



P.O. Box 4327
Portland, OR 97208-4327

ProvidenceHealthPlan.com

[Date]

[First Name][Last Name]
[Address line 1]
[Address line 2]
[City][State][ZIP]

Important: Your group health coverage will not be available in 2027.

Dear Valued Member,

We're writing to let you know about an important change to your health coverage.

Why am I getting this letter?

- Providence Health Plan has made the decision to stop offering health insurance plans in 2027.
- Because of this, your current health plan will end on **[END DATE]**.
- After this date, Providence Health Plan will not offer any plans, and your coverage will not continue.

Please note: Your current benefits and access to care will stay the same through [END DATE]. You do not need to do anything to keep your coverage through [END DATE].

What this means for you:

- **Your employer is reviewing their options and will communicate those to you during your 2027 open enrollment period.**
- You will need to choose a new plan for you and any dependents to have health insurance coverage for 2027.

Questions?

Call Providence Health Plan Customer Service at **503-574-7500** or **800-878-4445** (TTY: 711), Monday through Friday, 8 a.m. to 5 p.m. (Pacific Time).

Would you like help in another language?

Please see attached document.

Sincerely,

Providence Health Plan

PGC-OR 0127 LG Withdrawal_Member Notice