<Date>

<Name>

<Address>

<City>, <State> <ZIP>

**Member ID: <Member #>**

**Rx ID: <RxID>**

**Rx GRP: <RxGRP>**

**Rx BIN: <RxBIN>**

**Rx PCN: <RxPCN>**

**Important Information about Your New Medicare-Medicaid Plan**

**Keep This Notice for Your Records**

<Name>:

## You have new health coverage through <plan name>.

Congratulations! Medicare and Medicaid have approved your application to get health and prescription drug coverage through <plan name>. [*Plan must insert Federal-State contracting disclaimer from State-specific Marketing Guidance*]. Your new coverage begins on <**date**>.

## 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.**] If you have questions, call <plan name> Member Services. Contact information is in the List of Resources at the end of this notice.

## What do I need to know about my new plan?

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

* <Plan name> will pay for your health care with <plan name> providers.
* If you need a provider who isn’t in <plan name>, you must have “prior authorization” (PA) if you want <plan name> to pay for your health services, or you may have to pay out-of-pocket for these services. “PA” is an approval from <plan name> you must get before you can get a specific service or drug or use an out-of-network provider.
* To help with the transition to <plan name>, if you’re under a current course of treatment you can keep using the providers you use now for 180 days [*plan can change this to* *90 days if the enrollee is coming from another health plan*].

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 Part D drugs you currently take during your first [*must be at least* 90] days in the plan and you’ll have access to the Medicaid-covered drugs you currently take during your first 180 days [*plan can change this to 90 days if the enrollee is coming from another health plan*] in the plan if:

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

Emergency care, urgent care, and dialysis are covered even if you’re **not** using a <plan name> provider. Talk with your provider or call <plan name> Member Services for more information. Contact information is in the List of Resources at the end of this notice. [Plan may add other services that a member can get without a referral.]

[*Plan may insert the following if it elects not to include the new member kit with the welcome mailing:* You will get new member kit information separately*.*]

## The new member kit includes:

* *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*)]
* [*Plan may insert the following if it elects to include the Summary of Benefits with the welcome mailing*: *Summary of Benefits*]

[*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’ll 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*.]

## How much do I have to pay for <plan name>?

You won’t have to pay a plan premium, deductible, or copays when getting health services through a <plan name> provider.

## 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’s 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 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.]

[*If applicable, insert:*

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

*Information instructing member in simple terms how to choose a primary care provider/site, how to get services, which services don’t need primary care provider’s approval (when applicable), etc.*]

## 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.

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

[*Plans in states that continue to implement a continuous Special Enrollment Period for dual eligible members (duals SEP) insert:* **Yes.** You may leave <plan name> or choose a new Medicare-Medicaid plan **at any time during the year** by calling Illinois Client Enrollment Services. Contact information is in the List of Resources at the end of this notice.]

[*Plans in states that implement the dual-eligible individual and other LIS-eligible individual quarterly SEP effective 2019, insert:* **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. Because you have 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>.]

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 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 will I get my Medicaid services if I leave <plan name>?

[**If MLTSS** **is not** **an option** in the member’s county, plans must include the following language: If you leave the Medicare-Medicaid Plan, you will get your Medicaid services through fee-for-service.]

[**If MLTSS** **is an option** in the member’s county, plans must include the following language: If you leave the Medicare-Medicaid Plan, you will either get your Medicaid services through fee-for-service or be required to enroll in a HealthChoice Illinois Managed Long-Term Services and Supports (MLTSS) health plan to get your Medicaid services.

If you are not in a nursing facility or enrolled in a Home and Community-Based Services (HCBS) Waiver, you will get your Medicaid services through fee-for-service. You can use any provider that accepts Medicaid and new patients.

If you are in a nursing facility or are enrolled in an HCBS Waiver, you will be required to enroll in a HealthChoice Illinois MLTSS health plan to get your Medicaid services.

To choose a HealthChoice Illinois MLTSS health plan, you can call Illinois Client Enrollment Services. Contact information is in the List of Resources at the end of this notice. Tell them you want to leave <plan name> and join a HealthChoice Illinois MLTSS health plan.]

[All plans with a CY 2024 MLTSS contract must include the following language **if MLTSS is an option** in the member’s county**:** If you don’t pick a HealthChoice Illinois MLTSS health plan, you will be assigned to our company’s HealthChoice Illinois MLTSS health plan.]

[All plans without a CY 2024 MLTSS contract must include the following language **if MLTSS** **is an option** in the member’s county: If you don’t pick a HealthChoice Illinois MLTSS health plan, you will be assigned to a different company’s HealthChoice Illinois MLTSS health plan. <Plan name> does not have a HealthChoice Illinois MLTSS health plan.]

After you are enrolled in a HealthChoice Illinois MLTSS health plan, you will have 90 days to switch to another HealthChoice Illinois MLTSS health plan.

You will get a new Member ID Card, a new Member Handbook, and [*insert if applicable*: information about how to access the ***or***a new] Provider and Pharmacy Directory from your HealthChoice Illinois MLTSS health plan.

## How will I get my Medicare services if I leave <plan name>?

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.

**What if I have questions?**

You can get answers and help. Contact information is in the List of Resources at the end of this notice. The calls and the help are free.

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

You can also get this document for free in other formats, such as large print, braille, or audio. Call <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!**

| For questions about: | Contact: |
| --- | --- |
| **This notice or plan coverage** | <**Plan name**> |
|  | Call: <toll-free phone number> |
|  | TTY users call: <toll-free TTY number> |
|  | <days and hours of operation> |
|  | Online: <website> |
| **Enrollment** | **Illinois Client Enrollment Services** |
|  | Call: 1-877-912-8880 |
|  | TTY users call: 1-866-565-8576 |
|  | Monday – Friday, 8:00 a.m. – 6:00 p.m. |
|  | Online: [EnrollHFS.Illinois.gov](https://enrollhfs.illinois.gov/) |
| **Medicaid** | **Illinois Health Benefits Hotline** |
|  | Call: 1-800-226-0768 |
|  | TTY users call: 1-877-204-1012 |
|  | Monday – Friday, 8:00 a.m. – 4:30 p.m.  Online: [Illinois.gov/HFS](https://www.illinois.gov/HFS/Pages/default.aspx) |
| **Medicare** | **Medicare** |
|  | Call: 1-800-MEDICARE (1-800-633-4227) |
|  | TTY users call: 1-877-486-2048 |
|  | 24 hours a day, 7 days a week |
|  | Online: [Medicare.gov](https://www.medicare.gov/) |
| **Other enrollment choices:** | **Senior Health Insurance Program (SHIP)** |
|  | Call: 1-800-252-8966 |
|  | TTY users call: 1-888-206-1327 |
|  | Monday – Friday, 8:30 a.m. – 5:00 p.m. |
|  | E-mail: [AGING.SHIP@illinois.gov](mailto:AGING.SHIP@illinois.gov)  Online: [Illinois.gov/Aging/SHIP](https://www2.illinois.gov/aging/ship/Pages/default.aspx) |
| **Coverage decisions, appeals, or complaints:** | **Illinois Home Care Ombudsman** |
|  | Call: 1-800-252-8966 |
|  | TTY users call: 1-888-206-1327 |
|  | Monday – Friday, 8:30 a.m. – 5:00 p.m. |
|  | E-mail: [Aging.HCOProgram@illinois.gov](mailto:Aging.HCOProgram@illinois.gov)  Online: [Illinois.gov/HCOP](https://www2.illinois.gov/aging/programs/LTCOmbudsman/Pages/The-Home-Care-Ombudsman-Program.aspx) |