

Introduction to the MA Reassignment Notice

What's the purpose of this notice?

This notice informs people who qualify for Extra Help and whose Medicare Advantage Plan is leaving the Medicare Program that they'll be enrolled in a Medicare Prescription Drug Plan if they don't join a new plan on their own by December 31.

Medicare will enroll these people in a Medicare drug plan so that even if they do nothing, they'll still have drug coverage starting January 1.

The notice is three pages on blue paper, including a list of plans for each region that have premiums at or below the low-income premium subsidy amount.

Who gets this notice?

This notice goes to people who qualify for Extra Help and are currently enrolled in a Medicare Advantage Plan that's leaving the Medicare Program on December 31.

When do people get this notice?

The notice will be mailed in late October.

What should people do next?

People should consider their options carefully. People who want more information about their Medicare health and drug plan options can:

- Visit [Medicare.gov](https://www.Medicare.gov).
- Call 1-800-MEDICARE (1-800-633-4227). TTY users can call 1-877-486-2048.
- Call their State Health Insurance Assistance Program (SHIP) for free, personalized health insurance counseling. People should visit [Medicare.gov/contacts](https://www.Medicare.gov/contacts), read the "Medicare & You" handbook, or call 1-800-MEDICARE for the phone number for their state.

People can reference CMS Product No. 11443 when calling Medicare or their SHIP with questions about this notice.



<BENEFICIARY FULL NAME>
<ADDRESS>
<CITY STATE ZIP>

<file creation date>

IMPORTANT: Your Medicare coverage is changing

You should have gotten a letter from <Terminating Organization Name> letting you know that <Terminating Plan Name> (<old contract>/<old PBP>) won't operate next year. **This means your coverage with <Terminating Organization Name> will end on December 31, 2023.**

You have 3 options for Medicare coverage:

Option 1: If you do nothing, you'll have Original Medicare, and Medicare will enroll you in <New Plan Name> to make sure you have Medicare drug coverage.

If you don't join a new Medicare health or drug plan by December 31, 2023, Original Medicare will cover your health care services, and Medicare will enroll you in <New Organization Name>'s <New Plan Name> (<new contract>/<new PBP>) starting January 1, 2024. Here's what you'll pay with this Medicare Part D drug plan:

- <subsidy % or \$0> of the monthly drug plan premium
- \$0 for your yearly deductible
- <insert LIS copayment amounts or % of the cost of each prescription> for each covered prescription

For more information about <New Plan Name>, visit <Plan Website>, or call them at <New Plan Phone>. In December, Medicare will send you another blue letter letting you know which of the drugs you take will be covered in this plan.

This plan serves <States>. If this isn't where you live, call <New Plan Name> at <New Plan Phone> to make sure it serves where you live now.

Option 2: You can join another Medicare Advantage or other Medicare health plan, including a plan that offers drug coverage.

Call plans to get more information about their rules and benefits, and join a plan that meets your needs. Joining a Medicare health plan with drug coverage will automatically disenroll you from <New Plan Name>.

Option 3: You can choose and join a different Medicare Part D drug plan.

This means you would have the Part D drug plan you choose and Original Medicare for your health care services. See the list of Medicare drug plans included with this notice. Joining a Medicare drug plan will automatically disenroll you from <New Plan Name>.



You have a special right to buy a Medigap policy

You may also want to buy a Medicare Supplemental Insurance (Medigap) policy to help pay health care costs that Original Medicare doesn't cover. Because your current plan is leaving Medicare, you have a special right to buy a Medigap policy. You'll have this special right for 63 days after your current plan coverage ends.

What to do next

Consider your options carefully. If you do nothing, Medicare will enroll you in <New Plan Name>. If you want to join a different Medicare health or drug plan, it's a good idea to do so as early as possible before December 31, 2022.

Get help & more information

For help understanding this notice, call your State Health Insurance Assistance Program at <SHIP phone number> for free, personalized health insurance counseling. Or, call 1-800-MEDICARE (1-800-633-4227) for help. TTY users can call 1-877-486-2048.



Nondiscrimination Notice - The Centers for Medicare & Medicaid Services (CMS) doesn't exclude, deny benefits to, or otherwise discriminate against any person on the basis of race, color, national origin, disability, sex, or age. If you think you've been discriminated against or treated unfairly for any of these reasons, you can file a complaint with the Department of Health and Human Services, Office for Civil Rights by:

- Calling 1-800-368-1019. TTY users can call 1-800-537-7697.
- Visiting hhs.gov/ocr/civilrights/complaints.
- Writing: Office for Civil Rights, U.S. Department of Health and Human Services, 200 Independence Avenue SW, Room 509F, HHH Building, Washington, D.C. 20201

Notice of Availability of Auxiliary Aids & Services - We're committed to making our programs, benefits, services, facilities, information, and technology accessible in accordance with Sections 504 and 508 of the Rehabilitation Act of 1973. We'll take appropriate steps to make sure that people with disabilities, including people who are deaf, hard of hearing or blind, or who have low vision or other sensory limitations, have an equal opportunity to participate in our services, activities, programs, and other benefits. We provide various auxiliary aids and services to communicate with people with disabilities, including:

- Relay service — TTY users can call 1-877-486-2048.
- Alternate formats — This notice is available in alternate formats, including large print, Braille, data CD and audio CD. To request your notice in an alternate format, call 1-800-MEDICARE (1-800-633-4227). TTY users can call 1-877-486-2048.

