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

Tab B - MODEL NOTICE TO BENEFICIARIES IN MA, MA-PD AND COST CONTRACTS THAT ARE NON-RENEWING OR REDUCING THEIR SERVICE AREAS

**IMPORTANT NOTICE: Your Medicare plan won’t be   
offered in 2014.**

<Insert 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>,

Your Medicare plan won’t be offered in 2014. This means your coverage through <Plan Name>will end December 31, 2013. You need to make some decisions about your Medicare coverage. If you don’t take action before December 31, you will <lose your prescription drug coverage and> only have Original Medicare starting January 1, 2014.

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

If you don’t take action before December 31, you will <lose your prescription drug coverage and> only have Original Medicare starting January 1, 2014. Because your plan will no longer be offered, you can join a new plan anytime between October 15, 2013 and February 28, 2014. If you don’t join a plan with prescription drug coverage, you won’t have prescription drug coverage in 2014 and you may have to pay a late-enrollment penalty if you join a drug plan later. <MA only plans and Cost plans with no Part D replace last 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. Here are your options for Medicare coverage:

**Option 1: You can join another Medicare health 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 they don’t, you must join a separate Medicare prescription drug plan to get prescription drug coverage.

**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.

**Important Information:**

**Medigap Policies –**If you’re 65 or older, 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.

<cost plans remove this sentence**> If you have End-Stage Renal Disease (ESRD)**, you have a one-time right to join a new Medicare Advantage plan because your plan is ending. Keep a copy of this letter as proof of your right to join a new Medicare Advantage plan.

**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.

**If you only have Medicare Part B,** you’ll also need to get Part A if you want to join a Medicare Advantage Plan or buy a Medigap policy. Contact Social Security at 1-800-772-1213 for information on enrolling in Part A.TTY users should call 1-800-325-0778.

**Get help comparing your options**

It’s important to find a plan that covers your doctor visits and prescription drugs.

Please visit [www.medicare.gov](http://www.medicare.gov) or refer to your Medicare & You Handbook for a list of all 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. Please note Medicare isn’t part of the Health Insurance Marketplace you may have been hearing about. Following the instructions in this letter will ensure that you are reviewing Medicare plans and not Marketplace options.

You can also get help comparing plans if you:

* **Call <Name of SHIP> at <SHIP phone>.** Counselors are available to answer your questions, discuss your needs, and give you information about your options. All counseling is **free**. TTY users should call <SHIP TTY>.
* **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** [**www.medicare.gov**](http://www.medicare.gov)**.** Medicare’s official web site has tools that can help you compare plans and answer your questions.  
  + **Click** “Find health & drug plans” to compare the plans in your area.

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

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 beneficiary for their membership and/or apologizing for any inconvenience>

Sincerely,

<Signature>

[Federal contracting statement] [material id]