

Health Insurance Marketplace

DEPARTMENT OF HEALTH & HUMAN SERVICES
465 INDUSTRIAL BOULEVARD
LONDON, KENTUCKY 40750-0001

(hh_contact_first_name) (hh_contact_last_name) {today's date}
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(special_address_2_line)
(hh_contact_city_name), (hh_contact_state_code) (hh_contact_zip_plus_4_code)

Act now: Your current health coverage is ending. Pick a new plan right away to avoid a gap in coverage.

You or someone in your household has coverage with Friday Health Plans through the Health Insurance Marketplace®. The State of Georgia Insurance Department decided to close this plan. **Your health coverage will end on July 31, 2023.**

Act now to pick a new health plan. Your new coverage can start the 1st day of the month after you select a plan. If you don't choose a new plan by **September 29, 2023**, you may have to wait until Open Enrollment to get health coverage.

How to choose a new plan:

1. Log into your Marketplace account on HealthCare.gov.
2. Select your current application under "Your existing applications."
3. Select "Report a life change" from the menu, then continue to confirm you're reporting a life change.
4. Select "Report a change in my household's income, size, address, or other information," then "Continue."
5. Continue through the application. Select "Yes" when asked if you lost health coverage and enter July 31, 2023.
6. Update other information in your application, as necessary. Then sign and submit it.
7. Review your Eligibility Notice. Then, select "Continue to Enrollment" to enroll in a new plan. Pay your premium by the payment deadline to start your new coverage.

Remember: When you enroll in a new plan, your out-of-pocket costs could change and any deductible or out-of-pocket maximums may start over.

Your coverage and savings

Update your application and report any changes – like changes to household size or income – to make sure you get the savings you qualify for. If you're getting the premium tax credit or other

cost savings on your current plan, it may be applied to a new Marketplace plan if you still qualify.

For more help

- Visit [HealthCare.gov](https://www.healthcare.gov), or call the Marketplace Call Center at 1-800-318-2596. TTY users can call 1-855-889-4325. You can also make an appointment with someone in your area who can help you. Information is available at [LocalHelp.HealthCare.gov](https://www.localhelp.healthcare.gov).
- Get help in a language other than English. Information about how to access these services is included with this notice and available through the Marketplace Call Center.
- Call the Marketplace Call Center to get this information in an accessible format, like large print, braille, or audio, at no cost to you.

Sincerely,
Health Insurance Marketplace
Department of Health and Human Services
465 Industrial Boulevard
London, Kentucky 40750-0001

Privacy Disclosure: The Health Insurance Marketplace® protects the privacy and security of the personally identifiable information (PII) that you have provided (see [HealthCare.gov/privacy](https://www.healthcare.gov/privacy)). This notice was generated by the Marketplace based on 45 CFR 155.230 and other provisions of 45 CFR part 155, subpart D. The PII used to create this notice was collected from information you provided to the Health Insurance Marketplace®. The Marketplace may have used data from other federal or state agencies or a consumer reporting agency to determine eligibility for the individuals on your application. If you have questions about this data, contact the Marketplace at 1-800-318-2596 (TTY: 1-855-889-4325).

According to the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it displays a valid OMB control number. The valid OMB control number for this information collection is 0938-1207.

Nondiscrimination: The Health Insurance Marketplace® doesn't exclude, deny benefits to, or otherwise discriminate against any person on the basis of race, color, national origin, disability, sex (including sexual orientation and gender identity), or age. If you think you've been discriminated against or treated unfairly for any of these reasons, you can file a complaint with the Department of Health and Human Services, Office for Civil Rights by calling 1-800-368-1019 (TTY: 1-800-537-7697), visiting [hhs.gov/ocr/civilrights/complaints](https://www.hhs.gov/ocr/civilrights/complaints), or writing to the Office for Civil Rights/ U.S. Department of Health and Human Services/ 200 Independence Avenue, SW/ Room 509F, HHH Building/ Washington, D.C. 20201.

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