

DATE

<Group Name>
<Sub Group-Main Group Number>
<Street Address1>, <Street Address2>
<City>, <ST> <ZIP+4>

IMPORTANT INFORMATION: NOTICE OF NON-RENEWAL

Dear Valued Customer:

This notice contains important information about your current coverage and the next steps that **MUST** be taken. Horizon is streamlining its product portfolio to better serve its groups and members. Pursuant to N.J.A.C. 11:21-16, Horizon has provided notice to the Department of Banking and Insurance (DOBI) of its intent to withdraw Direct Access and POS plans from the small group market in Ocean County.

We have initiated this effort due to higher than anticipated medical cost trends from outof-network utilization in the small group market in Ocean County. This effort is designed to simplify our current health and prescription drug product portfolio, and to more economically and effectively deliver products and services.

As a result, your current group plan has been withdrawn and, therefore, will not be renewed as of the anniversary date, <**XX XX, XXXX**>.

To continue coverage with Horizon after your anniversary date, please select new coverage from our portfolio of select health and prescription drug plans.

Your next steps:

Contact your broker as soon as possible. It's important that you speak with your broker at least 15 days before your upcoming anniversary date to discuss your health plan options.

If you have questions about the withdrawal process or would like more information about Horizon health, prescription drug and dental plan options, please contact us or your broker.

Thank you for choosing Horizon as your insurance carrier. Horizon values your business.

Sincerely,

Jared Ferguson

Vice President, Consumer, Small Group and Mid Markets