

Illinois Medicaid Managed Care – Maternal Health Toolkit

THIS RESOURCE WAS MADE
POSSIBLE BY A COLLABORATION
BETWEEN **IAMHP and FIMR**
**Community
Action Team**



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In Illinois, almost 50% of all babies are born under Medicaid coverage. That is why understanding your benefits is important during this special time. This guide serves as an easy way to understand what is offered to pregnant people and families by each Medicaid health plan. All Illinois Medicaid Health Plans cover the same basic services. Some health plans have added benefits to help families. Check out the Extra Plan Benefits section for more details on each plan.

This guide includes ...

- ✓ **How to pick a doctor covered by your plan**
- ✓ **How and where to get medical equipment that you may need (Blood Pressure Cuff/Glucose Monitor)**
- ✓ **Family Planning**
- ✓ **Behavioral and Mental Health**
- ✓ **Telehealth**
- ✓ **Dental/Vision**
- ✓ **Transportation**
- ✓ **Extra Plan Benefits (Special benefits specific to each plan)**
- ✓ **Adding baby to health plan**

To view your benefits, look up your health plan in this guide. If you do not know which Medicaid Health Plan you have, please contact the Illinois Department of Healthcare and Family Services (HFS) at this number: **1-800-226-0768**.

To sign up for Medicaid benefits, you can apply online or visit your local DHS Family and Community Resource Center.

Online: <https://abe.illinois.gov/abe/access/>

Phone Number: 1-800-843-6154

Find your local community resource center:

www.dhs.illinois.gov/officelocator

MATERNAL HEALTH BENEFITS

ON BEHALF OF AETNA BETTER HEALTH OF ILLINOIS

HOW TO PICK A DOCTOR COVERED BY YOUR HEALTH PLAN

Your primary care provider (PCP) is your personal doctor who will give you most of your care. They get to know you and your health history. They can also help you find a specialist if you need one. With **Aetna Better Health of Illinois (ABHIL)**, you can pick your PCP. You can have one PCP for your whole family or choose different PCPs for each family member.

The following link will help you find a provider:

<https://www.aetnabetterhealth.com/illinois-medicare/find-provider>

You can change your PCP at any time. Two ways to make the change are:

- Call Member Services at **1-866-329-4701 (TTY: 711)**, Monday through Friday from 8:30 AM–5:00 PM.
- Log in to ABHIL's secure member portal - **[Aetna Better Health](#)**

If you need extra help, connect with your care coordinator.

Remember: Once you have your PCP, make sure you follow up with them for your health care needs. If you need care after regular office hours, PCPs have 24-hour answering services or they have a phone recording. This recording will tell you how to receive care after regular office hours.

WHAT IS A CARE COORDINATOR?

A care coordinator helps you access and plan for your future healthcare needs. Pregnancy can be a period of time where you might need more help and a care coordinator can provide that. They will get to know you and give you information so that you can make the best possible decisions for your future. To connect with a care coordinator, please contact Member Services.

CARE COORDINATION - MATERNITY MATTERS

Maternity Matters is focused on managing risk factors in pregnant members. Pregnant members are contacted and assigned to a level of care coordination. The care coordinator will reach out at least each trimester to assess for any issues and follow up on prenatal care.

HOW AND WHERE TO GET MEDICAL EQUIPMENT YOU MIGHT NEED

Need a Blood Pressure Cuff?

If you need a blood pressure cuff, ABHIL members get it from:

- Medical supply distributor
- Pharmacy
- Ordered by the health plan or provider

Need a Glucose Monitor?

If you need a glucose monitor, ABHIL members get it ordered by their provider.

Need a Breast Pump?

Breast pumps can be ordered by a provider or through the WIC office. ABHIL case management staff also help with these referrals.

24/7 NURSELINE

If you have a medical problem or question and cannot reach your PCP during normal office hours, you can call the **24/7 Nurseline** at **1-866-329-4701 (TTY:711)** to speak to a nurse. If you have an emergency, **call 911** or go to the nearest **emergency department (ED)**.

REPRODUCTIVE HEALTHCARE AND FAMILY PLANNING

Reproductive healthcare is important. Aetna Better Health has a provider network to help get the care you need. Family planning services are covered out of network and without a referral.

The Medicaid program covers many family planning services. These services let you plan your future with your healthcare provider and improve the wellbeing of pregnant people and their families. Please talk to your healthcare team about your goals so you can work together to achieve them.

