



As a Medicaid health plan, CountyCare provides individuals and families with health services and expert care – at no cost.

Our members choose CountyCare because they have access to:

- More than 6,600 primary care providers, 26,000 specialists and over 70 hospitals in Chicago and across Cook County
- Dental care, including oral surgeons
- Vision care and free LASIK eye surgery (if eligible)
- Behavioral health, including substance use services
- Pharmacy services, including prescriptions
- Transportation to and from doctor visits
- Children and family health services, including vaccinations and routine doctor visits
- 24/7 Nurse Advice Line
- Cash rewards with our CountyCare Rewards Program that promotes a healthy lifestyle

Member Services representatives are available to answer your questions. Call 312-864-8200 / 855-444-1661 (toll-free) / 711 (TDD/TTY). You can also visit countycare.com/prospective-members.

To choose CountyCare as your plan, you must:

1 Apply for Medicaid

CountyCare is a Medicaid health plan. You must be signed up for Medicaid to enroll in CountyCare. If you are not signed up for Medicaid, or if you are unsure, visit countycare.com/prospective-members/how-to-enroll to learn more about how to enroll or visit HealthChoice Illinois at enrollhfs.illinois.gov.

You can also call Cook County Health to apply by phone at 312-864-8200 / 855-444-1661 (toll-free) / 711 (TDD/TTY), option 1.

If you already have Medicaid, you may select a new health plan during your open enrollment period. **Illinois Client Enrollment Services (CES) will send you information about your choices when it is time for you to choose a health plan during your open enrollment period. If you are unsure when your open enrollment period is, you can call CES to find out at 877-912-8880.**

2 Choose a Medicaid Health Plan

After you enroll in Medicaid, you will be asked to choose a health plan. CountyCare may be one of your choices. You can learn more about your health plan choices by calling 877-912-8880 or visit HealthChoice Illinois at enrollhfs.illinois.gov.

3 Keep your coverage

In order to stay a CountyCare member, you must renew your Medicaid benefits each year through the redetermination process. To learn more about keeping your benefits, visit countycare.com/redetermination.

✓ Covered benefits

Following are examples of what CountyCare covers. For a complete list visit [countycare.com](https://www.countycare.com).

✓ Primary and Preventive Care

- Well-child visits and annual checkups for all ages
- Cancer screenings

✓ Specialty Care

- Cardiology
- Oncology
- Dialysis services

✓ Behavioral Health

- Mental health services
- Alcohol and substance use treatment and services

✓ Hospital Care

- Inpatient services
- Emergency room visits

✓ Telehealth

✓ Urgent care

✓ Prescription medications

✓ Dental care

✓ Vision care

✓ 24/7 Nurse Advice Line

- ✓ **Free rides** to medical appointments, pharmacies, certain CountyCare-sponsored events and Women, Children, and Infants (WIC) offices

★ Extra Benefits and Rewards

CountyCare members get extra benefits and rewards on top of regular health care coverage. Examples include:

- **CountyCare Visa Rewards Card:** When you complete certain health care activities, you can earn cash rewards to help you pay for what you need, such as groceries, transportation, utilities and more at more places that accept Visa.
- **Brighter Beginnings Program:** Pregnant women and expectant families can receive free diapers, a Sleep Safe Kit including a portable crib, free car seats and more.
- **Free LASIK:** Members ages 21-45 who qualify can receive LASIK eye surgery at no cost.
- **FoodCare Program:** Members can get no-cost access to a personalized nutrition and food program provided by FoodCare.

Visit [countycare.com/members/benefits-rewards](https://www.countycare.com/members/benefits-rewards) for a complete list of extra benefits and rewards.

✗ Noncovered benefits

Following is a list of some of the medical services and benefits that CountyCare does not cover:

- Services that are experimental or investigational in nature
- Services provided by a non-network provider and not authorized by your health plan
- Services provided without a required prior authorization
- Elective cosmetic surgery
- Infertility care
- Services that are not medically necessary
- Services provided through local education agencies

If you are unsure if a certain service is covered, please contact Member Services at 312-864-8200/ 855-444-1661 (toll-free) / 711 (TDD/TTY).



