

[Print rules: This letter contains variable text based on values for the <memberHpCode> elements. Refer to the Plan Code Table.]

[Manifest Keyline]

<dateOfLetter>
Medicaid EDG: <caseID>

To the addressee or guardian of:

[DRS] <hohName>
[VER] <addressLine2>
[LTR] <addressLine1>
<city>, <state> <zipCode> - <zipCodeExt>

[IMB Postal Barcode]

Subject: Enrollment Confirmation Letter

Dear <hohname>:

You will soon receive your Medicare and Medicaid services through [*planName*].

You asked to get your medical services and prescription drug benefits through [*planName*]. Your application has been approved. Your new coverage begins on <nmStartDate>. You will receive care at no cost to you.

Your STAR+PLUS Medicare-Medicaid Plan:

Medical Plan: [*planName*] Phone Number: [*planNumber*]

This plan will send you a new member ID card and a welcome packet telling you more about your new plan. The new ID card will replace the Medicare and Medicaid plan cards you use now. This letter is proof of coverage until you get your Member ID Card. Show this letter when you visit your doctors or pharmacy. This plan will also send you a list of medicines the plan covers, a provider and pharmacy directory, and a Member Handbook (evidence of coverage).

What you will get with your STAR+PLUS Medicare-Medicaid Plan:

- Basic medical care you get now like doctor visits, hospital visits, and medicines your doctor orders.
- All the long-term services you get now like attendant services.
- A service coordinator. This is someone who will work with you, your family, and your doctors to get the Medicare and Medicaid services you need.
- "Value-added" or extra services that the plan offers.

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[MODE1]

What do I need to know about my new plan?

Starting <nmStartDate>, you must see a [*planName*] provider for all your health services. You also must use a [*planName*] pharmacy to get the medicines your doctor orders for you.

Here are other facts you need to know:

- If you need to see a doctor or provider who isn't in [*planName*], you must have “authorization beforehand” if you want [*planName*] to cover the services. “Authorization beforehand” means that [*planName*] allows you to see a provider who isn't in [*planName*]'s network.
- During your first 90 days in [*planName*], you will have access to at least one 30-day supply of the medicines you are currently taking if any one of the following describes your situation:
 - You are taking a prescription medicine that isn't on your plan's list of covered medicines.
 - Health plan rules don't let you get the amount of a medicine ordered by your doctor.
- The medicine you are taking needs approval before. You will be asked to choose a main doctor (primary care provider). Your main doctor will treat you for most of your health care needs. The main doctor you choose must be part of [*planName*].
- [*planName*] will cover emergency care, urgent care and dialysis even if you aren't seeing a <Plan name> provider. . You can read your Member Handbook or call Member Services at [*planNumber*] to learn more.

How much do I have to pay for health services?

You don't have to pay a deductible or coinsurance when getting health services through [*planName*].

How much do I have to pay for my medicines (prescription drugs)?

When you pick up your prescription drugs through a [*planName*] pharmacy, you'll pay a reduced copayment or \$0 copayment. If you do have to pay a copay, you'll pay no more than \$2.65 each time you get a generic drug that is covered by [*planName*], and no more than \$6.60 each time you get a brand name drug that is covered by [*planName*].

You have other choices:

If you want to choose another STAR+PLUS Medicare-Medicaid Plan:

You can leave [*planName*] or choose a new STAR+PLUS Medicare-Medicaid Plan at any time during the year by calling 877-782-6440 (toll-free), Monday to Friday, 8 a.m. to 6 p.m. Central Time.

If you choose to leave your plan and don't want to be placed in another STAR+PLUS Medicare-Medicaid Plan or a Medicare Prescription Drug Plan:

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[MODE1]

MMP Enrollment Confirmation Letter
MMP5 - 10/01/19
[Program] - [population] - [custSrvAreaCode]
[FILENAME] - [letterReqId]
[QUAD] - [BFILEID] - [BIBATCHID]

Call us at **877-782-6440** (toll-free), Monday to Friday, 8 a.m. to 6 p.m. Central Time. If you choose to leave **[*planName*]**, your coverage will end the last day of the month after you tell us (1) you want to leave and (2) you don't want to be put in another STAR+PLUS Medicare-Medicaid Plan. (If you fail to tell us you don't want to be placed in another STAR+PLUS Medicare-Medicaid Plan again, you can be placed in another plan in the future.)

If you leave **[*planName*]** and don't join a Medicare health or prescription drug plan, you'll be covered under Original Medicare and Medicare will place you in a Medicare prescription drug plan.

Need help? Have questions? Call us toll-free.

Call the STAR+PLUS help line at **877-782-6440**. You can call Monday to Friday, 8 a.m. to 6 p.m. Central Time. If you still have questions or want to file a complaint, you can call the Ombudsman Managed Care Assistance Team by calling **866-566-8989**. If you have a speech or hearing disability, call **7-1-1** or **800-735-2989**.

Have questions about Medicare or need help with your Medicare services?

Call **800-633-4227 (800-MEDICARE)**, 24 hours a day, 7 days a week. If you have a speech or hearing disability, call **877-486-2048** for TTY service. You can also visit www.medicare.gov.

If you want free advice about your health insurance coverage, call the State Health Insurance Assistance Program at **800-252-9240**. You can call 8 a.m. to 5 p.m. Central Time, Monday through Friday.

You can get this document in Spanish or speak with someone about this information in other languages for free. Call 877-782-6440, toll free.

This information is available for free in other languages and formats, like large print, Braille, and audio.

Puede obtener esta carta en español o hablar gratis con alguien sobre esta información en otros idiomas. Llame gratis al 877-782-6440.

Esta información está disponible gratis en otros idiomas y formatos, cómo letra grande, Braille, y audio.

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