

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

<DATE>

Your health plan is ending after this year. You'll have to choose a new one for 2019.

<First Name>, we're no longer offering Affordable Care Act (ACA) plans in your area. This was a difficult decision because we're committed to offering you and your family affordable health benefits.

Here's what you need to know—

- **Your health plan will end on December 31, 2018.** But don't worry – you still have time to plan.
- **You'll need a new health plan that starts January 1, 2019.** You can choose your new health plan during Open Enrollment which is November 1, 2018 through December 15, 2018. You'll find more information about your 2019 plan enrollment options and important dates in the following pages.
- **You can keep your dental and/or vision benefits.** Only health benefit plans are being discontinued. If you have a dental and/or vision plan, we'll send your renewal details in a separate envelope.

We don't want to lose you as a member

We're sorry to have to stop offering your ACA-compliant individual health plan. We do expect to offer more health plans as the health care coverage market evolves. In the meantime, we hope you'll consider allowing us to serve your dental and vision needs.

Important Info

2018 Plan

<2018 plan name>

2018 Contract Code

<2018 contract code>

Member ID

<HCID>

Need help choosing a 2019 health plan?

You can <call our Health Plan Advisors at 1-844-594-8079 or> contact your broker. <For help from the Marketplace, go to healthcare.gov or call 1-800-318-2596.>

Need this info in another language? The last page explains how to get help.

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Urgent: Your health coverage is at risk. Take action by December 15, 2018, or you may not have health coverage in 2019. Without health coverage or an exemption, you may have to pay a penalty of \$0 or more when you file your taxes.

Thank you for choosing Anthem for your health care needs. We're here to help you prepare for Open Enrollment.

Why am I getting this letter?

Beginning 2019, we won't offer in your area your current health coverage in the Marketplace. The last day of your current Marketplace coverage is December 31, 2018. Read this letter carefully and review your options.

You can choose a different plan between November 1, 2018 and December 15, 2018. **To make sure there isn't a gap in your coverage, and avoid paying a penalty, enroll in a different plan by December 15, 2018.**

What you need to do

Review your coverage options and pick a different plan. If you don't have health coverage, you'll have to pay for all of your health care.

If you don't have coverage or an exemption, you may also have to pay a penalty of \$0 or more when you file your taxes.

1. **Update your Marketplace application by December 15.**

Review your Marketplace application to make sure the information is still current and correct, and to see if you may qualify for more or less financial help in 2019 than you're getting now. This may result in a lower monthly premium payment or lower out-of-pocket costs (like deductibles, copayments, and coinsurance). Plus, you can help avoid paying money back when you file your taxes.

2. **Choose a different plan.**

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

- After you've updated your Marketplace application, you'll be able to compare Marketplace plans in your area. You may even see that the Marketplace has picked a plan for you. Consumers who shop can save hundreds of dollars per year. Compare your options and enroll in a plan that best meets your needs and budget. If you don't enroll in a plan on your own, you may be automatically enrolled in the plan the Marketplace picked for you.
- Check with Anthem to see what other plans may be available. Remember, you won't get financial help unless you qualify and enroll through the Marketplace.

Note: If you received financial help in 2018 to lower your monthly premium, you'll have to "reconcile" using IRS Form 8962 when you file your federal taxes. This means you'll compare the amount of premium tax credit you received in advance during 2018 with the amount you actually

qualify for based on your final 2018 household income and eligibility information. If the amounts are different, this will affect the amount of your refund or taxes owed.

We're here to help

- Visit HealthCare.gov, or call 1-800-318-2596 (TTY: 1-855-889-4325) to learn more about the Marketplace and to see if you qualify for lower costs.
- Call Anthem at 1-844-594-8079 or visit MyAnthemChoices.com.
- Find in-person help from an assister, agent, or broker in your community at LocalHelp.HealthCare.gov
- Contact an agent or broker you've worked with before.
- Call 1-800-318-2596 (TTY: 1-855-889-4325) to request a reasonable accommodation at no cost to you if you have a disability.

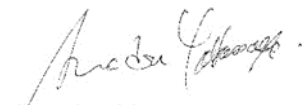
Getting help in other languages

Need this info in another language? The last page explains 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,



Amadou Yattassaye
President

Anthem Blue Cross and Blue Shield in Missouri

[In Missouri, (excluding 30 counties in the Kansas City area) Anthem Blue Cross and Blue Shield is the trade name of RightCHOICE® Managed Care, Inc. (RIT), Healthy Alliance® Life Insurance Company (HALIC), and HMO Missouri, Inc. RIT and certain affiliates administer non-HMO benefits underwritten by HALIC and HMO benefits underwritten by HMO Missouri, Inc. RIT and certain affiliates only provide administrative services for self-funded plans and do not underwrite benefits. Independent licensees of the Blue Cross and Blue Shield Association. ANTHEM is a registered trademark of Anthem Insurance Companies, Inc.

