

October 17, 2014

Questions? Call 1-855-899-9600 (toll-free)

PRINTDOC

Notice ID : RE002A
Contact ID: 1-1HOOT3
MC: 1-90155751Bethany Bedford
PO BOX 1391
WAITSFIELD, VT 05673**IMPORTANT NOTICE FROM VERMONT HEALTH CONNECT****It's Time to Renew your Health Insurance for 2015!****Health Coverage Renewal and Open Enrollment Period for Qualified Health Plans**

Dear Bethany Bedford,

You are getting this letter because members of your household are enrolled in Medicaid/Dr. Dynasaur and a Qualified Health Plan through Vermont Health Connect (VHC). This letter tells you two things:

1. How to renew your household's health coverage for 2015.
2. What to do if you want to change to a different Qualified Health Plan for 2015.

If you need interpretation services...

(Arabic) 1-855-899-9600 إذا أنت ترغب خدمات الترجمة الفورية اتصل برقم 1-855-899-9600

Ako su Vam potrebne usluge tumačenja, pozovite 1-855-899-9600. (Bosnian)

စကားပြန် ဝန်ဆောင်မှုလုပ်ငန်းကိုအလိုရှိပါက 1-855-899-9600 သို့ဖုန်းဆက်ခေါ်ပါ။ (Burmese)

Si vous avez besoin de services d'interprétation, appelez le 1-855-899-9600. (French)

Mugihe woba ushaka impfashanyo yo gusigurirwa, hamagara uyu murongo 1-855-899-9600. (Kirundi)

यदि तपाईंलाई दोभाषे सेवाको जरुरत परेमा 1-855-899-9600 मा कल गर्नुहोस्। (Nepali)

Haddii aad u baahan tahay adeegyo turjumaan, wac 1-855-899-9600. (Somali)

Si usted necesita servicios de interpretación, llame al 1-855-899-9600. (Spanish)

Ikiwa unahitaji huduma za ukalimani, piga simu 1-855-899-9600. (Swahili)

Nếu quý vị cần dịch vụ thông ngôn, hãy gọi 1-855-899-9600. (Vietnamese)

Please tell us if you need an interpreter or help to read and understand this notice. People who are deaf or hard of hearing can call the statewide relay service at 1-888-834-7898.

HOW TO RENEW YOUR HOUSEHOLD'S COVERAGE

If you would like to keep your household's current coverage for 2015, the only thing you need to do is let us know if you have had any of the following changes that you have not yet reported to us:

- Address
- Household income
- Household size, for example if someone in your household marries or divorces, becomes pregnant, has a child or moves in or out of the home
- Access to other health coverage such as Medicare or insurance offered through a job
- Immigration status
- Tax-filing status
- Tax dependents you claim
- Incarceration

If you have had any of those changes, **let us know in the next 30 days**. Also, if you think your current benefits are not correct, or you're not sure what information you last reported to us, please complete and return the enclosed Change Report Form or call us at 1-855-899-9600 so we can review your information with you.

If you don't have any changes to report and want to keep your current coverage, you don't have to do anything.

VHC will use the latest information we have on file for you to determine what benefits, including tax credits and Medicaid/Dr. Dynasaur, your household will qualify for in 2015. We may have to verify this information. If so, we will send you a letter to let you know what information we need from you. Be sure to respond by the deadline on that letter or you could lose these benefits.

Some People Will Have to Select a New Plan:

There are a few exceptions to the automatic renewal. People in the following groups will need to select a new plan for 2015:

- People on their parents' plan who turned 26 years old in 2014 (unless they are determined to be permanently disabled).

- Children who are covered by Dr. Dynasaur who turned 19 years old and are not eligible for Medicaid. We will let you know this when we send you a Notice of Decision about your eligibility.
- Anyone enrolled in a Catastrophic Care Plan who turned 30 in 2014.
- Dependent children enrolled in a dental plan who turned 21 in 2014 will need to purchase an individual dental plan if they want that coverage.

To select a new plan:

- Call our Customer Support Center at 1-855-899-9600, or
- Mail in the enclosed Change Report Form to:

**VERMONT HEALTH CONNECT
103 SOUTH MAIN STREET
WATERBURY, VT 05671-8100**

HOW TO CHANGE YOUR QUALIFIED HEALTH PLAN

The Annual Open Enrollment Period is the time of year when you can change your Qualified Health Plan if you want to. It runs from November 15, 2014 to February 15, 2015.

For information about the 2015 plans, visit VermontHealthConnect.gov or the individual insurance companies' websites. You can also call the insurance company directly and ask them to send you information.

- Blue Cross Blue Shield: 1-800-255-4550
- MVP: 1-866-687-7363
- Delta Dental: 1-800-832-5700

If you want to change health plans for 2015, just complete the enclosed Change Report Form or call Vermont Health Connect at 1-855-899-9600 (toll-free) to let us know. If you're not sure which plan is best for you, we can help you find a trained Assister in your area who can help.

Once the Open Enrollment Period ends on February 15, 2015, you can only change your plan if you have certain life changes such as marriage, divorce, having or adopting a child, gaining citizenship or immigration status, or losing other health coverage involuntarily.

