<Date>

<Name>

<Address>

<City>, <State> <ZIP>

<Name>:

**The Ohio Department of Medicaid got your request not to be enrolled in <plan name> for your Medicare services.**

You told the Ohio Department of Medicaid that you don’t want to enroll in MyCare Ohio for your Medicare services. The Ohio Department of Medicaid and Medicare will not automatically enroll you 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 get an enrollment acknowledgement letter from your Medicare prescription drug plan within two (2) weeks of getting this letter, please contact them to confirm your enrollment. They may ask for 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 Consumer 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. Call the Ohio Relay Service at 7-1-1 if you use TTY.

**Important:** If you’re no longer in a MyCare Ohio Plan, Medicare doesn’t let you change plans during certain times of the year unless you meet certain special exceptions, such as you’ve moved out of the plan’s service area. If you have questions about when you can change plans, contact Medicare by visiting [www.medicare.gov](http://www.medicare.gov/) or calling toll-free 1-800-MEDICARE (1-800-633-4227), 24 hours a day, 7 days a week. TTY users should call 1-877-486-2048.

**What if I have questions?**

* For questions about **<plan name> or this notice**, call Member Services at <toll-free phone and TTY numbers>, <days and hours of operation> or visit <URL>.
* For questions about **Medicare**, call 1-800-MEDICARE (1-800-633-4227) (TTY: 1-877-486-2048), 24 hours a day, 7 days a week, or visit the Medicare home page at [www.medicare.gov](http://www.medicare.gov/).
* For questions about **the MyCare Ohio program**, call the Ohio Medicaid Consumer 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. Call Ohio Relay at 7-1-1 if you use TTY or visit [www.ohiomh.com](http://www.ohiomh.com/).
* For questions or concerns about **any aspect of care available through the MyCare Ohio program**, call the Office of the State Long-Term Care Ombudsman (1-800-282-1206) (TTY Ohio Relay Service: 1-800-750-0750), Monday through Friday from 8:00 am to 5:00 pm or email [MyCareOmbudsman@age.ohio.gov](mailto:MyCareOmbudsman@age.ohio.gov). The Office of the State Long-Term Care Ombudsman is a consumer advocacy program.

If you have a problem reading or understanding this information, please contact <plan name>’s 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.

[*Plans must include all applicable disclaimers as required in the State-specific Marketing Guidance.*]

You can get this document for free in other formats, such as large print, braille, or audio. Call <toll-free phone and TTY numbers>. The call is free.