



RICK SCOTT
GOVERNOR

JUSTIN M. SENIOR
SECRETARY

HeadOfHousehold
AddressLine1 AddressLine2
RecipientCity RecipientState 1234567890

June 27, 2017



This letter confirms that you have asked to enroll the following family member(s) into the plan(s) listed below.

Name	Plan	Plan Phone
RecipientName	HealthPlanName	(123)456-7890

The plan will provide health and long-term care services for each person listed.

Your enrollment(s) will start on 7/1/2017. *Until that date, you can receive Medicaid services the way you do now.*

Please note: If your Medicaid eligibility changes, you may not be able to join the plan selected. Be sure to keep all appointments and return information required by the Department of Children and Families or the Social Security Administration that relate to your eligibility.

What happens next?

- Your plan(s) will send ID card(s), a member handbook, and a list of doctors.
- If you have not picked a Primary Care Physician (PCP), your plan will choose one for you. You can change your doctor any time by calling your health plan.
- Make an appointment with your doctor for a check-up.
- If you have questions about services your health plan offers, call the health plan.

**You have rights to change plans.
See the back for Your Rights to Change Plans.**



YOUR RIGHTS TO CHANGE PLANS

Once you are enrolled in your plan, you will have 120 days to change plans. If you want to pick a different plan, you must pick that plan by 10/29/2017. After this date, if you want to change your plan, you can do so once a year during a special time called Open Enrollment. Before your Open Enrollment period begins, you will receive a reminder letter and information about your plan choices.

If you want to change plans at a time other than during Open Enrollment, you must have a state approved good cause reason. For more information or to find out if you have a good cause reason, call 1-877-711-3662 or visit www.flmedicaidmanagedcare.com.