

**Exhibit 27: MA Model Notice to Inform Dually Eligible Member of Auto-Enrollment in MA-PD (NEW)**

Referenced in section: 40.1.6

[Member # - if member # is SSN, only use last 4 digits]

[RxID]

[RxGroup]

[RxBin]

[RxPCM]

Dear <insert member name>

Our records show that you have Medicare and Medicaid and your Medicaid prescription drug coverage is ending. [Insert for those with retroactive effective dates: To make sure that you don't lose a day of your drug coverage,] [insert for those with prospective effective dates: To make sure you have prescription drug coverage,] Medicare is enrolling you in our <name of MA-PD plan> that offers Medicare prescription drug coverage, beginning <effective date>.

This means that starting <effective date>, all of your health care, except emergency or urgently needed care, **or out-of-area dialysis services**, must be given or arranged by a <Plan> doctor(s). You will need to pay our copayments when you get health care.

**Optional language:** This letter is proof of insurance that you should show during your doctor's appointments.

With the addition of this Medicare prescription drug coverage, you will pay:

- \$0 for your yearly prescription drug plan deductible,
- [insert copay amount \$0, up to \$1 and \$3, or up to \$2 and \$5] copayments when you fill a prescription.

[Include cost of premium less low-income premium subsidy amount, brief description of benefit, emergency room, durable medical equipment, inpatient care, annual out of pocket maximum on coinsurance services, etc. if changes. If no changes, simply state that there will be no changes.

[MA PPO and PFFS plans do not use the following paragraph] Please remember that, except for emergency or out-of-area urgent care, **or out-of-area dialysis services**, if you get health care from a non-<new Plan> doctor without prior authorization, you will have to pay for the health care yourself.

Remember, your Medicaid prescription drug coverage is ending. Federal law will not let Medicaid continue the drug coverage you currently get. Some state Medicaid programs may cover those prescriptions that won't be covered under Medicare prescription drug coverage. This coverage alone won't be at least as good as Medicare prescription drug

coverage. To continue to have prescription drug coverage, you must be enrolled in a Medicare prescription drug plan, like [plan name].

You are not required to be in our Medicare prescription drug plan and have the option to stay in [insert name of MA-only plan]. If you decide not to be enrolled and don't have other drug coverage at least as good as Medicare prescription drug coverage, you may have to pay more for this coverage at a later time. If you don't want Medicare prescription drug coverage, call our Member Services Department at <phone number>. TTY users should call <TTY number> within 10 days of the date on this letter. We are open {insert days/hours of operation and, if different, TTY hours of operation}. You will need to tell us you don't want Medicare prescription drug coverage.

Thank you.

