Getting started

Your guide to healthcare that puts you first

Welcome to Humana Healthy Horizons in Illinois (HCI)

Achieving your best health takes more than just healthcare coverage. We offer services and benefits that keep you feeling good in mind, body and spirit—even after you leave your provider's office.

By now, you should have received your Humana Healthy Horizons® in Illinois (HCI) ID card, along with a letter outlining some important information about your plan. This quick start guide includes more plan details and simple ways to connect with us, so you can get the most out of your benefits.

All medically necessary services, including visits to your primary care provider (PCP), are covered. Other coverage and benefits include:

- **Behavioral health care and counseling services**
- **Dental care**
- **Enrollment in Go365 for Humana Healthy Horizons®**
  More at **Humana.com/IllinoisHCIGo365**
- **Hospitalizations, X-rays and lab services**
- **Immunizations (vaccines)**
- **Pregnancy-related services**
- **Transportation to health appointments, like doctor visits**
  More at **Humana.com/IllinoisHCIRides**
- **Vision care**
- **Well Child Visits known as Early and Periodic Screening, Diagnostic and Treatment (EPSDT), for members under the age of 21 years**
- **24-hour nurse advice line**

For a full list of covered services, details about eligibility and more on how to access each, go to **Humana.com/IllinoisHCIHandbook** or **Humana.com/IllinoisMedicaidHCI.**

Humana Healthy Horizons®

HealthChoice Illinois

Confirm your primary care provider

Your PCP is the doctor or nurse practitioner who takes care of your general health and can coordinate your care with specialists when needed. If you have been assigned a PCP that you aren't happy with, we can help you make a change.



You can update your PCP choice 24/7 at **MyHumana.com**. Find out more about accessing your MyHumana account on page 3.

You can also change your PCP by calling Member Services at **1-800-787-3311 (TTY: 711)**, Monday – Friday, 8 a.m. – 8 p.m., Central time.

Once you have a PCP you're satisfied with, start off on the right foot by making an appointment for a well check. You can even earn a reward just for attending your checkup.

Be sure to call your PCP to schedule an appointment within the first 90 days of your plan year. For a routine checkup, you should be able to get an appointment within 5 weeks. Infants under age 6 months should be able to get a routine appointment within 2 weeks. For an urgent visit, expect to be seen within 1 business day. To make a change or to cancel, please call at least 24 hours before the appointment.



You can find a list of in-network providers at **FindCare.Humana.com**.

Important contact information for Humana members

Member Services
1-800-787-3311 (TTY: 711),
Monday - Friday, 8 a.m. – 8 p.m.,
Central time

24-hour Nurse advice line
1-833-641-5522 (TTY: 711)

Behavioral health crisis line
Crisis and Referral Entry Services (CARES)
1-800-345-9049 (TTY: 1-866-794-0374),
24 hours a day, 7 days a week

Pharmacy help desk
1-833-697-5361 (TTY: 711),
24 hours a day, 7 days a week

Dental benefits
DentaQuest
1-800-787-3311 (TTY: 711),
Monday – Friday, 8 a.m. – 8 p.m.,
Central time

MTM (Medical Transportation Management)
1-888-778-7507 (TTY: 711),
Monday – Friday, 8 a.m. – 8 p.m.,
Central time

Mailing address
P.O. Box 14359, Lexington, KY 40512

Website
Humana.com/IllinoisMedicaidHCI

To report contact information/address changes, call **1-800-787-3311 (TTY: 711),** Monday – Friday, 8 a.m. – 8 p.m., Central time.

Create your accounts for Go365 for Humana Healthy Horizons and MyHumana

Go365 for Humana Healthy Horizons is a wellness and rewards program that allows you to earn rewards for completing healthy activities. MyHumana is your secure online portal where you can change your doctor, view claims and plan details, and update your account information with us. To get started with both:

1. **Download** the Go365 for Humana Healthy Horizons and the MyHumana apps from your phone's app store (App Store® or Google Play®)*.

