

INFORMATION ONLY

Important: Optima Health is continuing to offer your health coverage for next year. Some plan details may have changed. Unless you take action by December 15, 2016, you will be automatically enrolled to continue this coverage next year. Read this letter to learn more and to review your options.

[Date of Notice]

[First Name][Last Name]

[Address line 1]

[Address line 2]

[City][State][Zip]

Dear [First Name of Subscriber]:

Every year, insurance companies can make changes to the plans and coverage options they offer. **This letter summarizes any changes to your coverage, so you can decide if you want to keep your plan or enroll in a different one.** Changes described in this letter will be effective January 1, 2017. **You should also update your Marketplace application to make sure you are getting the right amount of financial assistance.**

You can choose a new plan during Open Enrollment from November 1, 2016–January 31, 2017. **If you choose a new plan and want coverage to start January 1, you need to enroll by December 15.**

Changes we're making to your coverage

Premium – Your new premium starts in January. Your monthly premium will be **[\$[2017 premium less 2016 subsidy amount]**. This reflects an estimated monthly premium of **[\$[2017 premium]** minus the same amount of financial help you're getting now. You'll see your new monthly payment when you receive your January bill. **Important:** This is only an estimate based on the amount of financial help you got in 2016. To find out how much financial help you qualify for in 2017, update your Marketplace application. See below for more information.

- **List significant changes to coverage, including but not limited to changes in deductibles, cost sharing, metal level, covered benefits, eligibility and provider network.**
- You can review more details about your plan at optimahealth.com and in your Summary of Benefits and Coverage.

Update your Marketplace application by December 15

CMS2_wSubs_2017

In 2016 you saved \$[2016 subsidy amount] on your monthly premium because of advance payments of the premium tax credit. However, you might be able to get more savings or better plan for your budget next year. Visit HealthCare.gov during Open Enrollment to see if you qualify.

Estimated Monthly Savings in 2016	Your Potential Savings in 2017
\$[2016 subsidy amount]	Visit HealthCare.gov

It's important to review your Marketplace application to make sure the information is still current and correct. The Marketplace uses this information to determine the amount of any advance credit payments and lower copayments, coinsurance, and deductibles you may be eligible for.

When it's time to file your federal income tax return, you will compare the amount of advance credit payments you get for the year with the amount you're due based on the income you report on your tax return. You may have to pay back some or all of your advance credit payments if your income is higher than what you told the Marketplace in your application.

To help make sure you're getting all the financial assistance you deserve and don't owe back money, contact the Marketplace by December 15 to update your application and enroll.

So what are my options if...

- **I like the plan changes presented above, and there are no changes to my Marketplace application information?**
 - YOU DON'T HAVE TO DO ANYTHING. You'll automatically be enrolled and just have to pay the monthly premium.

- **I like the plan changes presented above and there are changes to my Marketplace application information?**
 - YOU HAVE TO GO BACK TO THE MARKETPLACE TO UPDATE YOUR INFORMATION AND TELL US YOU WANT TO RE-ENROLL IN [PLAN NAME and ID].

- **I don't like the plan changes presented above?**
 - YOU HAVE THREE WAYS TO LOOK INTO OTHER PLANS AND ENROLL:
 1. Visit HealthCare.gov and look at other Marketplace plans.
 2. Visit HealthCare.gov and see if you or your family qualify for Medicaid or the Children's Health Insurance Program.
 3. Look at other plans outside the Marketplace.

Just keep in mind that if you qualify for financial assistance to lower your monthly premiums or out-of-pocket costs, you can only get these savings if you enroll through the Marketplace.

Questions?

- Call Optima Health Member Services at the number on the back of your member ID card, or visit optimahealth.com. You can also work with a licensed insurance agent or broker.
- Visit HealthCare.gov, or call 1-800-318-2596 (TTY: 1-855-889-4325) to learn more about the Marketplace and to see if you qualify for lower costs.
- Visit LocalHelp.HealthCare.gov to find personal help in your area.

This notice is also available in alternative formats upon request and at no cost to persons with disabilities.

Sincerely,



John E. DeGruttola
Senior Vice President, Marketing and Sales

Optima Health Alternative Language Options for Notices and other Written Information

English: This Notice has Important Information. This notice has important information about your application or coverage through Optima Health. Look for key dates in this notice. You may need to take action by certain deadlines to keep your health coverage or help with costs. You have the right to get this information and help in your language at no cost. Please contact Member Services at the number on the back of your member ID card.

