

Dear Member:

Attached is the disenrollment form you requested. Please read the important instructions in this letter regarding requesting disenrollment from Priority Health Medicare.

When can I make changes to my Medicare coverage?

You can make plan changes, such as requesting disenrollment, only at certain times during the year. From October 15th through December 7th each year, anyone can make any type of change including adding or dropping Medicare prescription drug coverage. From January 1 through February 14, anyone enrolled in a Medicare Advantage Plan (except an MSA plan) has an opportunity to disenroll from that plan and return to Original Medicare. Anyone who disenrolls from a Medicare Advantage plan during this time can join a stand-alone Medicare Prescription Drug Plan during the same period. If you join a Medicare Prescription drug plan, you will be automatically disenrolled from our plan and returned to Original Medicare. Generally, you may not make changes at other times unless you meet certain special exceptions, such as if you move out of the plan's service area, want to join a plan in your area with a 5-star rating, or qualify for extra help with your prescription drug costs. If you qualify for extra help with your prescription drug costs you may enroll in, or disenroll from, a plan at any time. If you lose this extra help during the year, your opportunity to make a change continues for two months after you are notified that you no longer qualify for extra help.

What is extra help?

People with limited incomes may qualify for extra help to pay for their prescription drug costs. If you qualify, Medicare could pay for 75% or more of your drug costs including monthly prescription drug premiums, annual deductibles, and coinsurance. Additionally, those who qualify won't have a coverage gap or a late enrollment penalty. Many people qualify for these savings and don't even know it. For more information about this extra help, contact your local Social Security office, or call Social Security at 1-800-772-1213. TTY users should call 1-800-325-0778. You can also apply for extra help online at [socialsecurity.gov/prescriptionhelp](https://www.socialsecurity.gov/prescriptionhelp).

When should I fill out the disenrollment request form?

- You should fill out the attached form if you want to change to Original Medicare only and do not want Medicare prescription drug coverage.

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- You shouldn't fill out the attached form if you are planning to enroll, or have enrolled, in another Medicare Advantage plan or other Medicare health plan. Enrolling in another Medicare plan will automatically disenroll you from our plan.
- You shouldn't fill out the attached form if you are enrolling in a Medicare prescription drug plan. Enrolling in a Medicare prescription drug plan will automatically disenroll you from Priority Health Medicare to Original Medicare.

Until your disenrollment date, you must keep using Priority Health Medicare doctors. To avoid any unexpected expenses, you may want to contact us to make sure you've been disenrolled before you seek medical services outside of Priority Health Medicare's network.

How do I submit the disenrollment request?

If you want Original Medicare, as described above, you may fill out the attached form, sign it, and send it back to us in the enclosed envelope. You can also fax the form with a readable signature and date to us at 616 942-7204. You can call 1-800-MEDICARE (1-800-633-4227) for information about Medicare plans available in your area. TTY users should call 1-877-486- 2048, 24 hours a day/7days a week.

What are my Medigap rights?

If you will be changing to Original Medicare, you might have a special temporary right to buy a Medigap policy, also known as Medicare supplemental insurance, even if you have health problems. For example, if you are age 65 or older and you enrolled in Medicare Part B within the past 6 months or if you move out of the service area, you may have this special right. Federal law requires the protections described above. Your State may have laws that provide more Medigap protections. If you have questions about Medigap or Medigap rights in your State, you should contact your State Health Insurance Program, Michigan Medicare/Medicaid Assistance Program (MMAP) at (800) 803-7174. You can also call 1-800-MEDICARE (1-800-633-4227) anytime, 24 hours a day, 7 days a week for more information about trial periods. TTY users should call 1-877-486-2048.

If you need any help, please call us at toll-free 888 389-6648. TTY users should call 711. We are open 8:00 a.m. – 8:00 p.m., 7 days a week.

Thank you.

Medicare Enrollment Department

Attachment

Priority Health Medicare Disenrollment form



For office use only		
Plan name		Group number 10003
Subscriber I.D.	Effective date / /	Election type

Please carefully read and complete the following information before signing and dating this disenrollment form:

If you request disenrollment, you must continue to get all medical care from Priority Health Medicare until the effective date of disenrollment. Contact us to verify your disenrollment before you seek medical services outside Priority Health Medicare network. We will notify you of your effective date after we get this form from you.

<input type="checkbox"/> Mr. <input type="checkbox"/> Mrs.	Last name	First name	Middle initial
<input type="checkbox"/> Ms. <input type="checkbox"/> Miss			

Medicare number

Home phone number ()	Sex <input type="checkbox"/> Male <input type="checkbox"/> Female	Birth date (month/date/year) / /
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Typically, you may disenroll from a Medicare Advantage plan only during the annual enrollment period from October 15 through December 7 of each year or during the Medicare Advantage Disenrollment Period from January 1 through February 14 of each year. There are exceptions that may allow you to disenroll from a Medicare Advantage plan outside of this period.

Please read the following statements carefully and check the box if the statement applies to you. By checking any of the following boxes you are certifying that, to the best of your knowledge, you are eligible for an Election Period.

- I have both Medicare and Medicaid or my state helps pay for my Medicare premiums.
- I get extra help paying for Medicare prescription drug coverage.
- I no longer qualify for extra help paying for my Medicare prescription drugs. I stopped receiving extra help on (insert date) _____.
- I am moving into, live in, or recently moved out of a Long-Term Care Facility (for example, a nursing home or long term care facility). I moved/will move into/out of the facility on (insert date) _____.
- I am joining a PACE program on (insert date) _____.
- I am joining employer or union coverage on (insert date) _____.
- I am enrolling in other creditable drug coverage such as TriCare or VA coverage.

If none of these statements applies to you or you're not sure, please contact Priority Health Medicare at toll-free 888 389-6648 (TTY users should call 711) to see if you are eligible to disenroll. We are open 8 a.m. – 8 p.m., 7 days a week.

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If I have enrolled in another Medicare Advantage or Medicare Prescription Drug Plan, I understand Medicare will cancel my current membership in a Priority Health Medicare plan on the effective date of that new enrollment. I understand that I might not be able to enroll in another plan at this time. I also understand that if I am disenrolling from my Medicare prescription drug coverage and want Medicare prescription drug coverage in the future, I may have to pay a higher premium for this coverage.

Your signature*

Date

X

*Or the signature of the person authorized to act on your behalf under the laws of the State where you live. If signed by an authorized individual (as described above), this signature certifies that:

- 1) this person is authorized under State law to complete this disenrollment and
- 2) documentation of this authority is available upon request by Priority Health Medicare or by Medicare.

If you are the authorized representative, you must provide the following information:

Name

Address

Relationship to enrollee

Phone number
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