

Dear Policyholder,

We are writing to inform you that, under federal guidance announced in November 2013, and extended in February 2014, you may keep this coverage for the upcoming plan year.

How Do I Keep My Current Plan?

To keep your current plan, please contact us or pay the next premium due as provided in the enclosed payment invoice.

As you think about your options, there are some things to keep in mind. If you choose to renew your current policy, it will NOT provide all of the rights and protections of the health care law. These include one or more of the following new protections of the Public Health Service Act (PHS Act) that were added by the health care law and that take effect for coverage beginning in 2014. As a result, your coverage:

- May not meet standards for fair health insurance premiums, so it can charge more based on factors such as gender or a pre-existing condition, and it doesn't have to comply with rules limiting the ability to charge older people more than younger people (section 2701).
- May not meet standards for guaranteed availability, so it can exclude customers based on factors such as a pre-existing condition (section 2702).
- May not meet standards for guaranteed renewability (section 2703).
- May not meet standards related to pre-existing conditions for adults, so it can exclude coverage for treatment of an adult's pre-existing condition (section 2704).
- May not meet standards related to discrimination based on health status (section 2705).
- May not meet standards for non-discrimination in providers (section 2706).
- May not cover essential health benefits or limit annual out-of-pocket spending, so it might not cover benefits such as prescription drugs and might have unlimited cost-sharing (section 2707).
- May not meet standards for participation in clinical trials, so you might not have coverage for services related to a clinical trial for a serious or life-threatening disease (section 2709).

Your current plan will include the following new required benefits:

- Elimination of annual limits on the dollar value of essential health benefits within Idaho.
- No pre-existing condition exclusions.
- If applicable, the waiting period for coverage will not exceed 90 days from first eligibility.

This notice constitutes an amendment of your current policy to include the new benefits listed above, and becomes part of your current health insurance policy contract as of January 1, 2014, or as of your next annual renewal, whichever is later.

How Do I Choose A Different Plan?

You have new options and rights for getting quality, affordable health insurance. You may shop in Idaho's health insurance exchange, Your Health Idaho, where all plans meet certain standards to guarantee health care security and no one who is qualified to purchase coverage through Idaho's exchange can be turned away or charged more because of a pre-existing condition. Your Health Idaho allows you to choose a private plan that fits your budget and health care needs. You may also qualify for tax credits or other financial assistance to help you afford health insurance coverage through Your Health Idaho.

You can also get new health insurance outside Your Health Idaho. Most new plans guarantee certain protections, such as your ability to buy a plan even if you or your employees have a pre-existing condition. However, financial assistance is not available outside Your Health Idaho.

You should review your options as soon as possible, since you have to buy your coverage within a limited time period to preserve your consumer protections.

How Can I Learn More?

To learn more about Your Health Idaho and protections under the health care law, visit yourhealthidaho.org or call 1-855-YH-Idaho (855-944-3246).

You can also visit the Idaho Department of Insurance website at doi.idaho.gov for more information on the health care law and your ability to keep your current plan.

If you have questions, please contact us or your insurance agent or broker.