



# 2026 ANNUAL NOTICE

As a member of CountyCare Health Plan, you should know your rights and responsibilities, how to use your benefits and other important information to meet your health care needs.

To help you find this information fast and easy, we put together this summary.

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# Your Rights and Responsibilities as a CountyCare Member

As a CountyCare member, you have certain rights and responsibilities. You can find this information in your CountyCare [Member Handbook](#) and you can view it online here <http://countycare.com/member-rights>. If you have any questions, you can call Member Services at **312-864-8200 / 855-444-1661 (toll-free) / 711 (TTY/TDD)**, Monday through Friday from 8:00 AM to 6:00 PM; and Saturday 9:00 AM to 1:00 PM (Central Time).



## Member Rights:

- Be treated with respect and dignity at all times.
- Have your personal health information and medical records kept private, except where allowed by law.
- Be protected from discrimination.
- Be free from any form of restraint or seclusion used as a way to force, control, and ease of reprisal or retaliation.
- Receive information, including the Member Handbook from CountyCare in other languages such as audio, large print or Braille.
- Have use of an interpreter when needed.
- Have a candid discussion with your provider about appropriate or medically necessary treatment options for your conditions, regardless of cost or benefit coverage.
- Receive information on available treatment options and alternatives. This includes the right to ask for a second opinion. Providers must explain your treatment options in a way you understand.
- Receive information necessary to be involved in making decisions about your health care treatment and choices.
- Refuse treatment and be told what may happen to your health if you do.
- Receive a copy of your medical records and in some cases, request that they be amended or corrected.
- Choose your own primary care provider (PCP) from CountyCare. You can change your PCP at any time.
- File a complaint (sometimes called a grievance), or appeal about CountyCare or the care you received without fear of mistreatment or backlash of any kind.
- Appeal a decision made by CountyCare by phone or in writing.
- Request and receive in a reasonable amount of time, information about CountyCare Health Plan, and its providers, services and policies.
- Receive information about CountyCare Member Rights and Responsibilities. You also have the right to suggest changes in this policy.
- Receive health care services in ways that comply with federal and state law. CountyCare must make covered services accessible to you. Services must be available 24 hours a day, seven days a week.

## Member Responsibilities:

- Treat your doctor and the office staff with courtesy and respect.
- Carry your CountyCare member ID card with you when you go to your doctor appointments and to the pharmacy to pick up your prescriptions.
- Keep your appointments and be on time for them. If you cannot keep your appointments, cancel them in advance.
- Provide as much information as possible so that CountyCare and their providers can give you the best care possible.
- Know your health problems and take part in making decisions about your treatment goals as much as possible.
- Follow the instructions and treatment plan agreed upon by you and your doctor.
- Tell CountyCare and your care coordinator if your address or phone number changes.
- Tell CountyCare and your care coordinator if you have other insurance and follow those guidelines.
- Read your Member Handbook so you know what services are covered and if there are, any special rules.

### Access to CountyCare Staff

Language assistance is available to you to discuss your benefits and access to care by calling Member Services at **312-864-8200 / 855-444-1661 (toll-free) / 711 (TTY/TDD)**

## Using Your Member Handbook

You can find your Member Handbook at [countycare.com/member-resources](https://countycare.com/member-resources). You can also call Member Services at **312-864-8200 / 855-444-1661 (toll-free) / 711 (TTY/TDD)** to request a copy.

### Your Member Handbook provides information about:

- Benefits and services included and excluded from coverage
- Pharmacy services and how to find the list of covered medications
- How CountyCare covers all medically necessary Medicaid covered services
- Claims for covered or pre-authorized services
- Benefits restrictions
- How to get language assistance
- How to get information about providers in our network
- How to get primary care services
- How to get specialty care, behavioral health and hospital services
- How to get care after normal business hours
- How to get emergency care
- How to get care outside the service area
- How to file a complaint or appeal
- How CountyCare reviews and adds new procedures, drugs and devices to benefits plan
- How to get care coordination services and enroll in special health programs offered by CountyCare
- Availability of independent, external review of CountyCare's prior-authorization or appeals final determinations



# Nondiscrimination Statement

Discrimination is against the law. CountyCare complies with applicable Federal civil rights laws and does not discriminate on the basis of race, color, national origin, age, disability, or sex. CountyCare does not exclude people or treat them differently because of race, color, national origin, age, disability, or sex.

