## Exhibit 21: Model Notice for Disenrollment due to Loss of Demonstration Eligibility Status or Other State-Specific Eligibility Status - Notification of Involuntary Disenrollment

Referenced in §40.2.3

<date>

<Name>

<Address>

<City>, <State> <ZIP>

<Name>:

Your health & prescription drug coverage is changing

Your <plan> health and prescription drug coverage will end on <disenrollment date> because you no longer qualify for MyCare Ohio. <Plan> can cover your health and prescription drug benefits only if you’re eligible for both Medicare and full Medicaid benefits and meet all the Medicaid MyCare Ohio program requirements.

If you are still eligible for Medicare, you’ll be in Original Medicare and have a Medicare Prescription Drug Plan. When your <plan> services end on <disenrollment date>, <plan> prescription drug coverage with <plan name> ends too. Medicare will enroll you in Original Medicare and in a Medicare Prescription Drug Plan. If you have questions or don’t want Medicare to enroll you in a drug plan, you must call 1-800-MEDICARE (1-800-633-4227), 24 hours a day, 7 days a week.TTY users should call 1-877-486-2048.

**What to do if you want stay in <plan>**

<Plan> can only cover your health services until <disenrollment date>. If you think you might still qualify for the MyCare Ohio program, please call Ohio Medicaid Hotline at 1-800-324-8680, Monday through Friday from 7:00 am to 8:00 pm and Saturday from 8:00 am to 5:00 pm. TTY users should call the Ohio Relay Service at 7-1-1.

You can join another Medicare plan.

Because you no longer qualify for MyCare Ohio and you are no longer eligible for <plan> after <disenrollment date>, you have up to **two months** to join a Medicare health plan or Medicare prescription drug plan. Your new Medicare coverage will begin the 1st of the following month after you enrolled in a new Medicare health plan or Prescription Drug plan. If you don’t take any action, your <plan> will continue to cover your Medicare benefits until <disenrollment date>.

After two months have passed, you can make changes to your Medicare benefits only during certain times of the year.

Medicare limits when you can make changes to your coverage. From October 15 through December 7 each year, you can enroll in a new Medicare Prescription Drug Plan or Medicare health plan for the following year.

**There are exceptions to when you can make changes.**

You can leave a plan at other times during the year if:

* you move out of the plan’s service area,
* you want to join a plan in your area with a 5-star rating, or
* you qualify for *extra help* paying for prescription drug coverage. If you are getting *extra help* with your prescription drug costs, you may join or leave a plan at any time. If your *extra help* ends, you can still make a change for two months after you find out that you are not getting extra help.

Who should I call if I have questions about <plan>?

If you have questions, call <plan> Member Services at <toll-free phone number> <days and hours of operation>. TTY user should call <toll-free number>. You can visit <web address>.

You can also call the Ohio Medicaid Hotline at 1-800-324-8680, Monday through Friday from 7:00 am to 8:00 pm and Saturday from 8:00 am to 5:00 pm. TTY users should call the Ohio Relay Service at 7-1-1.

If you have questions about Medicare or MyCare Ohio program

If you have questions about Medicare, please call 1-800-633-4227 (1-800-MEDICARE), 24 hours a day, 7 days a week or visit www.medicare.gov. TTY users should call 1-877-486-2048.

If you have questions about the MyCare Ohio program, call the Ohio Medicaid Hotline at 1-800-324-8680, Monday through Friday from 7:00 am to 8:00 pm and Saturday from 8:00 am to 5:00 pm. TTY users should call Ohio Relay Service at 7-1-1. You can also visit http://www.medicaid.ohio.gov/.

If you have a problem reading or understanding this information, please contact <plan name> <Member Services> for help, at no cost to you. We can explain this information in English or in your primary language. We may have this information printed in some other languages. If you are visually or hearing-impaired, special help can be provided.

*[The next sentence must be in English and all non-English languages that meet the Medicare or State thresholds for translation, whichever is most beneficiary friendly. The non-English disclaimer must be placed below the English version and in the same font size as the English version.]* You can get this information for free in other languages. Call <toll-free number>. The call is free.

This information is available for free in other languages and formats like Braille or audio CD.