



RON DESANTIS
GOVERNOR

MARY C. MAYHEW
SECRETARY

<Head of Household>
<Address Line 1 + Address Line 2 >
<City> <State> <Zip Code>

< Letter Date >

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
<Recipient Name>	<Program>	<Plan Name>
<Recipient Number>	<Program>	<Plan Name>
	<Program>	<Plan Name>

Plans in your region are listed online and on the enclosed flyer.

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: <PIN #>.
- Go online at www.flmedicaidmanagedcare.com.
 - Create a 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.