TELEHEALTH COVERAGE

Sometimes you can't or don't have to meet with a healthcare provider in person. Telehealth allows you to connect with your health team without having to leave your home. Know that telehealth is covered under Illinois Medicaid for audio and video visits. **Contact your health plan for more information.**

TRANSPORTATION

Aetna Better Health offers free transportation to healthcare visits and to the pharmacy. If you need transportation, plan ahead and please call ABHIL at 1-866-329-4701 (TTY: 711). For more information, check out the IAMHP website for the Member Transportation Brochure: <https://iamhp.net/Individuals>.

BEHAVIORAL AND MENTAL HEALTH

Aetna Better Health wants to help you manage your health. Aetna staff will work with you to take care of your mental and physical health needs. **If you are having an emergency, please call 911 or go to the nearest hospital emergency department.**

ABHIL has a Behavioral Health Crisis Line that is staffed by licensed behavioral health specialists and can be reached at **1-866-329-4701**.

Illinois Medicaid offers many behavioral health services including:

- Therapy/Counseling
- Crisis Management
- Mental Health Intensive Outpatient Care
- Mental Health and Substance Use Disorder (SUD) Prescription Drugs

Suicide and Crisis Lifeline: If you are dealing with a mental health crisis, you can dial **988** on your phone. This resource is available 24 hours a day 7 days a week. **Support is available in English / Spanish and for those with hearing loss.**

DENTAL & VISION

DENTAL: Oral health is an important part of prenatal care. Poor oral health during pregnancy can lead to poor health outcomes for the mother and baby (CDC, 2022). All Medicaid members are covered for a wide variety of dental services including cleanings, exams, and dental work.

Pregnant people on Medicaid can get dental services before their baby is born.
(Dental Subcontractor: DentaQuest. [Click here](#) to find a provider. Phone: 1-800-508-6780)

VISION: Members can get the following vision services: exams, glasses and contact lenses. Connect with Member Services to know more about benefits. *Vision services are covered for children who are enrolled and get assistance from Chicago Public Schools (CPS) and their vendors.*

(Vision and Eyeglass Subcontractor: March Vision. [Click here](#) to find a provider. Phone: 1-866-329-4701)

EXTRA PLAN BENEFITS

Free car seat or booster seat

To qualify, members need to:

- Complete a Notice of Pregnancy form within first 28 weeks of pregnancy
- Complete 1 prenatal appointment within the first four months of pregnancy *or* for new enrollees, 1 prenatal visit within 42 days of enrollment
- Complete a postpartum wellness visit within 84 days post delivery

Diapers

- Completion of a Notice of Pregnancy within first 28 weeks of pregnancy (1st or 2nd trimester)
- Completion of 1 prenatal appointment within 1st four months of pregnancy *or* for new enrollees, 1 prenatal visit within 42 days of enrollment

If you need more help, the Aetna Case Management team can get families connected to many other needed supports.

NEED TO ADD YOUR BABY TO A HEALTH PLAN?

Whether you have a medical card for yourself or not, the process to add or apply for your baby's medical card is the same.

The Illinois Department of Healthcare and Family Services (HFS) recommends that you **add your baby to your medical card within 45 days of birth**. To do this, you can:

- Ask the hospital to add them
- Call Application for Benefits Eligibility (ABE) at 1-800-843-6154 (TTY: 1-800-447-6404)
- Go to your local Family and Community Resource Center (FCRC)

Keep in mind: HFS can't pay for your baby's medical bills until they have a medical card so be sure to add them or apply for coverage within **the first 45 days after birth**.

WHATS NEXT

Once your baby has coverage, make sure that you select a primary care provider for them. At your baby's medical visits, make sure to ask questions about your baby's health and development. Well child visits are an important way to make sure your baby stays healthy. To learn more about coverage and special benefits for your baby, please make sure to contact Member Services at 1-866-329-4701 (TTY: 711), Monday through Friday from 8:30 AM–5:00 PM.

If you have additional questions or want to find out what benefits are covered:

Contact Aetna Member Services at **1-866-329-4701** or view the **[Aetna Member Handbook here.](#)**

MATERNAL HEALTH BENEFITS

ON BEHALF OF BLUE CROSS COMMUNITY HEALTH PLANS

HOW TO PICK A DOCTOR COVERED BY YOUR HEALTH PLAN

Your primary care provider (PCP) is your personal doctor who will give you most of your care. They get to know you and your health history. They can also help you find a specialist if you need one. With **Blue Cross Community Health Plans (BCCHP)**, you can pick your PCP. You can have one PCP for your whole family or choose different PCPs for each family member.

The following link will help you find a provider:

<https://my.providerfinderonline.com/search>

You can change your PCP at any time. Two ways to make the change are:

- Call Member Services at **1-877-860-2837 (TTY: 711)**, Monday through Friday from 8:00 AM–5:00 PM.
- Log in to BCCHP's secure member portal – **Blue Access for Members**

If you need extra help, connect with your care coordinator.

