



Annual Choice Mailing

Medicaid Provider
Town Hall

April 17, 2025



Topics

- What is the Annual Choice Period?
- Annual Choice Mail Pieces
- Annual Choice Mailing Timeline
- Questions

Annual Choice Period

- Medicaid-eligible members can change their MCO or dental plan for any reason once every 12 months, depending on when their Medicaid eligibility began. This process is known as the 'Annual Choice Period.'
- If a member wants to change their MCO or dental plan before or after the Annual Choice Period, they will need a reason of good cause.

Annual Choice Period

- MCO and Dental Plan assignments have not changed, but the Annual Choice period is the time for members request a change, if desired.
- Members should be sure to read the entire letter.

What's Included in the Mailing?

- Annual Choice Letter
- Health and Dental Plan Change Form
- MCO and Dental Plan Benefits and Value-Added Services Document
- Estate Recovery Information Document
- Non-Discrimination Notice Document

Annual Choice Mailing Packet for Managed Care and Dental Plan Members

Envelope

IOWA DEPARTMENT OF HEALTH AND HUMAN SERVICES
IOWA MEDICAID – MEMBER SERVICES
PO BOX 36510
DES MOINES IA 50315-0314

470-4223

RETURN SERVICE REQUESTED

PRESORTED
FIRST-CLASS MAIL
US POSTAGE
PAID
DES MOINES, IA
PERMIT NO. 1195

MEDICAIDMEMBER
123 MAINSTREET
ANYTOWN, IA 50555-1234

Annual Choice Letter

Front side

<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

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

Annual Choice Letter – back side

1. The member's current MCO and Dental Plan assignment will be on the **back** of the letter.
2. Members should double check which MCO and Dental Plan to which they are assigned.
3. If the member doesn't want to switch to a new plan, they don't have to do anything.

Annual Choice Letter – back side

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>	<###-###-####>	<###-###-####>

Health and Dental Plan Change Form

Members have three MCOs and two Dental Plans to choose from:

Health Plans

- Iowa Total Care
- Molina
- Wellpoint

Dental Plans

- Delta Dental of Iowa
- MCNA Dental

Health and Dental Plan Change Form

1. Members should include **all** the information requested.

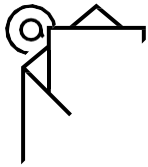
Name of Person to Enroll	Date of Birth* (MM/DD/YY)	ID Number*	Check One Health Plan	Check One Dental Plan
			<input type="checkbox"/> Iowa Total Care <input type="checkbox"/> Molina <input type="checkbox"/> Wellpoint	<input type="checkbox"/> Delta Dental of Iowa <input type="checkbox"/> MCNA Dental
			<input type="checkbox"/> Iowa Total Care <input type="checkbox"/> Molina <input type="checkbox"/> Wellpoint	<input type="checkbox"/> Delta Dental of Iowa <input type="checkbox"/> MCNA Dental

2. Don't forget to check the authorization box at the bottom!

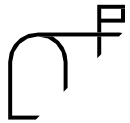
***YES I am authorized to make changes on this account. I understand that by completing this form and submitting it to Member Services, I am changing the plans for the person(s) listed above.**

If you have questions about how to complete this form, call 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. – 5 p.m.

Returning the Health and Dental Plan Change Form



imemember@hhs.iowa.gov



Member Services
PO Box 36510
Des Moines, IA 50315



1-800-338-8366 or 515-256-4606
in the Des Moines area

Benefits and Value-Added Services Document -front side



	Iowa Total Care.	MOLINA HEALTHCARE	Wellpoint
Website Member portal, provider search directory and more.	IowaTotalCare.com	Molina.com/IA	Wellpoint.com/ia/Medicaid
Member Services For questions about your coverage and assistance accessing benefits.	1-833-404-1061 (TTY 711)	1-844-236-0894 (TTY 711)	1-833-731-2140 (TTY 711)




