# Urgent: Your health coverage is at risk.

Take action by [date], or you may not have health coverage.

## [Date]

Dear [Plan Sponsor or Name],

# Why am I getting this letter?

Your current health plan will not be renewed. Beginning [date], we won't offer health insurance coverage in your area. This means you must enroll in a new health plan to have coverage on [date].

This information does not impact your current coverage. As long as you keep paying your monthly premiums to [Issuer Name], you will still have coverage through [date].

To keep health coverage, you must choose a new plan.

## When do you need to make a decision?

To have continued health care coverage, you should have new health plan cover in place and starting on [date].

#### What you need to do:

You can choose to buy a new health plan with the help of an agent or broker or directly from another company.

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

- ✓ Cost. Check to see if you have lower-cost options and compare plans.
- ✓ <u>Providers</u>. Health plans through a different company will have different doctors or hospitals from your old plan.
- ✓ <u>Benefits</u>. You can request to view a company's health plan benefit booklet, which will include a description of benefits and the costs you pay when you use services.
- ✓ <u>Drugs</u>. You can request to view a company's health plan drug formulary, which will include a list of covered prescription drugs.

#### We are notifying your employees

Federal law requires us to notify all group members who have this coverage that we will no longer offer it. Because we might not know about other coverage decisions you have made, we'll tell your [Issuer Branding and Contact Information]

employees to check with the plan sponsor or administrator about coverage options that might be available through your organization.

### Questions?

- You can contact [Issuer Name] at [Contact Information and Hours of Operation] or visit [Link to website] for help with any questions.
- 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

# 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] (For Plan Year 2020, 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.)