



STATE OF MISSOURI

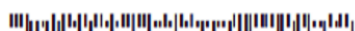
MO HealthNet Managed Care Health Plan Assignment

Date: 00/00/0000
Case DCN: 00000000



0001

NAME
ADDRESS
CITY STATE ZIP



Dear MO HealthNet Managed Care Participant:

Listed below is the health plan that was selected for your case member(s). Please call the health plan right away to choose a Primary Care Provider (PCP) or one will be chosen for you.

<u>Name:</u>	<u>Health Plan Name:</u>
NAME	HEALTH PLAN NAME
NAME	HEALTH PLAN NAME
NAME	HEALTH PLAN NAME
NAME	HEALTH PLAN NAME
NAME	HEALTH PLAN NAME
NAME	HEALTH PLAN NAME

BENEFITS WITH THE HEALTH PLAN STARTED ON: 00/00/0000. If you have any questions about this health plan or your benefits please call the health plan, and they will help you. The telephone numbers for the health plans are:

HEALTH PLAN NAME	000-000-0000
HEALTH PLAN NAME	000-000-0000
HEALTH PLAN NAME	000-000-0000

You may change health plans for any reason until: 00/00/0000. If you change the health plan you will receive a letter telling you when services with the new health plan will begin. If you would like to change the health plan that was selected for you, you can: go to <website> and use pin # <PIN> to make your health plan changes, call the **MO HEALTHNET ENROLLMENT HELPLINE at 1-800-348-6627**, or fill out and mail the Health Plan Change Form included in your packet. If you choose not to change health plans, you will stay in the assigned health plan for one year. **Services will continue as long as the participant remains eligible to receive MO HealthNet Managed Care services.**

After 00/00/0000, you may change health plans for good reason if approved by the State. If you have questions about your enrollment or if you want to change health plans, please call the **MO HEALTHNET ENROLLMENT HELPLINE at 1-800-348-6627**.

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KEEP THIS LETTER FOR YOUR RECORDS!

P.O. Box 104928 Jefferson City, MO 65110-4928
(phone) 1-800-348-6627 (fax) 573-635-7917

