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| --- |
| **Keep this notice for your records** |

## Exhibit 4: Model Notice to Acknowledge Receipt of Completed Enrollment Request and to Confirm Enrollment

Referenced in §§ 30, 30.1.4, 30.4, 30.4.2

<date>

**<Member # >**

**<RxID>**

**<RxGroup>**

**<RxBin>**

**<RxPCN>**

<Name>

<Address>

<City>, <State> <ZIP>

**IMPORTANT INFORMATION ABOUT YOUR NEW MEDICARE-MEDICAID HEALTH PLAN**

<Name>:

You have new health coverage through <plan>

Congratulations! Medicare and Medicaid have approved your application to get health and prescription drug coverage through <plan>. Your new coverage begins on <date>. [*Plans that do not include the Member ID Card in the welcome mailing should insert:*You’ll get a member card in the mail by <date>. Show this letter to your doctors or pharmacy until you get your card.]

What do I need to know about my new plan?

Starting <date>, you must see a <plan> provider for all your health services (except for emergency services, out-of-area urgent care, or out-of-area dialysis). You must also use a <plan> pharmacy to get your medicines. This means:

* <Plan> will pay for your health care with <plan> doctors and <plan> providers.
* If you need to see a doctor who isn’t in <plan>, you must have “prior authorization” if you want <plan> to pay for your health services, or you may have to pay out-of-pocket for these services. “Prior authorization” means that <plan> gives you permission to see a doctor who isn’t in <plan>.
* Because you’re new to <plan>, you don’t need prior authorization for services until <date>, and you may use doctors who aren’t in <plan> until <date>.
* Emergency care, urgent care, and dialysis are covered even if you’re **not** seeing a <plan> doctor. Talk with your doctor or call <plan> at <member services number> for more information.

**This letter is proof of your new coverage.** [*Plans that do not include the Member ID Card in the welcome mailing should insert:* **Please bring this letter with you to the pharmacy or office visit until you receive your Member ID Card from us.**]

[*Plans may insert the following if they don’t elect to include the new member kit with the welcome mailing:* You will receive new member kit information separately*.*]

**The new member kit includes:**

* List of Covered Drugs (Formulary)
* Provider and Pharmacy Directory [*Plans may delete and replace with the following sentence if they don’t elect to send the provider and pharmacy directory to enrollees*: Instructions for getting more information about the providers and pharmacies in our network]
* [*Plans may insert the following if they elect to include the Member ID Card with the welcome mailing*: Member ID Card]
* [*Plans may insert the following if they elect to include the Member Handbook with the welcome mailing*: Member Handbook (Evidence of Coverage)]
* [*Plans may insert the following if they elect to include the Summary of Benefits with the welcome mailing*: Summary of Benefits]

[*If the plan elects to send the Member ID Card and Member Handbook separately from the welcome mailing, the plan must insert the following*: Before <enrollment effective date>, we will send you [a Member ID card] [and] [a Member Handbook (Evidence of Coverage)].]

**How much do I have to pay for health services?**

You don’t have to pay a plan premium, deductible or coinsurance amount when getting health services through <plan>.

How much do I have to pay for prescription drugs?

[If your plan has any Part D prescription copays, insert *LIS cost sharing information specific to the enrollee’s LIS .*] When you pick up your prescription drugs, you’ll pay a reduced copayment or $0 copayment at the pharmacy. You’ll pay no more than <$\_\_\_ > each time you receive a generic drug that’s covered by <plan name>, and no more than <$\_\_\_> each time you receive a brand name drug that is covered by <plan name>. [*Plans may delete the following sentence if they have $0 copayments for all Part D drugs*:] Copays for prescription drugs may vary based on the level of Extra Help you receive. Please contact <plan name> for more details.

[*If applicable, insert:*

**How can I choose a primary care provider?**

*Information instructing member in simple terms on how to select a primary care provider/site, how to obtain services, explain which services do not need primary care provider’s approval (when applicable), etc.*]

**What if I have other health or prescription drug coverage?**

If you have other health or drug coverage, such as from an employer or union, you or your dependents could lose your other health or drug coverage completely and not get it back if you join <plan>. Other types of health and drug coverage include TRICARE, the Department of Veterans Affairs, or a Medigap (Medicare Supplement Insurance) policy. Contact your benefits administrator if you have questions about your coverage.

Can I leave <plan> or select a new plan?

Yes. You may leave <plan> or choose a new Medicare-Medicaid plan **at any time** by calling Illinois’ Client Enrollment Services at 1-877-912-8880 (TTY: 1-866-565-8576), Monday to Friday from 8 a.m. to 7 p.m. and Saturday from 9 a.m. to 3 p.m. The call is free! If you choose to leave <plan>, your coverage will end the last day of the month after you tell us you want to leave. If you leave <plan> and don’t join a Medicare health or prescription drug plan, you’ll be covered under Original Medicare and Medicare will enroll you in a Medicare prescription drug plan. If you have questions about Medicare plans in your area, call 1-800-MEDICARE (1-800-633-4227) 24 hours a day, 7 days a week or visit http://www. medicare.gov.TTY users should call 1-877-486-2048.

What if I leave <plan> and I don’t want to join a different Medicare-Medicaid plan?

If you don’t want to join a different Medicare-Medicaid plan , you should call Illinois’ Client Enrollment Services at 1-877-912-8880 (TTY: 1-866-565-8576), Monday to Friday from 8 a.m. to 7 p.m. and Saturday from 9 a.m. to 3 p.m. The call is free!

Unless you tell Illinois’ Client Enrollment Services you don’t want to join a different Medicare-Medicaid plan, they may enroll you in another Medicare-Medicaid plan in the future. If you leave <plan> and don’t join a Medicare health or prescription drug plan on your own, you’ll be covered under Original Medicare and Medicare may enroll you in a Medicare Prescription Drug Plan.

Who should I call if I have questions about <plan>?

If you have questions, call <plan> Member Services at <toll-free phone number> <days and hours of operation>. TTY users should call <toll-free number>. You can visit <web address>. You can also call <enrollment broker> at <enrollment broker number>.

If you have questions about Medicare or Medicaid

If you have questions about **Medicare**, call 1-800-MEDICARE (1-800-633-4227) 24 hours a day, 7 days a week or visit http://www.medicare.gov. TTY users should call 1-877-486-2048. If you have questions about **Medicaid**, call Illinois’ Client Enrollment Services at 1-877-912-8880 (TTY: 1-866-565-8576), Monday to Friday from 8 a.m. to 7 p.m. and Saturday from 9 a.m. to 3 p.m. The call is free!

You can get this document in Spanish, or speak with someone about this information in other languages for free. Call [insert Member Service phone and TTY/TDD numbers, and hours of operation]. The call is free. [*The previous sentences must be in English and all non-English languages that meet the Medicare or State thresholds for translation, whichever is most beneficiary friendly. The non-English disclaimer must be placed below the English version and in the same font size as the English version.*]

This information is available for free in other languages and formats like Braille or audio CD.