**Exhibit 5b: MMP Welcome Letter for Individuals Who Voluntarily Enrolled**

[*Note: Header is for plan information only and should not be included in the letter plans send to passively enrolled individuals.*]

**<Member # >**

**<RxID>**

**<RxGroup>**

**<RxBin>**

**<RxPCN>**

<Date>

<Name>

<Address>

<City>, <State> <ZIP>

**IMPORTANT: YOU HAVE ENROLLED IN A NEW PLAN FOR YOUR MEDICARE AND MASSHEALTHSERVICES.**

<Name>:

**Welcome to <plan name> (Medicare-Medicaid Plan)!**

Starting <effective date>, you will get your MassHealth and Medicare benefits from <plan name>, a One Care plan. <Plan’s legal or marketing name> is a health plan that contracts with both Medicare and MassHealth to provide all the benefits of both programs to enrollees. This plan is designed to give you seamless, high quality care at [Insert if your plan has any prescription drug copays: a low cost] [Insert if your plan has no prescription drug copays: zero cost] to you.

With <plan name>:

* You keep all of your Medicare benefits, including your Part D prescription drug benefits **(Use your <plan name> ID card for both Medical and Part D prescription benefits)**
* You keep all of your MassHealth benefits, including long term services and supports
* [Insert this statement only if your plan has no prescription drug copays: You have no co-payments]
* You have a Care Coordinator that helps you manage your physical and mental health services, as well as long-term services and supports needs
* You have access to additional behavioral health and community-based services to support your goals
* Vision and dental services are covered
* Medical equipment, supplies, and repairs are covered

Except as described below, you must begin using <plan name> network providers and pharmacies for all of your health care services and prescription drugs as of <effective date>. If you need emergency or urgently needed care,or out-of-area dialysis services, you can use providers outside of <plan name>’s network.

To help with the transition to <plan name>, you can continue seeing the providers you go to now for [*plan must describe the state’s continuity of care requirement (e.g. provider consent to reimbursement, medical necessity, etc.) and place the period here, (e.g., 90 days)*]. If you are taking medications when you join One Care, you can get a temporary supply, even if the drugs are not on the plan’s List of Covered Drugs. This will give you time to talk with your provider about making sure your medication needs are met.

**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 (a list of the drugs that we cover, also called a Formulary)
* Provider and Pharmacy Directory (a list of the providers and pharmacies in our network) [*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 will I have to pay for <plan name>?**

You will not have to pay a plan premium, deductible, or copayments when receiving health services through a <plan name> provider. You will not pay any monthly premiums to <plan name>for your health coverage.

If you pay a premium to MassHealth for CommonHealth, you must continue to pay the premium to MassHealth to keep your coverage.

**How much will I have to pay for prescription drugs?**

[Insert this paragraph only if your plan has prescription drug copays. 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 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 questions about <plan name>’s coverage?**

* Call <plan name> <Member Services> at <toll-free phone number>, <days and hours of operation>
* Call <toll-free number> if you use TTY [*Plan may substitute TTY with or add contact information for Video Relay or other accessible technology.*]
* Visit <web address>

**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 name>. 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 name> or join a different plan after <effective date>?**

Yes. You may leave <plan name> or choose a new One Care plan **at any time** by calling the MassHealth Customer Service Center at 1‑800‑841‑2900 (TTY: 1-800-497-4648), Monday through Friday from 8:00 a.m. to 5:00 p.m. If you choose to leave <plan name> and don’t want to enroll in another One Care plan, your coverage will end the last day of the month you tell us.

To join a different Medicare health plan that is not a One Care plan, call 1-800-MEDICARE (1-800-633-4227), 24 hours a day, 7 days a week (TTY users should call 1-877-486-2048), or visit http://www.medicare.gov.

If you leave <plan name> 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.

How can I contact MassHealth?

If you have questions aboutMassHealth, call MassHealth Customer Service at 1‑800‑841‑2900 (TTY: 1-800-497-4648), Monday through Friday from 8:00 a.m. to 5:00 p.m.

**What other resources can I contact for help?**

You can call SHINE (Serving the Health Insurance Needs of Everyone). SHINE counselors work with you and your caregivers to help you understand your options. They are trained to assist people with disabilities who have Medicare and MassHealth, and will provide impartial information about your health insurance options. SHINE counselors are available Monday through Friday from 9:00 a.m. to 5:00 p.m. A counselor can work with you in person, by phone, or through e-mail. To schedule an appointment with a SHINE counselor, call 1-800-243-4636 or TTY: 1-800-872-0166 (for people who are deaf, hard of hearing, or speech disabled).

You can also call the One Care Ombudsman (OCO). The OCO is an independent program that can help you if you have questions, concerns, or problems related to One Care. You can contact the OCO to get information or assistance. The OCO’s services are free. The OCO can answer your questions or refer you to the right place to find what you need. Here are the ways to get help from the OCO:

* Call 1-855-781-9898, Monday through Friday from 8:30 a.m. to 4:30 p.m. People who are deaf, hard of hearing, or speech disabled should dial 711 for MassRelay.
* Email [help@onecareombuds.org](mailto:help@onecareombuds.org) or visit the OCO website at http://www.OneCareOmbuds.org

You can get this informationin other formats, such as Braille or audio.

You can get this document in Spanish, or speak with someone about this information in other languages for free. Call <toll-free number>. The call is free. [This disclaimer must be placed in both English and all non-English languages that meet the Medicare and state thresholds for translation. The non-English disclaimer must be placed below the English version and in the same font size as the English version.]