



RON DESANTIS  
GOVERNOR

MARY C. MAYHEW  
SECRETARY

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

< Letter Date >

Each person listed below is eligible again for Medicaid and is being enrolled in his/her former Statewide Medicaid Managed Care plan(s) beginning on the date(s) listed below:

Name and Medicaid Number	Program	Plan Name	Start Date
<Recipient Name> <Recipient Number>	<Program>	<Plan Name>	<Begin Date>
	<Program>	<Plan Name>	<Begin Date>
	<Program>	<Plan Name>	<Begin 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 must have a state-approved good cause reason. For more information or to find out if you have a good cause reason, visit [www.flmedicaidmanagedcare.com](http://www.flmedicaidmanagedcare.com) or call the helpline at 1-877-711-3662.