP. Your PCP will work with Humana Integrated Care Program of Illinois to see if it can help you and will be covered by Humana Integrated Care Program of Illinois.

## Utilization Management

Humana Integrated Care Program of Illinois wants to make sure everyone receives the right medical care from the right provider at the right time. To make sure of this, we work with your doctors and hospital to make sure the number of days you stay in the hospital and the services you receive are medically needed and right for your medical condition.

It is important to understand that:

- Your health plan makes UM decisions based only on whether care is medically needed and whether you have coverage.
- Your health plan does not reward doctors or other individuals for deciding that something is not covered.
- Those who make UM decisions are not paid in a way that encourages them to deny services that are medically needed.

## Care Coordination

As a member of Humana Integrated Care Program of Illinois, you have a whole care team to work with to help support meeting your health needs and goals. This service is part of this plan and there is no cost to you.



**If you have questions,** call Member Services at 1-800-764-7591 (TTY: 711) 8 a.m. - 8 p.m. CST five days a week.

You are key to your care team and will be able to visit with your own personal Care Coordinator by telephone. In-person home visits may also be available if you have complex health, behavioral health or long term service needs.

Your Care Coordinator will work with you and any family members or other caregivers you choose.

Your Care Coordinator can help you stay healthy by making sure that you and your providers work together to meet all of your health care needs. We are here to help you understand and follow their treatment plan and instructions. Working with you, your Care Coordinator may also involve other health professionals like nurses, social workers, long term service and behavioral health specialists – this is your care team.

Our Care Coordinators are here to help keep you safe and healthy. For example, your Care Coordinator may:

- Support you in finding ways to manage your health
- Answer your health questions
- Provide disease management services to help you control chronic conditions such as diabetes, heart disease and asthma
- Support you in finding family planning services and counseling
- Work with you and your doctors to develop a care plan that meets all your needs
- Help you make sure you have all your medicines and know how to take them
- Support your health goals and help you reach them
- Help connect you with community services where you live
- Provide care support after a hospitalization
- Help you return to the community after a nursing home or inpatient stay
- Develop a crisis plan to help keep you safe in times of emergency
- Make your home safer for you to stay in

If you have questions, or would like to start or stop care coordination services, please call us toll-free at 1-800-764-7591 (TTY: 711). You can call seven days a week, from 8 a.m. to 8 p.m. Or, if you need to reach someone about health advice after our regular business hours, a nurse advice line is available 24 hours per day, 7 days per week by calling 1-855-235-7494.

## Disease Management

We have several programs for members with chronic conditions such as diabetes, heart disease and asthma. These programs give you information and support. Services are coordinated to help you follow your PCP's treatment plan and meet your specific healthcare goals. For information, call Humana Integrated Care Program of Illinois Member Services at 1-800-764-7591.



**If you have questions,** call Member Services at 1-800-764-7591 (TTY: 711) 8 a.m. - 8 p.m. CST five days a week.

## Special Programs

We can provide information to you regarding agencies that offer some of these services listed below in your community. To learn more about these services, call your PCP or Humana Integrated Care Program of Illinois Member Services at 1-800-764-7591. We respect your right to privacy and will not share any of your information related to these programs.

- Smoking Cessation
- Substance Abuse Program
- Domestic Violence Program
- Pregnancy Prevention Program
- Prenatal/Postpartum Program
- Flu Prevention Program

## Family Planning

You can get your family planning services from your doctor. This allows your doctor to coordinate your health care needs. You also can choose from any Medicaid doctor. For family planning services from your doctor, prior approval is not needed. For more information, call Humana Integrated Care Program of Illinois Member Services at 1-800-764-7591.



**If you have questions,** call Member Services at 1-800-764-7591 (TTY: 711) 8 a.m. - 8 p.m. CST five days a week.

# Covered Services

This grid lists services covered by Humana Integrated Care Program of Illinois. There are no co-pays or coinsurance for medical services for this plan.

<b>Covered Services</b> Humana Integrated Care Program of Illinois covers all Illinois Medicaid services.		
<b>Type of Care</b>	<b>Covered Services</b>	<b>Coverage and Benefit Limitations</b>
Abortions	Termination of pregnancy may be provided only as allowed by applicable State and federal law and regulation	Covered benefit when necessary to preserve the woman's life or health or when the pregnancy is the result of rape or incest.
Advanced Practice Nurse Covered Services	Medical and Preventive services provided by Certified Nurse Midwives, Certified Nurse Practitioners and Certified Pediatric Nurse Practitioners	Covered benefit. Prior authorization and referral may be required.
Ambulatory Surgery	<ul style="list-style-type: none"> <li>• Preoperative examinations</li> <li>• Operating and recovery room services</li> <li>• All required drugs and medicines</li> </ul>	Covered benefit.
Behavioral Health	Behavioral health services including but not limited to: <ul style="list-style-type: none"> <li>• Behavioral health assessment and/or psychological evaluation</li> <li>• Medication management</li> <li>• Community treatment and support, including peer specialists or family peer specialist support services</li> <li>• Therapy/counseling</li> <li>• Services in Community Mental Health Centers (CMHC's)</li> <li>• Services provided under the Medicaid Clinic Option or Medicaid Rehabilitation Option</li> </ul> Sub-acute alcohol and substance abuse treatment, including but not limited to: <ul style="list-style-type: none"> <li>• Outpatient treatment</li> <li>• Residential treatment</li> <li>• Detoxification</li> <li>• Psychiatric evaluation services</li> <li>• Day treatment</li> </ul>	Covered benefit. Prior authorization, referral, and other limits may be required.



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# Covered Services

Humana Integrated Care Program of Illinois covers all Illinois Medicaid services.

Type of Care	Covered Services	Coverage and Benefit Limitations
Chiropractic	Services are limited to the treatment of the spine by manual manipulation to correct a subluxation of the spine.	<p>Covered benefit for members under age 21. Prior authorization and referral may be required.</p> <p>Non covered services:</p> <ul style="list-style-type: none"> <li>• Services provided to members 21 years of age and older</li> <li>• Services provided to members in group care facilities by a provider who derives direct or indirect profit from total or partial ownership of such facility</li> <li>• Office visits - Diagnostic or screening</li> <li>• Treatment when a definitive pathology is not present</li> <li>• Maintenance therapy</li> </ul>
Cosmetic procedures or surgery	The plan covers cosmetic surgery when it is medically necessary because of accidental injury or to improve the function of a malformed body part.	Medically Necessary covered benefit. Prior authorization and referral may be required.
Dental	<ul style="list-style-type: none"> <li>• “Practice” visits for members with developmental disabilities or serious mental illness to become more comfortable with the dentist’s office.</li> </ul> <p>Below benefits are for those under 21 years of age</p> <ul style="list-style-type: none"> <li>• Oral exams limited to every 6 months in an office setting and one every 12 months in a school setting.</li> <li>• Cleanings limited to once every 6 months in an office or school setting.</li> <li>• X-Rays (including Bitewings, Panoramic Film)</li> <li>• Fluoride treatments limited to once every 6 months in an office or school setting.</li> </ul>	<p>Covered benefit.</p> <p>Call DentaQuest toll free at 1-855-343-7400 TTY: 1-800-466-7566</p> <p>Prior authorization, referral, and other limits may be required.</p>



**If you have questions,** call Member Services at 1-800-764-7591 (TTY: 711) 8 a.m. - 8 p.m. CST five days a week.

# Covered Services

Humana Integrated Care Program of Illinois covers all Illinois Medicaid services.

Type of Care	Covered Services	Coverage and Benefit Limitations
Dental (continued)	<ul style="list-style-type: none"> <li>• Sealants</li> <li>• Fillings</li> <li>• Crowns</li> <li>• Root canals</li> <li>• Dentures (full and partial)</li> <li>• Extractions (pulling)</li> <li>• Space Maintainers</li> <li>• Pulpotomy</li> <li>• Gingivectomy</li> <li>• Scaling &amp; Root Planing</li> <li>• Bridge</li> <li>• Alveoloplasty</li> <li>• Maxillofacial Prosthetics</li> <li>• Orthodontic Services</li> <li>• Anesthesia</li> <li>• Sedation</li> <li>• Therapeutic Drug Injection</li> </ul> <p>Below benefits are for those over 20 years of age</p> <ul style="list-style-type: none"> <li>• Oral exams (every 6 months)</li> <li>• X-Rays (including Bitewings, Panoramic Film)</li> <li>• Prophylaxis-Cleaning (once every 6 months)</li> <li>• Fillings</li> <li>• Sedation</li> <li>• Crowns</li> <li>• Root Canals</li> <li>• Alveoloplasty</li> <li>• Dentures (full)</li> <li>• Therapeutic Drug Injection</li> <li>• Extractions</li> <li>• Maxillofacial Prosthetics</li> <li>• Anesthesia</li> </ul>	<p>Covered benefit.</p> <p>Call DentaQuest toll free at 1-855-343-7400 TTY: 1-800-466-7566</p> <p>Prior authorization, referral, and other limits may be required.</p>



**If you have questions,** call Member Services at 1-800-764-7591 (TTY: 711) 8 a.m. - 8 p.m. CST five days a week.

# Covered Services

Humana Integrated Care Program of Illinois covers all Illinois Medicaid services.

