[REMOVE PRIOR TO SENDING: Tab K- MODEL NOTICE TO ENROLLEES IN MMPs THAT ARE NON-RENEWING OR REDUCING THEIR SERVICE AREAS

(Do not include Medigap attachment)]

<Date>

IMPORTANT: Your Medicare-Medicaid Plan won’t be offered in 2021. Keep this notice for your records.

<Insert Date>

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

Dear <Member Name>,

<Plan name> won’t offer your Medicare-Medicaid Plan in 2021. This means your coverage through <Plan name> will end <**December 31, 2020**>. You need to make some decisions about how you want to get your health and prescription drug coverage. Whichever choice you make, you will still have Medicare and <state specific name for Medicaid> benefits, including prescription drug coverage. If you don’t choose another prescription drug plan by December 31, 2020, Medicare will choose a new drug plan for you, and you’ll have health coverage through Original Medicare starting January 1, 2021.

Even if Medicare places you in Original Medicare and/or chooses a drug plan for you*,* you still have other opportunities to join a Medicare health or drug plan. Because your plan will no longer be available to you, and to provide you additional time to evaluate your options, you have a special opportunity to join a new plan any time until February 28, 2021.

If you join a new Medicare plan AFTER December 31, your coverage in the new plan won’t start until the month after you join.

<Your <state-specific name for Medicaid program> coverage won’t change. You will still get your <state-specific name for Medicaid program> coverage through <plan name.>

***or***

<After December 31, you will no longer get your <state-specific name for Medicaid coverage> coverage through <plan name>. In addition, if you don’t take action by <date>, <state-specific name of Medicaid program> will choose another <state-specific name for Medicare-Medicaid Plan> plan for you.> ***or*** <you will get your <state-specific name for Medicaid program> coverage directly from any provider that accepts <state-specific name of Medicaid program>.

**and/or**

<<State-specific name for Medicaid program> will send you a letter about your <state-specific name for Medicaid program> coverage choices.>

**What do I need to do?**

You need to choose how you want to get your Medicare health and prescription drug coverage for 2021. Here are your options:

**Option 1: You can join another <state-specific name for Medicare-Medicaid Plan>.** If you choose to enroll in one of these plans, it will cover your Medicare and Medicaid benefits, including prescription drugs. A <State-specific name for Medicare-Medicaid Plan> also covers additional services such as behavioral health and community-based services, <vision>, <dental services>, and care coordination.

To find out which <state-specific name for Medicare-Medicaid Plans> are in your area, or to enroll in another <state-specific name for Medicare-Medicaid Plan>, call <State enrollment broker> at <toll-free number> or TTY: <TTY number>, <days and hours of operation>. The calls are free.

**Option 2: You can join a Medicare Advantage health plan.** Medicare health plans are offered by a private companies that contracts with Medicare to provide benefits. Medicare health plans cover all services that Original Medicare covers, and may offer extra coverage such as vision, hearing, or dental. Some Medicare health plans are designed specifically for people who have both Medicare and Medicaid.

Call 1-800-MEDICARE(1-800-633-4227) 24 hours a day, 7 days a week. TTY users can call 1-877-486-2048. Or, visit Medicare.gov to find out which Medicare health plans are in your area, or to choose a new Medicare health plan. The calls are free.

**Option 3: You can change to Original Medicare.** Original Medicare is coverage managed by the federal government. To change to Original Medicare visit [www.Medicare.gov](http://www.Medicare.gov), or call toll-free number 1-800-633-4227 (1-800-MEDICARE) 24 hours a day, 7 days a week. TTY users should call 1-877-486-2048. If you choose Original Medicare and don’t choose a prescription drug plan by December 31, Medicare will enroll you in a separate Medicare prescription drug plan. You will only be enrolled into the separate prescription drug plan if you don’t make another selection by December 31.

**Important Information:**

**Because you have <state-specific name for Medicaid>**, you may have other opportunities to join a Medicare health or prescription drug plan. If you join a new Medicare plan AFTER December 31, your coverage in the new plan won’t start until the month after you join.

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

* **From October 15 through December 7,** anyone with Medicare can switch plans or return to Original Medicare. This includes adding or dropping Medicare prescription drug coverage for the following year.
* **From 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).

Your <state-specific name for Medicaid program> coverage will continue. For questions about <state-specific name for Medicaid program>, call <toll-free number> or TTY: <TTY number>, <days and hours of operation>. The calls are free. Ask how returning to Original Medicare affects your <state-specific name for Medicaid program> coverage.

**How can I get help comparing my options?**

It’s important to find a plan that covers your doctor visits and prescription drugs. To get help comparing your options, you can:

<*plans opting to notify enrollees of alternative enrollment options through outbound calls should include the following language instead of the previous sentence:* <Plan Name> will call you to explain how you can get help comparing plans. You can also:>

* **Visit** [**Medicare.gov**](http://www.medicare.gov) or refer to your Medicare & You Handbook for a list of Medicare health and prescription drug plans in your area. <*plans opting to notify enrollees of alternative enrollment options through written description should include the following language:* You may also refer to the attached list of Medicare health and prescription drug plans in your area.> If you want to join one of these plans, call the plan to get information about their costs, rules, and coverage.
* **Call <Name of SHIP>** at <phone number> or TTY: <TTY number>, <days and hours of operation>, for free, personalized health insurance counseling.
* **Call your State <Name of Ombudsman Program>** at <phone number> or TTY: <TTY number>, <days and hours of operation>. Representatives are available to answer your questions, discuss your needs, and give you information about your options. All counseling is **free**.
* **<Call <State enrollment broker> at <toll-free number, days and hours of operation>**. Representatives can help you find out which <State-specific name for Medicare-Medicaid Plans> are in your area, or enroll you in another <State-specific name for Medicare-Medicaid Plan>. TTY users can call <State enrollment broker TTY>. > The calls are free.
* **Call 1-800-MEDICARE (1-800-633-4227), 24 hours a day, 7 days a week**.Tell them you got a letter saying your plan isn’t going to be offered next year and you want help choosing a new plan. TTY users can call 1-877-486-2048. The calls are free.
* **Visit Medicare.gov**.Medicare’s official web site has tools that can help you compare plans and answer your questions. **Click** the “Sign Up/Change Plans” tab and then select “Find health & drug plans” to compare the plans in your area.

**Note**: Medicare isn’t part of the Health Insurance Marketplace. Follow the instructions in this letter to be sure that you’re reviewing Medicare plans and not Marketplace options.

Disregard any 2021 plan materials you received before October 1, 2020.

If you need more information, please call us at <toll-free number, TTY, days and hours of operation>. Tell the customer service representative you got this letter.

<Plans may include language thanking the enrollee for their membership and/or apologizing for any inconvenience.>

Sincerely,

<Signature>

You can get this information for free in other formats, such as large print, braille, or audio. Call <toll free number>. The call is free.

“ATTENTION: If you speak [insert language], language assistance services, free of charge, are available to you. Call 1-XXX-XXX-XXXX (TTY: 1-XXX-XXX-XXXX).”

[Material ID]