

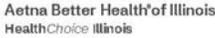


Dear Valued Provider,

**IlliniCare Health members will become Aetna Better Health® of Illinois members on December 1, 2020, while you will automatically become part of the Aetna Better Health of Illinois network.**

Beginning December 1, 2020, IlliniCare Health patients in your care may come to see you with Aetna Better Health of Illinois ID cards. These patients are still HealthChoice Illinois members.

### Membership Identification Card Quick Reference Guide

<p>HealthChoice Illinois</p> <p><b>Member Name:</b> <b>Medicaid ID #:</b> <b>Effective Date:</b></p> <p><b>PCP Name:</b> <b>PCP Number:</b></p> <p><b>IHH Name:</b> <b>IHH Number:</b></p>	 <p>RxBIN: 020545 RXPCN: RXA383 RXGROUP: RXGMCIL01</p>	  <p>Name: Member ID#: PCP: Phone: IHH Name: IHH Phone:</p> <p>DOB:                      Sex: Effective Date:</p> <hr/> <p>RxBIN: 610501    RxPCN: ADV    RxGRP: RX881A     Pharmacist Use Only: 1-888-964-0172</p> <p style="text-align: right;"><small>MELI</small></p>
<p><b>MEMBERS</b> Member Services, Behavioral Health, Dental, Transportation, 24/7 Nurse Advice Line: 866-329-4701 TTY: 711 <a href="http://www.IlliniCare.com">www.IlliniCare.com</a></p> <hr/> <p><b>PROVIDERS</b> 24/7 Eligibility and Prior Auth Check: 866-329-4701 Involve Pharmacy Solutions Help Desk: 800-678-6237</p> <p>Payer ID #: 68069 Claim and EFT/ERA information on <a href="http://www.IlliniCare.com">www.IlliniCare.com</a></p>	<p><b>Mailing Address</b> IlliniCare Health PO Box 92050 Elk Grove Village, IL 60009-2050</p> <hr/> <p><b>Paper Claims</b> IlliniCare Health Attn: Claims PO Box 4020 Farmingington, MO 63640-4402</p>	<p><b>Aetna Better Health® of Illinois</b> 3200 Highland Avenue, MC F648, Downers Grove, IL 60515 <a href="http://AetnaBetterHealth.com/Illinois-Medicaid">AetnaBetterHealth.com/Illinois-Medicaid</a></p> <p><b>Important number for members</b> Member Services, Behavioral Health, Dental, Transportation, 24-Hour Nurse Line 1-866-329-4701 (TTY: 711)</p> <p><b>Important number for providers</b> 24/7 Eligibility and Prior Auth Check 1-866-329-4701</p> <p><b>Submit medical claims to:</b> Aetna Better Health of Illinois PO Box 66545 Phoenix, AZ 85082-6545</p> <p><b>Payer ID:</b> 68024 Claim and EFT/ERA information on <a href="http://AetnaBetterHealth.com/Illinois-Medicaid">AetnaBetterHealth.com/Illinois-Medicaid</a></p> <p style="text-align: right;"><small>MELI</small></p>

### What this means for our members:

Members will transition over to the Aetna Better Health of Illinois provider and pharmacy network. Their network of providers, specialty providers, and hospitals have not changed. Their medical benefits have not changed as well. They will continue to receive care under Aetna Better Health of Illinois.

### What this means for our providers:

Members who are currently under your care will continue to receive care from you and/or your facility as the health plan outlines within their covered benefits. If you have any questions regarding patient care or claims, please contact us at 1-866-329-4701. We thank you for continuing to provide great care to our valued members.