Type of Care	Covered Services	Coverage and Benefit Limitations
Dental (continued)	<p>Pregnant Adults</p> <p>Services necessary for the health of a pregnant woman prior to the delivery of her baby including:</p> <p>Oral exams</p> <p>Prophylaxis</p> <p>Scaling &amp; Root Planing</p> <p>Full mouth debridement to enable comprehensive periodontal evaluation</p>	<p>Covered benefit.</p> <p>Call DentaQuest toll free at 1-855-343-7400 TTY: 1-800-466-7566</p> <p>Prior authorization, referral, and other limits may be required.</p>
Dialysis – Outpatient	Outpatient dialysis treatments	Covered benefit.
Durable and Non-Durable Medical Equipment and Supplies	<p>Nondurable medical supplies, including, but not limited to:</p> <ul style="list-style-type: none"> <li>Asthma medical supplies such as peak flow meter (not including medicine)</li> <li>Diabetes testing supplies such as glucometer (not including medicine)</li> </ul> <p>Durable medical supplies (DME) including but not limited to:</p> <ul style="list-style-type: none"> <li>Diabetic shoes and inserts</li> <li>Orthoses</li> <li>Wheelchairs</li> <li>Oxygen supplies including respiratory equipment</li> <li>Apnea monitors</li> <li>Speech generating devices</li> </ul>	<p>Covered benefit.</p> <p>Prior authorization may be required and other limits may apply.</p> <p>The member must use a medical supply company or pharmacy that is in-network.</p>
Early and Periodic Screening Diagnostic and Treatment Services (EPSDT)	Comprehensive screening, vision, dental, hearing, treatment, immunizations and diagnostic services needed to correct and improve health conditions based on certain federal guidelines.	<p>Covered benefit for members under age 21.</p> <p>Prior authorization and referral may be required.</p>
Emergency Room	You may go to any emergency room if you reasonably believe you need emergency care.	Covered benefit.
Emergency Transportation	Medically necessary ambulance services	Covered benefit.



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# Covered Services

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Type of Care	Covered Services	Coverage and Benefit Limitations
Eye Care	<ul style="list-style-type: none"> <li>• Routine eye exam (1 per year)</li> <li>• Glasses (1 pair per year)</li> <li>• Medically necessary contact lenses or glasses</li> <li>• A replacement frame may be covered only when the present frame is broken, and is non-repairable, or has been lost This includes lenses and frames</li> <li>• New frame parts, including fronts, temples, etc., are covered when used to repair an existing frame</li> <li>• If one or both lenses are broken, but the frame is still usable, the lens or lenses may be replaced</li> </ul> <p><b>Only when Medically Necessary:</b></p> <ul style="list-style-type: none"> <li>• Eye exams</li> <li>• Contact lens/lenses and related service</li> <li>• Artificial eye</li> <li>• Low vision devices</li> <li>• Polycarbonate eyeglass lenses for adults, age 21 and over (Polycarbonate lenses for children through age 20 do not require prior approval.)</li> </ul>	<p>Covered benefit.</p> <p>Call EyeMed toll free at 1-888-289-0595.</p> <p>Limitations on routine exams:</p> <ul style="list-style-type: none"> <li>• 1 per year</li> </ul> <p>Limitations on contact lenses or glasses:</p> <ul style="list-style-type: none"> <li>• 1 pair per year for members under age 21</li> <li>• 1 pair every 2 years for members ages 21 and over</li> </ul>
Family Planning	<p>Including but not limited to:</p> <ul style="list-style-type: none"> <li>• Provider visit</li> <li>• Birth control and family planning education and counseling</li> <li>• Contraceptives (birth control)</li> <li>• Testing for sexually transmitted diseases and HIV</li> <li>• Sterilization</li> </ul>	<p>Covered benefit.</p> <p>Limitations on sterilization include:</p> <ul style="list-style-type: none"> <li>• Must be age 21 or older</li> <li>• Completed consent form</li> </ul>



**If you have questions,** call Member Services at 1-800-764-7591 (TTY: 711) 8 a.m. - 8 p.m. CST five days a week.

# Covered Services

Humana Integrated Care Program of Illinois covers all Illinois Medicaid services.

Type of Care	Covered Services	Coverage and Benefit Limitations
Hearing Care	<p>Includes:</p> <ul style="list-style-type: none"> <li>• Basic and advanced hearing tests</li> <li>• Hearing aid related testing and evaluation, hearing aid, counseling, hearing aid fitting (Replacement is within three years of the initial or previous purchase)</li> <li>• Coverage also includes provision of hearing aid accessories (an average of sixteen (16) batteries per hearing aid in a 60 day period) replacement of parts, and repairs</li> <li>• Provision of a hearing aid must include a minimum of a one-year warranty at no expense to the Plan.</li> <li>• Exception: Payment will not be made for hearing aid batteries for residents in a Long Term Care Facility (LTC). It is the responsibility of the LTC Facility</li> </ul>	<p>Covered benefit.</p> <p>The following items or services may be provided only with prior approval:</p> <ul style="list-style-type: none"> <li>• Binaural hearing aids for adults (individuals over the age of 18)</li> <li>• Monaural hearing aid – creating a binaural situation for adults (individuals over the age of 18)</li> <li>• Hearing aid and dispensing fee – replacement is within three years of the initial or previous purchase</li> <li>• Exceed quantity limits in allotted time frame(s) Repair costs over \$250.00</li> </ul> <p>Prior authorization and referral may be required.</p> <p>Non-covered services include:</p> <ul style="list-style-type: none"> <li>• routine periodic exams in the absence of an identified problem</li> <li>• examination required for the determination of disability or incapacity</li> <li>• services provided in federal or state institutions</li> <li>• expenses associated with postage and handling for any items</li> <li>• travel expenses to provide testing</li> </ul> <p>Services must be medically necessary.</p>
Home Health Care	<p>Includes medically necessary intermittent skilled nursing care, home health aide services, and rehabilitation services, etc.</p>	<p>Covered benefit.</p> <p>Prior authorization and referral may be required.</p>



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# Covered Services

Humana Integrated Care Program of Illinois covers all Illinois Medicaid services.

Type of Care	Covered Services	Coverage and Benefit Limitations
Hospital - Inpatient	<p>You are covered for an unlimited number of medically necessary days.</p> <p>The following services are covered, and maybe other services not listed here:</p> <ul style="list-style-type: none"><li>• Semi-private room (or a private room if it is medically necessary)</li><li>• Meals, including special diets</li><li>• Regular nursing services</li><li>• Costs of special care units, such as intensive care or coronary care units</li><li>• Drugs and medications</li><li>• Lab tests</li><li>• X-rays and other radiology services</li><li>• Needed surgical and medical supplies</li><li>• Appliances, such as wheelchairs</li><li>• Operating and recovery room services</li><li>• Physical, occupational, and speech therapy</li><li>• Inpatient substance abuse services</li><li>• Blood, including storage, blood components and administration thereof</li><li>• Physician services</li><li>• Post stabilization services</li></ul>	<p>Covered benefit.</p> <p>Prior authorization and referral may be required.</p>



**If you have questions,** call Member Services at 1-800-764-7591 (TTY: 711) 8 a.m. - 8 p.m. CST five days a week.

# Covered Services

Humana Integrated Care Program of Illinois covers all Illinois Medicaid services.

Type of Care	Covered Services	Coverage and Benefit Limitations
Hospital - Outpatient	<p>We will cover the following medically necessary services, and maybe other services not listed that you get in the outpatient department of a hospital:</p> <ul style="list-style-type: none"> <li>• Dialysis</li> <li>• Emergency room use</li> <li>• Physical, occupational or speech therapy</li> <li>• Audiologists</li> <li>• Drugs ordered by a doctor</li> <li>• Blood, including storage, blood components and administration thereof</li> <li>• Services to prevent or diagnose problems</li> <li>• Therapeutic and rehabilitative services</li> <li>• Labs and diagnostic tests</li> <li>• X-rays and other radiology services</li> </ul>	<p>Covered benefit.</p> <p>Prior authorization and referral may be required.</p>
Immunizations (Shots)	<ul style="list-style-type: none"> <li>• Pneumonia vaccine</li> <li>• Flu shots, once a year in the fall or winter</li> <li>• Hepatitis B vaccine if you are at high or intermediate risk of getting Hepatitis B</li> <li>• We also cover some vaccines under our outpatient prescription drug benefit</li> </ul>	<p>Covered benefit.</p> <p>Prior authorization and referral may be required.</p>
Laboratory Services/ X-rays	Medically necessary diagnostic lab services and x-rays.	<p>Covered benefit.</p> <p>Prior authorization and referral may be required.</p>
Nurse Midwife Services	Services provided by a nurse midwife for pregnancy and birth.	<p>Covered benefit.</p> <p>Prior authorization and referral may be required.</p>
Maternity Care	<ul style="list-style-type: none"> <li>• Prenatal care (before birth)</li> <li>• Labor and delivery</li> <li>• Postpartum care (after the baby is born)</li> </ul>	<p>Covered benefit.</p> <p>Prior authorization and referral may be required.</p>



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# Covered Services

Humana Integrated Care Program of Illinois covers all Illinois Medicaid services.

