

# 2025 Annual Notice of Changes

Humana Gold Plus Integrated  
(Medicare-Medicaid Plan)

Illinois

**Humana**<sup>®</sup>

**Humana Gold Plus Integrated offered by Humana Health Plan, Inc**

**Annual Notice of Changes for 2025**

**Introduction**

You are currently enrolled as a member of Humana Gold Plus Integrated. Next year, there will be some changes to the plan’s benefits, coverage, and rules. This Annual Notice of Changes tells you about the changes and where to find more information about them. To get more information about costs, benefits, or rules please review the Member Handbook, which is located on our website at [Humana.com/IllinoisGoldPlusIntegrated](http://Humana.com/IllinoisGoldPlusIntegrated). Key terms and their definitions appear in alphabetical order in the last chapter of the *Member Handbook*.

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**If you have questions**, please call Humana Gold Plus Integrated at 1-800-787-3311, (TTY: 711), Monday – Friday, from 8 a.m. – 8 p.m. Central time. The call is free. **For more information**, visit [Humana.com/IllinoisGoldPlusIntegrated](http://Humana.com/IllinoisGoldPlusIntegrated).

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## A. Disclaimers

Limitations and restrictions may apply. For more information, call Humana Gold Plus Integrated Customer Care or read the Humana Gold Plus Integrated *Member Handbook*. This means that you may have to pay for some services and that you need to follow certain rules to have Humana Gold Plus Integrated pay for your services.

The List of Covered Drugs and/or pharmacy and provider networks may change throughout the year. We will send you a notice before we make a change that affects you.

Benefits may change on January 1 of each year.

## B. Reviewing your Medicare and Medicaid coverage for next year

It is important to review your coverage now to make sure it will still meet your needs next year. If it does not meet your needs, you may leave the plan at any time. Refer to section F2 for more information.

If you leave our plan, you will still be in the Medicare and Medicaid programs as long as you are eligible.

- You will have a choice about how to get your Medicare benefits (refer to Section E. How to choose a plan).
- You will get your Medicaid benefits through fee-for-service or a HealthChoice Illinois Medicaid Managed Long-Term Services and Supports (MLTSS) plan (refer to Section F. How you will get Medicaid services).

### B1. Additional resources

- **ATTENTION:** If you speak Spanish, language assistance services, free of charge, are available to you. Call 1-800-787-3311 (TTY: 711). We're available Monday – Friday, from 8 a.m. – 8 p.m. Central time. The call is free.
- **ATENCIÓN:** si habla español, tiene a su disposición servicios gratuitos de asistencia lingüística. Llame al 1-800-787-3311 (TTY: 711). Estamos disponibles de lunes a viernes, de 8 a.m. a 8 p.m. hora Central. La llamada es gratuita.
- You can get this information for free in other formats, such as large print, braille, or audio. Call 1-800-787-3311 (TTY: 711). We're available Monday – Friday, from 8 a.m. – 8 p.m. Central time. The call is free.
- You can make a standing request to get materials, now and in the future, in a language other than English or in an alternate format.
  - Call Customer Care if you want to make or change a standing request at 1-800-787-3311 (TTY: 711). We're available Monday – Friday, from 8 a.m. – 8 p.m. Central time. The call is free.
  - We will keep your preferred language other than English and/or alternate format for future mailings and communications.
  - You will not need to make a separate request each time.



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**B2. Information about Humana Gold Plus Integrated**

- Humana Gold Plus Integrated is a health plan that contracts with both Medicare and Illinois Medicaid to provide benefits of both programs to members.
- Coverage under Humana Gold Plus Integrated is qualifying health coverage called "minimum essential coverage." It satisfies the Patient Protection and Affordable Care Act's (ACA) individual shared responsibility requirement. Visit the Internal Revenue Service (IRS) website at [www.irs.gov/affordable-care-act/individuals-and-families](http://www.irs.gov/affordable-care-act/individuals-and-families) for more information on the individual shared responsibility requirement.
- Humana Gold Plus Integrated is offered by Humana Health Plan, Inc. When this *Annual Notice of Changes* says "we," "us," or "our," it means Humana Health Plan, Inc. When it says "the plan" or "our plan," it means Humana Gold Plus Integrated.

