<Date>

**Member ID: <Member #>**

**Rx ID: <RxID>**

**Rx GRP: <RxGRP>**

**Rx BIN: <RxBIN>**

**Rx PCN: <RxPCN>**

<Name>

<Address>

<City>, <State> <ZIP>

**Important: You have enrolled in a new plan for your Medicare and MassHealth Services. Keep this letter as proof of your coverage.**

<Name>:

**Welcome to <plan name> (Medicare-Medicaid Plan)!**

Starting **<effective date>**, you will get your MassHealth and Medicare benefits from <plan name>, a One Care plan. <Plan’s legal or marketing name> is a health plan that contracts with both Medicare and MassHealth to provide all the benefits of both programs to enrollees. This plan is designed to give you seamless, high quality care at [Insert if your plan has any prescription drug copays: a low cost] [Insert if your plan has no prescription drug copays: zero cost] to you.

Your new coverage includes:

* All of your Medicare and MassHealth benefits (including Part D prescription drugs and medical equipment)
* A care coordinator to help you manage your healthcare
* Your choice of doctors, pharmacies, and other providers within the plan’s network who work together to give you the care you need
* Long-term services and supports to help you with an ongoing medical condition (Long-term services and supports are often provided in your home or a community setting so you don’t have to go to a nursing home or hospital.)
* [If applicable, insert: Extra benefits and services, including covered services such as dental, vision, etc.]

**This letter is proof of your new coverage.** [*Plans that do not include the Member ID Card in the welcome mailing should insert:* **Please bring this letter with you to the pharmacy or office visit until you get your Member ID Card from us.**] If you have questions, call <plan name> Member Services at <toll-free number>, <days and hours of operation>. Call <toll-free number> if you use TTY (for people who are deaf, hard of hearing, or speech disabled).Contact information is also included in the List of Resources at the end of this letter. [*Plans must add their plan-specific List of Resources at the end of this letter.*]

**What happens next?**

Except as described below, you must begin using <plan name> network providers and pharmacies for all of your health care services and prescription drugs as of **<effective date>**. If you need emergency or urgently needed care,or out-of-area dialysis services, you can use providers outside of <plan name>’s network.

To help with the transition to <plan name>, you can keep seeing the providers you go to now for [*Plan must describe the state’s continuity of care requirement and place the period here, (e.g., 90 days)*]. You will also have access to at least one [*must be at least 30*]-day supply of the Part D drugs you currently take during your first [*must be at least 90*] days in the plan if you are taking a drug that is not on our List of Covered Drugs, if health plan rules do not let you get the amount ordered by your doctor, or if the drug requires prior approval by <plan name>. [*If applicable, insert other state-specific continuity of care requirements.*] This will give you time to talk with your provider about making sure your medication needs are met.

[*Plans may insert the following if they don’t elect to include the new member kit with the welcome mailing:* You will get new member kit information separately*.*]

**The new member kit includes:**

* List of Covered Drugs (a list of the drugs that we cover, also called a Formulary)
* Provider and Pharmacy Directory (a list of the providers and pharmacies in our network) [*Plans may delete and replace with the following sentence if they don’t elect to send the provider and pharmacy directory to enrollees*: Instructions for getting more information about the providers and pharmacies in our network]
* [*Plans may insert the following if they elect to include the Member ID Card with the welcome mailing*: Member ID Card]
* [*Plans may insert the following if they elect to include the Summary of Benefits with the welcome mailing*: Summary of Benefits]

[*If the plan elects to send the Member ID Card and Member Handbook separately from the welcome mailing, the plan must insert the following*: Before <**enrollment effective date**>, we will send you [a Member ID Card] [and] [a Member Handbook (Evidence of Coverage)].]

**How much will I have to pay for <plan name>?**

You will not have to pay a plan premium, deductible, or copays when getting health services through a <plan name> doctor or other service provider. If you pay a premium to MassHealth for CommonHealth, you must keep paying the premium to MassHealth to keep your coverage.

**How much will I have to pay for prescription drugs?**

[*If plan has any Part D cost sharing, insert the following paragraph and include LIS cost sharing information specific to the enrollee’s LIS level:* When you pick up your prescription drugs at our network pharmacy, you’ll pay no more than <**$\_\_\_**> each time you get a generic drug that’s covered by <plan name> and no more than <**$\_\_\_**> each time you get a brand name drug that is covered by <plan name>. Copays for prescription drugs may vary based on the level of Extra Help you get. Please contact <plan name> for more details.]

[*If plan has any Medicaid cost sharing, insert copay information here*.]

[*If plan has no cost sharing for all Part D and/or Medicaid drugs, insert*: You pay **$0** for <all or the rest of> your prescription drugs covered by the plan.]

[*If applicable, insert:*

**How can I choose a primary care provider?**

*Information instructing member in simple terms on how to select a primary care provider/site, how to obtain services, explain which services do not need primary care provider’s approval (when applicable), etc.*]

**What if I have questions about <plan name>’s coverage?**

If your have questions about <plan name>’s coverage, call <plan name> <Member Services>. Contact information is included at the beginning of this letter and in the List of Resources at the end of this letter.

