

**Important: [Name of Issuer] will not offer your health plan in 2017.**  
You must choose a new plan.

[Date]

Dear [Name of Policyholder],

**Why am I getting this letter?**

Your current health plan will not be offered again next year. Read this letter carefully and review your options. On December 31, 2016, 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]

**What you need to do:**

**To keep health coverage in 2017, you must choose a new plan.** This letter explains the options available to you.

The 2016 Open Enrollment period for 2017 coverage is November 1, 2016 through January 31, 2017.

**Options from [Issuer Name]**

We have suggested a new [Issuer Name] plan for you that is most similar to your current plan. This plan is sold on the Washington Health Benefit Exchange, or Healthplanfinder. However, if you ask, [Issuer Name] must sell this plan to you directly. **Whatever you chose, you must take action to enroll in health insurance coverage for 2017.**

The premium for this suggested new plan starts in [Month]. You would pay \$[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: [www.insurance.wa.gov/health-rates/search.aspx](http://www.insurance.wa.gov/health-rates/search.aspx).

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

	<b>Current 2016 Plan</b>	<b>2017 Plan We Suggest For You</b>
	[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 2016 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 2016 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.

**If you want the plan we suggested, you can enroll either:**

1. Through Washington Healthplanfinder at [www.wahealthplanfinder.org](http://www.wahealthplanfinder.org). 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) on Washington Healthplanfinder.]

If you want a new plan with coverage that starts on January 1, 2017 – the day after your current plan ends – the deadline to enroll is December 23, 2016. In most cases, you cannot switch plans after January 31, 2016. Coverage starts on the first of the month, and you need to sign up by the 23<sup>rd</sup> for your coverage to start the next month.

2. Or, by asking [Issue Name] to sell the plan suggested above to you directly by calling [Insert company information].

To make sure there isn't a gap in your coverage, and avoid paying a penalty, the deadline to enroll is [insert date] for coverage that starts January 1, 2017.

You may also buy another plan directly from [Issuer name], another company, or with the help of an agent or broker.

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

- ✓ **Cost:** The plan we suggested is a Washington Healthplanfinder, or “Exchange”, plan. This means you might qualify for 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 2017. 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 for a copy of your plan's 2017 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 plan's 2017 drug formulary, which includes a list of covered prescription drugs.

## Questions?

- To learn about the suggested plan or other options for health coverage through [Issuer Name], contact [Contact Information and Hours of Operation].
- To update your account or learn about options for health coverage or financial help through Washington Healthplanfinder, contact [www.wahealthplanfinder.org](http://www.wahealthplanfinder.org) or 1-855-WAFINDER (1-855-923-4633) or TTY/TDD: 1-855-627-9604.
- [[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.](#)]