

**Important: We will not offer your health plan in 2019.**  
Take action by [date], or you will be automatically enrolled in a different plan.  
This may change your costs, coverage, and providers.

[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, 2018, coverage will end for the people in your household who currently have this health plan. [These people are:

Name of Policyholder

Names of other enrollees on policy]

**To keep health coverage in 2019, you must either choose a new plan or accept the plan that we chose for you.** This letter explains the options available to you.

The 2018 Open Enrollment period for 2019 coverage is November 1, 2018 through December 15, 2018. Review your coverage options and keep the plan that we chose for you or pick a new plan before December 15, 2018. If you do not have coverage next year, you may pay a penalty and you'll have to pay for all of your health care costs.

### Options from [Issuer Name]

We have suggested a new [Issuer Name] plan for you that is most 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>.

**This plan has different [benefits and/or cost sharing] from your current plan, including:**

	Current 2018 Plan	2019 Plan We Suggest For You
	[List plan name and ID]	[List plan name and ID]
Changes to your benefits	<ul style="list-style-type: none"><li>[For benefits changes, list what the benefits were in 2018 or write "no change." Use additional lines and bullet points as needed.]</li></ul>	<ul style="list-style-type: none"><li>[List changes to benefits or write "no change." Use additional lines and bullet points as needed.]</li></ul>

Changes to your cost-sharing	<ul style="list-style-type: none"> <li>[For cost-sharing changes, list what the cost-sharing was in 2018 or write “no change.” Use additional lines and bullet points as needed.]</li> </ul>	<ul style="list-style-type: none"> <li>[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.]</li> </ul>
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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 buy a 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, go to [www.wahealthplanfinder.org](http://www.wahealthplanfinder.org) to shop and compare plans.
- ✓ **Providers.** Your coverage may have different doctors or hospitals in 2018. Call or visit [Link to provider directory] to make sure your doctor and other health care providers are covered.
- ✓ **Benefits.** Call us or visit [Link to Benefit Booklet] for a copy of your plan's 2018 benefit booklet, which includes a description of benefits and the costs you pay when you use services.
- ✓ **Drugs.** Call us or visit [Link to formulary] for a copy of your plan's 2019 drug formulary, which includes a list of covered prescription drugs.

### Questions?

- To learn about your plan or other options for health coverage through [Issuer Name], contact [Contact Information and Hours of Operation] or visit [Issuer Website], where you can review the Summary of Benefits and Coverage [link to the Summary of Benefits and Coverage for the plans].
- Call your insurer to request a reasonable accommodation at no cost to you if you have a disability.
- To update your 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.
- [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 [Issuer Branding and Contact Information]

Translated Taglines – Languages Are Listed in Alphabetical Order] *(For Plan Year 2019, 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.)*