

[PPG Name and/or logo]  
[PPG Return Address]  
[PPG City], [PPG ST] [PPG Zip]

[Notice Date]

[First Name] [Last Name]  
[Address 1]  
[Address 2]  
[City], [State] [Zip]

## IMPORTANT NEWS

**Your health care [provider/facility] is leaving your plan's network.**

Dear [First Name] [Last Name]:

Our records show that you are getting care from <Dr.> [Provider First Name] [Provider last Name]. We want to make you aware that this provider will not be part of the [Plan Name] network as of [Provider\_Term\_Date].

Our main concern is to make sure you get medical care without disruption. If you are being treated for a medical condition and would like to stay with your current provider, please call [Plan Name] Member Services to learn how to make a request. Here's how to reach us:

**Member Services Toll-Free Phone Number: [Member Services Number]**  
**Member Services Toll-Free TTY Number: [TTY\_Number]**  
**Member Services Hours: [Hours\_of\_Operation]**  
**Website: [Plan Website]**

Attached is a list of some providers within our network that you may choose from. There may be other providers not listed that you can choose to see.

If you need help finding a network provider and/or pharmacy, please call the Member Services number listed above or call [insert PPG name] at [insert PPG number] (TTY users should call [insert PPG TTY number]). Or visit [Plan Website] to access our online searchable directory. If you would like a Provider/Pharmacy Directory mailed to you, please call the number above or ask for one at [Plan Website].

### How to change plans

You can change health 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. In addition, from January 1 – March 31, anyone enrolled in a Medicare Advantage Plan (except an MSA plan) can switch plans or return to Original Medicare (and join a stand-alone Medicare drug plan). Generally, you can't make changes at other times except in certain situations, like if you move out of your plan's service area, want to join a plan in your area with a 5-star quality rating, or qualify for (or lose) Extra Help paying for prescription drug coverage.

If this change in our network impacts you, you can call 1-800-MEDICARE (1-800-633-4227) to ask for a special enrollment period to change plans and for help finding other coverage. Tell them you got this notice saying your [provider/facility] is leaving our network. This toll-free help line is available 24 hours a day, 7 days a week. TTY users should call 1-877-486-2048.

We apologize for any inconvenience this may cause you. We understand this change may not be easy. However, our goal is to make this transition as smooth as possible for you. We're here to help. Please call us at [insert PPG number] (TTY users should call [insert PPG TTY number]). We are open [PPG Hours of Operation].

Sincerely,

[insert PPG Name]

The pharmacy and/or provider network may change at any time. You will receive notice when necessary.

You can get this information for free in other formats, such as large print, braille, or audio. Call our toll-free number at [Member Services Number] (TTY users should call [TTY Number]).

<Dr.> [Provider1 First Name] [Provider1 Last Name]  
[Provider1 Medical Group]  
[Provider1 Street Address]  
[Provider1 City], [Provider1 State] [Provider1 ZIP]  
[Provider1 Phone Number]

<Dr.> [Provider2 First Name] [Provider2 Last Name]  
[Provider2 Medical Group]  
[Provider2 Street Address]  
[Provider2 City], [Provider2 State] [Provider2 ZIP]  
[Provider2 Phone Number]

<Dr.> <[Provider3 First Name] [Provider3 Last Name]  
[Provider3 Medical Group]  
[Provider3 Street Address]  
[Provider3 City], [Provider3 State] [Provider3 ZIP]  
[Provider3 Phone Number]>

If you have been receiving care from a health care provider, you may have a right to keep your provider for a designated time period. Please contact [Wellcare By Health Net] Member Services, and if you have further questions, you are encouraged to contact the Department of Managed Health Care, which protects consumers, by telephone at its toll-free number, **1-888-466-2219**, or at a TDD number for the hearing and speech impaired at **1-877-688-9891**, or online at [www.dmhc.ca.gov](http://www.dmhc.ca.gov).

If you have questions or a complaint regarding your health care services, you may contact the Department of Health Care Services (DHCS), Office of the Ombudsman at toll-free telephone number **1-888-452-8609 (TTY 711)**. Hours are Monday through Friday 9 a.m. to 5 p.m., except holidays. Closed 2 p.m. to 4 p.m. on Wednesdays.

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