

MODEL INTERIM NOTIFICATION LETTER

Dear <insert beneficiary's name>:

Effective January 1, 2008, <insert MA organization's name> will no longer offer Medicare managed care benefits to our Medicare members in <insert name of county/ies or state>. <Insert MA Plan> will continue to provide health care coverage to these Medicare members through December 31, 2007.

By early October 2007, we will send you a Final Notification Letter that explains in more detail that our plan will no longer provide Medicare managed care benefits to you starting January 1, 2008.

CAUTION! It is important for you to know that if you leave <insert MA organization's name> before you receive this notification in October 2007, you may lose protections relating to your ability to purchase Medicare Supplement (Medigap) insurance.

When you get your Final Notification Letter, read it carefully. Please review the information and your choices before you make any decisions. The letter will tell you about:

- How to obtain information on other Medicare health plans available in your area,
- How to return to the Original Medicare Plan, and
- Rights you have in choosing a Medigap policy (Medicare supplement insurance) to pay for some of the costs that the Original Medicare Plan does not cover.

Remember, we will provide Medicare health care coverage to meet your health care needs through December 31, 2007.

We have valued your membership with us, and are sorry for any inconvenience our leaving Medicare in 2008 may cause you. If you have any questions about this letter, you may call our member services department at <insert MA organization's member services department's number> <(insert TTY/TDD # and hours of operation)>. You can also call 1-800-MEDICARE (1-800-633-4227) 24 hours a day, 7 days a week. TTY users should call 1-877-486-2048, a customer service representative will help answer your questions about Medicare and Medigap insurance.

Sincerely,

<CEO or other MA official>