Aviso sobre la discriminación - Los Centros de Servicios de Medicare y Medicaid (CMS) no excluye, niega beneficios o discrimina contra ninguna persona por motivos de raza, color, origen nacional, incapacidad, género o edad. Si cree que ha sido discriminado o tratado injustamente por cualquiera de estos motivos, puede presentar una queja ante el Departamento de Salud y Servicios Humanos, Oficina de Derechos Civiles:

- Llamando al 1-800-368-1019. Los usuarios de TTY pueden llamar al 1-800-537-7697.
- Visitando hhs.gov/ocr/civilrights/complaints.
- Escribiendo a la: Oficina de Derechos Civiles del Departamento de Salud y Servicios Humanos 200 Independence Avenue, SW Room 509F, HHH Building Washington, D.C. 20201

Ayuda y servicios auxiliares para personas con incapacidades - Medicare está dedicado a ofrecerles a todos sus beneficiarios los programas, beneficios, servicios, dependencias, información y su tecnología, en cumplimiento con las Secciones 504 y 508 de la Ley de Rehabilitación del 1973. Medicare tomará las medidas necesarias para asegurarse de que las personas incapacitadas, entre los que se incluyen los que tiene problemas auditivos, son sordos, ciegos, tienen problemas visuales u otro tipo de limitaciones, tengan las mismas oportunidades de participar y aprovechar los programas y beneficios disponibles. Medicare ofrece varios servicios y ayuda para facilitar la comunicación con las personas incapacitadas incluyendo:

- Servicios de retransmisión de mensajes — Los usuarios de TTY pueden llamar al 1-877-486-2048.
- Formatos alternativos — Los productos de Medicare, incluyendo este documento, están disponible en letra grande, versión digital, Braille y audio. Para ordenar su aviso en un

formato alternativo, llame al 1-800-MEDICARE (1-800-633-4227). Los usuarios de TTY pueden llamar al 1-877-486-2048.

ATTENTION: If you speak a language other than English, language assistance services, free of charge, are available to you. Call 1-800-MEDICARE (TTY: 1-877-486-2048).

العربية (Arabic) ملحوظة: إذا كنت تتحدث اذكر اللغة، فإن خدمات المساعدة اللغوية تتوافر لك بالمجان. اتصل برقم 1-800-MEDICARE (رقم هاتف الصم والبكم: 1-877-486-2048).

հայերեն (Armenian) ՈՒՇԱԳՐՈՒԹՅՈՒՆՆԵՐ Եթե խոսում եք հայերեն, ապա ձեզ անվճար կարող են տրամադրվել լեզվական աջակցության ծառայություններ: Չանգահարեք 1-800-MEDICARE (TTY (հեռաձայն)՝ 1-877-486-2048)

繁體中文 (Chinese) 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 1-800-MEDICARE (TTY: 1-877-486-2048)。

فارسی (Farsi) توجه: اگر به زبان فارسی گفتگو می کنید، تسهیلات زبانی بصورت رایگان برای شما فراهم می باشد. با 1-800-MEDICARE (TTY: 1-877-486-2048) تماس بگیرید.

Français (French) ATTENTION: Si vous parlez français, des services d'aide linguistique vous sont proposés gratuitement. Appelez le 1-800-MEDICARE (ATS: 1-877-486-2048).

Kreyòl Ayisyen (French Creole) ATANSYON: Si w pale Kreyòl Ayisyen, gen sèvis èd pou lang ki disponib gratis pou ou. Rele 1-800-MEDICARE (TTY: 1-877-486-2048).

Deutsch (German) ACHTUNG: Wenn Sie Deutsch sprechen, stehen Ihnen kostenlos sprachliche Hilfsdienstleistungen zur Verfügung. Rufnummer: 1-800-MEDICARE (TTY: 1-877-486-2048).

Italiano (Italian) ATTENZIONE: In caso la lingua parlata sia l'italiano, sono disponibili servizi di assistenza linguistica gratuiti. Chiamare il numero 1-800-MEDICARE (TTY: 1-877-486-2048).

日本語 (Japanese) 注意事項：日本語を話される場合、無料の言語支援をご利用いただけます。1-800-MEDICARE (TTY:1-877-486-2048) まで、お電話にてご連絡ください。

한국어(Korean) 주의: 한국어를 사용하시는 경우, 언어 지원 서비스를 무료로 이용하실 수 있습니다. 1-800-MEDICARE (TTY: 1-877-486-2048) 번으로 전화해 주십시오.

Polski (Polish) UWAGA: Jeżeli mówisz po polsku, możesz skorzystać z bezpłatnej pomocy językowej. Zadzwoń pod numer 1-800-MEDICARE (TTY: 1-877-486-2048).

Português (Portuguese) ATENÇÃO: Se fala português, encontram-se disponíveis serviços linguísticos, grátis. Ligue para 1-800-MEDICARE (TTY: 1-877-486-2048).

Русский (Russian) ВНИМАНИЕ: Если вы говорите на русском языке, то вам доступны бесплатные услуги перевода. Звоните 1-800-MEDICARE (телетайп: 1-877-486-2048).

Español (Spanish) ATENCIÓN: Si habla español, tiene a su disposición servicios gratuitos de asistencia lingüística. Llame al 1-800-MEDICARE (TTY: 1-877-486-2048).

Tagalog (Tagalog) PAUNAWA: Kung nagsasalita ka ng Tagalog, maaari kang gumamit ng mga serbisyo ng tulong sa wika nang walang bayad. Tumawag sa 1-800-MEDICARE (TTY: 1-877-486-2048).

Tiếng Việt (Vietnamese) CHÚ Ý: Nếu bạn nói Tiếng Việt, có các dịch vụ hỗ trợ ngôn ngữ miễn phí dành cho bạn. Gọi số 1-800-MEDICARE (TTY: 1-877-486-2048).