Remember: Once you have your PCP, make sure you follow up with them for your health care needs. If you need care after regular office hours, PCPs have 24-hour answering services or they have a phone recording. This recording will tell you how to receive care after regular office hours.

WHAT IS A CARE COORDINATOR?

A care coordinator helps you access and plan for your future healthcare needs. Pregnancy can be a period of time where you might need more help and a care coordinator can provide that. They will get to know you and give you information so that you can make the best possible decisions for your future. To connect with a care coordinator, please contact Member Services.

CARE COORDINATION AT BCCHP

Your care coordinator will:

- Plan in-person visits or phone calls with you
- Listen to your concerns
- Help you get services and find health issues before they get worse (preventative care)
- Help set up care with your doctor and other health care team members
- Help you, your family and your caregiver better understand your health condition(s), medications and treatments

HOW AND WHERE TO GET MEDICAL EQUIPMENT YOU MIGHT NEED

Need a Blood Pressure Cuff?

If you need a blood pressure cuff, BCCHP members get it from a Durable Medical Equipment (DME) Company. Care coordinators can assist with ordering a blood pressure cuff for their members, but the DME provider will need a prescription from the provider.

Need a Glucose Monitor?

If you need a glucose monitor, BCCHP members can get it ordered by their provider.

24/7 NURSELINE

If you have a medical problem or question and cannot reach your PCP during normal office hours, you can call the **24/7 Nurseline** at **1-866-343-2697 (TTY:711)** to speak to a nurse. If you have an emergency, **call 911** or go to the nearest **emergency department (ED)**.

REPRODUCTIVE HEALTHCARE AND FAMILY PLANNING

Reproductive healthcare is important. BCCHP has a provider network to help get the care you need. Family planning services are covered out of network and without a referral. The Medicaid program covers many family planning services. These services let you plan your future with your healthcare provider and improve the wellbeing of pregnant people and their families. Please talk to your healthcare team about your goals so you can work together to achieve them.

TELEHEALTH COVERAGE

Sometimes you can't or don't have to meet with a healthcare provider in person. Telehealth allows you to connect with your health team without having to leave your home. Know that telehealth is covered under Illinois Medicaid for audio and video visits. **Contact your health plan for more information.**

TRANSPORTATION

BCCHP offers free transportation to healthcare visits and to the pharmacy. If you need transportation, plan ahead and please call BCCHP at 1-877-831-3148 (TTY: 711). For more information, check out the IAMHP website for the Member Transportation Brochure: <https://iamhp.net/Individuals>.

BEHAVIORAL AND MENTAL HEALTH

BCCHP wants to help you manage your health. BCCHP staff will work with you to take care of your mental and physical health needs. **If you are having an emergency, please call 911 or go to the nearest hospital emergency department.**

If you need behavioral health support, please contact the Behavioral Health Crisis line at **1-800-345-9049** (TTY/TDD: 711).

Illinois Medicaid offers many behavioral health services including:

- Therapy/Counseling
- Crisis Management
- Mental Health Intensive Outpatient Care
- Mental Health and Substance Use Disorder (SUD) Prescription Drugs

Suicide and Crisis Lifeline: If you are dealing with a mental health crisis, you can dial **988** on your phone. This resource is available 24 hours a day 7 days a week. **Support is available in English / Spanish and for those with hearing loss.**

DENTAL & VISION

DENTAL: Oral health is an important part of prenatal care. Poor oral health during pregnancy can lead to poor health outcomes for the mother and baby (CDC, 2022). All Medicaid members are covered for a wide variety of dental services including cleanings, exams, and dental work.

Pregnant people on Medicaid can get dental services before their baby is born.
(Dental Subcontractor: DentaQuest. [Click here](#) to find a provider. Phone: 1-800-508-6780)

VISION: Members can get the following vision services: exams, glasses and contact lenses. Connect with Member Services to know more about benefits. BCCHP members can call their customer service line at 1-877-860-2837.

(Vision and Eyeglass Subcontractor: Heritage Vision. [Click here](#) to find a provider. Phone: 1-866-329-4701)

EXTRA PLAN BENEFITS

Pack and Play (Safe Sleep Space) or Car Seat

To qualify, members must complete a prenatal visit within the first trimester or within 42 days after enrollment on BCCHP. Members can choose either a pack and play or car seat. They also receive a welcome baby package with baby supplies and education.

Diapers

Members are eligible for 2 packs of diapers after completion of a postpartum visit within 84 days post-delivery.

Hygiene Products

BCCHP members have a \$25.00 quarterly benefit for hygiene products and other over-the-counter items.

If you need more help, the BCCHP Case Management team can get families connected to many other needed supports.

