<Date>

<Name>

<Address>

<City>, <State> <ZIP>

<Name>:

**Your <plan name> Medicare coverage is ending. Our records show that you chose not to get your Medicare services from <plan name>.**

You’ll no longer be in <plan name> for your Medicare services as of <**effective date**>. You may want to tell your doctors that there may be a delay in updating your records. <Plan name> will continue to provide your Medicaid benefits.

**What if I think there was a mistake?**

If you didn’t ask to leave <plan name> for your Medicare services and want to stay in <plan name> as a member for both your Medicare and Medicaid services, **call the Ohio Medicaid Consumer Hotline at 1-800-324-8680 or visit** [**www.ohiomh.com**](http://www.ohiomh.com/)**.** Representatives are available from 7:00 am to 8:00 pm Monday through Friday and Saturday from 8:00 am to 5:00 pm.

**What if I have questions?**

* For questions about **<plan name> or this notice**, call Member Services at <toll-free phone and TTY numbers>, <days and hours of operation> or visit <web address>.
* For questions about **Medicare**, call 1-800-MEDICARE (1-800-633-4227) (TTY: 1-877-486-2048), 24 hours a day, 7 days a week, or visit the Medicare home page at [www.medicare.gov](http://www.medicare.gov/).
* For questions about **the MyCare Ohio program**, call the Ohio Medicaid Consumer 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. Call Ohio Relay at 7-1-1 if you use TTY or visit [www.ohiomh.com](http://www.ohiomh.com/).
* For questions or concerns about **any aspect of care available through the MyCare Ohio program**, call the Office of the State Long-Term Care Ombudsman (1-800-282-1206) (TTY Ohio Relay Service: 1-800-750-0750), Monday through Friday from 8:00 am to 5:00 pm or email [MyCareOmbudsman@age.ohio.gov](mailto:MyCareOmbudsman@age.ohio.gov). The Office of the State Long-Term Care Ombudsman is a consumer advocacy program.

If you have a problem reading or understanding this information, please contact <plan name>’s 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.

[*Plans must include all applicable disclaimers as required in the State-specific Marketing Guidance.*]

[Plans are subject to the notice requirements under Section 1557 of the Affordable Care Act. For more information, refer to [*www.hhs.gov/civil-rights/for-individuals/section-1557*](https://www.hhs.gov/civil-rights/for-individuals/section-1557).]

You can get this document for free in other formats, such as large print, braille, or audio. Call <toll-free phone and TTY numbers>. The call is free.