

Print rules: This letter contains variable text based on values for the <memberPrevHpCode> element. Refer to the Plan Code Table.

<dateOfLetter>  
**Medicaid EDG:** <caseID>

**[Manifest Keyline]**  
 To the addressee or guardian of:  
**[DRS]** <hohName>  
**[VER]** <addressLine2>  
**[LTR]** <addressLine1>  
 <city>, <state> <zipCode> - <zipCodeExt>

**[IMB Postal Barcode]**

Subject: Removal from STAR+PLUS Medicare-Medicaid Plan Enrollment

Dear <hohName>:

**We got your request not to be enrolled in <Plan name >. You won't be enrolled in a STAR+PLUS Medicare-Medicaid Plan.**

You told us you don't want to join a STAR+PLUS Medicare-Medicaid Plan. We have told STAR+PLUS Medicaid and Medicare and they won't put you in a STAR+PLUS Medicare-Medicaid Plan again.

**What This Means For Your Medicare and Medicaid Services:**

If you were enrolled in another Medicare Advantage plan or Medicare prescription drug plan, you should keep getting your Medicare services from that plan. You should get a letter from your previous plan in the coming weeks letting you know you are enrolled in their plan. If you don't get a letter, call that plan directly to make sure you are enrolled. They can ask for a copy of this letter for their records.

You will keep getting your Medicaid medical services from **\*planName\***, which is your STAR+PLUS medical plan. You will get your long-term services and supports through this plan, too. If you want to change your STAR+PLUS medical plan or if you have questions, call **877-782-6440** 8 a.m. to 6 p.m., Monday through Friday. The call is free.

**You can change your mind about your coverage.**

During certain times of the year, Medicare doesn't let you change plans 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 Medicare plans, visit [www.Medicare.gov](http://www.Medicare.gov), or call toll-free number **800-MEDICARE (800-633-4227)**, 24 hours a day, 7 days a week. TTY users should call **877-486-2048**.

<3x9 barCode image>

<barCode> **[Print human readable]**

**[MODE1]**

If you change your mind and decide you want to get your medical services through a STAR+PLUS Medicare-Medicaid Plan, you can join at any time. Call **877-782-6440** (toll-free).

### **Need help? Have questions? Call us toll-free.**

Call the STAR+PLUS help line at **877-782-6440**. You can call 8 a.m. to 6 p.m. Central Time, Monday through Friday. If you still have questions or want to file a complaint, you can call the Ombudsman Managed Care Assistance Team by calling **866-566-8989**, 8 a.m. to 5 p.m. Monday through Friday. If you have a speech or hearing disability, call **7-1-1** or **800-735-2989**.

### **Have questions about Medicare or need help with your Medicare services?**

Call **800-633-4227 (800-MEDICARE)**, 24 hours a day, 7 days a week. If you have a speech or hearing disability, call **877-486-2048** for TTY service. You can also visit [www.medicare.gov](http://www.medicare.gov).

**If you want free advice about your health insurance coverage**, call the State Health Insurance Assistance Program at **800-252-9240**. You can call 8 a.m. to 5 p.m., Monday through Friday, Central Time.

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You can get this document in Spanish or speak with someone about this information in other languages for free. Call 877-782-6440. The call is free.

This information is available for free in other languages and formats, like large print, Braille, and audio.

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Puede obtener esta carta en español o hablar gratis con alguien sobre esta información en otros idiomas. Llame gratis al 877-782-6440.

Esta información está disponible gratis en otros idiomas y formatos, cómo letra grande, Braille, y audio.

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<barCode> **[Print human readable]**

**[MODE1]**

MMP Opt Out Letter  
MMP10 - 10/01/19  
[Program] - [population] - [custSrcvAreaCode]  
[FILENAME] - [letterReqId]  
[QUAD] - [BIFILEID] - [BIBATCHID]