

November 13, 2018

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JAMES EATOCK
330 E WASHINGTON ST
PITTSFIELD, IL 62363-1541

Subscriber #: 941001317



Notice: Updated 2019 Premium Estimate

Dear Member:

You will soon receive, or have already received, your 2019 renewal packet, which includes informative letters about your plan and premium, and a book with more information about 2019 plans and benefits.

The premium estimate listed in the renewal packet letter is incorrect. We apologize for any confusion this may cause. Please refer to the premium estimate in this letter instead.

For 2019, we're updating our plans to better balance the requirements of the Affordable Care Act and the needs of our members. This means you may have a new plan for 2019.

Our plan updates are made using federal guidance. Following this guideline, we've identified the 2019 plan we think will best fit your needs.

Below you'll find the name of your plan and a list of everyone on your plan for 2019. Match your plan name to the enclosed book to see a summary of your 2019 benefits.

New plan (2019)	HMO 3800 Elite Bronze
Members on your plan	Tobacco-user (Yes/No)
JAMES EATOCK	Y
TERRI EATOCK	Y

Just like last year, rates are higher for tobacco users in 2019. If you (or a dependent) were a user when you applied but you've been tobacco-free for at least six months, visit [HealthCare.gov](https://www.healthcare.gov) and update your information with the Marketplace. You should also update your Marketplace application with any changes to your personal information—like adding or removing dependents, or changes in address or income. If you want to end your policy, you must contact the Marketplace at 1-800-318-2596. If you do not contact the Marketplace, you will automatically be renewed in a 2019 Health Alliance plan.

We did our best to match you to the plan which most closely aligns with your current benefits. But if you want to explore your options, go to [HealthAlliance.org](https://www.healthalliance.org). You do not have to stay with the plan we chose for you. We offer a wide variety of plans to fit your needs and budget, both through [HealthCare.gov](https://www.healthcare.gov) and through direct purchase.

Please note—any premium amounts listed in the enclosed government notification letter are estimates. If you have questions about your premium or qualifying for financial assistance, call the Marketplace at 1-800-318-2596 or visit [HealthCare.gov](https://www.healthcare.gov).

You should also check your directory on [HealthAlliance.org](https://www.healthalliance.org) to make sure your doctor is still in-network in 2019. Choose Find a Doctor from the top menu and enter IEX as your Directory Code.

If you have questions about Health Alliance plans, please contact your agent or our Customer Service Department at 1-877-660-1962, Monday through Friday, 8 a.m. to 5 p.m. We look forward to serving you in the coming year.

Sincerely,

Your Health Alliance Customer Solutions Team

Enclosures

JAMES EATOCK
330 E WASHINGTON ST
PITTSFIELD, IL 62363-1541

November 13, 2018

Important: Your plan will no longer be offered through the Exchange. Take action by December 15, 2018, or you'll be automatically enrolled in a different Exchange plan. This may change some of your costs and coverage, so review your options carefully.

Thank you for choosing Health Alliance 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 your current health coverage in your area. The last day of your current coverage is December 31, 2018. Read this letter carefully and review your options. Also make sure to update your information with the Marketplace.

Your new plan for 2019

We found another Marketplace plan that may meet your needs. Starting in January, you'll be automatically enrolled in HMO 3800 Elite Bronze.

Your new premium

- Your 2018 monthly premium is \$73.21.
This reflects a monthly premium of \$2,060.21 minus \$1,987.00 of financial help per month.
- **Starting in January, your estimated monthly payment will be \$458.67.**
This reflects an estimated monthly premium of \$2,445.67 minus the same amount of financial help you're getting now. You'll see your new monthly payment when you receive your January bill.
Important: This is only an estimate based on current information we have, including the amount of financial help you got in 2018. It also doesn't reflect any changes to your enrollment, such as adding additional members to your coverage. To find out how much financial help you qualify for in 2019 and your new premium amount, update your Marketplace application. See below for more information.

Other changes

- Please see enclosed materials to review 2019 plan and benefit changes.
- You can review more details about your plan at HealthAlliance.org and in your 2019 Summary of Benefits and Coverage.

If you want to pick another plan, enroll by December 15, 2018 to make sure you have the coverage you want. See below for more information.

What you need to do

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 qualify for more or less financial help than in 2018. 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. Decide if you want to enroll in this plan or choose another one.

I want to enroll in this plan.

Update your Exchange application information, and then select HMO 3800 Elite Bronze and 20129IL0330026-01 to enroll.

I want to pick a different plan.

You can choose a different plan between November 1, 2018 and December 15, 2018. Enroll by December 15 for coverage to start January 1.

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

- Visit [HealthCare.gov](https://www.healthcare.gov) to see other Marketplace plans. Consumers who shop can save hundreds of dollars per year and can find a plan that best meets their needs and budget.
- Check with Health Alliance 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 got 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](https://www.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 Health Alliance at 1-877-660-1962 or visit [HealthAlliance.org](https://www.healthalliance.org).
- Find in-person help from an assister, agent, or broker in your community at [LocalHelp.HealthCare.gov](https://www.localhelp.healthcare.gov).
- 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

(See information on the following pages.)