Type of Care	Covered Services	Coverage and Benefit Limitations
Nursing Care	Members under the age of 21 can get medically necessary in-home shift nursing and personal care services provided by a registered nurse (RN), licensed practical nurse (LPN) or Certified Nurse's Aide under the direction of a qualified home health agency.  Nursing Care for the purpose of transitioning children from a hospital to home placement or other appropriate setting for Enrollees under age 21.	Covered benefit for members under 21 who are not in the HCBS Waiver for individuals who are Medically Fragile Technology Dependent (MFTD) and have extensive medical needs that require ongoing skilled nursing care.  The home health agency providing the nursing services must be in our network.  Up to a maximum of 120 days for the purpose of transitioning children under age 21.  Prior authorization and referral may be required.
Nursing Facility Services	Facility which is duly licensed by the State which provides inpatient acute skilled nursing care, acute rehabilitation services or other related acute health services.	Covered benefit.
Organ Transplant	Bone marrow, stem cell, pediatric small bowel and liver/small bowel, heart, heart/lung, lung (single or double), liver, pancreas, kidney/pancreas and other types of transplant procedures may be covered provided the hospital is certified by the department to perform the transplant.	Covered benefit.  Prior authorization and referral may be required.
Orthotics/Prosthetics	Coverage for Prosthetic and Orthotic devices.	Covered benefit.  Prior authorization and referral may be required.
Palliative and Hospice Services	Services for those that are terminally ill.	Covered benefit.  Prior authorization and referral may be required.
PCP Visit	Visits to your Primary Care Provider	Covered benefit.



**If you have questions,** call Member Services at 1-800-764-7591 (TTY: 711) 8 a.m. - 8 p.m. CST five days a week.



# Covered Services

Humana Integrated Care Program of Illinois covers all Illinois Medicaid services.

Type of Care	Covered Services	Coverage and Benefit Limitations
Podiatric Services	<p>Diagnosis and the medical or surgical treatment of injuries and diseases of the feet.</p> <ul style="list-style-type: none"> <li>Routine foot care for members with certain medical conditions affecting the lower limbs.</li> </ul>	<p>Covered benefit.</p> <p>Prior authorization and referral may be required.</p>
Prescription and Over the Counter Drugs	<p>Humana is a mandatory preferred drug plan. A preferred drug is equal to a brand name drug. Preferred drugs are the drugs that we want your provider to prescribe before brand name drugs.</p> <p>Over-the-counter drugs may be covered when prescribed by your provider.</p>	<p>Covered benefit.</p> <p>Prior authorization may be required.</p> <p>Please see page 36 for additional pharmacy details, copayments, and copayment exemptions</p>
Provider Office Visits/ Preventive Care	<p>Includes:</p> <ul style="list-style-type: none"> <li>Periodic well adolescent visits (members 19-20)</li> <li>Well woman visits</li> <li>Well man visits</li> </ul>	<p>Covered benefit.</p> <p>Prior authorization and referral may be required.</p>
Radiology	Diagnostic and therapeutic radiology services.	<p>Covered benefit.</p> <p>Prior authorization and referral may be required.</p>
Rehabilitative Services	<p>Including but not limited to:</p> <ul style="list-style-type: none"> <li>Occupational therapy</li> <li>Physical therapy</li> <li>Speech and language therapy</li> </ul>	<p>Covered benefit.</p> <p>Prior authorization and referral may be required.</p>
Screening Assessment and Support Services (SASS)	Crisis intervention program for enrollees under 21.	<p>Covered benefit.</p> <p>Under 21.</p>
Transportation Services	\$0 copayment for plan approved locations up to unlimited round trip(s) per year by taxi, bus/subway, van, medical transport.	Trips allowed to pharmacies right after your doctor's visit, nursing homes and other covered services.

*Humana Integrated Care Program of Illinois does not refuse to pay or to arrange for the payment of covered services pursuant to the right of conscience.*



**If you have questions,** call Member Services at 1-800-764-7591 (TTY: 711) 8 a.m. - 8 p.m. CST five days a week.

# Covered Preventive Services

Humana Integrated Care Program of Illinois covers the following preventive services

Type of Care	Covered Services	Coverage and Benefit Limitations
Preventive Services	<ul style="list-style-type: none"> <li>• Abdominal aortic aneurysm screening</li> <li>• Annual wellness visit</li> <li>• Bone mass measurement</li> <li>• Breast cancer screening (mammograms)</li> <li>• Cardiac (heart) rehabilitation services</li> <li>• Cardiovascular (heart) disease risk reduction visit (therapy for heart disease)</li> <li>• Cardiovascular (heart) disease testing</li> <li>• Cervical and vaginal cancer screening</li> <li>• Colorectal cancer screening</li> <li>• Counseling to stop smoking or tobacco use</li> <li>• Depression screening</li> <li>• Diabetes screening</li> <li>• Diabetic self-management training, services, and supplies</li> <li>• Glaucoma Test</li> <li>• HIV screening</li> <li>• Immunizations</li> <li>• Obesity screening and therapy to keep weight down</li> <li>• Prostate cancer screening exams</li> <li>• Routine Physical Exam: including a complete health history provided within the first 12 months of enrollment and on the required schedule thereafter.</li> <li>• Sexually transmitted infections (STIs) screening and counseling</li> <li>• Annual tuberculosis screening</li> </ul>	Covered benefit. Limitations may apply.



**If you have questions,** call Member Services at 1-800-764-7591 (TTY: 711) 8 a.m. - 8 p.m. CST five days a week.

## Additional Covered Services

- Over the Counter - You will have up to a \$30.00 benefit per month for certain Over the Counter medications.

For more information, call Humana Integrated Care Program of Illinois Member Services at 1-800-764-7591.

## Non-Covered Services

Here is a list of services that we do not cover. These services are also not covered by Illinois Medicaid. For more information call Humana Integrated Care Program of Illinois Member Services at 1-800-764-7591.

- Experimental or research oriented procedures
- Cosmetic procedures or surgery
- Infertility testing and treatment; artificial insemination
- Consultation requested by a third party or agency
- Acupuncture
- Medical examinations required for adult educational or vocational program
- Any service that you can get without charge from state and/or local health agencies
- Services that are prohibited by state or federal law
- Autopsy examinations
- Missed appointments
- Preparation of routine records, forms and reports
- Medical visits with any person that is not the patient
- Items or services that are not medically necessary
- Services provided without a required referral or prior authorization
- Elective abortion
- Medical care provided by mail or telephone, except for approved Telemedicine services
- Partial dentures for adults 20 and older
- Services from providers who are no longer in our network

## Referrals

The following services are available without a referral from your PCP. That means that your PCP does not have to approve these services for you:

- Emergency Services
- Obstetrics/gynecological services
- Routine hearing exams
- Yearly eye exam and glasses
- Routine and preventive dental services
- Shots and Immunizations



**If you have questions,** call Member Services at 1-800-764-7591 (TTY: 711) 8 a.m. - 8 p.m. CST five days a week.

## How to Get Services Approved/Authorized

Some services require a referral from your PCP and prior authorization from Humana Integrated Care Program of Illinois before you can get them. Your PCP will ask for this approval and schedule these services for you. If you do not get approval from your PCP, you may have to pay for the medical care or services.

### Services That Require a Prior Authorization

The following services may require a prior authorization from Humana Integrated Care Program of Illinois. For more information call Humana Integrated Care Program of Illinois Member Services at 1-800-764-7591.

- Hospital inpatient stays, including detox, rehab, Long Term Acute Care (LTAC) and behavioral health admissions
- Durable medical equipment and prosthetics
- Supplies
- Maternity care
- Radiological services
- Home health care
- Outpatient and community behavioral health based behavioral health services
- Transplant services
- Chemotherapy and radiation therapy
- Outpatient rehabilitative therapy services
- Skilled Nursing
- Chiropractic services
- Specialist care
- Podiatry services
- Outpatient Diagnostic Procedures, Tests, and Lab services, including Sleep Study services
- Outpatient Hospital services;
- Ambulatory Surgical Center services
- Outpatient Blood services
- Transportation services
- Diabetic Supplies and services
- End-Stage Renal Disease services
- Tobacco Cessation Counseling, including counseling for Pregnant Women
- Hospice
- Telehealth
- Kidney Disease Education services
- Diabetes Self-Management Training
- Certain Drugs



**If you have questions,** call Member Services at 1-800-764-7591 (TTY: 711) 8 a.m. - 8 p.m. CST five days a week.

## Long Term Service and Supports (LTSS) Program Overview

Humana Long Term Services and Supports (LTSS) Program wants you to get your services in your home and community. We are committed to helping you return to and/or remain in the residence of your choice (including your home and community) and increase the quality of your life.

Humana's LTSS Program is for members who are eligible for Home and Community Based Service (HCBS) waiver programs or the Nursing Facility program. Please see the separate LTSS Waiver Handbook for more information about this program.

