## Exhibit 27: Model Acknowledgement of Reinstatement

Referenced in §§ 50.2.1, 50.3, 50.3.1, 50.6

|  |
| --- |
| **Keep this notice for your records** |

<date>

<Name>

<Address>

<City>, <State> <ZIP>

<Name>:

The State has enrolled you back in <plan> as of <effective date>

There will be no break in your health services and prescription drug coverage. You should keep using <plan> primary care [insert the term the plan uses (e.g., Provider or Physician. Plans may also insert “physicians”, “doctors”, or “providers”, if that is more appropriate] for your health care services and network pharmacy for your prescription drugs.

[Insert one of the following sentences depending on plan policy:

You’ll get a new ID card and other information for <plan>.   
**or**   
Keep using the <plan> ID card that you currently have.   
**or**   
Call us at <phone> if you can’t find your ID card and need a new one.]

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

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

Thank you for your continued membership in <plan>.

You can get this document in Spanish, or speak with someone about this information in other languages for free. Call [insert Member Service phone and TTY/TDD numbers, and hours of operation]. The call is free. *[The previous 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 and formats like Braille or audio CD.