Get help in your language

Curious to know what all this says? We would be too. Here's the English version:

This notice has important information about your application or benefits. Look for important dates. You might need to take action by certain dates to keep your benefits or manage costs. You have the right to get this information and help in your language for free. Call the Member Services number on your ID card for help. (TTY/TDD: 711)

Spanish

Este aviso contiene información importante acerca de su solicitud o sus beneficios. Busque fechas importantes. Podría ser necesario que actúe para ciertas fechas, a fin de mantener sus beneficios o administrar sus costos. Tiene el derecho de obtener esta información y ayuda en su idioma en forma gratuita. Llame al número de Servicios para Miembros que figura en su tarjeta de identificación para obtener ayuda. (TTY/TDD: 711)

Chinese

本通知有與您的申請或利益相關的重要資訊。請留意重要日期。您可能需要在特定日期前採取行動以維護您的利益或管理費用。您有權使用您的語言免費獲得該資訊和協助。請撥打您的 ID 卡上的成員服務號碼尋求協助。(TTY/TDD: 711)

Vietnamese

Thông báo này có thông tin quan trọng về đơn đăng ký hoặc quyền lợi bảo hiểm của quý vị. Hãy tìm các ngày quan trọng. Quý vị có thể cần phải có hành động trước những ngày nhất định để duy trì quyền lợi bảo hiểm hoặc quản lý chi phí của mình. Quý vị có quyền nhận miễn phí thông tin này và sự trợ giúp bằng ngôn ngữ của quý vị. Hãy gọi cho Dịch Vụ Thành Viên trên thẻ ID của quý vị để được giúp đỡ. (TTY/TDD: 711)

Korean

이 공지사항에는 귀하의 신청서 또는 혜택에 대한 중요한 정보가 있습니다. 중요 날짜를 살펴 보십시오. 혜택을 유지하거나 비용을 관리하기 위해 특정 마감일까지 조치를 취해야 할 수 있습니다. 귀하에게는 무료로 이 정보를 얻고 귀하의 언어로 도움을 받을 권리가 있습니다. 도움을 얻으려면 귀하의 ID 카드에 있는 회원 서비스 번호로 전화하십시오. (TTY/TDD: 711)

Tagalog

May mahalagang impormasyon ang abisong ito tungkol sa inyong aplikasyon o mga benepisyo. Tukuyin ang mahahalagang petsa. Maaaring may kailangan kayong gawin sa ilang partikular na petsa upang mapanatili ang inyong mga benepisyo o mapamahalaan ang mga gastos. May karapatan kayong makuha ang impormasyon at tulong na ito sa ginagamit ninyong wika nang walang bayad. Tumawag sa numero ng Member Services na nasa inyong ID card para sa tulong. (TTY/TDD: 711)

Russian

Настоящее уведомление содержит важную информацию о вашем заявлении или выплатах. Обратите внимание на контрольные даты. Для сохранения права на получение выплат или помощи с расходами от вас может потребоваться выполнение определенных действий в указанные сроки. Вы имеете право получить данную информацию и помощь на вашем языке бесплатно. Для получения помощи звоните в отдел обслуживания участников по номеру, указанному на вашей идентификационной карте. (TTY/TDD: 711)

Arabic

يحتوي هذا الإشعار على معلومات مهمة حول طلبك أو المزايا المقدمة لك. احرص على تتبع المواعيد المهمة. قد تحتاج إلى اتخاذ إجراء قبل مواعيد محددة للاحتفاظ بالمزايا أو لإدارة التكلفة. يحق لك الحصول على هذه المعلومات والمساعدة بلغتك مجاناً. يُرجى الاتصال برقم خدمات الأعضاء الموجود على بطاقة التعريف الخاصة بك للمساعدة (TTY/TDD: 711).

Armenian

Այս ծանուցման մեջ ներկայացված են կարևոր տեղեկություններ Ձեր խնդրագրի կամ նպաստների վերաբերյալ: Ուշադրություն դարձրեք այնտեղ նշված ամսաթվերին, դրանք կարևոր են: Հնարավոր է, Ձեզնից պահանջվի կատարել որոշակի գործողություններ, որպեսզի ձեր նպաստները շարունակվեն կամ, որպեսզի վերահսկեք ծախսերը: Դուք իրավունք ունեք Ձեր լեզվով անվճար ստանալ այս տեղեկատվությունը և ցանկացած օգնություն: Օգնություն ստանալու համար զանգահարեք Անդամների սպասարկման կենտրոն՝ Ձեր ID քարտի վրա նշված համարով: (TTY/TDD: 711)

Farsi

این اطلاعیه حاوی اطلاعات مهم در مورد درخواست یا مزایای شما است. به تاریخهای مهم دقت کنید. ممکن است لازم باشد در برخی تاریخهای خاص اقدامی انجام دهید تا مزایای خود را حفظ کنید یا هزینه‌ها را مدیریت کنید. شما این حق را دارید که این اطلاعات و کمکها را به صورت رایگان به زبان خودتان دریافت کنید. برای دریافت کمک به شماره مرکز خدمات اعضاء که بر روی کارت شناسایی‌تان درج شده است، تماس بگیرید (TTY/TDD:711).