### Behavioral Health Services

For behavioral health services, please call Humana Integrated Care Program of Illinois Member Services at 1-800-764-7591. Our Member Services staff can answer questions about behavioral health services and help you find a provider who can help you feel better.

### Behavioral Health Care Provider

- You can choose a Humana Integrated Care Program of Illinois behavioral health care provider in your area by calling Humana Integrated Care Program of Illinois Member Services at 1-800-764-7591.
- No referral is needed from your PCP to get behavioral health services. If you want to change your behavioral health care provider, please call Humana Integrated Care Program of Illinois Member Services at 1-800-764-7591.
- Your behavioral health care provider will make all arrangements, approvals, and referrals for behavioral health specialists and hospitals.
- For a list of providers in your area, refer to the Humana Integrated Care Program of Illinois Medicaid Provider Directory.
- If you are unhappy with your current behavioral health care provider, you may choose another in-network provider at no cost to you.

### Behavioral Health Covered Services

Treatment for psychiatric and emotional disorders includes the following services:

- Inpatient psychiatric hospital care and crisis stabilization
- Counseling
- Evaluation and testing services
- Therapy and treatment services
- Rehabilitation services
- Day treatment services
- Substance abuse services

For more information on behavioral health services, call Humana Integrated Care Program of Illinois Member Services at 1-800-764-7591. There may be limitations, exclusions, and limits on out-of-network providers. Prior authorization and referral may be required.



**If you have questions,** call Member Services at 1-800-764-7591 (TTY: 711) 8 a.m. - 8 p.m. CST five days a week.

## Pharmacy

We use a Prescription Drug Guide (Formulary). These are the drugs that we prefer that your provider prescribe. We may also ask that your provider send us information (a prior authorization request) to explain why a specific drug or a certain amount of a drug is needed. We must approve the request before you can get the drug.

It is important that you tell your provider or dentist about prescriptions you are already taking. Also, tell them about nonprescription medicine or vitamin or herbal supplements you may be taking.

### Prescription Drug Guide

You can find out if your medicines are on the prescription drug guide in one of two ways.

- Call Humana Integrated Care Program of Illinois Member Services at 1-800-764-7591. Have a list of your prescriptions ready when you call.
- Ask the representative to look up your medicines to see if they are on the list.
- Go online to [www.humana.com/Medicaid](http://www.humana.com/Medicaid) to see the list of covered drugs.

### Over the Counter Drugs

We also cover certain over the counter drugs if they are on our list. Some of these may have rules about whether they will be covered. If the rules for that drug are met, Humana Integrated Care Program of Illinois will cover the drug. Like other drugs, over the counter drugs must have a prescription from a provider for them to be covered at no cost to you.

You can find out if your over the counter drugs are on the prescription drug list by:

- Call Humana Integrated Care Program of Illinois Member Services at 1-800-764-7591. Have a list of your over the counter drugs ready when you call. Ask the representative to look up your medicines to see if they are on the list.
- Go to [www.humana.com/Medicaid](http://www.humana.com/Medicaid) to see the list of covered over the counter drugs.

### Over the Counter Item Allowance

You will have up to a \$30.00 benefit per month for certain Over the Counter medications. See list of items available on pages (39-44.)

For more information, call Humana Integrated Care Program of Illinois Member Services at 1-800-764-7591.



**If you have questions,** call Member Services at 1-800-764-7591 (TTY: 711) 8 a.m. - 8 p.m. CST five days a week.

# Over-the-Counter (OTC) Health and Wellness Product Catalog

**Note:** You will receive the generic equivalent of all items

## Antacid, Anti-Diarrheals, and Laxatives

Product code	Product name	Compare to	Package count	Price
075	Antacid/Anti-Gas Chew <sup>+</sup>	Maalox® Plus	100	\$7.00
032	Antacid/Anti-Gas Liquid <sup>+</sup>	Maalox®	360 ml	\$9.00
029	Anti-Diarrheal Tablets- Loperamide 2 mg <sup>+</sup>	Imodium® A-D	12	\$4.75
031	Anti-Hemorrhoidal Ointment	Preparation H®	60 gm	\$7.00
227	Calcium Carbonate Antacid- Extra Strength <sup>+</sup>	Tums® Extra Strength	96	\$5.25
203	Calcium Carbonate Antacid- Regular Strength <sup>+</sup>	Tums® Regular Strength	150	\$5.25
098	Extra Strength Gas Relief Tablets	Gas-X® Extra Strength	30	\$5.75
261	Famotidine 20 mg <sup>+</sup>	Pepcid® 20 mg	25	\$7.50
208	Fiber Laxative Tablets <sup>+</sup>	FiberCon®	90	\$9.00
234	Glycerin Suppositories, Adult <sup>+</sup>	Fleet® Glycerin Suppositories	25	\$5.25
216	Hemorrhoidal Suppositories	Preparation H® Suppositories	12	\$6.00
262	Lansoprazole 15 mg	Prevacid® 15 mg	14	\$10.00
093	Biscodyl 5 mg <sup>+</sup>	Dulcolax®	25	\$5.00
033	Milk of Magnesia - Laxative/Antacid <sup>+</sup>	Phillips® Milk of Magnesia	360 ml	\$5.25
263	Nexium® 24HR	Nexium® 24HR	14	\$13.00
112	Omeprazole 20 mg <sup>+</sup>	Prilosec OTC® 20 mg	14	\$11.00
115	Pink Bismuth- Chewable Tablets <sup>+</sup>	Pepto-Bismol® Chewable Tablets	30	\$6.00
264	Polyethylene Glycol 3350	MiraLAX®	238 gm	\$10.50
258	Psyllium Fiber Laxative Capsules <sup>+</sup>	Metamucil® Capsules	160	\$11.00
104	Ranitidine 75 mg Tablets- Antacid <sup>+</sup>	Zantac® 75 mg Tablets	30	\$7.00
233	Senna Laxative Tablets <sup>+</sup>	Senokot®	100	\$10.00
101	Stool Softener Capsules <sup>+</sup>	Colace®	100	\$7.00

## Cough, Cold and Allergy

Product code	Product name	Compare to	Package count	Price
292	Fluticasone Allergy Nasal Spray	Flonase®	.34 fl oz	\$14.00
113	Cetirizine 10 mg	Zyrtec® 10 mg	30	\$12.00
290	Children's Allergy Liquid 5 mg/ 5 ml <sup>+</sup>	Children's Claritin®	4 oz	\$9.00
260	Cough and Cold High Blood Pressure Tablets	Coricidin® HBP Cough and Cold	16	\$5.25
237	Daytime PE Tablets	DayQuil™	16	\$6.00
111	Expectorant- Guaifenesin 400 mg	Mucus Relief 400 mg	30	\$11.00

291	Eye Itch Relief 0.025% Eye Drops	Zaditor®	.17 fl oz	\$14.00
249	Fexofenadine 180 mg 24 hour	Allegra® Allergy 180 mg	30	\$17.00
028	Cough Formula Expectorant	Robitussin®	120 ml	\$5.00
210	Cough Suppressant/Expectorant (sugar free)	Robitussin® Sugar Free DM	118 ml	\$7.00
026	Cough Suppressant/Expectorant	Robitussin® DM	120 ml	\$6.00
096	Cough Suppressant/Nasal Decongestant/Expectorant	Robitussin® CF	120 ml	\$5.25
110	Loratadine 10 mg	Claritin®	30	\$10.00
043	Medicated Chest Rub	Vicks VapoRub®	99 gm	\$6.00
117	Menthol/Benzocaine Sore Throat Lozenges	Chloraseptic® Lozenges	18	\$5.50
293	Triamcinolone Allergy Nasal Spray	Nasacort® Allergy 24 hour	.57 fl oz	\$17.75
228	Nasal Decongestant PE Max Strength	Sudafed® PE Tablets	36	\$6.00
095	Nasal Decongestant Spray†	Afrin®	30 ml	\$5.00
220	Phenol/Oral Anesthetic Sore Throat Spray	Chloraseptic®	180 ml	\$6.00
099	Saline Nasal Spray†	Ocean® Saline Nasal Spray	45 ml	\$5.00
097	Sinus-Acetaminophen/Phenylephrine	Tylenol® Sinus	24	\$6.00

### Diabetes Management

Product code	Product name	Compare to	Package count	Price
265	Compression Stockings 15-20mmHg Regular Beige Size A (Ankle: 7" - 7 7/8"; Calf: 10" - 13")	JOBST®	1	\$15.00
266	Compression Stockings 15-20mmHg Regular Beige Size B (Ankle: 8" - 8 7/8"; Calf: 12" - 15")	JOBST®	1	\$15.00
267	Compression Stockings 15-20mmHg Regular Beige Size C (Ankle: 9" - 9 7/8"; Calf: 14" - 17")	JOBST®	1	\$15.00
268	Compression Stockings 15-20mmHg Regular Beige Size D (Ankle: 10" - 10 7/8"; Calf: 16" - 19")	JOBST®	1	\$15.00
269	Compression Stockings 15-20mmHg Regular Beige Size E (Ankle: 11" - 11 7/8"; Calf: 18" - 21")	JOBST®	1	\$15.00
270	Compression Stockings 15-20mmHg Regular Beige Size F (Ankle: 12" - 12 7/8"; Calf: 20" - 23")	JOBST®	1	\$15.00
271	Compression Stockings 15-20mmHg Regular Beige Size G (Ankle: 13" - 13 7/8"; Calf: 22" - 26")	JOBST®	1	\$15.00

