




Visit [www.SCchoices.com](http://www.SCchoices.com)

- Learn about the program
- Enroll in a health plan
- Search for doctors and hospitals near you

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 #BYNPYZN  
 #SC05 6540 0001 9#  
 MARTHA WASHINGTON  
 4512 CHERRY TREE LN  
 COLUMBIA SC 29210

August 9, 2010

Dear MARTHA WASHINGTON,

### Welcome to Healthy Connections Choices!

The way you get Medicaid in South Carolina is changing. People in Medicaid may now enroll in health plans. You can choose the health plan that has the best doctors and services for your needs.

A health plan is a group of doctors and may include hospitals and other providers. Some people choose their plan because a doctor they like is part of that plan. Others choose a plan because they like the extra services the plan has.

### These people can choose a plan

People in one household can be in the same plan or in different plans.

MEMBER NAME	MEDICAID ID
MARTHA WASHINGTON	9912991299
CINDY LOU WASHINGTON	9998899988
GEORGE WASHINGTON	9982778938

### How to choose a health plan

It's easy to enroll in a health plan (*enroll* means sign up, or join).

- Read the brochure that came with this letter, called *Choosing a Health Plan*. It has tips on how to choose the health plan that is best for you.
- Look at the *Health Plan Chart*. It shows you the health plans in your area, and the services each health plan offers. It also lists each plan's phone number and website, so you can get information from the plans as well.

**PLEASE TURN THIS PAGE OVER ➡**

**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.



- When you are ready to enroll in a health plan, enroll in one of these ways:
  - 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](http://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 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

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# 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. MARTHA WASHINGTON, 12/14/1968** Medicaid ID: 9912991299

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

Absolute Total Care     BlueChoice HealthPlan     First Choice by Select Health of SC  
 South Carolina Solutions     Unison Health Plan

- ➔ **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.*

Absolute Total Care     BlueChoice HealthPlan     First Choice by Select Health of SC  
 South Carolina Solutions     Unison Health Plan

- ➔ **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.

Solute Total Care     BlueChoice HealthPlan     First Choice by Select Health of SC  
 South Carolina Solutions     Unison Health Plan

➔ **Choose a doctor (or clinic).**

Provider name (first and last): \_\_\_\_\_

Provider address: \_\_\_\_\_

SAMPLE only  
Outreach

- ✓ 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](http://www.SCchoices.com).

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

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