NEED TO ADD YOUR BABY TO A HEALTH PLAN?

Whether you have a medical card for yourself or not, the process to add or apply for your baby's medical card is the same.

The Illinois Department of Healthcare and Family Services (HFS) recommends that you **add your baby to your medical card within 45 days of birth**. To do this, you can:

- Ask the hospital to add them
- Call Application for Benefits Eligibility (ABE) at 1-800-843-6154 (TTY: 1-800-447-6404)
- Go to your local Family and Community Resource Center (FCRC)

Keep in mind: HFS can't pay for your baby's medical bills until they have a medical card so be sure to add them or apply for coverage within **the first 45 days after birth**.

WHATS NEXT

Once your baby has coverage, make sure that you select a primary care provider for them. At your baby's medical visits, make sure to ask questions about your baby's health and development. Well child visits are an important way to make sure your baby stays healthy. To learn more about coverage and special benefits for your baby, please make sure to contact Member Services at 1-877-860-2837 (TTY: 711), Monday through Friday from 8:00 AM–5:00 PM.

If you have additional questions or want to find out what benefits are covered:

Contact BCCHP Member Services at **1-877-860-2837** or view the **[BCCHP Member Handbook here.](#)**

MATERNAL HEALTH BENEFITS

ON BEHALF OF COUNTYCARE

HOW TO PICK A DOCTOR COVERED BY YOUR HEALTH PLAN

Your primary care provider (PCP) is your personal doctor who will give you most of your care. They get to know you and your health history. They can also help you find a specialist if you need one. With **CountyCare**, you can pick your PCP. You can have one PCP for your whole family or choose different PCPs for each family member.

The following link will help you find a provider:

<https://countycare.valence.care/member/#findAProvider>

You can change your PCP at any time. Three ways to make the change are:

- Call Member Services at **1-312-864-8200/1-855-444-1661 (toll-free) / 711 (TDD/TTY)**
- Log in to CountyCare's secure member portal - **CountyCare**
- Fill out the PCP Change form at <http://www.countycare.com/>.

If you need extra help, connect with your care coordinator.

Remember: Once you have your PCP, make sure you follow up with them for your health care needs. If you need care after regular office hours, PCPs have 24-hour answering services or they have a phone recording. This recording will tell you how to receive care after regular office hours.

WHAT IS A CARE COORDINATOR?

A care coordinator helps you access and plan for your future healthcare needs. Pregnancy can be a period of time where you might need more help and a care coordinator can provide that. They will get to know you and give you information so that you can make the best possible decisions for your future. To connect with a care coordinator, please contact Member Services.

CARE COORDINATION AT COUNTYCARE

Your care coordinator will help you through:

- Contact with you, your caregiver, and your health providers
- An assessment of your conditions
- Care planning by helping you set your short and long-term goals
- Coordination of services to provide necessary and efficient care

HOW AND WHERE TO GET MEDICAL EQUIPMENT YOU MIGHT NEED

Need a Blood Pressure Cuff?

If you need a blood pressure cuff, CountyCare members can get one requested by their prenatal care provider to be delivered to their home.

Need a Glucose Monitor?

If you need a glucose monitor, CountyCare members can get it ordered by their provider.

Need a Breast Pump?

CountyCare covers double electric breast pumps. Talk to your provider about ordering a pump for you. You can pick it up or have it delivered to your home.

24/7 NURSELINE

If you have a medical problem or question and cannot reach your PCP during normal office hours, you can call the **24/7 Nurseline** at **1-312-864-8200 (TTY:711)** (Option 4, Option 9) to speak to a nurse. If you have an emergency, **call 911** or go to the nearest **emergency department (ED)**.

REPRODUCTIVE HEALTHCARE AND FAMILY PLANNING

Reproductive healthcare is important. CountyCare has a provider network to help get the care you need. Family planning services are covered out of network and without a referral. The Medicaid program covers many family planning services. These services let you plan your future with your healthcare provider and improve the wellbeing of pregnant people and their families. Please talk to your healthcare team about your goals so you can work together to achieve them.

TELEHEALTH COVERAGE

Sometimes you can't or don't have to meet with a healthcare provider in person. Telehealth allows you to connect with your health team without having to leave your home. Know that telehealth is covered under Illinois Medicaid for audio and video visits. **Contact your health plan for more information.**

TRANSPORTATION

CountyCare offers free transportation to healthcare visits and to WIC clinic appointments. If you need transportation, please call CountyCare at 1-312-864-8200 at least two (3) business days in advance. For more information, check out the IAMHP website for the Member Transportation Brochure: <https://iamhp.net/Individuals>.

