

<Addressee Name>

<Addressee Street 1>

<Addressee Street 2>

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

Date: [LetterGenerationDate]

Member: <Member Name>

Member ID: <Member ID>

Dear [FirstName LastName]:

MassHealth has received information that you are covered by another health insurance policy in addition to MassHealth. Please review the 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 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 to report any changes or corrections.

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

Please Note: When using other health insurance benefits, an insurer may send an explanation of benefits (EOB) to the policyholder. If you believe sharing the EOB with the policyholder will cause harm to you or another person, please call us at 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 Letter (05.16)