**Important: Your** **health plan will no longer be offered.**

Take action by December 15, [insert current year], or you’ll be automatically enrolled into a different plan. This may change your costs, coverage, and providers.

[Date]

Dear [Name of Policyholder],

# Why am I getting this letter?

**Your current health plan will not be offered next year.** Read this letter carefully and review your options. The last day of your current coverage is December 31, [insert current year], for you and any other people in your household who currently have this plan.

[These people are:

Name of Policyholder

Names of other enrollees on policy]

# What you need to know:

We have selected a new plan for you, but you can also shop for a new plan. **If you do not choose another plan by December 15, [insert current year], and if your information is current with Washington Healthplanfinder (Washington’s Exchange), you [and anyone listed above] will be automatically enrolled in this new plan.**

Before we can enroll you in your new plan, you may need to update your account with Washington Healthplanfinder. Washington Healthplanfinder will send you a letter in October [insert current year] to tell you what action to take. **If the letter tells you to take action and you do not, you will not be enrolled in the selected plan for [insert upcoming year].**

**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 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], 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 you need to do:**

During Open Enrollment you will need to:

1. **Update your Washington Healthplanfinder application.**

Review your Washington Healthplanfinder application to make sure the information is still current and correct, and to see if you may qualify for more or less financial help in [insert upcoming year] than you’re getting now. This may lower your monthly premium payment or out-of-pocket costs (like deductibles, copayments, and coinsurance).

1. **Keep this new plan or choose a different plan.**

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

* Through Washington Healthplanfinder at [www.wahealthplanfinder.org](http://www.wahealthplanfinder.org/) or 1-855-WAFINDER (1-855-923-4633) or TTY/TDD: 1-855-627-9604.
* 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).

# [Insert the following section regarding “Options from carrier”, table of plan information and paragraph after the chart that begins with “This list may not include all differences” if the current plan and selected plan are offered by the same carrier or controlling group]

# Options from [Issuer Name]

The new [issuer name] plan we have selected for you is similar to your current coverage. If we enroll you in this plan, your new premium starts on January 1, [insert upcoming year]. If you don’t qualify for financial help (a “subsidy”), 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>.

If you do qualify for a subsidy, Washington Healthplanfinder will send a letter estimating how much your coverage will cost, including any subsidy.

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

|  |  |  |
| --- | --- | --- |
|  | **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 differences, such as differences in the prescription drugs or providers we cover.** For full information about your new plan, please contact us.

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

* **Cost:** Check to see if you have lower-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. Call [Carrier name] or visit [Link to provider directory or, if the new plan is offered by another carrier, then a link to that carrier’s our website] to make sure your doctor and other health care providers are covered.
* **Benefits:** Call [Carrier name] or visit our website [Link to plan benefit information or, if the new 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 new plan is offered by another carrier, then a link to that carrier’s our website] for a copy of your plan’s [insert upcoming year] drug formulary, which includes a list of covered prescription drugs.

# Important information about your tax credit

* + - [If mapping enrollee to a plan in the same product that is NOT a silver plan:] **IMPORTANT:** This isn’t a Silver plan in [insert upcoming year]. This means you can’t get financial help to lower your out-of-pocket costs if you enroll in this plan. To get these savings if you qualify, you must go back to Washington Healthplanfinder and enroll in a Silver plan. If you don’t enroll in a Silver plan, any financial help you currently get to lower your out-of-pocket costs will stop on December 31, [insert current year].
    - Last year, you may have used tax credits to lower your monthly premium. To make sure you get the full savings, you must update your household and income information with Washington Healthplanfinder during Open Enrollment.
    - You can update this information online, in person, or by phone. This will ensure you get the correct premium amount and that you do not owe money on your next tax return because your household size, income, or other eligibility information was different than what you estimated. Your final tax credit is determined when you file your federal income tax return for the year.
    - [For those enrollees who did not receive tax credits only, insert the following text] **If you didn’t receive a tax credit in [insert current year]:** Tax credits and other financial help, such as the Cascade Care Savings Program, are available to many people who buy a plan through Washington Healthplanfinder. Find out if you qualify at  [www.wahealthplanfinder.org](http://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 selected plan is offered by another carrier, then a link to that carrier’s our 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*.)**