

Mercy Care Advantage
4500 E. Cotton Center Blvd.
Phoenix, AZ 85040



<LtrDate>

<MEM_FULL_NAME>

<MEMBER_ADD1>

<MEMBER_ADD2>

<MEMBER_ADD3>

Dear <MEM_FULL_NAME >,

<MEMBER_NO>

We'd like to thank you for your membership in Mercy Care. We are writing to let you know about important upcoming changes to your health care coverage.

You are getting this letter because the Arizona Health Care Cost Containment System (AHCCCS) who provides your Medicaid coverage told us you may be eligible for Medicare soon. Because you are a current Mercy Care member, we will be enrolling you in our Medicare Advantage companion plan called Mercy Care Advantage (HMO SNP) beginning **<effective date>**.

We think you will benefit from getting your Medicare plan coverage from this plan because Mercy Care Advantage is designed for members who have both Medicare and Medicaid. Mercy Care Advantage includes coverage for medical services and Part D prescription drugs, plus other supplemental benefits. **Mercy Care Advantage will coordinate coverage with your Mercy Care Medicaid plan.**

If you want to get your Medicare and Medicaid plan services from us, you do not have to do anything.

Mercy Care Advantage will automatically enroll you based on your Medicare eligibility. We'll verify your Medicare eligibility and send your enrollment to the Centers for Medicare and Medicaid Services (CMS) about 60 days prior to your Medicare effective date. To be eligible for Mercy Care Advantage you must have Medicare Part A and Part B, AHCCCS (Medicaid), and continue to live within our approved plan service area. If you do not meet the Mercy Care Advantage plan eligibility requirements we'll notify you.

What are my costs?

There is no monthly premium for the Mercy Care Advantage plan. AHCCCS (Medicaid) will pay for your monthly Medicare Part B premium. Because you qualify for extra help with your prescription drug costs, you will pay no more than:

- \$0 for your yearly prescription drug plan deductible
- \$0, \$1.45, \$4.15 copayment when you fill a generic/preferred multi-source drugs
- \$0, \$4.30, \$10.35 copayment when you fill a prescription for all other drugs

Enclosed is a Mercy Care Advantage Summary of Benefits that highlights the benefits that will be available to you as a Mercy Care Advantage member. Mercy Care Advantage has a robust network of doctors, specialists, hospitals, and pharmacies. You must use Mercy Care Advantage network providers except in an emergency or for urgently needed care, or out-of-area dialysis services outside of the service area. In most cases, these are the same providers you may currently use under your Mercy Care Medicaid plan coverage.

Once you are enrolled, Mercy Care Advantage will provide coverage for Part D prescription drugs. Your Mercy Care Medicaid plan will no longer cover prescription drugs except in limited situations.

If you would like to learn more about Mercy Care Advantage, please call us at **602-586-1730** or **1-877-436-5288**. TTY users should call **711**. Our hours of operation are 8:00 a.m. – 8:00 p.m., 7 days a week. We value your membership with Mercy Care and look forward to continuing to take care of your health care needs through Mercy Care Advantage.

Am I required to enroll?

No, you are not required to enroll in Mercy Care Advantage. If you do not want Mercy Care Advantage for your Medicare and Part D prescription drug plan coverage you must notify us prior to your plan <effective date>. You may complete and return this form, or you can call Member Services at **602-586-1730** or **1-877-436-5288** to tell them you do not want to be enrolled. Our hours of operation are 8:00 a.m. – 8:00 p.m., 7 days a week. TTY users should call **711**.

If you decide that you do not want to enroll in Mercy Care Advantage for your Medicare and Part D prescription drug coverage, Mercy Care will still pay for your other health care costs not covered by Medicare. You will have three options for your Medicare plan coverage:

1. You can enroll in the Original Medicare program for your medical coverage and join a Medicare Prescription Drug Plan (PDP) for your Part D prescription drugs.
2. You can enroll in a Medicare Advantage plan or other Medicare health plan that provides both medical and prescription drug coverage.
3. If you fail to join a plan, the Centers for Medicare and Medicaid Services (CMS) will automatically enroll you in a Medicare Prescription Drug Plan (PDP) plan so that you do not go without a prescription drug coverage.

Because you are eligible for both Medicare and AHCCCS (Medicaid), you can change your Medicare plan during certain times of the year, known as Special Election Periods. To learn more about Special Election Periods or the Medicare plans available in your area, call 1-800-MEDICARE (**1-800-633-4227**). TTY users should call **1-877-486-2048**. This toll-free help line is available 24 hours a day, 7 days a week.

Sincerely,

Mercy Care Advantage
Enrollment Department

This plan is a dual eligible special needs plan (D-SNP). Your ability to enroll will be based on verification that you are entitled to both Medicare and medical assistance from a state plan under Medicaid.

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Opt-out Form

You will be automatically enrolled in Mercy Care Advantage on **<effective date>**.

If you DO NOT want Mercy Care Advantage for your Medicare and Part D prescription drug plan coverage you must notify us prior to your plan effective date.

You may complete and return this form, or you can call Member Services at **602-586-1730 or 1-877-436-5288** to tell them you do not want to be enrolled. Our hours of operation are 8:00 a.m. – 8:00 p.m., 7 days a week. TTY users should call **711**.

Please mail this form back to the address shown at the top of this form.

Name: _____

Address: _____

City, State, Zip: _____

Phone Number: _____

AHCCCS Membership Number: _____

Signature: _____ Date: _____

If you are an authorized representative completing this form, please provide the following information:

Name: _____

Address: _____

Phone Number: (____) _____ - _____

Relationship to Mercy Care Member _____

Signature: _____ Date: _____

If you have questions, please call us at **602-586-1730 or 1-877-436-5288**. Our hours of operation are 8:00 a.m. – 8:00 p.m., 7 days a week. TTY users should call **711**.