



**IMPORTANT NOTICE:
Your Medicare plan won't be offered in 2018**

<September 2017>

<Member Name>
<Member Address>
<Address>

Keep this letter. It's proof that you have a special right to buy a Medigap policy or join a Medicare plan.

Dear <member name>:

Your Medicare plan won't be offered in 2018. HARBOR HEALTH PLAN (HARBOR) will no longer provide your health plan and prescription drug coverage in the following counties: Wayne, Oakland and Macomb.

This means your coverage through HARBOR will end December 31, 2017 and if you are a current member, you will no longer be enrolled beginning January 1, 2018.

You need to make some decisions about your Medicare coverage. If you don't act before December 31, you will lose your prescription drug coverage and only have Original Medicare starting January 1, 2018.

What happens if you don't join another Medicare plan?

If you don't act before December 31, you will lose your prescription drug coverage and only have Original Medicare starting January 1, 2018. Because your plan will no longer be offered, you can join a new plan anytime between October 15, 2017 and February 28, 2018. If you don't join a plan with prescription drug coverage, you won't have prescription drug coverage in 2018 and you may have to pay a late-enrollment penalty if you join a drug plan later.

What do you need to do?

You need to choose how you want to get your health and prescription drug coverage. Here are your options for Medicare coverage:

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Option 1: You can join another Medicare health plan. A Medicare health plan is offered by a private company that contracts with Medicare to provide benefits. Medicare health plans cover all services that Original Medicare covers and may offer extra coverage such as vision, hearing or dental. Most Medicare health plans include prescription drug coverage. If they don't, you must join a separate Medicare prescription drug plan to get prescription drug coverage.

HARBOR has attached a list of available Medicare Plans in Macomb, Oakland and Wayne counties:

MEDICARE ADVANTAGE PLAN	COUNTY	TYPE	NUMBER
Aetna Medicare Premier	Oakland Wayne	PPO	855-338-7027
Blue Care Network Advantage	Macomb Oakland Wayne	HMO	888-563-3307
Blue Cross Blue Shield	Macomb Oakland Wayne	PPO	888-563-3307
HAP Senior Plus HAP Senior Plus Option 1, 2, 3 HAP Senior Plus Henry Ford Tiered Access	Macomb Oakland Wayne	HMO POS	800-868-3153
HAP Senior Plus HAP Senior Plus Option 1, 2	Macomb Oakland Wayne	PPO	800-868-3153
Humana Medical Plan of Michigan	Macomb Oakland Wayne	HMO	800-833-2364
Humana Medical Plan of Michigan	Macomb Oakland Wayne	PPO	800-833-2364
McLaren Advantage	Wayne	HMO	888-327-0671
MeridianCare	Macomb Oakland Wayne	HMO	855-647-0075
Priority Health Medicare	Macomb Oakland Wayne	HMO POS	888-870-1090
Priority Health Medicare	Macomb Oakland Wayne	PPO	888-870-1090
United Health Care	Oakland	HMO POS	866-245-9671

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Option 2: You can change to Original Medicare. Original Medicare is fee-for-service coverage managed by the Federal government. If you choose Original Medicare, you need to join a separate Medicare prescription drug plan to get prescription drug coverage. You may also want to buy a Medicare Supplement Insurance (Medigap) policy to fill in the gaps in Original Medicare coverage.

Important Information:

Medigap Policies – If you're 65 or older, you have a special right to buy a Medigap policy because your plan is ending. This letter is your proof that you have a special right to buy a Medigap policy. You'll have this special right for 63 days after your coverage with HARBOR HEALTH PLAN ends. See the enclosed Medigap fact sheet for more information on your Medigap rights. You 'll likely need to join a separate Medicare prescription drug plan if you want Medicare drug coverage.

If you have End-Stage Renal Disease (ESRD), you have a one-time right to join a new Medicare Advantage plan because your plan is ending. Keep a copy of this letter as proof of your right to join a new Medicare Advantage plan.

Get help comparing your options

It's important to find a plan that covers your doctor visits and prescription drugs.

Please visit www.medicare.gov or refer to your Medicare & You Handbook for a list of all Medicare health and prescription drug plans in your area. If you want to join one of these plans, call the plan to get information about their costs, rules, and coverage. Please note Medicare **isn't** part of the Health Insurance Marketplace you may have been hearing about. Following the instructions in this letter will ensure that you are reviewing Medicare plans and not Marketplace options.

You can also get help comparing plans if you:

- **Call Medicare/Medicare Assistance Program (MMAP) 1-800-243-4636 (option #3).** Counselors are available to answer your questions, discuss your needs and give you information about your options. All counseling is **free**. TTY users should call 1-888-263-5897.
- **Call 1-800-MEDICARE (1-800-633-4227).** Tell them you got a letter saying your plan isn't going to be offered next year and you want help choosing a new plan. This toll-free help line is available 24 hours a day, 7 days a week. TTY users should call 1-877-486- 2048.
- **Visit www.medicare.gov.** Medicare's official web site has tools that can help you compare plans and answer your questions. **Click** "Find health & drug plans" to compare the plans in your area.

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For information on Medigap plans, please call the Michigan Medigap Subsidy at 1-866-824-9772. TTY users should call 1-866-824-7002.

If you need more information, please call us at 855-343-9245, TTY 711, hours of 8:00 am to 8 pm. Tell the customer service representative you got this letter.

Thank you for being a valued HARBOR HEALTH PLAN member. We value your membership and apologize for any inconvenience.

