

<Member's Name>  
<Address>  
<City State Zip>  
<City>, <State> <ZIP>

<Medicaid ID Number>  
<Date>

Dear <Name>:

**IMPORTANT: YOU ARE BEING ENROLLED INTO A NEW HEALTH AND PRESCRIPTION DRUG PLAN FOR YOUR MEDICARE AND MEDICAID SERVICES**

You are getting this letter because you have both Medicare and Medicaid and the way you get your health care is changing. You will soon be enrolled in a new program called Healthy Connections Prime that covers your Medicare, South Carolina Healthy Connections Medicaid and prescription drug benefits. This Healthy Connections Prime Medicare-Medicaid plan is designed to help your Medicare and Medicaid work better together, and includes new benefits and services that are not available to you now, such as no insurance premiums, no costs for doctor visits and hospital stays, a care team and a personalized care plan that fits your needs. We chose <Plan Name> for you because other members in your household are enrolled in this plan, your doctors work with this plan or this plan operates in your county.

**Your new coverage starts <START DATE>**

If you do nothing, you will be automatically enrolled in <Plan Name>. If you do not make another choice by <date = last calendar day of the month prior to Start Date>, your new coverage will start on <start date>. <Plan Name> will send you a new health and drug member ID card to use. This new card will replace the Medicare and Medicaid cards you use now.

For more information about <Plan Name> or to find out what benefits <Plan Name> covers, call South Carolina Healthy Connections Choices at (877) 552-4642 Monday-Friday from 8 a.m.–6 p.m. TTY users should call (877) 552-4670. This call is free.

**You have other options**

If you **do not** want to be enrolled in <Plan Name>, you have other options, including:

- **Keep your current Medicare and Healthy Connections Medicaid coverage.** Call South Carolina Healthy Connections Choices at (877) 552-4642 before <start date> and tell

them that you do not want to be in <Plan Name> (you want to “opt out”). They can help you find out how to keep your current coverage or talk to you about similar options available to you.

- **Join a different Healthy Connections Medicare-Medicaid plan that will include your Medicare, Healthy Connections Medicaid and prescription drug benefits.** Call South Carolina Healthy Connections Choices at (877) 552-4642 before <start date> and tell them you do not want to be in <Plan Name> and you want to join a different plan.

**Note:** Remember, you have the right to join Original Medicare and a Medicare drug plan at any time.

### What you should do now

**Step 1: Review all of your options carefully before making any decisions about your health care coverage.** To talk about your options, call South Carolina Healthy Connections Choices at (877) 552-4642.

### Step 2: Decide which option is best for you:

- **To enroll in <Plan Name>**, you do not have to do anything.
- **To choose another option** (listed under “You have other options” on page 1), call South Carolina Healthy Connections Choices at (877) 552-4642 by <date>. If you do not call and choose another health care option before <start date>, you will be automatically enrolled in <Plan Name>.

### <Plan Name> and Medicare Part D

You may have received a letter from your current Medicare Part D prescription drug plan telling you that beginning <start date>, your prescription drug plan won’t cover your prescription drugs. That is because you are being enrolled in a new health care and drug plan. <Plan Name> will become your new Medicare Part D plan, which means your last day of coverage in your current prescription drug plan will be <1 day prior to start date>. You cannot keep your current Part D plan and be in <Plan Name> at the same time. You will continue to receive your prescription drug benefits from your current plan through <1 day prior to start date>. Your new prescription coverage from <Plan Name> will start on <start date>. There will be no gap in your prescription drug coverage.

Provider

Date

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### **Get more information**

- If you need help comparing your health care options or understanding information you get from plans, call an enrollment counselor with South Carolina Healthy Connections Choices. The phone number is (877) 552-4642. TTY users should call (877) 552-4670.
- If you have questions about Medicare or need help with your Medicare options, call (800) MEDICARE (1-800-633-4227). TTY users should call (877) 486-2048.

With Healthy Connections Prime, you have **one card, one plan** and **one phone number** for all your health care needs.

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This information is available for free in other languages and formats, like Braille or large print.

## Notice of Non-Discrimination

The South Carolina Department of Health and Human Services (SCDHHS) complies with applicable Federal civil rights laws and does not discriminate on the basis of race, color, national origin, age, disability, or sex. SCDHHS does not exclude people or treat them differently because of race, color, national origin, age, disability, or sex.

