

Important: [Name of Issuer] is continuing to offer your health coverage for the next year.
Some plan details may have change.

[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 2017. The last day of your current coverage is December 31, 2016. [These people are:

Name of Policyholder

Name of other enrollees on policy]

Every year, companies can make changes to the plans and coverage options they offer. 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, 2017.

Your new premium starts on January 1, 2017. 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: www.insurance.wa.gov/health-rates/search.aspx.]

Changes we're making to your current health plan:

	Current 2016 Plan	2017 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 2016 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 2016 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 the prescription drugs or providers we cover. For more 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?

- ✓ **Cost:** This isn't a Washington Healthplanfinder, or "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.
- ✓ **Providers:** Your coverage may have different doctors or hospitals in 2017. 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 for a copy of your plan's 2017 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 2017 drug formulary, which includes a list of covered prescription drugs.

What if you want to change health plans?

The Open Enrollment period for 2017 coverage is November 1, 2016 through January 31, 2017. Coverage starts on the first of the month, and you will need to sign up by [Issuer insert date] for your coverage to start the next month. To make sure there isn't a gap in your coverage, and avoid paying a penalty, the deadline to enroll is [Issuer insert date] for coverage that starts January 1, 2017.

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) on Washington Healthplanfinder.] [Issuer insert HBE application deadlines.]
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 and Hours of Operation].
- To update your account or learn about options for health coverage or financial help through Washington Healthplanfinder, contact www.wahealthplanfinder.org or 1-855-WAFINDER (1-855923-4633) or TTY/TDD: 1-855-627-9604.
- [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](#)

[Issuer branding and contact information]