



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

<DATE>

## Your current health plan is ending – please review this important notice regarding your coverage

<First Name>, your current Anthem Blue Cross Life and Health Insurance Company (Anthem) individual plan, <current plan name>, is being discontinued. Your last day of coverage will be **December 31, 2022**. Read on for important 2023 health plan options.

### You have several different options for new coverage —

- You can select an individual plan offered through Covered California. Visit CoveredCA.com or call 1-800-300-1506 to review your plan options and see if you qualify for financial assistance in 2023. **Note: If you are eligible, financial assistance will only be available to you if you select an individual plan offered through Covered California.**
- Depending on where you reside, you may be able to select a plan offered by Anthem Blue Cross.
- You can select a new plan offered by a different issuer.

### When you need to make a selection —

- You can select a new plan from November 1, 2022 through March 1, 2023. This includes both the Annual Open Enrollment Period (November 1, 2022 through January 31, 2023) and your Special Enrollment Period (January 1, 2023 through March 1, 2023).
- When considering your options, please note that **if you select a new plan after December 31, 2022, you may have a gap in coverage.** The effective date of your new plan will depend on when you enroll and pay your premium. Regardless of when you select a plan, the earliest effective date for your new plan will be January 1, 2023.
- You will not be able to make an election or change plans after March 1, 2023 unless you qualify for another Special Enrollment Period (e.g., life changing event such as a change in residence, birth of a child, marriage).

#### Plan details

**Member ID**  
<HCID>

**Current Plan**  
<Current plan name>

**Current Contract Code**  
<Current contract code>

#### **Need help or have questions about your options?**

Call our Health Plan Advisors at 1-855-817-4402 or contact your agent.

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

## **Continuity of Care —**

Because we know the importance of continuing care, we recommend that you do the following:

- Talk to your doctor(s) about steps you can take for your care between now and the end of the year. When you talk with your doctor(s), you can ask them what other Individual health plans they accept.
- Research new health plans and pick the one that works best for you.
- When speaking with your new health plan we recommend that you tell them that you are “formally requesting your care be considered for continuity of care.”
- Because we are discontinuing your health benefit plan from the market, you may request completion of covered services from your new plan if you are receiving services for a condition listed below at the time your new coverage becomes effective and your provider does not participate in your new plan:
  - o An acute condition.
  - o A serious chronic condition.
  - o Pregnancy.
  - o A terminal illness.
  - o Care of a newborn child between birth and age 36 months.
  - o Performance of a surgery or other procedure that has been authorized as part of a documented course of treatment to occur within one-hundred and eighty (180) days of the time you enroll with your new plan.

## **Important dates —**

- **November 1, 2022 through January 31, 2023** — Annual Open Enrollment Period.
- **December 31, 2022** — Last day to enroll in new coverage with an effective date of January 1, 2023 and avoid a gap in coverage.
- **December 31, 2022** — Last day of your current coverage.
- **January 1, 2023 through March 1, 2023** — Special Enrollment Period.

We have also enclosed the following required notices: Federal Standard Notice, Right to Request Review, and Language Assistance Program information.

We realize any change to your health coverage can cause you concern. Your coverage is important, and we apologize for the inconvenience.

— Your Anthem team

## **California required Notice of Non-discrimination**

Anthem does not discriminate, exclude people, or treat them differently on the basis of race, color, national origin, ancestry, religion, sex, marital status, gender identity, sexual orientation, age or disability. For people with disabilities, we offer free aids and services, and information in alternate formats, free of charge and in a timely manner, when necessary to ensure an equal opportunity to participate.

## **About your grandfathered plan**

Anthem considers your current plan to be a “grandfathered health benefit plan” under the Patient Protection and Affordable Care Act (ACA or health care reform act). As permitted by the ACA, a grandfathered health benefit plan can preserve basic health benefits that were already in effect when the ACA was enacted. Being enrolled in a grandfathered health benefit plan means your plan may not include certain consumer protections of the ACA that apply to other plans. One example is the requirement for the provision of preventive health services without any cost sharing. However, grandfathered health benefit plans must comply with certain other consumer protections in the ACA. One example is the elimination of lifetime limits on benefits.

If you have questions about what other protections apply or do not apply to a grandfathered health benefit plan or about what changes might cause a plan to lose grandfathered status, visit the US Department of Health & Human Services website at [HHS.gov](https://www.hhs.gov).

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