

How to end your membership in our Plan

Ending your membership in one of our Memorial Hermann Advantage plans may be voluntary (your own choice) or involuntary (not your own choice).

Involuntary Disenrollment

An involuntary disenrollment from your Memorial Hermann *Advantage* plan means that you did not request disenrollment but the plan had to end your membership due to a certain circumstance.

Examples of an Involuntary Disenrollment are:

- A change in residence that is outside of your current plan's service area
- Loss of entitlement to Medicare Part A or Part B
- If you become incarcerated
- Fraud and/or disruptive behavior
- Medicare Organization no longer offering plan in your service area

If we end your membership, we will send you or your authorized representative a letter notifying you of the disenrollment, the effective date of the disenrollment, and your next steps.

Voluntary Disenrollment

A voluntary disenrollment from your Memorial Hermann Advantage plan means that you requested to end your membership and you met a valid election period to disenroll. All voluntary disenrollment requests must be in writing and signed by you. You can mail or fax your disenrollment request to us directly at:

Memorial Hermann *Advantage* Enrollment
929 Gessner Rd Suite 1500
Houston, Texas 77024
By Fax: (713) 338-5188

Alternatively, you may end your membership verbally by calling 1-800-Medicare, 24 hours a day/7 days a week.

Please note: In order to voluntarily disenroll from a Medicare Advantage Plan, the request must be submitted during a valid Medicare election period which may be available to you. Let's review how to voluntarily disenroll from each election type:

How to voluntarily disenroll from a Memorial Hermann *Advantage* Plan

There are only certain times during the year when Medicare allows you to voluntarily disenroll from your current Medicare Advantage Plan. The key times to make changes to your current membership are during Medicare's fall open enrollment period (also known as the "Annual

Election Period”) and the Medicare Advantage Disenrollment Period. Below is a description of each:

1. The Annual Election Period (AEP) extends from October 15 – December 7 each year. During this time you are allowed to enroll, disenroll, or change to a new plan. You can choose any of the following types of plans:

- Another Medicare health plan;
- Original Medicare with a separate Medicare prescription drug plan; or
- Original Medicare without a separate Medicare prescription drug plan

Note: If you disenroll from Medicare prescription drug coverage and go without creditable prescription drug coverage, you may need to pay a late-enrollment penalty if you join a Medicare drug plan later. (“Creditable” coverage means the coverage is expected to pay, on average, at least as much as Medicare’s standard prescription drug coverage.)

2. The Medicare Advantage Open Enrollment Period (MA OEP) which extends from January 1– March 31. You have the opportunity to make *one* change to your health coverage during the annual Medicare Advantage Disenrollment Period.

- During this time, you can cancel your Medicare Advantage enrollment and switch to another Medicare Advantage Plan or to Original Medicare.
- Your membership will end on the first day of the month after we get your request to switch to Original Medicare.

In order to end your membership outside of these periods, you will need a valid Special Election Period (SEP). SEPs are periods outside of the Initial Enrollment Period (IEP), AEP or MA OEP in which you may elect to enroll in a plan or change your current plan election. To end your membership from our plan, you may submit a written request to the plan, or call 1.800.Medicare 24 hours a day/7 days a week to request disenrollment verbally.

If you elect to submit a written request for disenrollment, your request should be mailed or faxed to:

Memorial Hermann *Advantage* Enrollment
929 Gessner Rd Suite 1500
Houston, Texas 77024
By Fax: (713) 338-5188

After we receive your written disenrollment request, we will determine if you are eligible to disenroll from the Memorial Hermann *Advantage* plan. If we determine that you are eligible to disenroll, we will let you know, in writing within 10 calendar days of receipt of your written request.

Your membership with Memorial Hermann *Advantage* will end at the end of the month for which you are requesting disenrollment. This means you will still have access to care until your disenrollment date (which is indicated on your confirmation of disenrollment letter), if eligible to disenroll.

If you are **not** eligible to disenroll from the plan, we will let you know, in writing, with the reason for the denial.

If you don't receive a letter notifying you of your disenrollment, please call us at 855.645.8448 (TTY 711) 8 a.m. to 8 p.m. CST, daily (Oct. 1 – March 31) 8 a.m. to 8p.m. CST, Monday – Friday (April 1 – Sept. 30).

For more details regarding disenrollment rights *refer to your EOC*, Chapter 10. If you have any questions about your prescription drug coverage with Memorial Hermann *Advantage*, please call us at 855.645.8448 (TTY 711).

Memorial Hermann *Advantage* complies with applicable Federal civil rights laws and does not discriminate on the basis of race, color, national origin, age, disability or sex.

ATENCIÓN: si habla español, tiene a su disposición servicios gratuitos de asistencia lingüística. Llame al 855.645.8448 (TTY 711).

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