**Exhibit 5a: MMP Welcome Letter for Passively Enrolled Individuals**

Referenced in §30.4.1 of the MMP Enrollment and Disenrollment Guidance

<Date>

**<Member # >**

**<RxID>**

**<RxGroup>**

**<RxBin>**

**<RxPCN>**

<Name>

<Address>

<City>, <State> <ZIP>

**IMPORTANT: YOU HAVE BEEN ENROLLED INTO A NEW PLAN FOR YOUR**

**MEDICARE AND MEDI-CAL SERVICES.**

<Name>:

**Welcome to <plan name>!**

Starting <effective date>, you will have a health plan designed to give you seamless, high quality care at no cost to you. <Plan name> is a health plan that contracts with both Medicare and Medi-Cal to provide benefits of both programs to enrollees. Your new coverage includes:

* + - Your Medicare benefits, including prescription drugs
    - Your Medi-Cal benefits, including long-term services and supports. Long-term services and supports include In-Home Supportive Services (IHSS), Multipurpose Senior Services Program (MSSP), Community-Based Adult Services (CBAS), and nursing home care.
    - Your choice of doctors and other providers within the plan’s network who work together to give you the care you need
    - [*If applicable insert:* Extra benefits and services such as vision care, transportation services and a care coordinator [*Plans may insert: and other covered services such as dental, vision, etc.*]]

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>. 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 may be able to continue seeing the doctors you go to now for a period of up to [*must be at least six (6) months*] for Medicare services and a period of up to twelve (12) months for Medi-Cal services from the effective date of enrollment in <plan name>. Contact <plan name> for information about how to do this.

You will also have access to at least one [*must be at least 30*] day supply of prescription 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 by <plan name>.

**This letter is proof of your new coverage. Please bring this letter with you to the pharmacy or office visit until you receive your member card from us.** [*Plans may insert the following if they elect to not include member kit with the welcome mailing:* You will receive new member kit information separately*.*]

**The new member kit includes:**

* Summary of Benefits
* List of Covered Drugs (Formulary)
* Provider and Pharmacy Directory [*Plans may delete and replace with the following sentence if they elect not 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 ID card with the welcome mailing:* Membership Identification Card]
* [*Plans may insert the following if they elect to include the Member Handbook with the welcome mailing:* Member Handbook (Evidence of Coverage)]

[*If the plan elects to send the ID card and Member Handbook separately from the welcome mailing, the plan must insert the following:* Before your enrollment date, we will send you [a Membership 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 copayments when receiving health services through a <plan name> provider.

**How much do I have to pay for prescription drugs?**

When you pick up your prescription drugs at our network 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*>.* [*Plans may delete the following sentence if they have $0 copayments for all Part D drugs:*]Copayments for prescription drugs may vary based on the level of Extra Help you receive. Please contact <plan name> for more details*.*

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

[*Insert 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 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.

**What if I don’t want to join <plan name>?**

You will be enrolled in <plan name> unless you cancel the enrollment before <enrollment

effective date>. To cancel your enrollment, you must call <member services> at <toll-free number>, <days and hours of operation>. TTY users should call <toll-free number>. You can also call 1-800-MEDICARE (1-800-633-4227), 24 hours a day, 7 days a week (TTY users should call 1-877-486-2048). Tell the representative that you do not want to enroll in <plan name>.

**Can I leave <plan name> or join a Medicare plan after <effective date>?**

Yes. You may leave <plan name> **at any time** by calling <member services> at <toll-free number>, <days and hours of operation>. TTY users should call <toll-free number>. You can also call 1-800-MEDICARE (1-800-633-4227), 24 hours a day, 7 days a week (TTY users should call 1-877-486-2048). If you choose to leave <plan name>, your coverage will end the last day of the month after you tell us you want to leave. 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. Your Medi-Cal benefits, including long term services and supports, will continue to be covered by <plan sponsor name> after you leave our plan.

If you have concerns with <plan name>, call the Cal MediConnect Ombuds Program at 1-855-501-3077. [*Delete the following sentence in versions of this letter released after April 1, 2014:*]This number will be operational starting April 1, 2014*.* If you want to talk to a health insurance counselor about your enrollment choices, call the California Health Insurance Counseling & Advocacy Program (HICAP) at 1-800-434-0222.

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 http://www.medicare.gov. TTY users should call 1-877-486-2048.

**Who should I call if I have questions about <plan name>’s coverage?**

If you have questions, call <plan name> <member services> at <toll-free phone number>, <days and hours of operation>. TTY users should call <toll-free number>. You can visit <web address>.

**Who should I call if I have questions about Medicare or Medi-Cal?**

If you have questions about **Medicare**, call 1-800-MEDICARE (1-800-633-4227), 24 hours a day, 7 days a week or visit http://www.Medicare.gov. TTY users should call 1-877-486-2048. You can also call the California Health Insurance Counseling & Advocacy Program (HICAP) at 1-800-434-0222.

If you have questions about Medi-Cal, you can call <member services> at <toll-free number>, <days and hours of operation>. TTY users should call <toll-free number>.

[*The next sentence must be in English and all non-English languages that meet the Medicare or State thresholds for translation, as specified for each plan in the HPMS Marketing Module. The non-English disclaimer must be placed below the English version and in the same font size as the English version.*]You can get this information for free in other languages. Call <toll-free number>. The call is free.

You can also get this information in other formats, like Braille and audio CD. If you need help understanding this letter, please call <member services> at <toll-free number>.