DATE

Name
Address
Address
City, State Zip

Dear NAME,

Thank you for choosing Capital BlueCross and our family of companies for your health care coverage. Please take a moment to read this important information regarding your health plan.

We write to you today because you have purchased coverage through the Federally Facilitated Marketplace (FFM). The Patient Protection and Affordable Care Act (PPACA) has brought extensive changes and instability to the health care industry. These impacts have placed difficult financial burdens on consumers and created challenges for long-term financial sustainability of many consumer products.

PRODUCT CHANGES

Due to a significant variance in insurance rates by our competitors, as well as competitors discontinuing products on a wide scale or leaving the FFM altogether, Capital BlueCross has had to take the necessary step of decreasing the number of plans we offer on the FFM.

Unfortunately, as a result, your product can no longer be offered in 2017. This change in product offerings is required to ensure our long-term commitment to offering consumer products that provide access to quality health care for years to come. We sincerely apologize for any inconvenience this may cause.

YOUR OPTIONS

We recognize this process can be overwhelming and want you to understand your options for next year. The Centers for Medicare & Medicaid Services (CMS) is requiring that we include the enclosed discontinuation notice of your 2016 plan. CMS also will contact you soon with details about your coverage options for 2017.

In addition to the information from CMS, please know we will continue to offer PPO products on the FFM, as well as a variety of individual products outside of the FFM, when the PPACA open enrollment period begins. Starting on November 1, 2016, if you would like to explore medical, dental, or vision options from Capital BlueCross, go to choosecapitalblue.com, call our sales team at 800.307.3563, or stop by one of our Capital Blue stores (go to capitalbluestore.com for hours and locations). In the interim, please visit capbluecross.com/2017changes to learn more about the changes, what they mean to you, and what your options are for 2017.

Thank you for being a valued Capital BlueCross customer. As your hometown health plan for nearly 80 years, we are committed to providing the greatest value in coverage, and keeping our customers and community healthy.

Sincerely,

Name
Title

[1 Date]

[2 [First Name][Last Name]
[Address line 1]
[Address line 2]
[City] [State] [Zip]]

2016 Application ID: [4 ID Number]

Urgent: Your health coverage is at risk. Take action by December 15, 2016, or you won't have health coverage in 2017 You may have to pay a penalty of $695 or more when you file your taxes.

Thank you for choosing Capital BlueCross for your health care needs.

Why am I getting this letter?

Beginning 2017, we won't offer the health insurance coverage you currently have in the Marketplace. This means you may lose your health coverage. You must enroll in a new plan to have coverage. The last day of your current coverage in the Marketplace is December 31, 2016. Read this letter carefully and review your options. Also make sure to update your information with the Marketplace.

You can choose a new plan between November 1, 2016 and January 31, 2017. **To make sure there isn't a gap in your coverage, and avoid paying a penalty, enroll in a new plan by December 15, 2016.**

Check with the Marketplace about whether it will automatically enroll you in another plan if you don't take action.

What you need to do

Review your coverage options and pick a new plan. If you don't have health coverage, you'll have to pay for all of your health care.

You may also have to pay a penalty of $695 or more when you file your taxes.

1. **Update your Marketplace application by December 15, 2016.**
   Review your Marketplace application to make sure the information is still current and correct, and to see if you may qualify for more or less financial help 2017 than you're getting now. This may result in a lower monthly premium payment or lower out-of-pocket costs. Plus, you can help avoid paying money back when you file your taxes.

2. **Choose a new plan.**
   Here are some ways to look at other plans and enroll:
   - Visit 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 Capital BlueCross 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 received financial help in 2016 to lower your monthly premium, you'll have to "reconcile" when you file your federal taxes. This means you'll compare the amount of premium tax credit you used in advance during 2016 with the amount you actually qualify for based on your final 2016 household income and eligibility information. If the numbers are different, you may get more or less tax refund, or you may owe.

We're here to help

- 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.
- Call Capital BlueCross at 1-800-307-3563 or visit capbluecross.com.
- Find in-person help from an assister, agent, or broker in your community at LocalHelp.HealthCare.gov.
- Call 1-800-318-2596 (TTY: 1-855-889-4325) to request a reasonable accommodation at no cost to you if you have a disability.

Getting help in other language

This notice has important information about your application or coverage through Capital BlueCross. 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. Call 717.541.7000 (TTY: 711).

