

Important: We will not offer your group health plan in the upcoming plan year.
You must take action to ensure your group has health coverage.
Choosing a new plan may change your costs, coverage and providers.

[Date]

Dear [Plan Sponsor or Name],

Why am I getting this letter?

We are not offering your group’s current health coverage next year. The current coverage will end on [Month, Day, Year]. **To have health insurance for your next plan year, you must choose a new plan.**

If your group buys dental coverage separately, you will get a separate letter about that coverage.

Options from [Issuer Name]

We suggest a new [Issuer Name] plan for you that is similar to your group’s current coverage.

Your group will not be automatically enrolled in this suggested plan. If you would like this plan, you will need to purchase this plan directly from [issuer name] or through an insurance producer.

The premium for this plan starts in [Month]. You’ll pay \$[Dollar amount] each month. To see information about this rate, go to: <https://fortress.wa.gov/oic/consumertoolkitrt/Search.aspx>. This is an estimate, this amount may change depending on the individuals who actually enroll in the plan.

Your suggested plan may have different [benefits and/or cost sharing]:

	Current health plan	New suggested plan
	[List plan and ID]	[List plan and ID]
Changes to your benefits	<ul style="list-style-type: none">[List what was covered or write “None.” Use additional lines and bullet points as needed.]	<ul style="list-style-type: none">[List what will be covered or write “None.” Use additional lines and bullet points as needed.]
Changes to your cost-sharing (copays and deductibles)	<ul style="list-style-type: none">[List changes in cost sharing, including but not limited to any change in metal-level tier, out-of-pocket maximum, or deductible, or write “None.” Use additional lines and bullet points as needed.]	<ul style="list-style-type: none">[List changes in cost sharing, including but not limited to any change in metal-level tier, out-of-pocket maximum, or deductible, or write “None.” Use additional lines and bullet points as needed.]

[Issuer branding and contact information]

What should you consider when shopping for a health plan?

- ✓ **Providers:** Your new coverage may have different doctors or hospitals. 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 [Link to Benefit Booklet] for a copy of your new plan's 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 new plan's drug formulary, which includes a list of covered prescription drugs.

What other option do you have?

- You can choose to buy a new group health plan directly from a company or with the help of an agent or broker.

When do you need to make a decision?

To have continued health care coverage, you should have new health plan cover in place and starting on [date].

We are notifying your employees

The law requires us to notify all group members who have this coverage that we will no longer offer it. Because we might not know about other coverage decisions you have made, we'll tell your employees to check with the plan sponsor or administrator about coverage options that might be available through your organization.

Questions?

- For questions about your plan, contact [Issuer Name, Contact Information, and Hours of Operation] or visit [Issuer 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.

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] (*For Plan Year 2020, 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.*)

[Issuer branding and contact information]