

Dear Policyholder,

We are writing to inform you that, consistent with federal guidance initially announced in November 2013 and extended in March 2014, you may keep your existing coverage for the upcoming policy year.

How Do I Keep My Current Policy?

To keep your current policy, please contact us.

As you think about your options, there are some things to keep in mind. If you choose to renew your current policy, it may NOT provide all of the protections of the Affordable Care Act. These include one or more of the following new protections of the Public Health Service Act (PHS Act) that were added by the health care law and took effect for coverage beginning in 2014. If you choose to renew your current policy, your coverage:

- May not meet standards for fair health insurance premiums, so you might be charged more based on factors such as gender or a pre-existing medical condition, and it might not comply with rules limiting the ability to charge older people more than younger people (PHS Act section 2701).
- May not meet standards for guaranteed availability, so it might exclude consumers based on factors such as a pre-existing medical condition (PHS Act section 2702).
- May not meet standards for guaranteed renewability (PHS Act section 2703).
- If the coverage is an individual market policy, may not meet standards related to pre-existing medical conditions for adults, so it might exclude coverage for treatment of an adult's pre-existing medical condition such as diabetes or cancer (PHS Act section 2704).
- If the coverage is an individual market policy, may not meet standards related to discrimination based on health status (PHS Act section 2705).
- May not meet standards for non-discrimination with respect to health care providers (PHS Act section 2706).
- May not cover essential health benefits or limit annual out-of-pocket spending, so it might not cover benefits such as prescription drugs or maternity care, or might have unlimited cost sharing (PHS Act section 2707).
- May not meet standards for participation in clinical trials, so you might not have coverage for services related to a clinical trial for a life-threatening or other serious disease (PHS Act section 2709).

How Do I Choose A Different Policy?

You have options for getting quality health insurance. You may shop in Get Covered IllinoisSM, the Official Health Marketplace, where all policies meet certain standards to help guarantee health care security, and no one who is qualified to purchase coverage through the Marketplace can be turned away or charged more because of a pre-existing medical condition. The Marketplace allows you to choose a private policy that fits your budget and health care needs. You may qualify for tax credits or other federal financial assistance to help you afford health insurance coverage purchased through the Marketplace.

You can also get new health insurance outside the Marketplace. All new policies guarantee certain protections, such as your ability to buy a policy even if you have a pre-existing medical condition. However, federal financial assistance is not available outside the Marketplace.

You should review your options as soon as possible, because you may have to buy your coverage within a limited time period.

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How Can I Learn More?

To learn more about Get Covered Illinois, the Official Health Marketplace and protections under the health care law, visit getcoveredillinois.gov or call 1-866-311-1119.

If you have questions, please contact us.

We're happy to provide our letters, at no cost, in Spanish, Tagalog, Chinese, Navajo, or Braille.

- **Español:** Para asistencia en español, llámenos al número que se encuentra debajo.
- **Tagalog:** Para sa tulong sa Tagalog, paki tawagan kami sa numero sa ibaba.
- **中文:** 如需以中文獲得協助，請致電以下電話號碼與我們聯絡。
- **Dine:** Diné k'ehgo 'áka'e'eyeed biniyyyyégó, t'áá shqódí béesh bee hane'í hoyahgo bika'ígíí bee nihich'í' hodiilnih.

800-538-8833