Kansas Health Advantage
201 Jordan Road
Franklin, TN 37067
KansasHealthAdvantage.com

Dear Member:

Attached is the disenrollment form you requested. Please read the important instructions in this letter regarding requesting disenrollment from American Health Advantage of Kansas (HMO I-SNP).

When can I make changes to my 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 co-insurance. 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 1-800-772-1213. TTY users should call 1-800-325-0778. You can also apply for Extra Help online at www.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 and do not want Medicare prescription drug coverage.
- You **shouldn't** fill out the attached form if you are planning to enroll, or have enrolled, in another Medicare Advantage plan or other Medicare health plan. Enrolling in another Medicare plan will automatically disenroll you from our plan.
- You **shouldn't** fill out the attached form if you are enrolling in a Medicare prescription drug plan. Enrolling in a Medicare prescription drug plan will automatically disenroll you from American Health Advantage of Kansas (HMO I-SNP) to Original Medicare.

Until your disenrollment date, you must keep using American Health Advantage of Kansas (HMO I-SNP) doctors. To avoid any unexpected expenses, you may want to contact us to make sure you've been disenrolled before you seek medical services outside of American Health Advantage of Kansas's (HMO I-SNP) network.

How do I submit the disenrollment request?

If you want Original Medicare, as described above, you may fill out the attached form, sign it, and send it back to us in the enclosed envelope. You can also fax the form with a readable signature and date to us at 1-855-417-9171. You can call 1-800-MEDICARE (1-800-633-4227) for information about Medicare plans available in your area. TTY users should call 1-877-486- 2048, 24 hours a day/7days a week.

What are my Medigap rights?

If you will be changing to Original Medicare, you may have a temporary right to buy a Medigap policy, also known as Medicare supplement insurance, even if you have health problems. These are sometimes called "Guaranteed Issue (GI)" rights. For more information on Medigap, check out https://www.medicare.gov/health-drug-plans/medigap.

Federal law requires the protections described above be provided in certain situations when you are changing to Original Medicare. **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 Assistance Program, Senior Health Insurance Counseling for Kansas (SCHICK) at 1-800-860-5260. You can also call 1-800-MEDICARE (1-800-633-4227) anytime, 24 hours a day, 7 days a week for more information about trial periods. TTY users should call 1-877-486-2048.

If you need any help, please call us at 1-800-399-7524. TTY users should call 1-833-312-0046. We are open 8:00 A.M. to 8:00 P.M. seven days a week October 1 through March 31; 8:00 A.M. to 8:00 P.M. Monday to Friday April 1 through September 30.

Thank you.

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If you request disenrollment, you must continue to get all medical care from American Health Advantage of Kansas (HMO I-SNP) until the effective date of disenrollment. Contact us to verify your disenrollment before you seek medical services outside of American Health Advantage of Kansas's (HMO I-SNP) network. We will notify you of your effective date after we get this form from you.

Last name: First Name: Middle Initial		☐ Mr. ☐ Mrs. ☐ Miss. ☐ Ms.
Medicare Number: (Note: may use "Member Number" instead of "Medicare Number")		
Birth Date:	Sex: ☐ M ☐ F	Home Phone Number: ( )

Please carefully read and complete the following information before signing and dating this disenrollment form:

If I have enrolled in another Medicare Advantage or Medicare Prescription Drug Plan, I understand Medicare will cancel my current membership in American Health Advantage of Kansas (HMO I-SNP) 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*: _____ **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 American Health Advantage of Kansas (HMO I-SNP) or by Medicare.

If you are the authorized representative, you must provide the following information:

Name : _____
Address: _____
Phone Number: (___) ____- _____
Relationship to Enrollee _____