**What if I have other health or prescription drug coverage?**

If you have other health or drug coverage, such as from an employer or union, you or your dependents could lose your other health or drug coverage completely and not get it back if you join <plan name>. Other types of health and drug coverage include TRICARE, the Department of Veterans Affairs, or a Medigap (Medicare Supplement Insurance) policy. Contact your benefits administrator if you have questions about your coverage.

**Can I leave <plan name> or join a different plan after <effective date>?**

**Yes**. You may leave <plan name> or choose a new One Care plan **at any time** by calling the MassHealth Customer Service Center. Their contact information is in the List of Resources at the end of this letter.

If you choose to leave <plan name> and don’t want to enroll in another One Care plan, your coverage will end the last day of the month you tell us. If you leave <plan name> and don’t join a Medicare health or prescription drug plan, you’ll be covered under Original Medicare and Medicare will enroll you in a Medicare prescription drug plan.

How can I contact MassHealth?

If you have questions aboutMassHealth, call MassHealth Customer Service. Their contact information is in the List of Resources at the end of this letter.

**What other resources can I contact for help?**

* If you would like **help** **understanding your choices**, call SHINE (Serving the Health Insurance Needs of Everyone). SHINE counselors can work with you and your caregivers to help you understand your choices. They are trained to assist people with disabilities who have Medicare and MassHealth and will provide impartial information about your health insurance choices. A counselor can work with you in person, by phone, or through e-mail. To schedule an appointment with a SHINE counselor, use the contact information in the List of Resources at the end of this letter.
* If you have **questions, concerns, or problems related to One Care**, you can contact My Ombudsman. My Ombudsman is an independent program and services are free. My Ombudsman staff can answer your questions or refer you to the right place to find what you need. Their contact information is in the List of Resources at the end of this letter.
* If you want to **join a Medicare health or prescription drug plan, know more about Medicare plans in your area, or have questions about Medicare,** call Medicare. Their contact information is in the List of Resources at the end of this letter.

[Plans are subject to the notice requirements under Section 1557 of the Affordable Care Act. For more information, refer to https://www.hhs.gov/civil-rights/for-individuals/section-1557.]

You can also get this document for freein other formats, such as large print, braille, or audio. Call [insert Member Services toll-free phone and TTY/TDD numbers, and days and hours of operation]. The call is free.

**GETTING HELP WITH ONE CARE**

| **For Questions about:** | **Contact:** |
| --- | --- |
| * Contacting your care manager * Contacting your Long-Term Supports Coordinator * Making appointments * Transportation * Your One Care plan coverage * Other questions about your health care | **Commonwealth Care Alliance (CCA)**  (Member Services)  **Hours:** 7 days a week, 8:00a.m. – 8:00p.m.  **Phone:** 1-866-610-2273  **TTY**: use MassRelay at 711 to call 1-866-610-2273  **Website**: www.commonwealthonecare.org  You can also call your Care Manager |
| * MassHealth or One Care:   + eligibility   + enrollment or disenrollment, including changing One Care plans | **MassHealth Customer Service Center**  **Hours**: Monday – Friday, 8:00a.m. - 5:00p.m.  **Phone**: 1-800-841-2900  **TTY**: 1-800-497-4648 |
| * Medicare eligibility or enrollment (including Medicare Part D) | **1-800-Medicare**  **Hours**: 24 hours a day, 7 days a week  **Phone**: 1-800-633-4227  **TTY**: 1-877-486-2048 |
| * Addressing a problem or concern with your One Care plan * One Care benefits or rights * Information about how grievances or appeals work * Other One Care information | **My Ombudsman**  **Hours**: Monday – Friday, 9:00a.m. - 4:00p.m.  **Phone**: 1-855-781-9898  **TTY**: call 711  **Email**: info@myombudsman.org  **Website**: www.myombudsman.org  **Visit My Ombudsman at**:  11 Dartmouth St., Suite 301  Malden, MA 02148  **Walk-in Hours**: Mondays 1:00p.m. - 4:00p.m. and  Thursdays 9:00a.m. - 12:00p.m.  My Ombudsman offices are wheelchair accessible. You can also set up an in-person appointment outside of walk-in hours by calling or emailing My Ombudsman. |
| * How to choose a One Care plan * Other health care options through Medicare and/or MassHealth | **SHINE**  **(Serving the Health Insurance Needs of Everyone)**  **Hours**: Monday – Friday, 9:00a.m. - 5:00p.m.  **Phone**: 1-800-243-4636  **TTY**: 1-800-439-2370  A SHINE counselor can also work with you in person or through email. Call SHINE for more information. |

**GETTING HELP WITH ONE CARE**

| **For Questions about:** | **Contact:** |
| --- | --- |
| * Contacting your care manager * Contacting your Long-Term Supports Coordinator * Making appointments * Transportation * Your One Care plan coverage * Other questions about your health care | **Tufts Health Unify**  (Member Services)     **Hours:** 7 days a week, 8:00a.m. – 8:00p.m.  **Phone:** 855-393-3154  **TTY**: 888-391-5535  **Website**: www.tuftshealthunify.org  You can also call your Care Manager. |
| * MassHealth or One Care:   + eligibility   + enrollment or disenrollment, including changing One Care plans | **MassHealth Customer Service Center**  **Hours**: Monday – Friday, 8:00a.m. - 5:00p.m.  **Phone**: 1-800-841-2900  **TTY**: 1-800-497-4648 |
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