Sincerely,

Member Services

Harbor Health Plan, Inc. is an HMO plan with a Medicare contract. Enrollment in Harbor Health Plan, Inc. depends on contract renewal.

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Nondiscrimination Notice and Language Assistance Services

Harbor Health Plan complies with applicable Federal civil rights laws and does not discriminate based on race, national origin, age, disability, or sex. Harbor Health Plan, Inc., does not exclude people or treat them differently because of race, color, national origin, age, disability, or sex.

Harbor Health Plan:

- Provides free aids and services to people with disabilities to communicate effectively with us, such as:
 - Qualified sign language interpreters

Written information in other formats (Large print, audio, accessible electronic formats, other formats)

- Provides free language services to people whose primary language is not English, such as:
 - Qualified interpreters
 - Information written in other languages

If you need these services, contact Member Services. If you believe that Harbor Health Plan has failed to provide these services or discriminated in another way based on race, color, national origin, age, disability, or sex, you can file a grievance directly with the plan at:

Harbor Health Plan
Appeals and Grievances
7878 N. 16th Street, Ste. 105
Phoenix, AZ 85020

You can also file a grievance with Celeste Davis, Regional Manager, Office for Civil Rights, U.S. Department of Health and Human Services, by mail:

Celeste Davis
Office for Civil Rights
U.S. Department of Health and Human Services
233 N. Michigan Ave., Ste. 240
Chicago, IL 60601

You may reach Celeste Davis by phone at (800) 368-1019, TDD (800) 537-7697. Her fax number is (202) 619-3818. She can be reached by email at ocrmail@hhs.gov.

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You can also file a civil rights complaint with the U.S. Department of Health and Human Services, Office for Civil Rights, electronically through the Office for Civil Rights Complaint Portal, available online [here](#) or by mail:

U.S. Department of Health and Human Services
20 Independence Avenue, SW
Room 509F, HHH Building
Washington, D.C. 20201

You can file a civil right complaint with the U.S. Department of Health and Human Services, Office for Civil Rights, by calling (800) 368-1019 or TDD (800) 537-7697.

Multi-language Interpreter Services

English: ATTENTION: If you speak English, language assistance services, free of charge, are available to you. Call 1-855-343-9243 (TTY: 711).

Spanish: ATENCIÓN: Si habla español, tiene a su disposición servicios gratuitos de asistencia lingüística. Llame al 1-855-343-9243 (TTY: 711).

Arabic: ملحوظة: إذا كنت تتحدث اذكر اللغة، فإن خدمات المساعدة اللغوية تتوافر لك بالمجان. اتصل برقم 1-855-343-9243 (رقم هاتف الصم والبكم: 711)

Chinese: 注意：如果您使用繁體中文，您可以免費獲得語言援助服務。請致電 1-855-343-9243 (TTY: 711)。

Assyrian: ملاحظو: اذا كنت تتحدث اذكر اللغة، فإن خدمات المساعدة اللغوية تتوافر لك بالمجان. اتصل برقم 1-855-343-9243 (TTY: 711)

Vietnamese: CHÚ Ý: Nếu bạn nói Tiếng Việt, có các dịch vụ hỗ trợ ngôn ngữ miễn phí dành cho bạn. Gọi số 1-855-343-9243 (TTY: 711).

Albanian: KUJDES: Nëse flitni shqip, për ju ka në dispozicion shërbime të asistencës gjuhësore, pa pagesë. Telefononi në 1-855-343-9243 (TTY: 711).

Korean: 주의: 한국어를 사용하시는 경우, 언어 지원 서비스를 무료로 이용하실 수 있습니다. 1-855-343-9243 (TTY: 711) 번으로 전화해 주십시오.

Bengali: লক্ষ্য করুন: যদি আপনি বাংলা, কথা বলতে পারেন, তাহলে নিঃখরচায় ভাষা সহায়তা পরিষেবা উপলব্ধ আছে। ফোন করুন ১-৮৫৫-৩৪৩-৯২৪৩ (TTY: ৭১১)।

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Polish: UWAGA: Jeżeli mówisz po polsku, możesz skorzystać z bezpłatnej pomocy językowej. Zadzwoń pod numer 1-855-343-9243 (TTY: 711).

German: ACHTUNG: Wenn Sie Deutsch sprechen, stehen Ihnen kostenlos sprachliche Hilfsdienstleistungen zur Verfügung. Rufnummer: 1-855-343-9243 (TTY: 711).

Italian: ATTENZIONE: In caso la lingua parlata sia l'italiano, sono disponibili servizi di assistenza linguistica gratuiti. Chiamare il numero 1-855-343-9243 (TTY: 711).

Japanese: 注意事項：日本語を話される場合、無料の言語支援をご利用いただけます。1-855-343-9243 (TTY: 711) まで、お電話にてご連絡ください。

Russian: ВНИМАНИЕ: Если вы говорите на русском языке, то вам оступны бесплатные услуги перевода. Звоните 1-855-343-9243 (телетайп: 711).

Serbo-Croatian: OBAVJEŠTENJE: Ako govorite srpsko-hrvatski, usluge jezičke pomoći dostupne su vam besplatno. Nazovite 1-855-343-9243 (TTY-Telefon za osobe sa oštećenim govorom ili sluhom: 711).

Tagalog: PAUNAWA: Kung nagsasalita ka ng Tagalog, maaari kang gumamit ng mga serbisyo ng tulong sa wika nang walang bayad. Tumawag sa 1-855-343-9243 (TTY: 711).

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