

- Call the enrollment center at 1-877-552-4642 and enroll by phone. An enrollment counselor will help you.
- Fill out the *Health Plan Enrollment Form* and mail it to us in the return envelope. You don't need a stamp. Or you can fax it to us at 1-877-552-4672.
- Enroll on our website at: www.SCchoices.com.
- Meet with an enrollment counselor in person near where you live. Call us at 1-877-552-4642, and we can make an appointment for you.

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 want Fee-for-Service Medicaid and do not want to be in a health plan, you do not have to do anything.

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

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.

- ✓ 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. MARTHA WASHINGTON, 12/14/1968 Medicaid ID: 9912991299

- ➔ **Choose a health plan.** Put an X in the box of the health plan you want.
 - AmeriGroup Community Care CHCcares of South Carolina
 - First Choice by Select Health of SC Palmetto Medical Homes 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. CINDY LOU WASHINGTON, 04/23/1991 Medicaid ID: 9998899988

- ➔ **Choose a health plan.** Put an X in the box of the health plan you want.
 - AmeriGroup Community Care CHCcares of South Carolina
 - First Choice by Select Health of SC Palmetto Medical Homes 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. **GEORGE WASHINGTON, 01/14/1994**

Medicaid ID: 9982778938

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

- AmeriGroup Community Care CHCcares of South Carolina
 First Choice by Select Health of SC Palmetto Medical Homes 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
Outreach Only

- ✓ 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.

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 or to get this letter in Braille, on tape or in large type. Usted puede obtener este paquete de información en español.