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272	Diabetic Skin Relief Foot Cream	Gold Bond® Diabetic Skin Relief Foot Cream	96 gm	\$9.00
305	Glucose Tablets <sup>+</sup>	DEX4® Glucose Tablets	60	\$11.50
273	Reagent Strips for Urinalysis	Diastix® Reagent Strips for Urinalysis	50	\$11.00
274	Sharps Container	BD™ Home Sharps Container	1	\$5.75
275	Test Strips for Urinalysis	Ketone Test Strips for Urinalysis	50	\$11.00

## First Aid

Product code	Product name	Compare to	Package count	Price
035	Alcohol Prep Pads	Curad® Alcohol Swabs	100	\$6.00
226	Elastic bandage	Ace® Bandage	1	\$6.00
232	First Aid Tape	J&J®	1	\$4.50
044	Plastic Bandages	Band-Aids®	100	\$5.25
040	Triple Antibiotic Ointment <sup>+</sup>	Neosporin®	30 gm	\$6.00
231	Triple Antibiotic Ointment Plus <sup>+</sup>	Neosporin® + Pain Relief	30 gm	\$7.00

## Pain Relievers

Product code	Product name	Compare to	Package count	Price
294	Acetaminophen 325 mg <sup>+</sup>	Tylenol® Regular Strength	100	\$7.00
002	Acetaminophen 500 mg	Tylenol® Extra Strength	100	\$6.00
020	Acetaminophen 80 mg chewable	Tylenol® Children's Chewable	30	\$5.00
047	Aspirin 325 mg	Bayer® 325 mg	100	\$5.00
016	Aspirin Low Dose 81 mg EC	Bayer® Adult Low Strength EC	120	\$6.00
287	Chewable Aspirin 81 mg <sup>+</sup>	Bayer® 81 mg Chewable	108	\$5.50
213	Cold and Hot Patches	Icy Hot® Patch	5	\$7.00
215	Effervescent Pain Relief	Alka-Seltzer®	36	\$6.25
229	Enteric Aspirin 325 mg	Ecotrin®	100	\$6.00
125	Headache Formula- Aspirin/Acetaminophen/Caffeine	Excedrin®	100	\$7.00
019	Ibuprofen 200 mg Tablets	Advil® Tablets	50	\$5.00
094	Ibuprofen Suspension	Motrin® Suspension	120 ml	\$6.75
046	Muscle Rub	BenGay®	120 gm	\$7.00
283	Naproxen Sodium 220 mg <sup>+</sup>	Aleve®	100	\$9.00
230	Therapeutic Mineral Ice Gel	Mineral Ice®	227 gm	\$8.00
119	Topical Analgesic- Capsaicin Cream 0.025%	Zostrix® Cream	60 gm	\$8.00

## Personal Care

Product code	Product name	Compare to	Package count	Price
257	7-Day Pill Box	7-Day Pill Box	1	\$7.00
256	Absorbent Underpads (Disposable Chux Pads) 23"x36"	Protection Plus® Disposable Underpads 23"x36"	20	\$20.00
253	Adult Incontinence Underwear Large	Protection Plus® Classic Protective Underwear Large 40"-56"	18	\$20.00
252	Adult Incontinence Underwear Medium	Protection Plus® Classic Protective Underwear Medium 28"-40"	20	\$20.00
251	Adult Incontinence Underwear Small	Protection Plus® Classic Protective Underwear Small 20"-28"	22	\$20.00
254	Adult Incontinence Underwear X-Large	Protection Plus® Classic Protective Underwear X-Large 56"-68"	14	\$20.00
255	Adult Incontinence Underwear XX-Large	Protection Plus® Classic Protective Underwear XX-Large 68"-80"	12	\$20.00
243	Bladder control pads (regular)	Poise® Moderate Pads	20	\$9.00
242	Blood Pressure Home Kit (manual pump w/stethoscope)	Blood Pressure Home Kit (manual pump w/stethoscope)	1	\$17.00
036	Cotton Swabs	Q-Tips®	300	\$4.75
224	Dental Floss	Dental Floss	1	\$4.75
225	Denture Adhesive	Fixodent®	42 gm	\$6.00
307	Diaper Rash Ointment	Desitin® Ointment	60 gm	\$4.50
247	Digital Bathroom Scale**	Digital Bathroom Scale	1	\$35.00
245	Digital Blood Pressure Monitor	Digital Blood Pressure Monitor	1	\$50.00
118	Earwax Removal Drops <sup>+</sup>	Debrox® Earwax Removal Drops	15 ml	\$8.00
235	Effervescent Denture Tabs	Efferdent®	40	\$5.25
244	Electric Heating Pad	Sunbeam® Electric Heating Pad	1	\$40.00
276	Eye Drop Cup with Guide	Eye Drop Cup with Guide	1	\$6.00
219	Eye Drops- Redness Reliever	Visine® Original	15 ml	\$5.00
114	Lubricant Eye Drops (Sterile) <sup>+</sup>	Liquifilm Tears®	15 ml	\$6.00
295	Oral Pain Relief- Benzocaine 20%	Orajel™ Maximum	0.5 oz	\$6.75
048	Oral Thermometer	B-D® Oral Thermometer	1	\$6.00
306	Sunblock SPF 30	Coppertone® SPF 30	240 ml	\$8.00
284	Toothbrush	Toothbrush	3	\$5.75
285	Toothpaste	Toothpaste	2	\$8.00
296	Wart Remover Liquid 17% <sup>+</sup>	Compound W® Max Strength	.31 oz	\$8.50

\*\*plan limit 1 per calendar year

## Skin Care

Product code	Product name	Compare to	Package count	Price
217	Allergy Cream- Itch and Pain Relief	Benadryl® Extra Strength Cream	30 gm	\$5.00
037	Calamine Lotion	Caladryl®	180 ml	\$5.25
038	Clotrimazole Cream 1% <sup>+</sup>	Lotrimin AF®	15 gm	\$6.00
004	Hydrocortisone Cream 1% <sup>+</sup>	Cortizone 10®	30 gm	\$5.00
241	Medicated Callus Remover	Dr. Scholl's®	6	\$5.00
286	Medicated Lip Balm	ChapStick®	3	\$5.00
277	Terbinafine Cream <sup>+</sup>	Lamisil AT®	.53 oz	\$10.00
218	Tolnaftate 1% Antifungal	Tinactin® Cream	30 gm	\$8.00

## Smoking Cessation

Product code	Product name	Compare to	Package count	Price
123	Stop Smoking Gum- 2 mg <sup>+</sup>	Nicorette® 2 mg gum	50	\$20.00
124	Stop Smoking Gum- 4 mg <sup>+</sup>	Nicorette® 4 mg gum	50	\$20.00

## Vitamins, Minerals and Supplements\*

Product code	Product name	Compare to	Package count	Price
297	Antioxidant Tablets <sup>+</sup>	Antioxidant Tablets	60	\$7.00
109	Calcium Citrate + Vitamin D	Citracal® Caplets + D	60	\$7.00
248	Chewable Calcium with Vitamin D	Caltrate® 600 + D Plus Minerals Chewable	60	\$9.00
902	Co-Enzyme Q-10 30 mg	Co-Enzyme Q-10 30 mg	30	\$10.00
063	Complete Senior Vitamins and Minerals	Centrum® Silver	60	\$10.00
011	Daily Multivitamin and Mineral	Centrum®	130	\$8.00
907	Eye Care Vitamins	Ocuvite® Lutein	36	\$9.00
298	Ferrous Sulfate 5 gr <sup>+</sup>	Feosol® 100	100	\$8.50
240	Folic Acid 800 mcg <sup>+</sup>	Folic Acid 800 mcg	100	\$5.00
299	Gummy Multi-Vitamin	Gummy Multi-Vitamin	120	\$10.00
300	Gummy Vitamin C 250 mg	Gummy Vitamin C 250 mg	100	\$10.00
301	Gummy Vitamin D 2000 IU	Gummy Vitamin D 2000 IU	120	\$10.00
302	Magnesium Oxide 400 mg <sup>+</sup>	Mag-Ox® 400 mg	120	\$10.00
278	Melatonin 5 mg	Melatonin 5 mg	100	\$6.50
107	One a Day Women's Multivitamin	One-A-Day Women's®	60	\$7.00
015	Oyster Calcium + Vitamin D	Os-Cal® 500+D	60	\$6.00
303	Potassium Gluconate 595 mg	Potassium Gluconate 595 mg	100	\$5.50
909	Timed Release Niacin 500 mg <sup>+</sup>	Timed Release Niacin 500 mg	100	\$8.00

238	Vitamin B-12 1000 mcg	Vitamin B-12 1000 mcg	100	\$7.00
279	Vitamin B-12 5000 mcg Sublingual	Vitamin B-12 5000 mcg Sublingual	30	\$8.00
280	Vitamin B-Complex Sublingual	Vitamin B-Complex Sublingual	60	\$7.00
903	Vitamin B-Complex with B-12	Vitamin B-Complex with B-12	100	\$8.00
010	Vitamin C 500 mg	Vitamin C 500 mg	100	\$6.00
209	Vitamin D 1000 IU	Vitamin D 1000 IU	100	\$7.00
239	Vitamin D 5000 IU	Vitamin D 5000 IU	100	\$9.00
012	Vitamin E 400 IU Synthetic <sup>+</sup>	Vitamin E 400 IU Synthetic	100	\$7.00

\* For items noted above: Prior to purchase the enrollee must have appropriate conversations with the enrollee’s personal provider and the enrollee’s personal provider must orally recommend the OTC item.

