**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 must insert Federal-State contracting disclaimer from State-specific Marketing Guidance*.]

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, intravenous (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 refer to Chapter 7 of your *Member Handbook* (Evidence of Coverage) for more information.

**Note:** [*If applicable, plan enters:* Your copay for some Healthy Connections Medicaid services will be no more than <**$\_\_\_**>. Plan is encouraged to identify services, such as home health, durable medical equipment, prosthetics.] 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 a [*insert supply limit (must be the number of days in plan’s one-month supply)*]-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 (PA) by <plan name>.

What if I need 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 using 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 using 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.** [*Plan that does 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.**] [*Plan may insert the following if it elects 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* [Plan may delete this bullet when this notice is sent to individuals who self-select into the plan. Note that plan 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) [*Plan may delete and replace with the following if it elects not to send List of Covered Drugs to enrollees:* Instructions for getting more information about the drugs on our *List of Covered Drugs*]
* *Provider and Pharmacy Directory* [*Plan may delete and replace with the following if it elects not to send the Provider and Pharmacy Directory to enrollees*: Instructions for getting more information about the providers and pharmacies in our network]
* [Plan may insert the following if it elects to include the Member ID Card with the welcome mailing: Member ID Card]
* [Plan may insert the following if it elects to include the Member Handbook with the welcome mailing: Member Handbook (Evidence of Coverage)]

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

[*Plan may insert the following if it sends the Member Handbook separately from the welcome mailing:* Before <**enrollment effective date**>, we will send you a *Member Handbook* (Evidence of Coverage).]

[*If plan elects not to send the Member Handbook to enrollees, insert:*An up-to-date copy of the *Member Handbook* (Evidence of Coverage) is always available on our website at <web address>. You may also call Member Services at <toll-free number> to ask us to mail you a *Member Handbook*. Please refer to the enclosed “Accessing Your *Member Handbook*” summary for more information.]

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 question and response only 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>?**

[*Plan in a state that continues to implement a continuous Special Enrollment Period for dual eligible members (duals SEP) inserts the following for all enrollees:* **Yes.** You may leave <plan name> or choose a new Medicare-Medicaid Plan **at any time during the year** by calling South Carolina Healthy Connections Choices. Their contact information is in the List of Resources at the end of this letter.]

[*Plan in a state that implements the dual-eligible individual and other LIS-eligible individual quarterly SEP effective 2019, inserts the following only when this notice is sent to individuals who are passively enrolled into the plan:* **Yes.** You may leave <plan name> or choose a new Medicare-Medicaid Plan before <**effective date of enrollment**>. You’ll also have from <**effective date of enrollment**> through <**three months after effective date of enrollment**> to change to another Medicare health plan.If you don’t make a change during this time, you’ll be able to change plans during certain times of the year or in certain situations.]

[*Plan in a state that implements the dual-eligible individual and other LIS-eligible individual quarterly SEP effective 2019, inserts the following only when this notice is sent to individuals who self-select into the plan:* Most people with Medicare can end their membership during certain times of the year.]

[*Plan in a state that implements the dual-eligible individual and other LIS-eligible individual quarterly SEP effective 2019, inserts the following for all enrollees:* Because you have Healthy Connections Medicaid, you may be able to end your membership in our plan or switch to a different plan one time during each of the following **Special Enrollment Periods**:

* January to March
* April to June
* July to September

In addition to these three Special Enrollment periods, you may end your membership in our plan during the following periods:

* The **Annual Enrollment Period,** which lasts from October 15 to December 7. If you choose a new plan during this period, your membership in <plan name> will end on December 31 and your membership in the new plan will start on January 1.
* The **Medicare Advantage Open Enrollment Period**, which lasts from January 1 to March 31. If you choose a new plan during this period, your membership in the new plan will start the first day of the next month.

There may be other situations when you are eligible to make a change to your enrollment. If you want to make a change, call <state/enrollment broker number>, <days and hours of operation>.]

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 leave <plan name> and don’t want to enroll in another Medicare-Medicaid Plan, your coverage will end the last day of the month after you tell us.

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.

[*Plan must include all applicable disclaimers as required in the State-specific Marketing Guidance.*]

You can get this document for free in other formats, such as large print, braille, or audio. Call [insert Member Services toll-free phone and TTY 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>**  For questions about this notice or your plan coverage | Call: <toll-free number>  TTY users: <toll-free TTY number>  <days and hours of operation>  Online: <website> |
| **South Carolina Healthy Connections Choices**  To cancel your enrollment or join another plan | Call: 1-877-552-4642  TTY users: 1-877-552-4670  Monday through Friday, 8 a.m. to 6 p.m.  Online: [www.scchoices.com](https://www.scchoices.com/Member/MemberHome.aspx) |
| **SC Thrive**  To learn more about Healthy Connections Prime | Call: 1-800-726-8774  TTY users: 711  Monday through Friday, 8:30 a.m. to 5 p.m.  Online: [www.scthrive.org/for-you/get-healthcare-coverage/](https://scthrive.org/for-you/get-healthcare-coverage/) |
| **Healthy Connections Medicaid**  For questions about Healthy Connections Medicaid benefits | Call: 1-888-549-0820  TTY users: 1-888-842-3620  Monday through Friday, 8 a.m. to 6 p.m.  Online: [www.scdhhs.gov](https://www.scdhhs.gov/) |
| **Medicare**  For questions about Medicare | Call: 1-800-MEDICARE (1-800-633-4227)  TTY users: 1-877-486-2048  24 hours a day, 7 days a week  Online: [www.medicare.gov](http://www.medicare.gov) |
| **Insurance Counseling Assistance and Referrals for Elders (I-CARE)**  For questions about other enrollment choices | Call: 1-800-868-9095  TTY users: 711  Monday through Friday, 8:30 a.m. to 5 p.m.  Online: [www.aging.sc.gov/programs-initiatives/medicare-and-medicare-fraud](https://www.aging.sc.gov/programs-initiatives/medicare-and-medicare-fraud) |
| **Healthy Connections Prime Advocate**  For questions about coverage decisions, appeals, or complaints | Call: 1-844-477-4632  TTY users: 711  Monday through Friday, 8:30 a.m. to 5 p.m.  Online: [www.healthyconnectionsprimeadvocate.com](http://www.healthyconnectionsprimeadvocate.com) |