**B3. Important things to do:**

- **Check if there are any changes to our benefits that may affect you.**
  - Are there any changes that affect the services you use?
  - It is important to review benefit changes to make sure they will work for you next year.
  - Look in section D for information about benefit changes for our plan.
- **Check if there are any changes to our prescription drug coverage that may affect you.**
  - Will your drugs be covered? Are they in a different tier? Can you continue to use the same pharmacies? Will there be any changes such as prior authorization, step therapy, or quantity limits?
  - It is important to review the changes to make sure our drug coverage will work for you next year.
  - Look in section D for information about changes to our drug coverage.
  - Your drug costs may have risen since last year.
    - Talk to your doctor about lower cost alternatives that may be available for you; this may save you in annual out-of-pocket costs throughout the year.
    - To get additional information on drug prices, visit [www.medicare.gov/drug-coverage-part-d/costs-for-medicare-drug-coverage](http://www.medicare.gov/drug-coverage-part-d/costs-for-medicare-drug-coverage). These dashboards highlight which manufacturers have been increasing their prices and also show other year-to-year drug price information.
    - Keep in mind that your plan benefits will determine exactly how much your own drug costs may change.
- **Check if your providers and pharmacies will be in our network next year.**
  - Are your doctors, including your specialists, in our network? What about your pharmacy? What about the hospitals or other providers you use?
  - Look in section C, for information about our *Provider and Pharmacy Directory*.
- **Think about your overall costs in the plan.**



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<ul style="list-style-type: none"> <li>○ How do the total costs compare to other coverage options?</li> <li>● <b>Think about whether you are happy with our plan.</b></li> </ul>	
<p><b>If you decide to stay with Humana Gold Plus Integrated:</b></p> <p>If you want to stay with us next year, it's easy – you don't need to do anything. If you don't make a change, you will automatically stay enrolled in our plan.</p>	<p><b>If you decide to change plans:</b></p> <p>If you decide other coverage will better meet your needs, you can switch plans (refer to section F2 for more information). If you enroll in a new plan, your new coverage will begin on the first day of the following month. Look in section G to learn more about your choices.</p>

### C. Changes to the network providers and pharmacies

Our provider and pharmacy networks have changed for 2025.

We strongly encourage you to **review our current *Provider and Pharmacy Directory*** to find out if your providers or pharmacy are still in our network. An updated *Provider and Pharmacy Directory* is located on our website at **Humana.com/IllinoisGoldPlus2025Directories**. You may also call Customer Care at 1-800-787-3311 (TTY: 711) Monday – Friday, from 8 a.m.– 8 p.m. Central time for updated provider information or to ask us to mail you a *Provider and Pharmacy Directory*.

It is important that you know that we may also make changes to our network during the year. If your provider does leave the plan, you have certain rights and protections. For more information, refer to Chapter 3 of your *Member Handbook*.

### D. Changes to benefits for next year

#### D1. Changes to benefits for medical services

We are changing our coverage for certain medical services next year. The following table describes these changes:

	<b>2024 (this year)</b>	<b>2025 (next year)</b>
<i>Acupuncture for chronic low back pain</i>	<p>Up to 20 visits per year under the following circumstances:</p> <ul style="list-style-type: none"> <li>• For the purpose of this benefit, chronic low back pain is defined as:</li> <li>• Lasting 12 weeks or longer;</li> </ul>	<p>The plan will pay for up to 12 visits in 90 days if you have chronic low back pain, defined as:</p> <ul style="list-style-type: none"> <li>• lasting 12 weeks or longer;</li> <li>• not specific (having no systemic cause that can be identified, such as not associated with metastatic, inflammatory, or infectious disease);</li> <li>• not associated with surgery; and</li> </ul>