2. **Create an account** on the Go365 for Humana Healthy Horizons app or at **MyHumana.com**. You can use the same username and password for all your Humana accounts. All members will need their Medicaid member ID to register.
   → If you already have an account and need help with your username or password, click "Forgot username" or "Forgot password."

3. **Sign in to Go365 for Humana Healthy Horizons** or **MyHumana.com**.
   → Note: Members under the age of 18 must have a parent or guardian register on their behalf to use the program.

4. **Start earning rewards through Go365 for Humana Healthy Horizons.**
   → A great way to start is by completing your health screening within 90 days of enrollment to earn $20 in rewards through Go365 for Humana Healthy Horizons. By completing your health screening, we can better understand your needs and start connecting you to programs and services that will help keep you feeling your best.
   Scan the QR code below to complete your health screening on the Go365 for Humana Healthy Horizons app.

   App Store **Google Play**

5. **Sign in to MyHumana** from the MyHumana app or **MyHumana.com**.
   → Choose your PCP, if needed, as described on page 2.

* All product names, logos, brands and trademarks are property of their respective owners, and any use does not imply endorsement.



After-hours care

If you need medical care when your doctor's office is closed, call our 24-hour Humana clinical triage line at **1-833-200-9490 (TTY: 711).** You can also visit an urgent care facility.

In case of emergency

We cover emergency services even when you are away from home. If you have an emergency, call **911** or go to the nearest emergency department. The hospital or facility does not need to be part of our provider network or in our service area. You also don't need to be approved ahead of time to get the care you need.

Be sure to call Member Services at **1-800-787-3311 (TTY: 711),** Monday – Friday, 8 a.m. – 8 p.m., Central time, when you are able and let us know about your out-of-network emergency care.

Find more information online

Visit **Humana.com/IllinoisMedicaidHCI** to find detailed information about covered benefits, health and wellness education, and programs and services offered through Humana Healthy Horizons in Illinois (HCI).

Here, you can also find, review and print copies of your:

- Member Handbook
- Over-the-counter drug order form
- Preferred Drug List
- Pharmacy benefit information
- Provider Directory

Specialized behavioral health services

There are times when you may need to speak to a therapist or counselor. We cover many different types of behavioral health services that can help with issues you may be facing. You can call a behavioral health provider for an appointment. You can get help finding a behavioral health provider by:

- Calling **1-800-787-3311 (TTY: 711),** Monday – Friday, 8 a.m. – 8 p.m., Central time.
- Looking at our provider directory
- Going to our website, **Humana.com/IllinoisMedicaidHCI**

You do not need a referral from your PCP for behavioral health services offered by an in-network provider.

In case of a behavioral health crisis, you can contact Crisis and Referral Entry Services (CARES) at 1-800-345-9049 (TTY: 1-866-794-0374), 24 hours a day, 7 days a week.

If you have questions, you can contact our 24-hour Nurse advice line anytime at **1-833-641-5522 (TTY: 711)**. We can help you get the care you need.



For more information, go to **Humana.com/IllinoisMedicaidHCI**.

Do you need help communicating?

We have people who help us talk to you in your language. Call Member Services at **1-800-787-3311 (TTY: 711),** Monday – Friday, 8 a.m. – 8 p.m., Central time.



For people with disabilities

If you use a wheelchair, are blind, or have trouble hearing or understanding, call us if you need extra help. We can tell you if a provider's office is wheelchair accessible or has devices for communication.

Call Member Services if you need:

Help making or getting to appointments

Information and materials in large print, audio (sound) and braille

Names and addresses of providers who specialize in your disability

Telecommunications relay service
This helps people who have trouble hearing or talking make phone calls. Call **711** and give them our Member Services phone number: 1-800-787-3311. They will connect you to us. Member Services is available Monday – Friday, 8 a.m. – 8 p.m., Central time.

How to access your pharmacy benefits

Pharmacy

Humana Healthy Horizons in Illinois (HCI) members get prescription drug coverage through Humana Pharmacy Solutions. Our members must use only Humana Pharmacy Solutions network pharmacies to get medications under the pharmacy benefit.

