<Date>

<Name>

<Address>

<City>, <State> <ZIP>

**Member ID: <Member’s Plan ID#>**

**Rx ID: <RxID#>**

**Rx GRP: <RxGRP#>**

**Rx BIN: <RxBIN#>**

**Rx PCN: <RxPCN#>**

**Important: You have enrolled in a new plan for your Medicare and Rhode Island Medicaid services. Keep this letter as proof of your coverage.**

<Name>:

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

Starting <**effective date**>, you will have a health plan designed to give you seamless, high quality care at a low cost or zero cost to you. <Plan’s legal or marketing name> is a health plan that contracts with both Medicare and Rhode Island Medicaid to provide the benefits of both programs to enrollees.

Your new coverage includes:

* Your choice of doctors, pharmacies and other providers within the plan’s network who work together to give you the care you need
* Prescription drugs (This includes your Medicare Part D drugs.)
* Long-term services and supports to help you with an ongoing medical condition (If you qualify, 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 a care coordinator [*Plan may insert:* and other covered services such as dental, vision, etc*.*]]
* 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, IV infusion pumps.*]

**This letter is proof of your new coverage.** [*If the plan does not include the Member ID Card in the welcome mailing, it 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.

**What happens next?**

Except as described below, you must begin using <plan name> network primary care 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 continue seeing the providers you go to now for six (6) months. You will also have access to at least one 30-day supply of the Part D drugs and a 90-day supply of other Medicaid covered drugs you currently take during your first 90 days in the plan if:

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

[*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)
* 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 must describe where in the welcome mailing an enrollee can locate the 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 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)].]

**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> provider. However, if you get long-term services and supports and contribute to the cost of your services now, you will continue to contribute to the cost of your services.

**How much will 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 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.]

[*If applicable, insert:*

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

*Information instructing member in simple terms how to select a primary care provider/site, how to obtain services, which services do not 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 join a different plan after <effective date>?**

**Yes.** You may leave <plan name> **at any time** by calling the Medicare-Medicaid Plan Enrollment Line at 1-844-602-3469, Monday-Friday, 8:30 am-7:00 pm, and Saturday, 9:00 am-12 noon. Call 711 if you use TTY. If you choose to leave <plan name>, 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.

**What if I have questions?**

* For questions about **this notice or <plan name>’s coverage**, call <plan name> Member Services at <toll-free phone and TTY/TDD numbers>, <days and hours of operation>. You can visit < web address>.
* For questions about **Medicare**, call 1-800-MEDICARE (1-800-633-4227), 24 hours a day, 7 days a week or visit the Medicare home page at http://www.medicare.gov. Call 1-877-486-2048 if you use TTY.
* For questions about **Rhode Island Medicaid**, call the DHS Info Line at 1-855-697-4347, Monday-Friday, 8:30 am-4:00 pm.
* For questions about **Medicare enrollment options**, call The POINT at 1-401-462-4444. They will refer you to a State Health Insurance Assistance Program (SHIP) Counselor.
* For **service or billing problems, or assistance with filing a complaint or an appeal** with our plan, call the RIPIN Healthcare Advocate at 1-855-747-3224, Monday through Friday, 8:00 a.m. - 5:00 p.m. and Thursdays 8:00 a.m. - 7:00 p.m. The RIPIN Healthcare Advocate is not connected with us or with any insurance company or health plan.

[*The plan is subject to the notice requirements under Section 1557 of the Affordable Care Act. For more information, refer to https://www.hhs.gov/civil-rights/for-individuals/section-1557.*]

You can also get this document for free in other formats, such as large print, braille, or audio. Call <toll-free phone and TTY/TDD numbers>, <days and hours of operation>. The call is free.