

<Print Date>

<Case Number>

Hawki Members Have a Choice!

Dear Hawki Family,

We are writing with important information about your Healthy and Well Kids in Iowa (Hawki) health coverage and the choices available to you. The information on the back of this letter lists the managed care organization (MCO) each child will be assigned to effective <effective date>.

Your child's MCO assignment has not changed. However, during this open choice period, you have the option to change your child's MCO, if you desire.

These are the MCOs you can choose from:

- Iowa Total Care
- Molina Healthcare of Iowa
- Wellpoint (formerly Amerigroup)

More information about these MCOs is included in this mailing.

If you are happy with the MCOs assigned on the back of this letter, you don't need to do anything.

If you want to switch to a different health plan, please complete the included Plan Change Form and return it to Member Services by <choice period end date>.

Please see the back of this letter for additional information about deadlines.

To change your MCO:

Email: hawki@dhs.state.ia.us

Phone: 1-800-257-8563

Mail: Hawki Member Services
PO Box 36510
Des Moines, IA 50315

Turn this letter over to see which MCO you will be assigned to effective <effective date>.

Your Children's Assigned MCO Effective <effective date>

| State ID Number | Member Name | MCO | MCO Phone |
|-----------------|---------------|-------|----------------|
| <0000000X> | <MEMBER NAME> | <MCO> | <###-###-####> |
| <0000000X> | <MEMBER NAME> | <MCO> | <###-###-####> |
| <0000000X> | <MEMBER NAME> | <MCO> | <###-###-####> |
| <0000000X> | <MEMBER NAME> | <MCO> | <###-###-####> |
| <0000000X> | <MEMBER NAME> | <MCO> | <###-###-####> |
| <0000000X> | <MEMBER NAME> | <MCO> | <###-###-####> |
| <0000000X> | <MEMBER NAME> | <MCO> | <###-###-####> |
| <0000000X> | <MEMBER NAME> | <MCO> | <###-###-####> |
| <0000000X> | <MEMBER NAME> | <MCO> | <###-###-####> |
| <0000000X> | <MEMBER NAME> | <MCO> | <###-###-####> |

Important Deadline Information

If you wish to request changes to your health or dental plan, you must do so by <choice period end date>. To confirm when your choice will be effective, please contact Iowa Medicaid Member Services by calling 1-800-338-8366 or 515-256-4606 in the Des Moines area.

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.

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