

Important: It's time to review your health coverage.
Take action by [Date], 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 that you can keep your coverage in [insert upcoming year]. The last day of your current coverage is [insert date including year]. [These 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 plan offered by Washington Healthplanfinder (Washington's Health Insurance 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 to enroll in a Washington Healthplanfinder plan, visit www.wahealthplanfinder.org by December 15, [insert current year] to change your coverage before it starts on January 1, [insert upcoming year]. You can also change your coverage between December 16, [insert current year] and January 15, [insert upcoming year], but your new plan coverage will start February 1, [insert upcoming year]. 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 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 Health Plan	[Upcoming year] Health Plan
	[List plan name and ID]	[List plan name and ID]

Changes to your benefits	<ul style="list-style-type: none"> [For benefits changes, list what the benefits were in the current plan or write “no change.” Use additional lines and bullet points as needed.] 	<ul style="list-style-type: none"> [List changes to benefits or write “no change.” Use additional lines and bullet points as needed.]
Changes to your cost sharing	<ul style="list-style-type: none"> [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.] 	<ul style="list-style-type: none"> [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, contact us.

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

- ✓ **Cost:** This isn’t a Washington Healthplanfinder, or “Washington Exchange” plan. This means you won’t get any financial help lowering your monthly premium or out-of-pocket costs if you remain enrolled in this plan. To see if you qualify for these savings and compare plans visit 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 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 us or visit our website for a copy of your plan’s [insert upcoming year] benefit booklet [Link to Benefit Booklet or if the renewal plan is offered by another carrier, then a link to that carrier’s website], which includes a description of benefits and the costs you pay when you use services.
- ✓ **Drugs:** Call us or visit [direct 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. 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. If you qualify for financial help, you can only get those savings if you enroll through Washington Healthplanfinder. [You can find plans from (Issuer Name) at www.wahealthplanfinder.org or call 1-855-WAFINDER (1-855-923-4633) or TTY/TDD: 1-855-627-9604.

2. Directly from [Issuer Name], another company, or with the help of an agent or broker.

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 plan.
- 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 account or learn about options for health coverage or financial help through Washington Healthplanfinder, go to 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.*)