PriorityHealth

Grand Rapids
Southfield
Kalamazoo
Traverse City
Holland

priorityhealth.com

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 change health plans only at certain times during the year. From October 15 – December 7, you can join, switch or drop a Medicare health or drug plan for the following year. In addition, from January 1 – March 31, anyone enrolled in a Medicare Advantage Plan (except an MSA plan) can switch plans or return to Original Medicare (and join a stand-alone Medicare Prescription Drug Plan). Generally, you can't make changes at other times except in certain situations, such as if you move out of your plan's service area, want to join a plan in your area with a 5-star rating, or qualify for (or lose) Extra Help paying for prescription drug costs.

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 800.772.1213. TTY users should call 800.325.0778. You can also apply for Extra Help online at *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 or
- If you want to change to Medigap and don't want Medicare prescription drug coverage

You shouldn't fill out the attached form for the following reasons:

- If you are planning to enroll, or have enrolled, in another Medicare Advantage plan. Enrolling in another Medicare plan will automatically disenroll you from our plan.
- If you are planning to enroll, or have enrolled, in a stand alone Medicare Prescription Drug Plan (PDP).

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

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How do I submit the disenrollment request?

You may fill out the attached form, sign it, and send it back to us in the enclosed envelope. Please note, if this request is outside of the annual enrollment period from October 15 through December 7 of each year or during the Medicare Advantage Open Enrollment Period from January 1 through March 31 of each year, you must review the checklist below and check the box if the statement applies to you. You can also fax the form with a readable signature and date to us at 616.942.7204. You can call 800.MEDICARE (800.633.4227) for information about Medicare plans available in your area. TTY users should call 877.486.2048, 24 hours a day, seven days a week.

Mail to:
Priority Health Medicare Enrollment, MS 1175
1231 East Beltline NE, Grand Rapids, MI 49525

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 six 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 800.MEDICARE (800.633.4227) anytime, 24 hours a day, seven days a week for more information about trial periods. TTY users should call 877.486.2048.

If you need any help, please call us at toll-free 888.389.6648. TTY users should call 711. We're available from 8:00 a.m. – 8:00 p.m., seven days a week.

Thank you.

Medicare Enrollment Department

Attachment

Medicare Disenrollment form

PriorityHealth

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.

☐ Mr. ☐ Mrs. ☐ Ms. ☐ Miss	Last name	First name	Middle initial

Sex ☐ Male ☐ Female	Birth date (month/date/year) / /	Phone number ( )	Member ID number

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 Open Enrollment Period from January 1 through March 31 of each year. 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, but I haven't had a change.
☐ 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.
☐ I recently had a change in my Medicaid (newly got Medicaid, had a change in level of Medicaid assistance, or lost Medicaid) on (insert date) _____.
☐ I recently had a change in my Extra Help paying for Medicare prescription drug coverage (newly got Extra Help, had a change in the level of Extra Help, or lost Extra Help) on (insert date) _____.
☐ I was enrolled in a plan by Medicare (or my state) and I want to choose a different plan. My enrollment in that plan started on (insert date) _____.

If none of these statements applies to you or you're not sure, please contact Priority Health Medicare customer service at 888.389.6648 (TTY 711) to see if you are eligible to disenroll. We're available from 8 a.m. to 8 p.m., seven days a week.

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* X	Date

*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 that we may use to contact you: ( )

Mail to:
Priority Health Medicare Enrollment, MS 1175
1231 East Beltline NE, Grand Rapids, MI 49525