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

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

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

[Date]

Dear [Name of Policyholder],

# Why am I getting this letter?

**Your current health plan coverage 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 do:

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 into a new plan.

Before you are enrolled into 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 a new 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]. You can change plans during open enrollment, but in most cases, you cannot switch plans after open enrollment.

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>.

**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 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. [You can find plans from (Issuer Name) on 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).

# [Insert the following sentence, table of plan information and two sentences following the table if applicable] 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.

# 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 in [insert upcoming year]. Call [Carrier name] or visit [Link to provider directory or to the other 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 to the other 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 to the other carrier’s 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

* + - 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.
    - 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 to the other carrier’s 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*.)**