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| **Keep this notice for your records** |

## Exhibit 4: Model Notice to Acknowledge Receipt of Completed Enrollment Request and to Confirm Enrollment

Referenced in §§ 30, 30.1.4, 30.4, 30.4.2

<date>

**<Member # >**

**<RxID>**

**<RxGroup>**

**<RxBin>**

**<RxPCN>**

<Name>

<Address>

<City>, <State> <ZIP>

**IMPORTANT INFORMATION ABOUT YOUR NEW MEDICARE-MEDICAID HEALTH PLAN**

<Name>:

You have new health coverage through <plan>

Congratulations! Medicare and Medicaid have approved your application to get health and prescription drug coverage through <plan>. Your new coverage begins on <date>. You’ll get a member card in the mail by <date>. Show this letter to your doctors or pharmacy until you get your card.

What do I need to know about my new plan?

Starting <date>, you must see a <plan> provider for all your health services (except for emergency services, out-of-area urgent care, or out-of-area dialysis). You must also use a <plan> pharmacy to get your medicines. This means:

* <Plan> will pay for your health care with <plan> doctors and <plan> providers.
* If you need to see a doctor who isn’t in <plan>, you must have “prior authorization” if you want <plan> to pay for your health services, or you may have to pay out-of-pocket for these services. “Prior authorization” means that <plan> gives you permission to see a doctor who isn’t in <plan>.
* Because you’re new to <plan>, you don’t need prior authorization for services until <date>, and you may use doctors who aren’t in <plan> until <date>. *[State to modify this language]*.
* Emergency care, urgent care, and dialysis are covered even if you’re **not** seeing a <plan> doctor. Talk with your doctor or call <plan> at <member services number> for more information. [States should add other services that a member can get without a referral.]

How much do I have to pay for health services?

You don’t have to pay a plan premium, deductible or coinsurance amount when getting health services through <plan>.

How much do I have to pay for prescription drugs?

When you pick up your prescription drugs, you’ll pay a reduced copayment or $0 copayment at the pharmacy. You’ll pay no more than <$\_\_\_ > 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>.

[If applicable, insert copayments for Medicaid services.]

Can I leave <plan> or select a new plan?

Yes. You may leave <plan> or choose a new Medicare-Medicaid plan **at any time** by calling Illinois’ Client Enrollment Services at 1-877-912-8880 (TTY: 1-866-565-8576), Monday to Friday from 8 a.m. to 7 p.m. and Saturday from 9 a.m. to 3 p.m. The call is free!. If you choose to leave <plan>, your coverage will end the last day of the month after you tell us you want to leave. If you leave <plan> 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 1-800-MEDICARE (1-800-633-4227) 24 hours a day, 7 days a week or visit www. medicare.gov**.**  TTY users should call 1-877-486-2048.

What if I leave <plan> and I don’t want to join a different Medicare-Medicaid plan?

If you don’t want to join a different Medicare-Medicaid plan , you should call Illinois’ Client Enrollment Services at 1-877-912-8880 (TTY: 1-866-565-8576), Monday to Friday from 8 a.m. to 7 p.m. and Saturday from 9 a.m. to 3 p.m. The call is free!

Unless you tell Illinois’ Client Enrollment Services you don’t want to join a different Medicare-Medicaid plan, they may enroll you in another Medicare-Medicaid plan in the future. If you leave <plan> and don’t join a Medicare health or prescription drug plan on your own, you’ll be covered under Original Medicare and Medicare may enroll you in a Medicare Prescription Drug 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.]*

*[If the State delegates sending of this notice to Medicare-Medicaid plan, the Medicare-Medicaid plan should insert:*

Who should I call if I have questions about <plan>?

If you have questions, call <plan> Member Services at <toll-free phone number> <days and hours of operation>. TTY user should call <toll-free number>. You can visit <web address>. You can also call <enrollment broker> at <enrollment broker number>.*]*

If you have questions about Medicare or 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 www.medicare.gov. TTY users should call 1-877-486-2048. If you have questions about **Medicaid**, call Illinois’ Client Enrollment Services at 1-877-912-8880 (TTY: 1-866-565-8576), Monday to Friday from 8 a.m. to 7 p.m. and Saturday from 9 a.m. to 3 p.m. The call is free!

*[The next sentence must be in English 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.]* This information is available for free in other languages and formats like Braille or audio CD.

[<Marketing Material ID>]