

[Date]

[Name

Address

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

Important: You May Need to Enroll in a New Health Plan for 2027
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Dear Member:

In 2026, [you] [your family] enrolled in a catastrophic health insurance plan through Your Health Idaho. To stay in this plan in 2027, [you][you and all your family members] must be under 30 years of age as of January 1, 2027, or [you][your family] must be unable to afford a non-catastrophic health plan in 2027 due to a financial hardship.

If [you][anyone in your family] will be 30 years old or older as of January 1st, and [you want][your family wants] to remain in your current health insurance plan in 2027, you must apply for a 2027 hardship exemption with Your Health Idaho. If you do not apply for this exemption, and you do not select another health plan by December 15, 2026, [you][your family] will be automatically enrolled into a new, non-catastrophic plan.

[Issuer name] has selected a new [issuer name] non-catastrophic plan that's similar to your current health insurance plan. **[You][You and your family] will be automatically enrolled in this plan unless you select another option and notify [issuer name] of that by December 15, 2026.**

It's important that you check the new health insurance plan to determine whether any doctors or other health care providers that you see are included in the new plan, and whether prescription medicines you take are covered. You can check this information at [issuer website], or by calling [issuer phone number].

Based on the information we currently have on file, your new premium for the plan we selected, which will take effect January 1, 2027, is \$[dollar amount] per month. Please let us know if the information you previously provided to us has changed. You can compare this plan to other plan options or check if you can get a tax credit to help you pay the premium at yourhealthidaho.org.

[Please review the table below for a summary of differences between your 2026 and 2027 plans:

	2026				2027			
Plan Name/Plan ID								
Metal Level								
	Individual		Family		Individual		Family	
	Innetwork	Out-ofnetwork	Innetwork	Out-ofnetwork	Innetwork	Out-ofnetwork	Innetwork	Out-ofnetwork
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 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 information on your 2027 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.]

Get help paying for your health coverage

If you enroll in a health insurance plan through Your Health Idaho, you may be able to qualify for help in paying your monthly premiums and out-of-pocket costs. Your Health

Idaho will also check if you or family members qualify for Medicaid or the Children's Health Insurance Program (CHIP). Your Health Idaho's certified agents and brokers or consumer connectors are available to help you select the health plan that fits your family's needs.

Your health insurance options for 2027

You can choose a different health insurance plan for 2027 during the Open Enrollment period from October 15, 2026 until December 15, 2026, for coverage effective January 1, 2027. If you select a different plan, please inform [issuer name] by December 15, 2026; otherwise you will be automatically enrolled in the plan we have selected for you.

- Your Health Idaho Enrollment – Enroll in a new health plan through Your Health Idaho and apply to receive help paying for your health insurance costs if you qualify.
 - If you qualify for help paying out-of-pocket costs like deductibles or copays, you must choose a Silver level plan in order to receive this help.
 - Your Health Idaho will also check if you or family members qualify for Medicaid or the Children's Health Insurance Program (CHIP).
 - You may also enroll in coverage through Your Health Idaho using a certified insurance agent or broker. ○ Remember that if you receive a tax credit to help pay for your health insurance, you must report changes in your income and household size during the year to Your Health Idaho. If you do not report changes, you could owe money when you file your income tax return because your tax credit was based on outdated information.
- Enrollment outside Your Health Idaho – Enroll in a new health plan directly with an insurance company during open enrollment, or get help from a local insurance agent or broker. If you qualify for financial assistance for paying your premiums and out-of-pocket costs, or want to be apply for a hardship exemption in order to enroll in a catastrophic health plan, you must enroll through Your Health Idaho to receive those benefits.

Important Issues to keep in mind.

Whether you decide to keep the plan we've recommended for you or choose a different plan, call us or visit our website to make sure your doctor or other health care providers will be in your plan network next year. Also check to make sure any prescription medications you or family members take will be covered.

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 or call 1-855-944-3246 (TTY: 1-800-952-8349) for information on enrolling through Your Health Idaho, how to find help near you, or on getting help in paying your monthly premiums and out-of-pocket costs.
- 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 لتساعده 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 tinutulungan, 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 godɗo 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-: [اگر شما، یا کسی که شما به او کمک میکنید ، سوال در مورد Insert issuer name here ، داشته باشید حق این را دارید که کمک و اطلاعات به زبان خود را به طور رایگان دریافت نمایید . تماس حاصل نمایید . [Farsi issuer name and contact information and hours of operation].

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].