*{Drafting note: The name of the issuer should be clear in this notice. If the notice is sent out on stationery with headings that list an insurance group, the particular issuer within the insurance group should be clearly identified.}*

**Important: We will not offer your health insurance policy next year, but you have options for new coverage.**

[Date]

Dear [Policyholder]

We are writing to let you know that your current health insurance policy will not be available in 2024. Your current coverage will end on December 31, 2023. [This means **you must choose a new policy in order to have health insurance coverage** after this date.] This letter explains the options available to you.

*{Drafting note: When the issuer does not plan to either map the insured to an individual policy or suggest a specific Marketplace policy use the bracketed sentence above.}*

**Options from [Issuer Name]**

*{Issuer Option 1: If the issuer does not plan to either map the insured to an individual policy or suggest a specific Marketplace policy, insert the following sentences and omit the remainder of this section, except as noted in the drafting note at the end of this section.}*

[You can choose any individual policy offered by [Issuer Name] in your service area. Beginning in October, visit [Issuer website], or call [Issuer phone number] to learn about the policies available to you.]

*{Issuer Option 2: Insert the following sentence when the issuer plans to either map the insured to an individual policy or suggest a specific Marketplace policy.}*

[We have selected a new [Issuer Name] policy for you that is [the most] similar to your current coverage.

*{Drafting note: If the new policy is not offered on the Marketplace, use the following language.}*

[This policy is not offered on NY State of Health, New York’s Official Health Plan Marketplace (the “Marketplace”). **You will be automatically enrolled in this policy unless you choose another option by [Date].**If you do not want to be automatically enrolled in this policy, you have the option of choosing a different policy either from [Issuer name] or through the Marketplace.

*{Drafting note: List differences between current and new policies either here or in an attachment, including deductibles, maximum out of pocket amounts, PCP/Specialist copays, coinsurance, hospital inpatient cost sharing, and Rx cost sharing for the proposed replacement plan.}*

[Below are key differences from your current policy. You can review the benefits and coverage for this policy in a Summary of Benefits and Coverage (SBC) document, and provider and formulary lists for both the new policy and your current policy at [Issuer website].

* Premium – Your new premium will be applicable to coverage that begins in January. [You will pay $[dollar amount] each month.][We will send separate notification of the new premium when the new premium rate is approved by the New York State Department of Financial Services.]
* Benefit changes include:
* Cost-sharing changes include: *{Drafting note: Include* *whether the policy is a different metal level from the previous policy*.}]

If you want this policy, you need only pay the new premium. If not, you can choose any of our other policies available to you. Visit [Issuer website] or call [Issuer phone number] to learn about these policies.]]

*{Drafting note: If the suggested new policy is offered on the Marketplace, use the following language. Please use the policy naming convention of the Marketplace.}*

[This policy, [Name of policy], is offered through NY State of Health, New York’s Official Health Plan Marketplace (the “Marketplace”). As described below, financial assistance in the form of federal tax credits to help pay your monthly premium and cost sharing reductions that help pay for out-of-pocket costs (such as annual deductibles and copayments when you receive services) are available if you are eligible and if you purchase your new policy through the Marketplace.

*{Drafting note: List differences between current and new policies either here or in an attachment, including deductibles, maximum out of pocket amounts, PCP/Specialist copays, coinsurance, hospital inpatient cost sharing, and Rx cost sharing for the proposed replacement plan.}*

[Below are key differences from your current policy. You can review the benefits and coverage for this policy in a Summary of Benefits and Coverage (SBC) document, and provider and formulary lists for both the new policy and your current policy at [Issuer website].

* Premium – Your new premium will be applicable to coverage that begins in January. On or before November 1, 2023, the final premium rate approved by the New York State Department of Financial Services will be posted on the Marketplace website, listed below. **This amount will not include any financial assistance you may qualify for through the Marketplace. If you qualify for financial assistance, your premium payment will be less.**
* **Benefit changes include:**
* Cost-sharing changes include: *{Drafting note: Include* *whether the policy is a different metal level from the previous policy.}*]

You will not be automatically enrolled in this Marketplace policy. More information about how to enroll in a Marketplace policy is available beginning on November 1, 2023 by calling the Marketplace Customer Service line at 1-855-355-5777 or by visiting www.nystateofhealth.ny.gov. Visit [Issuer website], or call [Issuer phone number] to learn about all of our policy options.]]

**NY State of Health, the Official Health Plan Marketplace and other options:**

You may choose to shop for a new health insurance policy through the [Marketplace] [NY State of Health, the Official Health Plan Marketplace (“Marketplace”)]. The Marketplace offers a variety of coverage options from a number of insurers [including [Issuer Name]]. You or your family may also qualify for Medicaid, Child Health Plus (CHP), or the Essential Plan through the Marketplace.  [[Issuer name] does not participate in [*insert programs*.]] Your monthly premium may be reduced if you are eligible for financial assistance through the Marketplace. Consumers with lower incomes may also be eligible for assistance reducing deductibles, co-pays and other cost-sharing. The website for the Marketplace is www.nystateofhealth.ny.gov.