**Women’s Health**

Product code	Product name	Compare to	Package count	Price
041	Clotrimazole 1% Vaginal Cream <sup>+</sup>	Gyne-Lotrimin® Cream	45 gm	\$8.00
304	Miconazole 3 Combo Pack <sup>+</sup>	Monistat® 3 Combo Pack	3 Day Supply	\$13.00

\*This item is also covered on the plan’s preferred drug list at \$0 with a prescription from your provider, or you can order on your \$30 OTC benefit without a prescription.

Notes for frequently used products

## How to Get Your Prescriptions

Here is how to get your prescriptions as an Humana Integrated Care Program of Illinois member:

- If you need medicine, your provider will choose a drug from our list of prescription drugs.
- Your provider will write you a prescription. Ask your provider to make sure that the medicine is on the list.
- Take the prescription to a network pharmacy to have it filled.
- Show your Humana Integrated Care Program of Illinois member ID card at the pharmacy. As long as you show your member ID card and use medicines from the prescription drug list, your generic drugs will cost \$2.00 co-pay and your brand name drugs will cost \$3.90 co-pay for a one month supply. There is no co-pay for Medicaid Over the Counter (OTC).
- Prescriptions may be available in up to 90 day supplies for some medications.

## Pharmacy Copayment Exemptions

Members listed below who meet the following are exempt from pharmacy copayments:

- Institutionalized participants
- Pregnant women
- American Indians /Alaskan Natives
- Hospice patients
- Services provided to eligible participants living in residential care facilities. Examples could include Supportive Living Facilities (SLFs) and Community Integrated Living Arrangements (CILAs).
- Services provided under the Breast & Cervical Cancer (BCC) program
- Insulin
- Compound drugs
- Family planning services and drugs

## How to find a Network Pharmacy

You can find a network pharmacy by:

- Checking your provider directory.
- Calling Humana Integrated Care Program of Illinois Member Services at 1-800-764-7591. Ask the representative to help you find a network pharmacy in your area.
- Going online to our website at [www.humana.com/Medicaid](http://www.humana.com/Medicaid) to search for a pharmacy in your area.

All prescriptions must be filled at a network pharmacy. Prescriptions filled at other pharmacies that are not in the Humana Integrated Care Program of Illinois network may not be covered.



**If you have questions**, call Member Services at 1-800-764-7591 (TTY: 711) 8 a.m. - 8 p.m. CST five days a week.

## Mail Order Prescriptions

If you take medicine for an ongoing health condition, you can have your medicines mailed to your home. Humana Integrated Care Program of Illinois works with companies like Humana Pharmacy® to give you this service which you can get at no cost to you.

If you choose this option, your medicine comes right to your door. You can schedule your refills and reach pharmacists if you have questions. Here are some other features of mail delivery.

- Pharmacists check each order for safety.
- You can order refills by mail, by phone, online, or you can sign up for automatic refills.

You can sign up for this service in one of three ways.

- Call Humana Integrated Care Program of Illinois Member Services at 1-800-764-7591.
- Go to [www.HumanaPharmacy.com](http://www.HumanaPharmacy.com). Then log in and sign up for Mail Delivery. If you say it's okay, Humana Pharmacy® will call your provider to get a prescription.
- Ask your provider to write a prescription for a 30 or 90 day supply with up to one year of refills. Your provider can send your prescription directly to Humana Pharmacy® or other mail order pharmacies to be filled.

## If Your Medicines Are Not on the Prescription Drug Guide

If your medicine is not on the prescription drug guide, there are some things you can do:

- Ask for a temporary supply of the drug. Only members in certain situations can get a temporary supply. This will give you and your provider time to change to another drug or to file a request to have the drug covered.
- Ask your provider for a similar drug that is on the list.
- Ask your provider to ask Humana Integrated Care Program of Illinois for an exception. Your provider will know how to do this.



**If you have questions**, call Member Services at 1-800-764-7591 (TTY: 711) 8 a.m. - 8 p.m. CST five days a week.

# Grievances and Appeals

We want you to be happy with services you get from Humana Integrated Care Program of Illinois and our providers. If you are not happy, you can file a grievance or appeal.

## Grievances

A grievance is a complaint about any matter other than a denied, reduced or terminated service or item.

Humana Integrated Care Program of Illinois takes member grievances very seriously. We want to know what is wrong so we can make our services better. If you have a grievance about a provider or about the quality of care or services you have received, you should let us know right away. Humana Integrated Care Program of Illinois has special procedures in place to help members who file grievances. We will do our best to answer your questions or help to resolve your concern. Filing a grievance will not affect your health care services or your benefits coverage.

### These are examples of when you might want to file a grievance.

- Your provider or a Humana Integrated Care Program of Illinois staff member did not respect your rights.
- You had trouble getting an appointment with your provider in an appropriate amount of time.
- You were unhappy with the quality of care or treatment you received.
- Your provider or a Humana Integrated Care Program of Illinois staff member was rude to you.
- Your provider or a Humana Integrated Care Program of Illinois staff member was insensitive to your cultural needs or other special needs you may have.

You can file your grievance on the phone by calling Humana Integrated Care Program of Illinois Member Services at 1-800-764-7591. You can also file your grievance in writing via mail or fax at:

Humana Integrated Care Program of Illinois  
Attn: Grievance and Appeals Dept.  
P.O. Box 14546  
Lexington, KY 40512-4546  
Fax: 1-855-336-6220

In the grievance letter, give us as much information as you can. For example, include the date and place the incident happened, the names of the people involved and details about what happened. Be sure to include your name and your member ID number. You can ask us to help you file your grievance by calling Humana Integrated Care Program of Illinois Member Services at 1-800-764-7591 for assistance.

If you do not speak English, we can provide an interpreter at no cost to you. Please include this request when you file your grievance. If you are hearing impaired, call the Illinois Relay at 711.

At any time during the grievance process, you can have someone you know represent you or act on your behalf. This person will be “your representative.” If you decide to have someone represent you or act for you, inform Humana Integrated Care Program of Illinois in writing the name of your representative and his or her contact information.



**If you have questions,** call Member Services at 1-800-764-7591 (TTY: 711) 8 a.m. - 8 p.m. CST five days a week.

We will try to resolve your grievance right away. If we cannot, we may contact you for more information.

## Appeals

You may not agree with a decision or an action made by Humana Integrated Care Program of Illinois about your services or an item you requested. An appeal is a way for you to ask for a review of our actions. You may appeal within **sixty (60) calendar days** of the date on our Notice of Action form. If you want your services to stay the same while you appeal, you must say so when you appeal, and you must file your appeal no later than **ten (10) calendar days** from the date on our Notice of Action form. The list below includes examples of when you might want to file an appeal.

- Not approving or paying for a service or item your provider asks for
- Stopping a service that was approved before
- Not giving you the service or items in a timely manner
- Not advising you of your right to freedom of choice of providers
- Not approving a service for you because it was not in our network

If we decide that a requested service or item cannot be approved, or if a service is reduced or stopped, you will get a “Notice of Action” letter from us. This letter will tell you the following:

- What action was taken and the reason for it
- Your right to file an appeal and how to do it
- Your right to ask for a State Fair Hearing and how to do it
- Your right in some circumstances to ask for an expedited appeal and how to do it
- Your right to ask to have benefits continue during your appeal, how to do it and when you may have to pay for the services

### Here are two ways to file an appeal.

- Call Member Services at 1-800-764-7591. If you file an appeal over the phone, you must follow it with a written signed appeal request.
- Mail or fax your written appeal request to:

Humana Integrated Care Program of Illinois  
Attn: Grievance and Appeals Dept.  
P.O. Box 14546  
Lexington, KY 40512-4546  
Fax: 1-855-336-6220 (for expedited appeals only)

If you do not speak English, we can provide an interpreter at no cost to you. Please include this request when you file your appeal. If you are hearing impaired, call the Illinois Relay at 711.



**If you have questions,** call Member Services at 1-800-764-7591 (TTY: 711) 8 a.m. - 8 p.m. CST five days a week.



## Can someone help you with the appeal process?

You have several options for assistance. You may:

- Ask someone you know to assist in representing you. This could be your Primary Care Physician or a family member, for example.
- Choose to be represented by a legal professional.
- If you are in the Disabilities Waiver, Traumatic Brain Injury Waiver, or HIV/AIDS Waiver, you may also contact CAP (Client Assistance Program) to request their assistance at 1-800-641-3929 (Voice) or 1-888-460-5111 (TTY).

