

MISSOURI'S MC+ SERVICE CENTER

1 - 888-275-5908

Dear

On _____ you submitted an MC+ application for health insurance. Based on your monthly income of \$ _____, the persons listed below have been approved for MC+.

<u>NAME</u>	<u>HEALTH INSURANCE#</u>	<u>EFFECTIVE DATES*</u>	<u>CO-PAY*</u>
			<input type="checkbox"/>
			<input type="checkbox"/>
			<input type="checkbox"/>
			<input type="checkbox"/>
			<input type="checkbox"/>

*The effective date and co-pay requirements are based on your monthly income and the person's age. If the co-pay box is checked, persons under age 19 will have to pay \$5 for each office visit. For a person over 19, a co-pay of \$10 for each office visit, and \$5.50 to \$7 per prescription is required.

Health insurance cards for the above persons will be sent to you within five days from the date of this notice. If health care is required prior to receiving the card(s), use this letter to obtain services from MC+ approved health care providers. For information about approved providers in your area, call 1-800-392-21 61.

Depending on where you live, you will access your family's health insurance through either a health plan or approved health care providers. The persons listed above will receive services through:

- an MC+ health plan; or
- MC+ approved health care providers

If the "MC+ health plan" is checked above, you will be mailed an information packet to help you choose a health plan in your area.

If "MC+ approved health care providers" is checked, you will need to call 1-800-392-21 61 about approved providers in your area.

It is important that you notify us if you have changes in your household, such as income, family size, or insurance. Also, please notify us if you move, because your health care providers may change. If you have questions or changes to report, call your MC+ Service Representative, _____ phone number _____. Please see enclosure for additional important information.

Sincerely,

MC+ Service Representative

Policy No. _____