

## **Disenrollment Rights & Responsibilities**

You may end your membership in our plan only during certain times of the year, known as enrollment periods. All members have the opportunity to leave the plan during the Annual Enrollment Period (October 15 to December 7). In certain situations, you may also be eligible to leave the plan at other times of the year. This is known as a Special Enrollment Period.

Usually, to end your membership in our plan, you simply enroll in another Medicare plan during one of the enrollment periods. However, if you want to switch from our plan to Original Medicare *without* a Medicare prescription drug plan, you must ask to be disenrolled from our plan. There are two ways you can ask to be disenrolled:

- You can make a request in writing to us. Contact Customer Service at 1-800-424-5870 24 hours a day, 7 days a week (TTY: 711).
- You can contact Medicare at 1-800-MEDICARE (1-800-633-4227), 24 hours a day, 7 days a week. TTY users should call 1-877-486-2048.

## **Your Rights and Responsibilities Upon Disenrollment**

- If you are leaving our plan, you must continue to get your Part D prescription drugs through our plan until your membership ends.
- If you disenroll from Medicare prescription drug coverage and go without creditable prescription drug coverage, you may need to pay a late enrollment penalty if you join a Medicare drug plan later.
- You should continue to use our network pharmacies to get your prescriptions filled until your membership in our plan ends.
- We are not allowed to ask you to leave our plan for any reason related to your health. If you feel that you are being asked to leave our plan because of a health-related reason, you should call Medicare at 1-800-MEDICARE (1-800-633-4227). TTY users should call 1-877-486-2048. You may call 24 hours a day, 7 days a week.
- You have the right to make a complaint about our decision to end your plan membership.

## **Our Rights and Responsibilities Upon Disenrollment**

If we end your membership in our plan, we must tell you our reasons in writing for ending your membership. We will notify you of the date your coverage ends.

There are certain situations where we are required to end your membership in the plan. We have the right to disenroll you for the following reasons:

- If you do not stay continuously enrolled in Medicare Part A or Part B (or both).
- If you move out of our service area or are away for more than 12 months.

- If you become incarcerated (go to prison).
- If you lie about or withhold information about other insurance you have that provides prescription drug coverage.
- If you intentionally give us incorrect information when you are enrolling in our plan and that information affects your eligibility for our plan. (We cannot make you leave our plan for this reason unless we get permission from Medicare first.)
- If you continuously behave in a way that is disruptive and makes it difficult for us to provide care for you and other members of our plan. (We cannot make you leave our plan for this reason unless we get permission from Medicare first.)
- If you let someone else use your membership card to get prescription drugs. (We cannot make you leave our plan for this reason unless we get permission from Medicare first.)
- If you are required to pay the extra Part D amount because of your income and you do not pay it, Medicare will disenroll you from our plan and you will lose prescription drug coverage.