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**Date:** June 20, 2023

**Subject: Updated Federal Standard Renewal and Product Discontinuation Notices, and Enforcement Safe Harbor for Product Discontinuation Notices in Connection with the Open Enrollment Period for Coverage in the Individual Market in the 2024 Benefit Year**

## **I. Purpose**

The Centers for Medicare & Medicaid Services (CMS) is publishing this guidance to provide updated Federal standard renewal and product discontinuation notices for issuers in the individual market to satisfy the requirement to provide notice of product discontinuation, coverage renewal, and non-renewal or termination based on enrollees' movement outside the product service area, in a form and manner specified by the Secretary of Health and Human Services (the Secretary). These updates include changes to reflect the Exchange re-enrollment hierarchy policy promulgated in the "Patient Protection and Affordable Care Act, HHS Notice of Benefit and Payment Parameters for 2024" at 45 CFR 155.335(j).<sup>1</sup> In addition, this guidance announces that, in connection with the open enrollment period for coverage for the 2024 benefit year, CMS will not take enforcement action against an issuer in the individual market for failing to provide notice of product discontinuation at least 90 calendar days prior to the date of the discontinuation, as long as the issuer provides the notice consistent with this guidance.

## **II. Updated Federal Standard Notices**

Under guaranteed renewability requirements of the Public Health Service Act (PHS Act) and their implementing regulations,<sup>2</sup> a health insurance issuer that discontinues or renews a product<sup>3</sup> in the group or individual market through or outside of an Exchange (also referred to as a Health Insurance Marketplace<sup>®</sup> or Marketplace<sup>4</sup>) (including a renewal with uniform modifications), or that non-renews or terminates coverage in the group or individual market through or outside of

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<sup>1</sup> 88 FR 25740.

<sup>2</sup> Sections 2712 and 2742 of the PHS Act, as added by the Health Insurance Portability and Accountability Act of 1996 (HIPAA), and section 2703 of the PHS Act, as added by the Patient Protection and Affordable Care Act (ACA), and 45 CFR 146.152, 147.106 and 148.122.

<sup>3</sup> The terms "product" and "plan" are defined by regulation at 45 CFR 144.103.

<sup>4</sup> Health Insurance Marketplace is a registered service mark of the U.S. Department of Health & Human Services.

an Exchange based on movement of all enrollees in a plan or policy outside the product's service area, must provide written notice in a form and manner specified by the Secretary.<sup>5</sup>

Under qualified health plan (QHP) issuer regulations at 45 CFR 156.1255, a health insurance issuer in the individual market must include certain information in the applicable renewal and discontinuation notices.<sup>6</sup> Those regulations address situations in which an issuer (1) is renewing an enrollment group's coverage in a QHP offered through an Exchange (including a renewal with uniform modifications), or (2) is non-renewing or terminating coverage based on a discontinuance of the product or there no longer being any enrollee in the plan who lives, resides, or works within the product's service area, and, consistent with applicable State law, automatically enrolling an enrollee in a QHP under a different product offered by the same QHP issuer through the Exchange in accordance with 45 CFR 155.335(j).

The final rule, "Patient Protection and Affordable Care Act, HHS Notice of Benefit and Payment Parameters for 2024",<sup>7</sup> revised the Exchange re-enrollment hierarchy at 45 CFR 155.335(j) to allow an Exchange, beginning in the 2024 benefit year, to automatically re-enroll enrollees who are eligible for income-based cost-sharing reductions in accordance with 45 CFR 155.305(g), from a bronze level QHP to a silver level QHP within the same product and provider network, if the premium after the application of advanced payments of the premium tax credit is lower or equivalent for the silver level QHP as compared to the bronze level QHP into which the enrollee would otherwise be re-enrolled (referred to here as the "bronze-to-silver crosswalk policy").

The updated Federal standard renewal and product discontinuation notices have been revised to improve consumer understanding and, in attachments 2, 4 and 6, to account for the bronze-to-silver crosswalk policy.

The updated Federal standard notices in this Bulletin must be sent by issuers in the individual market, including QHPs, for policy years beginning on or after January 1, 2024 (that is, beginning with notices required to be provided in connection with enrollment for coverage in policy years that start in 2024) to meet the Secretary's specification regarding the form and manner of the required notices.

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<sup>5</sup> The requirement to provide notices of renewal applies only to issuers in the individual and small group markets. The requirement to provide notices of product discontinuation and notices of non-renewal or termination based on enrollees' movement outside the service area applies to issuers in the individual, small group, and large group markets. These requirements are imposed pursuant to the PHS Act at section 2703, as added by the ACA, and sections 2712 and 2742, as added by HIPAA prior to enactment of the ACA, as codified in implementing regulations at 45 CFR 146.152, 147.106, and 148.122, respectively. For ease of reference, we refer in this Bulletin only to the requirements codified in section 2703 and 45 CFR 147.106, but references to section 2703 and 45 CFR 147.106 should be considered to include references to the applicable sections of all three statutes and regulations.

<sup>6</sup> 45 CFR 156.1255(a)-(d).

<sup>7</sup> 88 FR 25740 (April 27, 2023).

Consistent with previous guidance, in cases where a State develops and requires the use of a different form consistent with CMS guidance, issuers in that State will be required to use notices in the form and manner specified by the State.

### **III. Enforcement Safe Harbor for Product Discontinuation Notices in Connection with the Open Enrollment Period for Coverage in the Individual Market in the 2024 Benefit Year**

Under the guaranteed renewability provisions of the PHS Act, and the implementing regulations previously specified in this bulletin, a health insurance issuer that elects to discontinue offering a particular product in the group or individual market generally must provide notice of such discontinuation at least 90 calendar days prior to the date of the discontinuation. The purpose of this requirement is to inform consumers that their current health coverage is being terminated and that they have other health coverage options.

Due to the timing of QHP certification for each of the 2015 through 2023 benefit years, issuers were in many instances unable to finalize their plan offerings until closer to the start of the annual open enrollment period, after the deadline to meet the 90-day discontinuation notice requirement. This meant consumers could potentially receive product discontinuation notices without being able to take prompt action to shop for new coverage, and issuers would not have been able to suggest replacement coverage options, as explicitly envisioned by these notices. Therefore, in connection with the open enrollment period for coverage in each of those benefit years, CMS announced that it would not take enforcement action against an issuer for failing to meet the 90-day requirement in the individual market, under certain conditions.<sup>8</sup>

Consistent with previous guidance, in connection with the open enrollment period for coverage in the 2024 benefit year, CMS will not take enforcement action against an issuer for failing to provide a product discontinuation notice with respect to individual market coverage at least 90 days prior to the discontinuation, as long as the issuer provides such notice consistent with the timeframes applicable to renewal notices. The renewal notice timeframe for non-grandfathered, non-transitional plans<sup>9</sup> is before the first day of the next annual open enrollment period, and for grandfathered health plans and transitional plans is at least 60 days before the date of renewal.

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<sup>8</sup> For the most recent such announcement, see “Enforcement Safe Harbor for Individual Market Product Discontinuation Notices in Connection with the Open Enrollment Period for Coverage in the 2023 Benefit Year” (June 22, 2022), available at <https://www.cms.gov/files/document/safe-harbors-related-federal-standard-renewal-and-product-discontinuation-notices.pdf>.

<sup>9</sup> For the requirements to qualify as a grandfathered plan, see 45 CFR 147.140. For the requirements to qualify as a transitional plan, sometimes known as a grandmothers plan, as well as the most recent guidance with respect to such plans, see “Insurance Standards Bulletin Series – INFORMATION – Extension of Limited Non-Enforcement Policy through 2023 and Later Benefit Years” (Mar. 23, 2022), available at <https://www.cms.gov/files/document/extension-limited-non-enforcement-policy-through-calendar-year-2023-and-later-benefit-years.pdf>.

