

<LOGO>
[<return address>]

<date>

<member name>
<member address 1>
[<member address 2>]
<city, state, zip>

IMPORTANT NOTICE REGARDING YOUR MEDICARE COVERAGE
PLEASE READ CAREFULLY AND KEEP FOR YOUR RECORDS

Dear <member name>:

As of December 31, 2008, <MA, MAPD or Cost Organization Name> no longer offered <plan name> to people with Medicare in <County/State Name(s)>. Due to an error on our part, you did not receive prior notice of this change. You **may** need to make some decisions about your health care coverage and prescription drug coverage. This letter provides information to help you learn about your Medicare health care options. Remember, you are still in the Medicare program no matter what you decide.

When coverage from <plan name> ended after December 31, 2008, your Medicare prescription drug coverage ended too. As <company name> did not send you the appropriate notice prior to December 31, 2008, Medicare is giving you a Special Election Period (SEP) so that you have an opportunity to enroll in another plan. Your SEP begins the month you receive this letter and continues for two additional months.

Please review your current coverage, keeping the following in mind:

- If you have enrolled in another <company name> plan, you do not have to take any action, and you will remain enrolled with your current <company name> plan.
- If you enrolled in a plan with another organization, you do not have to take any action, and you will remain enrolled with your current organization's plan.
- If you have not enrolled in either a <company name> plan or another organization's plan, you were automatically enrolled in traditional Medicare coverage as of January 1, 2009.

The Special Election Period allows you to enroll in a new Medicare health plan or Medicare prescription drug plan retroactive to January 1, 2009. If you choose now to enroll in a plan retroactive to January 1, 2009, you will be required to pay any monthly premiums due from January 1 to the current date. We have enclosed information about plans available to you.

Instead of enrolling in a new plan retroactive to January 1, you may choose to enroll in most plans for the next available future effective date. (At this time, our <company name> plans are only available retroactive to January 1, 2009.) If you do wish to enroll in a plan with a future effective date, however, you may owe a late enrollment penalty if you did not have creditable drug coverage (coverage at least as good as Medicare's) from January 1 until your future enrollment effective date.

In order to have new health care coverage and prescription drug coverage or to buy a Medigap policy while you still have a guaranteed right to buy one, you need to take action, as described in this letter. For example, if you are joining another Medicare Advantage plan and you want to continue drug coverage, then you need to select a plan with Medicare prescription drug coverage. If you are returning to Original Medicare coverage and you want to receive Medicare prescription drug coverage, then you must join a Medicare prescription drug plan.

[For LIS members: If you qualify for extra help (the low income subsidy) for 2009 and you do not join a Medicare drug plan on your own, Medicare will enroll you in a Medicare drug plan for which you will pay little or no monthly premium in 2009.]

Before you make a decision about your health care coverage, you should do the following:

1. If you have an employer or union group health care plan, contact your employer or union.
2. If you get help from the Medicaid program, contact <State Medicaid Agency> to confirm your understanding of how your Medicaid plan coordinates with a new plan and/or Original Medicare.
3. **Keep this letter.** It is proof that you have a special right to enroll in a new plan.

We apologize for any inconvenience. If you need more information, please call Customer Service at <Phone Number>. TTY/TDD users should call <insert TTY number >. Our hours are from 8 a.m. to 8 p.m., 7 days a week.

You can also visit www.medicare.gov on the web or call 1-800-MEDICARE (1-800-633-4227) 24 hours a day, 7 days a week; TTY users should call 1-877-486-2048. A Customer Service Representative will be able to answer your Medicare and Medigap questions. Tell the Customer Service Representative that you received this letter.

Sincerely,

<signature/name/title/dept>

Enclosure

Si necesita ayuda en español para entender este documento, puede solicitarla sin costo adicional llamando al número de servicio al cliente que aparece al dorso de su tarjeta de identificación o en
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el folleto de inscripción.
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C0003_07_148 05/2007

<taglines/disclaimer>