



APPLICANT NAME  
MAILING ADDRESS  
CITY, STATE ZIP CODE

**DATE**

Dear [Applicant Name],

Recently the Oregon Health Plan (OHP) sent a notice to let you know that you are eligible for CWM emergency only health benefits. We are the Oregon Health Insurance Marketplace. We are here to help you understand and get enrolled in other health coverage to avoid a gap in coverage and health care.

### **Financial help<sup>1</sup>**

Based on information we received from the OHP team, you may qualify to purchase a plan with financial help through the Marketplace.

- You may qualify for \$xxx in premium tax credits which may lower silver plan premiums to as low as \$xx per month. The premium is the amount you pay each month to have health coverage.

To qualify for financial help through the Marketplace, you must:

1. Enroll in a health plan through the Marketplace, and
2. Not have access to affordable health coverage including through a job or a public program like full OHP benefits, Medicare, or some VA benefits.

### **Health plan choice<sup>2</sup>**

You have many plan options available to you when you enroll through the Marketplace. We hope to make choosing a plan easier for you.

- The silver plan that has the lowest monthly premium and covers one or more of your current doctors is [plan name].  
Insurance company: [name]  
Plan ID number: [number]  
Monthly premium: \$xx  
Link to plan Summary of Benefits and Coverage: [http:](http://)
- The silver plan that has the second lowest monthly premium is [plan name]. Your current doctors may not be in-network with this plan.  
Insurance company: [name]  
Plan ID number: [number]

Monthly premium: \$xx

Link to plan Summary of Benefits and Coverage: [http:](http://)

Use the links above to view details about plan benefits. To view all your plan options visit [OregonHealthCare.gov/WindowShop](http://OregonHealthCare.gov/WindowShop). You will need to answer a few quick questions about your household to preview plans with the savings available to you.

### **Deadline to enroll**

Losing health coverage due to no fault of your own opens a special enrollment period for you. You have from 60 days before your OHP benefits end to July 31, 2024 to enroll through the Marketplace. Your plan can start as soon as the first of the month after you enroll. If you enroll before your OHP benefits end, you can avoid a gap in coverage. Coverage will begin the first of the month after you enroll and OHP benefits end. Don't delay! Your Marketplace coverage cannot be effective retroactively.

You may need to provide proof of losing OHP benefits. Keep your closure notice from OHP in a safe place.

You will receive a bill for your first month's premium after you enroll. You must pay your first premium on time for your plan to take effect.

### **Free local assistance**

Changing from OHP benefits to private insurance can be a confusing process. Health coverage experts can help you to apply and enroll in health coverage.

- If you would like application assistance and health plan advice, we recommend reaching out to a local insurance agent. Insurance agents specialize in making sure you get the best health plan for your needs and their help is free to you.
- Some community organizations can help with Marketplace applications.
- Partner insurance agents and community partners are on the list included with this letter.
- You can also find local help at [OregonHealthCare.gov/GetHelp](http://OregonHealthCare.gov/GetHelp). All help available from community partners and insurance agents on OregonHealthCare.gov is free to you.

The Oregon Health Insurance Marketplace Transition Help Center can help you help you:

- understand Marketplace notices,
- use the window shopping tool to estimate prices, and
- find local agents or assisters.

You can call us Monday through Friday from 8 a.m. to 5 p.m. at 833-699-6850 (toll-free).

Oregon Health Insurance Marketplace

<sup>1</sup>Plan costs and estimates are based on information used to determine Oregon Health Plan eligibility. Actual cost and savings may change depending on information you enter on the Marketplace application.

<sup>2</sup>Information in this letter is not intended to be plan advice. Plan choice should depend on which plans best meet your unique health and network needs. Only licensed insurance agents may provide plan advice. Find a local insurance agent at [OregonHealthCare.gov/GetHelp](https://OregonHealthCare.gov/GetHelp).

### **Financial help may be available through a local clinic or hospital near you**

Depending on your household income, you may qualify for free health care or care at a sliding scale. This program is available at not-for-profit hospitals, health systems, and affiliated clinics. This financial help is available whether you have health coverage or not and applies after insurance is billed. When you receive care from a participating facility, you should request cost financial assistance.

Most Oregon hospitals and their health systems and affiliated clinics are not-for-profit. To see if your preferred hospital is part of this program, see page two of the document at [orhim.info/ORHospitals](https://orhim.info/ORHospitals). Some examples of non-participating facilities are Zoom Care, McKenzie Willamette (Eugene), Willamette Valley (McMinnville), some standalone urgent care offices, and ambulatory surgery centers. These facilities may have other financial assistance programs.

Hospitals are not allowed to deny care based on your lack of ability to pay for care or services. Hospitals are also required to post and disclose their financial assistance policy. You must request financial assistance from the facility to apply and be found eligible.

### **Other formats and languages**

You can get this letter in other languages, large print, braille or a format you prefer free of charge. Please contact the Oregon Health Insurance Marketplace Transition Help Center to request other formats or languages.

- Phone: 833-699-6850 (toll-free, relay calls are accepted or you may dial 711)
- Email: [transition.marketplace@odhsoha.oregon.gov](mailto:transition.marketplace@odhsoha.oregon.gov)

### **OHA discrimination policy**

DHS|OHA and its partners must follow state and federal civil rights laws. It cannot treat people unfairly in any of its programs or activities because of a person's age, color, disability, gender identity, marital status, national origin, race, religion, sex, or sexual orientation.

Everyone has a right to enter, exit and use buildings and services. They also have the right to get information in a way they understand. DHS|OHA will make reasonable changes to policies, practices and procedures by talking with you about your needs. To report concerns or get more information, please contact the diversity, inclusion and civil rights executive manager one of these ways:

- Phone: 844-882-7889, 711 TTY
- Email: [OHA.PublicCivilRights@state.or.us](mailto:OHA.PublicCivilRights@state.or.us)
- Web: [www.oregon.gov/OHA/OEI](https://www.oregon.gov/OHA/OEI)