SCDHHS provides free aids and services to people with disabilities, such as qualified sign language interpreters and written information in other formats (large print, braille, audio, accessible electronic formats, other formats). We provide free language services to people whose primary language is not English, such as qualified interpreters and information written in other languages. If you need these services, contact Janet Bell, ADA and Civil Rights Official, by mail at: PO Box 8206, Columbia, SC 29202-8206; by phone at: 1-888-549-0820 (TTY: 1-888-842-3620); or by email at: [civilrights@scdhhs.gov](mailto:civilrights@scdhhs.gov).

If you believe that SCDHHS has failed to provide these services or discriminated in another way on the basis of race, color, national origin, age, disability, or sex, you can file a grievance with the Civil Rights Official using the contact information provided above. You can file a grievance in person or by mail or email. If you need help filing a grievance, we are available to help you.

You can also file a civil rights complaint with the U.S. Department of Health and Human Services, Office for Civil Rights, electronically through the Office for Civil Rights Complaint Portal, available at <https://ocrportal.hhs.gov/ocr/portal/lobby.jsf> or by mail or phone at: U.S. Department of Health and Human Services, 200 Independence Avenue, SW, Room 509F, HHH Building, Washington, D.C. 20201 or by phone at: 800-368- 1019, 800-537-7697 (TDD). Complaint forms are available at <http://www.hhs.gov/ocr/office/file/index.html>

## Language Services

**If your primary language is not English, language assistance services are available to you, free of charge. Call: 1-888-549-0820 (TTY: 1-888-842-3620).**

**si habla español, tiene a su disposición servicios gratuitos de asistencia lingüística. Llame al 1-888-549-0820 (TTY: 1-888-842-3620).**

إذا كانت لغتك الأساسية غير اللغة الانكليزية فان خدمات المساعدات اللغوية متوفرة لك مجاناً. اتصل على الرقم:  
**888-549-0280 (رقم هاتف الصم والبكم 1-888-842-3620)**

**Se fala português, encontram-se disponíveis serviços linguísticos, grátis. Ligue para 1-888-549-0820 (TTY: 1-888-842-3620).**

**Если вы говорите на русском языке, то вам доступны бесплатные услуги перевода. Звоните 1-888-549-0820 (телетайп: 1-888-842-3620).**

**Nếu bạn nói Tiếng Việt, có các dịch vụ hỗ trợ ngôn ngữ miễn phí dành cho bạn. Gọi số 1-888-549-0820 (TTY: 1-888-842-3620).**

**Se você fala português do Brasil, os serviços de assistência em sua lingua estão disponíveis para você de forma gratuita. Chame 1-888-549-0820 (TTY : 1-888-842-3620)**

如果您使用繁體中文，您可以免費獲得語言援助服務。請致電1-888-549-0820 (TTY: 1-888-842-3620)

**Falam tawng thiam tu na si le tawng let nak asi mi 1-888-549-0820 (TTY: 1-888-842-3620) ah tang ka pek tul lo in na ko thei.**

**धयद आप हदी बोलते ह तो आपके िलए मुफ्त म भाषा सहायता सेवाएं उपलब्ध ह। 1-888-549-0820 (TTY: 1-888-842- 3620) पर कॉल कर।**

한국어를 사용하시는 경우, 언어 지원 서비스를 무료로 이용하실 수 있습니다. 1-888-549-0820 (TTY: 1-888-842-3620)번으로 전화해 주십시오.

**Haka tawng thiam tu na si le tawng let asi mi 1-888-549-0820 (TTY: 1-888-842-3620) ah tang ka pek tul lo in ko thei.**

**Si vous parlez français, des services d'aide linguistique vous sont proposés gratuitement. Appelez le 888-549-0820 (ATS : 888-842-3620).**

နမူကတိက ကညီ ကျိအယိ, နမူနာ ကျိအတိမၤစၢၤလၢ တလၢ်ဘျုးလၢ်စ့ၤ နီတၢ်ဘၢ်သ့န့ၢ်လီၤ. ကိ: 888-549-0820 (TTY: 888-842-3620)

ማስታወሻ: የሚናገሩት ቋንቋ አማርኛ ከሆነ የትርጉም እርዳታ ድርጅቶች፣ በነጻ ሊያግዙዎት ተዘጋጅተዋል። ወደ ሚከተለው ቁጥር ይደውሉ 1-888-549-0820 (መስማት ለተሳናቸው: 1-888-842-3620)።

အကယ်၍ သင်သည် မြန်မာစကားကို ပြောပါက၊ ဘာသာစကား အကူအညီ၊ အခမဲ့၊ သင့် ငဲ့အတွက် စီစဉ်ဆောင်ရွက်ပေးပါမည်။ ဖုန်းနံပါတ် 888-549-0820 (TTY: 888-842-3620) သို့ ခေါ်ဆိုပါ။