DISCRIMINATION IS AGAINST THE LAW

Health Alliance complies with applicable Federal civil rights laws and does not discriminate on the basis of race, color, national origin, age, disability or sex. Health Alliance does not exclude people or treat them differently because of race, color, national origin, age, disability or sex. Health Alliance:

- Provides free aids and services to people with disabilities to communicate effectively with us, such as:
 - Qualified sign language interpreters
 - Written information in other formats (large print audio, accessible electronic formats, other formats)
- Provides free language services to people whose primary language is not English, such as:
 - Qualified interpreters
 - Information written in other languages

If you need these services, contact customer service.

If you believe that Health Alliance has failed to provide these services or discriminated in another way on the basis of race, color, national origin, age, disability, or sex, you can file a grievance with: Health Alliance, Customer Service, 3310 Fields South Drive, Champaign, IL 61822 or 316 Fifth Street, Wenatchee, WA 98801, telephone for members in Illinois, Indiana, Iowa and Ohio: 1-800-851-3379; telephone for members in Washington: 1-877-750-3515 TTY: 711, fax: 217-902-9705, CustomerService@healthalliance.org. You can file a grievance in person or by mail, fax or email. If you need help filing a grievance, Customer Service is available to help you. You can also file a civil rights complaint with the U.S. Department of Health and Human Services, Office for Civil Rights, electronically through the Office for Civil Rights Complaint Portal, available at <https://ocrportal.hhs.gov/ocr/portal/lobby.jsf>, or by mail or phone at: U.S. Department of Health and Human Services, 200 Independence Avenue SW, Room 509F, HHH Building, Washington, DC 20201, 1-800-368-1019, TTY: 1-800-537-7697.

Complaint forms are available at <http://www.hhs.gov/ocr/office/file/index.html>.

ATENCIÓN: Si habla Español, servicios de asistencia lingüística, de forma gratuita, están disponibles para usted. IA, IL, IN, OH: Llame 1-800-851-3379, WA Llame: 1-877-750-3515 (TTY: 711).

注意: 如果你講中文, 語言協助服務, 免費的, 都可以給你。IA, IL, IN, OH: 呼叫 1-800-851-3379, WA: 呼叫 1-877-750-3515 (TTY: 711)。

UWAGA: Jeśli mówić Polskie, usługi pomocy języka, bezpłatnie, są dostępne dla Ciebie. IA, IL, IN, OH: Zadzwoń 1-800-851-3379, WA: Zadzwoń 1-877-750-3515 (TTY: 711).

Chú ý: Nếu bạn nói Tiếng Việt, các dịch vụ hỗ trợ ngôn ngữ, miễn phí, có sẵn cho bạn. IA, IL, IN, OH: Gọi 1-800-851-3379, WA: Gọi 1-877-750-3515 (TTY: 711).

주의: 당신이한국어, 무료 언어 지원 서비스를 말하는 경우 사용할 수 있습니다. 1-800-851-3379 IA, IL, IN, OH: 전화 WA: 1-877-750-3515 전화 (TTY: 711).

ВНИМАНИЕ: Если вы говорите русский, вставки услуги языковой помощи, бесплатно, доступны для вас. IA, IL, IN, OH: Вызов 1-800-851-3379, WA: Вызов 1-877-750-3515 (TTY: 711).

Pansin: Kung magsalita ka Tagalog, mga serbisyo ng tulong sa wika, nang walang bayad, ay magagamit sa iyo. IA, IL, IN, OH: Tumawag 1-800-851-3379, WA: Tumawag 1-877-750-3515 (TTY: 711).

انتباه: إذا كنت تتكلم العربية، فإن خدمات المساعدة اللغوية متوفرة لك مجاناً. إيلينوي، إنديانا، أوهايو: اتصل بالرقم 1-800-851-3379، ولاية واشنطن: اتصل بالرقم: 1-877-750-3515 (إذا كنت تعاني من الصمم أو صعوبة في السمع فاتصل على الرقم 711)

Aufmerksamkeit: Wenn Sie Deutsch sprechen, Sprachassistentendienste sind kostenlos, zur Verfügung. IA, IL, IN, OH: Anruf 1-800-851-3379, WA: Anruf 1-877-750-3515 (TTY: 711).

ATTENTION: Si vous parlez français, les services d'assistance linguistique, gratuitement, sont à votre disposition. IA, IL, IN, OH: Appelez 1-800-851-3379, WA: Appelez 1-877-750-3515 (TTY: 711).

ધ્યાન: તમે વાત તો ગુજરાતી, ભાષા સહાય સેવાઓ, મફત, તમારા માટે ઉપલબ્ધ છે. IA, IL, IN, OH: કોલ 1-800-851-3379, WA: કોલ 1-877-750-3515 (TTY: 711).

注意: あなたは、日本語、無料で言語支援サービスを、話す場合は、あなたに利用可能です。1-800-851-3379 IA, IL, IN, OH: コール 1-877-750-3515 WA: コール (TTY: 711)。

LET OP: Als je spreekt pennsylvania nederlandse, taalkundige bijstand diensten, gratis voor u beschikbaar zijn. IA, IL, IN, OH: Bel 1-800-851-3379, WA: Bel 1-877-750-3515 (TTY: 711).

УВАГА: Якщо ви говорите український, вставки послуги мовної допомоги, безкоштовно, доступні для вас. IA, IL, IN, OH: Виклик 1-800-851-3379, WA: Виклик 1-877-750-3515 (TTY: 711).

ATTENZIONE: Se si parla italiano, servizi di assistenza linguistica, a titolo gratuito, sono a vostra disposizione. IA, IL, IN, OH: Chiamare 1-800-851-3379, WA: Chiamare 1-877-750-3515 (TTY: 711).

