[REMOVE PRIOR TO SENDING: Tab L - MODEL NOTICE TO ENROLLEES IN SNPS THAT EXCLUSIVELY ENROLL DUALS AND ARE NON-RENEWING OR REDUCING THEIR SERVICE AREAS

(Do not include Medigap attachment)

For use by D-SNPs working with State governments to populate the notice. CMS and the state will inform plans to use this notice.]

<Insert Date>

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

<Insert Date>

<Member Name>  
<Member Address>  
<City>, <State> <ZIP>

Dear <Member Name>,

<Plan name> won’t offer your Medicare-Medicaid plan in 2019. This means your coverage through <plan name> will end **December 31, 2018**. You need to choose how you want to get your health care 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 your plan will no longer be available to you, you can join a new plan anytime between October 15, 2018 and February 28, 2019.

If you don’t choose another plan by December 31, Medicare will choose a new drug plan for you and you’ll have health coverage through Original Medicare starting **January 1, 2019**.

<Your <state-specific name for Medicaid program> coverage won’t change. You will still get your <state-specific name for Medicaid program> coverage through <plan name.>

***or***

<After December 31, you will no longer receive your <state-specific name for Medicaid coverage> coverage through <plan name>. If you don’t make a choice by <date>, <state-specific name of Medicaid program> will choose another <state-specific name> plan for you.> ***or*** <you will get your <state-specific name for Medicaid program> coverage directly from any provider that accepts <state-specific name of Medicaid program>.

***and/or***

<<State-specific name for Medicaid program> will send you a letter about your <state-specific name for Medicaid program> coverage choices.>

**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 plan that combines your Medicare and <state-specific name for Medicaid> coverage under one plan.** These are a special kind of Medicare health plan called [insert:<Dual Eligible Special Needs Plans> ***or*** <state-specific name for Medicare-Medicaid Plans>]. These plans are offered by private companies that contract with Medicare and with <state-specific name of Medicaid program>. These plans cover all services that Original Medicare covers and prescription drugs. Some plans offer extra coverage such as vision, hearing or dental.

**Option 2: You can join another 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.

**Option 3: You can change to Original Medicare.** Original Medicare is coverage managed by the Federal government. If you choose Original Medicare, you should also pick a Medicare prescription drug plan. If you don’t pick a prescription drug plan yourself, Medicare will enroll you in one and send you a letter telling you the name of your new drug plan.

**Important Information:**

**Because you have <state-specific name for Medicaid>**, you may have other opportunities to join a Medicare health or prescription drug plan. If you join a new Medicare plan AFTER December 31, your coverage in the new plan won’t start until the month after you join.

In addition to these opportunities, you may end your membership in our plan during the following periods:

* **From October 15 through December 7,** anyone with Medicare can switch plans or return to Original Medicare. This includes adding or dropping Medicare prescription drug coverage for the following year.
* **From January 1 through March 31,** anyone enrolled in a Medicare Advantage Plan (except an MSA plan) can switch plans or return to Original Medicare (and join a stand- alone Medicare Prescription Drug Plan).

Your <state-specific name for Medicaid program> coverage will continue. For questions about <state-specific name for Medicaid>, contact <state-specific name of Medicaid program, toll-free number, TTY, and days and hours of operation>. Ask how joining another plan or returning to Original Medicare affects how you get your <state-specific name forMedicaid> 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.

**If you have End-Stage Renal Disease (ESRD),** you have a one-time right to join a new Medicare health plan. Keep a copy of this letter as proof of your right to join a new Medicare health plan.

**Get Help Comparing Your Options**

It’s important to make a choice that works for you and 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 your choices 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 or visit your State <Name of Ombudsman> at <Ombudsman phone number>.** Representatives are available to answer your questions, discuss your needs, and give you information about your options. All counseling is **free**. TTY users should call <Ombudsman TTY>.>
* **<Call <State enrollment broker> at <toll-free number, days and hours of operation>**. Representative can help you find out which <State-specific name for Medicare-Medicaid Plans> are in your area, or enroll you in another <State-specific name for Medicare-Medicaid Plan>. The calls are free. TTY users should call <State enrollment broker TTY>.
* <**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.

If you need more information, please call us at <toll-free phone and TTY numbers, 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]