

[Date]

[Name

Address

City, State Zip Code - *optional if provided elsewhere in the same mailing. Optional to provide plan name here]*

**Important: We Will Not Offer Your Health Insurance Plan Next Year [In Your Area], But You Have Options for New Coverage**

Dear Member:

[Issuer name] has decided not to offer your current health insurance plan again next year [in the area you live]. Your current coverage will end [date]. You should carefully review your health insurance coverage options, which are explained below.

We have selected a new [issuer name] plan for you that's similar to your current plan. **Please read the following information carefully to decide whether you want to enroll in a different plan for 2017.** If you take no action by December 15, 2016, you will be automatically enrolled in the new health insurance plan we have selected.

Based on the information we currently have on file, your new premium for the plan we selected, which will take effect January 1, 2017, is \$[dollar amount] per month. Please let us know if the information you previously provided to us has changed. You can compare this plan to other plan options or check if you can get a tax credit to help you pay the premium at [yourhealthidaho.org](http://yourhealthidaho.org).

[Please review the table below for a summary of differences between your 2016 and 2017 plans:

	2016				2017			
Plan Name/Plan ID								
Metal Level								
	Individual		Family		Individual		Family	
	In-network	Out-of-network	In-network	Out-of-network	In-network	Out-of-network	In-network	Out-of-network
Annual Deductible								
Annual Maximum Out of Pocket Amount								
Doctors Office Visits								
In-patient Hospital Stays								
Prescription Drugs								

**Please note this is only a summary, and you should review the [enclosed plan materials) or [plan materials we will be mailing separately] or [plan materials online at URL] for detailed information on plan changes.** You may also call us at [issuer phone contact] or visit our website at [issuer website] to review all the benefits and coverage for this plan.]

*or*

[Please review the enclosed plan materials for information on your 2017 plan, including the annual deductible, co-payments, coinsurance and out of pocket maximums. You may also call us at [issuer phone contact] or visit our website at [issuer website] to review all the benefits and coverage information for this plan.]

**Get help paying for your health coverage**

If you enroll in a health insurance plan through Your Health Idaho, you may be able to qualify for help in paying your monthly premiums and out-of-pocket costs. Your Health Idaho will also check if you or your family members qualify for Medicaid or the Children’s Health Insurance Program (CHIP). Your Health Idaho’s certified agents and

brokers or consumer connectors are available to help you select the health plan that fits your family's needs.

### **Your health insurance options for 2017**

You can choose a different health plan for 2017 during the Open Enrollment period from November 1, 2016 until January 31, 2017. December 15, 2016 is the last date to enroll in a new plan with coverage effective January 1, 2017. If you select a different plan, please inform us by December 15, 2016, otherwise you will be automatically enrolled in the plan we selected for you.

- Your Health Idaho Enrollment – Enroll in a health plan from [issuer name] or another insurance company through Your Health Idaho and receive help paying for your health insurance costs if you qualify. You may also enroll in coverage through Your Health Idaho using a certified insurance agent or broker.
- Enrollment outside Your Health Idaho – Enroll in a new health plan directly with [issuer name] or another insurance company during open enrollment, or get help from a local insurance agent or broker. If you qualify for financial assistance for paying your premiums and out-of-pocket costs, you must enroll through Your Health Idaho to receive those benefits.

### **Important Issues to keep in mind.**

Whether you decide to keep the plan we've recommended for you or choose a different plan, call us or visit our website to make sure your doctor or other health care providers will be in your plan network next year. Also check to make sure any prescription medications you or family members take will be covered.

### **Questions?**

- Call [issuer name and contact information and hours of operation] or visit [issuer website] if you have questions about your health insurance plan.
- Visit [yourhealthidaho.org](http://yourhealthidaho.org) or call 1-855-944-3246 (TTY: 1-800-952-8349) for information on enrolling through Your Health Idaho, how to find help near you, or on getting help in paying your monthly premiums and out-of-pocket costs.
- Contact your health insurance agent or broker.

### **Getting Help in Other Languages**

Spanish: Si usted, o alguien a quien usted está ayudando, tiene preguntas acerca de [insert issuer name], tiene derecho a obtener ayuda e información en su idioma sin costo alguno. Para hablar con un intérprete, llame al [issuer name and contact information and hours of operation].