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	<ul style="list-style-type: none"> <li>• Nonspecific, in that it has no identifiable systemic cause (i.e. not associated with metastatic, inflammatory infectious, etc. disease);</li> <li>• Not associated with surgery; and</li> <li>• Not associated with pregnancy</li> </ul> <p>Your plan allows services to be received by a provider licensed to perform acupuncture or by providers meeting the Original Medicare provider requirements. Prior Authorization requirements may apply.</p>	<ul style="list-style-type: none"> <li>• not associated with pregnancy.</li> </ul> <p>The plan will pay for an additional 8 sessions if you show improvement. You may not get more than 20 acupuncture treatments each year.</p> <p>Acupuncture treatments must be stopped if you don't get better or if you get worse.</p>
<i>Ambulance services</i>	<ul style="list-style-type: none"> <li>• Covered ambulance services include fixed-wing, rotary-wing, and ground ambulance services. The ambulance will take you to the nearest place that can give you care.</li> </ul>	<ul style="list-style-type: none"> <li>• Covered ambulance services, whether for an emergency or non-emergency situation, include fixed-wing, rotary-wing, and ground ambulance services. The ambulance will take you to the nearest place that can give you care.</li> </ul>
<i>Diabetes screening</i>	<ul style="list-style-type: none"> <li>• Depending on the test results, you may qualify for up to two diabetes screenings every 12 months.</li> </ul>	<ul style="list-style-type: none"> <li>• You may qualify for up to two diabetes screenings every 12 months following the date of your most recent diabetes screening test.</li> </ul>
<i>Family planning services</i>	<ul style="list-style-type: none"> <li>• Counseling and testing for sexually transmitted infections (STIs), AIDS, and other HIV-related conditions</li> </ul>	<ul style="list-style-type: none"> <li>• Counseling and testing for sexually transmitted infections (STIs), HIV/AIDS, and other HIV-related conditions</li> <li>• fertility preservation services</li> </ul>



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<p><i>Immunizations</i></p>	<ul style="list-style-type: none"> <li>• flu shots, each flu season, in the fall and winter, with additional flu shots if medically necessary</li> <li>• immunosuppressive drugs, if you were enrolled in Medicare Part A at the time of the organ transplant</li> <li>• antigens</li> <li>• certain oral anti-cancer drugs and anti-nausea drugs</li> <li>• certain drugs for home dialysis, including heparin, the antidote for heparin (when medically necessary), topical anesthetics, and erythropoiesis-stimulating agents (such as Epogen®, Procrit®, Epoetin Alfa, Aranesp®, or Darbepoetin Alfa)</li> </ul> <p>We also cover some vaccines under our Medicare Part B and Part D prescription drug benefit</p>	<ul style="list-style-type: none"> <li>• flu/influenza shots, once each flu/influenza season, in the fall and winter, with additional flu/influenza shots if medically necessary</li> <li>• the Alzheimer’s drug, Leqembi (generic lecanemab) which is given intravenously (IV)</li> <li>• transplant/immunosuppressive drugs: Medicare covers transplant drug therapy if Medicare paid for your organ transplant. You must have Part A at the time of the covered transplant, and you must have Part B at the time you get immunosuppressive drugs. Medicare Part D covers immunosuppressive drugs if Part B does not cover them if you were enrolled in Medicare Part A at the time of the organ transplant</li> <li>• some antigens: Medicare covers antigens if a doctor prepares them and a properly instructed person (who could be you, the patient) gives them under appropriate supervision</li> <li>• certain oral anti-cancer drugs: Medicare covers some oral cancer drugs you take by mouth if the same drug is available in injectable form or the drug is a prodrug (an oral form of a drug that, when ingested, breaks down into the same active ingredient found in the injectable drug. As new oral cancer drugs become available, Part B may cover them. If Part B doesn’t cover them, Part D does</li> <li>• certain drugs for home dialysis, including heparin, the antidote for heparin (when medically necessary) and topical anesthetics</li> <li>• parenteral and enteral nutrition (IV and tube feeding)</li> <li>• We also cover some vaccines under our Medicare Part B and most adult vaccines under our Part D prescription drug benefit.</li> </ul>
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<p><i>Partial hospitalization services and intensive outpatient services</i></p>	<p>Intensive outpatient service is a structured program of active behavioral (mental) health therapy treatment provided as a hospital outpatient service, a community mental health center, a Federally qualified health center, or a rural health clinic that is more intense than the care received in your doctor's or therapist's office but less intense than partial hospitalization.</p>	<p>Intensive outpatient service is a structured program of active behavioral (mental) health therapy treatment provided at a hospital outpatient service, a community mental health center, a Federally qualified health center, or a rural health clinic that is more intense than the care received in your doctor's, therapist's, LMFT, or licensed professional counselor's office but less intense than partial hospitalization.</p>
<p><i>Prosthetic and orthotic devices and related supplies</i></p>	<p>Prosthetic devices replace all or part of a body part or function. The plan will cover the following prosthetic devices, and maybe other devices not listed here:</p> <ul style="list-style-type: none"> <li>• colostomy bags and supplies related to colostomy care</li> <li>• pacemakers</li> <li>• braces</li> <li>• prosthetic shoes</li> <li>• artificial arms and legs</li> <li>• breast prostheses (including a surgical brassiere after a mastectomy)</li> </ul>	<p>Prosthetic devices replace all or part of a body part or function. These include but are not limited to:</p> <ul style="list-style-type: none"> <li>• testing, fitting, or training in the use of prosthetic and orthotic devices</li> <li>• colostomy bags and supplies related to colostomy care</li> <li>• pacemakers</li> <li>• braces</li> <li>• prosthetic shoes</li> <li>• artificial arms and legs</li> <li>• breast prostheses (including a surgical brassiere after a mastectomy)</li> </ul>



