

<Date>

<Barcode> <Letter Code>

<Name>

<Address>

<City>, <State>, <Zip>

Please confirm that you want to join a FIDA plan.

Dear [MemberName; B-3]:

[MedicaidCIN; B-16]

We got your application to join a FIDA plan. Before we process your application, we need you to confirm that you want to join the plan.

We learned from Medicare that you get your medicines through your employer/union health insurance.

If you join FIDA, you, your spouse, and your other dependents could lose this and other benefits.

Please contact the benefits administrator at your former employer or union and tell them that:

- You are thinking about joining a FIDA plan
- The FIDA plan will provide both your Medicare and Medicaid benefits
- The FIDA plan will cover your medicines (and serve as your Medicare prescription drug plan)

Ask the benefits administrator what will happen to your current healthcare benefits if you join a FIDA Plan.

Call New York Medicaid Choice at the phone number on the last page of this letter to say if you still want to join a FIDA plan. If we do not hear from you by [ResponseDate; A-16], New York Medicaid Choice will not process your application.

If you need help understanding this letter or if you have questions about your rights, please call the ombudsman office through the Independent Consumer Advocacy Network (ICAN) at the phone number on the last page of this letter.

Thank you,
New York Medicaid Choice

Questions?

New York Medicaid Choice

For questions about FIDA program and your Medicaid benefits

Call: 1-855-600-3432
TTY users: 1-888-329-1541
A free interpreter: 1-855-600-3432

Monday-Friday, 8:30 am – 8:00 pm
Saturday, 10:00 am – 6:00 pm

The call and the help are free.

Website: www.nymedicaidchoice.com

Medicare

For questions about your Medicare benefits

Call: 1-800-MEDICARE (1-800-633-4227)
TTY users: 1-877-486-2048

24 hours a day, 7 days a week

The call and the help are free.

Website: www.medicare.gov

Independent Consumer Advocacy Network (ICAN)

For questions about your rights

Call: 1-844-614-8800
TTY users: 711
A free interpreter: 1-844-614-8800

Monday-Friday, 8:00 am – 8:00 pm

The call and the help are free.

Website: www.icannys.org

English

This is an important document. If you need help to understand it, please call 1-855-600-3432. We can give you an interpreter for free.

Español

Spanish

Éste es un documento importante. Si necesita ayuda para entenderlo, por favor llame al 1-855-600-3432. Le proporcionaremos un intérprete gratuito.

繁體字

Traditional Chinese

這是一份重要文件, 如果您需要翻譯服務閱讀此文件, 請撥打電話至 1-855-600-3432. 該項服務免費。

Kreyòl Ayisyen

Haitian Creole

Sa a se yon dokiman enpòtan. Si ou bezwen èd pou konprann li, tanpri rele: 1-855-600-3432. Y ap ba ou yon entèprèt gratis.

Italiano

Italian

Il presente documento è importante. Per qualsiasi chiarimento può chiamare il numero 1-855-600-3432. Un interprete sarà disponibile gratuitamente.

한국어

Korean

이것은 중요한 문서입니다. 문서를 이해하는 데 있어 도움이 필요하시면, 연락해 주십시오: 1-855-600-3432. 무료통역이 제공됩니다.

Русский

Russian

Это важный документ. Если Вам нужна помощь для понимания этого документа, позвоните по телефону 1-855-600-3432. Переводчик предоставляется бесплатно.