Amharic:

ይህ ማሳሰቢያ ጠቃሚ መረጃ አለው። ይህ ማሳሰቢያዎ ስለ ማመልከትዎ ወይም በOptima Health ስኬታዎ ላይ ያለውን ቁልፍ የሆኑ ቀናቶችን ያስተውሉ። የጤና ስፋትዎን ለማስቀጠል ወይም ወልደዎችን ለማግኘት አንዳችል ስራው ስኬታዎ ላይ ያለውን ጥሪ ያደግጡ የሆኑት መብት አለዎት። አጠቃላይ ማሳሰቢያዎ ከርድዎ ጀርባ ላይ ያለውን የስልክ ቁጥር በመጠቀም የአጠቃላይ አገልግሎትን ያግኙ።

Arabic:

يحتوي هذا الإخطار على معلومات مهمة. يحتوي هذا الإخطار على معلومات مهمة تتعلق بطلبك أو ببرنامج التغطية الخاص بك لدى شركة التأمين الصحي Optima Health. ولديك الحق في الحصول على هذه المعلومات والمساعدة بلغة برون أي تكلفة. يرجى الاتصال بخدمة الأعضاء على رقم الهاتف المذكور على الجانب الخلفي لطبقة تعريف العضو.

Bengali/Bangla:

এই বিজ্ঞপ্তিতে রহস্যময় তথ্য রয়েছে। এই প্রজ্ঞাপন Optima Health (অপ্টিমা হেলথ) -এর মাধ্যমে দাখিল করা আপনার দরখাস্ত বা কভারেজের উপর গুরুত্বপূর্ণ তথ্য রয়েছে। এই বিজ্ঞপ্তিতে উল্লেখ করা গুরুত্বপূর্ণ তারিখগণনা দেখে নিলে। আপনার রহস্যময় কভারেজ বজায় রাখার জন্য বা খরচের বিরোধ সহায়তা লাভের জন্য আপনাকে লিখিত বা সমস্যা সমাধানের ক্ষেত্রে বাক্য গ্রহণ করতে হবে।

গোয়ে বিলা খরচ আপনার মাতৃত্বায় এই তথ্য এবং সহায়তা পাওয়ার অধিকার আপনার রয়েছে। আপনার মেম্বার আইড কার্ডের পেছনে দেওয়া ফোন নম্বরে অনুগ্রহ করে মেম্বার সার্ভিস-এ যোগাযোগ করুন।

Chinese (Mandarin): 该通知含有重要信息。本通知含有关于Optima Health申请或保险的重要信息。请仔细阅读本通知中的关键日期。您需要在截止日期之前采取相应的行动，从而保障您的保险继续有效，能够为您提供报销。您有权免费获取信息的中文版，并可以免费获取到相关的中文帮助。请拨打您会员卡背面的电话号码来联系会员服务中心。

French: Cet avis a d'importantes informations. Cet avis a d'importantes informations sur votre demande ou la couverture par l'intermédiaire de Optima Health. Rechercher les dates clés dans le présent avis. Vous devez peut-être prendre des mesures par certains délais pour maintenir votre couverture de santé ou d'aide avec les coûts. Vous avez le droit d'obtenir cette information et de l'aide dans votre langue à aucun coût. Veuillez contacter les Services aux Participants au numéro de téléphone inscrit au verso de votre carte de membre.

German: Diese Benachrichtigung enthält wichtige Informationen. Diese Benachrichtigung enthält wichtige Informationen bezüglich Ihres Antrags auf Krankenversicherungsschutz durch Optima Health. Suchen Sie nach wichtigen Terminen in dieser Benachrichtigung. Sie könnten bis zu bestimmten Stichtagen handeln müssen, um Ihren Krankenversicherungsschutz oder Hilfe mit den Kosten zu behalten. Sie haben das Recht, kostenlose Hilfe und Informationen in Ihrer Sprache zu erhalten. Bitte kontaktieren Sie den Mitgliedservice über die Telefonnummer auf der Rückseite Ihres Mitgliedsausweises.

