



**Questions?** Visit [www.enrollchc.com](http://www.enrollchc.com) or call us at **1-844-824-3655** (TTY: 1-833-254-0690). The call is free! Tenemos información en español. ¡Servicio de intérpretes gratis! Llame al 1-844-824-3655.



[ <Head of household> 0000332948HP  
 <Address Line 1>  
 <Address Line 2>  
 <City>, <State> <ZIP Code>]

[DATE]

Dear [HEAD OF HOUSEHOLD],

**We chose a health plan for you**

Since you did not choose a health plan, we chose a plan for you.

These people will be in these health plans on the dates listed below:

<b>Name/ID Number</b>	<b>Health Plan/Phone</b>	<b>Effective Date</b>
[Participant Name1] [Participant CIN1]	[Detail Name1] [Detail Phone Number1]	[Detail Action Effective Date1]
[Participant Name2] [Participant CIN2]	[Detail Name2] [Detail Phone Number2]	[Detail Action Effective Date2]
[Participant Name3] [Participant CIN3]	[Detail Name3] [Detail Phone Number3]	[Detail Action Effective Date3]
[Participant Name4] [Participant CIN4]	[Detail Name4] [Detail Phone Number4]	[Detail Action Effective Date4]
[Participant Name5] [Participant CIN5]	[Detail Name5] [Detail Phone Number5]	[Detail Action Effective Date5]
[Participant Name6] [Participant CIN6]	[Detail Name6] [Detail Phone Number6]	[Detail Action Effective Date6]

*More on the back »*

You can get this information in other languages or formats, such as large print or audio.

**Name/ID Number**

[Participant Name7]  
[Participant CIN7]

**Health Plan/Phone**

[Detail Name7]  
[Detail Phone Number7]

**Effective Date**

[Detail Action Effective Date7]

[Participant Name8]

[Participant CIN8]

[Detail Name8]

[Detail Phone Number8]

[Detail Action Effective Date8]

**What happens next?**

- If you want to **keep** the health plan we chose, you do not have to do anything!
- If you want to **change** your health plan, go to **www.enrollchc.com**. Or call **1-844-824-3655** (TTY: 1-833-254-0690). You can change your plan at any time.

**Choose your PCP**

You need to choose a doctor to be your primary care practitioner (PCP). To choose your PCP, call your health plan at the phone number listed above. If you don't choose a PCP, we will choose one for you. It's best if you choose the PCP you want.

**Questions?**

We can help! Visit **www.enrollchc.com**. Or call us at **1-844-824-3655** (TTY: 1-833-254-0690). The call is free!

Thank you,

Community HealthChoices