**Urgent: Your health coverage is at risk.**

Take action by December 15, [insert current year], or you may not have continuous health coverage in [insert upcoming year].

[Date]

Dear [Name of Policyholder],

# Why am I getting this letter?

**Your current health plan will not be offered next year in your area**. Read this letter carefully and review your options. Beginning January 1, [insert upcoming year], we won’t offer any health insurance coverage in your area. **This means you must enroll in a new health plan from another company to have coverage in [insert upcoming year].** We will end coverage for the people in your household under your current health plan on December 31, [insert current year].[These people are:

Name of Policyholder

Names of other enrollees on policy]

**To keep health coverage in [insert upcoming year] you must choose a new plan from another company.**

**When do you need to make a decision?**

Between November 1, [insert current year], and December 15, [insert current year], you can choose a new plan that starts on January 1, [insert upcoming year], for coverage during [insert upcoming year]. You can also enroll from December 16, [insert current year], through January 15, [insert upcoming year], but your coverage would not start until February 1, [insert upcoming year] and you would not have insurance during the month of January. You can also change plans during open enrollment, but in most cases, you cannot switch plans after open enrollment.

**What you need to do:**

# During Open Enrollment you will need to:

Review your coverage options and pick a new plan.

# [For On-Exchange plans: Update your Washington Healthplanfinder application.

Review your Washington Healthplanfinder (Washington’s Exchange) application to make sure the information is still current and correct, and to see if you may qualify for more or less financial help in [insert upcoming year] than you’re getting now. This may lower your monthly premium payment or out-of-pocket costs (like deductibles, copayments, and coinsurance). Check with Washington Healthplanfinder about whether it will automatically enroll you into another plan. Then, review your coverage options and pick a new plan if you are not automatically enrolled into a plan or would like a different plan.]

# Choose a new plan.

There are two ways you can choose to buy a new health plan:

* Through Washington Healthplanfinder at [www.wahealthplanfinder.org](http://www.wahealthplanfinder.org/) or call 1-855-WAFINDER (1-855-923-4633) or TTY/TDD: 1-855-627-9604. Here you can compare plans, find in-person help in your community, and see if you qualify for free or low-cost options depending on your income. If you qualify for financial help, you can only get those savings if you enroll through Washington Healthplanfinder.
* Directly from another company or with the help of an agent or broker. If you purchase directly, rather than through the Washington Healthplanfinder, you won’t get any financial help lowering your monthly premium or out-of-pocket costs (like deductibles, copayments, and coinsurance).

# What should you consider when shopping for a health plan?

* **Cost**. Check to see if you have lower-cost options and compare plans through Washington Healthplanfinder at [www.wahealthplanfinder.org](http://www.wahealthplanfinder.org/) or call 1-855-WAFINDER (1-855-923-4633) or TTY/TDD: 1-855-627-9604.
* **Providers**. Health plans through a different company may have different doctors or hospitals from your old plan. Please contact the company to make sure that the plan you want to buy includes your doctor and other health care providers as part of its network.
* **Benefits**. Please contact the company to view the new plan’s [insert upcoming year] benefit booklet, which will include a description of benefits and the costs you pay when you use services.
* **Drugs**. Please contact the company to view the new plan’s [insert upcoming year] drug formulary, which will include a list of covered prescription drugs.

**Important information about tax credits**

Tax credits and other financial help, such as the Cascade Care Savings Program, are available to many people who buy a plan through Washington Healthplanfinder. Find out if you qualify at [www.wahealthplanfinder.org](http://www.wahealthplanfinder.org/) or call 1-855-WAFINDER (1-855-923-4633) or TTY/TDD: 1-855-627-9604.

# Questions?

* You can contact [Issuer Name] at, [Contact Information, including TTY/TDD and Hours of Operation] or visit [Link to issuer website],.
* Call [Issuer phone number including TTY/TDD] to request a reasonable accommodation to get this information in an accessible format, like large print, Braille, or audio, at no cost to you.
* To update your Washington Healthplanfinder account or learn about options for health coverage or financial help through Washington Healthplanfinder go to [www.wahealthplanfinder.org](http://www.wahealthplanfinder.org/) or call 1-855-WAFINDER (1-855-923-4633) or TTY/TDD: 1-855-627-9604.
* If some people in your household have a different kind of coverage—such as Medicare, Washington Apple Health, or a dental plan—they may get a separate letter about how to keep their coverage.

**Would you like help in another language?**

* [Language taglines per CCIIO Technical Guidance – March 30, 2016, Guidance and Population Data for Exchanges, Qualified Health Plan Issuers, and Web-Brokers to Ensure Meaningful Access by Limited-English Proficient Speakers Under 45 CFR §155.205(c) and

§156.250; Appendix A – Top 15 Non-English Languages by State; Appendix B: Sample Translated Taglines – Languages Are Listed in Alphabetical Order] (*The* ***OIC will allow the Notice and Taglines to be “posted” with forms either by being embedded in the forms, or as an insert enclosed with the forms*.)**