



Wellmark Blue Cross Blue Shield of Iowa
Wellmark Health Plan of Iowa, Inc.

<<Date>>

Z65

<<Group Name>>

<< Address>>

<<Address2>>

<<City>>, <<St>> <<Zip>>

To Our Valued Wellmark Customer,

You now have new Wellmark health insurance options.

Last month, I sent you a letter regarding an opportunity to change your plan year to Oct. 1. Right after I sent that letter, the federal government issued new guidance that allows Wellmark to extend your plan even longer. Under this new guidance, you have the option to keep your current plan through Dec. 31, 2017, by changing your plan year/renewal date to Jan. 1.

Change your plan year to Jan. 1. This means you...
Can keep your current plan <u>through Dec. 31, 2017</u>
<u>Keep your rates</u> from your 2016 renewal through Dec. 31, 2017

Make no changes. This means you...
Can keep your current plan until <u>your 2017 renewal date</u>
<u>Move to an ACA plan</u> by your 2017 renewal

The deadline to change your plan year is May 27

To change your plan year and renewal date to Jan. 1, 2017, fill out the Plan Year Change Response Form, print, sign and date it, then return to Wellmark by **May 27, 2016**.

Questions?

To discuss how a plan year change could impact your business, contact your authorized Wellmark representative using the information listed in the box on the first page.

Sincerely,

Laura Jackson
Executive Vice President
Wellmark Blue Cross and Blue Shield Enclosures

REVISED PLAN YEAR CHANGE OFFER!

Respond by **May 27**,
to change your plan year and
renewal date.

Authorized Wellmark Representative:

<<Agent Name>>

<<Agent Phone>>

<<Agent Email>>



Wellmark Blue Cross Blue Shield of Iowa
Wellmark Health Plan of Iowa, Inc.

PLAN YEAR CHANGE RESPONSE FORM

<<Group Name>>

<<Group #>>—<<Billing Unit>>

<<Address>>

<<Address 2>>

<<City>>, <<ST>> <<Zip>>

Please mark an "X" in the box that aligns with your selection.

IMPORTANT: If you do not respond by **May 27, 2016**, the default response for your group is to keep your current plan year date for your plan(s) as outlined in your Group Insurance Policy.

☐ I elect to change my plan year date to Jan. 1, extending my 2016 renewal rates and locking in my current plan through Dec. 31, 2017. I understand:

- The rate adjustment at my 2016 renewal will be held through Dec. 31, 2017.
- This response form must be postmarked or emailed by **May 27, 2016**.
- My plan year will align with my renewal date of Jan. 1, 2017.*

☐ I choose to **NOT** change my plan year date. I understand this choice means my employer group's plan(s) will be moved to an ACA plan at my 2017 renewal.

As an authorized group administrator of the employer group named above, I acknowledge and agree to the above statements.

Print Name

Signature

Date

Return the signed form to Wellmark Blue Cross Blue Shield by any of these methods:

1. **SCAN** the signed form and email to **PlanYearChange@Wellmark.com**
2. **FAX** the signed form to **515-376-9005**
3. **MAIL** the signed form to Wellmark using the enclosed **business reply envelope**

If you have any questions regarding this form, please contact your authorized Wellmark representative.

* An employer with 50 or more employees should consider the IRS Employer Shared Responsibility regulations issued on Feb. 12, 2014. In addition, an employer sponsoring a cafeteria plan should consider whether (or to what extent) a change in the plan year for its health plan will impact the plan year for its cafeteria plan.

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