

<Date>
<Case Number>

Your Annual Choice Period Has Begun.

You/your family are currently enrolled in the IA Health Link managed care program, with health coverage through a Managed Care Organization (MCO). There are two MCOs to choose from. You may change your MCO during your Annual Choice Period.

Your Annual Choice Period Has Begun, and Ends <<End Date>>

During this Annual Choice Period the person(s) listed on the back of this letter has the opportunity to change their MCO for any reason.

In this mailing you will find information about the MCOs that you can choose from:

- Amerigroup Iowa, Inc.
- Iowa Total Care

IF YOU WANT TO KEEP THINGS JUST THE WAY THEY ARE, YOU DO NOT HAVE TO DO ANYTHING.

To change your MCO:



Online: Complete the IA Health Link MCO Change form on the DHS website at www.dhs.iowa.gov/iahealthlink/choice.



Email: Iowa Medicaid Member Services at IMEMemberServices@dhs.state.ia.us.



Phone: Call Iowa Medicaid Member Services at **1-800-338-8366** or **515-256-4606** in the Des Moines area.



Mail: If you wish, you may return the MCO Change form to:
Member Services, PO Box 36510, Des Moines, IA 50315.

If you decide to change your MCO, your coverage with your new MCO will begin on <<**Coverage Begin Date**>>. After your Annual Choice Period has ended, and throughout the year, you may change your MCO for reasons of Good Cause. For more information, please refer to the IA Health Link member handbook or call Iowa Medicaid Member Services at **1-800-338-8366** or **515-256-4606** in the Des Moines area.

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

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.