<Date>

<Name>   
<Address>

<City>, <State> <ZIP>

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

<Name>:

**You no longer qualify for** <**plan name**>**.**

<Plan name>, your Cal MediConnect plan, can no longer cover your health and prescription drug benefits because you are no longer eligible for Medi-Cal.

Even though you’re no longer eligible for Medi-Cal, you may keep getting your benefits from <plan name> until <**end date for period of deemed continued eligibility**>. To stay a member of <plan name>, you must qualify for Medi-Cal again by <**end date for period of deemed continued eligibility**>.

**TAKE ACTION NOW TO KEEP YOUR HEALTH COVERAGE.**

If you believe you are still eligible for Medi-Cal, you must contact your <county social worker/applicable contact> at <applicable contact information> immediately. You must contact your <county social worker/applicable contact> before <**end date for period of deemed continued eligibility**>so that you are not without health coverage.

**How long will I have coverage?**

<Plan name> will keep covering your Medicare-Medi-Cal plan benefits until <**end date for period of deemed continued eligibility**>. You have until <**end date for period of deemed continued eligibility**> to again qualify for Medi-Cal.

**Which services will not be covered?**

Cal MediConnect does not cover dental services offered by the Denti-Cal program and Mental Health Services offered by the county. These are Medi-Cal benefits covered outside of the Cal MediConnect program. Because you are no longer eligible for Medi-Cal, you are also noteligible for Denti-Cal or County Mental Health Services. To verify coverage of these benefits please contact your <county social worker/applicable contact> at <applicable contact information>.

**When will my coverage end?**

If you don’t qualify for Medi-Cal by <**end date for period of deemed continued eligibility**>, you’ll be disenrolled from <plan name> and you’ll get coverage through Original Medicare and a Medicare Prescription Drug Plan starting <**date that equals the first of the month following the end date for period of deemed continued eligibility**>. Contact <county social worker/applicable contact> now. **DO NOT WAIT.**

**What do I do if my coverage ends?**

If you’re disenrolled from <plan name>, Medicare will enroll you in Original Medicare and a Medicare Prescription Drug Plan. You don’t need to do anything for this to happen. **If you want to choose a drug plan yourself or have any questions, call 1-800-MEDICARE (1-800-633-4227), 24 hours a day, 7 days a week. Call 1-877-486-2048 if you use TTY.**

You can also contact <plan name> to find out about other Medicare health or Prescription Drug Plans that they offer based on your Medicare or Medi-Cal eligibility. Please call <plan name>’s Member Services for more information at <toll-free phone and TTY/TDD numbers>, <days and hours of operation>.

**Can I join another Medicare plan?**

**Yes.** You’re no longer eligible for <plan name> because you no longer qualify for Medi-Cal. **But you have a special opportunity to join a Medicare health or Prescription Drug Plan.** This opportunity begins now and ends when you enroll in a different plan or 3 months after you are disenrolled from the plan. If you choose this option, your new Medicare health or drug coverage will begin the 1st day of the following month after you enroll in the new plan.

**You can only make changes to your Medicare coverage during certain times of the year.**  From October 15 through December 7 each year, you can enroll in a new Medicare health or Prescription Drug Plan for coverage starting January 1 of the following year.

**Can I join another Medicare plan at some other time?**

**Yes.** You can leave a plan and join a new one at other times during the year for special reasons, including:

* You move out of the plan’s service area.
* You want to join a plan with a 5-star rating in your area.
* If you’re getting Extra Help with your drug costs, you may change plans once each calendar quarter for the first three quarters of the year.
* If your Extra Help ends, you can still make a change for 3 months after you find out you’re no longer getting Extra Help.

**Who should I contact if I have questions?**

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

* Call <plan name> Member Services at <toll-free number>, <days and hours of operation>.
* Call <toll-free number> if you use TTY.
* Visit <web address>.
* Call <enrollment broker> at <enrollment broker phone and TTY numbers>, <days and hours of operation>.

For questions about **Medicare**:

* Call 1-800-633-4227 (1-800-MEDICARE), 24 hours a day, 7 days a week.
* Call 1-877-486-2048 if you use TTY.
* Visit the Medicare home page at <http://www.medicare.gov>.

For questions about your **Medi-Cal eligibility,** call <applicable county contact information>.

**Get free help with Cal MediConnect plan problems and complaints by calling the Cal MediConnect Ombudsman at 1‐855‐501‐3077, <days and hours of operation>. Call <TTY/TDD number> if you use TTY. The call is free.**

[*Plans must include all applicable disclaimers as required in the Medicare Communications and Marketing Guidelines and State-specific Marketing Guidance.*]

[*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*](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 [*insert Member Services toll-free phone and TTY/TDD numbers, days and hours of operation*]. The call is free.