## Exhibit 29: Model Notice for Enrollment Status Update

Referenced in §50.6 of the MMP Enrollment and Disenrollment Guidance

<Date>

<Name>

<Address>

<City>, <State> <ZIP>

<Name>:

Your enrollment in <plan name> has changed

[Insert one or more of the following, including sufficient detail to describe the specific enrollment change.]

You’ll now get your health care services and prescription drug coverage through <plan name>

Your <plan name> coverage starts <start date> and ends <end date>. [Plan should insert information about how to access coverage, etc.]

**or**

You’ll now get your health care services and prescription drug coverage through <new plan name>

Your enrollment in <old plan name> has been changed to <new plan name>. Your coverage with <new plan name> starts <date>. [Plans should insert information on cost sharing information, and other details the individual will need to ensure past and future coverage is clear.]

**or**

**Your <plan name> health care services and prescription drug coverage will start on <date>**

Your coverage in <plan name> will start on <date>. This date is earlier than you were originally told. [Plans should include information about coverage, and how to get refunded for prescriptions purchased in the period of retroactive coverage.]

**or**

Your <plan name> health care services and prescription drug coverage will start on <date>

Your coverage in <plan name> will start on <date>. This date is later than you were originally told. [Plans should insert information about impact to paid claims.]

**or**

**Your <plan name> health care services and prescription drug coverage [ended or will end**] **on <date>**

Your coverage in <plan name> [ended or will end] on <date>. This means you [don’t or won’t] have coverage through <plan name> after this date. [Plans should insert appropriate descriptive information, such as impact on paid claims or how to submit claims, as applicable.]

**or**

Your enrollment in <plan name> will end soon

Your <plan name> health services will end on <date>. This means you won’t have coverage through <plan name> after this date. [Insert information about impact to any paid claims.]

[Insert other pertinent and appropriate information regarding the enrollment status update and the resulting impact to the beneficiary as necessary.]

Who should I call if I have questions?

If you have questions, call <plan name> <Member Services> at <toll-free phone number>, <days and hours of operation>. TTY users should call <toll-free number>. You can visit <web address>.

You can also call the enrollment broker at 1-855-889-5243 (TTY 1-800-817-6608), Monday through Friday from 8:30 am to 6:00 pm. For general questions about enrollment, you can also call your Virginia Insurance Counseling Assistance Program (VICAP) at 1-800-552-3402.

[*The next sentence must be in English and all non-English languages that meet the Medicare or State thresholds for translation, whichever is most beneficiary friendly. The non-English disclaimer must be placed below the English version and in the same font size as the English version.*] This information is available for free in other languages. Call <toll-free number>. The call is free.

You can also get this information in other formats, like Braille and audio CD.