

## INFORMATION ONLY

**Important: Optima Health isn't offering your current health coverage next year in your area through the Marketplace. Unless you take action by December 15, 2016, you will be automatically enrolled in a new plan. 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. **Optima Health won't offer the coverage you currently have in 2016 again in your area in 2017. We have suggested a new plan for you, but you can review your options and decide what to do.** The last day of your current coverage is December 31, 2016. **You should also update your Marketplace application to make sure you are getting the right amount of financial assistance.**

### Your suggested new plan

Even though your current coverage isn't being offered next year in your area, we have found another plan you may like. **You will automatically be enrolled in [2017 Plan name] to make sure there isn't a gap in your coverage. You can enroll in a different plan anytime between November 1, 2016 and January 31, 2017. If you want coverage to start January 1, make sure you enroll by December 15.**

Please review your new premium and benefits below to see if this plan meets your needs. If it doesn't, keep reading to learn about your other options.

- 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](http://optimahealth.com) and in your Summary of Benefits and Coverage.

### Update your Marketplace application by December 15

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](http://HealthCare.gov) during Open Enrollment to see if you qualify.

Estimated Monthly Savings in 2016	Your Potential Savings in 2017
\$[2016 subsidy amount]	Visit <a href="http://HealthCare.gov">HealthCare.gov</a>

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 suggested plan, 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 suggested plan?**
  - 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.*

- **I can't afford a Marketplace plan?**
  - YOU CAN CONTACT THE MARKETPLACE AND APPLY FOR A HARDSHIP EXEMPTION. This exemption will allow you to buy a catastrophic plan that usually has lower monthly premiums and will mainly protect you from very high medical costs.

#### **When do I need to make a decision?**

The 2017 Open Enrollment period is from November 1, 2016–January 31, 2017. But since your coverage is ending, you qualify to enroll in a new plan from November 1, 2016–February 28, 2017. **If you want a plan other than the suggested plan, enroll in the new plan by December 15 to make sure there isn't a gap in your coverage.**

#### **Questions?**

- Call Optima Health Member Services at the number on the back of your member ID card, or visit [optimahealth.com](http://optimahealth.com). You can also work with a licensed insurance agent or broker.
- Visit [HealthCare.gov](http://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](http://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



**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 도중에 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 dʉ́ kàná-kàná dʉ́ 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 m kè nàùm pò pòò ò mù pò dʉ́. Ɔ jù kè m dʉ́ ðe bèà nyùèh, m wɪdù mù bɪ dʉ́. Wà bɪ dʉ́ bè wà kè nàùm pò wùdù nà kè 'Bàsò wùdù mù pò. M dʉ́ gbò krà nyòn mù dâ-tà-ðé bè nía ðe nyòn dà-zà-in ò ðé-in nyèh.

**Navajo:** **Díí saad lílíníí baa hane’.** Naaltsoos-ní’líníítssoozígíí éí doodago kwe’é orítima Health ník’é éstí’ígíí bína’ígííkidgo díí kwe’é hazhó’ó baa ákonlínizin dooleel.

**Yookjãàt yééðáá’ nìch’í’ é’éluyaago bíká’ígíí hádídí’jìí.** Díí ník’é’éstí’ígíí éí doodago béeso da bee níká’ a’doowó’ígíí bíkáá’go da á’ée dooleel áko ‘t’áadoo bee e’é’aahí baa yíjkaahgo tsxjìgo hasht’ e dílíííí nìí da dooleel. 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 ‘áháǎǎgáéé 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 покртытии 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 niinyong 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 kagarapan 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 Ààyé Pàtàkì.** Àkíyèsí yíí ní àlàyé pàtàkì nira ohun tí o bèèrè fún tàbí gbígàà tótóú níprasé Oritima Health. Wo àwon ojú tò sè kòkò nínú àkíyèsí yíí. O lè níò láti gbé igbésé nira gbédéke kan láti sètótú llera ré tàbí sètànpw ó nira iye òwó. O ní ètò láti gba àlàyé yíí àti ìrànwó yíí ní èdè ré láìsan owó. Jòwó kan Àwon Isé Omo Egbe ní orí nómàbà fòònú lèyìn káàdí Idánímò omo egbé ré.