[REMOVE PRIOR TO SENDING: Tab M - MODEL NOTICE TO ENROLLEES IN MA-PD D-SNP LOOK-ALIKE PLANS THAT ARE NON-RENEWING OR REDUCING THEIR SERVICE AREAS]

**IMPORTANT NOTICE: Your Medicare plan won’t be   
offered in 2023.**

<Date>

<Member Name>  
<Member Address>  
<Address>

**Keep this letter. It’s proof that you have a special right to   
join a Medicare plan.**

Dear <Member Name>,

<Plan Name> won’t offer your Medicare plan in 2023. This means your coverage through <Plan Name>will end December 31, 2022. The Illinois Department of Healthcare and Family Services will automatically enroll you in <MMP name>, a Medicare-Medicaid Alignment Initiative (MMAI) plan, for your health and drug coverage starting January 1, 2023. This new plan includes your <Medicaid or state-specific Medicaid name (sometimes called “Medicaid”)>, Medicare, and prescription drug benefits.

**There will be no gap in your coverage.** The Illinois Department of Healthcare and Family Services will automatically enroll you in <MMP Name>, so you don’t have to do anything. If you don’t make a different choice by December 31, your new coverage with the <MMP Plan> will start on January 1, 2023. See below for your other options.

<MMP Plan> network primary care providers and pharmacies will provide all of your health care services and prescription drugs as of January 1, 2023. If you need emergency or urgently needed care,or out-of-area dialysis services, you can use providers outside of <MMP Plan> network.

In a few weeks <MMP Plan> will send you a new member kit. You will also get notice(s) from the Illinois Department of Healthcare and Family Services reminding you about your <MMP Name> enrollment and your options.

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

* Call <MMP name> <Member Services> at <toll-free phone number> <days and hours of operation>
* Call <toll-free number> if you use TTY
* Visit <web address>

**Do I have other options?**

Yes. Here are your options for Medicare and Medicaid coverage:

[*If applicable, insert Option 1. If Option 1 is not applicable, renumber and insert the remaining two options.*]

1. **You can join another MMAI plan**
   1. If you choose to enroll in one of these plans, it will cover your Medicare and Medicaid benefits, including prescription drugs. An MMAI plan also covers additional services such as behavioral health, community-based services, and care coordination. If you join a new MMAI plan AFTER December 15, your coverage in the new plan won’t start until February 1.
   2. To find out which MMAI plans are in your area, or to enroll in another MMAI plan, call 1-877-912-8880 (TTY: 1-866-565-8576), Monday to Friday from 8 a.m. to 7 p.m. The call is free!
2. **You can join another Medicare health plan.** Call 1-800-MEDICARE(1-800-633-4227) 24 hours a day, 7 days a week. TTY users should call 1-877-486-2048. Or, visit [Medicare.gov](http://www.medicare.gov/) to choose a new plan. A Medicare health plan is offered by a private company 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. Most Medicare health plans include prescription drug coverage. 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.
3. **You can change to Original Medicare.** Original Medicare is fee-for-service 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, you need to join a separate Medicare prescription drug plan to get prescription drug coverage. If you don’t choose another prescription drug plan by December 31, 2022, Medicare will choose a new drug plan for you, and you’ll have health coverage through Original Medicare starting January 1, 2023.

Under options #2 and #3, above, your Medicaid coverage will continue it just won’t be covered by the same health plan that covers your Medicare. To get more information about Medicaid call the Illinois Department of Healthcare and Family Services Health Benefits Hotline at 1-800-226-0768. TTY users should call 1-877-204-1012. Ask how returning to Original Medicare, a Medicare Prescription Drug Plan or Medicare Advantage affects your Medicaid program coverage.

**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 a Medicare Savings Account plan) can switch plans or return to Original Medicare (and join a stand-alone Medicare Prescription Drug Plan).

Your <state-specific name for Medicaid> coverage will continue. For questions about <state-specific name for Medicaid>, 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> coverage.

**If you have an employer or union group health plan**, **VA benefits, or TRICARE for Life,** contact your insurer or benefits administrator. Ask how joining another plan or returning to Original Medicare affects your coverage.

**How do you get help comparing Medicare plans?**

It’s important to find a plan that covers your doctor visits and prescription drugs.

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.

[*Plans choosing to notify enrollees of alternative enrollment options through outbound calls should include the following sentence:* <Plan Name> will call you to explain how you can get help comparing plans.]

You can also get help comparing plans if you:

* **Call <Name of SHIP> at <SHIP phone> or TTY: <TTY number>, <days and hours of operation>.** Counselors are available to answer your questions, discuss your needs, and give you information about your options. All counseling is **free**.
* **Call 1-800-MEDICARE (1-800-633-4227).** Tell them you got a letter saying your plan won’t be offered next year and you want help choosing a new plan. This toll-free help line is available 24 hours a day, 7 days a week. TTY users should call 1-877-486-2048.
* **Visit** [**Medicare.gov**](http://www.medicare.gov)**.** Medicare’s official web site has tools that can help you compare plans and answer your questions. **Click** the “Find plans” tab to compare the plans in your area.

If you need more information, please call us at <phone, 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.

[Include the following in all non-English languages that meet the Medicare and/or state thresholds for translation.] 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]