

Member Rights and Responsibilities Upon Disenrollment

Disenrollment from Stanford Health Care Advantage (HMO) may be voluntary (your own choice) or involuntary (not your own choice).

- You might leave our plan because you have decided that you want to leave.
- There are also limited situations where you do not choose to leave, but we are required to end your membership. Chapter 10 of the Evidence of Coverage tells you about situations when we must end your membership.

When can you end your membership in our plan?

You may end your membership in our plan only during certain times of the year, known as enrollment periods. All members have the opportunity to leave the plan during the Annual Enrollment Period and during the annual Medicare Advantage Disenrollment Period.

In certain situations, you may also be eligible to leave the plan at other times of the year.

- If you move outside the coverage area
- If you have Medi-Cal
- If you are eligible for “Extra Help” with paying for your Medicare prescriptions
- If we violate our contract with you
- If you are getting care in an institution, such as a nursing home or long-term care (LTC) hospital
- If you enroll in the Program of All-inclusive Care for the Elderly (PACE)

Your membership will usually end on the first day of the month after we receive your request to change plans. Your enrollment in your new plan will also begin on this day.

How to voluntarily end your membership in our plan

1. If you would like to switch from our plan to another Medicare Advantage plan simply enroll in the new Medicare Advantage plan during one of the enrollment periods. You will be automatically disenrolled from Stanford Health Care Advantage (HMO), when your new plan’s coverage begins.
2. If you would like to switch from our plan to Original Medicare but you have not selected a separate Medicare prescription drug plan, you must ask to be disenrolled from Stanford Health Care Advantage (HMO). There are two ways you can be asked to be disenrolled:
 - You can make a request in writing to us. (If you need more information on how to do this please call our Member Services at 1-855-996-8422, or by dialing 711 for TTY services, 8:00 a.m. – 8:00 p.m. Pacific, 7 days a week (except Thanksgiving and Christmas) from October 1 to March 31 and Monday through Friday (except holidays) from April 1 to September 30.
 - You can contact Medicare at 1-800-MEDICARE (1-800-633-4227), 24 hours a day, 7 days a week. TTY users should call 1-877-486-2048.

Until your membership ends you are still a member of our plan

If you leave Stanford Health Care Advantage (HMO), it may take time before your membership ends and your new Medicare coverage goes into effect. (See Chapter 10 of the Evidence of Coverage for information on when your new coverage begins). During this time, you must continue to get your medical care and prescription drugs through our plan.

- **You should continue to use our network pharmacies to get your prescriptions filled until your membership in our plan ends.** Usually, your prescription drugs are only covered if they are filled at a network pharmacy including through our mail-order pharmacy services.
- **If you are hospitalized on the day that your membership ends, you will usually be covered by our plan until you are discharged** (even if you are discharged after your new health coverage begins).

Involuntarily ending your membership

Stanford Health Care Advantage (HMO) must end your membership in the plan if any of the following happen:

- If you do not stay continuously enrolled in Medicare Part A and Part B
- If you permanently move out of our service area.
- If you are away from our service area for more than 6 months.
- If you become incarcerated.
- If you lie about or withhold information about other insurance you have that provides prescription drug coverage.
- If you intentionally give us incorrect information when you are enrolling in our plan and that information affects your eligibility for our plan.
 - We cannot make you leave our plan for this reason unless we get permission from Medicare first.
- If you continuously behave in a way that is disruptive and makes it difficult for us to provide medical care for you and other members of our plan
 - We cannot make you leave our plan for this reason unless we get permission from Medicare first.
- If you let someone else use your membership card to get medical care
 - If we end your membership because of this reason, Medicare may have your case investigated by the Inspector General.
- If you are required to pay the extra Part D amount because of your income and you do not pay it, Medicare will disenroll you from our plan and you will lose prescription drug coverage.

We cannot ask you to leave our plan for any reason related to your health

If you feel that you are being asked to leave our plan because of a health-related reason, you should call Medicare at 1-800-MEDICARE (1-800-633-4227). TTY users should call 1-877-486-2048. You may call 24 hours a day, 7 days a week. If we end your membership in our plan, we must tell you our reasons in writing for ending your membership. We must also explain how you can make a complaint about our decision to end your membership. You can also look in Chapter 9 of the Evidence of Coverage for information about how to make a complaint.

Stanford Health Care Advantage is an HMO plan with a Medicare contract. Enrollment in Stanford Health Care Advantage depends on contract renewal.

Discrimination is Against the Law. Stanford Health Care Advantage cumple con las leyes federales de derechos civiles aplicables y no discrimina por motivos de raza, color, nacionalidad, edad, discapacidad o sexo. Stanford Health Care Advantage 遵守適用的聯邦民權法律規定，不因種族、膚色、民族血統、年齡、殘障或性別而歧視任何人。

ATTENTION: If you speak English, language assistance services, free of charge, are available to you. Call 1-855-996-8422 (TTY: 711). ATENCIÓN: si habla español, tiene a su disposición servicios gratuitos de asistencia lingüística. Llame al 1-855-996-8422 (TTY: 711). 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 1-855-996-8422 (TTY : 711) 。