[Letterhead]

[date]

TO: [School District Employees]

FROM: [Personnel Designee]

SUBJECT: Washington Apple Health for Adults and Children

Some [district] employees may qualify for health care coverage through the Washington Apple Health (Medicaid) program at no cost. If you would like to see if you or your dependents qualify for coverage, you may apply online at [wahealthplanfinder.org](https://www.wahealthplanfinder.org/), or by contacting the Health Benefit Exchange Customer Support Center at 1-855-923-4633 (TTY: 1-855-627-9604). If you want to take advantage of this opportunity, I urge you to seek additional information as quickly as possible.

If you or your dependents qualify for no-cost Apple Health, you will have a choice of available managed care plans depending on the county you live in. There are no premiums, copays, or deductibles.

If you or your dependents qualify for no-cost Apple Health, you may also keep your employer-based insurance and receive help with the cost of your health insurance premiums.

Call toll free, 1-800-562-3022, ext. 15473, or visit the [Premium Payment](https://www.hca.wa.gov/free-or-low-cost-health-care/program-administration/premium-payment-program) page on the Health Care Authority’s website for more information. The site includes general information and an application form for your convenience. Additional information is available at the [U.S. Department of Labor’s](https://www.dol.gov/sites/default/files/ebsa/laws-and-regulations/laws/chipra/model-notice.pdf) website.

Thank you.