

Important: [Name of Issuer] will not offer your health plan in 2017.
If you do not choose a new plan, we will automatically enroll you in a new plan described below.

[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 either choose a new plan or accept the plan we choose for you. This letter explains the options available to you.

The 2016 Open Enrollment period for 2017 coverage is November 1, 2016 through January 31, 2017. 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 [insurer insert their deadline].. In most cases, you cannot switch plans after January 31, 2016. Coverage starts on the first of the month, and you will need to sign up by [insurer insert deadline] for your coverage to start the next month.

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

Options from [Issuer Name]

We have selected a new [Issuer Name] plan for you that is 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: www.insurance.wa.gov/health-rates/search.aspx.

Your new plan may have different [benefits and/or cost sharing], including:

	Current 2016 Plan	2017 Plan We Chose For You
	[List plan name and ID]	[List plan name and ID]
Changes to your benefits	<ul style="list-style-type: none">[For benefits changes, list what the benefits were in 2016 or write "no change." Use additional lines and bullet points as needed.]	<ul style="list-style-type: none">[List changes to benefits or write "no change." Use additional lines and bullet points as needed.]

Changes to your cost-sharing	<ul style="list-style-type: none"> [For cost-sharing changes, list what the cost-sharing was in 2016 or write “no change.” Use additional lines and bullet points as needed.] 	<ul style="list-style-type: none"> [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.]
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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 your new plan, please contact us.

If you want the plan we selected for you, simply pay the plan premium. If not, you can also choose any of our other plans available to you.

What should you consider before deciding to keep or change your 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 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.

There are two ways you can choose to buy a new health plan:

1. Through Washington Healthplanfinder at 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.] [insurer insert deadline for applying for HBE coverage.]
2. Directly from [Issuer name], another company, or with the help of an agent or broker.

Questions?

- To learn about your 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 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.\]](#)

[Issuer branding and contact information]