BEHAVIORAL AND MENTAL HEALTH

CountyCare wants to help you manage your health. CountyCare staff will work with you to take care of your mental and physical health needs. **If you are having an emergency, please call 911 or go to the nearest hospital emergency department.**

CountyCare members can use the 24-hour Crisis and Referral Entry Services (CARES) line to talk to a behavioral health professional. You can call if you or your child is a risk to themselves or others; having a mental health crisis; or if you would like a referral to services. **Call the CARES line at 1-800-345-9049 (TTY: 1-773-523-4504).**

Illinois Medicaid offers many behavioral health services including:

- Therapy/Counseling
- Crisis Management
- Mental Health Intensive Outpatient Care
- Mental Health and Substance Use Disorder (SUD) Prescription Drugs

Suicide and Crisis Lifeline: If you are dealing with a mental health crisis, you can dial **988** on your phone. This resource is available 24 hours a day 7 days a week. **Support is available in English / Spanish and for those with hearing loss.**

DENTAL & VISION

DENTAL: Oral health is an important part of prenatal care. Poor oral health during pregnancy can lead to poor health outcomes for the mother and baby (CDC, 2022). All Medicaid members are covered for a wide variety of dental services including cleanings, exams, and dental work.

Pregnant people on Medicaid can get dental services before their baby is born.

(Dental Subcontractor: Avesis a Guardian Co. [Click here](#) to find a provider.

Phone: 1-844-391-6676)

VISION: Members can get the following vision services: exams, glasses and contact lenses. Connect with Member Services to know more about benefits. Members between the ages of 21 and 50 who meet the qualifications can receive LASIK eye surgery at no cost to them. For more information go to CountyCare's website or call Member Services at 1-312-864-8200.

(Vision and Eyeglass Subcontractor: Avesis a Guardian Co. [Click here](#) to find a provider.

Phone: 1-844-391-6673)

EXTRA PLAN BENEFITS - **BRIGHTER BEGINNINGS**

Safe Sleep Kit

If you see your prenatal provider for at least 4 prenatal visits, you can get a free Sleep Safe Kit delivered to your home. Members can call CountyCare at 1-312-864-8200 at any time during pregnancy to request a Sleep Safe Kit. *The kit includes a Graco portable crib with fitted sheet, Halo SleepSack, Baby Sleep board book, and pacifier.*

Car Seat/Booster Seat

CountyCare provides free car seats to expectant parents. Call CountyCare at any time to request a car seat at 1-312-864-8200, and it will be sent via mail to the member's home.

Diapers

Every CountyCare family with a baby up to two years of age will be mailed a coupon for a free Jumbo Pack of Jewel-Osco Baby Basics diapers. The coupon can be used at any Jewel-Osco store in the Chicagoland area. As long as your baby is up to date on shots, you will continue to receive a coupon in the mail each month until your baby turns 2.

EXTRA PLAN BENEFITS CONTINUED

Free Pregnancy Tests

Female members of childbearing age can call Member Services at 1-312-864-8200 and request up to one pregnancy test a month. Money will be added to their OTC Rewards Card so they can purchase a test, or it will be mailed to the address they provide.

Cash Rewards on OTC Rewards Card

A rewards card is available. To check out the benefits, [click here](#).

If you need more help, the CountyCare Case Management team can get families connected to many other needed supports.

NEED TO ADD YOUR BABY TO A HEALTH PLAN?

Whether you have a medical card for yourself or not, the process to add or apply for your baby's medical card is the same.

The Illinois Department of Healthcare and Family Services (HFS) recommends that you **add your baby to your medical card within 45 days of birth**. To do this, you can:

- Ask the hospital to add them
- Call Application for Benefits Eligibility (ABE) at 1-800-843-6154 (TTY: 1-800-447-6404)
- Go to your local Family and Community Resource Center (FCRC)

Keep in mind: HFS can't pay for your baby's medical bills until they have a medical card so be sure to add them or apply for coverage within **the first 45 days after birth**.

WHATS NEXT

Once your baby has coverage, make sure that you select a primary care provider for them. At your baby's medical visits, make sure to ask questions about your baby's health and development. Well child visits are an important way to make sure your baby stays healthy. To learn more about coverage and special benefits for your baby, please make sure to contact Member Services at 1-312-864-8200 (TTY: 711), Monday through Friday from 8:30 AM–5:00 PM.

If you have additional questions or want to find out what benefits are covered:

Contact CountyCare Member Services at **1-312-864-8200** or view the **[CountyCare Member Handbook here](#)**.

MATERNAL HEALTH BENEFITS

ON BEHALF OF MERIDIAN

HOW TO PICK A DOCTOR COVERED BY YOUR HEALTH PLAN

Your primary care provider (PCP) is your personal doctor who will give you most of your care. They get to know you and your health history. They can also help you find a specialist if you need one. With **Meridian**, you can pick your PCP. You can have one PCP for your whole family or choose different PCPs for each family member.

