

There may be other persons in your household who are not listed in this letter. Those not listed in the letter do not need to do anything if they want to keep getting Medicaid the way they get it now. However, if they wish to obtain information about other options, they may call Healthy Connections Choices at 1-877-552-4642.

If you have questions

Call 1-877-552-4642 to speak with an enrollment counselor. The call is free and private. Some of our enrollment counselors speak Spanish, and we have free interpreter services for other languages.

Sincerely,

Healthy Connections Choices Enrollment Center

SAMPLE

If you have questions, call South Carolina Healthy Connections Choices, 1-877-552-4642.

Call Monday to Friday, 8 a.m. to 6 p.m. TTY: 1-877-552-4670. The call is free. Call for help in any language, to get this letter in Braille, on tape or in large type. Usted puede obtener este paquete de información en español.



Health Plan Enrollment

Use this form to choose a health plan and doctor for each person in your family. Family members do not need to be in the same plan or have the same doctor.

✓ Read the brochure and chart that came with this form to learn about choices you can make.

✓ Who is the person filling out this form?

Name _____

Address _____

✓ What is the best way to contact you? Cell phone, home phone, email, or other? Write the phone number, including area code, or the email address:

✓ What language do you mostly speak at home?

English Spanish Other _____

1. SANDRA SIMPLER, 01/11/1972

Medicaid ID: 7070707070

➔ **Choose a health plan.** Put an X in the box of the health plan you want.

- AMERIGROUP Community Care BlueChoice HealthPlan CHCcares of South Carolina
- Carolina Crescent Health Plan First Choice by Select Health of SC South Carolina Solutions
- Total Carolina Care Unison Health Plan Fee-for-Service Medicaid

➔ **Choose a doctor (or clinic).**

Provider name (first and last): _____

Provider address: _____

2. CHRIS SIMPLER, 02/15/2002

Medicaid ID: 6767676767

➔ **Choose a health plan.** Put an X in the box of the health plan you want.

- AMERIGROUP Community Care BlueChoice HealthPlan CHCcares of South Carolina
- Carolina Crescent Health Plan First Choice by Select Health of SC South Carolina Solutions
- Total Carolina Care Unison Health Plan Fee-for-Service Medicaid

➔ **Choose a doctor (or clinic).**

Provider name (first and last): _____

Provider address: _____

OVER ➔

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3.

ANDRA SIMPLER, 06/24/2005

Medicaid ID: 9382738491

➔ **Choose a health plan.** *Put an X in the box of the health plan you want.*

- AMERIGROUP Community Care BlueChoice HealthPlan CHCcares of South Carolina
 Carolina Crescent Health Plan First Choice by Select Health of SC South Carolina Solutions
 Total Carolina Care Unison Health Plan Fee-for-Service Medicaid

➔ **Choose a doctor (or clinic).**

Provider name (first and last): _____

Provider address: _____

SAMPLE

- ✓ Mail this form in the return envelope, or fax the form to 1-877-552-4672.
- ✓ You can also enroll by phone at 1-877-552-4642, or on our website at www.SCchoices.com.

If you have questions, call South Carolina Healthy Connections Choices, 1-877-552-4642.

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