<Month> <DD>, <YYYY>

<Member Name>

<Address 1>

<Address 2>

<City>, <State> <ZIP>

Hello <Member Name>,

I hope you’ve been well since we last spoke. Attached is your copy of your personalized Support Plan which summarizes our conversation.

My goal is to help you keep your health on track. Your Support Plan includes the steps we agreed would help you with that. We can talk about these steps during our next meeting or sooner if you’d like.

Here are additional programs and services I can help you with:

# Get to appointments with Provide-A-RideSM

If you need a ride to medical or dental visits, Provide-A-RideSM can help. Call to schedule a ride.

**1 (888) 347-3630** (TTY:**711**), 8 a.m. - 6 p.m. CT, Monday - Friday

# Access One-Pass to boost your health

Get a gym membership, at-home fitness classes, and free access to fun activities that help your brain. To get access, go to **Medica.com/Fitness** or call One-Pass.

**1 (877) 504-6830** (TTY:**711**), 8 a.m. - 9 p.m. CT, Monday - Friday

# Get help paying for healthy food and utilities

As a member, you get these benefits:

* $150 monthly allowance to buy healthy food at participating grocery stores
* One $0 ride per day to participating grocery stores and back home
* $100 monthly allowance to help pay your utility bills

If you don’t know how to access these benefits, I'm here to help you and answer questions.

# Set up your health care directive

A directive is a legal form that explains your health care wishes. You can request this form from me, and I’ll walk you through it before you discuss your plans with your doctor.

# Schedule your annual physical

I can help set up your annual physical at your clinic of choice. It's an important step towards good health.

<Free text for member specific information/content>

**Have questions? I’m here to help.**

Call me at <X (XXX) XXX-XXXX> (TTY:**711**) <X a.m.- X p.m. CT>, <Monday - Friday>.

I’ll reach out to you again <specific timeframe and communication method>.

Warm regards,

<Care Coordinator Name>, <Credentials>

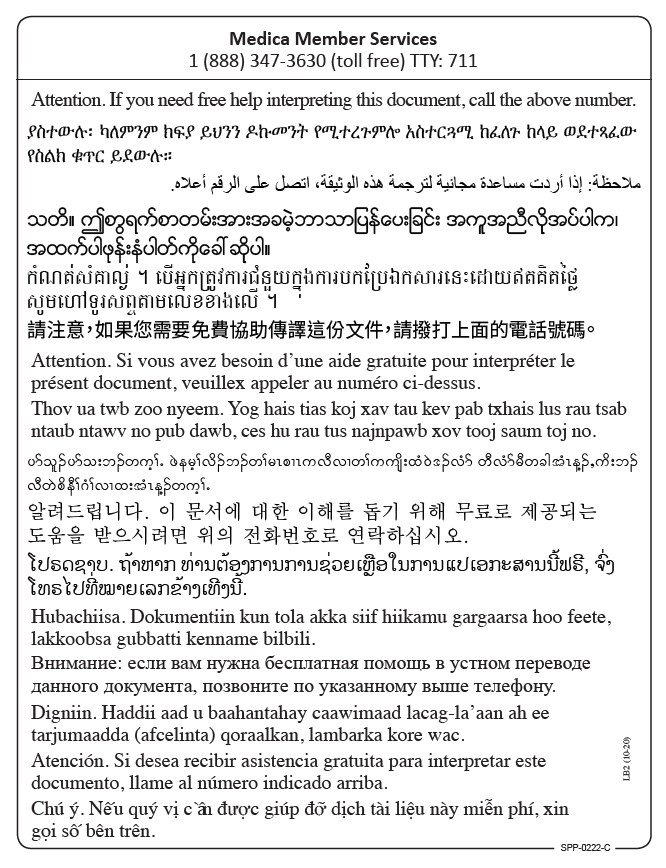
<County/Care System/Agency name>

<CC Phone Number>

cc: member records

American Indians can continue or begin to use tribal and Indian Health Services (IHS) clinics. We will not require prior approval or impose any conditions for you to get services at these clinics. For elders age 65 years and older this includes Elderly Waiver (EW) services accessed through the tribe. If a doctor or other provider in a tribal or IHS clinic refers you to a provider in our network, we will not require you to see your primary care provider prior to the referral.

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