

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

October 2, 2024

<Member_First_Name> <Middle_Initial> <Member_Last_Name>
<Mailing_Address_1>
<Address_2>
<City>, <State> ,Zip>

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

Dear <Member_First_Name> <Middle_Initial> <Member_Last_Name>,

<Plan Name> won't offer your Medicare plan in 2025. This means your coverage through <Plan Name> will end December 31, 2024. You need to make some decisions about your Medicare coverage.

What happens if you don't join another Medicare plan?

If you don't take action before December 31, 2024, you will lose your prescription drug coverage and only be covered by Original Medicare starting January 1, 2025.

Even if Medicare places you in Original Medicare, 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 February 28, 2025. If you join a new Medicare plan AFTER December 31, your coverage in the new plan won't start until the month after you join.

If you don't join a plan with prescription drug coverage or a stand-alone Prescription Drug Plan with Original Medicare by February 28, 2025, you won't have prescription drug coverage in 2025 and you may have to pay a lifetime Part D late-enrollment penalty if you join a Medicare prescription drug plan later.

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 decide which is best for you:

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

Option 1: 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. Most Medicare health plans include prescription drug coverage. If you join a Medicare plan without drug coverage you may want to join a separate Medicare prescription drug plan to get prescription drug coverage. If you don't join a separate Medicare prescription drug plan you may have to pay a lifetime Part D late enrollment penalty if you choose to join one later.

Option 2: You can change to Original Medicare. Original Medicare is fee-for-service coverage managed by the Federal Government. If you choose Original Medicare, you need to join a separate Medicare prescription drug plan to get prescription drug coverage. You may also want to buy a Medicare Supplement Insurance (Medigap) policy to fill in the gaps in Original Medicare coverage. See below for more information on Medigap policies.

If you currently pay a reduced Part B premium, based on your current plan's benefit, you will lose access to this benefit effective January 1, and you will have the full Part B premium deducted from your monthly Social Security check unless you join another plan that offers this benefit.

Important Information:

Medigap Policies –You have a special right to buy a Medigap policy because your plan is ending. This letter is your proof that you have a special right to buy a Medigap policy. You'll have this special right for 63 days after your coverage with <Plan Name> ends. See the enclosed Medigap fact sheet for more information on your Medigap rights. You'll likely need to join a separate Medicare prescription drug plan if you want Medicare drug 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. You may also refer to the attached list of Medicare health and prescription drug plans in your area. If you want to join one of these plans, call the plan to get information about their costs, rules, and coverage.

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

You can also get help comparing plans if you:

- **Call Senior Health Insurance Benefits Assistance (SHIBA) at 800-722-4134 or TTY: 711, Monday through Friday, 8:00 am to 5:00 pm.** 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).** Click on “Supplements & Other Insurance” for information on Medigap policies and tools that can help you find plans available in your area. 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.

For information on Medigap plans, please call the Division of Financial Regulation at 888-877-4894. TTY users should call 711.

Disregard any 2025 plan materials you received before October 1, 2024.

If you need more information, please call us at 844-827-2355. (TTY users should call 711). Hours are 7a.m.– 8 p.m. (Pacific Time), seven days a week October 1 – March 31 (closed on Thanksgiving and Christmas), and weekdays April 1 – September 30. Your call will be handled by our automated phone systems outside business hours. This call is free. Tell the customer service representative you got this letter.

We understand the importance of health insurance and the peace of mind it brings you. It was a very difficult decision to not offer your Medicare Advantage plan in 2025. In addition to this Centers for Medicare & Medicare Services (CMS) important notice, you will receive a personal follow-up letter from us to help you find the Medicare coverage you need for 2025. Thank you for the opportunity to take care of your healthcare needs.

Sincerely,

Summit Health Medicare Advantage

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

You can get this information for free in other formats, such as large print, braille, or audio. Call 844-827-2355. The call is free.

ATTENTION: If you speak Spanish, language assistance services, free of charge, are available to you. Call 1-844-827-2355 (TTY: 711).

H2765_NRRx25A_C

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

What You Should Know About Medigap

Medigap Basics

A Medigap policy (also called Medicare Supplement Insurance) is private health insurance that supplements Original Medicare. This means it helps pay some of the costs (“gaps”) that Original Medicare doesn’t cover (like copayments, coinsurance, and deductibles). If you have Original Medicare and a Medigap policy, Medicare will pay its share for covered health care costs then your Medigap policy pays its share.

Medigap coverage is different from your Summit Health Medicare Advantage coverage. Medigap policies only help pay if you are in Original Medicare. You don’t need a Medigap policy if you’re in a Medicare health plan.

Medigap policies must follow Federal and state laws designed to protect you. In most states, Medigap insurance companies can only sell you a “standardized” Medigap policy identified by letters A through N. Each standardized Medigap policy must offer the same basic benefits, no matter which insurance company sells it. Cost is usually the only difference between Medigap policies with the same letter sold by different companies.

Your Right to Buy a Medigap Policy

Guaranteed issue rights (also called “Medigap protections”) are rights you have when insurance companies must offer you certain Medigap policies. In most cases, you have a guaranteed issue right when you lose coverage in your Medicare health plan. When you have guaranteed issue rights, the insurance company must sell you a policy, must cover pre-existing conditions, and can’t charge you more because of any health problems. If you’re under 65, you may not be able to buy a Medigap policy until you’re 65.

