<*do not include title in notice sent to beneficiaries* -

[REMOVE PRIOR TO SENDING: Tab B - MODEL NOTICE TO ENROLLEES IN MA, MA-PD AND COST PLANS THAT ARE NON-RENEWING OR REDUCING THEIR SERVICE AREAS]

**IMPORTANT NOTICE: Your Medicare plan won’t be   
offered in 2026.**

<Date>

<Member Name>  
<Member Address>  
<Address>

**Keep this letter. It’s proof that you have a special right to buy a Medigap policy or   
join a Medicare plan.**

Dear <Member Name>,

<Plan Name> won’t offer your Medicare plan in 2026. This means your coverage through <Plan Name>will end December 31, 2025. You need to make some decisions about your Medicare coverage.

**What happens if you don’t join another Medicare plan?**

If you don’t take action before December 31, 2025, you will <*Plans with Part D should include the following language:* lose your prescription drug coverage and> only be covered by Original Medicare starting January 1, 2026.

Even if Medicare places you in Original Medicare, you still have other opportunities to join a Medicare Health <*Plans with Part D should include the following language:* or drug> plan. Because your plan will no longer be available to you, and to provide you additional time to evaluate your options, you have a special opportunity to join a new plan any time until February 28, 2026. If you join a new Medicare plan AFTER December 31, your coverage in the new plan won’t start until the month after you join.

If you don’t join a plan with prescription drug coverage or a stand-alone Prescription Drug Plan with Original Medicare by February 28, 2026, you won’t have prescription drug coverage in 2026 and you may have to pay a lifetime Part D late-enrollment penalty if you join a Medicare prescription drug plan later. *<MA only plans and Cost plans with no Part D replace previous sentence with*: If you are already enrolled in a separate prescription drug plan, your prescription drug coverage will not be affected by this change.>

**What do you need to do?**

You need to choose how you want to get your health and prescription drug coverage. Review your options for Medicare coverage and decide which is best for you:

**Option 1: You can join another Medicare health plan.** Call 1-800-MEDICARE(1-800-633-4227) 24 hours a day, 7 days a week or visit Medicare.gov to choose a new plan. A Medicare health plan is offered by a private company that contracts with Medicare to provide benefits. Medicare health plans cover all services that Original Medicare covers and may offer extra coverage such as vision, hearing, or dental. Most Medicare health plans include prescription drug coverage. If you join a Medicare plan without drug coverage you may want to join a separate Medicare prescription drug plan to get prescription drug coverage. If you don’t join a separate Medicare prescription drug plan you may have to pay a lifetime Part D late enrollment penalty if you choose to join one later.

**Option 2: You can change to Original Medicare.** Original Medicare is fee-for-service coverage managed by the Federal Government. If you choose Original Medicare, you need to join a separate Medicare prescription drug plan to get prescription drug coverage. You may also want to buy a Medicare Supplement Insurance (Medigap) policy to fill in the gaps in Original Medicare coverage. See below for more information on Medigap policies.

If you currently pay a reduced Part B premium, based on your current plan’s benefit, you will lose access to this benefit effective January 1, and you will have the full Part B premium deducted from your monthly Social Security check unless you join another plan that offers this benefit.

**Important Information:**

**Medigap Policies –**You have a special right to buy a Medigap policy because your plan is ending. This letter is your proof that you have a special right to buy a Medigap policy. You’ll have this special right for 63 days after your coverage with <Plan Name> ends. See the enclosed Medigap fact sheet for more information on your Medigap rights. You’ll likely need to join a separate Medicare prescription drug plan if you want Medicare drug coverage.

**If you have an employer or union group health plan**, **VA benefits, or TRICARE for Life,** contact your insurer or benefits administrator. Ask how joining another plan or returning to Original Medicare affects your coverage.

**How do you get help comparing Medicare plans?**

Visit [Medicare.gov](http://www.medicare.gov) or refer to your Medicare & You handbook for a list of Medicare health and prescription drug plans in your area. <*Plans opting to notify enrollees of alternative enrollment options through written description should include the following language:* You may also refer to the attached list of Medicare health and prescription drug plans in your area.> <*Plans opting to notify enrollees of alternative enrollment options through outbound calls should include the following language instead of or in addition to the previous sentence:* <Plan Name> will call you to explain how you can get help comparing plans.> If you want to join one of these plans, call the plan to get information about their costs, rules, and coverage.

You can also get help comparing plans if you:

* **Call <Name of SHIP> at <SHIP phone> or TTY: <TTY number>, <days and hours of operation.** Counselors are available to answer your questions, discuss your needs, and give you information about your options. All counseling is **free**.
* **Call 1-800-MEDICARE (1-800-633-4227).** Tell them you got a letter saying your plan isn’t going to be offered next year and you want help choosing a new plan. This toll-free help line is available 24 hours a day, 7 days a week. TTY users should call 1-877-486-2048.
* **Visit** [**Medicare.gov**](http://www.medicare.gov)**.** Click on “Supplements & Other Insurance” for information on Medigap policies and tools that can help you find plans available in your area. Click the “Find Plans Now” tab to compare the plans in your area.

**Note:** Medicare isn’t part of the Health Insurance Marketplace. Following the instructions in this letter will ensure that you are reviewing Medicare plans and not Marketplace options.

For information on Medigap plans, please call the <State Insurance Commissioner’s Office> at <State CO Phone>. TTY users should call <State CO TTY>.

Disregard any 2026 plan materials you received before October 1, 2025.

If you need more information, please call us at <phone, TTY, hours of operation>. Tell the customer service representative you got this letter.

<Plans may include language thanking the enrollee for their membership and/or apologizing for any inconvenience.>

Sincerely,

<Signature>

You can get this information for free in other formats, such as large print, braille, or audio. Call <toll free number>. The call is free.

“ATTENTION: If you speak [insert language], language assistance services, free of charge, are available to you. Call 1-XXX-XXX-XXXX (TTY: 1-XXX-XXX-XXXX).”

[Material ID]