ADDITIONAL INFORMATION FOR ALL RENEWALS

Before the end of the year, we will send you a Notice of Decision. This will tell you what benefits you are eligible for in 2015, including any tax credits and Vermont Premium Assistance, and if anyone in your household continues to be or is now eligible for Medicaid/Dr. Dynasaur. If you would like to change your plan based on this new information, you have until February 15, 2015 to do so.

If you keep your current health plan, coverage will be renewed beginning January 1, 2015.

If you want to change your Qualified Health Plan for January 1, 2015, you need to let us know as soon as possible but no later than December 15, 2014. After that, the start date of your new plan will depend on the date you ask us to make the change:

- If you pick a plan on or before the 15th of a month, your new coverage will start the first day of the next month.
- If you pick a plan after the 15th of the month, your new coverage will start the first day of the second month.

For example, if you pick a plan between December 16th and January 15th, your new plan will begin February 1st.

Please remember that you need to pay your premium in order for coverage to continue.

It's important to renew your coverage. Health insurance helps make sure you get the care you need to keep you healthy. It helps with unplanned emergencies and gives you peace of mind because you know you will get help when you need it.

If you do not have health coverage, you may have to pay a fine when you file your federal tax return. Remember, if you don't have health coverage, you also pay 100% of your medical costs.

Need Help or Have Questions?

Vermont Health Connect wants to make your renewal as easy as possible. If you have questions or need help, please call:

Vermont Health Connect Customer Support toll free at 1-855-899-9600 Monday-Friday 8 am - 8 pm and Saturdays 8 am – 1 pm.

For plan information you can also call the insurance companies directly:

- Blue Cross Blue Shield: 1-800-255-4550
- MVP: 1-866-687-7363
- Delta Dental: 1-800-832-5700

If you would like in-person help, we can help you find an Assister in your area. Assisters are state-trained professionals who can help you understand your health insurance options.

Thank you,
Vermont Health Connect Customer Support

Americans with Disabilities Act

If you think you might have a physical or mental condition that substantially limits a major life activity, for example walking, seeing, hearing, or learning, let us know. The Americans with Disabilities Act and Vermont law give people with disabilities certain rights. We will make reasonable changes in our requirements to help you take part in our programs. Call 1-855-899-9600 and tell the Customer Support Center agent if you need an accommodation.



Change Report Form



205CRF

Bethany Bedford
PO BOX 1391
WAITSFIELD, VT 05673

Contact ID: 1-1H00T3 MC#: 1-90155751

Need To Report A Change?

REPORT BY PHONE: Call **1-855-899-9600** from 8 am to 8 pm Monday-Friday and 8 am to 1 pm on Saturday.

REPORT BY MAIL: **Complete this form and send to:**

**VERMONT HEALTH CONNECT
103 SOUTH MAIN STREET
WATERBURY, VT 05671-8100**

To Complete This Form:

People enrolled in Medicaid/Dr. Dynasaur and/or a Qualified Health Plan with premium assistance, answer **questions 1 - 5**.

People enrolled in a Qualified Health Plan with no premium assistance, answer **questions 3 - 5**.

People who no longer wish to receive insurance through Vermont Health Connect, answer **question 6**.

Please be aware we may still need to contact you about your changes. If you need more space, use another sheet of paper.

Medicaid/Dr. Dynasaur and/or a Qualified Health Plan with premium assistance: Answer Questions 1 – 5.

Qualified Health Plans without premium assistance: Answer Questions 3 - 5.

1. Has there been a change in tax filing status for any household members?

No – If no, go to next question.

Yes – Provide the information requested below.

Name of person	Type of tax filing change (For example: filing jointly, claiming a new tax dependent, etc.)

2. Has there been a change of income or change of job for any household member?

No – If no, go to next question.

Yes – Provide the information requested below.

Name of person	Income Amount	Frequency of pay: Weekly/biweekly/monthly/yearly	Company/employer	Estimated yearly income to be filed on your tax return
	\$			\$
	\$			\$

3. Has the immigration status changed for anyone receiving coverage through Vermont Health Connect?

- No – If no, go to next question.
- Yes – Provide the information requested below.

Name of person	Immigration status change	Date of change	Document type	Document expiration date

4. Has there been any other change in your household such as address, email, telephone number, number of household members, access to job related insurance coverage, incarceration, or any other changes?

- No – If no, go to next question.
- Yes – Provide the information requested below.

Name of person	Explain Change

5. Does any household member want to change their Qualified Health Plan for the upcoming year?

- No – If no, go to next question.
- Yes – Provide the information requested below.

Name of person	Plan currently enrolled	Requested plan change for upcoming year

Customers who no longer wish to receive insurance through Vermont Health Connect: Question 6

6. Does any household member want to terminate coverage through Vermont Health Connect for the upcoming year?

- Yes – Who? _____

You Must Continue to Report Changes

If you are enrolled in **Medicaid/Dr. Dynasaur**, you must report changes in your household within **10 days**. If you are enrolled in a **Qualified Health Plan** and receive premium assistance, you must report any changes within **30 days**.

We need the information we asked for to decide if you qualify for Medicaid/Dr. Dynasaur or tax credits and cost-sharing reductions that help you pay for health coverage. We will check your answers using information we get from electronic data sources, including federal tax returns. If the information does not match, we may ask you to send us proof.

IMPORTANT: Please sign, date and return this form.

Signature _____ Date _____