

Model Notice of Cancellation

We regret to inform you that your group coverage with Western Health Advantage will be terminated effective 11:59 p.m. PST on **DATE**.

If your employer **has not** obtained reinstatement or other group coverage, you are eligible to apply for a WHA Individual health plan. No medical underwriting is required for enrollment in these plans. Financial assistance to help pay for your new plan is also available if you qualify through Covered California, the state's Healthcare Exchange Marketplace.

Below is a summary of eligibility criteria requirements:

- You must apply within 60 days of your last date of coverage with your cancelled group coverage.
- You must live within our service area.

It is your responsibility to apply for this coverage with WHA. You may contact WHA at 888.563.2250 to request the forms necessary to enroll. You can also visit their website westernhealth.com to shop for plans, review eligibility criteria and enroll online. **If you fail to contact WHA and enroll in an Individual plan within 60 days of your last date of coverage with your cancelled group coverage then your option to enroll in an Individual health plan will be lost until the next Open Enrollment period.**

Once your enrollment and premiums are received, WHA will review the information to verify that all eligibility requirements are met. If you are not eligible for a WHA Individual plan, you will be advised of the reason in writing and premiums will be refunded. Otherwise, your coverage will become effective on the first day of the month following approval of your application. A new ID card, Evidence of Coverage and a Disclosure Form for the plan elected will be sent to you.

Included with this letter are two important notices:

- The official notice required by law informing you of your healthcare options through Covered California and Medi-Cal .
- An appeals notice of your right to request a review of your health plan enrollment if you believe it has been (or will be) improperly terminated.

Your Health Insurance Choices Are Different. You May Qualify for Free or Low-Cost Health Insurance.

Because of changes in federal law, you have different health insurance choices that may save you money. You cannot be denied health insurance because you have health problems or a pre-existing condition. There are options for low cost or free health insurance for you or your dependents.

Covered California

You can buy health insurance through Covered California. The State of California set up Covered California to help people and families, like you, find affordable health insurance. You can use Covered California if you do not have insurance through your employer, or Medicare. You can also apply for Medi-Cal through Covered California.

You must apply during an open or special enrollment period, except a Medi-Cal application can be made at any time. If you have a life change such as marriage, divorce, a new child or loss of a job, you can apply at the time the life change occurs (“special enrollment period”).

Through Covered California, you may also get help paying for your health insurance:

- Receive tax credits: You can use your tax credit to help pay your monthly premium.
- Reduce your out of pocket costs: Out-of-pocket costs are how much you pay for things like going to the doctor or hospital or getting prescription drugs.

To qualify for help paying for insurance, you must:

- Meet certain household income limits; and
- Be a U.S. citizen, U.S. national or be lawfully present in the U.S.
- In addition, other rules and requirements apply.

You can also buy coverage directly from WHA, other health insurers, health plans or insurance agents during Open Enrollment and Special Enrollment periods, but the financial help is available only if you select a Covered California product.

Medi-Cal Is Changing Too

Free or low-cost health insurance is available through Medi-Cal. Medi-Cal is California’s health care program for people with low incomes. You can get Medi-Cal if:

- Your income is low; and
- You are a U.S. citizen, U.S. national or lawfully present in the U.S.

Your eligibility is based on your income. It is not based on how much money you have saved or if you own your own home. You do not have to be on public assistance to qualify for Medi-Cal. You can apply for Medi-Cal anytime.

To qualify for Medi-Cal if you are over 65, disabled or a refugee, other rules and requirements apply. You may also qualify for health insurance with Medi-Cal even if you are not a U.S. citizen or national.

For More Information

To learn more about Covered California or Medi-Cal, visit CoveredCA.com or call 800.300.1506. When you apply for coverage through Covered California, you will find out if you are eligible for Medi-Cal. You can also get more information or apply for Medi-Cal by calling 800.430.4263, visiting benefitscal.org or beneficioscal.org (Spanish) online, or visiting your county human services office in person.



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Request for Review of Cancellation, Rescission, or Nonrenewal of Your Plan Contract, Enrollment, or Subscription
If you believe your plan coverage has been, or will be, improperly cancelled, rescinded, or not renewed, you have the right to file a Request for Review. You have the options of going to both the plan and/or the Department if you do not agree with the plan decision to cancel, rescind or not renew your plan coverage.

Option (1) – You may submit a Request for Review to Western Health Advantage.

- You may submit a Request for Review to WHA by calling 916.563.2206 or submitting a request at westernhealth.com or by mailing your written Request for Review to WHA, 2349 Gateway Oaks Dr., Suite 100, Sacramento, CA 95833.
- You may want to submit your Request for Review to WHA first if you believe your cancellation, rescission or nonrenewal is the result of a mistake. Requests for Review should be submitted as soon as possible after you receive the Notice of Cancellation, Rescission, or Nonrenewal.
- WHA will resolve your Request for Review within three (3) days. If the plan upholds your cancellation, rescission or nonrenewal, it will immediately transmit your Request for Review to the Department of Managed Health Care and you will be notified of WHA's decision and your right to also seek a further review of WHA's decision by the Department as detailed under Option 2, below.

Option (2) – You may submit a Request for Review to the Department of Managed Health Care.

- You may submit a Request for Review directly to the Department of Managed Health Care without first submitting it to the plan or after you have received WHA's decision on your Request for Review.
- Requests for Review by the Department of Managed Health Care may be submitted:

By mail: Help Center
 Department of Managed Health Care
 980 Ninth Street, Suite 500
 Sacramento, California 95814-2725

By phone: 1.888.HMO.2219

TDD: 1.877.688.9891

FAX: 1.916.255.5241

Or online: www.HealthHelp.ca.gov