Covered Benefits	These symbols mean the MCO offers the service for the coverage group:		
	■ Medicaid	◆ Iowa Health and Wellness Plan	
Behavioral Health	■ ◆	■ ◆	■ ◆
Telehealth Services	■ ◆	■ ◆	■ ◆
Primary Care	■ ◆	■ ◆	■ ◆
Hospital Services	■ ◆	■ ◆	■ ◆
Emergency Care	■ ◆	■ ◆	■ ◆
Preventive Services	■ ◆	■ ◆	■ ◆
Outpatient Therapy	■ ◆	■ ◆	■ ◆
Prescription Drugs	■ ◆	■ ◆	■ ◆
Long Term Services and Supports (LTSS)	■	■	■

*Iowa Health and Wellness Plan (IHAWP) members have limited behavioral health benefits. Detailed benefit information by coverage group is available at hhs.iowa.gov/IAhealthlink

	DELTA DENTAL	mcnadental
Website / Find a Dental Provider Members portal, provider search directory and more. Use the second link to find a dental provider in-network with the dental plan.	Deltadentalia.com deltadentalia.com/find-a-provider/dwp	mcnaia.net locator.mcna.net
Member Services For questions about your coverage and assistance accessing benefits.	1-888-472-2793 (TTY 711)	1-855-247-6262 (TTY 711)

Benefits and Value-Added Services Document -back side

MCO and Dental Plan Value Added-Services

Value-Added Services			
Pre-natal, post-partum and infant care	■	■	■
Access to transportation	■	■	■
Access to healthy food	■	■	■
Home support	■	■	■
Health and wellness – physical and behavioral	■	■	■
Healthy rewards	■	■	■
Learning and development	■	■	■
Website	iowatotalcare.com/members/medicaid/benefits-services/value-adds.html	molinahealthcare.com/members/ia/enus/mem/medicaid/benefits-and-services.aspx	wellpoint.com/ia/medicaid/extras

To learn more about these Value-Added Services and other resources offered, use the QR code or the website address provided. Some restrictions may apply.



Value-Added Services		
Amazon Gift Card	■	■
Extra dental cleanings for pregnant members and members with diabetes, cardiovascular disease, or undergoing active cancer treatment.	■	■
Website	https://www.deltadentalia.com/dwp/about-dwp/vas	https://www.mcnaia.net/members#overview



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. Llame al 1-800-735-2942, a Relay Iowa TTY (teléfono de texto para personas con problemas de audición, del habla y ceguera) si necesita asistencia telefónicamente.

The Iowa Department of Health and Human Services (HHS) complies with applicable federal civil rights laws and does not discriminate on the basis of race, color, national origin, age, disability or sex.

Estate Recovery Information



Important Information for You and Your Family Members About the Estate Recovery Program

<Date>
<Case Number>

Medicaid is a government program that pays for health care for people with limited income. If you are assigned to a managed care organization, the state pays the managed care organization a monthly fee, referred to as a capitation fee, to manage and pay for your medical services. Medicaid covers a variety of services, including but not limited to primary care, institutional care, hospitalization, prescription drugs, case management, and waiver services.

To help pay for these services, every state must have a Medicaid Estate Recovery Program. When you received Medicaid benefits, which includes capitation fees paid to managed care organizations, even if the plan did not pay for any services, the state of Iowa has the right to ask for money back from your estate after your death. The state will never ask for more money back than it paid. Estate recovery laws were passed by the U.S. Congress and all 50 states. In Iowa, the estate recovery program is run by the Iowa Department of Health and Human Services (HHS).

Who does estate recovery impact? Estate recovery only applies to Medicaid recipients who:

- Are age 55 or older, or
- Are under age 55 and live in a medical facility and will probably not return home.

What part of an "estate" can be recovered? An "estate" includes all:

- Real property, such as your house, land, etc.
- Personal property, such as household goods, personal effects, cars, etc. or
- Any other asset that you own at the time of your death.

This includes items you own with someone else such as property, trusts, most annuities, and retained life estates.

Can repayment be delayed? Medicaid repayment can be delayed if the repayment will create a hardship for your family. HHS decides, on a case-by-case basis, who gets a hardship. Your family will receive a letter about estate recovery and repayment. Your family will have 30 days from when the letter is received to apply for hardship. Hardship exists for a person applying for the waiver when:

- The total household income is less than 200% of the federal poverty level for the size of the household, and
- The total household resources are not more than \$10,000, and
- Recovering the resources of the "estate" denies your family of food, clothing, shelter or medical care that might put a person's life or health in danger.

