**Keep This Letter as Proof of Your New Coverage.**

**Member ID: <Member #>**

**Rx ID: <RxID>**

**Rx GRP: <RxGRP>**

**Rx BIN: <RxBIN>**

**Rx PCN: <RxPCN>**

<Date>

<Name>

<Address>

<City>, <State> <ZIP>

**Important: You have been enrolled in a new plan for your Medicare and South Carolina Healthy Connections Medicaid Services.**

<Name>:

**Welcome to <plan name> - your Healthy Connections Prime Medicare-Medicaid Plan!**

Starting **<effective date>**, you’ll get all your Medicare, Medicare Part D, and South Carolina Healthy Connections Medicaid services from us. <Plan’s legal or marketing name> is a health plan that contracts with both Medicare and South Carolina Healthy Connections Medicaid to provide benefits of both programs to members.

Healthy Connections Prime is designed to provide **better care, better value** and **better health**. We make it easier for you to get all of your health care from a single Medicare-Medicaid Plan and provide you with a care team and [care coordinator/care manager (plan’s preference)] that work directly with you and your doctors. Our program will provide you with the benefits and support you need to help you stay healthy and live at home as long as possible.

With **<plan name>** you get the basic services you are currently getting, including:

* Doctor’s visits and hospital care,
* Durable medical equipment (like [*Plan must insert two or three examples of covered items, such as crutches, walkers, wheelchairs, oxygen equipment, hospital beds, speech generating devices, nebulizers, IV infusion pumps*]),
* Prescription drugs,
* Emergency transportation, and
* Nursing home and community long term care.

In addition, you’ll get additional benefits, including:

* A personal [care coordinator/care manager (plan’s preference)], care team, and personalized care plan to make sure you get the right care, at the right time, in the right place.
* **One plan, one card, and one single point of contact for any questions you may have or support you need**.
* **No insurance payments** and **no costs for doctor visits, hospital stays, and prescription drugs.** This means you will have a **$0 copay for in-network doctor visits, hospital stays, and prescription drugs.**  Your doctor **cannot charge you for these services and prescription drugs,** and you should not get a bill for them. If you get a bill for doctor visits, hospital stays, or drugs, send the bill to us. Do not pay the bill. Please see Chapter 7 of your Member Handbook (Evidence of Coverage) for more information.

**Note:** Adult dental services and Medicaid transportation services aren’t covered by our plan but are still available to you through Healthy Connections Medicaid. Please contact your [care coordinator/care manager (plan’s preference)] if you need these services.

##### What’s different about <plan name>?

You won’t have to pay any insurance premiums or out-of-pocket costs for doctor visits or hospital stays when you get health services from our doctors.

With our plan you also get extra benefits like [*plan may insert supplemental benefits*].

**How much do 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.]

**What if I need a prescription filled right away?**

You may begin using **<plan name>** pharmacies for all of your prescription drugs as of **<effective date>**. You’ll also have access to at least one [*must be at least 30*]-day supply of the Medicare Part D drugs or a 90-day supply of the non-Medicare Part D drugs you currently take during your first [*must be at least 180*] days in <plan name> if:

* you’re taking a drug that isn’t on our List of Covered Drugs;
* our plan rules don’t let you get the amount ordered by your doctor; or
* the drug requires prior approval by <plan name>.

**What if I need to see a doctor right away?**

You may begin using **<plan name>** network primary care providers and pharmacies for all of your health care services and prescription drugs as of **<effective date>**. To help with the transition to <plan name>, you can keep seeing your doctors for six months if they are outside <plan name>’s network. This will give you and your care team time to create your personal care plan. After six months, we’ll work with you to keep seeing your doctor.

* If your doctor doesn’t work with our plan, we’ll work with your doctor to become one of our providers.
* If your doctor doesn’t want to become a <plan name> provider or if you ever need to switch doctors, we’ll be there to help make a transition plan that works for you.
* If you don’t have a doctor, we’ll help you choose one that best meets your needs.
* If you have an emergency, you can go to **any** hospital or urgent care center.

**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.**] [*Plans may insert the following if they elect to not include the new member packet with the welcome mailing:* You’ll get new member packet information separately*.*]

**What is in my welcome packet?**

In this packet, you’ll find important information like:

* Summary of Benefits [*Plans may delete this bullet when this notice is sent to individuals who self-select into the plan. Note that plans must include the Summary of Benefits in the new member packet for individuals who are passively enrolled into the plan, but are not required to include the Summary of Benefits for individuals who self-select into the plan.*]
* List of Covered Drugs (Formulary)
* Provider and Pharmacy Directory [*Plans may delete and replace with the following sentence if they elect not 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 do not include the Member ID Card with the welcome mailing*: Member ID Card][*Plans may insert the following if they do not include the Member Handbook with the welcome mailing*: Member Handbook (Evidence of Coverage)]

[*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)].]

