Humana Health Plan, Inc.
PO BOX 14601
Lexington, KY 40512-4601

<Date>

«Member_First_Name» «Member_Last_Name»
«Address»
«City», «State» «Zip»

Dear «Member_First_Name» «Member_Last_Name»,

Your healthcare is important to us. We know a Primary Care Provider (PCP) is important to your care. We are sorry to tell you that «Terminating_Provider_Name» will no longer be serving as a PCP with «Terminating_Provider_Group» for Humana as of <Term Date>.

To help you get the care you need, we have chosen another PCP for you. You will get a new ID card with your new doctor's information listed on the card.

«New_Provider_Name»
«New_Provider_Address»
«New_Provider_City», «New_Provider_State» «New_Provider_Zip»
Phone: «New_Provider_Phone»

Please feel free to contact «New_Provider_Name» to schedule an appointment after <Term Date>.

If you are in an active care plan, your current health partner can keep treating you for up to 90 calendar days from the time they are no longer serving as a PCP with Humana. However, treatment will end with your provider once you have made an appointment with your new health partner. If you are pregnant, your current health partner can keep seeing you, which includes any visits related to the pregnancy, up to eight (8) weeks following your delivery. Your care with your health partner then will end following this eight (8) week appointment.

If you would like to choose a different PCP, call our Member Services Department at 1-800-444-9137, TTY users dial 711. You may also visit our website at Humana.com/Medicaid/Kentucky. Select the link "Find a Doctor". Follow the prompts to locate a PCP near you.

Sincerely,

Humana

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Call If You Need Us

If you have questions, trouble reading or understanding this letter, call us at 1-800-444-9137 or TTY, call 711. We are available Monday – Friday, from 7 a.m. to 7 p.m. Eastern Time. We can help you at no cost to you. We can explain the letter in English or in your first language. We can also help you if you have trouble seeing or hearing. Please refer to your Enrollee Handbook regarding your rights.

Discrimination is Against the Law

Humana Inc. and its subsidiaries comply with applicable Federal civil rights laws and do not discriminate on the basis of race, color, national origin, age, disability, or sex. Humana Inc. and its subsidiaries do not exclude people or treat them differently because of race, color, national origin, age, disability, sex, sexual orientation, gender identity, or religion. See our website for more information.

Humana Inc. and its subsidiaries:

- Provide 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)
- Provide 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, contact Enrollee Services at 1-800-444-9137 (TTY: 711).

If you believe that Humana Inc. or its subsidiaries have 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:

Discrimination Grievances

P.O. Box 14618
Lexington, KY 40512 – 4618
1-800-444-9137 or if you use a TTY, call 711.

You can file a grievance by mail or phone. If you need help filing a grievance, Customer Service is available to help you.

HUMM03534

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 http://www.hhs.gov/ocr/office/file/index.html.

Multi-Language Interpreter Services
ATTENTION: If you do not speak English, language assistance services, free of charge, are available to you. Call 1-**800-444-9137** (TTY: 711).
Español (Spanish) ATENCIÓN: Si habla español, tiene a su disposición servicios gratuitos de asistencia lingüística. Llame al 1-**800-444-9137** (TTY: 711).
繁體中文 (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 1-800-444-9137（TTY：711）。
Deutsch (German) ACHTUNG: Wenn Sie Deutsch sprechen, stehen Ihnen kostenlos sprachliche Hilfsdienstleistungen zur Verfügung. Rufnummer: 1-**800-444-9137** (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 1-**800-444-9137** (TTY: 711).
العربية **(Arabic)**)
1-800-444-9137- ملحوظة: إذا كنت تتحدث اذكر اللغة، فإن خدمات المساعدة اللغوية
برقم اتصل .بالمجان لك تتوافر
.(**711**)- والبكم الصم هاتف
Srpsko-hrvatski (Serbo-Croatian) OBAVJEŠTENJE: Ako govorite srpsko-hrvatski, usluge jezičke pomoći dostupne su vam besplatno. Nazovite 1-**800-444-9137** (TTY- Telefon za osobe sa oštećenim govorom ili sluhom: 711).
日本語 (Japanese) 注意事項：日本語を話される場合、無料の言語支援をご利用いただけます。1-**800-444-9137** (TTY:711）まで、お

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電話にてご連絡ください。

Français (French) ATTENTION : Si vous parlez français, des services d'aide linguistique vous sont proposés gratuitement. Appelez le 1-**800-444-9137** (ATS : 711).

한국어 (Korean) 주의: 한국어를 사용하시는 경우, 언어 지원 서비스를 무료로 이용하실 수 있습니다. 1-**800-444-9137** (TTY: 711)번으로 전화해 주십시오.

Deitsch (Pennsylvania Dutch) Wann du [Deitsch (Pennsylvania German / Dutch)] schwetzscht, kannscht du mitaus Koschte ebber gricke, ass dihr helft mit die englisch Schprooch. Ruf selli Nummer uff: Call 1-**800-444-9137** (TTY: 711).

ध्यान दिनुहोस्(Nepali): **तपाईंले नेपाली बोल्नुहुन्छ भने तपाईंको निम्ति भाषा सहायता सेवाहरू निःशुल्क रूपमा उपलब्ध छ । फोन गर्नुहोस् 1-800-444-9137. (टिटिवाइ: 711) ।**

Oroomiffa (Oromo) XIYYEEFFANNAA: Afaan dubbattu Oroomiffa, tajaajila gargaarsa afaanii, kanfaltiidhaan ala, ni argama. Bilbilaa 1-**800-444-9137** (TTY: 711).

Русский (Russian) ВНИМАНИЕ: Если вы говорите на русском языке, то вам доступны бесплатные услуги перевода. Звоните 1-**800-444-9137** (телетайп: 711).

Tagalog (Tagalog – Filipino) PAUNAWA: Kung nagsasalita ka ng Tagalog, maaari kang gumamit ng mga serbisyo ng tulong sa wika nang walang bayad. Tumawag sa 1-**800-444-9137** (TTY: 711).

ICITONDERWA (**Bantu**): Nimba uvuga Ikirundi, uzohabwa serivisi zo gufasha mu ndimi, ku buntu. Woterefona 1-**800-444-9137** (TTY: 711).

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