**Important: Your health plan coverage will end on December 31, [insert current year], because you are not eligible for a catastrophic health plan in [insert upcoming year].**

You must select a new plan during Open Enrollment.

Selecting a new plan may change your costs, coverage, and providers, so review your options carefully.

[Date]

Dear [Policyholder Name],

# Why am I getting this letter?

In [insert current year], you enrolled in the [plan name] catastrophic plan. You will not be eligible for the plan in [insert upcoming year] because you will be 30 years old and will no longer qualify or you no longer qualify for the affordability exemption. On December 31, [insert current year], we will end your coverage.

To have health insurance coverage in [insert upcoming year], you must choose a new plan. This letter explains the options available to you.

# 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 change plans during open enrollment, but in most cases, you cannot switch plans after open enrollment.

# What plan does [issuer name] suggest for you?

We suggest the [plan name] plan. You [will need to select this plan through Washington Healthplanfinder (Washington’s Exchange)] [or, you may purchase the plan directly from (issuer name)]. This may change some of your costs, coverage and providers, so please review your options.

The premium for the [plan name] plan starts on January 1, [insert upcoming year]. If you don’t qualify for financial help through Washington Healthplanfinder, or if you purchase the plan directly from [issuer name], you’ll pay [premium] each month. [Insert if rate pending approval: However, your rate has not yet been finalized. If you choose this plan, we will update you if there are changes.] To see information about this rate, go to: <https://fortress.wa.gov/oic/consumertoolkitrt/Search.aspx>.

If you purchase a plan from Washington Healthplanfinder and you qualify for financial help, Washington Healthplanfinder will send you a letter estimating how much your premium will cost, including any subsidy.

# [Insert the following sentence, table of plan information and two sentences following the table if the current plan and suggested plan are offered by the same carrier or controlling group] The plan we are suggesting may have different benefits and cost sharing, including:

|  |  |  |
| --- | --- | --- |
|  | **Current Plan** | **Suggested Plan for [Insert upcoming year]** |
| [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 and prescription drugs.** For full information about changes to your plan, contact us.

If you want the plan we suggest for you, make sure you choose [plan name] through Washington Healthplanfinder or directly from [issuer name] and then pay the new plan premium. If not, you can choose any of our other plans available to you.

# What other options do you have?

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

1. Through Washington Healthplanfinder (Washington’s Exchange) at [www.wahealthplanfinder.org](http://www.wahealthplanfinder.org) or call 1-855-WAFINDER (1-855-923-4633) or TTY/TDD: 1-855-627-9604. 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. [You can find plans from (Issuer Name) through Washington Healthplanfinder.] If you qualify for financial help, you can only get those savings if you enroll through Washington Healthplanfinder at [www.wahealthplanfinder.org](http://www.wahealthplanfinder.org).
2. Directly from [Insert if applicable: 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 out-of-pocket costs (like deductibles, copayments, and coinsurance).

# What should you consider before choosing your plan?

* **Cost:** Check to see if you have low-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:** Your new coverage may have different doctors or hospitals in [insert upcoming year]. Call [Carrier name] or visit [Link to provider directory or, if the suggested 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 suggested 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 [direct link to plan formulary or, if the suggested 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.

# 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/TDD and Hours of Operation] or visit [link to Summary of Benefits and Coverage or, if suggested 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 plan.
* 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*.)**