States are encouraged to offer similar flexibility to issuers. CMS will not consider a state to have failed to substantially enforce the guaranteed renewability requirements because the state adopts such an approach.

This non-enforcement policy is limited to product discontinuations with respect to individual market coverage in connection with open enrollment. Issuers must continue to provide at least 90 days' notice of a product discontinuation with respect to group market coverage, and with respect to the discontinuation of an individual market product at other times of the year.

### **Attachments**

- Attachment 1: Renewal notice for the individual market where coverage is being renewed outside the Exchange
- Attachment 2: Renewal notice for the individual market where coverage is being renewed in a QHP offered under the same product through the Exchange
- Attachment 3: Discontinuation notice for the individual market outside the Exchange and the issuer is automatically enrolling the enrollee in a different plan outside the Exchange
- Attachment 4: Notice for the individual market where coverage was in a QHP offered through the Exchange and the issuer is automatically enrolling the enrollee in a plan under a different product offered through the Exchange
- Attachment 5: Discontinuation notice for the individual market outside the Exchange and the issuer is not automatically enrolling the enrollee in a different plan
- Attachment 6: Discontinuation notice for the individual market where coverage being discontinued was in a QHP offered through the Exchange and the issuer is not automatically enrolling the enrollee in a different plan

### **Where to get more information:**

If you have any questions about this Bulletin, please email CMS at [marketreform@cms.hhs.gov](mailto:marketreform@cms.hhs.gov).

**Attachment 1: Renewal notice for the individual market where coverage is being renewed outside the Exchange**

[1 Date]

[2 [First Name]][Last Name]

[Address line 1]

[Address line 2]

[City][State][Zip]

**Important:** It's time to review your health coverage. **Take action by [3 Date]**, or we'll automatically re-enroll you in the same or similar coverage. This may change some of your costs and coverage, so review your options carefully.

Thank you for choosing [4 Issuer] for your health care needs. [5 We're here to help you prepare for Open Enrollment.]

**Why am I getting this letter?**

Your health coverage is still being offered in [6 Year], but some details may have changed. Read this letter carefully and decide if you want to keep this plan or choose another one. Unless you take action by [7 Date], we'll automatically keep you in this plan for [8 Year].

**[9 Plan name] isn't an [10 Exchange] plan. You won't get any financial help lowering your monthly premium or out-of-pocket costs (like deductibles, copayments, and coinsurance) if you stay in this plan].**

- To find out if you qualify for these savings and to enroll in a plan through [11 Exchange], visit [12 Exchange website] by [13 Date].
- If you don't enroll in a plan through [14 Exchange] by [15 Date], you may not be able to do so for [16 Year], even if your finances change.

**What's changing in [ 17 Year]****Your new premium**

- **Starting in [18 Month], your [19 estimated] monthly premium in [20 Plan name] will be \$[21 Dollar amount].**

**Important:** This is only an estimate based on current information we have. It doesn't reflect any changes to your enrollment, such as adding additional members to your coverage. You'll see your new monthly premium amount when you get your [22 Month] bill.

- Your [23 Current year] monthly premium is \$[24 Dollar amount].

## Other changes

- [25 Briefly describe plan changes and/or refer to enclosed materials]
- You can review more details about your plan at [26 Issuer website] and in your [27 Year] Summary of Benefits and Coverage at [28 SBC web page].

## What you need to do

Decide if you want to enroll in [29 plan name] or choose another one.

**I want to enroll in this plan.**

Pay the new monthly premium [30 by Date] and you'll be automatically enrolled.

**I want to pick a different plan.**

[31 You can choose a different plan between [32 Dates]. Enroll by [33 Date] for coverage to start [34 Date].]

## Here are some ways to find other plans and enroll:

- Check with [35 Issuer] to see what other plans may be available. Remember, you won't get financial help unless you qualify and enroll through [36 Exchange].
- Visit [37 Exchange website] to see [38 Exchange] plans. Compare plans to save money and find a plan that best meets your needs and budget. Select the Plan name and ID of the plan you want to enroll in.

## We're here to help

- Call [39 Issuer] at [40 Issuer phone number] or visit [41 Issuer website].
- Visit [42 Exchange website], or call [43 Exchange phone number] to learn more about [44 Exchange] and to see if you qualify for lower costs.
- Find in-person help from an assister, agent, or broker in your community at [45 Website]
- [46 Contact an agent or broker you've worked with before [47 like Agent/broker name]. [48 Call Agent/broker phone number].]
- [49 Call [50 Issuer phone number] to get this information in an accessible format, like large print, Braille, or audio, at no cost to you.]

## [51 Getting help in other languages]

[52 Insert non-discrimination notice and taglines consistent with any applicable state or federal requirements. If there are no such requirements, see required non-discrimination notice and optional taglines.]

## **Instructions for Attachment 1 – Renewal notice for the individual market where coverage is being renewed outside the Exchange**

### **General instructions:**

This notice must be used when coverage was purchased outside the Exchange and will be renewed outside the Exchange. It doesn't need to display the OMB control number.

**Item 1.** Enter the date of the notice, in format Month DD, YYYY.

**Item 2.** Enter the full name and address of the primary subscriber. In the individual market, the primary subscriber means the individual who purchases the policy and who is responsible for the payment of premiums.

**Item 3:** Enter the date by which plan selection must be made, in format Month DD, YYYY.

**Item 4.** Enter the issuer name.

**Item 5.** Enter the phrase “We’re here to help you prepare for Open Enrollment” only if the current policy is renewing on a calendar year basis. Otherwise, omit and skip to item 6.

**Item 6.** For calendar year plans, enter the following year, in format YYYY. For non-calendar year plans, enter the month and year, in format Month YYYY.

**Item 7.** Enter the date by which a plan selection must be made to avoid automatic re-enrollment, in format Month DD.

**Item 8.** For calendar year plans, enter the following year, in format YYYY. For non-calendar year plans, enter the month and year, in format Month YYYY.

**Item 9.** Enter plan name.

**Item 10.** Enter the Exchange name. For a Federally-facilitated Exchange, enter “Health Insurance Marketplace®.”

**Item 11.** Enter the Exchange name. For a Federally-facilitated Exchange, enter “Marketplace.”

**Item 12.** Enter the Exchange website. For a Federally-facilitated Exchange, enter “HealthCare.gov.”

**Item 13.** Enter the date by which a plan selection must be made, in format Month DD.

**Item 14.** Enter the Exchange name. For a Federally-facilitated Exchange, enter “the Marketplace.”

**Item 15.** Enter the date by which a plan selection must be made, in format Month DD.

**Item 16.** For calendar year plans enter the following year, in format YYYY. For non-calendar year plans, enter the phrase “until Open Enrollment.”

**Item 17.** For calendar year plans enter the following year, in format YYYY. For non-calendar year plans, enter the phrase “the next policy year.”

**Item 18.** Enter the beginning month of the following policy year.

**Item 19.** Include the word “estimated” if the new monthly premium for the following policy year has not yet been finalized at the time of providing the notice.

**Item 20.** Enter plan name

**Item 21.** Enter the monthly amount of premium for the enrollment group for which data are available, for the following policy year.

**Item 22.** Enter the month in which the enrollee will receive a bill for the actual monthly premium for the following policy year.

**Item 23.** If a calendar year plan, enter the current year, in format YYYY. If a non-calendar year plan, enter the word “current.”

**Item 24.** Enter the most recent monthly amount of premium for the enrollment group for which data are available, for the current policy year.

**Item 25.** List significant plan changes, including but not limited to changes in deductibles, cost sharing, metal level, covered services, eligibility, plan formulary and provider network. This section may refer to enclosed supplemental materials. Do not include the italicized instructions.

**Item 26.** Enter the issuer website.

**Item 27.** If a calendar year plan, enter the following year, in format YYYY. If a non-calendar year plan, enter the word “new.”

