

<Insert Date>



Community Care Alliance
of Illinois, NFP

IMPORTANT NOTICE: Your Medicare plan won't be offered in 2018.

<Member Name>
<Member Address>
<Address>

Dear <member name>,

<Plan Name> won't offer your Medicare plan in 2018. This means your coverage through <Plan name> will end December 31, 2017. You need to make some decisions about how you want to get your 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 plan by December 31, Medicare will enroll you in a new drug plan and you'll have health coverage through Original Medicare starting January 1, 2018.

Because you have Medicaid, you can join a Medicare health or drug plan at any time. 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 do you need to do?

You need to choose how you want to get your health and prescription drug coverage. Review your options for Medicare coverage and choose which is best for you:

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 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.

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, 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:

Keep this letter. It's proof that you have a special right to join a Medicare plan.

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

If you have End-Stage Renal Disease (ESRD), you have a one-time right to join a new Medicare Advantage plan. Keep a copy of this letter as proof of your right to join a new Medicare Advantage plan.

Get Help Comparing Your Options

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

Please visit [Medicare.gov](https://www.Medicare.gov) or 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. Please 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.

You can also get help comparing plans if you:

- **Call <Name of SHIP> at <SHIP phone>**. Counselors are available to answer your questions, discuss your needs, and give you information about your options. All counseling is **free**. TTY users should call <SHIP TTY>.
- **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](https://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.

Please disregard any 2018 plan materials you received before October 1, 2017.

If you need more information, please call us at <phone, TTY, hours of operation>. Tell the customer service representative you got this letter.

Keep this letter. It's proof that you have a special right to join a Medicare plan.

On behalf of Community Care Alliance of Illinois, NFP, we want to thank you for your patience during this challenging time. Your flexibility and understanding are much appreciated. Our Member Services team will be available to you in the event you have further questions.

Sincerely,

<Signature>

[Federal contracting statement in Appendix 5 of the Medicare Marketing Guidelines]

[material id]

Keep this letter. It's proof that you have a special right to join a Medicare plan.