



RI Executive Office of Health & Human Services  
Department of Human Services  
Hazard Building 74  
74 West Road  
Cranston, RI 02920

December 3, 2013

Name

Address

City, State Zip Code

## **IMPORTANT NOTICE ABOUT YOUR RITE CARE/RITE SHARE (MEDICAID) COVERAGE NOTICE #2**

Dear Rite Care/Rite Share Parent:

Due to a change in Rhode Island law (RIGL 40-8.4-4), beginning January 1, 2014, Rite Care/Rite Share coverage will no longer be available for parents whose income is between 138%\* and 175% of the federal poverty level (FPL). You should have received a letter a few weeks ago asking you to let us know if you have a disability, are pregnant, or have had a change in income or family size. **If you did not tell us about one of these changes, your Rite Care/Rite Share coverage will end on December 31, 2013.** Please note: Coverage for children was not affected by this change.

### **Auto-enrollment Option**

Because we know how important health care coverage is, we are offering to automatically enroll you in Neighborhood Health Plan of Rhode Island (Neighborhood) VALUE. We have included information about this plan in the enclosed Fact Sheet.

Neighborhood VALUE is one of many different plans available to purchase through HealthSource RI. All of the plans offered have premiums, deductibles, and cost-sharing. Assistance paying for the premium and cost-sharing of plans offered through HealthSource RI is available from the Federal Government. Some assistance is also available from the State of Rhode Island.

### **You do not have to accept this auto-enrollment option.**

If you do not want to be enrolled in Neighborhood VALUE:

Please call Neighborhood Health Plan of Rhode Island at 1-855-321-9244 or fill out and return the enclosed Opt-out Form using the enclosed postage paid envelope.

- You must call Neighborhood Health Plan of Rhode Island to Opt-out or this form must be returned to the address indicated no later than Thursday, December 12, 2013.

If you want to stay in Neighborhood VALUE:

- You do not have to do anything.
- We will pay your expected share of the premium for coverage in January 2014. We have included additional information about this assistance in the enclosed Fact Sheet.
- You can choose a different plan for February, but must do so by January 23, 2014. You may contact HealthSource RI to get help understanding your options.

12/2/13

**To Opt Out or for more information call:**

**Neighborhood Health Plan of Rhode Island  
1-855-321-9244**

**For more information you can call:**

**HealthSource RI**

Contact Center: 1-855-651-7875.

[www:healthsourceri.com](http://www.healthsourceri.com)

70 Royal Little Drive, Providence, RI 02904

RI Executive Office of Health & Human Services

\*Income guidelines for 133% FPL are calculated as 138% FPL due to the Patient Protection and Affordable Care Act federal rules.