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## D2. Changes to prescription drug coverage

### Changes to our Drug List

An updated List of Covered Drugs is located on our website at [Humana.com/IllinoisGoldPlus2025Documents](https://www.humana.com/IllinoisGoldPlus2025Documents). You may also call Customer Care at 1-800-787-3311 (TTY 711) Monday – Friday, from 8 a.m. – 8 p.m. Central time for updated drug information or to ask us to mail you a *List of Covered Drugs*. The *List of Covered Drugs* is also called the “Drug List.”

We made changes to our Drug List, including changes to the drugs we cover and changes to the restrictions that apply to our coverage for certain drugs or if the plan has cost-sharing tiers: moving them to a different cost-sharing tier.

Review the Drug List to **make sure your drugs will be covered next year** and to find out if there will be any restrictions if the plan has cost-sharing tiers: or if your drug has moved to a different cost-sharing tier.

Most of the changes in the Drug List are new for the beginning of each year. However, we might make other changes are allowed by Medicare and/or the state that will affect you during the plan year. We update our online Drug List at least monthly to provide the most up to date list of drugs. If we make a change that will affect a drug you are taking, we will send you a notice about the change.

If you are affected by a change in drug coverage, we encourage you to:

- Work with your doctor (or other prescriber) to find a different drug that we cover.
  - You can call Customer Care at 1-800-787-3311 (TTY: 711) Monday – Friday, from 8 a.m. – 8 p.m. Central time to ask for a list of covered drugs that treat the same condition.
  - This list can help your provider find a covered drug that might work for you.
- Work with your doctor (or other prescriber) and ask the plan to make an exception to cover the drug.
  - You can ask for an exception before next year and we will give you an answer within 72 hours after we get your request (or your prescriber’s supporting statement).
  - To learn what you must do to ask for an exception, refer to Chapter 9 of the 2025 Member Handbook Section 6.3 or call Customer Care at 1-800-787-3311 (TTY: 711) Monday – Friday, from 8 a.m.– 8 p.m. Central time.
  - If you need help asking for an exception, you can contact Customer Care or your care coordinator. Refer to Chapter 2 and Chapter 3 of the Member Handbook to learn more about how to contact your care coordinator.

If you have previously been granted an exception and it is expiring, you should contact us in advance of the expiration date to have it re-authorized. The expiration date was included in your original approval letter. You can call Humana Clinical Pharmacy Review at 1-800-555-2546 (TTY: 711) Monday – Friday, from 8 a.m. – 8 p.m. Central time.

### Changes to prescription drug costs

There are no changes to the amount you pay for prescription drugs in 2025. Read below for more information about your prescription drug coverage.

**We moved some of the drugs on the Drug List to a lower or higher drug tier.** To find out if your drugs will be in a different tier, look them up in the Drug List.

The following table shows your costs for drugs in each of our 4 drug tiers.