Medicaid repayment may be delayed if you have a spouse or a dependent child who is under age 21, blind, or disabled at your death.

For more information, call Iowa Medicaid Member Services

Toll Free: 800-338-8366
515-256-4606 (Des Moines area)
8:00 a.m. – 5:00 p.m., Monday – Friday

470-5727 (01/25)

Non-Discrimination Notice



Discrimination is Against the Law

The Iowa Department of Health and Human Services (HHS) complies with applicable Federal civil rights laws to provide equal treatment in employment and provision of services to applicants, employees, and clients and does not discriminate on the basis of race, color, national origin, age, disability or sex. HHS does not exclude people or treat them differently because of race, color, national origin, age, disability or sex.

HHS:

Provides free aids and services to people with disabilities to communicate effectively with us, such as:

- Qualified sign language interpreters.
- Written information in other formats (large print, audio, accessible electronic formats, other formats).

Provides free language services to people whose primary language is not English, such as: Qualified interpreters.

- Information written in other languages.
- If you need these services, contact Iowa Medicaid Member Services at 1-800-338-8366.

If you believe that HHS has failed to provide these services or discriminated in another way on the basis of race, color, national origin, age, disability or sex, you can file a grievance with: HHS, Office of Human Resources, by emailing hr@hhs.iowa.gov or in writing to:

HHS Office of Human Resources
Hoover State Office Building, 1st floor
1305 East Walnut Street Des Moines,
IA 50319-0114

You can file a grievance in person or by mail or email. If you need help filing a grievance, the HHS Office of Human Resources is available to help you.

You can also file a civil rights complaint with the U.S. Department of Health and Human Services, Office for Civil Rights, electronically through the Office for Civil Rights Complaint Portal, available at <https://ocrportal.hhs.gov/ocr/smartscreen/main.jsf> or by mail or phone at:

U.S. Department of Health and Human Services
200 Independence Avenue
SW Room 509F, HHH Building Washington, D.C. 20201
1-800-368-1019, 800-537-7697 (TDD)

Complaint forms are available at <http://www.hhs.gov/ocr/office/file/index.html>.

Annual Choice Mailing Packet for Dental Plan Members only

Envelope

IOWA DEPARTMENT OF HEALTH AND HUMAN SERVICES
IOWA MEDICAID – MEMBER SERVICES
PO BOX 36510
DES MOINES IA 50315-0314

470-4223

RETURN SERVICE REQUESTED

PRESORTED
FIRST-CLASS MAIL
US POSTAGE
PAID
DES MOINES, IA
PERMIT NO. 1195

MEDICAIDMEMBER
123 MAINSTREET
ANYTOWN, IA 50555-1234

Dental Only Members

Annual Choice Letter



<Print Date>

<Case Number>

Your Annual Dental Choice Period Has Begun

You/your family are currently enrolled in Dental Wellness Plan with care provided through a dental plan. You may change your 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 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 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 dental care needs.

Step 2

Choose

- For each person listed on the **back** of this letter, choose the dental plan that best fits their needs. Each person may choose a different dental plan.
- 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 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 imemember@hhs.iowa.gov

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

Dental Only Members

Annual Choice Letter – back side

Your enrollment for 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	Dental Plan	Dental Plan Phone
<0000000X>	<MEMBER NAME>	<DC>	<###-###-####>
<0000000X>	<MEMBER NAME>	<DC>	<###-###-####>
<0000000X>	<MEMBER NAME>	<DC>	<###-###-####>
<0000000X>	<MEMBER NAME>	<DC>	<###-###-####>
<0000000X>	<MEMBER NAME>	<DC>	<###-###-####>
<0000000X>	<MEMBER NAME>	<DC>	<###-###-####>
<0000000X>	<MEMBER NAME>	<DC>	<###-###-####>
<0000000X>	<MEMBER NAME>	<DC>	<###-###-####>
<0000000X>	<MEMBER NAME>	<DC>	<###-###-####>
<0000000X>	<MEMBER NAME>	<DC>	<###-###-####>
<0000000X>	<MEMBER NAME>	<DC>	<###-###-####>
<0000000X>	<MEMBER NAME>	<DC>	<###-###-####>
<0000000X>	<MEMBER NAME>	<DC>	<###-###-####>
<0000000X>	<MEMBER NAME>	<DC>	<###-###-####>
<0000000X>	<MEMBER NAME>	<DC>	<###-###-####>
<0000000X>	<MEMBER NAME>	<DC>	<###-###-####>
<0000000X>	<MEMBER NAME>	<DC>	<###-###-####>

Dental Only Members – Change Form



Iowa Health Link: Dental Plan Change Form

Only fill out this form if you want to change your dental plan.

