[Insert Program Logo]

<dateOfLetter>
Medicaid EDG: <caseID>

Subject: New Health Plans Coming Sept. 1, 2024

Dear <hohName>:

New health plans are coming to your service area Sept. 1, 2024. Your current plan will not be offered. **You must pick a new health plan by July 10, 2024 or we'll pick one for you.**

Plans available Sept. 1, 2024, include:

[Print plan names for all plans for that <custSrvcAreaCode>.]
- [*MedplanName1*]
- [*MedplanName2*]
- [*MedplanName3*]
- [*MedplanName4*]
- [*MedplanName5*]

Review the **What You Should Know Before Picking Your Health Plan** flyer, compare plans in your area if <population> is SPM or SPMSP[, find a provider,]and tell us which plan if <population> is SPM or SPMSP [and provider] you picked.

You can also visit **YourTexasBenefits.com** to learn more about benefit programs, pick a plan, if <population> is SPM or SPMSP[find a provider,] and manage your account.

Call Us

If you have any questions, call [*PHONE*] from 8 a.m. to 6 p.m. Central time, Monday through Friday. If you have a speech or hearing disability, call **7-1-1** or **800-735-2989**.

[*PHONE*]	SPD or SPM	SPDSP or SPMSP
	800-964-2777	**877-782-6440**

<3x9 barCode image>

<barCode> [Print human readable]

Re-procurement Letter
PRM – 03/01/2024
[Program] - [population] - [custSrvcAreaCode]
[FileSetID] - [letterReqId]
[MODE1]   [Quad] - [biFileId] - [biRecordId]