***<<Renewal notice for the individual market – off Exchange>>***

**Important: It is time to renew your health coverage for 2024.**

Dear <<choose one of the following>> [Enrollee,] [Member,] [Name,]

It is time to renew your health insurance for the coming year. **On [Date], you will be automatically re-enrolled and can keep your current plan.** Below are changes we’ll be making to your plan, options that might save you money, and details about how to choose a new plan if you don’t want to keep your current one. If you would like to choose a new plan for 2024 you need to enroll during Open Enrollment which begins November 1, 2023 and ends January 31, 2024.

The table below lists the changes that we’ll be making to your plan for 2024:

|  |
| --- |
| * Monthly premium cost: If you choose to keep your current plan, your new premium amount will be [$0.00]. The Renewal Explanation Form, enclosed, explains how the new premium amount has been calculated. |
| <<Insert the following section if there are no changes to the plan>>  The plan that you were enrolled in for 2023 is being offered in 2024 with no changes in benefits.   * Name of plan and metal level   <<Insert the following section if there are changes to the plan>>   * Changes to your plan: The plan that you were enrolled in for 2023 is being offered in 2024, but with some changes. Please review these changes.   + **Name of new plan**   [Carriers may choose to include a separate document which compares benefits between the 2023 and 2024 plans instead of using the bulleted format below. If exercising this option, carriers should insert language in the “Benefit Changes” section to direct members to the document.]   * + **Benefit changes**     - X     - X     - X   + **Cost-Sharing changes & whether different metal level in 2024** |

**Is it possible to lower my costs?**

* You are not currently purchasing this plan through HealthSource RI. You may be eligible to receive financial help to help lower your monthly premium costs. This financial help is only available by enrolling in coverage through HealthSource RI. Six out of seven HealthSource RI customers receive financial help. The federal American Rescue Plan Act created additional opportunities for Rhode Islanders to access affordable health coverage. Many people who did not qualify for financial help in the past may now be eligible to receive assistance help when enrolled in coverage through HealthSource RI.

**What if I want to keep my plan with the changes described above?**

* You do not have to do anything! You will be automatically re-enrolled for 2024 and simply need to pay your monthly premium by [date].

**What if I want to change my plan but stay with [Issuer Name]?**

* You may be eligible to choose a new plan from [Issuer Name]. You will not receive financial help when enrolling directly through [Issuer Name].

**What if I want to see if I am eligible to receive financial help for my current plan or a different plan?**

* You may be eligible to receive financial help for the same plan you are currently enrolled in or a different plan if you enroll through HealthSource RI. HealthSource RI is the only place to receive financial help to lower your monthly coverage costs. Get a quick quote at HealthSourceRI.com/Calculator.
* You or your family may also qualify for no-cost coverage through Medicaid.

**What else should I look at before deciding to keep or change my plan?**

Call or visit our website <<insert hyperlink>> to make sure your doctor and other health care providers will be in the plan network next year. Also check to make sure any prescription medications you take will be covered.

**Have questions? Contact us.**

[Issuer]

[Issuer Contact Number,

website

and Hours of Operation]

HealthSource RI

[www.HealthSourceRI.com](http://www.HealthSourceRI.com)

Compare plans and get a quick quote at HealthSourceRI.com/Calculator

1-855-840-4774

401 Wampanoag Trail, East Providence

You can schedule an in-person appointment for HealthSource RI’s Walk-In Center at 401 Wampanoag Trail in East Providence at HealthSourceRI.com/appointments/.

[enclosure: Renewal Explanation Form]

[Issuers must use this notice for current enrollees, and must also enclose the Renewal Explanation Form.]

[Issuers may include additional information similar to prior renewal packages, submitted to OHIC for informational purposes and not used for a period of 5 business days.]

***<<Renewal notice for the individual market – on-Exchange>>***

**Important: It is time to renew your health insurance coverage for 2024.**

Dear <<choose one of the following>> [Enrollee,] [Member,] [Name,]

It’s time to renew your health insurance for 2024.

**In October HealthSource RI will automatically renew most people into the same plan that you had in 2023. If automatically renewed, your current plan will continue through 2024. This action will be confirmed and communicated to you through HealthSource RI.** Below are changes we will be making to your plan and other information you may wish to consider. If you do not want to be automatically renewed into your current plan, you can choose a new plan during Open Enrollment which begins on November 1, 2023 and ends on January 31, 2024.

