

<Date>

<Barcode> <Letter Code>  
<Name>  
<Address>  
<City>, <State>, <Zip>

Dear <Consumer MemberName>:

<CIN>

This letter is to tell you that you will be joining <Company>'s new Health and Recovery Plan, or HARP. You will be in <HARP MedicalPlan> starting on <PlanEffectiveDate>.

<HARP MedicalPlan> can give you the services you need to take care of your physical and mental health, all from one plan. You may be getting some services outside the health plan you have now. When you join<HARP MedicalPlan>, one plan will provide services such as doctor visits, mental health and substance use disorder (drug and alcohol) services, medications and hospital care.

<HARP MedicalPlan> will also provide extra benefits and support so that you can have the best possible results from your care. If you want help finding a job, help to find housing or to reach other goals, <HARP MedicalPlan> may be able to help. You will be able to get these specialty services starting on January 1, 2016.

Call New York Medicaid Choice to be sure your primary care doctor and other care providers work with <HARP MedicalPlan>.

**Why am I getting this letter?**

Last month, the Medicaid Program sent you a letter about joining <Company>'s new HARP. This letter is to confirm that you will be leaving your current health plan, and you will join <HARP MedicalPlan> on <PlanEffectiveDate>.

**If you do not want to join <HARP MedicalPlan>, you must call us immediately! Call us at 1-855-789-4277.**

Please turn this page for more information

## What happens next?

- After **<PlanEffectiveDate>**, **<HARP MedicalPlan>** will send you a welcome letter and a plan ID card. Your plan will also call you to talk about the services you need. You may call your plan to ask any questions about your coverage. The phone number is **<MedicalPlanPhone>**. TTY: **<MedicalPlanTTYPhone>**.
- Please call **<HARP MedicalPlan>** if you do not get your plan ID by **<PlanEffectiveDate>**.
- You will have 3 months, starting on **<PlanEffectiveDate>**, to change plans or return to your previous health plan. After those 3 months, you must stay with **<HARP MedicalPlan>** for another 9 months, unless you have a good reason why you must change.

## Questions?

If you have any questions about this letter or need help understanding this letter, please call us at **1-855-789-4277**. TTY: 1-888-329-1541. Counselors can help in all languages.

Thank you,  
New York Medicaid Choice

**Questions? Call Us!**  
**(toll-free) 1-855-789-4277**  
**TTY: 1-888-329-1541**

**Monday-Friday, 8:30 am – 8:00 pm**  
**Saturday, 10:00 am – 6:00 pm**