



<Street Address>  
<City, State, ZIP>

How can we help?  
Call us with any  
questions you have.

<Member Name>  
<Member Street Address>  
<Member City, State, ZIP>  
<Member ID>

**1-800-444-9137 (TTY: 711)**  
Monday – Friday,  
7 a.m. – 7 p.m., Eastern time  
**[Humana.com/medicaid/  
kentucky-medicaid](https://www.humana.com/medicaid/kentucky-medicaid)**

Dear Humana Health Plan member,

Thank you for being part of Humana Health Plan, Inc. We look forward to providing you access to medical and behavioral health care through a broad network of quality providers. Your plan will take effect on <Effective Date>. As a new member, there are a few things you will need to know and do so you can get the most from your plan.

### Important things to do



#### Select your primary care physician (PCP) and schedule an appointment

If you haven't already selected a PCP, please call **1-800-444-9137** and we can help you find a PCP, or activate your MyHumana account and you will be directed on how to select a PCP.



#### Complete your health risk assessment

We want to understand your health needs so we ask that you complete a health risk assessment (HRA). You can easily do this by doing any of the following:

- Visit **Humana.com** and activate your MyHumana account
- Download your MyHumana App onto your smartphone
- Complete the paper HRA survey in the back of this folder
- Call Member Services to complete over the phone



#### Activate your MyHumana account

Go to **Humana.com** and register for your free MyHumana account, where you can find current information about your plan, summary of services and more. You can also download the MyHumana App on your smartphone.



**Download Go365® to earn rewards**

Download the Go365 App for iPhone or Android by going to the App Store® or Google Play® and start earning rewards for healthy behaviors.



**Consent for Release of Medical Records Form**

At Humana, we are here to keep our members' health data secure and private. We thank you for the trust you have given us to see to your healthcare needs. The Consent for Release of Protected Health Information Form enclosed here gives Humana the okay to share your health information with trusted people, like your family members or caregivers. You choose how much of your information we can share. You can also choose to share your secure health information on our website at MyHumana's "Manage Access to My Health Information".

While starting new care can feel challenging, we are here to help every step of the way. As you begin, if you feel like you have any questions, please give us a call at **1-800-444-9137 (TTY: 711)** Monday – Friday, 7 a.m. – 7 p.m., Eastern time.

Sincerely,

Humana Health Plan, Inc.



**P.S. You will receive a reward for completing your health risk assessment so we can better understand your health status.**

- You may file a complaint, also known as a grievance:  
Discrimination Grievances, P.O. Box 14618, Lexington, KY 40512-4618  
If you need help filing a grievance, call **1-877-320-1235** or if you use a **TTY**, call **711**.
- 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, DC 20201, **1-800-368-1019, 800-537-7697 (TDD)**.

Complaint forms are available at **<https://www.hhs.gov/ocr/office/file/index.html>**.

### Auxiliary aids and services, free of charge, are available to you.

**1-877-320-1235 (TTY: 711)**

Humana provides free auxiliary aids and services, such as qualified sign language interpreters, video remote interpretation, and written information in other formats to people with disabilities when such auxiliary aids and services are necessary to ensure an equal opportunity to participate.

### Language assistance services, free of charge, are available to you.

**1-877-320-1235 (TTY: 711)**

**Español (Spanish):** Llame al número arriba indicado para recibir servicios gratuitos de asistencia lingüística.

**繁體中文 (Chinese):** 撥打上面的電話號碼即可獲得免費語言援助服務。

**Tiếng Việt (Vietnamese):** Xin gọi số điện thoại trên đây để nhận được các dịch vụ hỗ trợ ngôn ngữ miễn phí.

**한국어 (Korean):** 무료 언어 지원 서비스를 받으려면 위의 번호로 전화하십시오.

**Tagalog (Tagalog – Filipino):** Tawagan ang numero sa itaas upang makatanggap ng mga serbisyo ng tulong sa wika nang walang bayad.

**Русский (Russian):** Позвоните по номеру, указанному выше, чтобы получить бесплатные услуги перевода.

**Kreyòl Ayisyen (French Creole):** Rele nimewo ki pi wo la a, pou resevwa sèvis èd pou lang ki gratis.

**Français (French):** Appelez le numéro ci-dessus pour recevoir gratuitement des services d'aide linguistique.

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

**Português (Portuguese):** Ligue para o número acima indicado para receber serviços linguísticos, grátis.

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

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

**日本語 (Japanese):** 無料の言語支援サービスをご要望の場合は、上記の番号までお電話ください。

**فارسی (Farsi)**

برای دریافت تسهیلات زبانی بصورت رایگان با شماره فوق تماس بگیرید.

**Diné Bizaad (Navajo):** Wóda hí béésh bee hani'í bee wolta'ígíí bich'í' hódíílnih éí bee t'áá jiik'eh saad bee áká'anída'áwo'déé nika'adoowoł.

**العربية (Arabic)**

الرجاء الاتصال بالرقم المبين أعلاه للحصول على خدمات مجانية للمساعدة بلغتك