<Date>

**<Member # >**

**<RxID>**

**<RxGroup>**

**<RxBin>**

**<RxPCN>**

<Name>

<Address>

<City>, <State> <Zip>

**IMPORTANT: YOU HAVE BEEN ENROLLED INTO A NEW PLAN FOR YOUR MEDICARE AND MICHIGAN MEDICAID SERVICES.**

<Name>:

**Welcome to <Plan Name> (MI Health Link Medicare-Medicaid Plan)!**

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 Michigan Medicaid to provide benefits of both programs to enrollees. Your new coverage includes:

* One plan for all your Medicare and Medicaid provider and pharmacy benefits
* No co-pays, premiums, or deductibles when you get services from a provider or pharmacy in your health plan’s provider network
* Your own Care Coordinator who will ask you about your health care needs and choices and who will work with you to create a personal care plan based on your goals
* Home and community based supports and services to help you live independently
* Emergency or urgently needed care
* And other program benefits

You may begin using <plan name>’s network of providers and pharmacies for all your health care services and prescription drugs as of <effective date>. You can continue seeing the doctors you go to now for at least 90 days from your enrollment start date. If you receive services through the Habilitation Supports Waiver or the Specialty Services and Supports Program through the Pre-paid Insurance Health Plan (PIHP), you will continue to see the PIHP network providers without change. For your non-behavioral health providers, you will be able to receive services and see the doctors and providers you go to now for up to 180 days from your enrollment start date. Your care coordinator will work with you to choose new providers and arrange services within this time. You will also have access to at least one [*must be at least 30*]-day supply of the 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 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. [***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 receive your member card from us.**] [*Plans may insert the following if they elect to not include the new 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 will I have to pay for prescription drugs?**

<Plan name> members have no copays for prescription and over the counter (OTC) drugs.

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

If you have not chosen a Primary Care Provider (PCP), we will help you find one within our provider network.

**What if I have other health or prescription drug coverage?**

If you have Medicare health or drug coverage from an employer or union sponsored plan, you can leave that coverage and enroll in MI Health Link. **However, you or your dependents could lose coverage completely and *not get it back* if you join MI Health Link.** Other types of health and drug coverage include TRICARE, Department of Veterans Affairs, or a Medigap (Medicare Supplement Insurance) policy. Contact your benefits administrator if you have questions about your current coverage.

**What if I do not want to join <plan name>?**

If you do not want to be enrolled in <plan name>, you must tell us before <enrollment effective date>. You can call **Michigan ENROLLS toll-free at 1-800-975-7630 or 1-888-367-6557** if you would like to cancel your enrollment. Persons with hearing and speech disabilities may call the TTY number at 1-888-263-5897. Office hours are Monday through Friday, 8 am to 7 pm.

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 Michigan to enroll you in a MI Health Link health plan.

**What if I want to join a different MI Health Link health plan or a Medicare drug or health plan?**

To join another MI Health Link health plan, call **Michigan ENROLLS toll-free at 1-800-975-7630 or 1-888-367-6557**. Persons with hearing and speech disabilities may call the TTY number at 1-888-263-5897. Office hours are Monday through Friday, 8 am to 7 pm.

To join a Medicare health plan or Medicare prescription drug plan, call 1-800-MEDICARE (1-800-633-4227), 24 hours a day, 7 days a week, or visit [www.medicare.gov](http://www.medicare.gov). TTY users should call 1-877-486-2048.

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

Yes. You may leave <plan name> or choose a new MI Health Link health plan in your county **at any time** by calling **Michigan ENROLLS toll-free at 1-800-975-7630 or 1-888-367-6557**. Persons with hearing and speech disabilities may call the TTY number at 1-888-263-5897. Office hours are Monday through Friday, 8 am to 7 pm. If you chose to leave <plan name>, your coverage will end the last day of the month after you tell us you want to leave and don’t want Michigan to enroll you in another MI Health Link health plan. 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 1-800-MEDICARE (1-800-633-4227), 24 hours a day, 7 days a week or visit [www.medicare.gov](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 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 Michigan Medicaid?**

If you have questions about **Medicare**, call 1-800-MEDICARE (1-800-633-4227), 24 hours a day, 7 days a week or visit [www.Medicare.gov](http://www.Medicare.gov). TTY users should call 1-877-486-2048.

If you have questions about **Michigan Medicaid**, enrollment or disenrollment, please call Michigan ENROLLS toll-free at 1-800-975-7630. Persons with hearing and speech disabilities may call the TTY number at 1-888-263-5897. The office hours are Monday through Friday, 8 am to 7 pm.

[*Plans should include the following paragraph they intend to conduct early assessments:*

**What happens next?**

Someone from our health plan will call you to talk about your health and service needs before your services start on <enrollment effective date>.  You can choose to wait until your services start before answering these questions.  If you choose to wait, we will set a time after your enrollment date to discuss your health and service needs.]

Sincerely,

<Plan name>

[*The next sentence following disclaimer must be in English, Arabic, Spanish and all non-English languages that meet the Medicare or State thresholds for translation, whichever is most beneficiary friendly. The non-English disclaimer must be placed below the English version and in the same font size as the English version.*]You can speak with someone about getting this information in other languages. Call <toll-free number>. The call is free.

[*The following disclaimer must be written in all non-English languages that meet the Medicare or State thresholds for translation, whichever is most beneficiary friendly. The non-English disclaimer must be placed below the English version and in the same font size as the English version.*]You can also get this information in other languages and formats, like large print, Braille, and audio CD.