



[Group Name]
[Group Policy Holder]
[Address 1]
[Address 2]
[City, State Zip]

[Group Number]

[Current Date]

IMPORTANT: YOU WILL NOT BE ABLE TO PURCHASE A CARECONNECT HEALTH INSURANCE POLICY AT RENEWAL BUT YOUR GROUP HAS OPTIONS FOR NEW COVERAGE

Dear [Group policyholder]:

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]. This means in order for your group to have coverage, and to avoid gaps in coverage, **you need to choose a new policy from another insurer for your employees on or before [New Policy Date]**. This letter explains the options available to you.

You may consider offering your employees a choice of insurance coverage with a variety of cost-sharing options from different insurance companies through the NY State of Health's Small Business Marketplace (the "Marketplace"). If you purchase coverage through the Marketplace, you may be eligible for a small business health care tax credit for qualified employers that can cover as much as 50% of your contribution toward employee premium costs.

You also have the option to purchase new health insurance coverage outside the Marketplace from any other insurer offering small group coverage in your service area. You may purchase coverage directly from an insurance company, or with the help of a broker or agent. But if you are eligible for a small business health care tax credit, you can get that credit **only** if you buy a policy through the Marketplace.

Before you decide:

Call the insurer or visit the insurer's website to check which doctors, other healthcare providers and prescription medications are covered by the new policy. This is an important step in selecting a policy that best meets the needs of your group.

When to buy:

CareConnect Insurance Company, Inc.
2200 Northern Boulevard, Suite 104, East Hills, NY 11548 • CareConnect.com • 855-706-7545

SGPHONWD2018



You generally can buy coverage for a group at any time throughout the year, but to avoid gaps in coverage, you should enroll before [New Policy **Date**].

Notifying your employees:

Federal and state law require that we notify all employees with this coverage that it will no longer be available. Because we might not know about other coverage decisions you have made, we will tell your employees to check with you about other coverage options that might be available through your organization.

In addition, under New York Labor Law and under Insurance Regulations, as a group policyholder you must provide members of the group with notice of the termination of the existing coverage. Attachment A describes your responsibilities.

If you have questions:

- Call CareConnect at 855-706-7545 from 8:00 AM to 8:00 PM, Monday through Friday or visit our website at CareConnect.com.
- Visit www.nystateofhealth.ny.gov to learn more about the NY State of Health Marketplace, or call the Customer Service Center at 1-855-355-5777.

Getting help in other languages:

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



Attachment A

**NOTICE REQUIRED BY LABOR LAW SECTION 217 AND
SECTION 55.2 OF REGULATION 78 (11 NYCRR 55)**

Pursuant to Labor Law section 217 and section 55.2 of Insurance Regulation 78 (11 NYCRR 55), you must give written notice of the intended termination to each certificate holder resident in New York State insured under the group policy by hand-delivering or mailing to the certificate holder a copy of CareConnect's notice of termination and a covering letter advising the certificate holder of the intended termination. The written notice to each certificate holder must be:

(1) hand-delivered by you to the certificate holder at the certificate holder's place of employment (e.g., by including the notice in the certificate holder's pay envelope) at least nine days prior to the intended date of termination; or

(2) mailed by you to each certificate holder at the certificate holder's last known residential address at least nine days prior to the intended date of termination.

You must also post a copy of CareConnect's notice of intent to terminate and the required covering letter in conspicuous locations chosen as most likely to give notice to the certificate holders. The notice shall be posted at least nine days prior to the intended date of termination.

These requirements do not apply if, at least 10 days prior to the date of the intended termination, as specified in CareConnect's notice of intent to terminate, you have:

(1) taken necessary steps whereby the intended termination is rendered null and void; or

(2) replaced your CareConnect policy with similar coverage for the same certificate holders, and filed an affidavit with the Commissioner of Labor and Superintendent of Financial Services to that effect.

Affidavits filed with the Commissioner of Labor shall refer to Labor Law, Section 217, and be addressed to:

Director of Labor Standards
Department of Labor Agency
State Office Building Campus, Building 12
Albany, NY 12240

Affidavits filed with the Superintendent of the Department of Financial Services shall refer to Labor Law section 217 and to the Codes, Rules, and Regulations of the State of New York, Title 11, part 55.2 (11 NYCRR 55.2), and shall be addressed to:

Chief, Health Bureau
New York State Department of Financial Services
One Commerce Plaza
Albany, NY 12257

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