**Item 28.** Enter the SBC webpage for the applicable plan.

**Item 29.** Enter plan name.

**Item 30.** Enter “by” and due date for first premium for following policy year or omit and skip to item 31.

**Item 31.** Include this section for calendar year plans. For non-calendar year plans, briefly describe enrollment opportunities so individuals know when and how they can choose a different plan and skip to item 35. Under 45 CFR 147.104(b) and 155.420(d), consumers in a non-calendar year plan qualify for a special enrollment period based on a policy year that ends on a non-calendar year basis.

**Item 32.** Enter the beginning and end dates of the annual open enrollment period for the applicable benefit year, in format Month DD, YYYY.

**Items 33 and 34.** Enter the date by which a plan selection must be made and the corresponding coverage effective date, in format Month DD. For example, enter December 15 for coverage effective beginning January 1.

**Item 35.** Enter the issuer name.

**Item 36.** Enter the Exchange name. For a Federally-facilitated Exchange, enter “the Marketplace.”

**Item 37.** Enter the Exchange website. For a Federally-facilitated Exchange, enter “HealthCare.gov.”

**Item 38.** Enter the Exchange name. For a Federally-facilitated Exchange, enter “Marketplace.”

**Item 39.** Enter the issuer name.



**Item 40.** Enter issuer phone number.

**Item 41.** Enter the issuer website.

**Item 42.** Enter the Exchange website. For a Federally-facilitated Exchange, enter “HealthCare.gov.”

**Item 43.** Enter the Exchange phone number. For a Federally-facilitated Exchange, enter “1-800-318-2596 (TTY: 1-855-889-4325).”

**Item 44.** Enter the Exchange name. For a Federally-facilitated Exchange, enter “the Marketplace.”

**Item 45.** Enter LocalHelp.HealthCare.gov in a State with a Federally-facilitated Exchange. In other States, enter the appropriate website.

**Item 46.** Include this phrase if the enrollee has previously used an agent or broker to enroll. Otherwise, omit and skip to item 49.

**Item 47.** Insert “like” followed by the name of the agent or broker the enrollee previously used, if known. Otherwise, omit and skip to item 49.

**Item 48.** Insert “Call” followed by the phone number of the agent or broker the enrollee previously used, if known. Otherwise, omit and skip to item 49.

**Item 49.** This sentence must be included for issuers subject to 1557 of the Affordable Care Act or other applicable Federal or State law and is otherwise encouraged to be included. If this sentence is omitted, skip to item 51.

**Item 50.** Enter issuer phone number and issuer TTY number.

**Item 51.** Insert “Getting Help in Other Languages” if adding a tagline pursuant to instruction 52. Otherwise, leave blank.

**Item 52.** Insert a nondiscrimination notice and taglines consistent with any applicable state or federal requirements. If there are no such applicable non-discrimination requirements, insert the following:

Health insurance issuers are prohibited from employing marketing practices or benefit designs that will have the effect of discouraging the enrollment of individuals with significant health needs in health insurance coverage or discriminate based on an individual's race, color, national origin, present or predicted disability, age, sex (including sexual orientation and sexual identity), expected length of life, degree of medical dependency, quality of life, or other health conditions.

Taglines are optional but encouraged for issuers outside the Exchange if they are not subject to language access standards under applicable Federal or State law. As a reminder, issuers covered by Section 1557 are responsible for providing timely and accurate language assistance in non-English languages, regardless of whether a tagline is provided in the language, if the provision of such language assistance is a reasonable step to provide meaningful access to an individual with limited English proficiency in the issuer’s health programs or activities.<sup>10</sup>

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<sup>10</sup> 45 CFR 92.101.

A non-QHP issuer offering coverage outside the Exchanges is subject to Section 1557 if any health program or activity of the issuer receives Federal financial assistance. See 45 CFR 92.2, 92.4. A QHP issuer offering plans outside of the Exchange may still have to comply with Section 1557 for its plans offered outside the Exchange if the QHP issuer is principally engaged in the provision or administration of health-related services, health-related coverage or other health-related coverage. Consequently, a QHP issuer must comply with the nondiscrimination requirements of Section 1557 for the issuer's plans offered both inside and outside the Exchanges.

If there are no such applicable tagline requirements, the following optional tagline may be inserted:

**English: This notice has important information.** This notice has important information about your application or coverage through [Issuer]. Look for key dates in this notice. You may need to take action by certain deadlines to keep your health coverage or help with costs. You have the right to get this information and help in your language at no cost. Call [phone number].

**PRA Disclosure Statement**

According to the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it displays a valid OMB control number. The valid OMB control number for this information collection is 0938-1254. The time required to complete this information collection is estimated to average 20 hours per response, including the time to review instructions, search existing data resources, gather the data needed, and complete and review the information collection. If you have comments concerning the accuracy of the time estimate(s) or suggestions for improving this form, please write to: CMS, 7500 Security Boulevard, Attn: PRA Reports Clearance Officer, Mail Stop C4-26-05, Baltimore, Maryland 21244-1850.

**Attachment 2: Renewal notice for the individual market where coverage is being renewed in a QHP offered under the same product through the Exchange**

[1 Date]

[2 [First Name]][Last Name]

[Address line 1]

[Address line 2]

[City][State][Zip]

**Important:** It's time to review your health coverage. **Take action by [3 Date]**, or we'll automatically re-enroll you in the same or similar coverage for [4 Year]. This may change some of your costs and coverage, so review your options carefully.

Thank you for choosing [5 Issuer] for your health care needs. We're here to help you prepare for Open Enrollment.

**Why am I getting this letter?**

Your health coverage is still being offered in [6 Year], but some details may have changed. Read this letter carefully and decide if you want to keep this plan or choose another one. Also make sure to update your information with [7 Exchange].

**What's changing in [8 Year]****Your new premium**

- **Starting in [9 Month], your new monthly payment is estimated to be \$[10 Dollar amount].**

Here's the math: Monthly premium of \$[11 Dollar amount] minus [12 Phrase or dollar amount] of possible help. Your actual monthly payment may be different because your financial help may change in [13 Year]. You'll find out your new monthly payment when you get your [14 Month] bill.

**Important:** This estimated monthly payment is based on current information we have for [15 Year]. It might not account for some or all changes that could impact your monthly payment, like cost changes in your area for next year, or changes to your household income or family size. To find out the actual amount of your monthly payment, update your [16 Exchange] application. Get details in "What you need to do" below.

- Your [17 Current year] monthly payment is \$[18 Dollar amount]. Here's the math: Monthly premium of \$[19 Dollar amount] minus \$[20 Dollar amount] of financial help you get each month.

- [21 For enrollees currently enrolled in a bronze level QHP and the new plan to which the premium information above applies, is a bronze level QHP, insert]: **Important:** If you currently have a Bronze category plan and qualify for extra savings, [22 Exchange] may enroll you in a Silver plan from [23 issuer] so you'll get the most help to lower your costs in [24 Year]. The Silver plan has the same network and an equal or lower monthly payment as the new plan to which the premium information above applies, but covers more of your out-of-pocket costs, like copayments, coinsurance and deductibles. Enrolling in this (or another) Silver plan may save you thousands of dollars each year.
- [25 Exchange] may contact you about [26 this and] other reenrollment options if you don't choose a different plan on your own during open enrollment.
- [27 For enrollees currently enrolled in a bronze level QHP and who are being re-enrolled in a silver level QHP by the Exchange per 45 CFR 155.335(j)(4), insert]: **Important:** Since you qualify for extra savings, [28 Exchange] is enrolling you in a Silver plan from [29 issuer] so you'll get the most help to lower your costs in [30 Year]. The Silver plan will cover more of your out-of-pocket costs, like copayments, coinsurance and deductibles. Enrolling in this (or another) Silver plan may save you thousands of dollars each year.

