

LOGO

PO Box 105148
Atlanta, GA 30348

<Date>

IMPORTANT NOTICE: Your Medicare plan won't be offered after February 2025.

<Member Name>
<Member Address>
<Address>

Dear <Member Name>,

We regret to inform you that <Plan Name> isn't able to offer your current Medicare plan in 2025 but the good news is that there are other options available. While this does mean your coverage through <Plan Name> will end **February 28, 2025** you still get to choose how you want to get your health care and prescription drug coverage. Please see the information below on the details and suggested options for next steps.

If you don't take action before February 28, 2025, you will be automatically enrolled in a Medicare prescription drug plan (PDP) and be covered by Original Medicare starting March 1, 2025.

For prescription drugs, CMS has identified an appropriate PDP option, Wellcare, for Elevance Health Plan members. PDP information will be sent directly to you by Wellcare before March 1, 2025.

Even if Medicare places you in Original Medicare with the Wellcare PDP, you still have other opportunities to join a Medicare health or drug plan. Because your plan will no longer be available to you, and to provide you additional time to evaluate your options, you have a special opportunity to join a new plan any time until March 31, 2025.

Because you have Kentucky Medicaid, you may have other opportunities to join a Medicare health or drug plan. If you join a new Medicare plan **AFTER** February 28, 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:

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

Option 1: You can join one of our other Anthem Blue Cross and Blue Shield Plans. Call 1-888-925-1198, 8:00AM EST to 11:00PM EST, 7 days a week to speak to one of our representatives to help you choose a plan that is best for you.

Option 2: You can join an integrated Dual Eligible Special Needs Plan (D-SNP). D-SNPs are a type of health plan designed specifically for people who have both Medicare and Medicaid. If you choose to enroll in one of these plans, it will cover your Medicare and most or all of your Medicaid benefits, including prescription drugs. An integrated D-SNP may also cover additional services such as <vision>, <dental services, and> care coordination.

To find out which integrated D-SNPs are in your area call 1-800-MEDICARE (1-800-633-4227) 24 hours a day, 7 days a week. TTY users should call 1-877-486-2048. Or visit Medicare.gov to choose a new plan. If you join an integrated D-SNP AFTER February 28, your coverage in the new plan won't start until the month after you join

Option 3: 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 (D-SNPs).

Option 4: You can change to Original Medicare. Original Medicare is fee-for-service coverage managed by the Federal Government. If you choose Original Medicare, and don't choose a prescription drug plan by February 28, 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 a separate prescription drug plan by Medicare if you do not make another selection by February 28.

Important Information:

In general, you can change plans only at certain times during the year.

- **From January 1 through March 31**, anyone enrolled in a Medicare Advantage Plan (except a Medicare Medical Savings Account (MSA) plan) can switch plans or return to Original Medicare (and join a stand-alone Medicare Prescription Drug Plan).
- In addition, because you have Medicaid, you can make certain changes to your Medicare coverage any month including:

- Disenrolling from a Medicare health plan and changing to Original Medicare by enrolling in a Medicare prescription drug plan,
- If you have coverage through Original Medicare, enrolling in a Medicare prescription drug plan or changing to a different Medicare drug plan if you already have one, or
- If eligible, enrolling in an integrated D-SNP that provides your Medicare and most or all of your Medicaid benefits and services in one plan.

There may be other situations when you are eligible to make a change to your enrollment. If you want to make a change, call **1-800-MEDICARE (1-800-633-4227)**. This toll-free help line is available 24 hours a day, 7 days a week. TTY users should call 1-877-486-2048.

For questions about <state-specific name for Medicaid>, contact <State Medicaid phone, TTY, and days 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.

How do you get help comparing Medicare plans?

Visit [Medicare.gov](https://www.medicare.gov) or refer to your Medicare & You handbook for a list of Medicare health and prescription drug plans in your area. *<Plans opting to notify enrollees of alternative enrollment options through written description should include the following language: You may also refer to the attached list of Medicare health and prescription drug plans in your area.> <Plans opting to notify enrollees of alternative enrollment options through outbound calls should include the following language instead of or in addition to the previous sentence: <Plan Name> will call you to explain how you can get help comparing plans.> If you want to join one of these plans, call the plan to get information about their costs, rules, and coverage.*

You can also get help comparing plans if you:

- **Call <Name of SHIP> at <SHIP phone> or TTY: <TTY number>, <days and hours of operation>**. Counselors are available to answer your questions, discuss your needs, and give you information about your 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 [Medicare.gov](https://www.medicare.gov)**. Medicare's official web site has tools that can help you compare plans and answer your questions. **Click** the "Find plans" tab to compare the plans in your area.

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.

If you need more information, please call us at 1-888-925-1198, 8:00AM EST to 11:00PM EST, 7 days a week. Tell the customer service representative you got this letter.

We would like to thank you for your enrollment with us and apologize for any inconvenience this may have caused.

Sincerely,

Anthem Blue Cross and Blue Shield

You can get this information for free in other formats, such as large print, braille, or audio. Call <toll free number>. The call is free.

“ATTENTION: If you speak [insert language], language assistance services, free of charge, are available to you. Call 1-XXX-XXX-XXXX (TTY: 1-XXX-XXX-XXXX).”

[Material ID]