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

<Date>

**<Member # >**

**<RxID>**

**<RxGroup>**

**<RxBin>**

**<RxPCN>**

<Name>

<Address>

<City>, <State> <ZIP>

**IMPORTANT: YOU HAVE ENROLLED IN A NEW PLAN FOR YOUR MEDICARE AND MEDI-CAL SERVICES.**

<Name>:

**Welcome to <plan name>!**

Starting <effective date>, you will have a Cal MediConnect health plan designed to give you seamless, high quality care at no cost to you. <Plan name> is a health plan that contracts with both Medicare and Medi-Cal to provide benefits of both programs to enrollees.

Your new coverage includes:

* Your Medicare benefits, including prescription drugs.
* Your Medi-Cal benefits, including long-term services and supports. Long-term services and supports include In-Home Supportive Services (IHSS), Multipurpose Senior Services Program (MSSP), Community-Based Adult Services (CBAS), and nursing home care.
* Your choice of doctors and other providers within the plan’s network who work together to give you the care you need.
* [*If applicable insert:* Extra benefits and services such as vision care, transportation services and a care coordinator [*Plans may insert:* and other covered services such as dental, vision, etc.]]

You may begin using <plan name> network primary care 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 may be able to continue seeing the doctors you go to now for a period of [*must be at least six (6) months*] for Medicare services and a period of up to twelve (12) months for Medi-Cal services from the effective date of your enrollment in <plan name>. Contact <plan name> for information about how to do this.

You will also have access to at least one [*must be at least 30*]-day supply of the Part D drugs you currently take during your first [*must be at least 90*] days in the plan if you are taking a drug that is not our List of Covered Drugs, if health plan rules do not let you get the amount ordered by your doctor, or if the drug requires prior approval by <plan name>.

**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 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)]

[*If the plan elects to send the Member ID Card and Member Handbook separately from the welcome mailing and prior to the end of the month prior to the effective date of enrollment, 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.

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

[*Plans must insert LIS cost sharing information specific to the enrollee’s LIS level in the following sentence:*] When you pick up your prescription drugs at our network pharmacy, 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.

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

[*Insert 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 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. If you want to cancel your enrollment, you may call <member services> at <toll-free number>, <days and hours of operation>. TTY users should call <toll-free number>.

**Can I leave <plan name> or join a Medicare plan after <effective date>?**

Yes. You may leave <plan name> **at any time** by calling <member services> at <toll-free number>, <days and hours of operation>. TTY users should call <toll-free number>. You can also call 1-800-MEDICARE (1-800-633-4227), 24 hours a day, 7 days a week (TTY users should call 1-877-486-2048). If you choose to leave <plan name>, your coverage will end the last day of the month after you tell us you want to leave. 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. Your Medi-Cal benefits, including long term services and supports, will continue to be covered by <plan sponsor name> after you leave our plan.

**Who should I call if I have questions about <plan name>’s coverage?**

If you have questions, call <plan name> <member services> at <toll-free phone number>, <days and hours of operation>. TTY users should call <toll-free number>. You can visit <web address>.

**Who should I call if I have questions about Medicare or Medi-Cal?**

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.

You can also call the California Health Insurance Counseling & Advocacy Program (HICAP) at 1-800-434-0222.

If you have questions about Medi-Cal, you can call <member services> at <toll-free number>, <days and hours of operation>. TTY users should call <toll-free number>. You can also call the Cal MediConnect Ombuds Program at 1-855-501-3077.

**For help or more information**

If you have concerns with <plan name>, call the Cal MediConnect Ombuds Program at 1-855-501-3077.

If you want to talk to a health insurance counselor about your enrollment choices, call the California Health Insurance Counseling & Advocacy Program (HICAP) at 1-800-434-0222.

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.

[*The next sentence 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.*]You can get this information for free in other languages. Call <toll-free number>. The call is free.

You can also get this information in other formats, like Braille and audio CD. If you need help understanding this letter, please call <member services> at <toll-free number>.