### Other changes

- [31 Briefly describe plan changes and/or refer to enclosed materials]
- You can review more details about your plan at [32 Issuer website] and in your [33 Year] Summary of Benefits and Coverage at [34 SBC web page].

### What you need to do

1. **Update your [35 Exchange] application by [36 Date].**  
Review and if necessary, update your [37 Exchange] application to make sure the information is still current and correct, and to see if you qualify for more or less financial help than in [38 Year]. This may result in a lower monthly payment or lower out-of-pocket costs (like deductibles, copayments, and coinsurance). Plus, you can help avoid paying money back when you file your taxes.
2. **Decide if you want to enroll in this plan or choose another one.**
  - I want to enroll in this plan.**  
Select [39 Plan name and ID] to enroll.  
  
[40 For re-enrollment from a silver level QHP into a non-silver level QHP (except for Indian enrollees), insert]: **Important:** This isn't a Silver plan in [41 Year]. You can't get financial help to lower your out-of-pocket costs if you stay in this plan. To get these savings if you qualify, you must go back to [42 Exchange] and enroll in a Silver plan. If you don't, any financial help you currently get to lower your out-of-pocket costs will stop on December 31.]
  - I want to pick a different plan.**

- You can choose a different plan between [43 Dates]. Enroll by [44 Date] for coverage to start January 1. [45 *Issuers on the Federally-facilitated Exchange or on a State-based Exchange on the Federal platform, insert: If you choose a plan between December 16 and January 15, the new plan will start February 1.*]

**Here are some ways to look at other plans and enroll:**

- Visit [46 Exchange website] to find other [47 Exchange] plans. Compare plans to save money and find a plan that best meets your needs and budget. Select the Plan name and ID of the plan you want to enroll in. Check with [48 Issuer] to see what other plans may be available. Remember, you won't get financial help unless you qualify and enroll through [49 Exchange].

**Note:** If you got financial help in [50 Year] to lower your monthly premium, you'll have to "reconcile" using IRS Form 8962 when you file your federal taxes. This means you'll compare the amount of premium tax credit you got in advance during [51 Year] with the amount you actually qualify for based on your final [52 Year] household income and eligibility information. If the amounts are different, it may change the amount you owe or get back when you file your taxes. For more information about the premium tax credit, visit: <https://www.irs.gov/affordable-care-act/individuals-and-families/the-premium-tax-credit-the-basics>.

**We're here to help**

- Visit [53 Exchange website], or call [54 Exchange phone number] to learn more about [55 Exchange] and to see if you qualify for lower costs.
- Call [56 Issuer] at [57 Issuer phone number] or visit [58 Issuer website].
- Find in-person help from an assister, agent, or broker in your community at [59 Website].
- [60 Contact an agent or broker you've worked with before [61 like Agent/broker name]. [62 Call Agent/broker phone number.]]
- Call [63 Exchange phone number] to get this information in an accessible format, like large print, Braille, or audio, at no cost to you.

**[64 Getting help in other languages]**

*[65 insert non-discrimination notice and taglines consistent with any applicable state or federal requirements. If there are no such requirements, see required non-discrimination notice and optional taglines]*

**Instructions for Attachment 2 – Renewal notice for the individual market where coverage is being renewed under the same product in a QHP offered through the Exchange.**

**General instructions:**

This notice must be used when coverage was purchased through the Exchange and will be renewed under the same product through the Exchange, in accordance with 45 CFR 155.335(j). It doesn't need to display the OMB control number.

**Item 1.** Enter the date of the notice, in format Month DD, YYYY.

**Item 2.** Enter the full name and address of the primary subscriber. In the individual market, the primary subscriber means the individual who purchases the policy and who is responsible for the payment of premiums.

**Item 3.** Enter the date by which a plan selection must be made to avoid automatic re-enrollment, in format Month DD, YYYY

**Item 4:** Enter the following year, in format YYYY.

**Item 5.** Enter the issuer name.

**Item 6.** Enter the following year, in format YYYY.

**Item 7.** Enter the Exchange name. For a Federally-facilitated Exchange, enter “the Health Insurance Marketplace®.”

**Item 8.** Enter the following year, in format YYYY.

**Item 9.** Enter the beginning month of the following benefit year.

**Item 10.** Enter the total monthly amount of premium for the enrollment group for which data are available for the following benefit year, minus the monthly amount of any advance payments of the premium tax credit paid on behalf of the enrollment group for which data are available.

**Item 11.** Enter the actual or estimated amount of monthly premium for the enrollment group for which data are available for the following benefit year.

**Item 12.** Enter the phrase “the same amount of financial help you’re getting now” if the Exchange has not completed the annual eligibility redetermination by the time of providing the notice. If the Exchange has completed this redetermination by the time of providing the notice, enter the amount of advanced payments of the premium tax credit calculated from that redetermination.

**Item 13.** Enter the following year, in format YYYY.

**Item 14.** Enter the month in which the enrollee will receive a bill for the actual monthly payment for the following benefit year.

**Item 15.** Enter the current year, in format YYYY.

**Item 16.** Enter the Exchange name. For a Federally-facilitated Exchange, enter “Marketplace.”

**Item 17.** Enter the current year, in format YYYY.

**Item 18.** Enter the most recent monthly amount of premium for the enrollment group for which data are available for the current benefit year, minus the most recent monthly amount of any advance payments of the premium tax credit paid on behalf of the enrollment group for which data are available.

**Item 19.** Enter the most recent monthly amount of premium for the enrollment group for which data are available for the current benefit year.

**Item 20.** Enter the most recent monthly amount of any advance payments of the premium tax credit paid on behalf of the enrollment group for which data are available. If the most recent ATPC paid on behalf of the enrollment group is zero, enter 0.

**Item 21.** Include this paragraph if the enrollee is currently enrolled in a bronze level QHP, and the new plan to which the premium information on this Notice applies, is a bronze level QHP, consistent with 45 CFR 155.335(j). Otherwise, omit and skip to item 25. If the Exchange has completed the annual eligibility redetermination by the time of providing the notice, omit and skip to item 27.

**Item 22.** Enter the Exchange name. For a Federally-facilitated Exchange, enter “Marketplace.”

**Item 23.** Enter Issuer name.

**Item 24.** Enter the following year, in format YYYY

**Item 25.** Enter the Exchange name. For a Federally-facilitated Exchange, enter “Marketplace.”

**Item 26.** Enter “this and” if the enrollee is currently enrolled in a bronze level QHP. Otherwise, omit and skip to item 31.

**Item 27.** Include this paragraph if the enrollee was previously enrolled in a bronze level QHP, but was re-enrolled in a silver level QHP by the Exchange consistent with 45 CFR 155.335(j)(4). If the Exchange has not completed the annual eligibility redetermination by the time of providing the notice, omit and skip to item 31.

**Item 28.** Enter the Exchange name. For a Federally-facilitated Exchange, enter “Marketplace.”

**Item 29.** Enter Issuer name.

**Item 30.** Enter the following year, in format YYYY.

**Item 31.** List significant plan changes, including but not limited to changes in deductibles, cost sharing, metal level, covered services, eligibility, plan formulary and provider network. For the purpose of describing plan changes, the issuer may use the current cost-sharing reductions (CSR) eligibility if it has not received the updated CSR eligibility from CMS. This section may also refer to enclosed supplemental materials. Do not include the italicized instructions.

**Item 32.** Enter the issuer website.

**Item 33.** Enter the following year, in format YYYY.

**Item 34.** Enter SBC web page for the applicable plan.

**Item 35.** Enter the Exchange name. For a Federally-facilitated Exchange, enter “Marketplace.”

**Item 36.** Enter the date by which a plan selection must be made to avoid automatic re-enrollment, in format Month DD.

**Item 37.** Enter the Exchange name. For a Federally-facilitated Exchange, enter “Marketplace.”

**Item 38.** Enter the current benefit year, in format YYYY.

**Item 39.** Enter plan name and HIOS Plan ID of plan into which the enrollee’s coverage will be renewed.

**Item 40.** Include this paragraph if the enrollee (except for Indian enrollees) is currently enrolled in a silver level QHP and their coverage is being renewed into a non-silver level QHP, consistent with 45 CFR 155.335(j). Otherwise, omit and skip to item 43.

