

[Date]

[Name

Address

City, State Zip Code - *optional if provided elsewhere in the same mailing. Optional to provide plan name here]*

<b>Important: Your Group Health Plan Will Not Be Available Next Year.</b>
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Dear Plan Sponsor:

[Issuer name] has decided not to offer your group's current health insurance coverage again next year. The current coverage will end [date]. You should carefully review the health insurance coverage options for your group members, which are explained below.

We have selected a new [issuer name] plan that's similar to your current plan. **We will automatically enroll your group members in this plan unless you choose another option by [date].**

Your new plan will take effect [date]. [The premium for this plan, based on our current information, is \$[dollar amount] per month.] or [Please see the enclosed plan materials for information on 2026 premiums.] Premium amounts are an estimate based on current enrollment, and may change depending on the individuals who actually enroll in the plan.

[Please review the table below for a summary of differences between your 2025 and 2026 plans:]

	2025				2026			
Plan Name/Plan ID								
Metal Level								
	Individual		Family		Individual		Family	
	In-network	Out-of-network	In-network	Out-of-network	In-network	Out-of-network	In-network	Out-of-network
Annual Deductible								
Annual Maximum Out of Pocket Amount								
Doctors Office Visits								
In-patient Hospital Stays								
Prescription Drugs								

**Please note this is only a summary, and you should review the [enclosed plan materials] or [plan materials we will be mailing separately] or [plan materials online at URL] for detailed information on plan changes.** You may also call us at [issuer phone contact] or visit our website at [issuer website] to review all the benefits and coverage information for this plan.]

*or*

[Please review the enclosed plan materials for other information on your 2026 plan, including the annual deductible, co-payments, coinsurance and out of pocket maximums. You may also call us at [issuer phone contact] or visit our website at [issuer website] to review all the benefits and coverage for this plan.]

### **Selecting coverage through Your Health Idaho**

If you enroll in a small group health insurance plan through Your Health Idaho's Small Business Health Options Program (SHOP), you may be able to qualify for the small business health care tax credit. Your Health Idaho's Consumer Connectors are available to help you select the health plan that fits your employees' needs.

## Selecting a new health insurance plan for 2026

You can choose a new employee health insurance plan for 2026 during the SHOP Open Enrollment period from November 15, 2025 until December 15, 2025. You may enroll outside of Open Enrollment if at least 70% of your full-time employees participate in the group plan.

- SHOP Enrollment – Enroll in a health plan [from [issuer name] or another insurance company] by contacting a Your Health Idaho certified agent or broker or contacting the insurance company. After completing a SHOP application and submitting it to Your Health Idaho, you can select a SHOP marketplace plan when your application is approved. If you have fewer than 25 full-time employee equivalents, you may qualify for the small business tax credit – see your tax advisor.
- Enrollment outside Your Health Idaho – Enroll in a new health plan with [issuer name] or another insurance company during open enrollment, with the assistance of an insurance agent or broker, if desired. Remember that if you do not submit an application through Your Health Idaho, enrollment will not be through the SHOP and you will not qualify for the small employer tax credit.

## Important Issues to keep in mind

Whether you decide to keep your replacement group plan or choose a different plan, call us or visit our website to check which doctors, other health care providers, and prescription medications will be in the plan network next year.

## Questions?

- Call [issuer name and contact information and hours of operation] or visit [issuer website] if you have questions about your health insurance plan.
- Visit [yourhealthidaho.org](http://yourhealthidaho.org) or call 1-855-944-3246 (TTY: 1-800-952-8349) to find help near you, or for questions or information on SHOP enrollment or eligibility for the small employer tax credit.
- Contact your health insurance agent or broker.

## Getting Help in Other Languages

Spanish: Si usted, o alguien a quien usted está ayudando, tiene preguntas acerca de [insert issuer name], tiene derecho a obtener ayuda e información en su idioma sin costo alguno. Para hablar con un intérprete, llame al [issuer name and contact information and hours of operation].

