

55 Water Street, New York, NY 10041-8190

### Important plan information

[MONTH DD, YYYY]

12306, 64459

IMPORTANT: WE WILL NOT OFFER YOUR HEALTH INSURANCE POLICY NEXT YEAR,
BUT YOUR GROUP HAS OPTIONS FOR NEW COVERAGE.

Dear [Group Contact Name],

We are writing to let you know that your group's current health insurance policy underwritten by EmblemHealth Insurance Company (EHIC) will not be available in 2024. The current coverage will end on [Policy end date]. This means in order for your group to have coverage, and to avoid gaps in coverage, you need to choose a new policy for your group members on or before [Policy end date]. This letter explains the options available to you.

## Other options:

You may choose any large group coverage offered by EmblemHealth in your service area. Call your account manager or visit **emblemhealth.com** to learn about other policies we have available to your group.

You also have the option to purchase new health insurance coverage from another insurance company.

# Before you decide:

Call the insurer or visit the insurer's website to check which doctors, other healthcare providers and prescription medications are covered by the new policy. This is an important step in selecting a policy that best meets the needs of your group.

### When to buy:

You generally can buy coverage for a group at any time throughout the year, but to avoid gaps in coverage, you should enroll before [Final date to choose policy].

#### Other information:

A provision in New York Insurance Law known as "lan's Law" provides certain rights for individuals who are covered under a group policy that is coming to an end when the covered person has a serious medical condition.<sup>1</sup> Attachment A describes your group members' rights under lan's Law.

## **Notifying your group members:**

Federal and state law require that we notify all group members with this coverage that it will no longer be available. Because we might not know about other coverage decisions you have made, we will tell your group members to check with you about other coverage options that might be available through your organization. In this notification we will also provide information to group members about their rights under lan's Law.

In addition, under New York Labor Law and under Insurance Regulations, as a group policyholder you must provide members of the group with notice of the termination of the existing coverage. Attachment B describes your responsibilities.

## If you have questions:

Call your broker or Senior Account Executive.

Sincerely,

Charlotte Thomas

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Senior Vice President, Commercial Product Strategy

<sup>&</sup>lt;sup>1</sup> Insurance Law §§ 3221(p) and 4305(j).



### Important plan information

[MONTH DD, YYYY]

12306, 64459 [GRP\_NUM] [GRP\_NAME 1] [GRP\_NAME 2] [GRP\_CONTACT\_NAME] [GRP\_ADDRESS 1] [GRP\_ADDRESS 2] [CITY], [STATE] [ZIP CODE] [OTHER INFO, IF NEEDED] [OTHER INFO, IF NEEDED]

Dear [GROUP\_CONTACT\_NAME],

Thank you for choosing EmblemHealth. After careful consideration, your group's current [PLAN NAME] policy will not be available as of your next renewal and the current coverage will end on [Policy end date].

We are discontinuing this plan and replacing it with an alternative suite of products. Your senior account executive and/or broker will work with you to present a comparable policy with additional alternatives.

We encourage you to look at these plans for your group members. In order for your group to have uninterrupted coverage, **you need to choose a new policy on or before [Policy end date]**. We value your business and are committed to providing your group with continued quality coverage.

Attached is a notice that explains what you need to know. If you have any questions, please reach out to your senior account executive.

We are also mailing your covered members this information as required by New York State law and have directed them to contact you with questions about their replacement coverage.

We are committed to supporting you.

Sincerely,

**Charlotte Thomas** 

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Senior Vice President of Commercial Product

**Enclosure**