**Item 41.** Enter the following benefit year, in format YYYY.

**Item 42.** Enter the Exchange name. For a Federally-facilitated Exchange, enter “the Marketplace.”

**Item 43.** Enter the beginning and end dates of the annual open enrollment period for the applicable benefit year, in format Month DD, YYYY.

**Item 44.** Enter the date by which a plan selection must be made for coverage effective January 1, in format Month DD, YYYY.

**Item 45.** Issuers on the Federally-facilitated Exchange, or on a State-based Exchange on the Federal platform, enter the following phrase: “If you choose a plan between December 16 and January 15, the new plan will start February 1.” Other issuers should omit, and skip to Item 46.

**Item 46.** Enter the Exchange website. For a Federally-facilitated Exchange, enter “HealthCare.gov.”

**Item 47.** Enter the Exchange name. For a Federally-facilitated Exchange, enter “Marketplace.”

**Item 48.** Enter the issuer name.

**Item 49.** Enter the Exchange name. For a Federally-facilitated Exchange, enter “the Marketplace.”

**Items 50-52.** Enter the current benefit year, in format YYYY.

**Item 53.** Enter the Exchange website. For a Federally-facilitated Exchange, enter “HealthCare.gov.”

**Item 54.** Enter the Exchange phone number. For a Federally-facilitated Exchange, enter “1-800-318-2596 (TTY: 1-855-889-4325).”

**Item 55.** Enter the Exchange name. For a Federally-facilitated Exchange, enter “the Marketplace.”

**Item 56.** Enter the issuer name.

**Item 57.** Enter the issuer phone number.

**Item 58.** Enter the issuer website.

**Item 59.** Enter LocalHelp.HealthCare.gov in a State with a Federally-facilitated Exchange. In other States, enter the appropriate website.

**Item 60.** Include this phrase if the enrollee has previously used an agent or broker to enroll. Otherwise, omit and skip to item 63.



**Item 61.** Enter “like” followed by the name of the agent or broker the enrollee has previously used, if known. Otherwise, omit and skip to item 63.

**Item 62.** Enter “Call” followed by the phone number of agent or broker the enrollee has previously used, if known. Otherwise, omit and skip to item 63.

**Item 63.** Enter the Exchange phone number and Exchange TTY number. For a Federally-facilitated Exchange, enter “1-800-318-2596 (TTY: 1-855-889-4325).”

**Item 64.** Insert “Getting Help in Other Languages” if adding a tagline pursuant to instruction item 65. Otherwise, leave blank.

**Item 65.** Insert a nondiscrimination notice and taglines consistent with any applicable state or federal requirements. If there are no such applicable non-discrimination requirements, insert the following:

Health insurance issuers are prohibited from employing marketing practices or benefit designs that will have the effect of discouraging the enrollment of individuals with significant health needs in health insurance coverage or discriminate based on an individual's race, color, national origin, present or predicted disability, age, sex (including sexual orientation and sexual identity), expected length of life, degree of medical dependency, quality of life, or other health conditions.

Taglines are optional but encouraged for issuers outside the Exchange if they are not subject to language access standards under applicable Federal or State law. As a reminder, issuers covered by Section 1557 are responsible for providing timely and accurate language assistance in non-English languages, regardless of whether a tagline is provided in the language, if the provision of such language assistance is a reasonable step to provide meaningful access to an individual with limited English proficiency in the issuer’s health programs or activities.<sup>11</sup>

If there are no such applicable tagline requirements, the following optional tagline may be inserted:

**English: This notice has important information.** This notice has important information about your application or coverage through [Issuer]. Look for key dates in this notice. You may need to take action by certain deadlines to keep your health coverage or help with costs. You have the right to get this information and help in your language at no cost. Call [phone number].

#### **PRA Disclosure Statement**

According to the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it displays a valid OMB control number. The valid OMB control number for this information collection is 0938-1254. The time required to complete this information collection is estimated to average 24 hours per response, including the time to review instructions, search existing data resources, gather the data needed, and complete and review the information collection. If you have comments concerning the accuracy of the time estimate(s) or suggestions for improving this form, please write to: CMS, 7500 Security Boulevard, Attn: PRA Reports Clearance Officer, Mail Stop C4-26-05, Baltimore, Maryland 21244-1850.

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<sup>11</sup> 45 CFR 92.101.

**Attachment 3: Discontinuation notice for the individual market outside the Exchange and the issuer is automatically enrolling the enrollee in a different plan outside the Exchange**

[1 Date]

[2 [First Name]][Last Name]

[Address line 1]

[Address line 2]

[City][State][Zip]

**Important:** Your plan will no longer be offered next year. **Take action by [3 Date],** or we'll automatically enroll you in a different plan. This may change some of your costs and coverage, so review your options carefully.

Thank you for choosing [4 Issuer] for your health care needs. [5 We're here to help you prepare for Open Enrollment.]

### Why am I getting this letter?

Starting [6 Date], we won't offer your current health coverage [7 in your area]. The last day of your current coverage is [8 Date]. Read this letter carefully and review your options.

### Your new plan for [9 Year]

We found another plan that may meet your needs. If you don't pick another plan by [10 Date], we'll automatically enroll you in [11 Plan name]. Your coverage in [12 Plan name] will start in [13 Month]. (Get details on picking another plan in "What you need to do" below.)

**[14 Plan name] isn't an [15 Exchange] plan. You won't get any financial help lowering your monthly premium or out-of-pocket costs (like deductibles, copayments, and coinsurance) if we automatically enroll you in this plan.**

- To see if you qualify for these savings and to enroll in a plan through [16 Exchange], visit [17 Exchange website] by [18 Date].
- If you don't enroll in a plan through [19 Exchange] by [20 Date], you may not be able to do so for [21 Year], even if your finances change.

### Your new premium

- **Starting in [22 Month], your [23 estimated] monthly premium in [24 Plan name] will be \$[25 Dollar amount].**

**Important:** This is only an estimate based on current information we have. It doesn't

reflect any changes to your enrollment, such as adding additional members to your coverage. You'll see your new monthly premium amount when you get your [26 Month] bill.

- Your current monthly premium is \$[27 Dollar amount].

### **Other changes**

- [28 Briefly describe plan changes and/or refer to enclosed materials]
- You can review more details about this plan at [29 Issuer website] and in your [30 Year] Summary of Benefits and Coverage at [31 SBC web page].

**If you want to pick another plan, enroll by [32 Date] to make sure you have the coverage you want. See below for more information.**

### **What you need to do**

Decide if you want to enroll in [33 Plan name] or choose another one.

**I want to enroll in this plan.**

Pay the monthly premium by [34 Date] and you'll be automatically enrolled.

**I want to pick a different plan**

- You can choose a different plan between [35 Dates]. Enroll by [36 Date] for coverage to start [37 Date].

### **Here are some ways to look at other plans and enroll:**

- Check with [38 Issuer] to see what other plans may be available.
- Visit [39 Exchange website] to see [40 Exchange] plans. Compare plans to save money and find a plan that best meets your needs and budget. Select the Plan name and ID of the plan you want to enroll in.
- Remember, you won't get financial help unless you qualify and enroll through [41 Exchange].

### **We're here to help**

- Call [42 Issuer] at [43 Issuer phone number] or visit [44 Issuer website].
- Visit [45 Exchange website], or call [46 Exchange phone number] to learn more about [47 the Exchange] and to see if you qualify for lower costs.
- Find in-person help from an assister, agent, or broker in your community at [48 Website].
- [49 Contact an agent or broker you've worked with before [50 like Agent/broker name]. [51 Call Agent/broker phone number].]
- [52 Call [53 Issuer phone number] to get this information in an accessible format, like large print, Braille, or audio, at no cost to you.]

