<Addressee Name>

<Addressee Street 1>

<Addressee Street 2>

<Addressee City>, <Addressee State> <Addressee Zip>-<Addressee Zip Ext>

Date: [LetterGenerationDate]

Parent or Guardian of
Member: <Member Name>

Member ID: <Member ID>

Dear Parent or Guardian:

MassHealth has received information that your child is covered by another health insurance policy in addition to MassHealth. Please review this policy information below.

Name of Insurance Carrier: [Other Insurer Name]
Policyholder Name: [Policyholder Name]
Insurance Policy Number: [Policy Number]
Policy Start Date: [Policy Effective Date]

If this health insurance information is correct, you do not need to answer this letter. If this information is not correct, you must call the MassHealth Third-Party Liability Unit at 1-888-628-7526 and report any changes or corrections.

When your child obtains health care services from a doctor, hospital, pharmacy, dentist, or any other MassHealth provider, you must show their other health insurance card along with their MassHealth card. MassHealth requires that you use the other insurance first, and follow the other insurer's policies and authorization rules before using your child's MassHealth benefits.

Please note: When using other health insurance benefits, that insurer may send an explanation of benefits (EOB) to the policyholder. If you believe sharing the EOB with the policyholder is not in the best interest of, or could cause harm to, the child named above, please call 1-888-628-7526 immediately.

Important: This letter does not change your or your household's current MassHealth benefits. You will not lose your MassHealth coverage for having another health insurance as long as you continue to meet the MassHealth eligibility requirements. However, it is important that you keep MassHealth informed about all other health insurance policies you or your family have.

If you have questions or need more information, please call the Third-Party Liability Unit at 1-888-628-7526.

Thank you.

MassHealth Third-Party Liability Unit

TPL Add Letter18 (05-16)