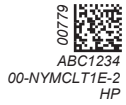




HP 04 1

June 23, 2016



0000000000HP

John Doe
123 Main St Apt. 1A
Anytown, NY12345-0000



Dear John Doe:

AB00000C

This letter is to tell you that you will be joining ABC Health Plan's new Health and Recovery Plan, or HARP. You will be in **ABC HARP Health Plan** starting on **July 01, 2016**.

ABC HARP Health Plan can give you the services you need to take care of both your physical and mental health, all from the same plan. Now, services such as doctor visits, mental health and substance use disorder (drug and alcohol) services, medications and hospital care can all be provided by ABC HARP Health Plan.

ABC HARP Health Plan will also provide extra benefits and support so that you can have the best possible results from your care. If you want help finding a job, help to find housing or to reach other goals, ABC HARP Health Plan may be able to help. You will be able to get these specialty services starting on October 1, 2016.

Call New York Medicaid Choice to be sure your primary care doctor and other care providers work with ABC HARP Health Plan.

Why am I getting this letter?

Last month, the Medicaid Program sent you a letter about joining ABC Health Plan's new HARP. This letter is to confirm that you will be leaving your current health plan, and you will join ABC HARP Health Plan on July 01, 2016.

If you do not want to join ABC HARP Health Plan, you must call us immediately. Call us at 1-855-789-4277.

Please turn this page for more information

What happens next?

After July 01, 2016, ABC HARP Health Plan will send you a welcome letter and a plan ID card. Your plan will also call you to talk about the services you need. You may call your plan to ask any questions about your coverage. The phone number is (888)555-5555. TTY: (800)662-1220.

Please call ABC HARP Health Plan if you do not get your plan ID by July 01, 2016. A ABC HARP Health Plan representative will also call you to talk about the services you need.

You will have 3 months, starting on July 01, 2016, to change plans or return to your previous health plan. After those 3 months, you must stay with ABC HARP Health Plan for another 9 months, unless you have a good reason why you must change.

Questions?

If you have any questions about this letter or need help understanding this letter, please call us at **1-855-789-4277**. TTY: 1-888-329-1541. Counselors can help in all languages.

Thank you,
New York Medicaid Choice

Questions? Call Us!
(toll-free) 1-855-789-4277
TTY: 1-888-329-1541

Monday-Friday, 8:30 am – 8:00 pm
Saturday, 10:00 am – 6:00 pm

English

This is an important document. If you need help to understand it, please call 1-855-789-4277. We can give you an interpreter for free.

Español
Spanish

Éste es un documento importante. Si necesita ayuda para entenderlo, por favor llame al 1-855-789-4277. Le proporcionaremos un intérprete gratuito.

繁體字
Traditional Chinese

這是一份重要文件, 如果您需要翻譯服務閱讀此文件, 請撥打電話至 1-855-789-4277, 該項服務免費。

Kreyòl Ayisyen
Haitian Creole

Sa a se yon dokiman enpòtan. Si ou bezwen èd pou konprann li, tanpri rele: 1-855-789-4277. Y ap ba ou yon entèprèt gratis.

Italiano
Italian

Il presente documento è importante. Per qualsiasi chiarimento può chiamare il numero 1-855-789-4277. Un interprete sarà disponibile gratuitamente.

한국어
Korean

이것은 중요한 문서입니다. 문서를 이해하는 데 있어 도움이 필요하시면, 연락해 주십시오: 1-855-789-4277. 무료통역이 제공됩니다.

Русский
Russian

Это важный документ. Если Вам нужна помощь для понимания этого документа, позвоните по телефону 1-855-789-4277. Переводчик предоставляется бесплатно.