<Date>

<Name>

<Address>

<City>, <State> <ZIP>

**Important Information - Keep This Notice for Your Records**

<Name>:

**Ohio Medicaid has enrolled you back in <plan name> as of <effective date>.**

Your enrollment in <plan name> ended in error. We’ve corrected our records to show that you’re still a member of <plan name>. **There will be no break in your health services and prescription drug coverage.** Please keep using your <plan name>’s providers and the <plan name> Member ID Card that you currently have for your health care services and network pharmacy for your prescription drugs. If you can’t find your Member ID Card and need a new one, call us at <toll-free phone and TTY/TDD numbers>, <days and hours of operation>.

**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.

Thank you for your continued membership in <plan name>.

<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.