Copayment

Make sure to take your member ID card with you to the pharmacy. Covered prescriptions are provided at no cost to members.

Preferred Drug List

Your provider uses the Preferred Drug List (PDL, also known as a formulary, to choose the best medication for your condition. If a medication is not on the PDL, your provider may need to get prior approval. The PDL may change from time to time. You can find the current PDL at **Humana.com/IllinoisHCIRX.**

Pharmacist prescription questions
1-833-697-5361 (TTY: 711),
24 hours a day, 7 days a week.

Pharmacy Prior Authorizations
1-800-555-2546 (TTY: 711),
Monday – Friday, 8 a.m. – 11 p.m., Central time.

Participating pharmacies

Use the online directory to find an in-network pharmacy near you.

Online provider directory: **Humana.com/FindAPharmacy**

Complaints, grievances and appeals

We want you to be happy with the care you receive. If at any time you are not happy with anything about us or our providers, let us know right away. This includes if you do not agree with a decision we have made.

Appeal online
Go to **Humana.com/IllinoisHCIAppeals**

Call Member Services
1-800-787-3311 (TTY: 711),
Monday – Friday, 8 a.m. – 8 p.m.,
Central time.

Write to us
Grievances and Appeals Department
P.O. Box 14163
Lexington, KY 40512-4163

How to change plans

If you want to change your health plan, you can through any of the following:

- Online at **EnrollHFS.Illinois.gov**
- By phone at 1-877-912-8880 (TTY: 1-866-565-8576), Monday – Friday, 8 a.m. – 6 p.m., Central time

If you are unhappy with your health plan, you can change to a different plan within the first 90 days after enrollment. You don't even have to give a reason. Once a year, during open enrollment, all members are able to change plans as they choose. If you need to be disenrolled from Humana Healthy Horizons in Illinois (HCI) at any time, please call the **Illinois Client Enrollment Services** at 1-877-912-8880 (TTY: 1-866-565-8576), Monday – Friday, 8 a.m. – 6 p.m., Central time.

Know your member rights

As a Humana plan member, you have certain rights and responsibilities when being treated by Humana network providers. This includes the right to be treated with respect, participate in decisions and be free to make decisions about your healthcare. Learn more about member rights in your Member Handbook: **Humana.com/IllinoisHCIHandbook.**

What if you get a bill for treatment?

If you get a bill for a treatment or service and you don't know what to do, do not ignore it. Call Member Services at **1-800-787-3311 (TTY: 711)** right away. We can help you understand why you may have gotten a bill. If you are not responsible for payment, Humana Healthy Horizons in Illinois (HCI) will contact the provider and help fix the problem for you.

Insurance ACE
Notice of Privacy Practices

THIS NOTICE DESCRIBES HOW MEDICAL INFORMATION ABOUT YOU MAY BE USED AND DISCLOSED AND HOW YOU CAN GET ACCESS TO THIS INFORMATION. PLEASE REVIEW IT CAREFULLY.

The privacy of your personal and health information is important. You do not need to do anything unless you have a request or complaint.

This Notice of Privacy Practices applies to all entities that are part of the Insurance ACE, an Affiliated Covered Entity under HIPAA. The ACE is a group of legally separate covered entities that are affiliated and have designated themselves as a single covered entity for purposes of HIPAA. A complete list of the members of the ACE is available at **https://huma.na/insuranceace.**

We may change our privacy practices and the terms of this notice at any time, as allowed by law, including information we created or received before we made the changes. When we make a significant change in our privacy practices, we will change this notice and send the notice to our health plan subscribers.

What is nonpublic personal or health information?

Nonpublic personal or health information includes both medical information and personal information, like your name, address, telephone number, Social Security number, account numbers, payment information, or demographic information. The term “information” in this notice includes any nonpublic personal and health information. This includes information created or received by a healthcare provider or health plan. The information relates to your physical or mental health or condition, providing healthcare to you, or the payment for such healthcare.

How do we collect information about you?

