<Date>

<Name>

<Address>

<City>, <State> <ZIP>

<Name>:

**Important: Your health care and prescription drug coverage has changed.**

Thank you for telling us your new address. Your permanent address is outside the <plan name> service area. To stay a member of <plan name>, you must live in the <plan name> service area, although you can temporarily leave the service area for a brief period of time. You will no longer be a member of <plan name> for your Medicare benefits as of <**Medicaid only effective date**>.

Because you have chosen not to get your Medicare benefits from <plan name>, we will not cover your Medicare health care services or Part D prescription drugs you get after <**effective date**>. <Plan name> will continue to cover your Medicaid benefits until a change in your address is updated by the County Department of Job and Family Services that documents you live outside <plan name> service area.

**You’ll be covered by Original Medicare starting <effective date>.**

You’ll get your Medicare health care services through Original Medicare starting <**effective date**> if you don’t enroll in a different Medicare Advantage health plan. When you see a doctor through Original Medicare, you should use your red, white, and blue Medicare card to receive health care services.

You have the option to enroll in another Medicare Advantage health plan for your Medicare services. If you have questions about Medicare plans in your area, call 1-800-MEDICARE (1-800-633-4227), 24 hours a day, 7 days a week or visit the Medicare home page at [www.medicare.gov](http://www.medicare.gov/). TTY users should call 1-877-486-2048.

**You do not need to choose a new Medicaid plan.**

You’ll keep getting your Medicaid services for <plan name> until you notify your County Department of Job and Family Services case worker that you have moved out of the <plan name> service area. If you moved to a different state, you’ll need to apply for Medicaid in that state.

**Your Medicare Part D prescription drug coverage has also changed.**

Your drug coverage ended on <**effective date**>. If you want Medicare Part D prescription drug coverage, you need to join a Medicare Prescription Drug Plan or a Medicare Advantage plan with prescription drug coverage. If you don’t choose a Medicare drug plan, Medicare will choose one for you. Your Medicaid prescription drugs will continue to be covered by <plan name>.

**You can join a new Medicare Advantage plan.**

If you don’t want health coverage through Original Medicare, you can join a new plan that serves the area where you now live. You may have up to two months to join a new Medicare Advantage Plan that serves the area where you now live. You may call 1-800-MEDICARE (1-800-633-4227) for information about plans that may serve your area. TTY users should call 1-877-486-2048.

**What if I disagree with my disenrollment for Medicare services?**

If you don’t agree with your disenrollment from <plan>, you can file a grievance asking us to reconsider our decision. Look in Chapter 9 of your *Member Handbook* for information about how to file a grievance.

**If you’ve moved, you must tell Social Security and your County Department of Job and Family Services your new address.**

If you’ve moved, call Social Security at 1-800-772-1213, Monday through Friday from 7:00 am to 7:00 pm, and tell them your new address. Call 1-800-325-0778 if you use TTY. Also, call your County Department of Job and Family Services to tell them your new address and to find out your options for continuing Medicaid benefits.

**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.