Chinese: 如果您，或是您正在協助的對象，有關於[插入 SBM 項目的名稱 [insert issuer name] ]方面的問題，您有權利免費以您的母語得到幫助和訊息。洽詢一位翻譯員，請撥電話 [在此插入數字 [issuer name and contact information and hours of operation]]。

Serbo-Croatian: Ukoliko Vi ili neko kome Vi pomažete ima pitanje o [insert issuer name], imate pravo da besplatno dobijete pomoć i informacije na Vašem jeziku. Da biste razgovarali sa prevodiocem, nazovite [issuer name and contact information and hours of operation].

Korean: 만약 귀하 또는 귀하가 돕고 있는 어떤 사람이[insert issuer name]에 관해서 질문이 있다면 귀하는 그러한 도움과 정보를 귀하의 언어로 비용 부담없이 얻을 수 있는 권리가 있습니다. 그렇게 통역사와 얘기하기 위해서는 [issuer name and contact information and hours of operation]로 전화하십시오.

Vietnamese: Nếu quý vị, hay người mà quý vị đang giúp đỡ, có câu hỏi về [insert issuer name], quý vị sẽ có quyền được giúp và có thêm thông tin bằng ngôn ngữ của mình miễn phí. Để nói chuyện với một thông dịch viên, xin gọi [issuer name and contact information and hours of operation].

Arabic: إن كان لديك أو لدى شخص ص [insert issuer name] فلدليك الحق في الحصول على المساعدة والمعلومات ، [issuer name and contact information and hours of operation] الضرورية. تساعدك أسئلة بخصوص بلغتك من دون اية تكلفة. للتحدث مع مترجم اتصل ب

German: Falls Sie oder jemand, dem Sie helfen, Fragen zum [insert issuer name] haben, haben Sie das Recht, kostenlose Hilfe und Informationen in Ihrer Sprache zu erhalten. Um mit einem Dolmetscher zu sprechen, rufen Sie bitte die Nummer [issuer name and contact information and hours of operation] an.

Tagalog: Kung ikaw, o ang iyong tinutulangan, ay may mga katanungan tungkol sa [insert issuer name], may karapatan ka na makakuha ng tulong at impormasyon sa iyong wika ng walang gastos. Upang makausap ang isang tagasalin, tumawag sa [issuer name and contact information and hours of operation].

Russian: Если у вас или лица, которому вы помогаете, имеются вопросы по поводу [insert issuer name], то вы имеете право на бесплатное получение помощи и информации на вашем языке. Для разговора с переводчиком позвоните по телефону [issuer name and contact information and hours of operation].

French: Si vous, ou quelqu'un que vous êtes en train d'aider, a des questions à propos de [insert issuer name], vous avez le droit d'obtenir de l'aide et l'information dans votre langue à aucun coût. Pour parler à un interprète, appelez [issuer name and contact information and hours of operation].

Japanese: ご本人様、またはお客様の身の回りの方でも [insert issuer name]についてご質問がございましたら、ご希望の言語でサポートを受けたり、情報を入手したりする

ことができます。料金はかかりません。通訳とお話される場合 [issuer name and contact information and hours of operation] までお電話ください。

Romanian: Dacă dumneavoastră sau persoana pe care o asistați aveți întrebări privind [insert issuer name], aveți dreptul de a obține gratuit ajutor și informații în limba dumneavoastră. Pentru a vorbi cu un interpret, sunați la [issuer name and contact information and hours of operation].

Sudanic-Fulfulde: To aan, malla goddfo mo mballata, e yama dow [insert issuer name], a woodi baawde hebuki habaru malla wallireeki wolde maada naa maa a yobii. Mbolda e pirtoowo, nodda [issuer name and contact information and hours of operation].

Persian-Farsi: [ اگر شما، یا کسی که شما به او کمک میکنید ، سوال در مورد ، Insert issuer name here [ issuer name and contact information and hours of operation] داشته باشید حق این را دارید که کمک و اطلاعات به زبان خود را به طور رایگان دریافت نمایید . تماس حاصل نمایید .

Ukrainian: Якщо у Вас чи у когось, хто отримує Вашу допомогу, виникають питання про [insert issuer name], у Вас є право отримати безкоштовну допомогу та інформацію на Вашій рідній мові. Щоб зв'язатись з перекладачем, задзвоніть на [issuer name and contact information and hours of operation].