## Exhibit 19: Model Notice for Disenrollment for your Medicare benefits Due to Out of Area Status

Referenced in §40.2.1.3

<date>

<Name>

<Address>

<City>, <State> <ZIP>

<Name>:

**IMPORTANT: Your health care & prescription drug coverage has changed**

Thank you for telling us your new address. Your permanent address is outside the <plan name> service area. To stay a member of <plan name>, you must live in the <plan name> service area, although you can temporarily leave the service area for a brief period of time. You will no longer be a member of <plan name> for your Medicare benefits as of <Medicaid only effective date>. Because you’ve been disenrolled for your Medicare benefits, <plan name> won’t cover your Medicare health care services or Part D prescription drugs you get after <effective date>. <Plan name> will continue to cover your Medicaid benefits until a change in your address is updated by the County Department of Job and Family Services that documents you live outside <plan name> service area.

**You’ll be covered by Original Medicare starting <effective date>**

You’ll get your Medicare health care services through Original Medicare starting <effective date> if you don’t enroll in a different Medicare Advantage health plan. When you see a doctor through Original Medicare, you should use your red, white, and blue Medicare card to receive health care services.

You have the option to enroll in another Medicare Advantage health plan for your Medicare services. If you have questions about Medicare plans in your area, call 1-800-MEDICARE (1-800-633-4227), 24 hours a day, 7 days a week or visit www.medicare.gov. TTY users should call 1-877-486-2048.

**You do not need to choose a new Medicaid plan**

You will continue to get your Medicaid services for <plan name> until you notify your County Department of Job and Family Services case worker that you have moved out of the <plan name> service area. If you moved to a different state, you’ll need to apply for Medicaid in that state.

**Your Medicare Part D prescription drug coverage has also changed**

Your drug coverage ended on <effective date>. If you want Medicare Part D prescription drug coverage, you need to join a Medicare Prescription Drug Plan or a Medicare Advantage plan with prescription drug coverage. If you don’t choose a Medicare drug plan, Medicare will choose one for you. Your Medicaid prescription drugs will continue to be covered by <plan name>.

**You can join a new Medicare Advantage plan**

If you don’t want health coverage through Original Medicare, you can join a new plan that serves the area where you now live. Call 1-800-MEDICARE (1-800-633-4227) for information about plans that serve your area. TTY users should call 1-877-486-2048.

**What to do if you disagree with your disenrollment for Medicare services**

If you don’t agree with your disenrollment in <plan>, you can file a grievance asking us to reconsider our decision. Look in your Member Handbook for information about how to file a grievance.

**If you’ve moved, you must tell Social Security & Your County Department of Job and Family Services your new address**

If you’ve moved, call Social Security at 1-800-772-1213 (Monday to Friday 7am **–** 7pm) and tell them your new address. TTY users should call 1-800-325-0778. Also, call your County Department of Job and Family Services to tell them your new address and to find out your options for continuing Medicaid benefits.

Who should I call if I have questions about <plan name> or the MyCare Ohio program?

If you have questions, call <plan> Member Services at <toll-free phone number> <days and hours of operation>. TTY user should call <toll-free number>. You can visit <web address>.

You can also call the Ohio Medicaid Hotline at 1-800-324-8680, Monday through Friday from 7:00 am to 8:00 pm and Saturday from 8:00 am to 5:00 pm. TTY users should call Ohio Relay Service at 7-1-1.

**If you have questions about Medicare or MyCare Ohio program**

If you have questions about Medicare, call 1-800-MEDICARE (1-800-633-4227), 24 hours a day, 7 days a week or visit http://www.medicare.gov. TTY users should call 1-877-486-2048.

If you have questions about the MyCare Ohio program, call the Ohio Medicaid Hotline at 1-800-324-8680, Monday through Friday from 7:00 am to 8:00 pm and Saturday from 8:00 am to 5:00 pm. TTY users should call Ohio Relay Service at 7-1-1. You can also visit http://www.medicaid.ohio.gov/.

If you have a problem reading or understanding this information, please contact <plan name> <Member Services> for help, at no cost to you. We can explain this information in English or in your primary language. We may have this information printed in some other languages. If you are visually or hearing-impaired, special help can be provided.

*[The next sentence must be in English and all non-English languages that meet the Medicare or State thresholds for translation, whichever is most beneficiary friendly. The non-English disclaimer must be placed below the English version and in the same font size as the English version.]* You can get this information for free in other languages. Call <toll-free number>. The call is free.

This information is available for free in other languages and formats like Braille or audio CD.