



RON DESANTIS
GOVERNOR

MARY C. MAYHEW
SECRETARY

<Letter Date>

<Head of Household Name>
<Addr-Line1>
<Addr-Line2 >
<City> <State> <Zip Code>

0000000123



This letter confirms that you have asked to enroll the following family member(s) in a Dental plan.

Name	Program	Plan Name	Start Date	Enrollment Cutoff Date
<Recipient Name>	<Medicaid Program>	<Plan Name>	<Begin Date>	<Cutoff Date>

Your enrollment(s) will start on the date listed above if you have met your Share of Cost for that month. If not your plan will not be effective until you have met the Share of Cost and your Medicaid is active.

See the back for Your Rights to Change Plans while Medically Needy.



Return Address: Agency for Health Care Administration 2727 Mahan Drive, MS 62 Tallahassee, FL 32308
Call Center Hours: Monday-Thursday - 8 a.m. - 8 p.m.; Friday - 8 a.m. - 7 p.m. TTY/TDD users ONLY call 1-866-467-4970
If you need Choice Counseling materials in large print, audio or Braille, call the Toll-free Helpline 1-877-711-3662.

YOUR RIGHTS TO CHANGE PLANS

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 good cause reason. For more information or to find out if you need a good cause reason, call 1-877-711-3662 or visit www.flmedicaidmanagedcare.com.

Your request to change plans while you are Medically Needy will be processed and made effective at the next possible date in which you have active eligibility.