



Dear Member:

Attached is the Clear Spring Health disenrollment form you requested. Please read the important instructions in this letter regarding requesting disenrollment from Clear Spring Health.

When can I disenroll from Clear Spring Health?

Medicare will only allow you to disenroll at certain times during the year. After we receive your disenrollment form, Clear Spring Health will let you know if you can disenroll at this time. If you can disenroll, we will also tell you the effective date of your disenrollment.

Until your disenrollment date, you should keep using Clear Spring Health network pharmacies to fill your prescriptions. If you use an out-of-network pharmacy except in an emergency, Clear Spring Health may not pay for your prescriptions. After your disenrollment date, Clear Spring Health won't cover your prescription drugs.

When can I make changes to my Medicare coverage?

You can change prescription drug 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. Generally, you can't make changes at other times except in certain situations, such as if you move out of Clear Spring Health'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 (see below).

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 submit a disenrollment request?

You **should not** fill out the attached form if you are planning to enroll, or have enrolled, in another Medicare Prescription Drug Plan or Medicare Advantage Prescription Drug Plan. Enrolling in a prescription drug plan or a Medicare Advantage-Prescription Drug Plan will automatically disenroll you from Clear Spring Health.

You **should** fill out the attached form only if you no longer want Medicare prescription drug coverage and want to disenroll from this coverage completely.



If you would like to disenroll from Clear Spring Health, please fill out the form, sign it, and send it back to us in the enclosed envelope. You can also fax a signed and dated form to us at 1-866-643-6159.

Instead of sending a disenrollment request to Clear Spring Health you can call 1-800-MEDICARE (1- 800-633-4227), 24 hours a day, 7 days a week, to disenroll by telephone. TTY users should call 1-877-486-2048.

By disenrolling from Clear Spring Health, you are disenrolling from your Medicare prescription drug coverage. You may have to pay a late enrollment penalty in addition to your premium for Medicare Prescription Drug coverage if you join a Medicare Drug Plan in the future. For information about the Medicare plans available in your area, call 1-800-MEDICARE (1-800-633-4227), 24 hours per day, 7 days per week. TTY users should call 1-877-486-2048.

If you have any questions, please call Clear Spring Health at 1-877-317-6082. TTY users should call 711. We are open from October 1–March 31, seven days a week, 8:00 am – 8:00 pm and from April 1 – September 30, Monday through Friday, 8:00 am – 8:00 pm (you may leave a voicemail Saturday, Sunday and Federal Holidays).

Thank you,

Clear Spring Health

Clear Spring Health has a contract with Medicare to offer PPO, HMO, and PDP Plans. Eon Health has a contract with the Georgia Medicaid program and a contract with the South Carolina Medicaid program. Enrollment in these plans depends on contract renewal.

Spanish: ATENCIÓN: Si habla español, tiene a su disposición servicios gratuitos de asistencia lingüística llame al 1-877-317-4566 (TTY:711).

Typically, you may disenroll from a Prescription drug plan only during the annual enrollment period from October 15 through December 7 of each year. There are exceptions that may allow you to disenroll from a Medicare prescription drug plan outside of this period.

Please read the following statements carefully and check the box if the statement applies to you. By checking any of the following boxes you are certifying that, to the best of your knowledge, you are eligible for an Election Period.

- I recently had a change in my Medicaid (newly got Medicaid, had a change in level of Medicaid assistance, or lost Medicaid) on (insert date) _____.
- I recently had a change in my Extra Help paying for Medicare prescription drug coverage (newly got Extra Help, had a change in the level of Extra Help, or lost Extra Help) on (insert date) _____.
- I have both Medicare and Medicaid (or my state helps pay for my Medicare premiums) or I get Extra Help paying for Medicare prescription drug coverage, but I haven't had a change.
- I am moving into, live in, or recently moved out of a Long-Term Care Facility (for example, a nursing home or long-term care facility). I moved/will move into/out of the facility on (insert date) _____.
- I am joining a PACE program on (insert date) _____.
- I am joining employer or union coverage on (insert date) _____.
- I was enrolled in a plan by Medicare (or my state) and I want to choose a different plan. My enrollment in that plan started on (insert date) _____.

If none of these statements applies to you or you're not sure, please contact Clear Spring Health at 1-877-317-6082. TTY users should call 711. We are open from October 1–March 31, seven days a week, 8:00 am – 8:00 pm and from April 1 – September 30, Monday through Friday, 8:00 am – 8:00 pm (you may leave a voicemail Saturday, Sunday and Federal Holidays).

Thank you,

Clear Spring Health

Clear Spring Health has a contract with Medicare to offer PPO, HMO, and PDP Plans. Eon Health has a contract with the Georgia Medicaid program and a contract with the South Carolina Medicaid program. Enrollment in these plans depends on contract renewal.

Spanish: ATENCIÓN: Si habla español, tiene a su disposición servicios gratuitos de asistencia lingüística llame al 1-877-317-6082 (TTY:711).

Please fill out and carefully read all information below before signing and dating this disenrollment form. We will notify you of your effective date after we get this form from you.

Instead of sending a disenrollment request to Clear Spring Health you can call 1-800-MEDICARE (1-800-633-4227), 24 hours a day, 7 days a week, to disenroll by telephone. TTY users should call 1-877-486-2048.

Last name:	First Name:	Middle Initial	Mr.	Mrs.	Miss.	Ms.
Member ID #						
Birth Date:	Sex:	M F		Phone Number:		
				()		

By completing this disenrollment request, I agree to the following:

Clear Spring Health will notify me of my disenrollment date after they get this form. I understand that until my disenrollment is effective, I must continue to fill my prescriptions at Clear Spring Health network pharmacies to get coverage. I understand that there are limited times in which I will be able to join other Medicare plans, unless I qualify for certain special circumstances. I understand that I am disenrolling from my Medicare Prescription Drug Plan and, if I don't have other coverage as good as Medicare, I may have to pay a late enrollment penalty for this coverage in the future.

Your Signature*: _____ **Date:** _____

**Or the signature of the person authorized to act on behalf of the individual under the laws of the State where the individual resides. 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 Medicare.

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

Name:
Address:
Phone Number: ()
Relationship to Enrollee: