



October 12, 2020

Coming Soon – IlliniCare Health will become Aetna Better Health of Illinois on December 1, 2020. You will be receiving more information to introduce you to our new name.

Dear Member,

We wanted to let you know about some changes coming to the **My Health Pays** rewards program. We want to help you make the most of your benefits, so here's what you need to know:

- IlliniCare Health's My Health Pays program is ending on December 1, 2020, and is being replaced by the **Aetna Better Care** rewards program
- You can still earn rewards on My Health Pays for healthy activities through November 30, 2020. You will begin earning the same rewards for Aetna Better Care on December 1, 2020.
- The last day to redeem your rewards on your My Health Pays Visa® Prepaid Card* is March 1, 2021 (This card may not be used to buy alcohol, tobacco, or firearms products).

Visit IlliniCare.com/rewards to learn more about My Health Pays and to check your balance at any time.

We are committed to making sure you receive great care and have easy access to your rewards benefits. For more information on this transition, please call us at 1-866-329-4701 (TTY: 711).

Sincerely,

Membership Services Department
IlliniCare Health

*This card is issued by The Bancorp Bank pursuant to a license from Visa U.S.A. Inc. The Bancorp Bank; Member FDIC. Card cannot be used everywhere Visa debit cards are accepted. See Cardholder Agreement for complete usage restrictions.

1-866-329-4701
TTY: 711

IlliniCare.com

Statement of Non-Discrimination. IlliniCare Health complies with applicable Federal civil rights laws and does not discriminate on the basis of race, color, national origin, age, disability, or sex. IlliniCare Health does not exclude people or treat them differently based on age, disability, marital status, race, sex, income, health status, arrest or conviction, religion, sexual preference, color, birth nation, military participation, or language. IlliniCare Health:

- Provides free aids and services to people with disabilities to communicate effectively with us, such as qualified sign language interpreters and written information in other formats (large print, audio, accessible electronic formats, other formats)
- Provides free language services to people whose primary language is not English, such as qualified interpreters, and information written in other languages

If you need these services, contact IlliniCare Health at 1-866-329-4701 (TTY: 711).

If you believe that IlliniCare Health has failed to provide these services or discriminated in another way on the basis of race, color, national origin, age, disability, or sex, you can file a grievance with: IlliniCare Health, Attn: Complaints and Grievances, PO Box 92050, Elk Grove Village IL 60009-2050, 1-866-329-4701 (TTY: 711), Fax: 1-877-668-2076. You can file a grievance in person, or by mail, fax, or email. If you need help filing a grievance, IlliniCare Health 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/smartscreen/main.jsf>, or by mail or phone at: U.S. Department of Health and Human Services, 200 Independence Avenue SW., Room 509F, HHH Building, Washington, DC 20201, 1-800-368-1019, 1-800-537-7697 (TDD).

Complaint forms are available at <http://www.hhs.gov/ocr/filing-with-ocr/index.html>.

English	ATTENTION: If you speak English, language assistance services, free of charge, are available to you. Call 1-866-329-4701 (TTY: 711).
Spanish	ATENCIÓN: si habla español, tiene a su disposición servicios gratuitos de asistencia lingüística. Llame al 1-866-329-4701 (TTY: 711).
Polish	UWAGA: Jeżeli mówisz po polsku, możesz skorzystać z bezpłatnej pomocy językowej. Zadzwoń pod numer 1-866-329-4701 (TTY: 711).
Chinese	注意：如果您使用繁體中文，您可以免費獲得語言援助服務。請致電 1-866-329-4701 (TTY: 711)。
Korean	주의: 한국어를 사용하시는 경우, 언어 지원 서비스를 무료로 이용하실 수 있습니다. 1-866-329-4701 (TTY: 711) 번으로 전화해 주십시오.
Tagalog	PAUNAWA: Kung nagsasalita ka ng Tagalog, maaari kang gumamit ng mga serbisyo ng tulong sa wika nang walang bayad. Tumawag sa 1-866-329-4701 (TTY: 1-866-811-2452).
Arabic	(رقم 1-866-329-4701 ملحوظة: إذا كنت تتحدث اللغة العربية، فإن خدمات المساعدة اللغوية تتوافر لك بالمجان. اتصل برقم 711 هاتف الصم والبكم:)
Russian	ВНИМАНИЕ: Если вы говорите на русском языке, то вам доступны бесплатные услуги перевода. Звоните 1-866-329-4701 (телетайп: 711).
Gujarati	સુચના: જો તમે ગુજરાતી બોલતા હો, તો નિ:શુલ્ક ભાષા સહાય સેવાઓ તમારા માટે ઉપલબ્ધ છે. ફોન કરો 1-866-329-4701 (TTY: 711).
Urdu	خبردار: اگر آپ اردو بولتے ہیں، تو آپ کو زبان کی مدد کی خدمات مفت میں دستیاب ہیں۔ کال کریں 1-866-329-4701 (TTY: 711)۔
Vietnamese	CHÚ Ý: Nếu bạn nói Tiếng Việt, có các dịch vụ hỗ trợ ngôn ngữ miễn phí dành cho bạn. Gọi số 1-866-329-4701 (TTY: 711).
Italian	ATTENZIONE: In caso la lingua parlata sia l'italiano, sono disponibili servizi di assistenza linguistica gratuiti. Chiamare il numero 1-866-329-4701 (TTY: 711).
Hindi	ध्यान दें: यदि आप हिंदी बोलते हैं तो आपके लिए मुफ्त में भाषा सहायता सेवाएं उपलब्ध हैं। 1-866-329-4701 (TTY: 711) पर कॉल करें।
French	ATTENTION: Si vous parlez français, des services d'aide linguistique vous sont proposés gratuitement. Appelez le 1-866-329-4701 (ATS: 711).
Greek	ΠΡΟΣΟΧΗ: Αν μιλάτε ελληνικά, στη διάθεσή σας βρίσκονται υπηρεσίες γλωσσικής υποστήριξης, οι οποίες παρέχονται δωρεάν. Καλέστε 1-866-329-4701 (TTY: 711).
German	ACHTUNG: Wenn Sie Deutsch sprechen, stehen Ihnen kostenlos sprachliche Hilfsdienstleistungen zur Verfügung. Rufnummer: 1-866-329-4701 (TTY: 711).