| **Member ID: <Member #>**  **Rx ID: <RxID>**  **Rx GRP: <RxGRP>**  **Rx BIN: <RxBIN>**  **Rx PCN: <RxPCN>** |
| --- |

<Date>

<Name>

<Address>

<City>, <State> <ZIP>

**Important: You have enrolled in a new plan for your Medicare and MassHealth Services. Keep this letter as proof of your coverage.**

<Name>:

Welcome to <plan name> (Medicare-Medicaid Plan)!

Starting **<effective date>**, you will get your MassHealth and Medicare benefits from <plan name>, a One Care plan. [*Plan must insert Federal-State contracting disclaimer from State-specific Marketing Guidance*.] This plan is designed to give you seamless, high quality care at [Insert if your plan has any prescription drug copays: a low cost] [Insert if your plan has no prescription drug copays: zero cost] to you.

Your new coverage includes:

* All of your Medicare and MassHealth benefits (including Part D prescription drugs and medical equipment)
* A Care Coordinator to help you manage your healthcare
* Your choice of doctors, pharmacies, and other providers within the plan’s network who work together to give you the care you need
* Long-term services and supports to help you with an ongoing medical condition (Long-term services and supports are often provided in your home or a community setting so you don’t have to go to a nursing home or hospital.)
* [If applicable, insert: Extra benefits and services, including covered services such as dental, vision, etc.]

**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 get your Member ID Card from us.**] If you have questions, call <plan name> Member Services at <toll-free number>, <days and hours of operation>. Call <toll-free number> if you use TTY (for people who are deaf, hard of hearing, or speech disabled). Contact information is also included in the List of Resources at the end of this letter. [*Plans must add their plan-specific List of Resources at the end of this letter.*]

What happens next?

Except as described below, you must begin using <plan name> network 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 can keep using the providers you use now for [*Plans must describe the state’s continuity of care requirement and place the period here, (e.g., 90 days)*]. You will 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 if you are taking a drug that is not on 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 (PA) by <plan name>. [*If applicable, insert other state-specific continuity of care requirements.*] This will give you time to talk with your provider about making sure your medication needs are met.

[*Plans may insert the following if they don’t elect 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* (a list of the drugs that we cover, also called a Formulary) [*Plans may delete and replace with the following if they elect 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 Director*y (a list of the providers and pharmacies in our network) [*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 plans elect to send the Member ID Card separately from the welcome mailing, plans must insert the following*: Before <enrollment effective date>, we will send you a Member ID Card.]

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

[*If plans elect 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 ask us to mail you a *Member Handbook* by calling Member Services. Their contact information is included at the beginning of this letter and in the List of Resources at the end of this letter.]

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

You will not have to pay a plan premium, deductible, or copays when getting health services through a <plan name> doctor or other service provider. If you pay a premium to MassHealth for CommonHealth, you must keep paying the premium to MassHealth to keep your coverage.

How much will I have to pay for prescription drugs?

[*If plans have 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 plans have any Medicaid cost sharing, insert copay information here*.]

[*If plans have 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 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.*]

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

If you have questions about <plan name>’s coverage, call <plan name> <Member Services>. Contact information is included at the beginning of this letter and in the List of Resources at the end of this letter.

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 join a different plan after <effective date>?

[*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 One Care plan **at any time** **during the year** by calling <state/enrollment broker number>, <days and hours of operation>.]

[*Plans in states that implement the dual-eligible individual and other LIS-eligible individual quarterly SEP effective 2023, insert:* Most people with Medicare can end their membership during certain times of the year. Because you have MassHealth, 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 One Care 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 MassHealth?

If you have questions aboutMassHealth, call MassHealth Customer Service. Their contact information is in the List of Resources at the end of this letter.

What other resources can I contact for help?

* If you would like **help** **understanding your choices**, call SHINE (Serving the Health Insurance Needs of Everyone). SHINE counselors can work with you and your caregivers to help you understand your choices. They are trained to assist people with disabilities who have Medicare and MassHealth and will provide impartial information about your health insurance choices. A counselor can work with you in person, by phone, or through e-mail. To schedule an appointment with a SHINE counselor, use the contact information in the List of Resources at the end of this letter.
* If you have **questions, concerns, or problems related to One Care**, you can contact My Ombudsman. My Ombudsman is an independent program and services are free. My Ombudsman’s staff can answer your questions or refer you to the right place to find what you need. My Ombudsman’s contact information is in the List of Resources at the end of this letter.
* If you want to **join a Medicare health or prescription drug plan, know more about Medicare plans in your area, or have questions about Medicare,** call Medicare. Their contact information is in the List of Resources at the end of this letter.

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

You can get this document for freein other formats, such as large print, formats that work with screen reader technology, braille, or audio. Call [insert Member Services toll-free phone and TTY numbers, and days and hours of operation]. The call is free.

**GETTING HELP WITH ONE CARE**

| **For Questions about:** | **Contact:** |
| --- | --- |
| * Contacting your care manager * Contacting your Long-Term Supports Coordinator * Making appointments * Transportation * Your One Care plan coverage * Other questions about your health care | **<Plan name>** (Member Services)  **Hours:** <Days and hours of operation>  **Phone:** <phone number>  **TTY**: <TTY phone number>  **Website**: [Web address is optional.]  You can also call your Care Manager. |
| * MassHealth or One Care:   + eligibility   + enrollment or disenrollment, including changing One Care plans | **MassHealth Customer Service Center**  **Hours**: Monday – Friday, 8:00 a.m. - 5:00 p.m.  **Phone**: 1-800-841-2900  **TTY**: 1-800-497-4648  **One Care Website**: [www.mass.gov/one-care](http://www.mass.gov/one-care) |
| * Medicare eligibility or enrollment (including Medicare Part D) | **1-800-Medicare**  **Hours**: 24 hours a day, 7 days a week  **Phone**: 1-800-633-4227  **TTY**: 1-877-486-2048 |
| * Addressing a problem or concern with your One Care plan * One Care benefits or rights * Information about how grievances or appeals work * Other One Care information | **My Ombudsman**  **Hours**: Monday – Friday, 9:00a.m. - 4:00p.m.  **Phone**: 1-855-781-9898  **TTY**: Use 7-1-1 to call 1-855-781-9898  **Videophone (VP)**:[339-224-6831](tel:3392246831)  **Email**: [info@myombudsman.org](mailto:info@myombudsman.org)  **Website**: [www.myombudsman.org](http://www.myombudsman.org)  **Visit My Ombudsman at**:  25 Kingston Street, 4th floor  Boston, MA 02111  Please refer to the My Ombudsman website or contact them directly for updated information about location and walk-in hours. You can also set up an in-person appointment outside of walk-in hours by calling or emailing My Ombudsman.  My Ombudsman’s offices are wheelchair accessible. |
| * How to choose a One Care plan * Other health care options through Medicare and/or MassHealth | **SHINE**  **(Serving the Health Insurance Needs of Everyone)**  **Hours**: Monday – Friday, 9:00 a.m. - 5:00 p.m.  **Phone**: 1-800-243-4636  **TTY**: 1-800-439-2370  A SHINE counselor can also work with you in person or through email. Call SHINE for more information. |