The following link will help you find a provider:

<https://findaprovider.ilmeridian.com/>

You can change your PCP at any time. Two ways to make the change are:

- Call Member Services at **1-866-606-3700 (TTY: 711)**, Monday through Friday, 8:00 a.m. to 5:00 p.m.
- Log in to Meridian's secure member portal - **Meridian**

If you need extra help, connect with your care coordinator.

Remember: Once you have your PCP, make sure you follow up with them for your health care needs. If you need care after regular office hours, PCPs have 24-hour answering services or they have a phone recording. This recording will tell you how to receive care after regular office hours.

CONGRATULATIONS!

Pregnancy can be a joyous time. But it can also be challenging. So we'd like to introduce you to a special pregnancy program designed to support you during your journey. Once you let Meridian know that you're pregnant, Meridian provides personalized help. It's all part of your benefits and won't cost you anything.



Scan
Me!

FREQUENTLY ASKED QUESTIONS

START SMART FOR YOUR BABY™ PROGRAM (SSFB)

WHAT'S FIRST?

Please log in to the member portal when you know you are pregnant. There, fill out your notice of pregnancy form (NOP). It should only take a few minutes. You may also call the number on your ID card to let us know you need a pregnancy form.

WHAT HAPPENS NEXT?

You'll receive a welcome packet with a gift!

We will also send you a helpful prenatal care book. It will tell you what happens during and after pregnancy. It includes tips for a healthy pregnancy and baby. It also lists what you'll need for your baby, plus many other resources.

WHAT ELSE IS AVAILABLE

We also send text messages and emails. Here's our website, loaded with great resources:

[Start Smart for Your Baby](#)

After you have your baby, we'll send you the *Mother's Guidebook*. It can help you understand your body after delivery, your feelings as a new parent, and how to care for yourself and your newborn.

WE ARE WITH YOU EVERY STEP OF THE WAY

You can get free advice and support tailored to your specific needs from Meridian care managers. Care managers can help you find resources and answer questions about your pregnancy and medical care.

CHECK-UPS ARE IMPORTANT

Studies show that early and regular prenatal care can help you have a healthier baby. Women who don't get prenatal care risk having babies born too small and are at higher risk of infant death. Call the Member Services number on your ID card if you want to speak to a care manager.

WE WILL KEEP IN TOUCH

You'll get help and gifts for participating in the SSFB program! Plus, you may be eligible for free baby gear for your newborn and rides to appointments. Meridian members may call Member Services at 866-606-3700, TTY 711, Monday through Friday, 8 a.m. – 5 p.m.

HOW AND WHERE TO GET MEDICAL EQUIPMENT YOU MIGHT NEED

Need a Blood Pressure Cuff?

If you need a Blood pressure cuff, Meridian members get it from a Durable Medical Equipment (DME) Company. **Care coordinators can assist with ordering a blood pressure cuff, but the DME company will need a prescription from the provider.** To connect with your care coordinator, please contact Member Services at 1-866-606-3700.

Need a Glucose Monitor?

If you need a glucose monitor, Meridian members can get it ordered by their provider.

Need a Breast Pump?

Breast pumps can be ordered by a provider or through the WIC office. Meridian case management staff also help with these referrals.

24/7 NURSELINE

If you have a medical problem or question and cannot reach your PCP during normal office hours, you can call Our **24/7 Nurseline** at **1-866-606-3700** to speak to a nurse. If you have an emergency, **call 911** or go to the nearest **emergency department**.

REPRODUCTIVE HEALTHCARE AND FAMILY PLANNING

Reproductive healthcare is important. Meridian has a provider network to help you get the care you need. Family planning services are covered out of network and without a referral. The Medicaid program covers many family planning services. These services can improve the wellbeing of pregnant people and their families. Please talk to your healthcare team about your goals so you can work together to achieve them. For more information, visit **Start Smart for Your Baby**.

TELEHEALTH COVERAGE

Sometimes you can't or don't have to meet with a healthcare provider in person. Telehealth allows you to connect with your health team without having to leave your home. Know that telehealth is covered under Illinois Medicaid for audio and video visits. **Contact your health plan for more information.**

TRANSPORTATION

Meridian offers free transportation to healthcare visits and to WIC appointments. If you need transportation, plan ahead and please call 1-866-329-4701 (TTY: 711) at least 48 hours in advance. For more information, check out the IAMHP website for the Member Transportation Brochure: **<https://iamhp.net/Individuals>**.