To appoint someone to represent you, either: 1) Send us a letter informing us that you want someone else to represent you and include in the letter his or her contact information or, 2) Fill out the Authorized Representative Appeals form. You may find this form on our website at: <https://www.humana.com/individual-and-family-support/tools/member-forms>.

## Appeal Process

We will send you an acknowledgement letter within three (3) business days saying we received your appeal. We will tell you if we need more information and how to give us such information in person or in writing.

A provider with the same or similar specialty as your treating provider will review your appeal. It will not be the same provider who made the original decision to deny, reduce or stop the medical service.

Humana Integrated Care Program of Illinois will send our decision in writing to you within fifteen (15) business days of the date we received your appeal request. Humana Integrated Care Program of Illinois may request an extension up to fourteen (14) more calendar days to make a decision on your case if we need to get more information before we make a decision. You can also ask us for an extension, if you need more time to obtain additional documents to support your appeal.

We will call you to tell you our decision and send you and your authorized representative the Decision Notice. The Decision Notice will tell you what we will do and why.

If Humana Integrated Care Program of Illinois' decision agrees with the Notice of Action, you may have to pay for the cost of the services you got during the appeal review. If Humana Integrated Care Program of Illinois' decision does not agree with the Notice of Action, we will approve the services to start right away.

Things to keep in mind during the appeal process:

- At any time, you can provide us with more information about your appeal, if needed.
- You have the option to see your appeal file.
- You have the option to be there when Humana Integrated Care Program of Illinois reviews your appeal.



**If you have questions,** call Member Services at 1-800-764-7591 (TTY: 711) 8 a.m. - 8 p.m. CST five days a week.

## How can you expedite your Appeal?

If you or your provider believes our standard timeframe of fifteen (15) business days to make a decision on your appeal will seriously jeopardize your life or health, you can ask for an expedited appeal by writing or calling us. If you write to us, please include your name, member ID number, the date of your Notice of Action letter, information about your case and why you are asking for the expedited appeal. We will let you know within twenty-four (24) hours if we need more information. Once all information is provided, we will call you within twenty-four (24) hours to inform you of our decision and will also send you and your authorized representative the Decision Notice.

## How can you withdraw an Appeal?

You have the right to withdraw your appeal for any reason, at any time, during the appeal process. However, you or your authorized representative must do so in writing, using the same address as used for filing your appeal. Withdrawing your appeal will end the appeal process and no decision will be made by us on your appeal request.

Humana Integrated Care Program of Illinois will acknowledge the withdrawal of your appeal by sending a notice to you or your authorized representative. If you need further information about withdrawing your appeal, call Humana Integrated Care Program of Illinois Member Services at 1-800-764-7591.

## What happens next?

After you receive the Humana Integrated Care Program of Illinois appeal Decision Notice in writing, you do not have to take any action and your appeal file will be closed. However, if you disagree with the decision made on your appeal, you can take action by asking for a State Fair Hearing Appeal and/or asking for an External Review of your appeal within **thirty (30) calendar days** of the date on the Decision Notice. You can choose to ask for both a State Fair Hearing Appeal and an External Review or you may choose to ask for only one of them.

## State Fair Hearing

If you choose, you may ask for a State Fair Hearing Appeal within **thirty (30) calendar days** of the date on the Decision Notice, but you must ask for a State Fair Hearing Appeal within **ten (10) calendar days** of the date on the Decision Notice if you want to continue your services. If you do not win this appeal, you may be responsible for paying for these services provided to you during the appeal process.

At the State Fair Hearing, just like during the Humana Integrated Care Program of Illinois Appeals process, you may ask someone to represent you, such as a lawyer or have a relative or friend speak for you. . To appoint someone to represent you, send us a letter informing us that you want someone else to represent you and include in the letter his or her contact information.

You can ask for a State Fair Hearing in one of the following ways:

- Your local Family Community Resource Center can give you an appeal form to request a State Fair Hearing and will help you fill it out, if you wish.



**If you have questions**, call Member Services at 1-800-764-7591 (TTY: 711) 8 a.m. - 8 p.m. CST five days a week.

- If you want to file a State Fair Hearing Appeal related to your medical services or items, or Elderly Waiver (Community Care Program (CCP)) services, send your request in writing to:

Illinois Department of  
Healthcare and Family Services  
Bureau of Administrative Hearings  
69 W. Washington Street, 4th Floor  
Chicago, IL 60602  
Fax: (312) 793-2005  
Email: HFS.FairHearings@illinois.gov

Or you may call (855) 418-4421, TTY: (800) 526-5812

- If you want to file a State Fair Hearing Appeal related to mental health services or items, substance abuse services, Persons with Disabilities Waiver services, Traumatic Brain Injury Waiver services, HIV/AIDS Waiver services, or any Home Services Program (HSP) service, send your request in writing to:

Illinois Department of  
Human Services  
Bureau of Hearings  
69 W. Washington Street, 4th Floor  
Chicago, IL 60602  
Fax: (312) 793-8573  
Email: DHS.HSPApeals@illinois.gov

Or you may call (800) 435-0774, TTY: (877) 734-7429

## State Fair Hearing Process

The hearing will be conducted by an Impartial Hearing Officer authorized to conduct State Fair Hearings. You will receive a letter from the appropriate Hearings office informing you of the date, time and place of the hearing. This letter will also provide information about the hearing. It is important that you read this letter carefully.

At least three (3) business days before the hearing, you will receive information from Humana Integrated Care Program of Illinois. This will include all evidence we will present at the hearing. This will also be sent to the Impartial Hearing Officer. You must provide all the evidence you will present at the hearing to Humana Integrated Care Program of Illinois and the Impartial Hearing Officer at least three (3) business days before the hearing. This includes a list of any witnesses who will appear on your behalf, as well as all documents you will use to support your appeal.

You will need to notify the appropriate Hearings Office of any accommodation you may need. Your hearing may be conducted over the phone. Please be sure to provide the best phone number to reach you during business hours in your request for a State Fair Hearing. The hearing may be recorded.

## Continuance or Postponement

You may request a continuance during the hearing, or a postponement prior to the hearing, which may be granted if good cause exists. If the Impartial Hearing Officer agrees, you and all parties to the appeal will be notified in writing of a new date, time and place. The time limit for the appeal process to be completed will be extended by the length of the continuation or postponement.



**If you have questions,** call Member Services at 1-800-764-7591 (TTY: 711) 8 a.m. - 8 p.m. CST five days a week.

## Failure to Appear at the Hearing

Your appeal will be dismissed if you, or your authorized representative, do not appear at the hearing at the time, date and place on the notice and you have not requested postponement in writing. If your hearing is conducted via telephone, your appeal will be dismissed if you do not answer your telephone at the scheduled appeal time. A Dismissal Notice will be sent to all parties to the appeal.

Your hearing may be rescheduled, if you let us know within **ten (10) calendar days** from the date you received the Dismissal Notice, if the reason for your failure to appear was:

- A death in the family
- Personal injury or illness which reasonably would prohibit your appearance
- A sudden and unexpected emergency

If the appeal hearing is rescheduled, the Hearings Office will send you or your authorized representative a letter rescheduling the hearing with copies to all parties to the appeal.

If we deny your request to reset your hearing, you will receive a letter in the mail informing you of our denial.

## The State Fair Hearing Decision

A Final Administrative Decision will be sent to you and all interested parties in writing by the appropriate Hearings Office. This Final Administrative Decision is reviewable only through the Circuit Courts of the State of Illinois. The time the Circuit Court will allow for filing of such review may be as short as **thirty-five (35) days** from the date of this letter. If you have questions, please call the Hearing Office.

## External Review (for medical services only)

Within **thirty (30) calendar days** after the date on the Humana Integrated Care Program of Illinois appeal Decision Notice, you may choose to ask for a review by someone outside of Humana Integrated Care Program of Illinois. This is called an external review. The outside reviewer must meet the following requirements:

- Board certified provider with the same or like specialty as your treating provider
- Currently practicing
- Have no financial interest in the decision
- Not know you and will not know your identity during the review

External Review is not available for appeals related to services received through the Elderly Waiver; Persons with Disabilities Waiver; Traumatic Brain Injury Waiver; HIV/Aids Waiver; or the Home Services Program.

**Your letter must ask for an external review of that action and should be sent to:**

Humana Integrated Care Program of Illinois  
Attn: Grievance and Appeals Dept.  
P.O. Box 14546  
Lexington, KY 40512-4546  
Fax: 1-855-336-6220



**If you have questions**, call Member Services at 1-800-764-7591 (TTY: 711) 8 a.m. - 8 p.m. CST five days a week.

## What Happens Next?

- We will review your request to see if it meets the qualifications for external review. We have **five (5) business days** to do this. We will send you a letter letting you know if your request meets these requirements. If your request meets the requirements, the letter will have the name of the external reviewer.
- You have **five (5) business days** from the letter we send you to send any additional information about your request to the external reviewer.