Once you're approved for Medicaid, you are automatically enrolled in a Dental Plan.

Members have 90 days from their initial enrollment date to change their dental plan, and then once a year after that to change their plan(s) for any reason by completing this form. If you are satisfied with your current plan, you do not need to complete this form.

Reason for changing your Plan:

Name of Person to Enroll	Date of Birth* (MM/DD/YY)	ID Number*	Check One Dental Plan
			<input type="checkbox"/> Delta Dental of Iowa <input type="checkbox"/> MCNA Dental
			<input type="checkbox"/> Delta Dental of Iowa <input type="checkbox"/> MCNA Dental
			<input type="checkbox"/> Delta Dental of Iowa <input type="checkbox"/> MCNA Dental
			<input type="checkbox"/> Delta Dental of Iowa <input type="checkbox"/> MCNA Dental
			<input type="checkbox"/> Delta Dental of Iowa <input type="checkbox"/> MCNA Dental

Reason for changing your Plan: _____

Your name*

Your address: Street, City, Zip Code*

Your phone number

***YES I am authorized to make changes on this account. I understand that by completing this form and submitting it to Member Services, I am changing the plans for the person(s) listed above.**

If you have questions about how to complete this form, call 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. – 5 p.m.

Benefits and Value-Added Services Document -front side



Website Features members portal, provider search directory and more.	deltadentalia.com	mcnaia.net
Member Services For questions about your coverage and assistance accessing benefits.	1-888-472-2793 (TTY 711)	1-855-247-6262 (TTY 711)
Find a Dental Provider To find a dental provider in-network with the dental plan.	deltadentalia.com/ find-a-provider/dwp	locator.mcna.net

Covered Benefits

Emergency Dental Care	■	■
Orthodontia (*when medically necessary under age 21)	■	■
Preventative Services (Cleanings, Fluoride, Sealants)	■	■
Restorative Services (Fillings, Crowns)	■	■
Specialty Services (Root Canals/Oral Surgery/Dentures/Gum Disease)	■	■
Telehealth Services	■	■
X-rays	■	■

* Detailed benefit information by coverage group is available at hhs.iowa.gov/dwp.

Children under (19): hhs.iowa.gov/hawki.





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. Llame al 1-800-735-2942, a Relay Iowa TTY (teléfono de texto para personas con problemas de audición, del habla y ceguera) si necesita asistencia telefónica.

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Benefits and Value-Added Services Document -back side

Dental Value-Added Services

Value-Added Services	 DELTA DENTAL	 mcna dental
Amazon Gift Card	■	■
Extra dental cleanings for pregnant members and members with diabetes, cardiovascular disease, or undergoing active cancer treatment.	■	■
Email	dwpmembers@deltadentalia.com	MemberHotline_IA@mcna.net
Website	deltadentalia.com/dwp/about-dwp/vas	mcnaia.net/members#overview



To learn more about these services and other resources offered, use the QR code or use the website address provided. Some restrictions may apply.

Estate Recovery Information



Important Information for You and Your Family Members About the Estate Recovery Program

<Date>
<Case Number>

Medicaid is a government program that pays for health care for people with limited income. If you are assigned to a managed care organization, the state pays the managed care organization a monthly fee, referred to as a capitation fee, to manage and pay for your medical services. Medicaid covers a variety of services, including but not limited to primary care, institutional care, hospitalization, prescription drugs, case management, and waiver services.

