

Disenrollment in a Medicare Advantage Plan

Disenrollment means that you are ending your membership with TexanPlus® HMO, TexanPlus® HMO-POS, TexanPlus® HMO-SNP, Today's Options® PPO, Today's Options® PFFS, and Today's Options® HMO (hereinafter, the Plan). Disenrollment can be voluntary (your choice) or involuntary (not your choice). Let's discuss each below:

Involuntary Disenrollment

An involuntary disenrollment from your current Medicare Advantage plan means that you did not request disenrollment but the plan had to disenroll you due to a certain circumstance.

Examples of an Involuntary Disenrollment are:

- A change in residence that is outside of your current plan's service area.
- Loss of entitlement to Medicare Part A or Part B
- Incarceration
- Death
- Loss of Special Needs Eligibility

In situations where we must disenroll you, a letter notifying you of the disenrollment, the effective date of the disenrollment and your next steps will be mailed to you.

Voluntary Disenrollment

A voluntary disenrollment from your current Medicare Advantage plan means that you submitted a written request for disenrollment and you met a valid election period to disenroll.

All voluntary disenrollment requests can be completed by:

- a written and signed notice from you mailed or faxed to the Plan directly, or
- verbally by calling 1-800-MEDICARE 24 hours a day/7 days a week.

Please note that in order to voluntarily disenroll from a Medicare Advantage Plan, the request must be submitted during a valid Medicare election period which may be available to you.

Let's review how to voluntarily disenroll from each plan:

How to voluntarily disenroll from your plan

If you decide you want to disenroll from your current plan, Medicare has two election periods a year in which you can disenroll from your plan for any reason. These two times of year are:

- The Annual Election Period (AEP) which extends from October 15 – December 7, or
- The Medicare Advantage Disenrollment Period (MADP) which extends from January 1 – February 14.

In order to disenroll outside of these periods, you will need a valid Special Election Period (SEP). SEPs are periods outside of the AEP and MADP in which an individual may elect to enroll in a plan or change his or her current plan. For example:

- If you move or enter an assisted living or nursing home, receive Extra Help paying for your prescription drugs or you have Medicare and Medicaid, you may be able to disenroll from your plan before the end of the year.

To disenroll from our plan, you may submit a written request to the plan or call 1-800-MEDICARE to request disenrollment verbally. If you elect to submit a written request for disenrollment, your request should be mailed or faxed to the Plan at:

Mail:

P.O. Box 18400
Austin, TX 78760-8400

Fax:

1-866-503-8428

After we receive your written disenrollment request, we will determine if you are eligible to disenroll from the plan. If you are eligible to disenroll, the Plan will let you know, in writing, the date your coverage will end.

If you are enrolled in a Medicare Advantage Prescription Drug Plan (MA-PD), while you are waiting for your membership in the plan to end, you are still a member and must continue to obtain your prescription drugs through network pharmacies in the plan. In most cases, your prescriptions are covered only if they are filled at a network pharmacy that is listed in our Pharmacy Directory and you follow other plan rules.

If you are **not** eligible to disenroll from the plan, we will let you know, in writing, with the reason for the denial. For Example:

- If the request was made outside of an allowable Medicare election period, the request was made by someone other than you and the individual is not your legal

representative; or the request was incomplete and the required information is not provided within the required time frame.

If you don't receive a letter notifying you of your disenrollment, please call us at the number on the back of your Member ID card and ask for the date in which your coverage ended.

If you have any questions about your prescription drug coverage with the Plan, please call us at the number on the back of your Member ID card.

For additional assistance, please call us at the number on the back of your Member ID card or, you can call 1-800-MEDICARE (1-800-633-4227) (TTY/TDD users call 1-877-486-2048) 24 hours a day/7 days a week or visit the Medicare website at www.medicare.gov.

Involuntary termination of coverage due to contract termination

In the unlikely event your Plan Sponsor leaves the Medicare program, or no longer offers prescription drug coverage in the service area where you live (if you have a Medicare Advantage Prescription Drug plan), we will notify you in writing.

If this happens, your membership in the Plan will end and you will need to enroll in another Medicare Advantage Plan to continue your coverage. All of the benefits and rules of the Plan would continue until the effective date of your membership in the Plan ends.

If the Plan leaves the Medicare program or your service area, you would need to select another plan. Your choices would include enrolling in another Medicare Prescription Drug Plan (MA-PD) or a Medicare Advantage Plan without prescription drug coverage, if these plans are available in your area and are accepting new members. As soon as the Plan has notified you in writing that they are leaving the Medicare program or the area where you live, you may enroll in another plan.

The Plan Sponsor is contracted with the Centers for Medicare & Medicaid Services (CMS), the government agency that oversees Medicare. This contract is subject to renewal each year. However, the Plan Sponsor or CMS can decide to end the contract at any time. You will generally be notified 90 days in advance if this situation occurs. However, your advance notice may be as little as 30 days or less if CMS must end the contract in the middle of the year.

TexanPlus® HMO, TexanPlus® HMO-POS, Today's Options® PPO, Today's Options® PFFS, and Today's Options® HMO are Medicare Advantage plans with a Medicare contract. Enrollment in these plans depends on contract renewal. A Private Fee-for-Service plan is not Medicare supplement insurance. Providers who do not contract with our plan are not required to see you except in an emergency. TexanPlus® HMO-SNP is a Medicare Advantage plan with a Medicare contract and a contract with the State Medicaid Program. Enrollment in TexanPlus® HMO-SNP depends on contract renewal. This plan is available to anyone who has both Medical Assistance from the State and Medicare.