

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

[Manifest Keyline]

<dateOfLetter>
Medicaid EDG: <caseID>

To the addressee or guardian of:

[DRS] <hohName>
[VER] <addressLine2>
[LTR] <addressLine1>
 <city>, <state> <zipCode>-<zipCodeExt>

[IMB Postal Barcode]

Subject: Plans for Your Medicare and Medicaid Coverage

Dear <hohName>:

Your STAR+PLUS Medicare-Medicaid Plan's coverage is ending.

[If <nmEndDate> is NOT NULL]

[We are automatically re-enrolling you in the STAR+PLUS Medicaid program because you are no longer part of a STAR+PLUS Medicare-Medicaid Plan as of <nmEndDate>. You might want to tell your doctors there could be a slight delay in updating your records.]

[If <nmEndDate> is NULL]

[We are re-enrolling you in the STAR+PLUS Medicaid program because you are no longer part of a STAR+PLUS Medicare-Medicaid Plan. You might want to tell your doctors that there could be a slight delay in updating your records.]

[Always print]

Your Medicare Coverage

IMPORTANT: You need to choose a Medicare Prescription Drug Plan

- When your STAR+PLUS Medicare-Medicaid Plan's services end, the prescription drug coverage through your STAR+PLUS Medicare-Medicaid Plan ends too.
- You can join a Medicare Advantage plan with prescription drug coverage or a Medicare Prescription Drug Plan.
- If you don't pick a new Prescription Drug Plan, Medicare will automatically assign you to one.
- If you do not want to join a Medicare Prescription Drug Plan now or have questions about Medicare, you must call 1-800-633-4227 (1-800-MEDICARE). TTY users should call 1-877-

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[MODE1]

486-2048. They are open 24 hours a day, 7 days a week. You can also visit www.medicare.gov.

If you have not picked a Medicare Advantage Plan, you will be covered under Original Medicare (also known as Medicare Fee-for-Service)

- You'll get your Medicare health services through Original Medicare if you don't join a Medicare Advantage plan. When you see a doctor through Original Medicare, you should use your red, white, and blue Medicare card to receive medical services.
- If you have questions about Medicare Advantage plans in your area, call Medicare toll-free at 1-800-633-4227 (1-800-MEDICARE). TTY users should call 1-877-486-2048. They are open 24 hours a day, 7 days a week. You can also visit www.medicare.gov.

Your Medicaid Coverage

- [If <nmStartDate> is NOT NULL][Starting <nmStartDate>, you] [If <nmStartDate> is NULL][You] will get your STAR+PLUS Medicaid long-term services and supports from [If <memberPrevHpCode> is NOT NULL][*planName*][If <memberPrevHpCode> is NULL][a STAR+PLUS medical plan] as you did before.]
- [If <memberPrevHpCode> is NOT NULL][In the coming weeks, [*planName*] will send you a letter letting you know that you have been enrolled in their medical plan. If you don't get a letter, call [*planNumber*] to make sure you got enrolled. If you want to change your STAR+PLUS medical plan or if you have questions, call 1-877-782-6440 (toll-free). If you have a speech or hearing disability, call 7-1-1 or 1-800-735-2989.]
- [If <memberPrevHpCode> is NULL][In the coming weeks, your STAR+PLUS medical plan will send you more information. If you want to change your STAR+PLUS medical plan or if you have questions, call 1-877-782-6440 (toll-free). If you have a speech or hearing disability, call 7-1-1 or 1-800-735-2989.]

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

If you did not ask to leave your STAR+PLUS Medicare-Medicaid Plan and want to stay in your STAR+PLUS Medicare-Medicaid Plan, call our STAR+PLUS help line at **1-877-782-6440**. You can call Monday through Friday, 8 a.m. to 6 p.m. Central Time. If you still have questions or want to file a complaint, you can call the Ombudsman Managed Care Assistance Team by calling **1-866-566-8989**. If you have a speech or hearing disability, call **7-1-1** or **1-800-735-2989**.

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

Call **1-800-633-4227 (1-800-MEDICARE)**, 24 hours a day, 7 days a week. If you have a speech or hearing disability, call **1-877-486-2048** for TTY service. You might also visit www.medicare.gov.

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[MODE1]

MMP STAR+PLUS Re-enrollment Letter

MMP12 - 10/01/19

[Program] - [population] - [custSrvcAreaCode]

[FILENAME] - [letterReqId]

[QUAD] - [BFILEID] - [BIBATCHID]

If you want free advice about your health insurance coverage, call the State Health Insurance Assistance Program at **1-800-252-9240**. You can call Monday through Friday, 8 a.m. to 5 p.m. Central Time.

You can get this document in Spanish or speak with someone about this information in other languages for free. Call 1-877-782-6440. The call is free.

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

Puede obtener esta carta en español o hablar gratis con alguien sobre esta información en otros idiomas. Llame gratis al 1-877-782-6440.

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

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