**<Member # >**

**<RxID>**

**<RxGroup>**

**<RxBin>**

**<RxPCN>**

<Date>

<Name>

<Address>

<City>, <State> <ZIP>

**IMPORTANT: YOU HAVE ENROLLED IN A NEW PLAN FOR YOUR MEDICARE AND MICHIGAN MEDICAID SERVICES.**

<Name>:

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

Starting <effective date>, you will have a health plan designed to give you seamless, high quality care at a low cost or zero cost to you. <Plan name> is a health plan that contracts with both Medicare and Michigan Medicaid to provide benefits of both programs to enrollees.

Your new coverage includes:

* One plan for all your Medicare and Medicaid provider and pharmacy benefits
* No co-pays, premiums, or deductibles when you get services from a provider or pharmacy in your health plan’s provider network
* Your own Care Coordinator who will ask you about your health care needs and choices and who will work with you to create a personal care plan based on your goals
* Home and community based supports and services to help you live independently
* Emergency or urgently needed care
* And other program benefits

Except as described below, you must begin using <plan name> network primary care 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 may be able to continue seeing the providers you go to now for at least 90 days from your enrollment start date. If you receive services through the Habilitation Supports Waiver or the Specialty Services and Supports Program through the Pre-paid Insurance Health Plan (PIHP), you will continue to see the PIHP network providers without change. For your non-behavioral health providers, you will be able to receive services and see the doctors and providers you go to now for up to 180 days from your enrollment start date. Your care coordinator will work with you to choose new providers and arrange services within this time. You will also have access to at least one [*must be at least 30*]-day supply of the 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 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>.

**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 receive your Member ID Card from us.**]

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

**The new member kit includes:**

* List of Covered Drugs (Formulary)
* Provider and Pharmacy Directory [*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 Member Handbook with the welcome mailing*: Member Handbook (Evidence of Coverage)]
* [*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 copayments when receiving health services through a <plan name> provider.

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

<Plan name> members have no copays for prescription and over the counter (OTC) drugs.

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

If you have not chosen a Primary Care Provider (PCP), we will help you find one within our provider network.

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

* Call <plan name> <Member Services> at <toll-free phone number> <days and hours of operation>.
* Call <toll-free number> if you use TTY.
* Visit <web address>.

**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.

**What if I want to join a different MI Health Link health plan?**

To join another MI Health Link health plan, call **Michigan ENROLLS toll-free at 1-800-975-7630 or 1-888-367-6557**. Persons with hearing and speech disabilities may call the TTY number at 1-888-263-5897. Office hours are Monday through Friday, 8 am to 7 pm.

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

Yes. You may leave <plan name> or choose a new MI Health Link health plan **at any time** by calling **Michigan ENROLLS toll-free at 1-800-975-7630 or 1-888-367-6557**. Persons with hearing and speech disabilities may call the TTY number at 1-888-263-5897. Office hours are Monday through Friday, 8 am to 7 pm. If you choose to leave <plan name> and don’t want to enroll in another MI Health Link health plan, your coverage will end the last day of the month after 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 Medicare?**

If you want to join a Medicare health or prescription drug plan, want to know more about Medicare plans in your area, or have questions about Medicare:

* Call 1-800-MEDICARE (1-800-633-4227), 24 hours a day, 7 days a week.
* Call 1-877-486-2048 if you use TTY.
* Visit <http://www.medicare.gov>.

What if I have questions about Michigan Medicaid?

If you have questions aboutMichigan Medicaid, call Michigan ENROLLS toll-free at 1-800-975-7630. Persons with hearing and speech disabilities may call the TTY number at 1-888-263-5897. The office hours are Monday through Friday, 8 am to 7 pm.

[*Plans should include the following paragraph if they intend to conduct early assessments:*

**What happens next?**

Someone from our health plan will call you to talk about your health and service needs before your services start on <enrollment effective date>.  You can choose to wait until your services start before answering these questions.  If you choose to wait, we will set a time after your enrollment date to discuss your health and service needs.]

Sincerely,

<Plan name>

[*The next sentence following disclaimer must be in English, Arabic, Spanish and all non-English languages that meet the Medicare or State thresholds for translation, whichever is most beneficiary friendly. The non-English disclaimer must be placed below the English version and in the same font size as the English version.*] You can speak with someone about getting this information in other languages. Call <toll-free number>. The call is free.

[*The following disclaimer must be written in all non-English languages that meet the Medicare or State thresholds for translation, whichever is most beneficiary friendly. The non-English disclaimer must be placed below the English version and in the same font size as the English version.*]You can also get this information in other languages and formats, like large print, Braille, and audio CD.