The external reviewer will send you and/or your representative and Humana Integrated Care Program of Illinois a letter with their decision within five (5) calendar days of receiving all the information they need to complete their review.

## Expedited External Review

If the normal time frame for an external review could jeopardize your life or your health, you or your representative can ask for an **expedited external review**. You can do this over the phone or in writing. To ask for an expedited external review over the phone, call Member Services toll-free at 1-800-764-7591. To ask in writing, send us a letter at the address below. You can only ask one (1) time for an external review about a specific action. Your letter must ask for an external review of that action.

Humana, Inc.  
Attn: Grievance and Appeals Dept.  
P.O. Box 14546  
Lexington, KY 40512-4546  
Fax: 1-855-336-6220

## What happens next?

- Once we receive the phone call or letter asking for an expedited external review, we will immediately review your request to see if it qualifies for an expedited external review. If it does, we will contact you or your representative to give you the name of the reviewer.
- We will also send the necessary information to the external reviewer so they can begin their review.
- As quickly as your health condition requires, but no more than two (2) business days after receiving all information needed, the external reviewer will make a decision about your request. They will let you and/or your representative and Humana, Inc. know what their decision is verbally. They will also follow up with a letter to you and/or your representative and Humana, Inc. with the decision within forty-eight (48) hours.

## Report Suspected Medicaid Fraud

Medicaid fraud and abuse are violations of state and federal law and cost millions of dollars each year.

If you think that there has been Medicaid fraud, abuse or overpayment, call Humana Special Investigations Hotline toll free at: 1-800-614-4126 (24/7 access) or Email: [siureferrals@humana.com](mailto:siureferrals@humana.com).



**If you have questions**, call Member Services at 1-800-764-7591 (TTY: 711) 8 a.m. - 8 p.m. CST five days a week.

To report possible fraud and/or abuse of Illinois Medicaid, call the Consumer Complaint Hotline toll free at 1-800-386-5438 (TTY 1-800-964-3013) (Spanish Hotline 1-866-310-8398) or fill out a Fraud Report Form online at [www.state.il.us/agency/oig](http://www.state.il.us/agency/oig).

The Office of Inspector General of HFS investigates providers who may have overbilled or defrauded Illinois' Medicaid program. It will get back overpayments, issue penalties, and refer cases of suspected fraud for criminal investigation.

Information on Humana efforts to prevent and detect fraud can be found on Humana's website (<http://www.humana.com/about/fraud>).

You can also report Medicaid Fraud, Abuse or Neglect by calling the Illinois Medicaid Fraud Control Unit (MFCU) at 1-888-557-9503.

## **Reporting Abuse, Neglect, Exploitation, or Unusual Incidents**

If you are the victim of abuse, neglect or exploitation, you should report this to your Humana Integrated Care Program of Illinois Care Coordinator right away. You should also report the issue to one of the following agencies based on your age or placement. All reports to these agencies are kept confidential and anonymous reports are accepted.

- **Nursing Home Hotline – 1-800-252-4343**

Illinois Department of Public Health Nursing Home Hotline is for reporting complaints regarding hospitals, nursing facilities, and home health agencies and the care or lack of care of the patients.

- **Office of the Inspector General – 1-800-368-1463**

The Illinois Department of Human Services Office of Inspector General Hotline is to report allegation of abuse, neglect, or exploitation for people 18 to 59 years old.

- **Aging/Elder Abuse – 1-866-800-1409 (TTY – 1-888-206-1327)**

The Illinois Department on Aging Elder Abuse Hotline is to report allegations of abuse, neglect, or exploitation for people 60 years old and over. Your Humana Integrated Care Program of Illinois Care Coordinator will provide you with 2 brochures on reporting Elder Abuse and Exploitation. You can request new copies of these brochures at any time.

Illinois law defines abuse, neglect, and exploitation as:

- **Physical abuse** — Inflicting physical pain or injury upon a senior or person with disabilities.
- **Sexual abuse** — Touching, fondling, intercourse, or any other sexual activity with a senior or person with disabilities, when the person is unable to understand, unwilling to consent, threatened or physically forced.
- **Emotional abuse** — Verbal assaults, threats of abuse, harassment, or intimidation.



**If you have questions,** call Member Services at 1-800-764-7591 (TTY: 711) 8 a.m. - 8 p.m. CST five days a week.

- **Confinement** — Restraining or isolating the person, other than for medical reasons.
- **Passive neglect** — The caregiver's failure to provide a senior or person with disabilities with life's necessities, including, but not limited to, food, clothing, shelter or medical care.
- **Willful deprivation** — Willfully denying a senior or person with disabilities medication, medical care, shelter, food, a therapeutic device or other physical assistance, and thereby exposing that adult to the risk of physical, mental, or emotional harm — except when the person has expressed an intent to forego such care.
- **Financial exploitation** — The misuse or withholding of a senior or person with disabilities' resources to the disadvantage of the person or the profit or advantage of someone else.



**If you have questions,** call Member Services at 1-800-764-7591 (TTY: 711) 8 a.m. - 8 p.m. CST five days a week.



## Discrimination is Against the Law

**Humana Inc.** and its subsidiaries comply with applicable Federal civil rights laws and do not discriminate on the basis of race, color, national origin, age, disability, or sex. Humana Inc. and its subsidiaries do not exclude people or treat them differently because of race, color, national origin, age, disability, or sex.

**Humana Inc.** and its subsidiaries provide:

- Provide 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)
- Provide 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 at 1-800-764-7591 (TTY 711).

If you believe that **Humana Inc.** or its subsidiaries have 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:

### Discrimination Grievances

P.O. Box 14618  
Lexington, KY 40512 – 4618  
1-800-764-7591, or if you use a TTY, call 711

You can file a grievance by mail or phone. 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>



# Multi-Language Interpreter Services

**English: ATTENTION:** If you do not speak English, language assistance services, free of charge, are available to you. Call **1-800-764-7591 (TTY: 711)**.

**Español (Spanish): ATENCIÓN:** si habla español, tiene a su disposición servicios gratuitos de asistencia lingüística. Llame al **1-800-764-7591 (TTY: 711)**.

**Polski (Polish): UWAGA:** Jeżeli mówisz po polsku, możesz skorzystać z bezpłatnej pomocy językowej. Zadzwoń pod numer **1-800-764-7591 (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 **1-800-764-7591 (TTY: 711)**。

**한국어 (Korean): 주의:** 한국어를 사용하시는 경우, 언어 지원 서비스를 무료로 이용하실 수 있습니다. **1-800-764-7591 (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 **1-800-764-7591 (TTY: 711)**.

**Русский (Russian): ВНИМАНИЕ:** Если вы говорите на русском языке, то вам доступны бесплатные услуги перевода. Звоните **1-800-764-7591 (телетайп: 711)**.

**ગુજરાતી (Gujarati): સુચના:** જો તમે ગુજરાતી બોલતા હો, તો નિ:શુલ્ક ભાષા સહાય સેવાઓ તમારા માટે ઉપલબ્ધ છે. ફોન કરો **1-800-764-7591 (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 **1-800-764-7591 (TTY: 711)**.

**Italiano (Italian): ATTENZIONE:** In caso la lingua parlata sia l'italiano, sono disponibili servizi di assistenza linguistica gratuiti. Chiamare il numero **1-800-764-7591 (TTY: 711)**.

**Français (French): ATTENTION :** Si vous parlez français, des services d'aide linguistique vous sont proposés gratuitement. Appelez le **1-800-764-7591 (ATS : 711)**.

**λληνικά (Greek): ΠΡΟΣΟΧΗ:** Αν μιλάτε ελληνικά, στη διάθεσή σας βρίσκονται υπηρεσίες γλωσσικής υποστήριξης, οι οποίες παρέχονται δωρεάν. Καλέστε **1-800-764-7591 (TTY: 711)**.

**Deutsch (German): ACHTUNG:** Wenn Sie Deutsch sprechen, stehen Ihnen kostenlos sprachliche Hilfsdienstleistungen zur Verfügung. Rufnummer: **1-800-764-7591 (TTY: 711)**.

**Diné Bizaad (Navajo):** Díí baa akó nínízin: Díí saad bee yáníłti'go Diné Bizaad, saad bee áká'ánida'áwo'déé', t'áá jiik'eh, éí ná hóló, kójj' hódíílnih **1-800-764-7591 (TTY: 711)**.

**العربية (Arabic):**

ملحوظة: إذا كنت تتحدث اللغة العربية، فإن خدمات المساعدة اللغوية تتوافر لك بالمجان. اتصل برقم **1-800-764-7591** (رقم هاتف الصم والبك: **711**).

**हिंदी (Hindi): ध्यान दें:** यदि आप हिंदी बोलते हैं तो आपके लिए मुफ्त में भाषा सहायता सेवाएं उपलब्ध हैं। **1-800-764-7591 (TTY: 711)** पर कॉल करें।

**وُردُا (Urdu):**

خبردار: اگر آپ اردو بولتے ہیں، تو آپ کو زبان کی مدد کی خدمات مفت میں دستیاب ہیں۔ کال کریں **1-800-764-7591**۔ (TTY: 711)





