

Important: We are not continuing to offer your group health plan
We will automatically enroll your group members in a plan that is similar to your current plan, if you do not choose a new plan. This may change your costs, coverage and providers.

Date

Dear [Plan Sponsor or Name],

Why am I getting this letter?

Your group's current health coverage will not be renewed. The current coverage will end on [Month, Day, Year].

What you need to do

To keep your health insurance coverage, you must choose a new plan and start coverage on [date] or accept the plan we chose for you. This letter explains the options available to you.

If your group buys dental coverage separately, you will get a separate letter about how to renew that coverage.

If you want the plan we selected for you, simply pay the plan premium. If not, you can also choose any of our other plans available to you.

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].

Options from [Issuer Name]

We have selected a new [Issuer Name] plan for you that is similar to your current plan. **We will automatically enroll you in [Plan Name] unless you choose another option by [Month, Day, Year].**

The premium for this new 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.

Your new plan may have different [benefits and/or cost sharing]:

	Current Health Plan	New plan we chose for you
	[List plan and ID]	[List plan and ID]
Changes to your benefits	<ul style="list-style-type: none">[List what was covered or write "None". Use additional lines and bullet points as needed.]	<ul style="list-style-type: none">[List what will be covered or write "None." Use additional lines and bullet points as needed.]

[Issuer branding and contact information]

Cost sharing (copays and deductibles)	• [List changes in cost sharing, including but not limited to any change in metal-level tier, out-of-pocket maximum, or deductible, or write "None." Use additional lines and bullet points as needed.]	• [List changes in cost sharing, including but not limited to any change in metal-level tier, out-of-pocket maximum, or deductible, or write "None." Use additional lines and bullet points as needed.]
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What should you consider before deciding to keep or change your plan?

- ✓ **Providers:** Your new coverage may have different doctors or hospitals. Call or visit [Link to provider directory] to make sure your doctor and other health care providers are covered.
- ✓ **Benefits:** Call us or visit [Link to Benefit Booklet] for a copy of your new plan's benefit booklet, which includes a description of benefits and the costs you pay when you use services.
- ✓ **Drugs:** Call us or visit [Link to formulary] for a copy of your new plan's drug formulary, which includes a list of covered prescription drugs.

What other option do you have?

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

When do you need to act?

- You generally can buy coverage any time, though in some cases you may be limited to a specific enrollment period. If group members enroll and the employer submits payment by the [Day] of the month, coverage can start on the 1st of the following month.

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

Questions?

- For questions about your plan, contact [Issuer Name, 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 [Issuer branding and contact information]

§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 2019, 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.*)