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	2024 (this year)	2025 (next year)
<b>Drugs in Tier 1 (Generic drugs)</b> Cost for a one-month supply of a drug in Tier 1 that is filled at a network pharmacy	Your copay for a one-month (30-day) supply is <b>\$0 per prescription.</b>	Your copay for a one-month (30-day) supply is <b>\$0 per prescription.</b>
<b>Drugs in Tier 2 (Brand drugs)</b> Cost for a one-month supply of a drug in Tier 2 that is filled at a network pharmacy	Your copay for a one-month (30-day) supply is <b>\$0 per prescription.</b>	Your copay for a one-month (30-day) supply is <b>\$0 per prescription.</b>
<b>Drugs in Tier 3 (Non-Medicare Rx drugs)</b> Cost for a one-month supply of a drug in Tier 3 that is filled at a network pharmacy	Your copay for a one-month (30-day) supply is <b>\$0 per prescription.</b>	Your copay for a one-month (30-day) supply is <b>\$0 per prescription.</b>
<b>Drugs in Tier 4 (Non-Medicare Over-the-Counter (OTC))</b> Cost for a one-month supply of a drug in Tier 4 that is filled at a network pharmacy	Your copay for a one-month (30-day) supply is <b>\$0 per prescription.</b>	Your copay for a one-month (30-day) supply is <b>\$0 per prescription.</b>

**E. Administrative changes**

	2024 (this year)	2025 (next year)
<i>Medicare Prescription Payment Plan</i>	Not applicable	The Medicare Prescription Payment Plan may help you manage your drug costs by spreading them out during the year as monthly payments. To learn more about this program, please contact us at the number at the bottom of the page or visit <a href="https://www.Medicare.gov">Medicare.gov</a> .

**F. How to choose a plan**

**F1. How to stay in our plan**

We hope to keep you as a member next year.

You do not have to do anything to stay in your health plan. If you do not sign up for a different Medicare-Medicaid Plan, change to a Medicare Advantage Plan, or change to Original Medicare, you will automatically stay enrolled as a member of our plan for 2025.

**F2. How to change plans**

You can end your membership at any time during the year by enrolling in another Medicare Advantage Plan, enrolling in another Medicare-Medicaid Plan, or moving to Original Medicare.

If you want to keep getting your Medicare and Medicaid benefits together from a single plan, you can join a different Medicare-Medicaid Plan. You can enroll in the new Medicare-Medicaid Plan by calling Illinois Client Enrollment Services Monday through Friday from 8 a.m. to 6 p.m. Central time at 1-877-912-8880. TTY users should call 1-866-565-8576. The call and help are free. You will automatically be disenrolled from Humana Gold Plus Integrated when your new plan’s coverage begins.



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**F3. What if you don't want to join a different Medicare-Medicaid Plan**

If you do not want to enroll in a different Medicare-Medicaid Plan after you leave Humana Gold Plus Integrated, you will go back to getting your Medicare and Medicaid services separately.

**F4. How you will get Medicare services**

You will have three options for getting your Medicare services. By choosing one of these options, you will automatically end your membership in our Medicare-Medicaid Plan.

<p><b>1. You can change to:</b></p> <p><b>A Medicare health plan, such as a Medicare Advantage Plan or a Program of All-inclusive Care for the Elderly (PACE)</b></p>	<p><b>Here is what to do:</b></p> <p>Call Medicare at 1-800-MEDICARE (1-800-633-4227), 24 hours a day, 7 days a week. TTY users should call 1-877-486-2048.</p> <p>If you need help or more information:</p> <ul style="list-style-type: none"> <li>• Call the Senior Health Insurance Program (SHIP) at 1-800-252-8966. Monday through Friday from 8:30 a.m. to 5 p.m. TTY users should call 1-888-206-1327. The call and help are free.</li> </ul> <p>You will automatically be disenrolled from Humana Gold Plus Integrated when your new plan’s coverage begins.</p>
<p><b>2. You can change to:</b></p> <p><b>Original Medicare with a separate Medicare prescription drug plan</b></p>	<p><b>Here is what to do:</b></p> <p>Call Medicare at 1-800-MEDICARE (1-800-633-4227), 24 hours a day, 7 days a week. TTY users should call 1-877-486-2048.</p> <p>If you need help or more information:</p> <ul style="list-style-type: none"> <li>• Call the Senior Health Insurance Program (SHIP) at 1-800-252-8966 Monday through Friday from 8:30 a.m. to 5 p.m. TTY users should call 1-888-206-1327. The call and help are free.</li> </ul> <p>You will automatically be disenrolled from Humana Gold Plus Integrated when your Original Medicare coverage begins</p>
<p><b>3. You can change to:</b></p> <p><b>Original Medicare without a separate Medicare prescription drug plan</b></p> <p><b>NOTE:</b> If you switch to Original Medicare and do not enroll in a separate Medicare prescription drug plan, Medicare may enroll you in a drug plan, unless you tell Medicare you don’t want to join.</p>	<p><b>Here is what to do:</b></p> <p>Call Medicare at 1-800-MEDICARE (1-800-633-4227), 24 hours a day, 7 days a week. TTY users should call 1-877-486-2048.</p> <p>If you need help or more information:</p> <ul style="list-style-type: none"> <li>• Call the Senior Health Insurance Program (SHIP) at 1-800-252-8966 Monday through Friday from 8:30 a.m. to 5 p.m. TTY users should call 1-888-206-1327. The call and help are free.</li> </ul> <p>You will automatically be disenrolled from Humana Gold Plus Integrated when your Original Medicare coverage begins.</p>



