IDAHO DEPARTMENT OF HEALTH & WELFARE

PAUL J. LEARY - Administrator DIVISION OF MEDICAID Post Office Box 83720 Boise, Idaho 83720-0009 PHONE: (208) 334-5747 FAX: (208) 364-1811

September 30, 2013

Dear Premium Assistance Participant,

This letter is to let you know about changes that are coming to your health insurance coverage. After December 31, 2013, the type of health insurance coverage you have now for yourself and/or your children will no longer be supported by Medicaid. Different health insurance coverage will be supported by Medicaid for your children, but you have to take action to get the new coverage.

If you do not take action, you or your family could lose health insurance coverage.

To make sure your children continue to have coverage:

- **Fill out and return the form included with this letter.** We have enclosed a participant handbook that explains the benefits for the coverage for your child that will be supported by the Medicaid program.
- If you have children that are covered who are living with another person, please contact us directly so we can help you find the best available coverage option for them.

To make sure you and your spouse have coverage:

• Enroll with the Idaho Health Insurance Exchange any time after October 1, 2013. Medicaid will support your existing coverage until coverage through the Idaho Health Insurance Exchange is available on January 1, 2014. You do need to enroll before then to make sure you don't have a break in coverage. To enroll, go to www.yourhealthidaho.org or call, toll free at 1-855-944-3246.

If you have questions or need more information, please contact Cindy Brock in the Division of Medicaid at (208) 364-1983, or email her at brockc@dhw.idaho.gov.

Sincerely,

PAUL J. LEARY Administrator

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Help us keep your child(ren) insured. Complete the following information and return this form to us in the enclosed pre-paid envelope. Check the boxes that apply. I want continued coverage for my child or children through Medicaid. Please begin that coverage: \Box As soon as possible ☐ January 1st, 2014, when Medicaid support for their current coverage will end. List First and Last Names of Children Below: Medicaid ID #: Date of Birth: Your name: Date: Signature: Phone #: Mailing Address: City, State, Zip: Medicaid ID #: If you have any questions about these changes, please contact Cindy Brock at (208) 364-1983 or by email at brockc@dhw.idaho.gov