<Date>

<Name>

<Address>

<City>, <State> <ZIP>

<Name>:

**Ohio Medicaid got your request not to be enrolled in <plan name> for your Medicare services.**

You told Ohio Medicaid that you don’t want to enroll in MyCare Ohio for your Medicare services. Ohio Medicaid and Medicare will not automatically enroll you for your Medicare services again.

**Your Medicare will stay the same.**

If you are already enrolled in a Medicare Advantage plan or Medicare prescription drug plan, you should automatically keep that plan.

**Important:** If you don’t get an enrollment acknowledgement letter from your Medicare prescription drug plan within two (2) weeks of getting this letter, please contact them to confirm your enrollment. They may ask for a copy of this letter for their records.

**You can change your mind about your coverage.**

If you change your mind and decide you would like to join a MyCare Ohio Plan for your Medicare services, call the Ohio Medicaid Consumer Hotline at 1-800-324-8680, Monday through Friday from 7:00 am to 8:00 pm and Saturday from 8:00 am to 5:00 pm. Call the Ohio Relay Service at 7-1-1 if you use TTY.

**What if I have questions?**

* For questions about **<plan name> or this notice**, call Member Services at <toll-free phone and TTY/TDD numbers>, <days and hours of operation> or visit <web address>.
* For questions about **Medicare**, call 1-800-MEDICARE (1-800-633-4227) (TTY: 1-877-486-2048), 24 hours a day, 7 days a week, or visit the Medicare home page at http://www.medicare.gov.
* For questions about **the MyCare Ohio program**, call the Ohio Medicaid Consumer Hotline at 1-800-324-8680, Monday through Friday from 7:00 am to 8:00 pm and Saturday from 8:00 am to 5:00 pm. Call Ohio Relay at 7-1-1 if you use TTY or visit http://www.ohiomh.com.
* For questions or concerns about **any aspect of care available through the MyCareOhio program**, call the Office of the State Long-Term Care Ombudsman (1-800-282-1206) (TTY Ohio Relay Service: 1-800-750-0750), Monday through Friday from 8:00 am to 5:00 pm or email MyCareOmbudsman@age.ohio.gov. The Office of the State Long-Term Care Ombudsman is a consumer advocacy program.

If you have a problem reading or understanding this information, please contact <plan name> <Member Services> for help, at no cost to you. We can explain this information in English or in your primary language. We may have this information printed in some other languages. If you are visually or hearing-impaired, special help can be provided.

<Plan’s legal or marketing name> is a health plan that contracts with both Medicare and Ohio Medicaid to provide benefits of both programs to enrollees.

[*Plans are subject to the notice requirements under Section 1557 of the Affordable Care Act. For more information, refer to 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 <toll-free phone and TTY/TDD numbers>. The call is free.