We collect information about you and your family when you complete applications and forms. We also collect information from your dealings with us, our affiliates, or others. For example, we may receive information about you from participants in the healthcare system, such as your doctor or hospital, as well as from employers or plan administrators, credit bureaus, and the Medical Information Bureau.

What information do we receive about you?

The information we receive may include such items as your name, address, telephone number, date of birth, Social Security number, premium payment history, and your activity on our website. This also includes information regarding your medical benefit plan, your health benefits, and health risk assessments.

How do we protect your information?

We have a responsibility to protect the privacy of your information in all formats including electronic and oral information. We have administrative, technical, and physical safeguards in place to protect your information in various ways including:

- Limiting who may see your information
- Limiting how we use or disclose your information
- Informing you of our legal duties about your information
- Training our employees about our privacy program and procedures

How do we use and disclose your information?

We use and disclose your information:

- To you or someone who has the legal right to act on your behalf
- To the Secretary of the Department of Health and Human Services

We have the right to use and disclose your information:

- To a doctor, a hospital, or other healthcare provider so you can receive medical care.
- For payment activities, including claims payment for covered services provided to you by healthcare providers and for health plan premium payments.
- For healthcare operation activities, including processing your enrollment, responding to your inquiries, coordinating your care, improving quality, and determining premiums.
- For performing underwriting activities. However, we will not use any results of genetic testing or ask questions regarding family history.
- To your plan sponsor to permit them to perform plan administration functions such as eligibility, enrollment, and disenrollment activities. We may share summary level health information about you with your plan sponsor in certain situations. For example, to allow your plan sponsor to obtain bids from other health plans. Your detailed health information will not be shared with your plan sponsor. We will ask your permission, or your plan sponsor must certify they agree to maintain the privacy of your information.
- To contact you with information about health-related benefits and services, appointment reminders, or treatment alternatives that may be of interest to you. If you have opted out, we will not contact you.
- To your family and friends if you are unavailable to communicate, such as in an emergency.
- To your family and friends, or any other person you identify. This applies if the information is directly relevant to their involvement with your healthcare or payment for that care. For example, if a family member or a caregiver calls us with prior knowledge of a claim, we may confirm if the claim has been received and paid.
- To provide payment information to the subscriber for Internal Revenue Service substantiation.
- To public health agencies, if we believe that there is a serious health or safety threat.
- To appropriate authorities when there are issues about abuse, neglect, or domestic violence.
- In response to a court or administrative order, subpoena, discovery request, or other lawful process.

- For law enforcement purposes, to military authorities and as otherwise required by law.
- To help with disaster relief efforts.
- For compliance programs and health oversight activities.
- To fulfill our obligations under any workers' compensation law or contract.
- To avert a serious and imminent threat to your health or safety or the health or safety of others.
- For research purposes in limited circumstances and provided that they have taken appropriate measures to protect your privacy.
- For procurement, banking, or transplantation of organs, eyes, or tissue.
- To a coroner, medical examiner, or funeral director.

Additional restrictions on use and disclosure for specific types of information:

- Some federal and state laws may restrict the use and disclosure of certain sensitive health information such as: Substance Use Disorder ("SUD") subject to 42 CFR Part 2 ("Part 2") records; Biometric Information; Child or Adult Abuse or Neglect including Sexual Assault; Communicable Diseases; Genetic Information; HIV/AIDS; Mental Health; Reproductive Health; and Sexually Transmitted Diseases

  If we receive SUD Part 2 records, we will not use or disclose such records, or provide testimony relaying the content of such records, in any civil, criminal, administrative, or legislative proceeding against you unless such disclosure is based on your written consent (separate from your consent for any other use or disclosure), or a court order after notice and an opportunity to be heard is provided to you, as provided by Part 2. A court order authorizing the use or disclosure of SUD Part 2 Records must be accompanied by a subpoena or other legal requirement compelling disclosure before the requested record is used or disclosed.

Will we use your information for purposes not described in this notice?

We will not use or disclose your information for any reason that is not described in this notice, without your written permission. You may cancel your permission at any time by notifying us in writing.