**To ensure that you are covered on January 1, 2024, you must pay HealthSource RI in full for your January 2024 premium by December 23, 2023**. The last day to pay for January coverage is December 31, 2023. Please note: payments made after December 23 may delay your coverage usage. If you would like to enroll in dental coverage for 2024, this is also your opportunity to do so. If you miss the December 31 payment deadline for January coverage, you have the opportunity through January 31 to pick and pay for a plan for a February 1 coverage start date.

The table below lists the changes that [Issuer] is making to your plan for 2024:

|  |
| --- |
| * Monthly premium cost: The amount of your monthly premium can be found by contacting HealthSource RI. The Renewal Explanation Form, enclosed, explains how the new plan rate has been calculated. * Financial assistance: If you are currently receiving financial assistance in the form of tax credits, the amount of tax credits you are eligible to receive may change for 2024. We encourage you to contact HealthSource RI during Open Enrollment to update any information that may impact your financial assistance eligibility, such as household income or family size. |
|  |
| <<Insert the following section if there are no changes to the plan>>  The plan that you were enrolled in for 2023 is being offered in 2024 with no changes in benefits.   * Name of plan and metal level   <<Insert the following section if there are changes to the plan>>   * Changes to your plan: The plan that you were enrolled in for 2023 is being offered in 2024, but with some changes. Please review these changes.   + **Name of new plan**   [Carriers may choose to include a separate document which compares benefits between the 2023 and 2024 plans instead of using the bulleted format below. If exercising this option, carriers should insert language in the “Benefit Changes” section to direct members to the document.]   * + **Benefit changes**     - X     - X     - X   + **Cost-Sharing changes & whether different metal level in 2024** |
| * *Important Reminder*: If you qualify for Cost-Sharing Reductions (CSR), you must enroll in a plan in the **Silver** category through HealthSource RI in order to receive these benefits (this rule does not apply to members of a federally recognized Indian tribe or Alaska Natives). CSR plans have lower out-of-pocket costs and are dependent on your income level and family size. |

Annual Open Enrollment Period

Open Enrollment is the time of year when you may enroll in, or make changes to, your health coverage. This year, Open Enrollment begins on November 1, 2023 and ends on January 31, 2024. **To ensure that you are covered on January 1, 2024, you must choose your 2024 plan and pay your January 2024 premium by December 23, 2023**. The last day to pay for January coverage is December 31, 2023, but please note that payments made after December 23 may delay your coverage usage. If you miss the December 31 payment deadline for January coverage, you have the opportunity through January 31 to pick and pay for a plan for a February 1 coverage start date.

You will receive additional information about Open Enrollment from HealthSource RI.

During Open Enrollment, you have the opportunity to review and compare all Qualified Health Plans being offered through HealthSource RI, including plans being offered by [Issuer Name], and plans being offered by other health insurance companies. It is important to review your plan options to ensure you are choosing the best plan for your needs and budget. HealthSource RI can also assist you or your family with questions related to no-cost health coverage through Medicaid.

* You are not required to enroll in a plan through HealthSource RI. However, if you would like to receive, or continue to receive, financial help to pay for your coverage you **must** enroll through HealthSource RI.

Important information about tax credits

Please keep in mind that your final tax credits are determined when you file your federal income tax return for the year with the Internal Revenue Service (IRS). It is important that you review the information in your HealthSource RI account, such as income and family size, to ensure the most accurate information is being used to determine your financial assistance eligibility.

**Have questions? Contact us.**

[Issuer]

[Issuer Contact Number,

website

and Hours of Operation]

HealthSource RI

[www.HealthSourceRI.com](http://www.HealthSourceRI.com)

1-855-840-4774

401 Wampanoag Trail, East Providence

You can schedule an in-person appointment for HealthSource RI’s Walk-In Center at 401 Wampanoag Trail in East Providence at HealthSourceRI.com/appointments/.

A secure lock box is available in our lobby for you to drop off documents and payments.

[enclosure: Renewal Explanation Form]

[Issuers must use this notice for current enrollees, and must also enclose the Renewal Explanation Form.]

[Issuers may include additional information similar to prior renewal packages, submitted to OHIC for informational purposes and not used for a period of 5 business days.]