



[Certificate Holder/Dependent Name] (and any covered dependents)  
[Address 1]  
[Address 2]  
[City], [State] [Zip]

[Current Date]

**IMPORTANT: WE WILL NOT OFFER YOUR HEALTH INSURANCE POLICY AT RENEWAL  
BUT YOUR GROUP HAS OPTIONS FOR NEW COVERAGE.**

Dear [Certificate Holder/Dependent Name]:

We are writing to let you know that your group's current health insurance policy will not be renewed because CareConnect will no longer sell health insurance in this state. The current coverage will end on [End Date]. Your employer may choose coverage from another insurer. Because we may not know about other coverage decisions your employer has made, please check with your employer about other group coverage options that might be available.

As required by law, all small group health insurance policies must include essential health benefits. Therefore, while certain changes may be made to cost sharing under the policy (the amount you pay for your health care) or to certain ancillary benefits, the core benefits covered by a new small group policy will be the same as your existing policy.

**Your rights:**

- If you are totally disabled at the time your existing CareConnect group coverage terminates, you may be eligible for a limited extension of your benefits for covered care or treatment of the condition causing your disability. Only care or treatment related to your disabling condition is eligible for this extension of benefits. If you develop a new condition or if you have an accidental injury after your coverage terminates, then that condition or injury will not be covered. Contact CareConnect to learn about this benefit.
- If you are either: a) in an ongoing course of treatment with a provider for a life-threatening or a degenerative and disabling condition or disease; or b) in the second or third trimester of a pregnancy when your new coverage becomes effective, then you may be able to continue to receive care from your provider for up to 60 days (or through pregnancy) under your new health insurance policy, even if your provider does not participate in your new health insurer's network.

To receive this transitional care, your provider must agree to accept as payment your new health insurer's reimbursement for such services and to certain other conditions of providing care under

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the new policy. If your provider agrees, you will receive the services as if they were being provided by a participating provider and you will only pay for any applicable in-network cost-sharing. You, your representative or your provider should contact your new health insurer to determine if you are eligible for transitional care.

- If your employer does not replace your plan with a similar plan, you may purchase from another insurer a new individual health insurance policy as a direct pay member.

Please call CareConnect at 855-706-7545 from 8:00 AM to 8:00 PM, Monday through Friday or visit our website at [CareConnect.com](http://CareConnect.com) if you have any questions.

Para obtener asistencia en Español, llame al 855-706-7545.

Sincerely,

A handwritten signature in black ink that reads "Kathryn A. Howell".

Kathryn A. Howell  
SVP, Chief Legal Officer