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

(Do not include Medigap attachment)]

< Date>

**IMPORTANT NOTICE: Your coverage through <Plan Name> will end December 31, 2024.**

<Insert Date>

<Member Name>  
<Member Address>  
<Address>

Dear <Member Name>,

Your health plan won’t be offered for your level of Medicaid coverage eligibility effective January 1, 2025. This means your coverage through <Plan Name> will end December 31, 2024. You need to make some decisions about your Medicare health and prescription drug coverage. Whichever choice you make, you will still have Medicare and <state-specific name for Medicaid> benefits, including prescription drug coverage. If you don’t choose another prescription drug plan by December 31, 2024, Medicare will choose a new drug plan for you, and you’ll have health coverage through Original Medicare starting January 1, 2025.

Even if Medicare places you in Original Medicare and/or chooses a drug plan for you, you still have other opportunities to join a Medicare health or drug plan. Because your plan will no longer be available to you, and to provide you additional time to evaluate your options, you have a special opportunity to join a new plan any time until February 28, 2025.

[*Insert for full and partial dually eligible individuals:* Because you have <state specific name for Medicaid>, you may have other opportunities to join a Medicare health or drug plan. 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 will no longer be enrolled in <Plan Name>.
* You will no longer get prescription drug coverage through <Plan Name>.
* If you don’t choose another plan by December 31, Medicare will enroll you in a new drug plan and you will have Original Medicare starting January 1, 2025.
* If you currently pay a reduced Part B premium, based on the enrollment in your current plan, 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, unless you join a plan that offers this benefit. You may still be eligible for Part B premium assistance through your state’s Medicaid program.

**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.** Call 1-800-MEDICARE(1-800-633-4227) 24 hours a day, 7 days a week or visit Medicare.gov to choose a new 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 (D-SNPs).

**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 and don’t choose a prescription drug plan by December 31, Medicare will enroll you in a separate prescription drug plan. You’ll get a blue letter in November telling you the name of your new drug plan. You will only be enrolled into the separate prescription drug plan if you do not make another selection by December 31.

**Important Information:**

In general, you can change plans only at certain times during the year.

* **From October 15 through December 7,** anyone with Medicare can switch plans or return to Original Medicare. This includes adding or dropping Medicare prescription drug coverage for the following year. You can make as many changes as you need during this period. Your last coverage choice will take effect on January 1, 2025.
* **From January 1 through March 31,** anyone enrolled in a Medicare Advantage Plan (except a Medicare Medical Savings Account (MSA) plan) can switch plans or return to Original Medicare (and join a stand-alone Medicare Prescription Drug Plan).
* In addition, because you have Medicaid, you can make certain changes to your Medicare coverage any month including:
* Disenrolling from a Medicare health plan and changing to Original Medicare by enrolling in a Medicare prescription drug plan,
* If you have coverage through Original Medicare, enrolling in a Medicare prescription drug plan or changing to a different Medicare drug plan if you already have one, or
  + If eligible, enrolling in an integrated D-SNP that provides your Medicare and most or all of your Medicaid benefits and services in one plan.

There may be other situations when you are eligible to make a change to your enrollment. If you want to make a change, call **1-800-MEDICARE (1-800-633-4227).** This toll-free help line is available 24 hours a day, 7 days a week. TTY users should call 1-877-486-2048.

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

**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.

**How do you get help comparing Medicare plans?**

Visit [Medicare.gov](http://www.medicare.gov) or refer to your Medicare & You handbook for a list of Medicare health and prescription drug plans in your area. <*Plans opting to notify enrollees of alternative enrollment options through written description should include the following language:* You may also refer to the attached list of Medicare health and prescription drug plans in your area.> <*Plans opting to notify enrollees of alternative enrollment options through outbound calls should include the following language instead of or in addition to the previous sentence:* <Plan Name> will call you to explain how you can get help comparing plans.> If you want to join one of these plans, call the plan to get information about their costs, rules, and coverage.

You can also get help comparing plans if you:

* **Call <Name of SHIP> at <SHIP phone> or TTY: <TTY number>, <days and hours of operation>.** Counselors are available to answer your questions, discuss your needs, and give you information about your options. All counseling is **free**.
* **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** the “Find plans” tab to compare the plans in your area.

**Note**: Medicare isn’t part of the Health Insurance Marketplace. Following the instructions in this letter will ensure that you are reviewing Medicare plans and not Marketplace options.

Disregard any 2025 plan materials you received before October 1, 2024.

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 enrollee for their membership and/or apologizing for any inconvenience.>

Sincerely,

<Signature>

You can get this information for free in other formats, such as large print, braille, or audio. Call <toll free number>. The call is free.

“ATTENTION: If you speak [insert language], language assistance services, free of charge, are available to you. Call 1-XXX-XXX-XXXX (TTY: 1-XXX-XXX-XXXX).”

[Material ID]