[REMOVE PRIOR TO SENDING: Tab D - MODEL NOTICE TO ENROLLEES IN DUAL SNPS THAT ARE CHANGING THE CATEGORY AND/OR LEVEL OF MEDICAID THAT THEY SERVE

(Do not include Medigap attachment)]

<insert date>

**IMPORTANT NOTICE: Your coverage through <Plan Name> will end December 31, 2018.**

<Insert Date>

<Member Name>  
<Member Address>  
<Address>

Dear <member name>,

Your health plan won’t be offered for your level of Medicaid coverage eligibility effective January 1, 2019. This means your coverage through <plan name> will end December 31, 2018. You need to make some decisions about your Medicare health and prescription drug coverage. Whichever choice you make, you will still have Medicare and <state-specific name for Medicaid> benefits, including prescription drug coverage.

Because you have <state-specific name for Medicaid>, you can join a Medicare health or drug plan at any time between now and December 31, 2018. Starting in 2019, there are new limits on how often you can change plans. Your new coverage will start the month after the new plan receives your enrollment request.

**What’s changing after December 31st?**

* You will no longer be enrolled in <Plan Name>.
* You will no longer get prescription drug coverage through <Plan Name>.
* If you don’t choose another plan by December 31, Medicare will enroll you in a new drug plan and you will have Original Medicare starting January 1, 2019.
* 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.

**What do you need to do?**

You need to choose how you want to get your health and prescription drug coverage. Here are your options for Medicare coverage:

**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 Medicare health 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. Some health plans are designed specifically for people who have both Medicare and Medicaid. These are called Dual Eligible Special Needs Plans.

**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, Medicare will enroll you in a separate prescription drug plan. You’ll get a blue letter in November telling you the name of your new drug plan. You will only be enrolled into the separate prescription drug plan if you do not make another selection by December 31.

**Important Information:**

**For questions about <state-specific name for Medicaid>**, contact <State Medicaid phone, TTY, and hours of operation>. Ask how joining another plan or returning to Original Medicare affects your Medicaid coverage.

**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.

**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)**.** Medicare’s official web site has tools that can help you compare plans and answer your questions. **Click** “Find health & drug plans” to compare the plans in your area.

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

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]