



DATE

MEMBER NAME ADDRESS

Dear MEMBER NAME:

You are receiving this letter because you are a member of the My Choice Wisconsin **Partnership** program. We are excited to announce that starting on November 1, 2022, we are partnering with EyeQuest for all your covered vision needs. EyeQuest provides comprehensive eye care coverage to over 1.5 million members and has a wide network of eye care professionals to choose from. EyeQuest is a product of DentaQuest, your Partnership dental provider. Offering benefits through the same provider will streamline your services and make it easier for you to get the care you need.

Frequently Asked Questions:

Does this affect my current vision benefits?

No. Your vision coverage is unchanged.

How do I find an in-network eye care professional and access vision services?

- Search the directory of vision network providers at <https://govservices10.dentaquest.com/member/#findAProvideror>
- Call EyeQuest at 855-398-8410. EyeQuest customer service staff are available to serve you 8:00 am – 5:00 PM Monday – Friday.

Who should I contact if I see my eye care provider before November 1, 2022, and I have questions concerning my vision claim?

Contact My Choice Wisconsin's Customer Service at 1-800-963-0035.

If I am currently receiving treatment from an eye care professional that is not in the EyeQuest network, will I have to change providers?

If your eye care professional is not currently in network, EyeQuest will work with your eye care professional to have them join. If your provider declines to join the EyeQuest network, you may see your eye care professional and complete any services currently in progress for up to 90 days or through February 1, 2023. Any vision services occurring after February 1, 2023, will need to be provided by an in-network Vision Provider. EyeQuest customer service staff are available assist you

in finding a new vision provider. Contact them at 855-398-8410 or you can search the directory of dental network providers at <https://govservices10.dentaquest.com/member/#findAProvider>.

Kind Regards,

My Choice Wisconsin Provider Services Team

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Multi-language Interpreter Services

ATTENTION: Language assistance services, free of charge, are available to you. Call 1-800-963-0035 (TTY users should call Wisconsin Relay System 711).

Spanish

ATENCIÓN: si habla español, tiene a su disposición servicios gratuitos de asistencia lingüística. Llame al 1-800-963-0035 (TTY: 711).

Hmong

LUS CEEV: Yog tias koj hais lus Hmoob, cov kev pab txog lus, muaj kev pab dawb rau koj. Hu rau 1-800-963-0035 (TTY: 711).

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 1-800-963-0035 (TTY: 711)。

German

ACHTUNG: Wenn Sie Deutsch sprechen, stehen Ihnen kostenlos sprachliche Hilfsdienstleistungen zur Verfügung. Rufnummer: 1-800-963-0035 (TTY: 711).

Arabic

رقم 1-800-963-0035 ملحوظة: إذا كنت تتحدث اذكر اللغة، فإن خدمات المساعدة اللغوية تتوافر لك بالمجان. اتصل برقم—
والبكم الصم هاتف - (TTY: 711).

Russian

ВНИМАНИЕ: Если вы говорите на русском языке, то вам доступны бесплатные услуги перевода. Звоните 1-800-963-0035 (телетайп: 711).

Korean

주의: 한국어를 사용하시는 경우, 언어 지원 서비스를 무료로 이용하실 수 있습니다. 1-800-963-0035 (TTY: 711)번으로 전화해 주십시오.

Vietnamese

CHÚ Ý: Nếu bạn nói Tiếng Việt, có các dịch vụ hỗ trợ ngôn ngữ miễn phí dành cho bạn. Gọi số 1-800-963-0035 (TTY: 711).

Pennsylvanian Dutch

Wann du Deitsch (Pennsylvania German / Dutch) schwetzsch, kansch du mitaus Koschte ebber gricke, ass dihr helft mit die englisch Schprooch. Ruf selli Nummer uff: Call 1-800-963-0035 (TTY: 711).

Laotian

ໂປດຊາບ: ຖ້າວ່າ ທ່ານເວົ້າພາສາ ລາວ, ການບໍລິການຊ່ວຍເຫຼືອດ້ານພາສາ, ໂດຍບໍ່ເສັຽຄ່າ, ແມ່ນມີພ້ອມໃຫ້ທ່ານ. ໂທ 1-800-963-0035 (TTY: 711).

French

ATTENTION : Si vous parlez français, des services d'aide linguistique vous sont proposés gratuitement. Appelez le 1-800-963-0035 (TTY : 711).

Polish

UWAGA: Jeżeli mówisz po polsku, możesz skorzystać z bezpłatnej pomocy językowej. Zadzwoń pod numer 1-800-963-0035 (TTY: 711).

Hindi

ध्यान दें: यदि आप हिंदी बोलते हैं तो आपके लिए मुफ्त में भाषा सहायता सेवाएं उपलब्ध हैं। 1-800-963-0035 (TTY: 711) पर कॉल करें।

Albanian

KUJDES: Nëse flitni shqip, për ju ka në dispozicion shërbime të asistencës gjuhësore, pa pagesë. Telefononi në 1-800-963-0035 (TTY: 711).

Tagalog

PAUNAWA: Kung nagsasalita ka ng Tagalog, maaari kang gumamit ng mga serbisyo ng tulong sa wika nang walang bayad. Tumawag sa 1-800-963-0035 (TTY: 711).

Notice Informing Individuals About Nondiscrimination and Accessibility Requirements

My Choice Wisconsin Health Plan complies with applicable Federal civil rights laws and does not discriminate on the basis of race, color, national origin, age, disability, or sex. My Choice Wisconsin Health Plan does not exclude people or treat them differently because of race, color, national origin, age, disability, or sex. If you need these services, contact Customer Service.

My Choice Wisconsin Health Plan:

- 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 believe that My Choice Wisconsin Health Plan 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:

My Choice Wisconsin Member Rights
10201 West Innovation Drive, Suite 100
Wauwatosa, WI 53226

Toll-Free Phone Number: 1-800-963-0035 ext. 3448
TTY: Wisconsin Relay System 711
Fax: (608) 245-3821
Email: mrs@mychoicewi.org

If you need help filing a grievance, our Member Rights Specialists are 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, DC 20201

Toll-Free Phone Number: 1-800-368-1019
TDD: 800-537-7697

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