

UNITED STATES DISTRICT COURT
FOR THE SOUTHERN DISTRICT OF FLORIDA

Case No: 18-cv-62593GAYLES

FEDERAL TRADE COMMISSION,

Plaintiff,

vs.

SIMPLE HEALTH PLANS LLC, a Florida limited
liability company, et al.,

Defendants.

ORDER AUTHORIZING NOTIFICATION TO EXISTING CUSTOMERS

THIS MATTER came before the Court on Plaintiff, the Federal Trade Commission
("FTC") Expedited Motion Authorizing >>BDC -9.97 2CID 8 >>BDC -D Td ()Ttu5.i(3)Tj EMC36m3

or a substantially similar template that has been approved by the Receiver provided that such template includes the information required in Paragraph D.

2. Fourteen days from the date the first Consumer Notice is sent to Existing Customers, under the direction of the Receiver, HII shall send the second consumer notice to all Existing Customers by email and U.S. Mail, using the template attached hereto as Consumer Notice a substantially similar template that has been approved by the Receiver provided that such template includes the information required in Paragraph D

H. HII shall escrow an amount equal to all payments made by Existing Customers and received by HII after the entry of this Order until the Notice Process is complete to preserve the funds for refunds to Existing Customers who cancel their limited plans, except as provided in Paragraph J below. On a monthly basis until all refunds have been paid pursuant to Paragraph J HII shall provide a written report to the Receiver on the amount that has been escrowed under this Paragraph.

I. At the conclusion of the Notice Process on the date specified in the Consumer Notices, under the direction of the Receiver, HII shall stop remitting payments to the insurance carriers for all Existing Customers who have canceled those plans.

J. HII shall issue refunds to all consumers for any payments made to HII that it received after entry of the Order, including to consumers who have filed claims on the Products in

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consumers immediately and need not escrow the

I. CONSUMER NOTICE TO SIMPLE HEALTH CUSTOMERS

EMAIL SUBJECT LINE: Important Notice: Your Healthcare Plans May Have ~~Sold~~
Deceptively. Decision Required

TEXT:

You're getting this message because you bought a healthcare plan from Simple Health Plans. The Federal Trade Commission (FTC), the nation's consumer protection agency, has sued Simple Health for deceiving its customers.

Simple Health claimed to offer comprehensive health insurance or PPOs that would cover many of your medical needs. But Simple Health sold only medical discount memberships, limited benefit plans, and other products that provide a small reimbursement or discount for a few services.

That means your Simple Health Plan is not comprehensive health insurance. If you get sick or have to go to the hospital, you may have to pay almost all of your medical bills.

Because of the lawsuit, you have two decisions to make soon.

DECISION #1 What to do about your Simple Health Plan

You can:

1. Cancel your plan. Call [number] or visit [URL] to cancel your plan. Health Insurance Innovations (HII), the company that bills you monthly, will stop charging you immediately.
2. Continue paying for your plan. If you don't call [number] or visit [URL] by [date certain] we will assume you choose to continue your plan. But remember that what you're paying for is not comprehensive health insurance. If you get sick or have to go to the hospital, you may have to pay almost all of the bills yourself.

DECISION #2 Whether to apply for comprehensive healthcare coverage

You may still be able to buy a health insurance plan through the federal Marketplace, www.healthcare.gov

- f* Visit www.healthcare.gov to create an account and fill out an application to see if you are eligible to purchase Marketplace coverage.
- f* If you are eligible to purchase a Marketplace plan, call the Marketplace Call Center at 1-800-318-2596 (TTY: ~~1~~855-889-4325). Tell the representative you were a Simple Health customer who bought a plan based on its representations that you were purchasing a comprehensive plan. You can mention the FTC case against Simple Health. The representative will help you enroll using a special enrollment period.
- f* In the event your eligibility for a special enrollment period cannot be verified at the time of your call, the representative will submit a special enrollment period request for you, which will take up to two weeks to be reviewed.