



ID#: \*123456789\*

NAME  
ADDRESS  
CITY, STATE ZIP

Dear Name:

Basic Health (BH) will disenroll the family member(s) listed below, effective MM/DD/YYYY.

NAME(S)

A change in state law<sup>1</sup> makes people who are receiving medical assistance administered by the Department of Social and Health Services (DSHS) ineligible for BH. This means BH will disenroll members currently receiving DSHS medical assistance benefits.

Other members on your account are not affected at this time. If we received payment for the member(s) for the coverage month noted above, we will credit the additional amount towards your next month's premium. If there are no remaining enrolled member(s) on the account, we will close the account. If a credit remains on the account, we will send you a refund.

**Please note:** If you lose coverage through DSHS and you notify BH within 30 days of that loss, you are eligible to come back to BH without being subject to the wait list. You will likely need to submit documentation to verify your eligibility prior to re-enrollment. Please notify us immediately if you lose your DSHS coverage.

If you disagree with this decision, or believe the action taken was incorrect, refer to the enclosed Appeal Form and Instructions. Follow the instructions completely or you may lose your right to appeal.

If you have any questions, please call **1-800-660-9840**.

Sincerely,

*Basic Health*

Enclosure

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<sup>1</sup> Substitute House Bill 2341