

[Date]

[Member Name]

[Address Line 1]

[City, State, Zip Code]

Subject: Welcome to [Comprehensive Care Plan Name]

Dear [Member Name],

Welcome to [Plan Name]. We are pleased that you have chosen us for your healthcare needs. Our goal is to provide you with high-quality, comprehensive care and support to help you live a healthy life.

Your Member ID Card

Included with this letter is your new Member ID card. Please present this card whenever you visit a doctor, pharmacy, or hospital. If you notice any errors on your card, please contact Member Services immediately.

Getting Started

To make the most of your membership, we recommend the following steps:

- **Select a Primary Care Provider (PCP):** Your PCP will coordinate all your medical care. If you haven't chosen one, please call us or visit our website.
- **Schedule a Wellness Visit:** Contact your doctor to set up an initial health assessment.
- **Review Your Handbook:** Please read the enclosed Member Handbook to understand your benefits, covered services, and rights.

Your Care Team

As part of our comprehensive care model, you have access to a dedicated care coordination team. This team includes nurses and care managers who can help you manage chronic conditions, find specialists, and navigate the healthcare system.

Contact Us

If you have any questions, our Member Services team is available to assist you:

Phone: [Phone Number]

TTY/TDD: [TTY Number]

Hours: [Hours of Operation]

Website: [Website URL]

Thank you for trusting us with your health. We look forward to serving you.

Sincerely,

[Name/Signature]

[Title]

[Plan Name]