Because you’re losing coverage with Summit Health Medicare Advantage, you may have a guaranteed issue right to buy a Medigap policy. Make sure you keep a copy of the letter that says your coverage is ending. To protect your rights, you must buy a Medigap policy no later than 63 calendar days after your coverage with Summit Health Medicare Advantage ends.

- Because your coverage under our plan ends December 31, 2024, you must buy a Medigap policy no later than March 4, 2025. If you leave our plan before December 31, 2024, you have 63 calendar days from the day your coverage ends to buy a Medigap policy.
- You have the right to buy Medigap Plan A, B, C*, D*, F*, G*, K, or L from any company selling these policies in Oregon.

You may also have the right to buy any Medigap policy in these situations:

- If you first got Medicare Part B in the last 6 months.

*Plans C and F are no longer available to people who are new to Medicare on or after January 1, 2020. However, if you were eligible for Medicare before January 1, 2020, but not yet enrolled, you may be able to buy Plan C or Plan F. People eligible for Medicare on or after January 1, 2020, have the right to buy Plans D and G instead of Plans C and F.

- You joined a Medicare Advantage plan or Medicare Cost Plan for the first time, or Programs of All-Inclusive Care for the Elderly (PACE) when you were first eligible for Medicare Part A at 65, and within the first 12 months (in some cases 24 months) of joining, you decide you want to switch to Original Medicare.
- You dropped a Medigap policy to join a Medicare Advantage plan (or to switch to a Medicare SELECT policy) for the first time, you have been in the plan less than a year, and you want to switch back.
- You were initially enrolled in Part B based on disability before turning 65, and you turned 65 within the past 6 months.

You Can Buy a Medigap Policy Now

If you want to buy a Medigap policy, follow these steps:

1. Call Senior Health Insurance Benefits Assistance (SHIBA) to learn more about which policies are available.
2. Contact the company that sells the Medigap policy and ask for an application.
3. Fill out the application and make a copy of the letter that came with this mailing. It will prove that you have special rights to buy a Medigap policy.
4. Mail the application and a copy of the letter to the Medigap insurance company.

Remember, you must buy a Medigap policy no later than 63 days from the day your coverage in Summit Health Medicare Advantage ends. It's best to buy before your coverage with our plan ends so that your Medigap policy starts the same day as your Original Medicare coverage.

Get Help Comparing Your Options

- **Call Senior Health Insurance Benefits Assistance (SHIBA) at 800-722-4134 or TTY: 711.** Counselors are available to answer your questions, discuss your needs, and give you information about your options and Medigap policies. All counseling is **free**.
- **Visit [Medicare.gov](https://www.medicare.gov).** Click on "Find a Medicare Supplement Insurance (Medigap) policy" for information on Medigap policies and tools that can help you find plans available in your area.
- **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.

You may also refer to the attached list of all Medicare health and prescription drug plans in your area. If you want to join one of these plans, call the plan to get information about their costs, rules, and coverage.

You can get this information for free in other formats, such as large print, braille, or audio. Call 844-827-2355. The call is free.

“ATTENTION: If you speak Spanish, language assistance services, free of charge, are available to you. Call 1-844-827-2355 (TTY: 711).”

Organization Replacement Report

Contract ID	Org. Name	State	County	Customer Service Phone	Customer Service Phone TTY	Contract Type
H3864	PACIFICSOURCE COMMUNITY HEALTH PLANS	OR	Grant, Sherman, Wheeler	(888) 863-3637	711	HMO/HMOPOS
H5216	HUMANA INSURANCE COMPANY	OR	Baker, Gilliam, Malheur, Morrow, Sherman, Wallowa	(800) 457-4708	711	Local PPO
H5525	HUMANA BENEFIT PLAN OF ILLINOIS, INC.	OR	Baker, Gilliam, Morrow, Sherman, Wallowa	(800) 457-4708	711	Local PPO
H9047	PROVIDENCE HEALTH ASSURANCE	OR	Wheeler	(800) 603-2340	711	HMO/HMOPOS
S4802	WELLCARE PRESCRIPTION INSURANCE, INC.	OR	Baker, Gilliam, Grant, Harney, Lake, Malheur, Morrow, Sherman, Umatilla, Union, Wallowa, Wheeler	(888) 550-5252	711	PDP
S5601	SILVERSCRIPT INSURANCE COMPANY	OR	Baker, Gilliam, Grant, Harney, Lake, Malheur, Morrow, Sherman, Umatilla, Union, Wallowa, Wheeler	(866) 235-5660	711	PDP
S5617	MEDCO CONTAINMENT LIFE AND MEDCO CONTAINMENT NY	OR	Baker, Gilliam, Grant, Harney, Lake, Malheur, Morrow, Sherman, Umatilla, Union, Wallowa, Wheeler	(800) 222-6700	711	PDP

S5884	HUMANA INSURANCE COMPANY	OR	Baker, Gilliam, Grant, Harney, Lake, Malheur, Morrow, Sherman, Umatilla, Union, Wallowa, Wheeler	(800) 281-6918	711	PDP
S5921	UNITEDHEALTHCARE INS. CO. & UHC INS. CO. OF NY	OR	Baker, Gilliam, Grant, Harney, Lake, Malheur, Morrow, Sherman, Umatilla, Union, Wallowa, Wheeler	(866) 460-8854	711	PDP
S6946	CLEAR SPRING HEALTH INSURANCE COMPANY	OR	Baker, Gilliam, Grant, Harney, Lake, Malheur, Morrow, Sherman, Umatilla, Union, Wallowa, Wheeler	(877) 317-6082	711	PDP