**If you have questions**, please call Humana Gold Plus Integrated at 1-800-787-3311, (TTY: 711), Monday – Friday, from 8 a.m. – 8 p.m. Central time. The call is free. **For more information**, visit [Humana.com/IllinoisGoldPlusIntegrated](https://www.humana.com/IllinoisGoldPlusIntegrated).

<p>You should only drop prescription drug coverage from another source, such as an employer or union. If you have questions about whether you need drug coverage, call your Senior Health Insurance Program (SHIP) at 1-800-252-8966. TTY users should call 1-888-206-1327.</p>	
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## G. How you will get Medicaid services

If you leave the Medicare-Medicaid Plan, you will either get your Medicaid services through fee-for-service or be required to enroll in the HealthChoice Illinois Medicaid Managed Long-Term Services and Supports (MLTSS) program to get your Medicaid services.

If you are not in a nursing facility or enrolled in a Home and Community-Based Services (HCBS) Waiver, you will get your Medicaid services through fee-for-service. You can use any provider that accepts Medicaid and new patients.

If you are in a nursing facility or are enrolled in an HCBS Waiver, you will be required to enroll in the HealthChoice Illinois MLTSS program to get your Medicaid services.

To choose a HealthChoice Illinois MLTSS plan, you can call Illinois Client Enrollment Services at 1-877-912-8880 from 8 a.m. to 6 p.m. Central time Monday through Friday. TTY users should call 1-866-565-8576. Tell them you want to leave Humana Gold Plus Integrated and join a HealthChoice Illinois MLTSS plan. If you don't pick a HealthChoice Illinois Medicaid Managed Long-Term Services and Supports (MLTSS) plan, you will be assigned to a different company's HealthChoice Illinois MLTSS plan. Humana does not have a HealthChoice Illinois Medicaid Managed Long-Term Services and Supports (MLTSS) plan.

After you are enrolled in a HealthChoice Illinois MLTSS plan, you will have 90 days to switch to another HealthChoice Illinois MLTSS plan.

You will get a new Member ID Card, a new *Member Handbook*, and information about how to access the or a new *Provider Directory* from your HealthChoice Illinois MLTSS plan.

## H. How to get help

### H1. Getting help from Humana Gold Plus Integrated

Questions? We're here to help. Please call Customer Care at 1-800-787-3311 (TTY: 711). We are available for phone calls Monday – Friday, from 8 a.m. – 8 p.m. Central time. The call is free.

#### Your 2025 Member Handbook

The *2025 Member Handbook* is the legal, detailed description of your plan benefits. It has details about next year's benefits. It explains your rights and the rules you need to follow to get covered services and prescription drugs.

An up-to-date copy of the *2025 Member Handbook* is always available on our website at [Humana.com/IllinoisGoldPlus2025Documents](https://www.humana.com/IllinoisGoldPlus2025Documents). You may also call Customer Care at 1-800-787-3311 to ask us to mail you a *2025 Member Handbook*.



If you have questions, please call Humana Gold Plus Integrated at 1-800-787-3311, (TTY: 711), Monday – Friday, from 8 a.m. – 8 p.m. Central time. The call is free. For more information, visit [Humana.com/IllinoisGoldPlusIntegrated](https://www.humana.com/IllinoisGoldPlusIntegrated).

**Our website**

You can also visit our website at **Humana.com/IllinoisGoldPlusIntegrated**. As a reminder, our website has the most up-to-date information about our provider and pharmacy network (*Provider and Pharmacy Directory*) and our Drug List (*List of Covered Drugs*).

