

[Date of Notice]

[First Name][Last Name]

[Address line 1]

[Address line 2]

[City][State][Zip]

## INFORMATION ONLY

**Important:** It's time to review your health coverage. Take action by December 15, 2017, or you'll be automatically re-enrolled in the same or similar coverage. This may change some of your costs and coverage, so review your options carefully.

Thank you for choosing Optima Health for your healthcare needs. We're here to help you prepare for Open Enrollment.

### Why am I getting this letter?

Your health coverage is still being offered in 2018, but some details may have changed. Read this letter carefully and decide if you want to keep this plan or choose another one. Also make sure to update your information with the Marketplace.

### Changes you'll see to your plan in 2018

#### Your new premium

- Your 2017 monthly payment is \$[2017 total premium-2017 subsidy]. This reflects a monthly premium of \$[2017 total premium] minus \$[2017 subsidy] of financial help per month.
- **Starting in January, your estimated monthly payment will be \$[2018 total premium-2017 subsidy].** This reflects an estimated monthly premium of \$[2018 total 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 current information we have, including the amount of financial help you got in 2017. It also doesn't reflect any changes to your enrollment, such as adding additional members to your coverage. To find out how much financial help you qualify for in 2018 and your new premium amount, update your Marketplace application. See below for more information.

#### Other changes

- [benefit changes]

- You can review more details about your plan at [optimahealth.com](http://optimahealth.com) and in your 2018 Summary of Benefits and Coverage.

## What you need to do

### 1. Update your Marketplace application by December 15.

Review your Marketplace application to make sure the information is still current and correct, and to see if you qualify for more or less financial help than in 2017. This may result in a lower monthly premium payment or lower out-of-pocket costs (like deductibles, copayments, and coinsurance). Plus, you can help avoid paying money back when you file your taxes.

### 2. Decide if you want to enroll in this plan or choose another one.

#### I want to enroll in this plan.

Update your information in step #1, and then select [2018 Plan name and HIOS #] to enroll.

#### I want to pick a different plan.

You can choose a different plan between November 1, 2017 and December 15, 2017. Enroll by December 15 for coverage to start January 1.

Here are some ways to look at other plans and enroll:

- Visit [healthcare.gov](http://healthcare.gov) to see other Marketplace plans. Consumers who shop can save hundreds of dollars per year and can find a plan that best meets their needs and budget.
- Check with Optima Health to see what other plans may be available. Remember, you won't get financial help unless you qualify and enroll through the Marketplace.

**Note:** If you got financial help in 2017 to lower your monthly premium, you'll have to "reconcile" using IRS Form 8962 when you file your federal taxes. This means you'll compare the amount of premium tax credit you received in advance during 2017 with the amount you actually qualify for based on your final 2017 household income and eligibility information. If the amounts are different, this will affect the amount of your refund or taxes owed.

## We're here to help

- 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.
- Call Optima Health Member Services at the number on the back of your member ID card or visit [optimahealth.com](http://optimahealth.com).
- Find in-person help from an assister, agent, or broker in your community at [localhelp.healthcare.gov](http://localhelp.healthcare.gov).

Sincerely,

A handwritten signature in black ink, appearing to read "John E. DeGruttola". The signature is fluid and cursive, with the first letters of each word being capitalized and prominent.

John E. DeGruttola  
Senior Vice President, Marketing and Sales

## Optima Health Alternative Language Options for Notices and other Written Information

### English:

ATTENTION: If you speak English, language assistance services, free of charge, are available to you. Call 1-855-687-6260.

### Amharic:

ማሳሰቢያ:

አማርኛ ቋንቋ የሚናገሩ ከሆነ፣ ከክፍያ ነጻ የሆነ የቋንቋ እገዛ አገልግሎት ይቀርብልዎታል። በዚህ ስልክ ይደውሉ 1-855-687-6260።

### Arabic:

تنبيه:

إذا كنت تتحدث باللغة العربية، فإنه تتوفر خدمات المساعدة اللغوية لك مجاناً. اتصل بالرقم 1-855-687-6260.

### Bengali/Bangla:

লক্ষ্য করবেন: যদি আপনি বাংলা ভাষায় কথা বলেন, তাহলে বিনামূল্যে ভাষা সহায়ক পরিষেবাও পাবেন। ফোন করুন- 1-855-687-6260।

### Chinese (Mandarin):

注意: 如果您讲中文普通话, 可以免费获得语言协助服务。请拨打电话 1-855-687-6260。

### French:

ATTENTION : Si vous parlez français, les services d'assistance linguistique sont à votre disposition sans aucun frais. Appelez le 1-855-687-6260.

