

[Mail Date]

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ATTN: GROUP ADMINISTRATOR
[GROUP NAME]
[GROUP STREET]
[GROUP CITY, STATE ZIP CODE]

Dear Group Administrator,

To comply with the Affordable Care Act, an employer must have at least one common-law employee enrolled to qualify as a group health plan. Businesses that do not have any common-law employees enrolled are no longer eligible for a group health plan and must be transitioned to individual coverage.

What does this mean for you?

If the members currently enrolled, are no longer eligible for a group health plan with Univera Healthcare because they do not meet the definition of a common-law employee, they must convert to an individual plan offered by Univera Healthcare.

We want to make this transition as easy as possible. Below you will find a plan that most closely matches the current coverage offered. We will automatically enroll the members currently covered under your group health plan into this plan effective [RENEWAL DATE] if they are not eligible for Medicare and reside in our service area. Any members who are Medicare eligible, reside outside our service area or outside of New York, will receive a separate mailing with instructions on how to obtain replacement coverage.

Replacement Plan: [MARKETING PLAN NAME YR2]

Plan Rate*			
Single <<Sngl_YR2>>	Subscriber with Spouse <<Sub_Sp_YR2>>	Subscriber with Child <<Sub_Ch_YR2>>	Family <<Fam_YR2>>
Deductible			
Single <<Single Ded Inn YR2>>		Sub with Spouse, Children or Family <<Family Ded Inn YR2>>	
Out of Pocket			
Coinsurance <<Coins INN YR2>>		Drug (RX) <<RX YR2>>	
PCP <<PCP_Copay YR2>>		Specialist <<SPC_Copay YR2>>	
Inpatient <<IP_Copay YR2>>		Outpatient <<OP_Copay_Amb_Surg YR2>>	

*Rates shown apply to the groups rating region and may vary for individuals not located in that same region. Members should contact our dedicated insurance agents at 1-888-576-6594 to confirm their applicable rates.

Univera Healthcare has a wide variety of affordable health insurance plans from which to choose. If you want to know more about other options, please call our dedicated insurance agents at 1-888-576-6594 Monday through Thursday from 8 a.m. to 7 p.m., and Friday from 9 a.m. to 7 p.m.

- If any of the members currently enrolled on your group health plan want to choose a plan other than the replacement plan, it is important they contact one of our dedicated insurance agents prior to the 2018 renewal date.

You can purchase a plan directly with Univera Healthcare or through the New York State of Health Marketplace. All our plans essentially include the same benefits but vary based on how you want to manage your health care costs (i.e., copays, deductibles, coinsurance). Some prefer a plan that has a deductible and a lower monthly cost. Others would rather pay more per month for lower and more predictable costs when getting care. If you purchase a plan through the Marketplace, you may be eligible for financial aid to help you pay for your coverage.

Special information for employer groups who have common-law employees enrolled in coverage:

If you have individuals who meet the definition of a common-law employee and are enrolled in your employer group health plan, you may be eligible to remain covered through your current plan. For us to determine if you are eligible for this type of coverage, you will need to submit complete underwriting paperwork to Univera Healthcare 30 days in advance of your effective date. You may obtain this paperwork and discuss employer group options by contacting your account consultant or broker.

If you have questions regarding individual coverage or wish to discuss additional plan options, you may contact our dedicated insurance agents at 1-888-576-6594 Monday through Thursday from 8 a.m. to 7 p.m., and Friday from 9 a.m. to 7 p.m.

We are here to help you with this transition. Thank you for being part of the Univera Healthcare family.

Sincerely,

A handwritten signature in black ink, appearing to read 'Pam Pawenski', with a long horizontal line extending to the right.

Pam Pawenski
Health Plan Vice President, Sales

The member notification is enclosed with this mailing, including a non-discrimination notice. We recommend that you provide any additional information with this notice, such as expected changes in employee contribution levels, that may help your employees better understand their health coverage costs.

IMPORTANT INFORMATION ABOUT YOUR HEALTH INSURANCE COVERAGE

Dear Valued Member:

To comply with the Affordable Care Act, an employer must have at least one common-law employee enrolled to qualify as a group health plan. Businesses that do not have any common-law employees enrolled are no longer eligible for a group health plan and must be transitioned to individual coverage.

What does this mean for you?

The current coverage will end on [RENEWAL DATE]. Although Univera Healthcare will suggest a replacement policy and will move you into this plan if you are not Medicare eligible and you reside within our service area, your employer may decide on another option. Because we may not know about other coverage decisions you or your employer have made, please check with your employer about coverage options that might be available.

As required by federal law, all individual health insurance policies must include essential health benefits. Therefore, while certain changes may be made to cost sharing under the policy (the amount you pay for your health care) or to certain ancillary benefits, the core benefits covered by a new individual policy will be the same as your existing policy.

Your rights:

- If you are totally disabled at the time your existing Univera Healthcare group coverage terminates, you may be eligible for a limited extension of your benefits for covered care or treatment of the condition causing your disability. Only care or treatment related to your disabling condition is eligible for this extension of benefits. If you develop a new condition or if you have an accidental injury after your coverage terminates, then that condition or injury will not be covered. Contact Univera Healthcare to learn about this benefit.
- If you are either: a) in an ongoing course of treatment with a provider for a life-threatening or a degenerative and disabling condition or disease; or b) in the second or third trimester of a pregnancy when your new coverage becomes effective, then you may be able to continue to receive care from your provider for up to 60 days (or through pregnancy) under your new health insurance policy, even if your provider does not participate in your new health insurance network.

To receive this transitional care, your provider must agree to accept as payment your new health insurance reimbursement for such services and to certain other conditions of providing care under the new policy. If your provider agrees, you will receive the services as if they were being provided by a participating provider and you will only pay for any applicable in-network cost-sharing. You, your representative or your provider should contact your new health insurer to determine if you are eligible for transitional care.

- If your employer does not replace your plan with a similar plan, you may purchase a new individual health insurance policy from us as a direct pay member.

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If you have questions regarding individual coverage or wish to discuss additional plan options, you may contact our dedicated insurance agents at 1-888-576-6594 Monday through Thursday from 8 a.m. to 7 p.m., and Friday from 9 a.m. to 7 p.m.

Para obtener asistencia en Español, llame al atención al Cliente llamando al número que aparece en el reverso de su tarjeta de identificación.

Sincerely,

A handwritten signature in black ink, consisting of a large, stylized initial 'P' followed by a long horizontal line extending to the right.

Pam Pawenski
Health Plan Vice President, Sales