To help pay for these services, every state must have a Medicaid Estate Recovery Program. When you received Medicaid benefits, which includes capitation fees paid to managed care organizations, even if the plan did not pay for any services, the state of Iowa has the right to ask for money back from your estate after your death. The state will never ask for more money back than it paid. Estate recovery laws were passed by the U.S. Congress and all 50 states. In Iowa, the estate recovery program is run by the Iowa Department of Health and Human Services (HHS).

Who does estate recovery impact? Estate recovery only applies to Medicaid recipients who:

- Are age 55 or older, or
- Are under age 55 and live in a medical facility and will probably not return home.

What part of an "estate" can be recovered? An "estate" includes all:

- Real property, such as your house, land, etc.
- Personal property, such as household goods, personal effects, cars, etc. or
- Any other asset that you own at the time of your death.

This includes items you own with someone else such as property, trusts, most annuities, and retained life estates.

Can repayment be delayed? Medicaid repayment can be delayed if the repayment will create a hardship for your family. HHS decides, on a case-by-case basis, who gets a hardship. Your family will receive a letter about estate recovery and repayment. Your family will have 30 days from when the letter is received to apply for hardship. Hardship exists for a person applying for the waiver when:

- The total household income is less than 200% of the federal poverty level for the size of the household, and
- The total household resources are not more than \$10,000, and
- Recovering the resources of the "estate" denies your family of food, clothing, shelter or medical care that might put a person's life or health in danger.

Medicaid repayment may be delayed if you have a spouse or a dependent child who is under age 21, blind, or disabled at your death.

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470-5727 (01/25)

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HHS:

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HHS Office of Human Resources
Hoover State Office Building, 1st floor
1305 East Walnut Street Des Moines,
IA 50319-0114

You can file a grievance in person or by mail or email. If you need help filing a grievance, the HHS Office of Human Resources is available to help you.

You can also file a civil rights complaint with the U.S. Department of Health and Human Services, Office for Civil Rights, electronically through the Office for Civil Rights Complaint Portal, available at <https://ocrportal.hhs.gov/ocr/smartscreen/main.jsf> or by mail or phone at:

U.S. Department of Health and Human Services
200 Independence Avenue
SW Room 509F, HHH Building Washington, D.C. 20201
1-800-368-1019, 800-537-7697 (TDD)

Complaint forms are available at <http://www.hhs.gov/ocr/office/file/index.html>.

Annual Choice Mailing Packet for Hawki Members

Envelope

IOWA DEPARTMENT OF HEALTH AND HUMAN SERVICES
IOWA MEDICAID – MEMBER SERVICES
PO BOX 36510
DES MOINES IA 50315-0314

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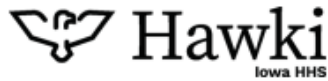
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Hawki Members

Annual Choice Letter



<Print Date>

<Case Number>

Your Annual Choice Period Has Begun

You/your family are currently enrolled in Healthy and Well Kids in Iowa (Hawki) with health and dental care provided through a Managed Care Organization (health plan) and **Delta Dental of Iowa**. You may change your health 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 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 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 care needs.

Step 2

Choose

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

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Member Services
PO Box 36510
Des Moines, IA 50315
- **Email:** Plan change form can be sent to hawki@hhs.iowa.gov

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

Hawki Members

Annual Choice Letter – back side

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 health plan 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>	<###-###-####>	<###-###-####>
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<0000000X>	<MEMBER NAME>	<MCO>	<DC>	<###-###-####>	<###-###-####>



Hawki Members – Change Form



Hawki Managed Care Organization (MCO) Change

Only fill out this form if you want to change your MCO.

Once you're approved for Hawki, you are automatically enrolled in a health plan and Delta Dental of Iowa for dental care.

Hawki members have 90 days from their initial enrollment date to change their health plan, and then once a year after that to change their plan for any reason by completing this form. If you're happy with the health plan assignment, no action is needed.

Fields marked * are required.

