**Urgent: Your health coverage is at risk.**Take action by December 15, [insert current year], or you won’t have continuous health coverage in [insert upcoming year].

[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. On December 31, [insert current year], coverage will end for the people in your household who currently have this plan. [These people are:

Name of Policyholder

Names of other enrollees on policy]

**To keep health 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 also 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:**

Review your coverage options and pick a new health plan. There are two ways you can choose to buy a new health plan:

* 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. Here 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) at the Washington Healthplanfinder.] If you qualify for financial help, you can only get those savings if you enroll through Washington Healthplanfinder.
* 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 plan does [Issuer Name] suggest for you?

We have suggested a new [Issuer Name] plan for you that is most similar to your current plan. **However,** **you must take action to enroll in health insurance coverage for [insert upcoming year].**

If you enroll in this suggested plan by December 15, [insert current year], coverage will start January 1, [insert upcoming year]. Your new premium will be $[Dollar amount] each month. [Insert if plan pending approval: However, the rate for this plan has not yet been finalized. We will update you if you choose this plan and there are changes.] To see information about this rate, go to: <https://fortress.wa.gov/oic/consumertoolkitrt/Search.aspx>.

**Important:** This suggested plan 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 plan year], even if your finances change.

[Insert the following sentence, table of plan information, and two sentences after the table if the current plan and suggested plan are offered by the same carrier or controlling group] **This suggested plan may have different [benefits and/or 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 differences, such as differences in the prescription drugs or providers we cover.** For more information about this suggested plan, please contact us.

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

* **Cost:** Your current plan and the new plan that we suggested 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 suggested. To see if you qualify for these savings and compare plans, go to www.wahealthplanfinder.org or call 1-855-WAFINDER (1-855-923-4633) or TTY/TDD: 1-855-627-9604.
* .
* **Providers:** The suggested plan 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 the suggested plan’s [insert upcoming year] benefit booklet at, 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 suggested plan is offered by another carrier, then a link to that carrier’s website] for a copy of the suggested 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 the suggested 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 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 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*.)**