The following uses and disclosures will require your written permission:

- Most uses and disclosures of psychotherapy notes and SUD counseling notes
- Marketing purposes
- Sale of personal and health information
- Medical information that is disclosed pursuant to this Notice to an entity that is not a HIPAA-covered entity or business associate, may be subject to disclosure by the recipient and may no longer be protected by federal or state privacy laws (such as HIPAA).

What do we do with your information when you are no longer a member?

Your information may continue to be used for purposes described in this notice. This includes when you do not obtain coverage through us. After the required legal retention period, we destroy the information following strict procedures to maintain the confidentiality.

What are my rights concerning my information?

We are committed to responding to your rights request in a timely manner.

- Access – You have the right to review and obtain a copy of your information that may be used to make decisions about you. You also may receive a summary of this health information. As required under applicable law, we will make this personal information available to you or to your designated representative.
- Adverse Underwriting Decision – If we decline your application for insurance, you have the right to be provided a reason for the denial.
- Alternate Communications – To avoid a life-threatening situation, you have the right to receive your information in a different manner or at a different place. We will accommodate your request if it is reasonable.
- Amendment – You have the right to request correction of any of this personal information through amendment or deletion. Within 60 business days of receipt of your written request, we will notify you of our amendment or deletion of the information in dispute, or of our refusal to make such correction after further investigation.
  If we refuse to amend or delete the information in dispute, you have the right to submit to us a written statement of the reasons for your disagreement with our assessment of the information in dispute and what you consider to be the correct information. We shall make such a statement accessible to any and all parties reviewing the information in dispute.*
- Disclosure – You have the right to receive a listing of instances in which we or our business associates have disclosed your information. This does not apply to treatment, payment, health plan operations, and certain other activities. We maintain this information and make it available to you for six years. If you request this list more than once in a 12-month period, we may charge you a reasonable, cost-based fee.
- Notice – You have the right to request and receive a written copy of this notice any time.
- Restriction – You have the right to ask to limit how your information is used or disclosed. We are not required to agree to the limit, but if we do, we will abide by our agreement. You also have the right to agree to or terminate a previously submitted limitation.

If I believe that my privacy has been violated, what should I do?

If you believe that your privacy has been violated, you may file a complaint with us by calling us at **866-861-2762** any time.

You may also submit a written complaint to the U.S. Department of Health and Human Services, Office for Civil Rights (OCR). We will give you the appropriate OCR regional address on request. You can also email your complaint to **OCRComplaint@hhs.gov**. If you elect to file a complaint, your benefits will not be affected, and we will not punish or retaliate against you in any way.

We support your right to protect the privacy of your personal and health information.

* This right applies only to our Massachusetts residents in accordance with state regulations.

Our Responsibilities

- We are required by law to maintain the privacy and security of your protected health information.
- We will let you know promptly if a breach occurs that may have compromised the privacy or security of your information.
- We must follow the duties and privacy practices described in this notice and give you a copy of it.
- We will not use or share your information other than as described here unless you tell us we can in writing. If you tell us we can, you may change your mind at any time. Let us know in writing if you change your mind.

We can change the terms of this notice, and the changes will apply to all information we have about you. The new notice will be available upon request, in our office, and on our web site.

How do I exercise my rights or obtain a copy of this notice?

All of your privacy rights can be exercised by obtaining the applicable forms. You may obtain any of the forms by:

- Contacting us at **866-861-2762**
- Accessing our website at **Humana.com** and going to the Privacy Practices link
- Send completed request form to:
  Humana Inc. Privacy Office 003/10911
  101 E. Main Street
  Louisville, KY 40202

If you have any questions, please visit **Humana.com** or call the number on the back of your member ID card.

Notice of Non-Discrimination

Humana Inc. and its subsidiaries comply with applicable Federal civil rights laws and do not discriminate or exclude people because of their race, color, religion, gender, gender identity, sex, sexual orientation, age, disability, national origin, military status, veteran status, genetic information, ancestry, ethnicity, marital status, language, health status, or need for health services. Humana Inc.:

- Provides people with disabilities reasonable modifications and free appropriate auxiliary aids and services to communicate effectively with us, such as:
  - Qualified sign language interpreters
  - Written information in other formats (large print, audio, accessible electronic formats, other formats).
- Provides free language assistance services to people whose primary language is not English, which may include:
  - Qualified interpreters
  - Information written in other languages.