Hindi:

इस सूचना में महत्वपूर्ण जानकारी निहित है। इस सूचना में Optima Health के माध्यम से आपके आवेदन या कवरेज के बारे में महत्वपूर्ण जानकारी निहित है। इस सूचना में तिथियों को देखें।

आपको

लागत के साथ अपने स्वास्थ्य का कवरेज रखने या सहायता के लिए निश्चित समय सीमा में कार्रवाई करने की जरूरत हो सकती है। आपके पास बिना किसी लागत के अपनी भाषा में इस जानकारी और सहायता को प्राप्त करने का अधिकार है। कृपया आपके सदस्य आईडी कार्ड के पीछे दिए गए फोन नंबर पर सदस्य सेवार्क से संपर्क करें।

Ibo: Okwa a nwere Ozi Di Mkpa. Okwa a nwere ozi di mkpa maka akwukwo anamachoihe ma o bu mkpuchi gi sitere na Optima Health (Ahujike Optima). Choo ubochi ndi di mkpa n'Okwa a. I nwere ike ime ihe tupu ufodu ubochi iji dowe mkpuchi ahujike gi ma o bu enyemaka n'ugwo. I nwere ike ikike inweta ozi na enyemaka a n'asusụ gi na akwughị ugwo o buja. Biko kpọturu Onye Onye Otu n'akara ekwentị di n'azụ nke kaadi NJ onye otu gi.

Korean: 이 공지는 매우 중요한 정보입니다. 이 공지는 옵티마 헬스를 통한 귀하께 적용되는 지원이나 보험에 대한 매우 중요한 정보입니다. 이 공지의 주요 날짜를 찾아보십시오. 귀하께서는 귀하의 건강 보험이나 비용에 관한 도움에 관련된 특정 마감일을 지켜야만 합니다. 귀하께서는 따로 비용없이 귀하의 언어로 이 정보와 도움을 받을 권리가 있습니다. 귀하의 멤버 아이디 카드 뒷면에 있는 전화번호로 멤버쉽 서비스에 연락해 주십시오.

Kru/Bassa: Nàùm pò wùdù nà kè krà ðe mù. Ɔ nɔ ðe krà ðe bà nì dʉ́í kàná-kàná dʉ́í ðé Oritima Health mù. Mɔ ti krà ðe bè nì ðe nàùm pò wùdùò mù. Mɔ ti krà ðe bè nì ðe nàùm pò wùdùò mù. M bè ðe bè nì kè nàùm pò pòò ò mù pò dʉ́í. Ɔ jù kè nì dʉ́í ðe bèà nyùèh, n wɪdùò mù bì dʉ́í. Wà bì dʉ́ ò bè wà kè nàùm pò wùdù nà kè 'Bàsò wùdùò mù pò. M dʉ́í gbò krà nyòn mù ðà-tà-ðé bè nía ðe nyòn ðà-zà-zàin ò ðé-in nyèh.

Navajo: **Díí saad lílíníí baa hane’.** Naaltsóos-ní’líníítsóozígíí éí doodago kwe’é orítima Health ník’é éstí’ígíí bína’ígííkiidgo díí kwe’é hazhó’ó baa ákonlínizin dooleeí.

Yookjãàt yééðáá’ nìch’í’ é’éyúaaago bíká’ígíí hádídí’jìí. Díí ník’é’éstí’ígíí éí doodago béeso da bee níká’ a’doowó’ígíí bíkáá’go da á’ée dooleeí áko ‘t’áadoo bee e’é’aahí baa yíjkaahgo tsxjíggo hasht’ e dílíííí nìí ða dooleeí. Vee haz’áanii hó’r díí kót’éego yaa haine’ígíí bee níká’ a’doowógo dóó ‘t’áá nizaadk’ehíí bee ní’ hodooníh ‘t’áadoo bǎǎh’ líníí. ‘Átah áno’ t’í’ígíí bee baa ‘áháyáqéé’ bích’í’ bíbéesh bee hane’í éí ‘atah ‘anó’ t’í’ígíí bíbéesh bíkáá’ síndáígíí bíne’idéé bíkáá’.

Persian/Farsi:

این اعلامیه حاوی اطلاعات مهمی است. این اعلامیه حاوی اطلاعات مهمی درباره درخواسته شما و پوشش Optima Health است. به تاریخ های کلیدی عنوان شده در این اعلامیه دقت کنید. ممکن است لازم باشد تا یک تاریخ مقرر خاص اقدام کنید تا پوشش بیمه تان حفظ شود یا در رابطه با هزینه ها به شما کمک شود. شما از این حق برخوردار هستید تا این اطلاعات و هرگونه راهنمایی دیگر را به زبان خودتان و به صورت رایگان دریافت کنید. لطفاً از طریق شماره تلفن عنوان شده در پشت کارت شناسایی مخصوص "اعضا یا "خدمات اعضا" تماس بگیرید.

