

Print rules: This letter contains variable text based on values for the <hpCode> and/or <dpCode> elements. Refer to the Plan Code Table.

<dateOfLetter>  
Medicaid EDG: <caseID>

Keep this letter for your records.

**Manifest Keyline**

To the person named or guardian of:

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

**IMB Postal Barcode**

Subject: Your New STAR+PLUS Medicare-Medicaid Plan

Dear <hohName>:

**Important reminder:**

**You're being enrolled in a new health & prescription drug plan effective <nmStartDate>**

**Coming soon: A simpler way for you to get your Medicare and STAR+PLUS Medicaid services.**

You recently got a letter from us letting you know **you will soon be enrolled in [\*planName\*]**, a STAR+PLUS Medicare-Medicaid Plan. This new medical plan will provide you with Medicare, Medicaid, and prescription drug benefits. You can also get new benefits and services that you don't get now.

Your **new coverage starts <nmStartDate>**.

You don't have to do anything. We will enroll you in [\*planName\*]. You'll start getting your medical services through this plan <nmStartDate> unless you pick another plan. You can see your other choices on page 2 of this letter. [\*Plan name\*] will send you a new Member ID Card to use. This new card will replace the cards you use now.

**What [\*planName\*] offers you:**

This new plan provides you with all the services you're getting now through Medicare and STAR+PLUS Medicaid, including prescription drug benefits. The plan also includes:

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<barCode> **[Print human readable]**

[MODE1]

- Basic medical care you get now like doctor visits, hospital visits and prescription drug benefits.
- 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 make sure you get the Medicare and Medicaid services you need.
- Extra services listed under your plan in the blue chart we already sent you.

Call **[\*planNumber\*]** 8 a.m. to 8 p.m. Monday through Friday, Central Time if you want to:

- Learn more about your new plan.
- See all the benefits your new plan covers.
- Find out if the doctors you see now are in your new plan.

## You have other choices:

### 1. If you want to join in **[\*planName\*]**:

You don't need to do anything. We already placed you in this plan. From looking at the type of care you get, it seems to be the best fit. Your new plan will send you a new health and drug ID card. This new card will replace the health plan cards you use now. After your new coverage begins **<nmStartDate>**, you can call **[\*planName\*]** at **[\*planNumber\*]** if you need services or have questions about your doctors.

### 2. If you want to join in a different STAR+PLUS Medicare-Medicaid Plan:

#### First – Pick a different medical plan

You can pick any one of the other plans listed on the blue chart we already sent you. It shows the extra services each plan offers. You can use the chart to compare the services.

#### Next – Let us know which medical plan you picked

You must let us know by [12<sup>th</sup> day of the month prior to **<nmStartDate>**] which medical plan you picked. Call **877-782-6440** (toll-free) to let us know.

### 3. If you don't want to join a STAR+PLUS Medicare-Medicaid Plan and you want to keep your Medicare the way it is now:

You must call us at **877-782-6440** (toll-free) by **[<nmStartDate> - 1]** to tell us you don't want to be enrolled in this new STAR+PLUS Medicare-Medicaid Plan. You can also call **800-633-4227 (800-MEDICARE)**, 24 hours a day, 7 days a week. TTY users should call **877-486-2048**. This plan provides you with both Medicare and Medicaid services and it offers extra benefits you can not get now such as:

Transportation to acute care services

Vision services

Dental services

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**[MODE1]**

MMP PE Reminder Letter  
MMP3 - 10/01/19  
[Program] - [population] - [custSvcAreaCode]  
[FILENAME] - [letterReqId]  
[QUAD] - [BIFILEID] - [BIBATCHID]

**Note:** You can leave your STAR+PLUS Medicare-Medicaid plan at any time and choose another plan. But, once you leave your STAR+PLUS Medicare-Medicaid plan, there are limits for when you can join or leave other types of Medicare plans. For more information, please call our STAR+PLUS help line at **877-782-6440**. You can call 8 a.m. to 6 p.m. Central Time, Monday through Friday. If you have a speech or hearing disability, call **7-1-1** or **800-735-2989**. For Medicare, call **800-633-4227 (800-MEDICARE)** 24 hours a day, 7 days a week. TTY users should call **877-486-2048**.

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

Call the STAR+PLUS help line at **877-782-6440**. You can call 8 a.m. to 6 p.m. Central Time, Monday through Friday. If you still have questions or want to file a complaint, you can contact the Ombudsman Managed Care Assistance Team by calling **866-566-8989**, 8 a.m. to 5 p.m. Monday through Friday. 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](http://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.

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

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

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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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**[MODE1]**

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