## **[54 Getting help in other languages]**

*[55 Insert non-discrimination notice and taglines consistent with any applicable state or federal requirements. If there are no such requirements, see required non-discrimination notice and optional taglines]*

**Instructions for Attachment 3 – Discontinuation notice for the individual market outside the Exchange and the issuer is automatically enrolling the enrollee in a different plan outside the Exchange**

**General instructions:**

This notice must be used when the issuer is non-renewing coverage purchased outside the Exchange as the result of a product discontinuance, and consistent with applicable State law, automatically enrolling the enrollee in different coverage outside the Exchange. This includes non-renewals based on a product discontinuation or there no longer being any enrollee in the plan who live, resides, or works within the product's service area. It doesn't need to display the OMB control number.

**Item 1.** Enter the date of the notice, in format Month DD, YYYY.

**Item 2.** Enter the full name and address of the primary subscriber. In the individual market, the primary subscriber means the individual who purchases the policy and who is responsible for the payment of premiums.

**Item 3.** Enter the date by which a plan selection must be made to avoid automatic re-enrollment, in format Month DD, YYYY.

**Item 4.** Enter the issuer name.

**Item 5.** Enter the phrase "We're here to help you prepare for Open Enrollment" only if the current policy is terminating on a calendar year basis. Otherwise, omit and skip to item 6.

**Item 6.** For discontinuances, non-renewals, or terminations effective at the end of a calendar year, enter the following year, in format YYYY. For discontinuances, non-renewals, or terminations effective at any time other than the end of a calendar year, enter the month and year, in format Month YYYY.

**Item 7.** Enter the phrase "in your area" if non-renewing or terminating based on the fact that there is no longer any enrollee in the plan who live, resides, or works within the product's service area. Otherwise, omit and skip to item 8.

**Item 8.** Enter the last day on which the enrollee's current coverage will be remain in force, in format Month DD, YYYY.

**Item 9.** For discontinuances, non-renewals, or terminations effective at the end of a calendar year, enter the following year, in format YYYY. For discontinuances, non-renewals, or terminations effective at any time other than the end of a calendar year, enter the month and year, in format Month YYYY.

**Item 10.** The consumer qualifies for a special enrollment period based on loss of minimum essential coverage. Enter the date by which a plan selection must be made in accordance with 45 CFR 147.104(b)(4)(ii) or, if such date falls within an open enrollment period, enter the end date of the open enrollment period, in format Month DD, YYYY.

**Items 11 and 12.** Enter the plan name for the plan in which the enrollee will be automatically enrolled.

**Item 13.** Enter the first coverage month under the different plan, in format Month.

**Item 14.** Enter the plan name for the plan in which the enrollee will be automatically enrolled.

**Item 15.** Enter the Exchange name. For a Federally-facilitated Exchange, enter “Health Insurance Marketplace®.”

**Item 16.** Enter the Exchange name. For a Federally-facilitated Exchange, enter “Marketplace.”

**Item 17.** Enter the Exchange website. For a Federally-facilitated Exchange, enter “HealthCare.gov.”

**Item 18.** Enter the date by which a plan selection must be made, in format Month DD, YYYY.

**Item 19.** Enter the Exchange name. For a Federally-facilitated Exchange, enter “the Marketplace.”

**Item 20.** Enter the date by which a plan selection must be made, in format Month DD, YYYY.

**Item 21.** For calendar year plans enter the following year, in format YYYY. For non-calendar year plans, enter the phrase “until Open Enrollment.”

**Item 22.** Enter the first month for the following policy year.

**Item 23.** Include the word “estimated” if the new monthly premium for the following policy year has not yet been finalized at the time of providing the notice.

**Item 24.** Enter the plan name for the plan in which the enrollee will be automatically enrolled.

**Item 25.** Enter the amount of monthly premium for the enrollment group for which data are available for the following policy year.

**Item 26.** Enter the month in which the enrollee will receive their bill with the actual monthly premium for the following policy year.

**Item 27.** Enter the most recent amount of monthly premium for the enrollment group for which data are available for the current policy year.

**Item 28.** List significant plan changes, including but not limited to changes in deductibles, cost sharing, metal level, covered services, eligibility, plan formulary and provider network. This section may refer to enclosed supplemental materials. Do not include the italicized instructions.

**Item 29.** Enter the issuer website.

**Item 30.** For discontinuances, non-renewals, or terminations effective at the end of a calendar year, enter the following year, in format YYYY. For discontinuances, non-renewals, or terminations effective at any time other than the end of a calendar year, enter the word “new.”

**Item 31.** Insert SBC web page for the applicable plan.

**Item 32.** Enter the date by which a plan selection must be made, in format Month DD, YYYY.

**Item 33.** Enter the plan name for the plan in which the enrollee will be automatically enrolled.

**Item 34.** Enter due date for first premium for following policy year or omit and skip to item 35.

**Item 35.** Enter the beginning and end dates of the special enrollment period for the loss of minimum essential coverage or, if such date falls within an open enrollment period, enter the end date of the open enrollment period, in format Month DD, YYYY.

**Items 36 and 37.** Enter the date by which a plan selection must be made and the corresponding coverage effective date that would result in no gap in coverage between the terminating coverage and the newly selected plan, in format Month DD, YYYY.

**Item 38.** Enter the issuer name.

**Item 39.** Enter the Exchange website. For a Federally-facilitated Exchange, enter “HealthCare.gov.”

**Item 40.** Enter the Exchange name. For a Federally-facilitated Exchange, enter “Marketplace.”

**Item 41.** Enter the Exchange name. For a Federally-facilitated Exchange, enter “Marketplace.”

**Item 42.** Enter the issuer name.

**Item 43.** Enter issuer phone number.

**Item 44.** Enter the issuer website.

**Item 45.** Enter the Exchange website. For a Federally-facilitated Exchange, enter “HealthCare.gov.”

**Item 46.** Enter the Exchange phone number. For a Federally-facilitated Exchange, enter “1-800-318-2596 (TTY: 1-855-889-4325).”

**Item 47.** Enter the Exchange name. For a Federally-facilitated Exchange, enter “the Marketplace.”

**Item 48.** Enter LocalHelp.HealthCare.gov in a State with a Federally-facilitated Exchange. In other States, enter the appropriate website.

**Item 49.** Include this phrase if the enrollee has previously used an agent or broker to enroll. Otherwise, omit and skip to item 52.

**Item 50.** Enter “like” followed by the name of the agent or broker the enrollee has previously used, if known. Otherwise, omit and skip to item 52.

**Item 51.** Enter “call” followed by the phone number of agent or broker the enrollee has previously used, if known. Otherwise, omit and skip to item 52.

**Item 52.** This sentence must be included for issuers subject to 1557 of the Affordable Care Act or other applicable Federal or State law and is otherwise encouraged to be included. If this sentence is omitted, skip to item 54.

**Item 53.** Enter issuer phone number and issuer TTY number.

**Item 54.** Insert “Getting Help in Other Languages” if adding a tagline pursuant to instruction 55. Otherwise, leave blank.

**Item 55.** Insert a nondiscrimination notice and taglines consistent with any applicable state or federal requirements. If there are no such applicable non-discrimination requirements, insert the following:

Health insurance issuers are prohibited from employing marketing practices or benefit designs that will have the effect of discouraging the enrollment of individuals with significant health needs in health insurance coverage or discriminate based on an individual's race, color, national

origin, present or predicted disability, age, sex (including sexual orientation and sexual identity), expected length of life, degree of medical dependency, quality of life, or other health conditions.

