<Date>

<Name>

<Address>

<City>, <State> <ZIP>

<Name>:

Your health and prescription drug coverage is changing.

Your <plan name> health and prescription drug coverage will end on <**disenrollment date**> because you no longer qualify for MyCare Ohio. <Plan name> 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’re still eligible for Medicare, you’ll be in Original Medicare and have a Medicare prescription drug plan. When your <plan name> services end on <**disenrollment date**>, 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. Call 1-877-486-2048 if you use TTY.

**What if I want to stay in <plan name>?**

<Plan name> 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 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 the Ohio Relay Service at 7-1-1 if you use TTY.

You can join another Medicare plan.

Because you no longer qualify for MyCare Ohio and you’re no longer eligible for <plan name> after <**disenrollment date**>, you have up to **3 months** to join a Medicare health plan or Medicare prescription drug plan. Your new Medicare coverage will begin the first 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 name> will continue to cover your Medicare benefits until <**disenrollment date**>.

After 3 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. During the Annual Enrollment Period from October 15 to December 7, you can enroll in a new Medicare prescription drug plan or Medicare health plan for the following year.

If you are enrolled in a Medicare Advantage Plan, you can also switch plans or return to Original Medicare and join a Medicare prescription drug plan during the Medicare Advantage Open Enrollment Period from January 1 to March 31.

**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 or
* you want to join a plan in your area with a 5-star rating.

Also, if you get Extra Help, you can change plans once each calendar quarter for the first three quarters of the year. If your Extra Help ends, you can still make a change for **3 months** after you find out that you are not getting Extra Help.

**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.