French

Cette notice contient des informations importantes sur votre demande ou votre couverture. Vous y trouverez également des dates à ne pas manquer. Il se peut que vous deviez respecter certains délais pour conserver votre couverture santé ou vos remboursements. Vous avez le droit d'accéder gratuitement à ces informations et à une aide dans votre langue. Pour cela, veuillez appeler le numéro des Services destinés aux membres qui figure sur votre carte d'identification. (TTY/TDD: 711)

Japanese

このお知らせには、あなたの申請または給付金に関する重要な情報が含まれています。重要な日付を探してください。給付金の維持、あるいは費用の管理のために、特定の日までに行動する必要があるかもしれません。この情報と支援を希望する言語で無料で受けることができます。支援を受けるには、IDカードに記載されているメンバーサービス番号に電話してください。(TTY/TDD: 711)

Haitian

Avi sa a gen enfòmasyon enpòtan sou aplikasyon ou an oswa avantaj ou yo. Veye dat enpòtan yo. Ou ka bezwen pran aksyon avan sèten dat pou kenbe avantaj ou yo oswa jere depans ou yo. Ou gen dwa pou resevwa enfòmasyon sa a ak asistans nan lang ou pou gratis. Rele nimewo Manm Sèvis la ki sou kat idantifikasyon ou a pou jwenn èd. (TTY/TDD: 711)

Italian

Il presente avviso contiene informazioni importanti relative alla domanda da lei presentata o ai benefici a lei riservati. Consulti le date importanti riportate. Per continuare a usufruire dei benefici o ricevere assistenza per il pagamento delle spese, potrebbe dover eseguire determinate azioni entro scadenze specifiche. Ha il diritto di ricevere queste informazioni ed eventuale assistenza nella sua lingua senza alcun costo aggiuntivo. Per assistenza, chiami il numero dedicato ai Servizi per i membri riportato sul suo libretto. (TTY/TDD: 711)

Polish

Niniejsze powiadomienie zawiera istotne informacje dotyczące wniosku lub świadczeń. Zwróć uwagę na ważne daty. Zachowanie świadczeń lub zarządzanie kosztami może wymagać podjęcia dodatkowych działań w konkretnych terminach. Masz prawo do bezpłatnego otrzymania stosownych informacji oraz uzyskania pomocy w swoim języku. W tym celu skontaktuj się z Działem Obsługi Klienta pod numerem telefonu podanym na karcie identyfikacyjnej. (TTY/TDD: 711)

Punjabi

ਇਸ ਨੋਟਿਸ ਵਿੱਚ ਤੁਹਾਡੀ ਅਰਜ਼ੀ ਜਾਂ ਫਾਇਦਿਆਂ ਬਾਰੇ ਮਹੱਤਵਪੂਰਨ ਜਾਣਕਾਰੀ ਹੈ। ਮਹੱਤਵਪੂਰਨ ਮਿਤੀਆਂ ਦੇਖੋ। ਤੁਹਾਨੂੰ ਸ਼ਾਇਦ ਆਪਣੇ ਫਾਇਦੇ ਰੱਖਣ ਜਾਂ ਲਾਗਤਾਂ ਦਾ ਪ੍ਰਬੰਧ ਕਰਨ ਲਈ ਨਿਸ਼ਚਿਤ ਮਿਤੀਆਂ ਤੱਕ ਕੋਈ ਕਾਰਵਾਈ ਕਰਨ ਦੀ ਲੋੜ ਪਏ। ਤੁਹਾਨੂੰ ਆਪਣੀ ਭਾਸ਼ਾ ਵਿੱਚ ਇਹ ਜਾਣਕਾਰੀ ਅਤੇ ਮਦਦ ਮੁਫਤ ਵਿੱਚ ਪ੍ਰਾਪਤ ਕਰਨ ਦਾ ਅਧਿਕਾਰ ਹੈ। ਮਦਦ ਲਈ ਆਪਣੇ ਆਈਡੀ ਕਾਰਡ ਉੱਤੇ ਮੈਂਬਰ ਸਰਵਿਸਿਜ਼ ਨੰਬਰ ਤੇ ਕਾਲ ਕਰੋ। (TTY/TDD: 711)

Navajo

Dii saad iliinii bik'i sinil naaltsoos niiniiltsoozigii éi doodago bee níká aná'áwo'ígíí bikáá'. Yookáál dabiká'ígíí hazhó'ó hádidíí'íí. Bee níká aná'áwo'ígíí éi doodago béeso hazhó'ó nehilyéhígíí bikáá' áko t'áadoo bee e'e'ahí hazhó'ó ádadíílii. Bee ná ahoot'i' t'áá ni nizaad k'eh'j níká a'doowol t'áá jík'e. Naaltsoos bee atah nilinígíí bee néého'dózingo nanitinigíí béésh bee hane'i' bikáá' áa'j' hodiílinih shiká a'doowol níningo. (TTY/TDD: 711)