Taglines are optional but encouraged for issuers outside the Exchange if they are not subject to language access standards under applicable Federal or State law. As a reminder, issuers covered by Section 1557 are responsible for providing timely and accurate language assistance in non-English languages, regardless of whether a tagline is provided in the language, if the provision of such language assistance is a reasonable step to provide meaningful access to an individual with limited English proficiency in the issuer's health programs or activities.<sup>12</sup>

If there are no such applicable tagline requirements, the following optional tagline may be inserted:

**English: This notice has important information.** This notice has important information about your application or coverage through [Issuer]. Look for key dates in this notice. You may need to take action by certain deadlines to keep your health coverage or help with costs. You have the right to get this information and help in your language at no cost. Call [phone number].

#### **PRA Disclosure Statement**

According to the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it displays a valid OMB control number. The valid OMB control number for this information collection is 0938-1254. The time required to complete this information collection is estimated to average 8 hours per response, including the time to review instructions, search existing data resources, gather the data needed, and complete and review the information collection. If you have comments concerning the accuracy of the time estimate(s) or suggestions for improving this form, please write to: CMS, 7500 Security Boulevard, Attn: PRA Reports Clearance Officer, Mail Stop C4-26-05, Baltimore, Maryland 21244-1850.

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<sup>12</sup> 45 CFR 92.101.



**Attachment 4: Notice for the individual market where coverage was in a QHP offered through the Exchange and the issuer is automatically enrolling the enrollee in a plan under a different product offered through the Exchange**

[1 Date]

[2 [First Name]][Last Name]

[Address line 1]

[Address line 2]

[City][State][Zip]

**Important:** Your plan will not be offered through the [3 Exchange] [4 in your area] next year. **Take action by [5 Date]** or we'll automatically enroll you in a different [6 Exchange] plan. This may change some of your costs and coverage, so review your options carefully.

Thank you for choosing [7 Issuer] for your health care needs. [8 We're here to help you prepare for Open Enrollment].

### Why am I getting this letter?

Starting [9 Date], we won't offer [10 in your area] your current health coverage [11 in the Exchange]. The last day of your current [12 Exchange] coverage is [13 Date]. Read this letter carefully and review your options. Also make sure to update your information with [14 Exchange].

### Your new plan for [15 Year]

We found another [16 Exchange] plan that may meet your needs. If you don't pick another plan by [17 Date], we'll automatically enroll you in [18 Plan name]. Your coverage in [19 Plan name] will start in [20 Month]. (Get details on picking another plan in "What you need to do" below.)

### Your new premium

- **Starting in [21 Month], your new monthly payment is estimated to be: \$[22 Dollar amount].**

Here's the math: Monthly premium of \$[23 Dollar amount] minus [24 Phrase or dollar amount] of possible cost help. Your actual monthly payment may be different because your financial help may change [25 in Year]. You'll find out your new monthly payment when you receive your [26 Month] bill.

**Important:** This estimated monthly payment is based on current information we have for [27 Year]. It might not account for some or all changes that could impact your monthly payment, like cost changes in your area for next year, or changes to your household income or family size. To find out the actual amount of your monthly payment, update your [28 Exchange] application. Get details in "What you need to do" below.

- Your [29 Current Year] monthly payment is \$[30 Dollar amount]. Here's the math: Monthly premium of \$[31 Dollar amount] minus \$[32 Dollar amount] of financial help you get each month.
- [33 *For enrollees currently enrolled in a bronze level QHP, and the new plan to which the premium information above applies, is a bronze level QHP, insert*]: **Important:** If you currently have a Bronze category plan and qualify for extra savings, [34 Exchange] may enroll you in a Silver plan from [35 issuer] so you'll get the most help to lower your costs in [36 Year]. The Silver plan has the same network and an equal or lower monthly payment as the new plan to which the premium information above applies, but covers more of your out-of-pocket costs, like copayments, coinsurance and deductibles. Enrolling in this (or another) Silver plan may save you thousands of dollars each year.
- [37 Exchange] may contact you about [38 this and] other reenrollment options if you don't choose a different plan on your own during open enrollment.
- [39 *For enrollees currently enrolled in a bronze level QHP and who are being re-enrolled in a silver level QHP by the Exchange per 45 CFR 155.335(j)(4), insert*]: **Important:** Since you qualify for extra savings, [40 Exchange] is enrolling you in a Silver plan from [41 issuer] so you'll get the most help to lower your costs in [42 Year]. The Silver plan will cover more of your out-of-pocket costs, like copayments, coinsurance and deductibles. Enrolling in this (or another) Silver plan may save you thousands of dollars each year.

### Other changes

- [43 *Briefly describe plan changes and/or refer to enclosed materials*]
- You can review more details about this plan at [44 Issuer website] and in your [45 Year] Summary of Benefits and Coverage at [46 SBC web page].

**If you want to pick another plan, enroll by [47 Date] to make sure you have the coverage you want. See below for more information.**

### What you need to do

#### 1. Update your [48 Exchange] application by [49 Date].

Review and if necessary, update your [50 Exchange] application to make sure the information is still current and correct, and to see if you may qualify for more or less financial help [51 in Year] than you're getting now. This may result in a lower monthly premium payment or lower out-of-pocket costs (like deductibles, copayments, and coinsurance). Plus, you can help avoid paying money back when you file your taxes.

#### 2. Decide if you want to enroll in this plan or choose another one.

##### I want to enroll in this plan

Select [52 Plan name and ID] to enroll.

[53 For re-enrollment from a silver level QHP into a non-silver level QHP (except for Indian enrollees), insert: **Important:** This isn't a Silver plan in [54 Year]. This means you can't get financial help to lower your out-of-pocket costs if you enroll in this plan. To get these savings if you qualify, you must go back to [55 Exchange] and enroll in a Silver plan. If you don't, any financial help you currently get to lower your out-of-pocket costs will stop on [56 Date].]

**I want to pick a different plan.**

- You can choose a different plan between [57 Dates]. Enroll by [58 Date] for coverage to start [59 Date]. [60 *Issuers on the Federally-facilitated Exchange or on a State-based Exchange on the Federal platform insert:* If you choose a plan between December 16 and January 15, the new plan will start February 1.]

**Here are some ways to look at other plans and enroll:**

- Visit [61 Exchange website] to see other [62 Exchange] plans. Compare plans to save money and find a plan that best meets your needs and budget. Select the Plan name and ID of the plan you want to enroll in.
- Check with [63 Issuer] to see what other plans may be available.  
[64 **Important:** You may be able to keep your current coverage, but [65 in Year] it won't be offered [66 as a Silver plan] through [67 Exchange.] Remember, you won't get financial help [68 to lower your out-of-pocket costs] unless you qualify and enroll [69 in a Silver plan] through [70 Exchange].]

**Note:** If you got financial help in [71 Year] to lower your monthly premium, you'll have to "reconcile" using IRS Form 8962 when you file your federal taxes. This means you'll compare the amount of premium tax credit you received in advance during [72 Year] with the amount you actually qualify for based on your final [73 Year] household income and eligibility information. If the amounts are different, it may change the amount you owe or get back when you file your taxes. For more information about the premium tax credit, visit: <https://www.irs.gov/affordable-care-act/individuals-and-families/the-premium-tax-credit-the-basics>

## We're here to help

- Visit [74 Exchange website], or call [75 Exchange phone number] to learn more about [76 Exchange] and to see if you qualify for lower costs.
- Call [77 Issuer] at [78 Issuer phone number] or visit [79 Issuer website].
- Find in-person help from an assister, agent, or broker in your community at [80 Website].
- [81 Contact an agent or broker you've worked with before [82 like Agent/broker name]. [83 Call Agent/broker phone number].]
- Call [84 Exchange phone number] to get this information in an accessible format, like large print, Braille, or audio, at no cost to you.

