**THIS LETTER IS PROOF OF YOUR NEW COVERAGE.**

|  |  |
| --- | --- |
| <Date> |  |
|  | **<Member #>** |
| <Name> | **<RxID>** |
| <Address> | **<RxGroup>** |
| <City>, <State> <ZIP> | **<RxBin>** |

**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 will get all your Medicare, Medicare Part D, and South Carolina Healthy Connections Medicaid services from us. [Insert 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 enrollees. 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 manager 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:

|  |  |
| --- | --- |
| **Same Services** | **New Benefits** |
| Doctor Visits | One plan |
| Hospital Care | One card |
| Adult Dental\* | One care manager and single point of contact |
| Durable Medical Equipment | A personal care manager and care team |
| Emergency and Medicaid Transportation\* | Personalized care plan |
| Medicare Part D and other Medications covered by Healthy Connections Medicaid | No insurance payments, no costs for doctor visits and hospital stays |
| Nursing Home & Community Long Term Care (CLTC) | The right care, at the right time, in the right place |

*\*Adult dental and Medicaid transportation are not covered by our plan but are still available to you through Healthy Connections Medicaid. Please contact your care manager if you need these services.*

##### What is different about <plan name>?

You will not have to pay any insurance premiums or out-of-pocket costs for doctor visits or hospital stays when you receive 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?**

[*Plans must insert LIS cost sharing information specific to the enrollee’s LIS level in the following sentence:*] When you pick up your prescription drugs at our network pharmacy, you’ll pay no more than <$\_\_\_ > each time you receive a generic drug that’s covered by <plan name>, and no more than <$\_\_\_> each time you receive a brand name drug that is covered by <plan name>. [*Plans may delete the following sentence if they have $0 copayments for all Part D drugs*:] Copays for prescription drugs may vary based on the level of Extra Help you receive. Please contact <plan name> for more details.

**How do I fill my prescriptions?**

You will also have access to at least one [*must be at least 30*]-day supply of the Medicare Part D drugs you currently take during your first [*must be at least 180*] days in <plan name>:

* if you are taking a drug that is not on our List of Covered Drugs;
* if our plan rules do not let you get the amount ordered by your doctor; or
* If 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 continue to see your doctors for six months if they are outside <plan name>’s network while you and your care team create your personal care plan. After six months, <plan name> will work with you to continue to see your doctor. If your doctor does not work with our plan, we will work with your doctor to become one of our providers. If your doctor does not want to become a <plan name> provider or if you ever need to switch doctors, we will be there to help make a transition plan that works for you. If you do not have a doctor, we will 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 receive your member card from us.**] [*Plans may insert the following if they elect to not include the new member kit with the welcome mailing:* You will receive new member kit information separately*.*]

**What is in your welcome packet?**

In this packet, you will 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 kit 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 Identification (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.

**What happens next?**

Someone from our plan will call you and welcome you. We will also set a time to meet with you so we can get to know you better. During this time, we will 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 do not 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 at 1-877- 552-4642, Monday through Friday, from 8 a.m. to 6 p.m. TTY users should call 1-877-552-4670. Tell the representative that you do not want South Carolina to enroll you in <plan name>.

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

To join another Medicare-Medicaid Plan, just call South Carolina Healthy Connections Choices at 1-877-552-4642, Monday through Friday, from 8 a.m. to 6 p.m. TTY users should call 1-877- 552-4670. You can also let the representative know if you do not want to join another Medicare-Medicaid plan. To join a Medicare health plan or Medicare prescription drug plan, call 1-800-MEDICARE (1-800-633-4227), 24 hours a day, 7 days a week (TTY users should call 1-877-486-2048). 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 at 1-877-552-4642, Monday through Friday, from 8 a.m. to 6 p.m. TTY users should call 1-877-552-4670. You can also let the representative know if you do not want to join another Medicare-Medicaid plan.

To join a Medicare health plan or Medicare prescription drug plan, call 1-800-MEDICARE (1-800-633-4227), 24 hours a day, 7 days a week (TTY users should call 1-877-486-2048). 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 do not join a Medicare-Medicaid plan, you will continue to get your Healthy Connections Medicaid services the same way you do now. If you leave <plan name> and do not join a Medicare health or prescription drug plan, you will 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 1-800-MEDICARE (1-800-633-4227), 24 hours a day, 7 days a week or visit http://www.medicare.gov**.** TTY users should call 1-877-486-2048.

Who should I call if I have questions about Medicare or Healthy Connections Medicaid?

If you have questions about **Medicare**, call 1-800-MEDICARE (1-800-633-4227), 24 hours a day, 7 days a week or visit http://www.medicare.gov. TTY users should call 1-877-486-2048. If you have questions about **Healthy Connections Medicaid**, call South Carolina Healthy Connections Choices at 1-877-552-4642, Monday through Friday, from 8 a.m. to 6 p.m. TTY users should call 1-877-552-4670.

##### What do you do next?

##### You do not need to do anything. Someone from <plan name> will call you. If you have questions about your health care, please call our <Member Services>, <days and hours of operation>, at <toll-free phone number>. TTY users should call <toll-free number>. You can visit <web address>.

##### 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.

This information is available for free in other languages. Please call our customer service number at [insert Member Service phone and TTY/TDD numbers, 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 ask for this handbook in other formats, such as Braille or large print. Call [insert Member Service phone and TTY/TDD numbers, and hours of operation].