**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.

If you get a disenrollment letter about your previous health or prescription drug coverage, don’t worry. We are covering **all** of your health care services and prescription drugs. **You will have no break in service.**

**What happens next?**

Someone from our plan will call you and welcome you within [*must be no more than 30*] days. We’ll also set a time to meet with you so we can get to know you better. During this time, we’ll answer any questions you may have.

[*Include the following language when this notice is sent to individuals who are passively enrolled into the plan*:

**What if I don’t want to join <plan name>?**

If you decide you don’t want to join our plan, you can cancel your enrollment before <**enrollment effective date**>. To cancel your enrollment, just call South Carolina Healthy Connections Choices. Their contact information is in the List of Resources at the end of this letter. Tell them you don’t want Healthy Connections Medicaid to enroll you in <plan name>.

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

**Yes.** To join another Medicare-Medicaid Plan, just call South Carolina Healthy Connections Choices. Their contact information is in the List of Resources at the end of this letter. You can also tell them if you don’t want to join another Medicare-Medicaid Plan.

To join a Medicare health plan or Medicare prescription drug plan, call Medicare. Their contact information is in the List of Resources at the end of this letter.

If you choose to leave <plan name>, your coverage will end the last day of the month after you tell us you want to leave.]

[*Include the following language when this notice is sent to individuals who opt in to the plan*:

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

**Yes.** You may leave <plan name> or choose a new Medicare-Medicaid Plan **at any time** by calling South Carolina Healthy Connections Choices. Their contact information is in the List of Resources at the end of this letter. You can also tell them if you don’t want to join another Medicare-Medicaid Plan.

To join a Medicare health plan or Medicare prescription drug plan, call Medicare. Their contact information is in the List of Resources at the end of this letter.

If you choose to leave <plan name>, your coverage will end the last day of the month after you tell us you want to leave.]

If you don’t join a Medicare-Medicaid Plan, you’ll keep getting your Healthy Connections Medicaid services the same way you do now. 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. If you have questions about Medicare plans in your area, call Medicare. Their contact information is in the List of Resources at the end of this letter.

##### What should I do now?

##### You don’t need to do anything. Someone from <plan name> will call you within [*must be no more than 30 calendar days from initial date of enrollment*] days. If you have questions about your health care, please call us. Our contact information is in the List of Resources at the end of this letter.

##### We look forward to working with you. With <plan name>, you will have one card, one plan and one phone number for all of your health care needs.

##### We look forward to serving you.

You can get this information for free in other languages. Please call our customer service number at [insert Member Services toll-free phone and TTY/TDD numbers, days and hours of operation]. The call is free. [This disclaimer must be placed in English and Spanish. The Spanish disclaimer must be placed below the English version and in the same font size as the English version.]

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

**List of Resources**

The calls and the help are free.

| **Resource Name and Description** | **Contact Information** |
| --- | --- |
| **<Plan Name>** | Call: <toll-free number> |
| For questions about this notice or your plan coverage | TTY users: <toll-free TTY/TDD number> |
|  | <days and hours of operation> |
|  | Online: <website> |
|  |  |
| **South Carolina Healthy Connections Choices** | Call: 1-877-552-4642 |
| To cancel your enrollment or join another plan | TTY users: 1-877-552-4670 |
|  | Monday through Friday, 8 a.m. to 6 p.m. |
|  | Online: www.scchoices.com |
|  |  |
| **SC Thrive** | Call: (800) 726-8774 |
| To learn more about Healthy Connections Prime | TTY users: 711 |
|  | Monday through Friday, 8:30 a.m. to 5 p.m. |
|  | Online: www.scdhhs.gov/prime |
|  |  |
| **Healthy Connections Medicaid** | Call: 1-888-549-0820 |
| For questions about Healthy Connections Medicaid benefits | TTY users: 1-800-753-8583  Monday through Friday, 8 a.m. to 6 p.m. |
|  | Online: www.scdhhs.gov |
|  |  |
| **Medicare** | Call: 1-800-MEDICARE (1-800-633-4227) |
| For questions about Medicare | TTY users: 1-877-486-2048 |
|  | 24 hours a day, 7 days a week |
|  | Online: www.medicare.gov |
|  |  |
| **Insurance Counseling Assistance and Referrals for Elders (I-CARE)** | Call: 1-800-868-9095  Monday through Friday, 8:30 a.m. to 5 p.m. |
| For questions about other enrollment choices | Online: http://aging.gov |
|  |  |
| **Healthy Connections Prime Advocate** | Call: 1-844-477-4632 |
| For questions about coverage decisions, appeals, or complaints | TTY users: 711  Monday through Friday, 8:30 a.m. to 5 p.m. |
|  | Online: www.healthyconnectionsprimeadvocate.com |