Capital BLUE

Capital BlueCross is an Independent Licensee of the BlueCross BlueShield Association

Nondiscrimination and Foreign Language Assistance Notice

At Capital BlueCross and our family of companies, our customers and the community we serve are at the heart of everything we do. We know health insurance is complicated, and we're here to make it simple so you can focus on living healthy.

Capital BlueCross and its family of companies comply with applicable federal civil rights laws and do not discriminate on the basis of race, color, national origin, age, disability, or sex. Capital BlueCross does not exclude people or treat them differently because of race, color, national origin, age, disability, or sex.

Capital BlueCross provides free aids and services to people with disabilities to communicate effectively with us, such as: qualified sign language interpreters or written information in other formats (large print, audio, accessible electronic format, other formats). Capital BlueCross provides free language service to people whose primary language is not English, such as: qualified interpreters, and information written in other languages.

If you need these services, contact our Civil Rights Coordinator.

If you believe that Capital BlueCross has failed to provide these services or discriminated in another way on the basis of race, color, national origin, age disability, or sex, you can file a grievance with our Civil Rights Coordinator at Capital BlueCross, P.O. Box 779880, Harrisburg, PA 17177-9880, call 800.417.7842 (TTY: 711), fax, 855.990.9001 or email at CRC@capbluecross.com . You can file a grievance in person or by mail, fax, or email. If you need help filing a grievance, our Civil Rights Coordinator is available to help you.

You can also file a civil rights complaint with the U.S. Department of Health and Human Services, Office for Civil Rights electronically through the Office for Civil Rights Complaint Portal, available at https://ocrportal.hhs.gov/ocr/portal/lobby.jsf, or by mail or phone at:

U.S. Department of Health and Human Services, 200 Independence Avenue, SW., Room 509F, HHH Building, Washington, D.C. 20201, 1-800-368-1019, 800-537-7697 (TDD)

Complaint forms are available at http://www.hhs.gov/ocr/office/file/index.html.

This notice may have important information about your application or coverage through your health plan. 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. If you, or someone you're helping, has questions or needs assistance or information about your health plan or this notice, you have the right to get help in your language at no cost. To talk to an interpreter, call 800.962.2242 (TTY: 711).

Spanish

Este aviso puede contener información importante acerca de su solicitud o cobertura a través de su plan de salud. Ponga atención a la fechas importantes en este aviso; es posible que tenga que actuar antes de ciertas fechas límite para mantener su cobertura de salud o con ayuda del costo. Si usted, o alguien a quien usted ayuda, tiene preguntas o necesita asistencia o información acerca de su plan de salud o este aviso, tiene el derecho de obtener ayuda en su idioma sin costo alguno. Para hablar con un intérprete, llame al 800.962.2242 (TTY: 711).

Chinese

本通知可能包含有关您的健康计划申请或涵盖范围的重要信息。请注意本通知中的重要日期；您可能需要在具体的截止期限前采取行动维护您的健康涵盖范围或缴纳费用。如果您自己或者您提供帮助的某个人对您的健康计划或本通知有任何疑问或者需要获得帮助或信息，您有权免费获得以您的语言提供的帮助。欲与翻译员通话，请拨打电话 800.962.2242（聋哑人电话 TTY：711)。

Vietnamese
Thông báo này có thể chứa những thông tin quan trọng về đơn xin của quý khách hoặc phạm vi bảo hiểm trong chương trình bảo hiểm sức khỏe của quý khách hàng. Hãy xem những ngày quan trọng trong thông báo này; quý khách có thể cần xử lý trước khi đến hạn cuối để duy trì bảo hiểm sức khỏe hoặc để giảm chi phí. Nếu quý khách hàng, hoặc người nào đó đang trợ giúp cho quý khách hàng, có câu hỏi hay cần trợ giúp hay thông tin về chương trình bảo hiểm sức khỏe của quý khách, quý khách có quyền yêu cầu được trợ giúp bằng ngôn ngữ của quý khách mà không phát sinh chi phí nào. Để kết nối với thông dịch viên, hãy gọi 800.962.2242 (TTY: 711).

Russian
Данное уведомление может содержать важную информацию по вашей заявке и медицинской страховке. Просмотрите ключевые даты в этом уведомлении – может понадобиться придерживаться некоторых сроков для сохранения медицинской страховки или же внести плату. Если у вас или помогающего вам есть вопросы, а также нужна помощь или информация по медицинской страховке или по данному уведомлению, позвоните на бесплатный телефон. Для соединения с переводчиком, звоните 800.962.2242 (TTY: 711).

