<*do not include title in notice sent to beneficiaries* -

[REMOVE PRIOR TO SENDING: Tab B - MODEL NOTICE TO ENROLLEES IN MA, MA-PD AND COST PLANS THAT ARE NON-RENEWING OR REDUCING THEIR SERVICE AREAS]

**IMPORTANT NOTICE: Your Medicare plan won’t be   
offered in 2019.**

<Insert Date>

<Member Name>  
<Member Address>  
<Address>

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

Dear <member name>,

<Plan Name> won’t offer your Medicare plan in 2019. This means your coverage through <Plan Name>will end December 31, 2018. You need to make some decisions about your Medicare coverage. It is important you take action before December 31, or you will <*plans with Part D should include the following language:* lose your prescription drug coverage and*>* only have Original Medicare starting January 1, 2019.

**What happens if you don’t join another Medicare plan?**

If you don’t take action before December 31, 2018, you will <*plans with Part D should include the following language:* lose your prescription drug coverage and> only be covered by Original Medicare starting January 1, 2019. Because <plan name> will no longer be offered, you can join a new plan anytime between October 15, 2018 and February 28, 2017. If you don’t join a plan with prescription drug coverage by February 28, 2019, you won’t have prescription drug coverage in 2019 and you may have to pay a lifetime Part D late-enrollment penalty if you join a Medicare prescription drug plan later. <MA only plans and Cost plans with no Part D replace previous sentence with: If you are already enrolled in a separate prescription drug plan, your prescription drug coverage will not be affected by this change.> If you choose a plan after December 31, 2018, but before February 28, 2019, your coverage will begin the first day of the month after you make a selection.

**What do you need to do?**

You need to choose how you want to get your health and prescription drug coverage. Review your options for Medicare coverage and decide which is best for you:

**Option 1: You can join another Medicare health plan.** Call 1-800-MEDICARE(1-800-633-4227) 24 hours a day, 7 days a week or visit 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. <MA-PFFS and Cost plans without Part D coverage, add the following sentence: If they don’t, you must join a separate Medicare prescription drug plan to get prescription drug coverage.>

**Option 2: You can change to Original Medicare.** Original Medicare is fee-for-service coverage managed by the Federal government. If you choose Original Medicare, you need to join a separate Medicare prescription drug plan to get prescription drug coverage. You may also want to buy a Medicare Supplement Insurance (Medigap) policy to fill in the gaps in Original Medicare coverage. See below for more information on Medigap policies.

Please note if you change to Original Medicare, if you currently pay a reduced Part B premium, you will lose access to this benefit effective January 1, and will have the full Part B premium deducted from your monthly Social Security check.

**Important Information:**

**Medigap Policies –**You have a special right to buy a Medigap policy because your plan is ending. This letter is your proof that you have a special right to buy a Medigap policy. You’ll have this special right for 63 days after your coverage with <plan name> ends. See the enclosed Medigap fact sheet for more information on your Medigap rights. You’ll likely need to join a separate Medicare prescription drug plan if you want Medicare drug coverage.

<Cost plans remove this sentence**> If you have End-Stage Renal Disease (ESRD)**, you have a one-time right to join a new Medicare Advantage plan because your plan is ending. Keep a copy of this letter as proof of your right to join a new Medicare Advantage plan.

**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.

**If you only have Medicare Part B,** you’ll also need to get Part A if you want to join a Medicare Advantage Plan or buy a Medigap policy. Contact Social Security at 1-800-772-1213 for information on enrolling in Part A.TTY users should call 1-800-325-0778.

**Get help comparing your options**

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

Please visit [Medicare.gov](http://www.medicare.gov) or refer to your Medicare & You Handbook for a list of all 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 all 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. Please note Medicare isn’t part of the Health Insurance Marketplace. Following the instructions in this letter will ensure that you are reviewing Medicare plans and not Marketplace options.

You can also get help comparing plans if you:

<*plans opting to notify enrollees of alternative enrollment options through outbound calls should include the following language instead of the previous sentence:* <Plan Name> will call you to explain how you can get help comparing plans when you:>

* **Call <Name of SHIP> at <SHIP phone>.** Counselors are available to answer your questions, discuss your needs, and give you information about your options. All counseling is **free**. TTY users should call <SHIP TTY>.
* **Call 1-800-MEDICARE (1-800-633-4227).** Tell them you got a letter saying your plan isn’t going to 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)**.** Click on “Supplements & Other Insurance” for information on Medigap policies and tools that can help you find plans available in your area.  
  + **Click** “Find health & drug plans” to compare the plans in your area.

Please disregard any 2019 plan materials you received before October 1, 2018.

For information on Medigap plans, please call the <State Insurance Commissioner’s Office> at <State CO Phone>. TTY users should call <State CO TTY>.

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

“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).”

“[Plan’s/Part D Sponsor’s legal or marketing name] is a [plan type] with a Medicare contract. Enrollment in [Plan’s/Part D Sponsor’s legal or marketing name] depends on contract renewal.”

[Material ID]