Important: [Name of Issuer] is continuing to offer your group health plan.
Some plan details may have changed, including your costs, coverage and providers.
You also have other options.

[Date]

Dear [Plan Sponsor or Name],

Why am I getting this letter?

Your group's health coverage is coming up for renewal as of [Month, Day, Year]. Your coverage will automatically renew, unless you take action.

If your group buys dental coverage separately, you will receive a different letter telling you how to renew it.

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.

The premium for this plan starts in [Month]. You'll pay $[Dollar amount] each month. To see information about this rate, go to: https://fortress.wa.gov/oic/consumertoolkitrt/Search.aspx. This is an estimate, this amount may change depending on the individuals who actually enroll in the plan.

Changes we're making to your current health plan:

	Current Health Plan Year	**New Health Plan Year**
	[List plan name and ID]	[List plan name and ID]
Changes to your group's benefits	• [For benefits changes, list what the benefits were in 2019 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 group's cost-sharing	• [For cost-sharing changes, list what the cost-sharing was in 2019 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 the prescription drugs or providers we cover. For full information about changes to your plan, contact us.

[Issuer branding and contact information]

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

✓ **Providers:** Your coverage may have different doctors or hospitals in your new plan. Call or visit [Link to provider directory] to make sure your doctor and other health care providers are covered.

✓ **Benefits:** Call us or visit our website at [Link to Benefit Booklet], for a copy of your plan's benefit booklet which includes a description of benefits and the costs you pay when you use services.

✓ **Drugs:** Call us or visit [direct link to formulary] for a copy of your plan's drug formulary, which includes a list of covered prescription drugs.

What if you want to change health plans?

Generally, you can buy coverage any time throughout the year as long as your group has enough members and you contribute enough to their premiums. If group members enroll and the employer pays premiums by the [Day] of the month, coverage can start on the 1st of the following month.

You can choose to buy a new health plan by purchasing a plan directly from [Issuer name], another company, or with the help of an agent or broker.

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].

Questions?

• To learn about your plan or other options for health coverage through [Issuer Name], contact [Contact Information and Hours of Operation] or visit [Link to Summary of Benefits and Coverage], 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.

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.*)

[Issuer branding and contact information]