### German:

ACHTUNG: Wenn Sie deutsch sprechen, stehen Ihnen Sprachhilfsdienste kostenlos unter der Rufnummer 1-855-687-6260 zur Verfügung.

### Gujarati:

ધ્યાન આપો : જો તમે ગુજરાતી બોલી છે તો ભાષા સહાયક સેવાઓ તમારા માટે વિના મૂલ્યે ઉપલબ્ધ છે. 1-855-687-6260 પર કોલ કરો.

### Hindi:

ध्यान दें: यदि आप हिंदी भाषा बोलते हैं, तो आपके लिए भाषा सहायता सेवाएं नि:शुल्क उपलब्ध हैं। 1-855-687-6260 पर कॉल करें।

### Hmong:

CIM CIA: Yog tias koj hais lus Hmoob, kev pab cuam txais lus tau muaj rau koj ua tsis them nqi. Hu rau 1-855-687-6260.

### Igbo:

GEE NT Ị: ọbụrụ na ị na-asụ Igbo, ị ga-enweta enyemaka n'efu site n'aka ndị ga-enyere gi aka inweta ya. Kpọọ 1-855-687-6260

### Japanese:

重要: 日本語を話される場合、無料の言語支援サービスがご利用いただけます。1-855-687-6260までお電話ください。

### Korean:

주의: 한국어를 사용하실 경우, 언어 지원 서비스를 무료로 이용하실 수 있습니다. 1-855-687-6260번으로 전화해 주십시오.

**Kru/Bassa:**

YI LE: I bale u mpot Bassa, bot ba kobol mahop ngui nsaa wogui wo ba ye ha l nyuu hola we. Sebel: 1-855- 687-6260.

**Laotian:**

ເອົາໃຈໃສ່: ຖ້າທ່ານເວົ້າພາສາລາວ, ມີການບໍລິການຊ່ວຍເຫຼືອດ້ານພາສາໃຫ້ນຳໃຊ້ໂດຍບໍ່ເສຍຄ່າ. ໂທ 1-855-687-6260.

**Mon-Khmer, Cambodian:**

កំណត់សំគាល់: ប្រសិនបើអ្នកនិយាយ ភាសាខ្មែរ, សេវាកម្មផ្នែកជំនួយការភាសា មានសម្រាប់អ្នកដោយមិនគិតថ្លៃ។ ចូរហៅទូរស័ព្ទទៅកាន់ 1-855-687-6260។

**Navajo:**

SHOOH: Diné Bizaad bee yáníłti'go doo bááqáh ílínígóó t'áá nizaad k'ehjí níká a'doowołgo bee haz'á. Kojí' hólne' 1-855-687-6260.

**Persian/Farsi:**

توجه: اگر به زبان فارسی صحبت می‌کنید، خدمات رایگان پشتیبانی زبان در دسترس شماست. با شماره 1-855-687-6260 تماس بگیرید.

**Portuguese:**

ATENÇÃO: Se você fala português, há serviços de assistência em idiomas disponíveis para você gratuitamente. Ligue para 1-855-687-6260.

**Russian:**

ВНИМАНИЕ! Если вы говорите на русском языке, позвоните по телефону 1-855-687-6260, и наша служба языковой поддержки окажет вам бесплатную помощь.

**Spanish:**

ATENCIÓN: Si habla español, existen servicios de asistencia de idiomas disponibles para usted sin cargo. Llame al 1-855-687-6260.

**Tagalog:**

PAUNAWA: Kung nagsasalita ka ng Tagalog, may maaari kang kuning mga libreng serbisyo ng tulong sa wika. Tumawag sa 1-855-687-6260.

**Turkish:**

DİKKAT: Eğer Türk konuşuyorsanız, dil asistanı servislerini ücretsiz olarak kullanabilirsiniz. 1-855-687-6260 numaralı telefonu arayın.

**Urdu:**

توجه دیں: اگر آپ اردو زبان بولتے ہیں تو، زبان کی معاونتی خدمات، بغیر کسی خرچ کے، آپ کے لئے دستیاب ہیں۔ 1-855-687-6260 کال کریں۔

**Vietnamese:**

CHÚ Ý: Nếu quý vị nói Tiếng Việt, dịch vụ hỗ trợ ngôn ngữ miễn phí có sẵn dành cho quý vị. Hãy gọi 1-855-687-6260.

**Yoruba:**

KÉÉRE:

Ti o bá ń sọ èdè Yorùbá, isẹ̀ ìrànlọ́wọ́ èdè wà fún ọ lófẹ̀ẹ́. Pe 1-855-687-6260