Provider Network

CountyCare offers access to more than 6,600 primary care providers, many telehealth providers, 150 urgent care locations, 26,000 specialists and 70 hospitals in Cook County. With a robust network, Cook County residents always have access to providers nearby. Prospective members can visit [countycare.com](https://www.countycare.com) and use the Find a Provider tool to see if their current doctors are in the network. Provider information can be filtered by zip code, providers who are accepting new patients, and the number of providers by specialty. For example, if you are looking for a PCP, you can search by that term.

CountyCare members must receive care from in-network providers and hospitals. Find providers using the Find a Provider search tool at [countycare.com](https://www.countycare.com) or you may call Member Services at 312-864-8200 / 855-444-1661 (toll-free) / 711 (TDD/TTY). CountyCare members must have approval from CountyCare to see out-of-network providers. *The only exceptions are:*

- Treatment of emergencies
- Family planning services
- School dental services
- State operated hospitals

Utilization Management

CountyCare offers up to four levels of urgency on prior authorization requests. Turnaround times are as follows:

- Non-urgent pre-service has four calendar days.
- Urgent pre-service has two calendar days.
- Concurrent has two calendar days.
- Post-service has thirty calendar days.

Members can make an appeal after an adverse determination. We offer a peer-to-peer, expedited and/or standard appeal.

- A peer-to-peer appeal can be initiated within two business days from the date on the adverse determination letter.
- An expedited appeal can be initiated before or while receiving services. This appeal has a 72-hour turnaround time.
- A standard appeal can be initiated after services have been rendered. This appeal has a 15-business day turnaround time.

Pharmacy

We provide pharmacy coverage for members. Prescription drugs are provided at no cost when prescriptions filled at an in-network pharmacy. CountyCare maintains a Preferred Drug List (PDL), also called a formulary. It is the same PDL as HealthChoice Illinois and all Medicaid health plans in Illinois.

Our pharmacy network includes several national retail chains. CVS, Kmart, Walgreens, Meijer, Osco, Target, Walmart and independent pharmacies are part of our network. If you see a Cook County Health provider, our Cook County Health pharmacies can fill your prescriptions. If your PCP is a part of a community health center, you may also use their pharmacy to get your prescriptions.

Medications covered are listed on our PDL. The PDL is on our website at countycare.com under For Members/Covered Services. You can also use the **Preferred Drug Search Tool** to find medications by Drug name or National Drug Code (NDC) number. If you do not have internet access, please call Member Services and they can help you.

You may need a medication that does not appear on the PDL at caremark.com or requires a prior authorization. Your provider can submit a prior authorization to request approval for the drug.

Providers must use a **Medication Request Form** to submit a prior authorization request. They must complete the form and submit it online or fax it to 1-866-255-7569. Once approved, CVS Caremark will notify the provider by fax and the member by letter.



Preferred Drug Search Tool

Your Privacy

The Notice of Privacy Practices is found in the CountyCare Member Handbook. It is mailed when you enroll in the plan. It is also available on the CountyCare website at any time. It tells you how we may use and share your health information. The Notice of Privacy Practices:

- Outlines that we must keep your oral, written or electronic health information private and secure. We will tell you if a breach occurs that affects the privacy or security of your information.
- The Notice of Privacy Practices also explains how you can get access to your own health information, like access to claims and medical records.

You can authorize the plan to release information at any time by completing the “Authorization to Disclose Protected Health Information (PHI) Form” found under **Member Resources** on the CountyCare website.

For more information, please visit our website at: countycare.com/hipaa-statement.



CountyCare complies with applicable Federal civil rights laws and does not discriminate on the basis of race, color, national origin, age, disability, or sex.

ATTENTION: If you speak ENGLISH, language assistance services, free of charge, are available to you. Call 312-864-8200 / 855-444-1661 (toll-free) / 711 (TTY).

ATENCIÓN: Si habla español, tiene a su disposición servicios gratuitos de asistencia lingüística. Llame al 312-864-8200 / 855-444-1661 / 711 (TTY).

UWAGA: Jeżeli mówisz po polsku, możesz skorzystać z bezpłatnej pomocy językowej. Zadzwoń pod numer 312-864-8200 / 855-444-1661 / 711 (TTY).

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 312-864-8200 / 855-444-1661 / 711。

This document is also available in other languages. Please contact us at 312-864-8200 to request this document in another language.