



RON DESANTIS
GOVERNOR

JASON WEIDA
SECRETARY

<HeadOfHousehold>
<AddressLine1> <AddressLine2>
<RecipientCity> <RecipientState> <Zip>



123

January 31, 2023



This letter confirms your request made on 01/31/2023 to enroll the person(s) listed in the table below. The table includes the program, plan name, enrollment start date and enrollment cutoff date for each requested enrollment. If the person's eligibility has not changed, the plan will automatically begin on the start date listed.

Name	Program	Plan Name	Start Date	Enrollment Cutoff Date
<RecipientName>	<Medicaid Program>	<HealthPlanName>		<EnrollmentChangeDate>

Please note: If your Medicaid eligibility changes, the enrollment(s) listed will not take effect. 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.

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, unless you make a change during Open Enrollment. If you want to pick a different plan, you must pick that plan by the enrollment cutoff date listed above. 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 may need a state-approved For Cause reason. For more information or to find out if you need a For Cause reason, call 1-877-711-3662 or visit www.flmedicaidmanagedcare.com.