



**MCO LOGO**  
*(optional: also include return address)*

[Head of Household First Name] [Head of Household Last Name]  
[Street Address]  
[City], [State] [ZIP Code]

Letter Date: [Month] [Day], [Year]  
Record #: [County/Record #]

Dear [Head of Household First Name]:

We are writing to tell you about **important** changes to the CHIP program due to guidance from the federal government. These changes are intended to ensure CHIP families maintain access to healthcare.

As of January 1, 2024, children enrolled in free and low-cost CHIP will no longer lose CHIP coverage because families obtain private health insurance or fail to pay monthly premiums.

If there is no private health insurance at the time of application or renewal and your child meets all eligibility criteria, your child will be enrolled after you make the first premium payment. After the first payment, you are responsible for all premium payments until renewal unless you voluntarily withdraw.

**PLEASE NOTE: These changes do not affect full cost CHIP.** Full Cost CHIP coverage will stop if premium payments are not made during the 12-month eligibility period or if private health insurance is obtained.

To request voluntary withdrawal, you can call your County Assistance Office or the Statewide Customer Service Center at 1-877-395-8930. For the Philadelphia Customer Service Center: 1-215-560-7226. .

## Obtaining Private Health Insurance

CHIP will continue to deny or terminate coverage at application and renewal if the applicant or enrollee has private health insurance. However, if your child obtains private health insurance while enrolled, your child will remain covered by CHIP until renewal. If you do not want CHIP coverage, you must voluntarily withdraw.

If you choose to maintain private coverage and CHIP, [MCO Name] will coordinate benefits with your private health insurance plan. The private health insurance plan will be your child's primary coverage and CHIP will be secondary.

## Failure to Pay Premiums

CHIP enrollees must pay the first premium payment for CHIP coverage to begin. If the first premium payment is not paid, the child will not be enrolled in CHIP.

Once the initial premium is paid, coverage will continue if a premium payment is missed. Current and past-due premiums will continue to be billed each month until payment is received. The CHIP family is responsible for overdue premiums.

## Options for Families

If CHIP families are having trouble paying premiums or do not wish to pay premiums for both CHIP and private health insurance coverage during the CHIP Continuous Eligibility period they can:

- Contact [MCO Name] to discuss payment options at [MCO Phone] (TTY: [MCO TTY Phone]). Our office is open and available during the following times: [Days and Hours].
- Voluntarily withdraw from CHIP coverage at any time and for any reason. CHIP coverage will end on the last day of the month when the withdrawal is requested. A family can reapply at any time after a withdrawal is completed.

## To Request Voluntary Withdrawal:

Contact the Statewide Customer Service center at 1-877-395-8930  
For the Philadelphia Area: Philadelphia Customer Service Center at 215-560-7226

The Customer Service Center can answer questions about your healthcare application, renewal, and/or any verifications needed.

**PLEASE NOTE: These Continuous Eligibility changes don't apply to Full-Cost CHIP.** Full-Cost CHIP coverage will end if premium payments are not made on-time

during the 12-month eligibility period or if private health insurance begins. If your child moves to free or low-cost CHIP, the new 12-month continuous eligibility rules explained above will apply.

### **Questions**

If you have any other questions about premiums, benefit coverage, or other MCO services, please call us at [MCO Phone] (TTY: [MCO TTY Phone]). Our office is open and available during the following times: [Days and Hours].

For more information on health care options for children in Pennsylvania, please visit:

**[www.chipcoverspakids.com](http://www.chipcoverspakids.com)**

Sincerely,

[MCO Signature Block]

## **Nondiscrimination Notice**

[MCO Name] complies with applicable Federal civil rights laws and does not discriminate on the basis of race, color, national origin, age, disability, or sex. [MCO Name] does not exclude people or treat them differently because of race, color, national origin, age, disability, or sex.

[MCO Name] provides free aids and services to people with disabilities to communicate effectively with us, such as:

- Qualified sign language interpreters; and
- Written information in other formats (large print, audio, accessible electronic formats).

[MCO Name] provides free language services to people whose primary language is not English, such as:

- Qualified interpreters; and
- Information written in other languages.

If you need these services, contact [MCO Name] at [MCO Phone].

If you believe that [MCO Name] has failed to provide these services or discriminated in another way on the basis of race, color, national origin, age, disability, or sex, you can file a grievance with:

The Bureau of Equal Opportunity,  
Room 223, Health and Welfare Building,  
P.O. Box 2675,  
Harrisburg, PA 17105-2675,  
Phone: (717) 787-1127, TTY (800) 654-5484, Fax: (717) 772-4366, or  
Email: [RA-PWBEOAO@pa.gov](mailto:RA-PWBEOAO@pa.gov)

You can file a grievance in person or by mail, fax, or email. If you need help filing a grievance, the Bureau of Equal Opportunity is available to help you.

