30-day Reminder Notice for Individuals Passively Enrolled from an MMP to a D-SNP in New York

<Name>

<Date>

<Address Line 1> <Address Line 2>

Member ID: <Member's Plan ID#>

 Rx ID:
 <RxID#>

 Rx GRP:
 <RxGRP#>

 Rx BIN:
 <RxBIN#>

 Rx PCN:
 <RxPCN#>

IMPORTANT: Your health and drug plan is changing. Keep this notice for your records.

Dear < Name of Member>,

You recently got a notice from <Parent Organization's Name> about important changes to your health and drug coverage. <Parent Organization's Name> has automatically enrolled you in <D-SNP Plan name> for coverage beginning January 1, 2020 if you don't make another choice by December 31, 2019. You need to make some decisions about how you want to get your health and prescription drug coverage.

If you don't choose another plan, starting **January 1, 2020**, all of your Medicare health care and your prescription drug coverage will be covered under <Parent Organization's Name> <D-SNP Plan name>. <Parent Organization's Name> <D-SNP Plan name> can also cover benefits such as [insert services such as: routine hearing, vision and dental benefits, providing coverage for transportation, etc].

For Medicaid coverage, you have gotten, or will soon get, a letter from the New York Medicaid Choice about your Medicaid health plan choices. This letter included an initial assignment into <Medicaid Advantage Plus (MAP) Plan name> with MAP identification number <MAP identification number>. Together, enrollment in <Parent Organization's Name> <D-SNP Plan name> and <MAP Plan name> will cover your Medicare and Medicaid services as well as your prescription drugs. Your home care and other community based long term care services will also be covered.

Note: Medicare and Medicaid enrollment periods are different. If you choose to enroll in a different Medicaid plan than the one you are automatically enrolled into for January 1, 2020, you must make a change by December 20, 2019. For more information, please call New York Medicaid Choice at 1-855-600-3432 or TTY: 1-888-3291541, Monday-Friday 8:30 am to 8 pm, Saturday, 10 am to 6 pm.

How much will I pay for <Parent Organization's Name> <D-SNP Plan name>?

You will pay nothing. You won't pay a plan premium, deductible, or copays at in-network providers when you get health services through <Parent Organization's Name> <D-SNP Plan name>.

How much will I pay for prescription drugs?

When you get your prescription drugs, you will pay:

- \$0 premium
- \$0 for your yearly prescription drug plan deductible
- \$0 copays when you fill a prescription covered by the plan

What do I need to do?

Here are your options:

Option 1: You don't have to do anything. You'll be automatically enrolled in <Parent Organization's Name> <D-SNP Plan name>. If you don't make another choice by December 31, 2019, your new coverage will start on January 1, 2020. <Parent Organization's Name> will send you a new Member ID Card to use. This new card will replace the card you use now.

For more information about your new plan, the benefits and services your new plan covers, or to see if you can still see your current providers in your new plan, call <Parent Organization's Name> at <phone number>. TTY users can call <TTY number>. We're open <insert days/hours of operation and, if different, TTY hours of operation>.

Option 2: You can join another Medicare health plan, called a Medicare Advantage plan. A Medicare Advantage plan is offered by a private company that contracts with Medicare to provide benefits. Medicare Advantage plans cover all services that Original Medicare covers. Some Medicare Advantage plans are designed specifically for people who have both Medicare and Medicaid (referred to as "dually eligible individuals").

Call 1-800-MEDICARE (1-800-633-4227) 24 hours a day, 7 days a week or visit Medicare.gov to find out which Medicare health plans are in your area, or to choose a new Medicare health plan. The calls are free. TTY users can call 1-877-486-2048.

Option 3: You can change to Original Medicare. Original Medicare is coverage managed by the Federal government. To change to Original Medicare visit www.Medicare.gov, or call 1-800-MEDICARE (1-800-633-4227) 24 hours a day, 7 days a week. TTY users should call 1-877-486-2048. If you choose Original Medicare, Medicare will enroll you in a separate

Medicare prescription drug plan and send you a letter telling you the name of your new drug plan.

Or you can choose a new Medicare prescription drug plan by calling 1-800-MEDICARE (1-800-633-4227) 24 hours a day, 7 days a week or visit Medicare grescription drug plans are in your area. The calls are free. TTY users should call 1-877-486-2048.

Important Information:

You may leave <plan name> or choose a new Medicare Advantage health plan before <effective date of enrollment>. You'll also have from <effective date of enrollment> through <three months after effective date of enrollment> to change to another Medicare health plan.

If you don't make a change during this time, you'll only be able to change plans during certain times of the year or in certain situations. Because you have Medicaid, you may be able to end your membership in our plan or switch to a different plan one time during each of the following **Special Enrollment Periods**:

- January to March
- April to June
- July to September

In addition to these three Special Enrollment periods, you may end your membership in our plan during the following periods:

- The **Annual Enrollment Period**, which lasts from October 15 to December 7. If you choose a new plan during this period, your membership in <plan name> will end on December 31 and your membership in the new plan will start on January 1.
- The Medicare Advantage Open Enrollment Period, which lasts from January 1 to March 31. If you choose a new plan during this period, your membership in the new plan will start the first day of the next month.

There may be other situations when you are eligible to make a change to your enrollment. Please visit Medicare.gov or call 1-800 MEDICARE (1-800-633-4227) 24 hours a day, 7 days a week. TTY users should call 1-877-486-2048 for more information.

Your Medicaid coverage will continue. For questions about your Medicaid Advantage Plus Plan (MAP), call New York Medicaid Choice at 1-855-600-3432 or TTY: 1-888-3291541, Monday-Friday 8:30 am to 8 pm, Saturday, 10 am to 6 pm. The calls are free. The New York Medicaid Choice staff can give you information about the program, including but not limited to health plan choices in your area, providers in each plan, and supplemental services each plan offers.

How can I get help comparing my Medicare choices?

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

Visit www.Medicare.gov or call 1-800 MEDICARE (1-800-633-4227) 24 hours a day, 7 days a week. TTY users should call 1-877-486-2048. You may also 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.

Note, Medicare isn't part of the Health Insurance Marketplace. Follow the instructions in this letter to ensure that you are reviewing Medicare plans and not Marketplace choices.

You can get help comparing your choices if you:

- Call the New York Health Insurance Information, Counseling and Assistance (HIICAP) at 1-800-701-0501. Representatives provide free, personalized Medicare counseling. HIICAP counselors are not affiliated with any health plan.
- Call the Independent Consumer Advocacy Network (ICAN) at 1-844-614-8800 or TTY: 711, Monday-Friday, 8 am 6 pm. Representatives are available to answer your questions, discuss your needs, and give you information about your Medicaid and long-term care 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 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 have any questions, call <Parent Organization's Name> at <phone number> within ten (10) days of the date on this letter. TTY users should call <TTY number>. We are open <insert days/hours of operation and, if different, TTY hours of operation>. Please be sure to keep a copy of this letter for your records.

Thank you.