

IMPORTANT NOTICE ABOUT CHANGES TO YOUR MEDICAID BENEFITS

**Your Medicaid Plan is now called
MOUNTAIN HEALTH CHOICES**



When will my benefits change?

At the time of re-determination.

What are the changes in my benefits with Mountain Health Choices?

With Mountain Health Choices you will automatically be enrolled in a Basic Benefit Plan. You have 90 days from your re-determination date to call your doctor for a check-up and sign the Member Agreement to get Enhanced Benefits. A sample of the Member Agreement is enclosed. If you do not sign the Member Agreement within 90 days of your re-determination date, you will have the Basic Benefit Plan for one year.

What are the differences between the Enhanced Benefits and the Basic Benefits?

The Enhanced Benefit Plan offers more services than the Basic Benefit Plan. Some of these services were offered before and some are new. The Basic Benefit Plan will still cover your health care needs. There will be limits on some services.

How do I get Enhanced Medicaid Benefits?

Call your medical home for a check-up and talk about the Member Agreement. This must be done within 90 days of your re-determination date. You and your doctor will decide on things you want to work on to become healthier. Some examples are losing weight, exercising, or stopping smoking. If you choose to sign the agreement you will receive Enhanced Benefits. To make sure that you receive Enhanced Benefits as soon as possible, make an appointment with your doctor.

What if I have questions about Mountain Health Choices and my Medicaid Benefits?

You can call Mountain Health Choices at 1-800-449-8466. The hours are from 8:00 am to 8:00 pm-Monday through Friday. You may also leave a message for them. Make sure you give them your phone number. Someone will call you back to answer your questions.

**PLEASE TAKE THIS NOTICE TO YOUR APPOINTMENT TO TALK ABOUT YOUR
MEDICAID BENEFITS.**

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