

DIENROLLMENT FROM OPTIMA COMMUNITY COMPLETE (HMO SNP)

Ending your membership

Ending your membership in Optima Community Complete may be *voluntary* (your own choice) or *involuntary* (not your own choice):

- You might leave our plan because you have decided that you *want* to leave.
 - You can end your membership in the plan any time. Section 2 of the *Evidence of Coverage* tells you about the types of plans you can enroll in and when your enrollment in your new coverage will begin.
 - The process for voluntarily ending your membership varies depending on what type of new coverage you are choosing. Section 3 of the *Evidence of Coverage* tells you how to end your membership in each situation.
- There are also limited situations where you do not choose to leave, but we are required to end your membership. Section 5 of the *Evidence of Coverage* tells you *how* to end your membership in each situation.

If you are leaving our plan, you must continue to get your medical care through our plan until your membership ends.

If you have questions about disenrollment, call Member Services at 1-800-927-6048 for additional information. TTY users can contact us through the Virginia Relay Service at 1-800-828-1140 or 711. From October 1 - February 14, you can call us 7 days a week from 8:00 a.m. to 8:00 p.m. ET. From February 15 - September 30, you can call us Monday through Friday from 8:00 a.m. to 8:00 p.m. ET. Outside of these times, our interactive voice response system allows you to obtain information on many topics related to your plan.

When can you end your membership in our plan?

You can end your membership in Optima Community Complete at any time.

When can you end your membership? Most people with Medicare can end their membership only during certain times of the year. However, because you get assistance from Medicaid, **you can end your membership in Optima Community Complete at any time.**

What type of plan can you switch to? If you decide to change to a new plan, you can choose any of the following types of Medicare plans:

- Another Medicare health plan. (You can choose a plan that covers prescription drugs or one that does not cover prescription drugs.)
- Original Medicare *with* a separate Medicare prescription drug plan.

- If you switch to Original Medicare and do not enroll in a separate Medicare prescription drug plan, Medicare may enroll you in a drug plan, unless you have opted out of automatic enrollment.

Note: If you disenroll from Medicare prescription drug coverage and go without creditable prescription drug coverage for a continuous period of 63 days or more, you may need to pay a Part D late enrollment penalty if you join a Medicare drug plan later. (“Creditable” coverage means the coverage is expected to pay, on average, at least as much as Medicare’s standard prescription drug coverage.)

Contact your State Medicaid Office to learn about your Medicaid plan options. Telephone numbers are in Chapter 2, Section 6 of the *Evidence of Coverage*.

- **When will your membership end?** Your membership will usually end on the first day of the month after we receive your request to change your plans. Your enrollment in your new plan will also begin on this day.

Where can you get more information about when you can end your membership?

If you have any questions or would like more information on when you can end your membership:

- You can **call Member Services** (phone numbers are on page 1)
- You can find the information in the current ***Medicare & You 2018*** Handbook.
 - Everyone with Medicare receives a copy of *Medicare & You* each fall. Those new to Medicare receive it within a month after first signing up.
 - You can also download a copy from the Medicare website (<http://www.medicare.gov>). Or, you can order a printed copy by calling Medicare at the number below.
- 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.

How do you end your membership in our plan?

Usually, you end your membership by enrolling in another plan

Usually, to end your membership in our plan, you simply enroll in another Medicare plan. However, if you want to switch from our plan to Original Medicare but you have not selected a separate 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 Member Services if you need more information on how to do this (phone numbers are on page 1).
- --or-- 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.

The table below explains how you should end your membership in our plan.

If you would like to switch from our plan to:	This is what you should do:
<ul style="list-style-type: none"> • Another Medicare health plan. 	<ul style="list-style-type: none"> • Enroll in the new Medicare health plan at any time. • Your new coverage will begin on the first day of the following month. • You will automatically be disenrolled from Optima Community Complete when your new plan’s coverage begins.
<ul style="list-style-type: none"> • Original Medicare <i>with</i> a separate Medicare prescription drug plan. 	<ul style="list-style-type: none"> • Enroll in the new Medicare prescription drug plan at any time. • Your new coverage will begin on the first day of the following month. • You will automatically be disenrolled from Optima Community Complete when your new plan’s coverage begins.
<ul style="list-style-type: none"> • Original Medicare <i>without</i> a separate Medicare prescription drug plan. <ul style="list-style-type: none"> ○ If you switch to Original Medicare and do not enroll in a separate Medicare prescription drug plan, Medicare may enroll you in a drug plan, unless you have opted out of automatic enrollment. ○ 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. 	<ul style="list-style-type: none"> • Send us a written request to disenroll. Contact Member Services if you need more information on how to do this (phone numbers are on page 1 of this document). • You can also contact Medicare, at 1-800-MEDICARE (1-800-633-4227), 24 hours a day, 7 days a week, and ask to be disenrolled. TTY users should call 1-877-486-2048. • You will be disenrolled from Optima Community Complete when your coverage in Original Medicare begins.

For questions about your Commonwealth Coordinated Care Plus (CCC Plus) (Medicaid) benefits, contact 1-844-374-9159, Monday – Friday from 8:30 a.m. – 6:00 p.m. TTY callers

should call 1-800-817-6608. Ask how joining another plan or returning to Original Medicare affects how you get your CCC Plus (Medicaid) coverage.

Until your membership ends, you must keep getting your medical services and drugs through our plan

Until your membership ends, you are still a member of our plan

If you leave Optima Community Complete, it may take time before your membership ends and your new Medicare coverage goes into effect. (See Section 2 of the *Evidence of Coverage* for information on when your new coverage begins.) During this time, you must continue to get your medical care and prescription drugs through our plan.

- **You should continue to use our network pharmacies to get your prescriptions filled until your membership in our plan ends.** Usually, your prescription drugs are only covered if they are filled at a network pharmacy including through our mail-order pharmacy services.
- **If you are hospitalized on the day that your membership ends, your hospital stay will usually be covered by our plan until you are discharged** (even if you are discharged after your new health coverage begins).

Optima Community Complete must end your membership in the plan in certain situations

When must we end your membership in the plan?

Optima Community Complete must end your membership in the plan if any of the following happen:

- If you no longer have Medicare Part A and Part B.
- If you are no longer eligible for Medicaid in one of the categories below.
 - Qualified Medicare Beneficiary Plus (QMB+)
 - Special Low Income Medicare Beneficiary Plus (SLMB+)
 - Other Full-Benefit Dual Eligible (FBDE).
- If you do not pay your medical spenddown, if applicable.
- If you move out of our service area.
- If you are away from our service area for more than six months.
 - If you move or take a long trip, you need to call Member Services to find out if the place you are moving or traveling to is in our plan's area. (Phone numbers are on page 1)
- If you go to prison.
- If you are not a United States citizen or lawfully present in the United States.
- 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 medical 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 medical care. (We cannot make you leave our plan for this reason unless we get permission from Medicare first.)
 - If we end your membership because of this reason, Medicare may have your case investigated by the Inspector General.
- 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.

Where can you get more information?

If you have questions or would like more information on when we can end your membership:

- You can call **Member Services** for more information (phone numbers are on page 1).

We cannot ask you to leave our plan for any reason related to your health

Optima Community Complete is not allowed to ask you to leave our plan for any reason related to your health.

What should you do if this happens?

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 if we end your membership in our plan

If we end your membership in our plan, we must tell you our reasons in writing for ending your membership. We must also explain how you can file a grievance or make a complaint about our decision to end your membership. You can look in Chapter 9, Section 10 of the *Evidence of Coverage* for information about how to make a complaint.