[*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’s Medicaid ID#>

<Name>

<Address>

<City>, <State> <ZIP>

<Name>:

Your health and prescription drug coverage is changing.

[*Insert if individual lost Medicaid status*: Your <plan name> health and prescription drug coverage will end on <**date**> because you no longer qualify for Michigan Medicaid. <Plan name> can cover your health and prescription drug benefits only if you’re eligible for both Medicare and Michigan Medicaid.]

*or*

[*Insert if individual lost State-specific status*: Your <plan name> health and prescription drug coverage will end on <**date**> because you no longer qualify to be enrolled in <plan name>. <Plan name> can cover your health and prescription drug benefits only if you’re eligible for both Medicare and Michigan Medicaid and for <any State-specific eligibility requirements>.]

**What to do if you want to stay in <plan name>.**

<Plan name> can only cover your health services until <**date**>. If you think you might still qualify for Michigan Medicaid, please call Michigan ENROLLS 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. This call is free. [*Insert other pertinent information about where a person can re-apply for Medicaid.*]

IMPORTANT: You need to choose a Medicare Prescription Drug Plan.

When your <plan name> services end on <**date**>, <plan name> prescription drug coverage ends too. Medicare will enroll you in Original Medicare and in a Medicare Prescription Drug Plan.

* If you need help comparing prescription drug plans or would like to discuss other enrollment choices, you can call the Michigan Medicare/Medicaid Assistance Program (MMAP) at 1-800-803-7174. They are open Monday through Friday from 8 AM to 5 PM.
* **If you have questions or don’t want Medicare to enroll you in a drug plan, you must call** the toll-free number 1-800-MEDICARE (1-800-633-4227) 24 hours a day, 7 days a week or visit the Medicare home page at <http://www.medicare.gov>. Call 1-877-486-2048 if you use TTY.
* **If you need to fill any covered prescriptions before your new Medicare Prescription Drug Plan coverage starts**, call Medicare’s Limited Income NET program (also called LI NET) at 1-800-783-1307, Monday through Friday 8 AM to 8 PM. TTY users should call 711. The call is free. You can also visit <https://www.humana.com/provider/pharmacists/linet> and scroll down to “Resources for beneficiaries.”

**You can join another Medicare plan if you don’t get your Medicaid back.**

* Because you no longer qualify for Michigan Medicaid and you’re no longer eligible for <plan name> after <**date plan ends**> due to you losing your Medicaid, you have up to **three (3) months** after <**date plan ends**> to join a Medicare health plan or Medicare Prescription Drug Plan.
* Your new Medicare coverage will begin the 1st of the following month after you enrolled in a new Medicare health plan or Prescription Drug Plan. If you don’t take any action, <plan name> will continue to cover your Medicare benefits until <**date plan ends**>.
* 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 make changes 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.
* There are exceptions to when you can make changes. You can leave a plan at other times during the year if:
  + 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 receive 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 for three (3) months after you find out that you are not getting Extra Help.

For general questions about your Medicare enrollment options, 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. They are open Monday through Friday, 8 AM to 5 PM. The call is free.

**You will still get Michigan Medicaid Fee-for-Service as long as you are eligible for it.** If you are still eligible for Michigan Medicaid, you can see any provider who accepts Michigan Medicaid starting <**date**>. If you do not know if you are still eligible for Michigan Medicaid, 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.

If you are receiving personal care services in your home, authorization for these services will end on <disenrollment effective date>.

* If you are still eligible for Medicaid and would like to receive personal care services through the Michigan Medicaid Home Help Program, contact your local Michigan Department of Health and Human Services Office to apply for Home Help. You must do this as soon as possible.
* If you do not apply, your personal caregiver will not be paid for services delivered after <disenrollment effective date>.
* If you need your local office’s contact information, 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 Department of Health and Human Services office address and phone number at: <https://www.mdhs.michigan.gov/CompositeDirPub/CountyCompositeDirectory.aspx>.

[*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.