<Date>

**Member ID: <Member #>**

**Rx ID: <RxID>**

**Rx GRP: <RxGRP>**

**Rx BIN: <RxBIN>**

**Rx PCN: <RxPCN>**

<Name>

<Address>

**<City>, <State> <ZIP>**

##### Your <plan name> Cal MediConnect Plan (Medicare-Medicaid Plan) coverage is ending.

We got your request to disenroll from <plan name> on <**date**>. You’ll be disenrolled from <plan name> on <**date**>. <Plan name> will not pay for your Medicare and Medi-Cal health services and prescription drugs after <**date**>. You will now get your Medi-Cal services and prescription drugs from <Medi-Cal plan name>.

##### If you think there was a mistake

If you did not ask to leave <plan name> and want to stay in the plan, call <plan name> at <toll-free number>, 24 hours a day, 7 days a week. TDD/TTY users should call <toll-free number>. You can join <plan name> at any time.

##### You’ll be covered by Original Medicare starting <effective date>

You’ll get your Medicare health services through Original Medicare starting <**date**> if you don’t enroll in a Medicare health plan. When you see a provider through Original Medicare, you should use your red, white, and blue Medicare card to get health care services.

If you have questions about Medicare plans in your area, visit [www.medicare.gov](http://www.medicare.gov) or call toll-free 1-800-MEDICARE (1-800-633-4227), 24 hours a day, 7 days a week. TTY users should call 1-877-486-2048.

##### IMPORTANT: You need to choose a Medicare Prescription Drug Plan

When your <plan name> services end on <**date**>, your <plan name> prescription drug coverage ends too. You can enroll in a Medicare Advantage plan that includes prescription drug coverage or in a Medicare Prescription Drug Plan.

* If you don’t select a new prescription drug plan, Medicare will enroll you in one.
* If you don’t want to join a Medicare prescription drug plan, you must call 1-800-MEDICARE.
* If you need help comparing prescription drug plans or would like to discuss other enrollment choices, you can speak with a California Health Insurance Counseling & Advocacy Program (HICAP) at 1-800-434-0222, 8:00 am - 4:00 pm, Monday through Friday.
* If you don’t want California to enroll you in another Medicare-Medicaid Plan in the future, you must call <plan name> Customer Service at <toll-free number>, 24 hours a day, 7 days a week, to opt out. TDD/TTY users should call <toll-free number>.
* If you have questions or would like to join a Medicare Advantage or Medicare prescription drug plan, visit [www.medicare.gov](http://www.medicare.gov) or call toll-free 1-800-MEDICARE (1-800-633-4227), 24 hours a day, 7 days a week. TTY users should call 1-877-486-2048.

**You’ll continue to get your Medi-Cal benefits.**

You’ll continue to get your Medi-Cal services, including Long Term Services and Supports (LTSS) that help with ongoing personal care needs, through <plan name>.

##### Your health coverage change will become effective soon

##### It may take up to 45 days for your records to be updated. If your providers need to send claims, tell them that you just left <plan name> and there may be a short delay in updating your records.

##### What if you have questions about <plan name>?

##### If you have questions about <plan name>, call Customer Service <toll-free number>, 24 hours a day, 7 days a week. TTY users should call <toll-free number>. You can also visit <plan website>.

For general questions about other enrollment choices, you can also call your California Health Insurance Counseling & Advocacy Program (HICAP) at 1-800-434-0222 or 1-714-560-0424, 8:00 am - 4:00 pm, Monday through Friday.

For complaints, problems accessing care, or other similar issues, call your California Ombudsman at 1-855-501-3077, 9:00 am - 5:00 pm, Monday through Friday.

**What if you have questions about Medicare or Medi-Cal?**

* If you have questions about Medicare, visit [www.Medicare.gov](http://www.Medicare.gov), or call toll-free 1-800-MEDICARE (1-800-633-4227), 24 hours a day, 7 days a week. TTY users should call 1-877-486-2048.
* If you have questions about Medi-Cal call toll-free 1-800-281-9799, 7:00 am - 5:00 pm, Monday through Friday.

[*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-155*7](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.