You can also file a civil rights complaint electronically through the Office for Civil Rights Complaint Portal, available at <https://ocrportal.hhs.gov/ocr/portal/lobby.jsf>, or by mail or phone with the U.S. Department of Health and Human Services, Office for Civil Rights at:

U.S. Department of Health and Human Services,  
200 Independence Avenue SW.,  
Room 509F, HHH Building,  
Washington, DC 20201,  
1-800-368-1019, 800-537-7697 (TDD).

Complaint forms are available at <http://www.hhs.gov/ocr/office/file/index.html>.

## Multi-Language Interpreter Services

**ATTENTION:** If you speak a language other than English, language assistance services, free of charge, are available to you. Call: [MCO Phone] (TTY: [MCO TTY Phone]).

**ATENCIÓN:** Si habla español, tiene a su disposición servicios gratuitos de asistencia lingüística. Llame al [MCO Phone] (TTY: [MCO TTY Phone]).

**ВНИМАНИЕ:** Если вы говорите на русском языке, то вам доступны бесплатные услуги перевода. Звоните [MCO Phone] (телетайп: [MCO TTY Phone]).

**注意:** 如果您使用繁體中文，您可以免費獲得語言援助服務。請致電 [MCO Phone] (TTY: [MCO TTY Phone])。

**CHÚ Ý:** Nếu bạn nói Tiếng Việt, có các dịch vụ hỗ trợ ngôn ngữ miễn phí dành cho bạn. Gọi số [MCO Phone] (TTY: [MCO TTY Phone]).

ملحوظة: إذا كنت تتحدث اذكر اللغة، فإن خدمات المساعدة اللغوية تتوافر لك بالمجان. اتصل برقم xxx-xxx-xxxx-1 (رقم هاتف الصم والبكم: xxx-xxx-xxxx-1).

**ध्यान दिनुहोस्:** तपाईंले नेपाली बोल्नुहुन्छ भने तपाईंको निम्ति भाषा सहायता सेवाहरू निःशुल्क रूपमा उपलब्ध छ । फोन गर्नुहोस् [MCO Phone] (टिटिवाइ: [MCO TTY Phone]) ।

**주의:** 한국어를 사용하시는 경우, 언어 지원 서비스를 무료로 이용하실 수 있습니다. [MCO Phone] (TTY: [MCO TTY Phone]) 번으로 전화해 주십시오.

**ប្រយ័ត្ន:** បើសិនជាអ្នកនិយាយ ភាសាខ្មែរ, សេវាជំនួយផ្នែកភាសា ដោយមិនគិតថ្លៃ គឺអាចមានសំរាប់អ្នក។ ចូរ ទូរស័ព្ទ [MCO Phone] (TTY: [MCO TTY Phone])។

**ATTENTION :** Si vous parlez français, des services d'aide linguistique vous sont proposés gratuitement. Appelez le [MCO Phone] (ATS : [MCO TTY Phone]).

သတိပြုရန် - အကယုၣ် သဠည ချမန္တစကား ကို ဝေပူဟပါက၊ ဘာသာစကား အကူအညီ၊ အခမဲ့၊ သင့်အကြံကို စီစဉ်ဆောင်ရွက်ပေးပါမည်။ ဖုန်းနံပါတ် [MCO Phone] (TTY: [MCO TTY Phone]) သို့မဟုတ် ဝေဒုဆီပါ။

**ATANSYON:** Si w pale Kreyòl Ayisyen, gen sèvis èd pou lang ki disponib gratis pou ou. Rele [MCO Phone] (TTY: [MCO TTY Phone]).

**ATENÇÃO:** Se fala português, encontram-se disponíveis serviços linguísticos, grátis. Ligue para [MCO Phone] (TTY: [MCO TTY Phone]).

**লক্ষ্য করুন:** যদি আপনি বাংলা, কথা বলতে পারেন, তাহলে নি:খরচায় ভাষা সহায়তা পরিষেবা উপলব্ধ আছে। ফোন করুন [MCO Phone] (TTY: [MCO TTY Phone])।

**KUJDES:** Nëse flitni shqip, për ju ka në dispozicion shërbime të asistencës gjuhësore, pa pagesë. Telefononi në [MCO Phone] (TTY: [MCO TTY Phone]).

**सुचना:** જો તમે ગુજરાતી બોલતા હો, તો નિ:શુલ્ક ભાષા સહાય સેવાઓ તમારા માટે ઉપલબ્ધ છે. ફોન કરો [MCO Phone] (TTY: [MCO TTY Phone]).