



## Louisiana Health Access Program

1450 Poydras St, Suite 2136 New Orleans, LA 70112

Office phone: (504) 568-7474

Confidential fax: (504) 568-3157

November 2, 2018

Dear LA HAP Member:

We are pleased to announce that LA HAP has created a new Dental Plan just for our clients! This plan, which begins in January 2019, partners with the Guardian dental insurance network. You can find more details on how this plan works in the flyer attached to this letter.

**Currently, LA HAP (through HIP) is paying for a dental insurance plan on your behalf (which may also include a vision benefit). On December 31<sup>st</sup> 2018, LA HAP coverage of this plan will end.** Instead, we invite you to enroll into the new LA HAP/Guardian Dental Plan to begin on January 1<sup>st</sup>, 2019.

### **How do I enroll in the new LA HAP/Guardian Dental Plan?**

It is very easy! You can do one of the following:

1) Check the boxes, sign and date, and return this letter to LA HAP at: LA HAP, 1450 Poydras St. Suite 2136, New Orleans, LA 70112 or via fax to 504-568-3157

**-OR-**

2) Call LA HAP at 504-568-7474 and tell us you want to enroll in the LA HAP benefit. We will ask you a couple questions, and you'll be enrolled!

Check ONE:	<input type="checkbox"/>	<b>YES, I would like to enroll in the LA HAP/Guardian Dental Plan starting January 1<sup>st</sup>, 2019.</b>
	<input type="checkbox"/>	<b>NO, I do not want to enroll in the LA HAP/Guardian Dental Plan.</b>
Check BOTH:	<input type="checkbox"/>	<b>I understand that whether or not I enroll in the LA HAP/Guardian Plan, LA HAP will stop paying for my current dental insurance plan December 31<sup>st</sup>, 2018.</b>
	<input type="checkbox"/>	<b>I understand that if there is a vision benefit attached to my CURRENT plan, it is my responsibility to find and enroll in a NEW vision plan if I still want vision coverage and to send the information on this vision plan to LA HAP if I still need payment assistance.</b>

Your Name (printed): \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**Please contact LA HAP at 504-568-7474 if you have any questions about this letter.**