You may choose to buy a new health insurance policy outside the Marketplace directly from us, another insurance company or with the help of an agent or broker. However, if you qualify for financial help, you can get those savings only if you enroll through the Marketplace.

**Before you decide on a new policy:**

* Call the insurer or visit the insurer’s website to make sure your doctor and other health care providers will be in the plan network next year.
* [Check to make sure you are choosing a plan that is Health Care Savings Accounts (HSA) eligible, if you wish to continue contributing to an existing HSA.]
* Also check to make sure any prescription medications you or your family take will be covered.
* If you are totally disabled at the time your existing [issuer name] coverage terminates, you may be eligible for a limited extension of your benefits for covered care or treatment of the condition causing your disability. Only care or treatment related to your disabling condition is eligible for this extension of benefits. If you develop a new condition or if you have an accidental injury after your coverage terminates, then that condition or injury will not be covered. Contact [issuer name] to learn about this benefit.
* If you are either: a) in an ongoing course of treatment with a provider for a life-threatening or a degenerative and disabling condition or disease; or b) in the second or third trimester of a pregnancy when your new coverage becomes effective, then you may be able to continue to receive care from your provider for up to 60 days (or through pregnancy including through delivery and any post-partum care directly related to the delivery) under your new health insurance policy, even if your provider does not participate in your new health insurer’s network.

To receive this transitional care, your provider must agree to accept as payment your new health insurer’s reimbursement for such services and to certain other conditions of providing care under the new policy. If your provider agrees, you will receive the services as if they were being provided by a participating provider and you will only pay for any applicable In-Network cost-sharing. You, your representative or your provider should contact your new health insurer to determine if you are eligible for transitional care.

Please note: This transitional care benefit is not available to Medicare enrollees who move to a Medicare Supplement insurance policy, a Medicare Advantage plan or a Medicare Part D prescription drug plan.

**When you need to choose a new policy:**

In order to have health insurance after December 31, 2023 and to avoid gaps in coverage you will need to purchase a new policy either directly from an insurer, through a broker or through the Marketplace. You can buy new coverage during the open enrollment period starting on November 1, 2023. To be covered on January 1, 2024, you must select a new policy by December 15, 2023 and the premium for the new policy must be received by the new health insurer before January 1, 2024. If you do not enroll during the Open Enrollment period, you will **not** be eligible to change policies until the next annual Open Enrollment Period, unless you have a qualifying event (for example, get married or have a baby.)

**Special information for Medicare enrollees:**

Your existing individual health insurance policy will not be available in 2024 and your current coverage will end on December 31, 2023. Due to federal rules, Medicare enrollees cannot purchase an individual health insurance policy. Therefore, if you are a Medicare enrollee, you may purchase a Medicare Supplement insurance policy, a Medicare Advantage plan and/or a Medicare Part D prescription drug plan.  You may purchase a Medicare Supplement insurance policy at any time during the year.  The annual open enrollment period for Medicare Advantage plans and Medicare Part D prescription drug plans starts on October 15, 2023 and ends on December 7, 2023.  You should enroll during this open enrollment period to be sure that you have coverage effective on January 1, 2024.  [[Issuer name] does not offer Medicare Supplement insurance, Medicare Advantage plans, or Medicare Part D prescription drug plans.]  [[Issuer name] offers [Medicare Supplement insurance], [Medicare Advantage plans] [and;or] [Medicare Part D prescription drug plans]. Visit [Issuer website], or call [Issuer phone number] to learn about the Medicare plans available to you from [Issuer name].]

• Call Medicare at 1-800-633-4227 or visit [www.medicare.gov](http://www.medicare.gov) to learn more about your options with Medicare, including Medicare Advantage plans and Medicare Part D prescription plans.

• To learn more about Medicare Supplement insurance in New York, contact the New York State Department of Financial Services at 1-800-342-3736 or visit <https://www.dfs.ny.gov/consumers/health_insurance/information_for_medicare_beneficiaries>.

• The New York State Office for the Aging provides free information and counseling for Medicare enrollees through the Health Insurance Information, Counseling and Assistance Program (HIICAP). To contact a HIICAP counselor in your area, call 1-800-701-0501.

**If you have questions regarding this notice:**

• Call [Issuer Name and contact information and hours of operation].

• Visit www.nystateofhealth.ny.gov or call 1-855-355-5777 (TTY: 1-800-662-1220) to learn more about NY State of Health Marketplace.

• Call Medicare 1-800-633-4227 or visit www.medicare.gov to learn more about your options with Medicare.

• To learn more about Medicare Supplement insurance in New York, contact the New York State Department of Financial Services at 1-800-342-3736 or visit <https://www.dfs.ny.gov/consumers/health_insurance/information_for_medicare_beneficiaries>.

**Getting help in other languages**

Spanish (Español): Para obtener asistencia en Español, llame al [Issuer Contact Information.] *{Drafting note: This statement must appear in Spanish, and may also appear in other languages.}*

[insert signature of issuer representative]