Important: We will not offer your group health plan in 2017

If you do not choose a new plan, we will automatically enroll your group members in a plan that is similar to your current plan.

Date

Dear [Plan Sponsor or Name],

Why am I getting this letter?

Your group's current health coverage will not be offered next year. The current coverage will end on [Month, Day, Year].

What you need to do

To keep your health insurance coverage, you must choose a new plan or accept the plan we chose for you. This letter explains the options available to you. If your group buys dental coverage separately, you will get a separate letter about how to renew that coverage.

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.

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. To see information about this rate, go to: www.insurance.wa.gov/health-rates/search.aspx. This is an estimate, this amount may change depending on the individuals who actually enroll in the plan.

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

	Current 2016 Plan	2017 plan we chose for you
	[List plan and ID]	[List plan and ID]
Changes to your benefits	[List what was covered or write "None". Use additional lines and bullet points as needed.]	[List what will be covered or write "None." Use additional lines and bullet points as needed.]
Cost sharing (copays and deductibles)	[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.]	[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.]

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.
- ✓ **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.

What other options do you have?

- Depending on your county, you may be able to choose a new health plan, or offer your employees a choice of plans, through Washington Healthplanfinder Business at www.wahealthplanfinder.org.
- You can choose to buy a new health plan outside Washington Healthplanfinder Business and buy directly from a company or with the help of an agent or broker.

When do you need to act?

- You generally can buy coverage any time, though in some cases you may be limited to a specific enrollment period. If group members enroll and the employer submits payment by the [Day] of the month, coverage can start on the 1st of the following month.
- Washington Healthplanfinder Business starts offering 2017 plan options on November 1, 2016. Group plan selection and payment must be finalized by the 15th of the month for coverage to start on the first of the following month.

We are notifying your employees

Federal 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].

- To learn more about your health coverage options through Washington Healthplanfinder Business, contact Washington Healthplanfinder at www.wahealthplanfinder.org or 1-855WAFINDER (1-855-923-4633) or TTY/TDD: 1-855-627-9604.
- <u>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.
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