<Date>

<Name>   
<Address>   
<City>, <State> <ZIP>

**Important Information – Keep This Notice for Your Records**

<Name>:

**You no longer qualify for** <**plan name**>**.**

<Plan name>, your Cal MediConnect plan, can no longer cover your health and prescription drug benefits because you are no longer eligible. [*Insert one of the following:* Your Medi-Cal eligibility status has changed ***or*** We got information that you may have moved out of our service area].

Even though you’re no longer eligible for Cal MediConnect, you may keep getting your benefits from <plan name> until <**end date for period of deemed continued eligibility**>. To stay a member of <plan name>, you must qualify for Cal MediConnect again by <**end date for period of deemed continued eligibility**>.

**TAKE ACTION NOW TO KEEP YOUR HEALTH COVERAGE.**

If you believe you are still eligible for Medi-Cal, you must contact your <county social worker/applicable contact> at <applicable contact information> immediately. You must contact your <county social worker/applicable contact> before <**end date for period of deemed continued eligibility**>so that you are not without health coverage.

**How long will I have coverage?**

<Plan name> will keep covering your benefits until <**end date for period of deemed continued eligibility**>. You have until <**end date for period of deemed continued eligibility**> to again qualify for Cal MediConnect.

**When will my coverage end?**

If you don’t qualify for Cal MediConnect by <**end date for period of deemed continued eligibility**>, you’ll be disenrolled from <plan name> and you’ll get coverage through Original Medicare and a Medicare Prescription Drug Plan starting <**date that equals the first of the month following the end date for period of deemed continued eligibility**>.

**If you don’t contact us to confirm** [*insert one of the following:* **your address** *or* **your change in Medi-Cal eligibility status**]**, you will be disenrolled from** <**plan name**> **effective** <**end date for period of deemed continued eligibility**>**.** This means that you will no longer be able to get health services or prescription drug coverage through <plan name> as of this date. Contact <county social worker/applicable contact> now. **DO NOT WAIT.**

[*Only insert if notice is sent due to change in Medi-Cal eligibility status*: You’re no longer eligible for <plan name> because you no longer qualify for Medi-Cal. **But you have a special opportunity to join a Medicare health or Prescription Drug Plan.** This opportunity begins now and ends when you enroll in a different plan or 3 months after you are disenrolled from the plan. If you choose this option, your new Medicare health or drug coverage will begin the 1st day of the following month after you enroll in the new plan.

**You can only make changes to your Medicare coverage during certain times of the year.** From October 15 through December 7 each year, you can enroll in a new Medicare health or Prescription Drug Plan for coverage starting January 1 of the following year.]

[*Only insert if notice is sent due to address change:* **If you’ve moved, you may no longer live in** <**plan name**>**’s service area.** Please provide your new address by <**end date for period of deemed continued eligibility**> in one of the following ways:

1. Call <phone number>, <days and hours of operation>. Call <TTY number> if you use TTY; or
2. Contact <applicable county contact information> immediately.

**Your permanent address must be inside** <**plan name**>**’s service area.**

The state has indicated that you have moved outside <plan name>’s service area. You’ll be disenrolled from <plan name>’s health services and prescription drug coverage on <**end date for period of deemed continued eligibility**>, unless you call your <county social worker/applicable contact> at <applicable county contact information> to indicate you still live in <plan name>’s service area. If you have moved, you’ll be able to join a plan that serves the area where you now live.

If you have changed service areas, you are no longer eligible for <plan name>. You can join a new plan that serves the area where you live now. If you choose this option, your new Medicare health or drug coverage will begin the 1st day of the following month after you enroll in the new plan.

**You must also tell Social Security about your address change.**

If you’ve moved and haven’t told Social Security your new address, call 1-800-772-1213, Monday through Friday from 7:00 a.m. to 7:00 p.m. Call 1-800-325-0778 if you use TTY.]

**What do I do if my coverage ends?**

If you’re disenrolled from <plan name>, Medicare will enroll you in Original Medicare and a Medicare Prescription Drug Plan. You don’t need to do anything for this to happen. **If you want to choose a drug plan yourself or have any questions, 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.**

You can also contact <plan name> to find out about other Medicare health or Prescription Drug Plans that they offer based on your Medicare or Medi-Cal eligibility and service area. Please call <plan name>’s Member Services for more information at <toll-free phone and TTY numbers>, <days and hours of operation>.

**You can make changes to your Medicare coverage during certain times of the year.**

* From October 15 through December 7 each year, you can enroll in a new Medicare health or Prescription Drug Plan for coverage starting January 1 of the following year, and
* During the Medicare Open Enrollment Period – January 1 through March 31. Anyone enrolled in a Medicare Advantage Plan (except an MSA plan) can switch plans or return to Original Medicare (and join a stand-alone Medicare Prescription Drug Plan).

**Can I join another Medicare plan at some other time?**

**Yes.** You can leave a plan and join a new one at other times during the year for special reasons, including:

* You move out of the plan’s service area.
* You want to join a plan with a 5-star rating in your area.
* If you receive Extra Help, you may change plans once each calendar quarter for the first three quarters of the year, or
* 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.

**Who should I contact if I have questions?**

For questions about<**plan name**>:

* Call <plan name> Member Services at <toll-free phone and TTY numbers>, <days and hours of operation>.
* Visit <web address>.
* Call <enrollment broker> at <enrollment broker phone and TTY numbers>, <days and hours of operation>.

For questions about **Medicare**:

* Call 1-800-633-4227 (1-800-MEDICARE), 24 hours a day, 7 days a week.
* Call 1-877-486-2048 if you use TTY.
* Visit the Medicare home page at [www.medicare.gov](http://www.medicare.gov/).

For questions about your **Medi-Cal eligibility**, call <applicable county contact information>.

**Get free help with Cal MediConnect plan problems and complaints by calling the Cal MediConnect Ombudsman at 1‐855‐501‐3077, <days and hours of operation>. Call <TTY number> if you use TTY. The call is free.**

[*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 [*insert Member Services toll-free phone and TTY numbers, days and hours of operation*]. The call is free.