Name of Person to Enroll	Date of Birth* (MM/DD/YY)	ID Number*	Check One MCO*		
			<input type="checkbox"/> Iowa Total Care	<input type="checkbox"/> Molina	<input type="checkbox"/> Wellpoint
			<input type="checkbox"/> Iowa Total Care	<input type="checkbox"/> Molina	<input type="checkbox"/> Wellpoint
			<input type="checkbox"/> Iowa Total Care	<input type="checkbox"/> Molina	<input type="checkbox"/> Wellpoint
			<input type="checkbox"/> Iowa Total Care	<input type="checkbox"/> Molina	<input type="checkbox"/> Wellpoint
			<input type="checkbox"/> Iowa Total Care	<input type="checkbox"/> Molina	<input type="checkbox"/> Wellpoint

Reason for changing your health plan: _____

Your name*

Your address: Street, City, Zip Code*

Your phone number

***YES I am authorized to make changes on this account. I understand that by completing this form and submitting it to Member Services, I am changing the plans for the person(s) listed above.**

If you have questions about how to complete this form, call 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. – 5 p.m.

Benefits and Value-Added Services Document -front side



	iowa total care.	MOLINA HEALTHCARE	Wellpoint.
Website Features members portal, provider search directory and more.	lowaTotalCare.com	Molina.com/IA	Wellpoint.com/ia/medicaid
Member Services For questions about your coverage and assistance accessing benefits.	1-833-404-1061 (TTY 711)	1-844-236-0894 (TTY 711)	1-833-731-2140 (TTY 711)

Covered Benefits

Preventive Services	•	•	•
Telehealth Services	•	•	•
Routine Check-ups	•	•	•
Emergency Room	•*	•*	•*
Pharmacy/Medication	•	•	•
Allergy Testing	•	•	•
Routine Eye Exam	•**	•**	•**
Routine Hearing Exam	•	•	•
Inpatient Hospital Services	•	•	•

*Emergency services for non-emergent conditions are subject to a \$25 copay if the family pays a premium for the Hawki program.

**There is a \$100 annual limit on eyeglasses.

Hawki Member Services: 1-800-257-8563

hhs.iowa.gov/programs/welcome-iowa-medicaid/iowa-health-link/hawki



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.

Llame al 1-800-735-2942, a Relay Iowa TTY (teléfono de texto para personas con problemas de audición, del habla y ceguera) si necesita asistencia telefónicamente.

The Iowa Department of Health and Human Services (HHS) complies with applicable federal civil rights laws and does not discriminate on the basis of race, color, national origin, age, disability or sex.

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Benefits and Value-Added Services Document -back side

MCO Value Added-Services

Value-Added Services	 iowatotalcare	 MOLINA HEALTHCARE	 Wellpoint
Pre-natal, post-partum and infant care	■	■	■
Access to transportation	■	■	■
Access to healthy food	■	■	■
Home support	■	■	■
Health and wellness – physical and behavioral	■	■	■
Healthy rewards	■	■	■
Learning and development	■	■	■
Website	iowatotalcare.com/members/medicaid/benefits-services/value-adds.html	molinahealthcare.com/members/ia/enus/mem/medicaid/benefits-and-services.aspx	wellpoint.com/ia/medicaid/extras



To learn more about these services and other resources offered, use the QR code or use the website address provided. Some restrictions may apply.

Non-Discrimination Notice



Discrimination is Against the Law

The Iowa Department of Health and Human Services (HHS) complies with applicable Federal civil rights laws to provide equal treatment in employment and provision of services to applicants, employees, and clients and does not discriminate on the basis of race, color, national origin, age, disability or sex. HHS does not exclude people or treat them differently because of race, color, national origin, age, disability or sex.

HHS:

Provides free aids and services to people with disabilities to communicate effectively with us, such as:

- Qualified sign language interpreters.
- Written information in other formats (large print, audio, accessible electronic formats, other formats).

Provides free language services to people whose primary language is not English, such as: Qualified interpreters.

- Information written in other languages.
- If you need these services, contact Iowa Medicaid Member Services at 1-800-338-8366.

