[REMOVE PRIOR TO SENDING: Tab D - MODEL NOTICE TO BENEFICIARIES IN DUAL SNPS THAT ARE CHANGING THE CATEGORY AND/OR LEVEL OF MEDICAID THAT THEY SERVE

(Do not include Medigap attachment)]

<insert date>

**IMPORTANT NOTICE: Your coverage through <Plan Name> will end December 31, 2014.**

<Insert Date>

<Member Name>  
<Member Address>  
<Address>

Dear <member name>,

Your Medicare plan won’t be offered to people with your type of Medicaid in 2015. This means your coverage through <plan name> will end December 31, 2014. You need to make some decisions about your Medicare coverage.

Because you have Medicaid, you can join a Medicare plan at any time. If you join a new Medicare plan AFTER December 31, your coverage in the new plan won’t start until the month after you join.

**What’s changing after December 31st?**

* You’ll no longer be enrolled in <Plan Name>.
* You’ll no longer get prescription drug coverage through <Plan Name>.
* If you don’t take action by December 31, Medicare will choose a new drug plan for you and you’ll have Original Medicare starting January 1, 2015.
* If you currently pay a reduced Part B premium you will lose access to this benefit effective January 1, and will have the full Part B premium deducted from your monthly Social Security check.

**What do you need to do?**

You need to choose how you want to get your health and prescription drug coverage. Here are your options for Medicare coverage:

**Option 1: You can join another Medicare health plan.** A Medicare health plan is offered by a private company that contracts with Medicare to provide benefits. Medicare health plans cover all services that Original Medicare covers and may offer extra coverage such as vision, hearing, or dental. Some health plans are designed specifically for people who have both Medicare and Medicaid. These are called Dual Eligible Special Needs Plans.

**Option 2: You can change to Original Medicare.** Original Medicare is fee-for-service coverage managed by the Federal government. If you choose Original Medicare, you need to join a separate Medicare prescription drug plan to get prescription drug coverage.

**Important Information:**

**If you have an employer or union group health plan**, **VA benefits, or TRICARE for Life,** contact your insurer or benefits administrator. Ask how joining another plan or returning to Original Medicare affects your coverage.

**If you have End-Stage Renal Disease (ESRD),** you have a one-time right to join a new Medicare Advantage plan. Keep a copy of this letter as proof of your right to join a new Medicare Advantage plan.

**For questions about Medicaid**, contact <State Medicaid phone, TTY, and hours of operation>. Ask how joining another plan or returning to Original Medicare affects your Medicaid coverage.

**Get help comparing your options**

It’s important to find a plan that covers your doctor visits and prescription drugs.

Please visit [Medicare.gov](http://www.medicare.gov) or refer to your Medicare & You Handbook for a list of all Medicare health and prescription drug plans in your area. If you want to join one of these plans, call the plan to get information about their costs, rules, and coverage. Please note Medicare isn’t part of the Health Insurance Marketplace you may have been hearing about. Following the instructions in this letter will ensure that you are reviewing Medicare plans and not Marketplace options.

You can also get help comparing plans if you:

* **Call <Name of SHIP> at <SHIP phone>.** Counselors are available to answer your questions, discuss your needs, and give you information about your options. All counseling is **free**. TTY users should call <SHIP TTY>.
* **Call 1-800-MEDICARE (1-800-633-4227).** Tell them you got a letter saying your plan isn’t going to be offered next year and you want help choosing a new plan. This toll-free help line is available 24 hours a day, 7 days a week. TTY users should call 1-877-486-2048.
* **Visit** [**Medicare.gov**](http://www.medicare.gov)**.** Medicare’s official web site has tools that can help you compare plans and answer your questions.  
  + **Click** “Find health & drug plans” to compare the plans in your area.

If you need more information, please call us at <phone, TTY, hours of operation>. Tell the customer service representative you got this letter.

<plans may include language thanking the beneficiary for their membership and/or apologizing for any inconvenience>

Sincerely,

<Signature>

[Federal contracting statement] [material id]