

Important: We will not offer your group health plan for the plan year that starts in 2017.
You must take action to ensure your group has health coverage for 2017.

[Date]

Dear [Plan Sponsor or Name],

Why am I getting this letter?

We have decided not to offer your group's current health coverage again next year. The current coverage will end on [Month, Day, Year]. **To have health insurance in 2017, 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 plan. If you would like this plan, you will need to [go to Washington Healthplanfinder and select this plan] or [purchase this plan directly from [issuer name] or through an insurance producer]. Washington Healthplanfinder Business will send you a letter to tell you what action to take if you choose to buy through them.

The premium for this suggested 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.

Your suggested 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	<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]

If you go back to update your Washington Healthplanfinder Business account and want to keep the plan we selected for you, make sure you choose [Plan name and Plan ID for 2017 replacement]. Then pay the new plan premium. If not, you can also choose any of our other plans available to you.

What should you consider when shopping for a health plan?

- ✓ **Cost:** Check to see if you have lower-cost options, and compare plans through Washington Healthplanfinder Business 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?

- You may 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 group coverage any time, though in some cases you may be limited to a specific open enrollment period. If employees enroll and you pay for their coverage by the 15th 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. You must finalize group plan selection and payment by the 15th of the month for coverage to start on the first of the following month.

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].
- To learn more about your health coverage options through Washington Healthplanfinder Business, contact the Washington Healthplanfinder at www.wahealthplanfinder.org or 1-855-WAFINDER (1-855-923-4633) or TTY/TDD: 1-855-627-9604.
- [Language taglines per CCIO 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.](#)