If you believe that HHS has failed to provide these services or discriminated in another way on the basis of race, color, national origin, age, disability or sex, you can file a grievance with: HHS, Office of Human Resources, by emailing hr@hhs.iowa.gov or in writing to:

HHS Office of Human Resources
Hoover State Office Building, 1st floor
1305 East Walnut Street Des Moines,
IA 50319-0114

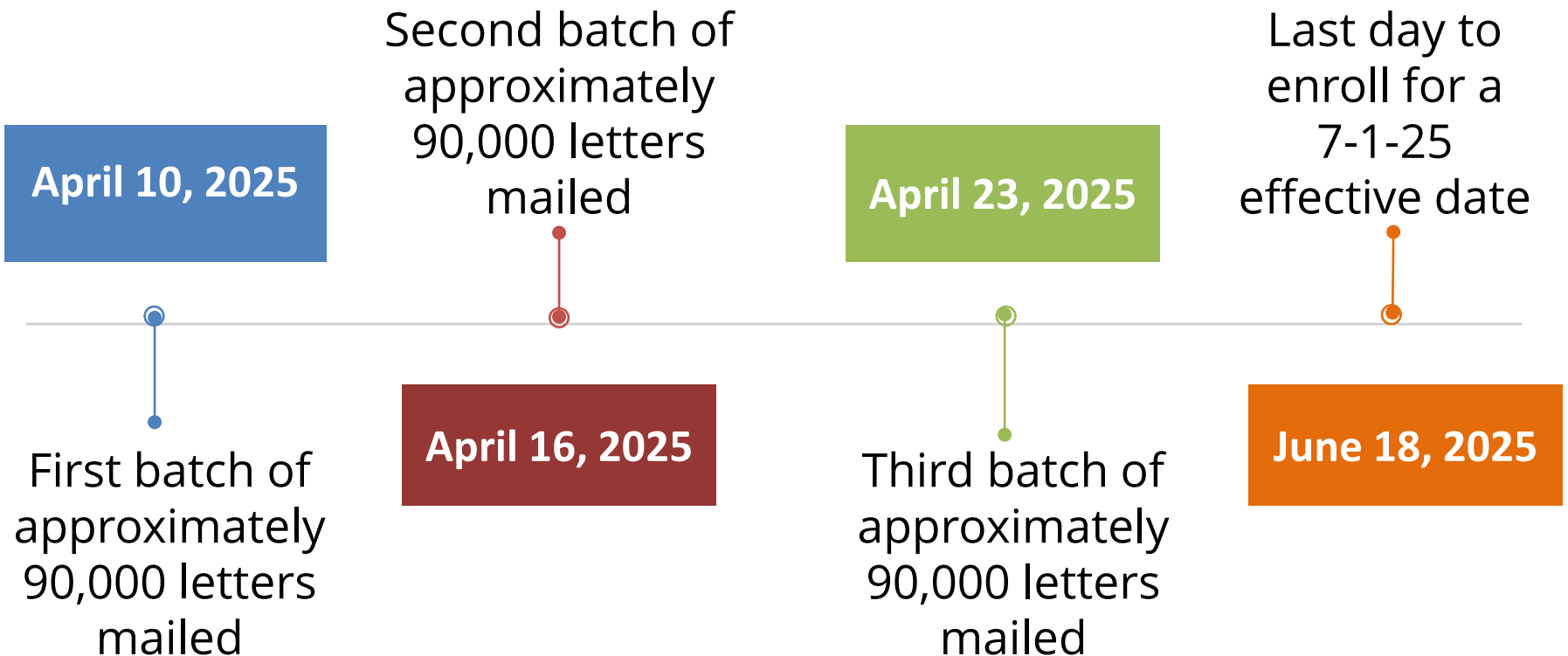
You can file a grievance in person or by mail or email. If you need help filing a grievance, the HHS Office of Human Resources is available to help you.

You can also file a civil rights complaint with the U.S. Department of Health and Human Services, Office for Civil Rights, electronically through the Office for Civil Rights Complaint Portal, available at <https://ocrportal.hhs.gov/ocr/smartscreen/main.jsf> or by mail or phone at:

U.S. Department of Health and Human Services
200 Independence Avenue
SW Room 509F, HHH Building Washington, D.C. 20201
1-800-368-1019, 800-537-7697 (TDD)

Complaint forms are available at <http://www.hhs.gov/ocr/office/file/index.html>.

Annual Choice Timeline



The last day members can make changes to their enrollment for it to be effective on July 1, 2025 is June 18, 2025.

Changes made June 18 - July 17, 2025 will be effective August 1, 2025.

Questions

Joanne Bush

Managed Care Bureau Chief

Joanne.Bush@hhs.iowa.gov



Health and
Human Services