**Important: It’s time to review your health coverage.**

Take action by December 15, [insert current year], or you’ll be automatically re-enrolled in the same or similar coverage.

This may change some of your costs, coverage, and providers, so review your options carefully.

.

[Date]

Dear [Name of Policyholder],

# Why am I getting this letter?

We want to re-enroll the people in your household currently covered by this health plan so you can keep your coverage in [insert upcoming year]. The last day of your current coverage is December 31, [insert current year]. [The people are:

Name of Policyholder

Name of other enrollees on policy]

This letter summarizes any changes to your coverage so you can decide if you want to keep your plan or look for a different one. Changes described in this letter will take effect January 1, [insert upcoming year].

**Important:** This isn’t a Washington Healthplanfinder (Washington’s Exchange) plan. This means you won’t get any financial help lowering your monthly premium or out-of-pocket costs (like deductibles, copayments, and coinsurance) if you remain enrolled in this plan. To see if you qualify for these savings and to enroll in a Washington Healthplanfinder plan, visit [www.wahealthplanfinder.org](http://www.wahealthplanfinder.org), or call 1-855-WAFINDER (1-855-923-4633) or TTY/TDD: 1-855-627-9604. If you don’t enroll in a Washington Healthplanfinder plan during open enrollment, you may not be able to switch to one for [insert upcoming year], even if your finances change.

Your new premium for this plan starts on January 1, [insert upcoming year]. You’ll pay $[Dollar amount] each month. [Insert if rate pending approval: However, your rate has not yet been finalized. We will update you if there are changes.] To see information about this rate, go to: <https://fortress.wa.gov/oic/consumertoolkitrt/Search.aspx>.

# Changes we’re making to your current health plan:

|  |  |  |
| --- | --- | --- |
|  | **Current Plan** | **[Insert upcoming year] Plan** |
| [List plan name and ID] | [List plan name and ID] |
| Changes to your benefits  | * [For benefit changes, list what the benefits were in the current plan or write “no change.” Use additional lines and bullet points as needed.]
 | * [List changes to benefits or write “no change.” Use additional lines and bullet points as needed.]
 |
| Changes to your cost sharing | * [For cost-sharing changes, list what the cost-sharing was in the current plan or write “no change.” Use additional lines and bullet points as needed.]
 | * [List changes in cost sharing, (including, but not limited to, changes in metal-level tier, out of pocket maximum, or deductible), or write “no change.” Use additional lines and bullet points as needed.]
 |

# This list may not include all changes, such as changes to covered providers or prescription drugs. For more information about changes to your plan, please contact us.

# What should you consider before deciding to keep or change your plan?

* **Cost:** This isn’t a Washington Healthplanfinder plan from Washington’s Exchange. This means you won’t get any financial help lowering your monthly premium or out-of-pocket costs (like deductibles, copayments, and coinsurance) if you remain enrolled in this plan. To see if you qualify for these savings and compare plans, visit [www.wahealthplanfinder.org](http://www.wahealthplanfinder.org) or call 1-855-WAFINDER (1-855-923-4633) or TTY/TDD: 1-855-627-9604.
* **Providers:** Your coverage may have different doctors or hospitals in [insert upcoming year]. Call [Carrier name] or visit [Link to provider directory or, if the renewal plan is offered by another carrier, then a link to that carrier’s website] to make sure your doctor and other health care providers are covered.
* **Benefits:** Call [Carrier name] or visit [Link to Benefit Booklet or, if the renewal plan is offered by another carrier, then a link to that carrier’s website] for a copy of your plan’s [insert upcoming year] benefit booklet, which includes a description of benefits and the costs you pay when you use services.
* **Drugs:** Call [Carrier name] or visit [Link to formulary or, if the renewal plan is offered by another carrier, then a link to that carrier’s website] for a copy of your plan’s [insert upcoming year] drug formulary, which includes a list of covered prescription drugs.

# What if you want to change health plans?

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 change plans from December 16, [insert current year], through January 15, [insert upcoming year], but your new plan coverage would not start until February 1, [insert upcoming year]. You can change plans during open enrollment, but in most cases, you cannot switch plans after open enrollment.

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

* 1. 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 lower-cost options depending on your income. [You can find plans from (Issuer Name) at the Washington Healthplanfinder. If you qualify for financial help, you can only get those savings if you enroll through Washington Healthplanfinder.
	2. Directly from [Issuer Name] or 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 our-of-pocket costs (like deductibles, copayments, and coinsurance).

**Important information about tax credits**

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

# Questions?

* To learn about your plan or other options for health coverage through [Issuer Name], contact [Contact Information, including TTY/TTD and Hours of Operation] or visit [Link to Summary of Benefits and Coverage or, if the renewal plan is offered by another carrier, then a link to that carrier’s website], where you can review the Summary of Benefits and Coverage for the plans.
* Call [Issuer phone number, including TTY/TTD] 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*.)**