Pennsylvanian Dutch
Die notice hot vielleicht wichtige information iwwer dei bitt oder coverage darrich dei gesundheitsplans. Guck for die certain days in daere notice; du brauchscht vielleicht ebbes duh bis certain deadlines fa dei gesundheits versicherings bhalde odder fa mit die koschde zu helfe. Wann du, odder ebber ess du am helfe bischt, froge hot odder hilf braucht odder information iwwer dei gesundheits plan odder iwwer die notice, hoscht du die recht fa hilf griege in dei sprooch es nichts koschtet. Fa schwetze mit me dolmetscher, ruf 800.962.2242 (TTY: 711).

Korean
이 안내문에는 귀하의 건강보험을 통한 신청 또는 보장에 관한 중요한 정보가 포함될 수 있습니다. 이 안내문의 주요 날짜를 확인해 주십시오! 건강보험을 유지하거나 비용 지원을 위해 특정 마감일까지 관련 조처를 해야 할 수도 있습니다. 귀하 또는 귀하가 부양하는 사람이 귀하의 건강보험이나 이 안내문에 관하여 문의 사항이 있거나 도움말 또는 정보가 필요할 때는, 무료로 귀하의 언어를 통하여 도움을 받을 권리가 있습니다. 통역사에게 문의하려면 800.962.2242 (TTY: 711)으로 전화해 주십시오.

Italian
Questo avviso potrebbe avere importanti informazioni circa la vostra applicazioni o copertura attraverso il vostro programma di salute. Cercate les principali date in questo avviso; pottrebe essere necessario applicare missuri ritoccando alcune scadenze per mantenere le vostre programma di salute o per contribuire con i costi. Se voi, o qualcuno voi state aiutando, ha quesiti o necessita di assistenza o informazione circa il vostro programma di salute o questo avviso, voi avvere può le diritto per ottenere aiuto in la vostra lingua gratuitamente. Per parlare con un interprete, chiamate 800.962.2242 (TTY: 711).

Arabic
حول التغطية من خلال خطتك الصحية. ابحث عن التواريخ الرئيسية في هذا الإشعار؛ ربما تحتاج إلى اتخاذ إجراء من خلال حول طلبك أو بعض المواعيد النهائية للحفاظ على التغطية الصحية الخاصة بك أو المساعدة في سداد التكاليف. إذا كنت تحتاج إلى مساعدة، أو كنت تساعد شخصًا أخر، أو كان لديك أسئلة أو بحاجة إلى المساعدة أو بحاجة للحصول على معلومات حول خطتك الصحية أو حول هذا الإشعار، فلديك الحق في الحصول على المساعدة بلغتك الأم مجانًا. للتحدث إلى مترجم فوري، اتصل على الرقم 800.962.2242 (الهاتف النصي: 711).

French
Le présent avis peut avoir information importante concernant votre application ou la couverture à travers de votre plan sanitaire. Regarde pour clef dates dans cet avis ; vous pourries devoir prendre des mesures à certaines dates pour maintenir votre plan sanitaire ou de l'aidé à payer les coûts. Si vous, ou quelqu'un vous les aidez avoir des questions ou il a besoin d'aide ou information concernant votre plan sanitaire ou cet avis, vous avez le droit à obtenir de l'aide dans votre langue à titre gratuit. Pour parler à un interprète, appel 800.962.2242 (TTY: 711).

German
Diese Mitteilung enthält eventuell wichtige Informationen bezüglich Ihres Antrages auf oder Ihres Schutzes durch Ihre Krankenversicherung. Suchen Sie nach Schlüsseldaten in diesem Dokument. Eventuell müssen Sie innerhalb von gewissen Fristen handeln um Ihren Versicherungsschutz zu behalten oder Hilfe mit Kosten zu erhalten. Fall Sie oder jemand, dem/der Sie helfen, Fragen hat oder Hilfe benötigt bezüglich dieser Mitteilung oder der Krankenversicherung, haben Sie Anspruch auf kostenlose Hilfe in Ihrer Sprache. Um mit einem Dolmetscher zu sprechen, rufen Sie an unter 800.962.2242 (TTY [Schreibtelefon]: 711).

