**Important: Your health plan** **will no longer be offered in [insert upcoming year].**

Take action by December 15, [insert current year], or you’ll be automatically enrolled in a different plan.

This may change some of your costs, providers and coverage, so review your options carefully.

[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 the 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 do:

**To keep health insurance coverage in [insert upcoming year], you must either choose a new plan or accept the plan we chose for you.** 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 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.

# 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. [Insert if plan pending approval: However, your plan 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>.

**Important:** This isn’t a Washington Healthplanfinder (Washington’s Exchange) plan. 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 enroll in this plan. To see if you qualify for these savings and to enroll in a Washington Healthplanfinder plan, visit [www.wahealthplanfinder.org](http://www.wahealthplanfinder.org) or call 1-855-WAFINDER (1-855-923-4633) or TTY/TDD: 1-855-627-9604. 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.

# [Insert the following sentence, table of plan information and two sentences following the table if the current plan and selected plan are offered by the same carrier or controlling group] 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 more information about your new plan, please contact us.

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

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

* **Cost:** Your current health plan and the new plan that we chose aren’t Washington Healthplanfinder plans from Washington’s Exchange. This means you don’t get any financial help lowering your monthly premium or out-of-pocket costs while enrolled in the current plan or if you change to the new plan that we chose. To see if you qualify for these savings and compare plans, 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.
* **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 selected 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 plan benefit information or, if the selected 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 formulary or, if the selected 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.

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

* 1. Through Washington Healthplanfinder at www.wahealthplanfinder.org or call 1-855-WAFINDER (1-855-923-4633) or TTY/TDD: 1-855-627-9604. 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 the Washington Healthplanfinder.]
  2. Directly from [Issuer Name] or another company, or with the help of an agent or broker.

**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 the selected 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 plans.
* 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 (Washington’s Exchange) 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*.)**