

<Print Date>

<Case Number>

## Your Annual Choice Period Has Begun

You/your family are currently enrolled in Iowa Health Link with health and dental care provided through a managed care organization (health plan) and dental plan. You may change your health and/or dental plan enrollment each year during your annual choice period.

During this annual choice period the person(s) listed on the back of this letter has the opportunity to change their health and/or dental plan for any reason.

**If you want to keep things just the way they are, you do not have to do anything.**

To change to a different health plan **and/or** dental plan, follow the steps below. This change will be effective **<effective date>**.

### Step 1

#### Review

- Review the enclosed information about your plan choices to make the best choice for your health and dental care needs.

### Step 2

#### Choose

- For each person listed on the **back** of this letter, choose the health and/or dental plan that best fits their needs. Each person may choose a different health and/or dental plan.
- You can choose from these health plans:
  - Iowa Total Care
  - Molina Healthcare of Iowa
  - Wellpoint Iowa, Inc.
- You can choose from these dental plans:
  - Delta Dental of Iowa
  - MCNA Dental
- You have until **<<Choice Period End Date>>** to change your assigned plan(s) for any reason.

### Step 3

#### Enroll (Choose One)

- **Phone:** Call Iowa Medicaid Member Services at **1-800-338-8366** or locally in the Des Moines area at **515-256-4606**.
- **Mail:** Return the completed plan change form (enclosed) to:  
Member Services  
PO Box 36510  
Des Moines, IA 50315
- **Email:** Plan change form can be sent to [imember@hhs.iowa.gov](mailto:imember@hhs.iowa.gov)

Turn this letter over to see your current health and dental plan enrollment.

Your enrollment for health and dental plan is listed below. Changes made to enrollment will be effective <<**EFFECTIVE DATE**>>.

If you want to keep things just the way they are, you do not have to do anything.

If you want to make a change to enrollment, please follow the steps on the front of this letter.

State ID Number	Member Name	Health Plan	Dental Plan	Health Plan Phone	Dental Plan Phone
<0000000X>	<MEMBER NAME>	<MCO>	<DC>	<###-###-####>	<###-###-####>
<0000000X>	<MEMBER NAME>	<MCO>	<DC>	<###-###-####>	<###-###-####>
<0000000X>	<MEMBER NAME>	<MCO>	<DC>	<###-###-####>	<###-###-####>
<0000000X>	<MEMBER NAME>	<MCO>	<DC>	<###-###-####>	<###-###-####>
<0000000X>	<MEMBER NAME>	<MCO>	<DC>	<###-###-####>	<###-###-####>
<0000000X>	<MEMBER NAME>	<MCO>	<DC>	<###-###-####>	<###-###-####>
<0000000X>	<MEMBER NAME>	<MCO>	<DC>	<###-###-####>	<###-###-####>
<0000000X>	<MEMBER NAME>	<MCO>	<DC>	<###-###-####>	<###-###-####>
<0000000X>	<MEMBER NAME>	<MCO>	<DC>	<###-###-####>	<###-###-####>
<0000000X>	<MEMBER NAME>	<MCO>	<DC>	<###-###-####>	<###-###-####>
<0000000X>	<MEMBER NAME>	<MCO>	<DC>	<###-###-####>	<###-###-####>
<0000000X>	<MEMBER NAME>	<MCO>	<DC>	<###-###-####>	<###-###-####>
<0000000X>	<MEMBER NAME>	<MCO>	<DC>	<###-###-####>	<###-###-####>
<0000000X>	<MEMBER NAME>	<MCO>	<DC>	<###-###-####>	<###-###-####>
<0000000X>	<MEMBER NAME>	<MCO>	<DC>	<###-###-####>	<###-###-####>

Choice counseling is available by calling Iowa Medicaid Member Services at **1-800-338-8366** or locally in the Des Moines area at **515-256-4606**, Monday through Friday, from 8 a.m. to 5 p.m.

You may also email general questions to Member Services at [imemember@hhs.iowa.gov](mailto:imemember@hhs.iowa.gov).

*Para solicitar este documento en español, comuníquese con Servicios para Miembros al teléfono 1-800-338-8366 de 8 a.m. a 5 p.m., de Lunes a Viernes.*

For telephone accessibility assistance if you are deaf, hard-of-hearing, deaf-blind or have difficulty speaking, call Relay Iowa TTY at 1-800-735-2942.