<Date>

**Member ID: <Member #>**

**Rx ID: <RxID>**

**Rx GRP: <RxGRP>**

**Rx BIN: <RxBIN>**

**Rx PCN: <RxPCN>**

<Name>

<Address>

<City>, <State> <ZIP>

**Important Information about Your New Medicare and Medi-Cal Services**

**Keep this notice for your records.**

<Name>:

You have new health and drug coverage through <plan name>.

Starting <**effective date**>, you will have a health plan designed to give you high quality care at a low cost or zero cost to you. You have new health and prescription drug coverage through <plan name>. Medicare and Medi-Cal approved your application to enroll in this plan. Your coverage begins on **<effective date>**. You’ll get a Member ID Card in the mail by **<date>**. This notice is proof of coverage until you get your Member ID Card. You can show this notice to your providers or pharmacy until you get your card.

What do I need to know about my new plan?

* Starting <**effective date**>, you must see a <plan name> provider for all of your health services (except for emergency services, out-of-area urgent care, or out-of-area dialysis services). You must also use a <plan name> pharmacy to get your medicines. If you need to see a provider who is not in <plan name>, you must have “prior authorization” if you want <plan name> to cover your health services. Prior authorization simply means that approval from <plan name> is needed before you can get certain services or drugs.
* Because you’re new to <plan name> Cal MediConnect (CMC) coverage, you may be able to use your existing doctors who aren’t in the plan’s network for a period up to twelve (12) months for Medicare and Medi-Cal services from <**coverage start date**>. <Plan name> will work with you to verify that you have an existing relationship with the doctor, and your doctor must be willing to work with your plan. Contact <plan name> for information about how to do this.
* You will also have access to a [insert supply limit (*must be* the number of days in plan’s one-month supply)]-day supply of the Part D drugs you currently take during your first [*must be at least 90*] days in the plan if you are taking a drug that is not on our *List of Covered Drugs*, if health plan rules do not let you get the amount ordered by your doctor, or if the drug requires prior approval by <plan name>.
* Emergency care and urgent care are covered even if you’re **not** seeing a <plan name> doctor.
* Talk with your provider or call <plan name> Member Services at <toll-free phone and TTY numbers>, <days and hours of operation> for more information.

How much do I have to pay for health services?

You don’t have to pay a plan premium, deductible, or copays when getting health services through <plan name>.

How much do I have to pay for prescription drugs?

[*If plan has any Part D cost sharing, insert the following paragraph and include LIS cost sharing information specific to the enrollee’s LIS level:* When you pick up your prescription drugs at our network pharmacy, you’ll pay no more than <$\_\_\_> each time you get a generic drug that’s covered by <plan name> and no more than <$\_\_\_> each time you get a brand name drug that’s covered by <plan name>. Copays for prescription drugs may vary based on the level of Extra Help you get. Please contact <plan name> for more details.]

[*If plan has no cost sharing for all Part D and/or Medicaid drugs, insert*: You pay **$0** for <all or the rest of> your prescription drugs covered by the plan.]

**Can I leave <plan name> after <effective date>?**

[*Plans in states that continue to implement a continuous Special Enrollment Period for dual eligible members (duals SEP) insert:* **Yes.** You can end your membership at any time during the year by enrolling in another Medicare Advantage Plan or moving to Original Medicare.]

[*Plans in states that implement the dual-eligible individual and other LIS-eligible individual quarterly SEP effective 2021, insert:* **Yes.** You may leave <plan name> before <**effective date of enrollment**>. You’ll also have from <**effective date of enrollment**> through <**three months after effective date of enrollment**> to change to another Medicare health plan.

If you don’t make a change during this time, you’ll be able to change plans during certain times of the year or in certain situations. Because you have Medi-Cal, you may be able to end your membership in our plan or switch to a different plan one time during each of the following **Special Enrollment Periods**:

* January to March
* April to June
* July to September

In addition to these three Special Enrollment periods, you may end your membership in our plan during the following periods:

* The **Annual Enrollment Period,** which lasts from October 15 to December 7. If you choose a new plan during this period, your membership in <plan name> will end on December 31 and your membership in the new plan will start on January 1.
* The **Medicare Advantage Open Enrollment Period**, which lasts from January 1 to March 31. If you choose a new plan during this period, your membership in the new plan will start the first day of the next month.

There may be other situations when you are eligible to make a change to your enrollment. If you want to make a change, contact any of the resources listed below.]

If you leave <plan name>, your coverage will end the last day of the month after you tell us.

**What happens to my Medicare if I leave <plan name>?**

If you leave <plan name> and don’t join a Medicare health or prescription drug plan, you’ll be covered under Original Medicare and Medicare will enroll you in a Medicare prescription drug plan. If you want to join a Medicare health or prescription drug plan, want to know more about Medicare plans in your area, or have questions about Medicare:

* 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.
* Visit the Medicare home page at [www.medicare.gov](http://www.medicare.gov/).

**Who should I call if I have questions about Medi-Cal?**

If you have questions about Medi-Cal, you can call Member Services at <toll-free phone and TTY numbers>, <days and hours of operation>.

**What if I need help or more information?**

If you want to talk to a health insurance counselor about your enrollment choices, call the California Health Insurance Counseling and Advocacy Program (HICAP) at 1-800-434-0222, <days and hours of operation>. Call <TTY number> if you use TTY.

If you have concerns with <plan name> or questions about Medi-Cal, call the Cal MediConnect Ombudsman at 1-855-501-3077, <days and hours of operation>. Call <TTY number> if you use TTY.

[*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.