**Exhibit 28: Acknowledgement of Request to Opt Out of Passive Enrollment for Medicare services (not connected to request to disenroll or cancel enrollment in MMP)**

Referenced in §30.1.4

<date>

<Name>

<Address>

<City>, <State> <ZIP>

<Name>:

**Ohio Medicaid has received your request not to be enrolled in <plan> for your Medicare services.**

You told Ohio Medicaid that you don’t want to enroll in MyCare Ohio for your Medicare services. Ohio Medicaid and Medicare will not enroll you automatically for your Medicare services again.

**Your Medicare will stay the same**

If you are already enrolled in a Medicare Advantage plan or Medicare prescription drug plan, you should automatically keep that plan.

**IMPORTANT:** If you don’t receive an enrollment acknowledgement letter from your Medicare prescription drug plan within two (2) weeks of receiving this letter, please contact them to confirm your enrollment. They may request a copy of this letter for their records.

**You can change your mind about your coverage**

If you change your mind and decide you would like to join a MyCare Ohio Plan for your Medicare services, call the Ohio Medicaid Hotline at 1-800-324-8680, Monday through Friday from 7:00 am to 8:00 pm and Saturday from 8:00 am to 5:00 pm. TTY users should call the Ohio Relay Service at 7-1-1.

**If you have questions about Medicare**

If you have questions about Medicare, call 1-800-MEDICARE (1-800-633-4227), 24 hours a day, 7 days a week or visit http://www.medicare.gov. TTY users should call 1-877-486-2048.

**If you have questions about the MyCare Ohio program**, call the Ohio Medicaid Hotline at 1-800-324-8680, Monday through Friday from 7:00 am to 8:00 pm and Saturday from 8:00 am to 5:00 pm. TTY users should call Ohio Relay Service at 7-1-1. You can also visit http://www.medicaid.ohio.gov/.

If you have a problem reading or understanding this information, please contact <plan name> <Member Services> for help, at no cost to you. We can explain this information in English or in your primary language. We may have this information printed in some other languages. If you are visually or hearing-impaired, special help can be provided.

*[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.]* You can get this information for free in other languages. Call <toll-free number>. The call is free.

This information is available for free in other languages and formats like Braille or audio CD.