[*If the plan uses the Member’s Medicaid ID# as its Member’s Plan ID#, the plan should replace the two fields* Member ID *and* Beneficiary ID *with one field,* Member/Beneficiary ID.]

<Date> Member ID: <Member’s Plan ID#>

Beneficiary ID: <Member Beneficiary ID#>

<Name>

<Address>

<City>, <State> <ZIP>

<Name>:

**IMPORTANT: Your health care and prescription drug coverage will change on <effective date>.**

Thank you for telling us your new address.

Your new address is outside <plan name>’s service area. To be a member, you must live in <plan name>’s service area, although you can temporarily leave the service area for up to six (6) months in a row. You will no longer be in <plan name> as of <**date**>.

If you have moved, you must tell Social Security and your local Michigan Department of Health and Human Services Office.

If you have moved and have not told Social Security, call Social Security at 1-800-772-1213 Monday through Friday, 7 AM to 7 PM, and tell them your new address. Call 1-800-325-0778 if you use TTY.

Also, if you have not told your local Michigan Department of Health and Human Services Office your new address, you can do one of the following:

1. **Update your address online** at [www.michigan.gov/mibridges](http://www.michigan.gov/mibridges), or
2. **Contact your local Michigan Department of Health and Human Services Office** with your new address. If you need contact information for your local office, please call Michigan ENROLLS toll-free at 1-800-975-7630. Call 1-888-263-5897 if you use TTY. Office hours are Monday through Friday, 8 AM to 7 PM.

You can also find your local Michigan Department of Health and Human Services Office address and phone number at: <https://www.mdhs.michigan.gov/CompositeDirPub/CountyCompositeDirectory.aspx>.

You’ll be covered by Original Medicare starting <effective date>.

You’ll get your Medicare health care services through Original Medicare starting <effective date> if you don’t enroll in a Medicare health plan. When you see a provider through Original Medicare, you should use your red, white, and blue Medicare card to get health care services.

You can join a new Medicare plan.

If you don’t want health coverage through Original Medicare, you can join a new plan that serves the area where you now live. You may have up to two (2) months to join a new Medicare Advantage Plan that serves the area where you now live. You may 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>.

If you need help comparing plans or would like to discuss other enrollment choices, you can also call the Michigan Medicare/Medicaid Assistance Program (MMAP) at 1-800-803-7174. Persons with hearing and speech disabilities may call 711. Office hours are Monday through Friday, 8 AM to 5 PM. The call is free.

If you did not ask to leave <plan name> and want to stay in <plan name>, call Michigan ENROLLS toll-free at 1-800-975-7630. Call 1-888-263-5897 if you use TTY. Office hours are Monday through Friday, 8 AM to 7 PM.

Who should I call if I have questions about <plan name>?

If you have questions, call <plan name> Member Services at <toll-free number>, <days and hours of operation>. TTY users should call <toll-free number>. You can visit <MMP web address>. You can also call Michigan ENROLLS toll-free at 1-800-975-7630. Call 1-888-263-5897 if you use TTY. Office hours are Monday through Friday, 8 AM to 7 PM.

[*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)*.*]

[*Plans may increase the font size and/or use bold font to emphasize the following information.*]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 numbers, days and hours of operation*]. The call is free.