

<DATE>

<SUBSCRIBER FIRST NAME> <SUBSCRIBER LAST NAME>
<SUBSCRIBER CARE OF>
<SUBSCRIBER ADDRESS LINE 1>
<SUBSCRIBER ADDRESS LINE 2>
<CITY>, <STATE> <ZIP CODE>

Important: It's time to review your health coverage. Take action by <RENEWAL DATE>, or you'll be automatically re-enrolled in the same or similar coverage. This may change some of your costs and coverage, so review your options carefully.

Thank you for choosing Anthem for your health care needs.

Why am I getting this letter?

Your health coverage is still being offered in <RENEWAL MONTH YEAR>, but some details may have changed. Read this letter carefully and decide if you want to keep this plan or choose another one. Unless you take action by <RENEWAL MONTH DAY>, you'll be automatically enrolled in this plan for <RENEWAL MONTH YEAR>.

Important: This isn't a Covered California plan. This means you won't get any financial help lowering your monthly premium or out-of-pocket costs (like deductibles, copayments, and coinsurance) if you remain enrolled in this plan. To see if you qualify for these savings and to enroll in a Covered California plan, visit CoveredCA.com by <RENEWAL MONTH DAY>. If you don't enroll in a Covered California plan by <RENEWAL MONTH DAY>, you may not be able to switch to one until Open Enrollment, even if your finances change.

Changes you'll see to your plan in next policy year

Your new premium

- Your current monthly premium is \$<Dollar amount>.
- **Starting in <RENEWAL MONTH>, your monthly premium will be \$<Dollar amount>.** **Important:** This is only an estimate based on current information we have. It doesn't reflect any changes to your enrollment, such as adding additional members to your coverage. You'll see your new monthly payment amount when you get your <RENEWAL MONTH -1 MONTH> bill.

Other changes

- You can review more details about your plan at MyAnthemChoices.com.

What you need to do

Decide if you want to enroll in this plan or choose another one.

I want to enroll in this plan.

Pay the new monthly premium and you'll be automatically enrolled.

I want to pick a different plan.

You can change plans if you have a significant change in your life like getting married or divorced, having a new child, losing a job, or your monthly payment changes at your annual renewal, you can change coverage through a Special Enrollment Period (SEP). This allows you to shop for a new plan if you have a qualifying event.

Here are some ways to look at other plans and enroll:

- Check with Anthem to see what other plans may be available. Remember, you won't get financial help unless you qualify and enroll through Covered California.
- Visit CoveredCA.com to see Covered California plans. Consumers who shop can save hundreds of dollars per year and can find a plan that best meets their needs and budget.

We're here to help

- Call Anthem at 1-855-817-4402 or visit MyAnthemChoices.com.
- Visit CoveredCA.com, or call 1-800-300-1506 (TTY: 1-888-889-4500) to learn more about Covered California and to see if you qualify for lower costs.
- Find in-person help from an assister, agent, or broker in your community at CoveredCA.com.


Getting help in other languages

Need this info in another language? The last page has details about how to get help.

It's important we treat you fairly

That's why we follow federal civil rights laws in our health programs and activities. We don't discriminate, exclude people, or treat them differently on the basis of race, color, national origin, sex, age or disability. For people with disabilities, we offer free aids and services. For people whose primary language isn't English, we offer free language assistance services through interpreters and other written languages. Interested in these services? Call the Member Services number on your ID card for help (TTY/TDD: 711). If you think we failed to offer these services or discriminated based on race, color, national origin, age, disability, or sex, you can file a complaint, also known as a grievance. You can file a complaint with our Compliance Coordinator in writing to Compliance Coordinator, P.O. Box 27401, Mail Drop VA2002-N160, Richmond, VA 23279. Or you can file a complaint with the U.S. Department of Health and Human Services, Office for Civil Rights at 200 Independence Avenue, SW; Room 509F, HHH Building; Washington, D.C. 20201 or by calling 1-800-368-1019 (TDD: 1-800-537-7697) or online at <https://ocrportal.hhs.gov/ocr/portal/lobby.jsf>. Complaint forms are available at <http://www.hhs.gov/ocr/office/file/index.html>.

Sincerely,



Manan Shah
Vice President and General Manager
California Individual Business

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