[*If the plan uses the Member’s Medicaid ID# as its Member’s Plan ID#, the plan should replace the two fields* Member ID *and* Beneficiary ID *with one field,* Member/Beneficiary ID.]

<Date> Member ID: <Member’s Plan ID#>

Beneficiary ID: <Member’s Medicaid ID#>

<Name>

<Address>

<City>, <State> <ZIP>

<Name>:

[*Insert if individual chose to voluntarily disenroll (State/MAXIMUS submits a TC 51 disenrollment transaction with a DRC 11-Voluntary Disenrollment and has also received an 834 from MDHHS confirming the disenrollment)*:

Your <plan name> coverage is ending.

You asked us to disenroll you from <plan name>. You will no longer be in <plan name> as of <date>. You may want to tell your doctors and other providers that there may be a delay in updating your records.

What if I think there was a mistake?

If you did not ask to leave <plan name> and want to stay in <plan name>, call Michigan ENROLLS toll-free at 1-800-975-7630. Call 1-888-263-5897 if you use TTY. Office hours are Monday through Friday, 8 AM to 7 PM.]

IMPORTANT: You need to choose a Medicare Prescription Drug Plan.

When <plan name> services end on <**date**>, <plan name> prescription drug coverage ends, too. You’ll be in Original Medicare and have a Medicare Prescription Drug Plan.

* If you need help comparing prescription drug plans or would like to discuss other enrollment choices, you can you can call the Michigan Medicare/Medicaid Assistance Program (MMAP) at 1-800-803-7174. Persons with hearing and speech disabilities may call 711. They are open Monday through Friday from 8 AM to 5 PM. The call is free.
* If you have questions or don’t want Medicare to enroll you in a drug plan, you must call toll-free number 1-800-MEDICARE (1-800-633-4227) 24 hours a day, 7 days a week. Call 1-877-486-2048 if you use TTY, or visit the Medicare home page at [www.medicare.gov](http://www.medicare.gov/).
* **If you need to fill any covered prescriptions before your new Medicare Prescription Drug Plan coverage starts**, call Medicare’s Limited Income NET program (also called LI NET) at 1-800-783-1307, Monday through Friday 8 AM to 8 PM. TTY users should call 711. The call is free. You can also visit [www.humana.com/provider/pharmacists/linet](https://www.humana.com/provider/pharmacists/linet) and scroll down to “Resources for beneficiaries.”

If you are receiving personal care services in your home, authorization for these services will end on <disenrollment effective date>.

* If you are still eligible for Medicaid and would like to receive personal care services through the Michigan Medicaid Home Help Program, contact your local Michigan Department of Health and Human Services Office to apply for Home Help. You must do this as soon as possible.
* If you do not apply, your personal caregiver will not be paid for services delivered after <disenrollment effective date>.
* If you need your local office’s contact information, please call Michigan ENROLLS toll-free at 1-800-975-7630. Call 1-888-263-5897 if you use TTY. Office hours are Monday through Friday, 8 AM to 7 PM.
* You can also find your local Department of Health and Human Services office address and phone number at: [www.mdhs.michigan.gov/CompositeDirPub/CountyCompositeDirectory.aspx](https://www.mdhs.michigan.gov/CompositeDirPub/CountyCompositeDirectory.aspx).

Who should I call if I have questions about <plan name>?

If you have questions, call <plan name> Member Services at <toll-free number>, <days and hours of operation>. TTY users should call <toll-free number>. You can visit <MMP web address>. You can also call Michigan ENROLLS toll-free at 1-800-975-7630. Call 1-888-263-5897 if you use TTY. Office hours are Monday through Friday, 8 AM to 7 PM.

[*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)*.*]

[*Plans may increase the font size and/or use bold font to emphasize the following information.*]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.