Gujarati
આ નોટિસ માં તમારી અરજી અથવા તમારી આરોગ્ય યોજના મારફતે કવરેજ વિશે મહત્વની જાણકારી હોઈ શકે છે. આ નોટિસ માં મહત્વ ની તારીખો જુઓ; તમારા આરોગ્ય કવરેજ ને જાળવવા માટે અથવા ખર્ચ બચાવવા માટે અમુક ચોક્કસ મુદતો સુધી તમને પગલાં લેવા પડી શકે છે. જો તમે, અથવા જેની તમે મદદ કરી રહ્યા છો, તેમણે કોઈ સવાલ હોય અથવા સહાય કે તમારી આરોગ્ય યોજના અથવા આ નોટિસ વિશે માહિતી જોઇએ, તો તમને તમારી ભાષા માં કોઇ પણ ખર્ચ વગર મદદ મેળવવા નું અધિકાર છે. દુભાષિયા સાથે વાત કરવા માટે, 800.962.2242 (TTY : 711) ફોન કરો.

Polish
To powiadomienie może zawierać ważne informacje na temat Pana/Pani wniosku lub zakresu ubezpieczenia w posiadanym planie. Zalecamy zapoznać się z kluczowymi terminami w tym powiadomieniu; może istnieć konieczność podjęcia działania przed upłynięciem pewnych terminów, aby utrzymać ubezpieczenie zdrowotne lub uzyskać pomoc w kosztach. Jeżeli Pan/Pani lub ktoś, komu Pan/Pani pomaga, ma pytania bądź potrzebuje pomocy lub informacji w sprawie planu ubezpieczenia zdrowotnego albo tego powiadomienia, przysługuje Panu/Pani prawo do nieodpłatnego uzyskania pomocy w ojczystym języku. Aby porozmawiać z tłumaczem ustnym, prosimy zadzwonić pod numer 800.962.2242 (TTY: 711).

French Creole
Avi sila a ka genyen enfòmasyon ki enpòtan konsènan aplikasyon w lan oubyen asirans ou atravè plan lasante w la. Chèch e dat enpòtan yo ki nan avi sila a; ou ka gen pou w fè sèten bagay anvan kèk dat limit pou w sa kenbe asirans ou a oubyen pou yo ede w ak kèk depans. Si oumenm, oubyen yon lòt moun w ap ede, genyen kesyon oubyen bezwen èd oswa plis enf òmasyon sou plan lasante w oswa sou avi sila a, ou genyen dwa pou w resevwa asistans nan lang ou pale a san li pa kout e w anyen ditou. Pou w pale ak yon entèprèt, rele 800.962.2242 (TTY: 711).

Cambodian–Mon-Khmer
ការជូនដំណឹងនេះអាចមានពត៌មានសំខាន់អំពីកម្មវិធីការធានារ៉ាប់រងរបស់អ្នកតាមរយៈគម្រោងសុខភាពរបស់អ្នក។កមើលកាលបរិច្ឆេទសំខាន់ៗនៅក្នុងការជូនដំណឹងនេះកអាចធ្វើចំណាត់ការដោយកាលបរិច្ឆេទជាក់លាក់ដើម្បីរក្សាការធានារ៉ាប់រងសុខភាពជួយជាមួយនឹងការចំណាយ។សិនជាអ្នកនរណាម្នាក់ដែលអ្នកកំពុងជួយនសំណួរត្រូវការជំនួយពត៌មានអំពីគម្រោងសុខភាពរបស់អ្នកការជូនដំណឹងនេះកមានសិទ្ធិដើម្បីទទួលជំនួយជាភាសារបស់អ្នកដោយមិនគិតថ្លៃ។ ដើម្បីនិយាយទៅកាន់អ្នកបកប្រែផ្ទាល់មាត់ សូមហៅទៅកាន់លេខ 800.962.2242 (TTY: 711)។

Portuguese
Este aviso pode ter informações importantes sobre a sua aplicação ou cobertura de plano de saúde. Olhe para as datas importantes neste aviso; pode ser necessário tomar medidas em determinados prazos para manter a sua cobertura de saúde ou ajudar com os custos. Se você, ou alguém que você está ajudando, tem dúvidas ou precisa de assistência ou informação sobre seu plano de saúde ou este aviso, você tem o direito de obter ajuda na sua língua sem nenhum custo. Para falar com um intérprete, ligue para 800.962.2242 (TTY: 711).