

Health Care Authority
PO Box 45505
Olympia, WA 98504-5505

{System Date}

{HOH Address block}
{Recipient Address}
{Recipient Address}
{Recipient Address}

Client ID: {ACES HOH ID}

Choose a new health plan!

{Current HOH Plan Name} won't be in your area as of {End Dt + 1 day}.

You will be with {New HOH Plan Name} beginning {Eff Dt.}. **If you want a different plan, make your changes at www.WAProviderOne.org/Client**

You can also:

1. Ask your doctor which healthy options plans they will accept in {Year}.
2. Select one plan on the attached sign-up form.
3. Complete and return the form by {Due Dt.}.

Did you know all health plans cover “well-child” doctor visits, childhood immunizations, and follow-up care!

If you want to know more, go to “Your Benefit Book” which covers:

- Differences between fee-for-service and managed care.
- Your medical benefits and covered services.
- Your health care rights.

Print or see “Your Benefit Book” at: <http://hrsa.dshs.wa.gov/pdf/Publications/22-542.pdf>



If you have questions, call toll-free at **1-800-562-3022** or 1-800-848-5429 TTY/TDD or 711 (for people with hearing or speech equipment).

Attachment: 13-664 Sign-Up Form

{Year}

ProviderOne #: {Client ID}