**H2. Getting help from Illinois Client Enrollment Services**

The Illinois Client Enrollment Services can help you enroll in a health plan, answer questions about benefits, and help you choose a primary care provider. You can call Illinois Client Enrollment Services at 1-877-912-8880, Monday through Friday from 8 a.m. to 6 p.m. central time. TTY users should call 1-866-565-8576. The call and help are free.

**H3. Getting help from the Illinois Long-Term Care Ombudsman Program**

The Illinois Long Term Care Ombudsman Program is an ombudsman program that can help you if you are having a problem with Humana Gold Plus Integrated. The ombudsman's services are free.

The Illinois Long-Term Care Ombudsman Program:

- is an ombudsman program that works as an advocate on your behalf. They can answer questions if you have a problem or complaint and can help you understand what to do.
- makes sure you have information related to your rights and protections and how you can get your concerns resolved.
- is not connected with us or with any insurance company or health plan.

You can call the Illinois Long Term Care Ombudsman Program at 1-800-252-8966 Monday through Friday from 8:30 a.m. to 5 p.m. TTY users should call 1-888-206-1327. The call and help are free. **H4. Getting help from the Senior Health Insurance Program (SHIP)**

You can also call the Senior Health Insurance Program (SHIP). The SHIP counselors can help you understand your Medicare-Medicaid Plan choices and answer questions about switching plans. The SHIP is not connected with us or with any insurance company or health plan. You can call the SHIP at 1-800-252-8966 Monday through Friday from 8:30 a.m. to 5 p.m. TTY users should call 1-888-206-1327. The call and help are free.

**H5. Getting help from Medicare**

To get information directly from Medicare you can call 1-800-MEDICARE (1-800-633-4227), 24 hours a day, 7 days a week. TTY users should call 1-877-486-2048.

**Medicare Website**

You can visit the Medicare website ([www.medicare.gov](http://www.medicare.gov)). If you choose to disenroll from your Medicare-Medicaid Plan and enroll in a Medicare Advantage plan, the Medicare website has information about costs, coverage, and quality ratings to help you compare Medicare Advantage plans.

You can find information about Medicare Advantage plans available in your area by using the Medicare Plan Finder on the Medicare website. (To view the information about plans, refer to [www.medicare.gov](http://www.medicare.gov) and click on "Find plans.")

**Medicare & You 2025**

You can read *Medicare & You 2025 Handbook*. Every year in the fall, this booklet is mailed to people with Medicare. It has a summary of Medicare benefits, rights and protections, and answers to the most frequently asked questions about Medicare.



**If you have questions**, please call Humana Gold Plus Integrated at 1-800-787-3311, (TTY: 711), Monday – Friday, from 8 a.m. – 8 p.m. Central time. The call is free. **For more information**, visit **Humana.com/IllinoisGoldPlusIntegrated**.

If you don't have a copy of this booklet, you can get it at the Medicare website ([www.medicare.gov](http://www.medicare.gov)) or by calling 1-800-MEDICARE (1-800-633-4227), 24 hours a day, 7 days a week. TTY users should call 1-877-486-20

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### H6. The Medicare Prescription Payment Plan

The Medicare Prescription Payment Plan may help you manage your drug costs by spreading them out during the year as monthly payments. This program does not lower your total out-of-pocket costs. "Extra Help" from Medicare and help from your state's pharmaceutical assistance program (SPAP) and the AIDS Drug Assistance Program (ADAP), for those who qualify, is more advantageous than participation in the Medicare Prescription Payment Plan alone. All enrollees are eligible to participate in this program, regardless of income level. To learn more about this program please contact us at the phone number at the bottom of this page or visit [Medicare.gov](http://Medicare.gov).

### H7. Getting help from Medicaid

If you have questions about your Medicaid eligibility, you can:

- Contact the Illinois Department of Human Services (DHS) Customer Help Line. Call 1-800-843-6154 Monday through Friday from 8 a.m. to 5 p.m. TTY users should call 1-866-324-5553.
- Visit [www.dhs.state.il.us](http://www.dhs.state.il.us)



**If you have questions**, please call Humana Gold Plus Integrated at 1-800-787-3311, (TTY: 711), Monday – Friday, from 8 a.m. – 8 p.m. Central time. The call is free. **For more information**, visit [Humana.com/IllinoisGoldPlusIntegrated](http://Humana.com/IllinoisGoldPlusIntegrated).