BEHAVIORAL AND MENTAL HEALTH

Meridian wants to help you manage your health. Meridian staff will work with you to take care of your mental and physical health needs. **If you are having an emergency, please call 911 or go to the nearest hospital emergency department.**

Meridian has a Behavioral Health Crisis Line that is staffed by licensed behavioral health specialists and can be reached at: **1-800-345-9049.**

Illinois Medicaid offers many behavioral health services including:

- Therapy/Counseling
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DENTAL & VISION

DENTAL: Oral health is an important part of prenatal care. Poor oral health during pregnancy can lead to poor health outcomes for the mother and baby (CDC, 2022). All Medicaid members are covered for a wide variety of dental services including cleanings, exams, and dental work.

Pregnant people on Medicaid can get dental services before their baby is born.
(Dental Subcontractor: Envolve. [Click here](#) to find a provider. **Phone:** 1-833-522-0132)

VISION: Members can get the following vision services: exams, glasses and contact lenses. Connect with Member Services to know more about benefits. *Vision services are covered for children who are enrolled and get assistance from Chicago Public Schools (CPS) and their vendors.*

(Vision and Eyeglass Subcontractor: Meridian Network (Non-Delegated). [Click here](#) to find a provider. **Phone:** 1-866-606-3700)

EXTRA PLAN BENEFITS

- Doula services for high-risk pregnancy members
- Meridian hosts Community Baby Shower events. Members are invited to attend for [education, resources, and free giveaways.](#)
- The Social Supports Meridian Community Connections line connects members to a wide range of social services that help them live better, healthier lives. Resources include, but are not limited to: financial support, food, housing, and affordable child care. Contact 1-866-775-2192 (TTY: 711).

Family Focused Resources:

- [Start Smart for Your Baby](#)
- [Mother's Guide to Pregnancy](#)
- [Mother's Guide to Postpartum](#)

If you need more help, the Meridian Case Management can get families connected to many other needed supports.

NEED TO ADD YOUR BABY TO A HEALTH PLAN?

Whether you have a medical card for yourself or not, the process to add or apply for your baby's medical card is the same.

The Illinois Department of Healthcare and Family Services (HFS) recommends that you **add your baby to your medical card within 45 days of birth**. To do this, you can:

- Ask the hospital to add them
- Call Application for Benefits Eligibility (ABE) at 1-800-843-6154 (TTY: 1-800-447-6404)
- Go to your local Family and Community Resource Center (FCRC)

Keep in mind: HFS can't pay for your baby's medical bills until they have a medical card so be sure to add them or apply for coverage within **the first 45 days after birth**.

WHATS NEXT

Once your baby has coverage, make sure that you select a primary care provider for them. At your baby's medical visits make sure to ask questions about your baby's health and development. Well child visits are an important way to make sure your baby stays healthy. To learn more about coverage and special benefits for your baby, please make sure to contact Member Services at 866-606-3700 TTY: 711.

["Thriving with your baby at home."](#)

"Do you have questions? Do you want to learn more about the Start Smart for Your Baby program? It's free."

"Once you let us know that you're pregnant, we provide personalized help. It's all part of your benefits and won't cost you anything."

Contact Member Services: 1-866-606-3700 (TTY: 711) Monday through Friday, 7 a.m. to 5:30 p.m. or view the [Meridian Member Handbook here](#).

MATERNAL HEALTH BENEFITS

ON BEHALF OF MOLINA HEALTHCARE

HOW TO PICK A DOCTOR COVERED BY YOUR HEALTH PLAN

Your primary care provider (PCP) is your personal doctor who will give you most of your care. They get to know you and your health history. They can also help you find a specialist if you need one. With **Molina Healthcare**, you can pick your PCP. You can have one PCP for your whole family or choose different PCPs for each family member.

The following link will help you find a provider:

https://molina.sapphirethreesixtyfive.com/?ci=il-medicaid&locale=en_us

You can change your PCP at any time. Two ways to make the change are:

- Call Member Services at **1-855-687-7861**, Monday through Friday from 8 a.m. to 5 p.m
- Log in to Molina's secure member portal - **My Molina**

Remember: Once you have your PCP, follow up with them for your health care needs. If you need care after regular office hours, PCPs have 24-hour answering services or they have a phone recording. This recording will tell you how to receive care after regular office hours.

WHAT IS A CARE COORDINATOR?

A care coordinator helps you access and plan for your future healthcare needs. Pregnancy can be a period of time where you might need more help and a care coordinator can provide that. They will get to know you and give you information so that you can make the best possible decisions for your future. If you need extra help, connect with your care coordinator. To request a Care Coordinator, contact Member Services at 1-855-687-7861

MATERNITY (OBSTETRIC) CARE FOR PREGNANT WOMEN

Molina Healthcare has a special program for pregnant women. This program will help women get the education and services needed for a healthy pregnancy. Depending on your needs, the following services may be provided:

- Counseling over the telephone.
- Educational workbooks and other resources.
- Coordination with social services.
- Care coordination services by a nurse.