CountyCare:

- Provides free aids and services to people with disabilities 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 services to people whose primary language is not English, such as:
  - » Qualified interpreters
  - » Information written in other languages

If you need these services or to request a printed copy of materials, please contact Member Services at CountyCare: Phone: 312-864-8200 / 855-444-1661 (toll-free) / 711 (TDD/TTY).

If you believe that CountyCare 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:

## CountyCare Grievance & Appeals Coordinator

Attn: Grievance and Appeals Dept.

P.O. Box 21153

Eagan, MN 55121

Phone: 312-864-8200 / 855-444-1661 (toll-free) / 711 (TDD/TTY)

Fax: 312-548-9940

Electronically: <https://countycaremember.healthtrioconnect.com/app/index.page?>

You can file a grievance in person or by mail, fax, or via our website. If you need help filing a grievance, the CountyCare Grievance & Appeals Coordinator 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/portal/lobby.jsf>, or by mail or phone at:

U.S. Department of Health and Human Services

200 Independence Avenue,

SW Room 509F, HHH Building

Washington, D.C. 20201

1-800-368-1019, 800-537-7697 (TDD)

Complaint forms are available at <https://www.hhs.gov/sites/default/files/ocr-cr-complaint-form-package.pdf>

**English:** 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).

**Español/Spanish:**

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

**中文/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 312-864-8200 / 855-444-1661 / 711。

**ملحوظة:** إذا كنت تتحدث اذكر **عربي/Arabic:** اللغة، فإن خدمات المساعدة اللغوية تتوافر لك بالمجان. اتصل 312-864-8200 / 855-444-1661 / 711 رقم هاتف الصم والبكم

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

**Русский/Russian**

ВНИМАНИЕ: Если вы говорите на русском языке, то вам доступны бесплатные услуги перевода. Звоните 312-864-8200 / 855-444-1661 (toll-free) (телетайп: 711).

**Українська/**

**Ukranian:** УВАГА!

Якщо ви розмовляєте українською мовою, ви можете звернутися до безкоштовної служби мовної підтримки. Телефонуйте за номером 312-864-8200 / 855-444-1661 (телетайп: 711).

**Urdu:** خبردار: اگر آپ اردو بولتے ہیں، تو  
آپ کو زبان کی مدد کی خدمات مفت میں دستیاب  
ہیں - کال  
312-864-8200 / 855-444-  
1661 (TTY: 711).

**Bengali:** দৃষ্ট আকর্ষণ:  
আপন যদি বাংলা ভাষায় কথা  
বলেন, তাহলে আপনার জন্য  
বিনামূল্যে ভাষা সহায়তা পরিষেবা  
উপলব্ধ। কল করুন 312-  
864-8200 / 855-444-1661  
(টোলমুক্ত) / 711 (TTY)।

**Gujarati:** સુચના:  
જો તમે ગુજરાતી બોલતા હો, તો  
નિઃશુલ્ક ભાષા સહાય સેવાઓ તમારા  
માટે ઉપલબ્ધ છે. ફોન કરો 312-  
864-8200 / 855-444-1661  
(TTY: 711).

**Tiếng Việt/Vietnamese:**  
CHÚ Ý: Nếu bạn nói Tiếng  
Việt, có các dịch vụ hỗ trợ  
ngôn ngữ miễn phí dành cho  
bạn. Gọi số 312-864-8200 /  
855-444-1661 (TTY: 1-711).

## **Français/French:**

ATTENTION: Si vous parlez  
français, des services d'aide  
linguistique vous sont  
proposés gratuitement.  
Appelez le 312-864-8200 /  
855-444-1661 (ATS : 711).

**Korean:** 주의:  
한국어를 사용하시는 경우, 언어  
지원 서비스를 무료로 이용하실  
수 있습니다. 312-864-8200 /  
855-444-1661 / 711. 번으로  
전화해 주십시오.

**Hindi:** ध्यान दें: यदि आप हदी  
बोलते हैं तो आपके लिए मुफ्त में भाषा सहायता  
सेवाएं उपलब्ध हैं। 312-864-8200 /  
855-444-1661 (TTY: 711) पर  
कॉल करें।