



RON DESANTIS
GOVERNOR

JASON WEIDA
SECRETARY

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



123

January 31, 2023



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
<RecipientName>	<Medicaid Program>	<HealthPlanName>		<EnrollmentChangeDate>

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.



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.

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.