<Date>

<Name>

<Address>

<City>, <State> <ZIP>

**Important Information – Keep This Notice for Your Records**

<Name>:

**You are no longer eligible for Michigan Medicaid.**

Even though you’re no longer eligible for Medicaid, you can continue to get your Medicare and Medicaid health and prescription drug benefits from <plan name> for up to three (3) months.

Which services will not be covered?

Since you’re no longer eligible for Medicaid, you won’t be eligible for Medicaid behavioral health services. If you have questions about your Medicaid behavioral health services, please contact your behavioral health provider. You can continue to get your Medicare behavioral health services through <Prepaid Inpatient Health Plan (PIHP) name>.

**If you believe you’re still eligible for Medicaid, you must contact your local Michigan Department of Health and Human Services Office immediately or reapply:**

* Refer to your latest Health Care Coverage Determination Notice from the Michigan Department of Health and Human Services for contact information for your local office or call the Michigan Department of Health and Human Services at 1-877-522-8050, Monday through Friday, 8 AM to 4:30 PM, **or**
* Reapply for Medicaid:
  + The fastest way is online at [www.michigan.gov/mibridges](https://newmibridges.michigan.gov/s/isd-landing-page?language=en_US).
  + You can also call the application help line at 1-855-276-4627 or call 1-866-501-5656 if you use TTY. The office hours are Monday through Friday, 8 AM to 7 PM.

**How long will I have coverage?**

<Plan name> may continue to cover your benefits for up to three (3) months. To keep <plan name> after three (3) months, you must get full Medicaid back by <**end date for period of deemed continued eligibility**>.

**When will my coverage end?**

If you’re not fully eligible for Medicaid within three (3) months, you’ll be disenrolled from <plan name>. Unless you choose another Medicare Advantage or Part D drug plan, you’ll get coverage through Original Medicare and a Medicare Prescription Drug Plan starting *<***first of the month following the end date for period of deemed continued eligibility***>.*

**What can I do if I want to stay in <plan name>?**

<Plan name> can only cover your health and drug services for up to three (3) months when you don’t have full Medicaid eligibility. **If you think you may still qualify for Medicaid, contact your local Michigan Department of Health and Human Services Office or reapply.**

* Refer to your latest Health Care Coverage Determination Notice from the Michigan Department of Health and Human Services for contact information for your local office or call the Michigan Department of Health and Human Services at 1-877-522-8050, Monday through Friday, 8 AM to 4:30 PM, **or**
* Reapply for Medicaid:
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  + You can also call the application help line at 1-855-276-4627 or TTY 1-866-501-5656. The office hours are Monday through Friday, 8 AM to 7 PM.

**What do I do if my coverage ends?**

If you’re disenrolled from <plan name>, Medicare will enroll you in Original Medicare and a Medicare Prescription Drug Plan. You don’t need to do anything for this to happen. If you don’t want Medicare to enroll you in a drug plan or if you have questions, call 1-800-MEDICARE (1-800-633-4227), 24 hours a day, 7 days a week. Call 1-877-486-2048 if you use TTY or visit the Medicare home page at <http://www.medicare.gov>.

**Can I join another Medicare plan?**

**Yes.** Because you no longer qualify for Medicaid and you’re no longer eligible for <plan name> after <**plan end date**>, you have a **special opportunity** to join a Medicare Advantage or Part D drug plan.

* You have up to three (3) monthsfollowing the date of your disenrollment from <plan name> to join a Medicare Advantage or Part D drug plan.
* Coverage will begin on the 1st day of the month after you choose a new Medicare Advantage or Part D drug plan.

**After this special opportunity is over, you can only make changes to your Medicare coverage during certain times of the year.**

* You can make changes to your Medicare Prescription Drug Plan or Medicare health plan coverage during Annual Open Enrollment. Annual Open Enrollment happens every year **from October 15 through December 7**.
* You can also change during the Medicare Open Enrollment Period **from January 1 through March 31**. Anyone enrolled in a Medicare Advantage Plan (except a Medical Savings Account (MSA) plan) can switch plans or return to Original Medicare (and join a stand-alone Medicare Prescription Drug Plan).
* You can leave a plan and join a new one at other times during the year if you meet certain special exceptions, including:
* You move out of the plan’s service area
* You want to join a plan in your area with a 5-star rating
* If you get Extra Help, you may change plans once each calendar quarter for the first three (3) quarters of the year, or
* If your Extra Help ends, you can still make a change up to three (3) months after you find out that you are not getting Extra Help.

**Who should I contact if I have questions about <plan name> or what services are covered?**

* Call <plan name> Member Servicesat <toll-free number>, <days and hours of operation>.
* Call <toll-free number> if you use TTY.
* Visit <web address>.

**Who should I contact if I have questions about Medicare**?

* Call Medicare at 1-800-633-4227 (1-800-MEDICARE), 24 hours a day, 7 days a week.
* Call 1-877-486-2048 if you use TTY.
* Visit [www.medicare.gov](file:///\\co-adshare\share\Share\OA\OSP\FCHCO\!Financial%20Alignment%20and%20State%20Demos\Marketing\Final%20Marketing%20Materials\State%20Materials\Michigan%20Materials\CY%202019\Draft%20Materials\Materials%20on%20hold\www.medicare.gov).

**Who should I contact if I have questions about Medicaid?**

* Call Michigan ENROLLS about Medicaid at 1-800-975-7630, Monday through Friday, 8 AM to 7 PM.
* Call 1-888-263-5897 if you use TTY.
* Visit the Michigan Department of Health and Human Services webpage:
* Follow this path: [www.michigan.gov/mdhhs](http://www.michigan.gov/mdhhs) and hover over the “Assistance Programs” tab (top left of page), then click “Medicaid” (middle of list), then the red box stating “Individuals” (upper left block in the middle of page).
* There will then be options you can click for more information about applying for assistance, support, programs, or resources.

[*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-1557*](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.