



STATE OF RHODE ISLAND AND PROVIDENCE PLANTATIONS
Executive Office of Health and Human Services

Medicaid's 2018 Annual Plan Change Opportunity (previously called Medicaid Open Enrollment)

Medicaid's Annual Plan Change Opportunity for 2018 has started. (There was a similar opportunity in the fall of 2017.) This is an opportunity for RItE Care, Rhody Health Partners, and Medicaid Expansion members to change health plans. For more information, log on to <http://www.eohhs.ri.gov/Home/PlanChange.aspx>

The three health plan choices are listed below. If you are interested in changing health plans, contact the new health plan to be certain that your doctors and medications are covered. See contact information below:



1-401-459-6020 or 1-800-459-6019
nhpri.org



1-866-738-4116
www.ritogether.com



1-800-587-5187
UHCCommunityPlan.com

**Are you happy with
your current health
plan?
If so, do nothing.**

If we don't hear from you, you will
stay in your current health plan.

Want to make a change?

**Call HealthSource RI (HSRI) at 1-855-840-4774,
Monday-Friday 8:00am to 6:00 pm.
OR**

**Fill out the selection form and mail to:
RI Executive Office of Health & Human Services
74 West Road
Virks - Enrollment Unit
Cranston, RI 02920**

**Important:
Please do not drop this form off at the above
address.**



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Medicaid's 2018 Plan Change Request Form

Date:	Telephone Number:		
First Name:	MI:	Last Name:	
Address:			Apt/Unit:
City:	State:	Zip Code:	
Social Security Number:			Date of Birth:
Signature:			
			<input type="checkbox"/> Check if authorized representative <input type="checkbox"/> Check if navigator and release is on file

To change to a new health plan, place an "X" in the box next to the plan. Make only one choice and mail to: RI Executive Office of Health & Human Services, 74 West Road, Virks - Enrollment Unit, Cranston, RI 02920

- Neighborhood Health Plan**
OF RHODE ISLAND™
- TUFTS**
Health Plan
- UnitedHealthcare®**

For Medicaid/ RItE Care Members: All family members enrolled in Medicaid/ RItE Care must be enrolled in the same health plan. Please list family members and Social Security numbers below.

Name	Social Security Number