HOW AND WHERE TO GET MEDICAL EQUIPMENT YOU MIGHT NEED

Need a Blood Pressure Cuff?

If you need a blood pressure cuff, Molina Healthcare members get it from a Durable Medical Equipment (DME) Company. **Care coordinators can assist with ordering a blood pressure cuff, but the DME company will need a prescription from the provider.** To connect with your care coordinator, please contact **1-855-687-7861** TTY/Illinois Relay Service: 711.

Need a Glucose Monitor?

If you need a glucose monitor, Molina Healthcare members can get it ordered by their provider.

Need a Breast Pump?

Breast pumps can be ordered by a provider or through the WIC office. Molina Healthcare Member Services also help with these referrals : **1-855-687-7861**.

24/7 NURSELINE

If you have a medical problem or question and cannot reach your PCP during normal office hours, you can call the **24/7 Nurseline** at English **1-888-275- 8750**, Español **1-866-648-3537**, TTY **711**, to speak to a nurse. If you have an emergency, **call 911** or go to the nearest **emergency department (ED)**.

REPRODUCTIVE HEALTHCARE AND FAMILY PLANNING

Reproductive healthcare is important. Molina Healthcare has a provider network to help get the care you need. Family planning services are covered out of network and without a referral. The Medicaid program covers many family planning services. These services let you plan your future with your healthcare provider and improve the wellbeing of pregnant people and their families. Please talk to your healthcare team about your goals so you can work together to achieve them.

TELEHEALTH COVERAGE

Sometimes you can't or don't have to meet with a healthcare provider in person. Telehealth allows you to connect with your health team without having to leave your home. Know that telehealth is covered under Illinois Medicaid for audio and video visits. **Contact your health plan for more information.**

TRANSPORTATION

Molina Healthcare offers free transportation to healthcare visits, pharmacy visits and to WIC appointments. If you need transportation, plan ahead and please call 1-844-644-6354, TTY 711 at least 72 hours in advance. For more information, check out the IAMHP website for the Member Transportation Brochure: <https://iamhp.net/Individuals>.

BEHAVIORAL AND MENTAL HEALTH

Molina Healthcare wants to help you manage your health. Molina staff will work with you to take care of your mental and physical health needs. If you need Behavioral health support please contact the Behavioral Health Crisis line at **(English) 1-888-275-8750 (Spanish) 1-866-648-3537**.

If you are having an emergency, please call 911 or go to the nearest hospital emergency department.

Illinois Medicaid offers many behavioral health services including:

- Therapy/Counseling
- Crisis Management
- Mental Health Intensive Outpatient Care
- Mental Health and Substance Use Disorder (SUD) Prescription Drugs

Suicide and Crisis Lifeline: If you are dealing with a mental health crisis, you can dial **988** on your phone. This resource is available 24 hours a day 7 days a week. **Support is available in English / Spanish and for those with hearing loss.**

DENTAL & VISION

DENTAL: Oral health is an important part of prenatal care. Poor oral health during pregnancy can lead to poor health outcomes for the mother and baby (CDC, 2022). All Medicaid members are covered for a wide variety of dental services including cleanings, exams, and dental work.

Pregnant people on Medicaid can get dental services before their baby is born.
(Dental Subcontractor: Avesis. [Click here](#) to find a provider. Phone: 1-866- 857-8124)

VISION: Members can get the following vision services: exams, glasses and contact lenses. Connect with Member Services to know more about benefits. *Vision services are covered for children who are enrolled and get assistance from Chicago Public Schools (CPS) and their vendors.*

(Vision and Eyeglass Subcontractor: Avesis Vision. [Click here](#) to find a provider. Phone: 1-866-857-8124)

EXTRA PLAN BENEFITS

- Molina provides Bump Boxes to expectant mothers and Bitsy Boxes to families with new children, if they complete their preventative visits.
- **Motherhood Matters** – Molina offers a pregnancy program called Motherhood Matters to help keep its members and their families healthy. This program includes counseling over the phone, educational workbooks, coordination with social services and case management services by a nurse.
- **Molina Cares** – This program offers gift cards to members for completing select preventive services.

If you need more help, the Molina Healthcare Case Management team can get families connected to many other needed supports.

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WHATS NEXT

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If you have additional questions or want to find out what benefits are covered:

Contact Molina Healthcare Member Services at **1-855-687-7861** or view the **[Molina Healthcare Member Handbook here.](#)**