

- ◆ You must indicate your MA-PD plan selection on your *Option Period Enrollment/Change Form* and return it to OSEEGIB. You must also complete an *Application for Medicare Advantage Prescription Drug Plan* and return it to OSEEGIB. The application is available on the HealthChoice website at [www.sib.ok.gov](http://www.sib.ok.gov) or [www.healthchoiceok.com](http://www.healthchoiceok.com). Click the *Option Period* link to access the application. You can also request an application by contacting HealthChoice Member Services at 1-405-717-8780 or toll-free 1-800-752-9475. TDD users call 1-405-949-2281 or toll-free 1-866-447-0436. Remember, both your MA-PD application and your Option Period form must be returned to OSEEGIB.
- ◆ If you are currently enrolled in CommunityCare MA-PD plan or Generations MA-PD plan and want to continue your coverage for the 2013 plan year, you do not have to return your form unless you want to make changes to other coverages or enroll in vision coverage. Please keep your personalized *Option Period Enrollment/Change Form* as proof of your coverage.

## Confirming Enrollment

You will receive a letter from your MA-PD plan confirming your enrollment and effective date. Just before your effective date, you will receive your plan ID card and member handbook.

## When a Covered Family Member is Not Yet Eligible for Medicare

All covered family members must enroll in the same plan. For example, if you are enrolled in an MA-PD plan, your pre-Medicare spouse or dependents must enroll in the HMO option of that same plan. As the primary member, you must indicate that you have elected an MA-PD plan option and complete all the required information regarding your dependents on your *Option Period Enrollment/Change Form*.

## Disenrolling or Transferring Plans

- ◆ If you are changing from one MA-PD plan to another, your new plan coverage will begin on January 1, 2013, and you will automatically be disenrolled from your previous plan.
- ◆ If you are changing from an MA-PD plan to a Medicare supplement plan, Medicare requires that you write to your former MA-PD plan to advise them of your disenrollment. You will receive a letter from your former plan advising you of the date your coverage ends. You must also complete and submit your *Option Period Enrollment/Change Form* to OSEEGIB indicating your change in plans.
- ◆ Failure to notify your current MA-PD plan of your disenrollment can result in additional expenses that will not be reimbursed by Medicare or your new plan.
- ◆ Failure to notify your plan and OSEEGIB in a timely manner can result in delayed or denied enrollment in your new plan and create problems receiving services.