



RON DESANTIS
GOVERNOR

JASON WEIDA
SECRETARY

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



123

January 31, 2023



Annual Reminder:

You are getting this letter since you, or members of your family, are enrolled in the Statewide Medicaid Managed Care (SMMC) program. Each person listed below can keep their current health plan enrollment unless you pick a new one or choose to disenroll.

You do not have to make a change if you are happy with your current plan(s).

Name and Medicaid Number	Program	Plan Name
<RecipientName> <RecipientNumber>	<MedicaidProgram>	<HealthPlanName>

Plans in your region are listed online and on the enclosed flyer. Please note: If your eligibility changes, you may not be able to join a new plan.

**Remember you do not have to change plans. The choice is yours.
See the back for Ways to Change Your Plan.**



Ways to Change Your Plan

You now have 3 ways to pick a new plan:

- Text **ENROLL** to FLSMMC (**357662**).
 - You will need the Medicaid ID number of each member and the account PIN number: .
- Go online at www.flmedicaidmanagedcare.com.
 - Create a FL Medicaid Member Portal account **OR** Chat with our Enrollment Virtual Assistant.
- Call the Helpline to speak with a Choice Counselor at 1-877-711-3662.

To pick a new plan or disenroll you will need the birth year, and Medicaid ID or the Gold Card number for each person.