*include title in notice sent to beneficiaries* -

[REMOVE PRIOR TO SENDING: Tab M - MODEL NOTICE TO ENROLLEES IN MA-PD D-SNP LOOK-ALIKE 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   
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 choose how you want to get your health and prescription drug coverage. Whichever choice you make, you will still have Medicare and <state-specific name for Medicaid> benefits, including prescription drug coverage. If you don’t choose another prescription drug plan by December 31, 2025, Medicare will choose a new drug plan for you, and you’ll have health coverage through Original Medicare starting January 1, 2026.

Even if Medicare places you in Original Medicare and chooses a drug plan for you, you still have other opportunities to join a Medicare health or drug plan. [*Insert for full and partial dually eligible individuals:* Because you have <state-specific name for Medicaid>, you may have other opportunities to join a Medicare health or drug plan. 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.]

**What do I 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:

[*If applicable, insert Option 1 if integrated Dual Eligible Special Needs Plan*s (*D-SNPs) are available for full-benefit dually eligible individuals. If Option 1 is not applicable, renumber and insert the remaining two options.*]

**Option 1: You can join an integrated Dual Eligible Special Needs Plan (D-SNP).** D-SNPs are a type of health plan designed specifically for people who have both Medicare and Medicaid.If you choose to enroll in one of these plans, it will cover your Medicare and most or all of your Medicaid benefits, including prescription drugs. An integrated D-SNP may also cover additional services such as <vision>, <dental services, and> care coordination.

To find out which integrated D-SNPs are in your area, call 1-800-MEDICARE(1-800-633-4227) 24 hours a day, 7 days a week. TTY users should call 1-877-486-2048. Or visit [Medicare.gov](http://www.medicare.gov/) to choose a new plan. Make sure to select “Medicaid” when asked if you get help with your Medicare health or drug costs. If you join an integrated D-SNP AFTER December 31, your coverage in the new plan won’t start until the month after you join.

**Option 2: You can join another Medicare health plan.** Call 1-800-MEDICARE(1-800-633-4227) 24 hours a day, 7 days a week. TTY users should call 1-877-486-2048. Or visit [Medicare.gov](http://www.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 new Medicare plan AFTER December 31, your coverage in the new plan won’t start until the month after you join.

**Option 3: 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. If you don’t choose another prescription drug plan by December 31, 2025, Medicare will choose a new drug plan for you, and you’ll have health coverage through Original Medicare starting January 1, 2026.

**Important Information:**

In general, you can change plans only at certain times during the year.

* **From October 15 through December 7,** anyone with Medicare can switch plans or return to Original Medicare. This includes adding or dropping Medicare prescription drug coverage for the following year. You can make as many changes as you need during this period. Your last coverage choice will take effect on January 1, 2026.
* **From January 1 through March 31,** anyone enrolled in a Medicare Advantage Plan (except a Medicare Medical Savings Account (MSA) plan) can switch plans or return to Original Medicare (and join a stand-alone Medicare Prescription Drug Plan).
* In addition, if you have Medicaid, you can make certain changes to your Medicare coverage any month including:
  + Disenrolling from a Medicare health plan and changing to Original Medicare by enrolling in a Medicare prescription drug plan,
* If you have coverage through Original Medicare, enrolling in a Medicare prescription drug plan or changing to a different Medicare drug plan if you already have one, or
  + If eligible, enrolling in an integrated D-SNP that provides your Medicare and most or all of your Medicaid benefits and services in one plan.

There may be other situations when you are eligible to make a change to your enrollment. If you want to make a change, call **1-800-MEDICARE (1-800-633-4227).** This toll-free help line is available 24 hours a day, 7 days a week. TTY users should call 1-877-486-2048.

Your <state-specific name for Medicaid> coverage will continue. For questions about <state-specific name for Medicaid>, call <toll-free number> or TTY: <TTY number>, <days and hours of operation>. The calls are free. Ask how returning to Original Medicare affects your <state-specific name for Medicaid> 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.] If you want to join one of these plans, call the plan to get information about their costs, rules, and coverage.

[*Plans choosing to notify enrollees of alternative enrollment options through outbound calls should include the following sentence:* <Plan Name> will call you to explain how you can get help comparing plans.]

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 won’t 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)**.** Medicare’s official website has tools that can help you compare plans and answer your questions. **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.

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

If you need more information, please call us at <phone, TTY, days and 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.

[Include the following in all non-English languages that meet the Medicare and/or state thresholds for translation.] 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]