Chinese: 如果您，或是您正在協助的對象，有關於[插入SBM項目的名稱 [insert issuer name] ]方面的問題，您有權利免費以您的母語得到幫助和訊息。洽詢一位翻譯員，請撥電話 [在此插入數字 [issuer name and contact information and hours of operation].

Serbo-Croatian: Ukoliko Vi ili neko kome Vi pomažete ima pitanje o [insert issuer name], imate pravo da besplatno dobijete pomoć i informacije na Vašem jeziku. Da biste razgovarali sa prevodiocem, nazovite [issuer name and contact information and hours of operation].

Korean: 만약 귀하 또는 귀하가 돕고 있는 어떤 사람이[insert issuer name]에 관해서 질문이 있다면 귀하는 그러한 도움과 정보를 귀하의 언어로 비용 부담없이 얻을 수 있는 권리가 있습니다. 그렇게 통역사와 얘기하기 위해서는 [issuer name and contact information and hours of operation]로 전화하십시오.

Vietnamese: Nếu quý vị, hay người mà quý vị đang giúp đỡ, có câu hỏi về [insert issuer name], quý vị sẽ có quyền được giúp và có thêm thông tin bằng ngôn ngữ của mình miễn phí. Để nói chuyện với một thông dịch viên, xin gọi [issuer name and contact information and hours of operation].

Arabic: لديك كان إن [insert issuer name] والمعلومات المساعدة على الحصول في الحق في لديك ، [issuer name and contact information and hours of operation] ب خصوص أسئلة ت ساعده شخص لدى أو ب ات صل م ترجم مع ل ل تحدث ت كل فة اية دون من ب لغتك ال ضرورية [issuer name and contact information and hours of operation]

German: Falls Sie oder jemand, dem Sie helfen, Fragen zum [insert issuer name] haben, haben Sie das Recht, kostenlose Hilfe und Informationen in Ihrer Sprache zu erhalten. Um mit einem Dolmetscher zu sprechen, rufen Sie bitte die Nummer [issuer name and contact information and hours of operation] an.

Tagalog: Kung ikaw, o ang iyong tinutulangan, ay may mga katanungan tungkol sa [insert issuer name], may karapatan ka na makakuha ng tulong at impormasyon sa iyong wika ng walang gastos. Upang makausap ang isang tagasalin, tumawag sa [issuer name and contact information and hours of operation].

Russian: Если у вас или лица, которому вы помогаете, имеются вопросы по поводу [insert issuer name], то вы имеете право на бесплатное получение помощи и информации на вашем языке. Для разговора с переводчиком позвоните по телефону [issuer name and contact information and hours of operation].

French: Si vous, ou quelqu'un que vous êtes en train d'aider, a des questions à propos de [insert issuer name], vous avez le droit d'obtenir de l'aide et l'information dans votre langue à aucun coût. Pour parler à un interprète, appelez [issuer name and contact information and hours of operation].

Japanese: ご本人様、またはお客様の身の回りの方でも [insert issuer name]についてご質問がございましたら、ご希望の言語でサポートを受けたり、情報を入力したりすることができます。料金はかかりません。通訳とお話される場合 [issuer name and contact information and hours of operation] までお電話ください。

Romanian: Dacă dumneavoastră sau persoana pe care o asistați aveți întrebări privind [insert issuer name], aveți dreptul de a obține gratuit ajutor și informații în limba dumneavoastră. Pentru a vorbi cu un interpret, sunați la [issuer name and contact information and hours of operation].

Sudanic-Fulfulde: To aan, malla goddo mo mballata, e yama dow [insert issuer name], a woodi baawde hebuki habaru malla wallireeki wolde maada naa maa a yobii. Mbolda e pirtoowo, nodda [issuer name and contact information and hours of operation].

Persian-Farsi: [مورد در سوال ، می‌کنید کمک او به شما که کسی یا شما، اگر رایگان طور به را خود زبان به اطلاعات و کمک که دارید را این حق باشد پیدا شد ته ، حاصل تماس]. [issuer name and contact information and hours of operation]. نمایه دریافت

Ukrainian: Якщо у Вас чи у когось, хто отримує Вашу допомогу, виникають питання про [insert issuer name], у Вас є право отримати безкоштовну допомогу та інформацію на Вашій рідній мові. Щоб зв'язатись з перекладачем, задзвоніть на [issuer name and contact information and hours of operation].