Russian: В данном уведомлении содержится важная информация. В данном уведомлении содержится важная информация о Вашей заявке или страховом покрытии в компании Optima Health. Обратите внимание на важные даты, указанные в данном уведомлении. Если Вы хотите продолжить пользоваться мед.страхованием или получить помощь с оплатой, возможно, Вам потребуется принять решение до определенной даты. У Вас есть право на бесплатное получение данной информации и помощи на родном языке. Просим Вас позвонить в отделение обслуживания клиентов по номеру телефона, которой находится на обороте вашего членского удостоверения.

Spanish: Este Aviso contiene información importante. Este aviso contiene información importante acerca de su solicitud o cobertura a través de Optima Health. Preste atención a las fechas clave que contiene este aviso. Es posible que deba tomar alguna medida antes de determinadas fechas para mantener su cobertura médica o ayuda con los costos. Usted tiene derecho a recibir esta información y ayuda en su idioma sin costo alguno. Póngase en contacto con los servicios para miembros en el número de teléfono ubicado en la parte posterior de su tarjeta de identificación como miembro.

Tagalog: **Ang Raunawang Ito ay Naglalaman ng Mahalagang Impormasyon.** Ang raunawang ito ay naglalaman ng mahalagang impormasyon tungkol sa inyong aplikasyon o saklaw sa ramtamagitan ng Optima Health. Nanarin ang mahalagang petsa na nakasaad sa raunawang ito. Maaaring kailanganin niyong gumawa ng hakbang bago sumarit ang ilang partikular na takdang petsa upang marapatil ang inyong saklaw na pangkailusgan o tulong sa mga gastusin. Mayroon kayong kagaratan na matanggap ang impormasyon ito at makakipula ng tulong sa inyong wika nang walang bayad. Mangyaring makrag-ugnayan sa Member Services (Mga Serbisyo para sa Miyembro) sa numero ng telepono na nasa likod ng inyong ID card ng miyembro.

Urdu:

اس نوٹس میں اہم اطلاع موجود ہے۔ اس نوٹس میں آپ کی درخواست یا Optima Health کے ذریعے کوریج کے حوالے سے اہم اطلاع موجود ہے۔ اس نوٹس میں درج کلیدی تاریخوں کو ذہن میں رکھیں۔ آپ کے لیے ضروری ہے کہ مخصوص ڈیٹلائٹوں سے قبل اس حوالے سے کوئی ایجنس لیں تاکہ آپ کی کوریج برائے صحت اور لاگت کے حوالے سے معاملات طے رہیں۔ آپ اس اطلاع تک رسائی اور بغیر کسی خرچ کے اپنی زبان میں اس بہت جانتے کا حق رکھتے ہیں۔ براہ مہربانی اپنے ممبر اٹی کارڈ کی پشت پر درج فون نمبر کے ذریعے ممبر سروسز سے رابطہ قائم کریں۔

Vietnamese: Thông báo này có thông tin quan trọng. Thông báo này có thông tin quan trọng về đơn đăng ký hoặc về bảo hiểm của quý vị thông qua Optima Health. Quý vị hãy xem những ngày quan trọng trong thông báo này. Quý vị có thể cần đưa ra hành động trước ngày hết hạn cụ thể để duy trì bảo hiểm sức khỏe của quý vị hoặc hỗ trợ thanh toán cho các chi phí. Quý vị có quyền nhận được thông tin và sự hỗ trợ này theo ngôn ngữ mà quý vị muốn mà không phải trả thêm chi phí nào. Vui lòng liên hệ với Bộ phận Dịch vụ Thành viên theo số điện thoại ở mặt sau của thẻ Nhận diện (ID) thành viên của quý vị.

Yoruba: **Àkíyèsí yíí ní àlàyé ràtàkí nira ohun tí o bèèrè fún tàbí gbígàà tótóú nprasé Oritima Health.** Wo àwon ojú tò sè kòkò nínú àkíyèsí yíí. O lè níò láti gbé igbésé nira gbédéke kan láti sètótú llera rẹ tàbí sètà̀nṣw ó nira iye òwó. O ní ètò láti gba àlàyé yíí àti ìrànwọ́ yíí ní èdè rẹ láìsan owó. Jòwọ́ kan Àwon Isé Omo Egbe ní orí nóm̀bà fòònú lèyìn káàdí Idánlímò omo egbé rẹ.