[REMOVE PRIOR TO SENDING: Tab J - Model Non-Renewal Letter for Individuals in Non-Renewing D-SNP Whom State is Passively Enrolling into Organization’s MMP]

<Date>

<Name>

<Address>

<City>, <State> <ZIP>

**IMPORTANT: YOUR Medicare plan won’t be offered in 2019**

**You’re being enrolled in a new health & drug plan**

<Name>:

Your Medicare plan won’t be offered in 2019. This means your health and prescription drug coverage through <D-SNP name> will end December 31, 2018. You will be automatically enrolled in <MMP name> for your health and drug coverage instead of <D-SNP name> starting January 1, 2019. This new plan includes your <Medicaid or state-specific Medicaid name> (sometimes called “Medicaid”), Medicare, and prescription drug benefits. You will get a notice about your enrollment in <MMP name> from your state.

**There will be no gap in your coverage.** <State> will automatically enroll you in <MMP name>, so you don’t have to do anything if you want to be enrolled in this plan. If you don’t make a different choice by December 31, your new coverage with <MMP name> will start on January 1, 2019. See below for your other options.

<MMP name> network primary care providers and pharmacies will provide all of your health care services and prescription drugs as of January 1, 2019. If you need emergency or urgently needed care,or out-of-area dialysis services, you can use providers outside of <MMP name>’s network.

In a few weeks <MMP name> will send you a new member kit. **Your kit will include:**

* A welcome letter
* Summary of benefits
* [*insert* <List of covered drugs> *or* <Instructions for accessing the List of Covered Drugs online or having a hard copy mailed to you>]
* [*insert* <Provider and pharmacy directory> *or* <Instructions for accessing the provider and pharmacy directory online or having a hard copy mailed to you>]
* [*if including in the new member kit, insert <*Member ID card>]
* [*if including in the new member kit, insert <*Member handbook>]

**For questions about <MMP name>,**

* Call <MMP name> <Member Services> at <toll-free phone number> <days and hours of operation>
* Call <toll-free number> if you use TTY
* Visit <web address>

**Do I have other options?**

Yes. Here are your options for Medicare coverage:

*[All Plans/Part D Sponsors outside of California should use the following Option 1:]*

**Option 1: You can join a different 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.

*[Plans/Part D Sponsors in California should use the following Option 1:]*

**Option 1: You can join a different 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. You may not choose a Medicare health plan designed specifically for people who have both Medicare and Medicaid, 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. To change to Original Medicare visit [www.Medicare.gov](http://www.Medicare.gov), or call toll-free number 1-800-633-4227 (1-800-MEDICARE) 24 hours a day, 7 days a week. TTY users should call 1-877-486-2048. If you choose Original Medicare, Medicare will enroll you in a separate prescription drug plan and send you a letter telling you the name of your new drug plan.

**Note:** You’ll have 3 months after your coverage starts in <plan name> to change to another Medicare health plan.

**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.

What if I have questions about <name of state Medicaid program>?

If you have questions about<name of state Medicaid program>, call <Medicaid phone number>, <days and hours of operation>.

<Plans may include language thanking the enrollee for their membership and/or apologizing for any inconvenience.>

“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]