If you need reasonable modifications, appropriate auxiliary aids, or language assistance services contact **800-787-3311 (TTY: 711)**, Monday through Friday, from 8:00 a.m. to 8:00 p.m., Local time. If you believe that Humana, Inc. has not provided these services or discriminated on the basis of race, color, religion, gender, gender identity, sex, sexual orientation, age, disability, national origin, military status, veteran status, genetic information, ancestry, ethnicity, marital status, language, health status, or need for health services, you can file a grievance in person or by mail, orally by telephone, or email with Humana Inc.'s Non-Discrimination Coordinator at P.O. Box 14618, Lexington, KY 40512-4618**, 800-787-3311 (TTY: 711)**, or **accessibility@humana.com**. If you need help filing a grievance, Humana Inc.'s Non-Discrimination Coordinator can help you.

You can also file a 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, S.W., Room 509F, HHH Building Washington, D.C. 20201. **800-368-1019**, **800-537-7697 (TDD)**.

This notice is available at **Humana.com/IllinoisAccessibility**
Humana Healthy Horizons in Illinois is a Medicaid Product of Humana Benefit Plan of Illinois, Inc.
ILHN62QEN

Auxiliary aids and services, free of charge, are available to you. 1-800-787-3311 (TTY: 711), Monday through Friday, from 8:00 a.m. to 8:00 p.m., Central time.

Humana Inc. and its subsidiaries comply with Section 1557 by providing free auxiliary aids and services to people with disabilities when auxiliary aids and services are necessary to ensure an equal opportunity to participate. Services include qualified sign language interpreters, video remote interpretation, and written information in other formats.

English Call the number above to receive free language assistance services.

Español (Spanish) Llame al número que se indica arriba para recibir servicios gratuitos de asistencia lingüística.

Polski (Polish) Aby skorzystać z bezpłatnej pomocy językowej, należy zadzwonić pod wyżej podany numer.

繁體中文 (Traditional Chinese) 您可以撥打上面的電話號碼以獲得免費的語言協助服務。

한국어 (Korean) 무료 언어 지원 서비스를 받으려면 위 번호로 전화하십시오.

Tagalog (Tagalog – Filipino) Tawagan ang numero sa itaas para makatanggap ng mga libreng serbisyo sa tulong sa wika.

العربية(Arabic) اتصل برقم الهاتف أعلاه للحصول على خدمات المساعدة اللغوية المجانية.

Русский (Russian) Позвоните по вышеуказанному номеру, чтобы получить бесплатную языковую поддержку.

ગુજરાતી (Guj ar at i) મફત ભાષા સહાય સેવાઓ મેળવવા માટે ઉપર આપેલા નંબર પર કૉલ કરો.

اردو (Urdu): مفت لسانی اعانت کی خدمات موصول کرنے کے لیے درج بالا نمبر پر کال کریں۔

Tiếng Việt (Vietnamese) Gọi số điện thoại ở trên để nhận các dịch vụ hỗ trợ ngôn ngữ miễn phí.

Italiano (Italian) Chiamare il numero sopra indicato per ricevere servizi di assistenza linguistica gratuiti.

हिंदी (Hindi) भाषा सहायता सेवाएं मुफ्त में प्राप्त करने के लिए ऊपर के नंबर पर कॉल करें।

Français (French) Appelez le numéro ci-dessus pour recevoir des services gratuits d'assistance linguistique.

Ελληνικά (Greek] Καλέστε τον παραπάνω αριθμό για να λάβετε δωρεάν υπηρεσίες γλωσσικής υποστήριξης.

Deutsch (German) Wählen Sie die oben angegebene Nummer, um kostenlose sprachliche Hilfsdienstleistungen zu erhalten.

This notice is available at **Humana.com/IllinoisAccessibility**
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