## [85 Getting help in other languages]

*[86 Insert non-discrimination notice and taglines consistent with any applicable state or federal requirements. If there are no such requirements, see required non-discrimination notice and optional taglines]*

**Instructions for Attachment 4 – Notice for the individual market where coverage was in a QHP offered through the Exchange and the issuer is automatically enrolling the enrollee in a plan under a different product offered through the Exchange**

**General instructions:**

This notice must be used when the QHP enrollee's current product is not available for renewal through the Exchange (even if it remains available outside the Exchange) and the enrollee will, consistent with State law and, if applicable, 45 CFR 155.335(j), be automatically enrolled in a plan under a different product offered by the same QHP issuer through the Exchange. This notice must also be used when the enrollee's current silver level QHP is no longer available for renewal, the enrollee's current product no longer includes a silver level QHP available through the Exchange, and the enrollee will, consistent with State law and, if applicable, 45 CFR 155.335(j), be automatically re-enrolled in a silver level QHP under a different product offered by the same QHP issuer through the Exchange. It doesn't need to display the OMB control number.

**Item 1.** Enter the date of the notice, in format Month DD, YYYY.

**Item 2.** Enter the full name and address of the primary subscriber. In the individual market, the primary subscriber means the individual who purchases the policy and who is responsible for the payment of premiums.

**Item 3.** Enter the Exchange name. For a Federally-facilitated Exchange, enter "the Health Insurance Marketplace®."

**Item 4.** Enter the phrase "in your area" if non-renewing or terminating based on the fact that there is no longer any enrollee in the plan who live, resides, or works within the product's service area. Otherwise, omit and skip to item 5.

**Item 5.** Enter the date by which a plan selection must be made to avoid automatic re-enrollment, in format Month DD, YYYY.

**Item 6.** Enter the Exchange name. For a Federally-facilitated Exchange, enter "Marketplace."

**Item 7.** Enter the issuer name.

**Item 8.** Enter the phrase "We're here to help you prepare for Open Enrollment" only if the current policy is terminating on a calendar year basis. Otherwise, omit and skip to item 9.

**Item 9.** Enter the first day on which the current plan will no longer be available, in format Month YYYY.

**Item 10.** Enter the phrase "in your area" if non-renewing or terminating based on the fact that there is no longer any enrollee in the plan who live, resides, or works within the product's service area.

**Item 11.** If issuer will not offer the enrollee's current product through the Exchange for the following benefit year, or will offer the current product through the Exchange but will not offer a Silver plan under that product and will auto-enroll the enrollee in a Silver level plan under a different product offered through the Exchange in accordance with 45 CFR 155.335(j), include

the phrase “in [the Exchange]” and enter the Exchange name. For a Federally-facilitated Exchange, enter “the Marketplace.” Otherwise omit and skip to item 13.

**Item 12.** Enter the Exchange name. For a Federally-facilitated Exchange, enter “Marketplace.”

**Item 13.** Enter the last day on which the enrollee’s current coverage will remain in force through the Exchange, in format Month DD, YYYY.

**Item 14.** Enter the Exchange name. For a Federally-facilitated Exchange, enter “the Marketplace.”

**Item 15.** For discontinuances, non-renewals, or terminations effective at the end of a calendar year, enter the following benefit year, in format YYYY. For discontinuances, non-renewals, or terminations effective at any time other than the end of a calendar year, enter the month and year following the discontinuance, non-renewal, or termination in format Month YYYY.

**Item 16.** Enter the Exchange name. For a Federally-facilitated Exchange, enter “Marketplace.”

**Item 17.** The consumer qualifies for a special enrollment period based on loss of minimum essential coverage. Enter the date by which a plan selection must be made in accordance with 45 CFR 155.420(b) or, if such date falls within an open enrollment period, enter the end date of the open enrollment period, in format Month DD, YYYY.

**Items 18 and 19.** Enter the plan name in which the enrollee will be automatically re-enrolled.

**Item 20.** For discontinuances, non-renewals, or terminations effective at the end of a calendar year, enter the beginning month of the following benefit year, in format Month YYYY. For discontinuances, non-renewals, or terminations effective at any time other than the end of a calendar year, enter the month following the discontinuance, non-renewal, or termination, in format Month YYYY.

**Item 21.** For discontinuances, non-renewals, or terminations effective at the end of a calendar year, enter the beginning month of the following benefit year. For discontinuances, non-renewals, or terminations effective at any time other than the end of a calendar year, enter the month following the discontinuance, non-renewal, or termination, in format Month YYYY.

**Item 22.** Enter the monthly premium for the enrollment group for which data are available for the following policy year, minus the monthly amount of any advanced payments of the premium tax credit paid on behalf of the enrollment group for which data are available.

**Item 23.** Enter the actual or estimated total monthly premium for the following benefit year.

**Item 24.** Enter the phrase “the same amount of financial help you’re getting now” if the Exchange has not completed the annual eligibility redetermination by the time of providing the notice. If the Exchange has completed this redetermination by the time of providing the notice, enter the amount of advanced payments of the premium tax credit calculated from that redetermination.

**Item 25.** Enter the following year, in format YYYY.

**Item 26.** Enter the month in which the enrollee will receive a bill for the actual monthly payment for the following benefit year.

**Item 27.** Enter the current benefit year, in format YYYY.

**Item 28.** Enter the Exchange name. For a Federally-facilitated Exchange, enter “Marketplace.”

**Item 29.** Enter current year, in format YYYY.

**Item 30.** Enter the most recent amount of monthly premium for the enrollment group for which data are available for the current benefit year, minus the most recent monthly amount of any advance payments of the premium tax credit paid on behalf of the enrollment group for which data are available.

**Item 31.** Enter the most recent amount of monthly premium for the enrollment group for which data are available for the current benefit year.

**Item 32.** Enter the current year monthly amount of any advance payments of the premium tax credit paid on behalf of the enrollment group for which data are available. If the most recent APTC paid on behalf of the enrollment group is zero, enter 0.

**Item 33.** Include this paragraph if the enrollee is currently enrolled in a bronze level QHP, and the new plan to which the premium information on this Notice applies, is a bronze level QHP, consistent with 45 CFR 155.335(j). Otherwise, omit and skip to item 37. If the Exchange has completed the annual eligibility redetermination by the time of providing the notice, omit and skip to item 39.

**Item 34.** Enter the Exchange name. For a Federally-facilitated Exchange, enter “Marketplace.”

**Item 35.** Enter Issuer name.

**Item 36.** Enter the following year, in format YYYY.

**Item 37.** Enter the Exchange name. For a Federally-facilitated Exchange, enter “Marketplace.”

**Item 38.** Enter “this and” if the enrollee is currently enrolled in a bronze level QHP. Otherwise, omit and skip to item 39.

**Item 39.** Include this paragraph if the enrollee was previously enrolled in a bronze level QHP, but was re-enrolled in a silver level QHP by the Exchange consistent with 45 CFR 155.335(j)(4). If the Exchange has not completed the annual eligibility redetermination by the time of providing the notice, omit and skip to item 43.

**Item 40.** Enter the Exchange name. For a Federally-facilitated Exchange, enter “Marketplace.”

**Item 41.** Enter Issuer name.

**Item 42.** Enter the following year, in format YYYY.

**Item 43.** List significant plan changes, including but not limited to changes in deductibles, cost sharing, metal level, covered services, eligibility, plan formulary and provider network. For the purpose of describing plan changes, the issuer may use the current cost-sharing reductions (CSR) eligibility if it has not received the updated CSR eligibility from CMS. This section may also refer to enclosed supplemental materials. Do not include the italicized instructions.

**Item 44.** Enter the issuer website.

**Item 45.** For discontinuances, non-renewals, or terminations effective at the end of a calendar year, enter the following benefit year, in format YYYY. For discontinuances, non-renewals, or terminations effective at any time other than the end of a calendar year, enter the word “new.”

**Item 46.** Enter SBC web page for the applicable plan.

**Item 47.** The consumer qualifies for a special enrollment period based on loss of minimum essential coverage. Enter the date by which a plan selection must be made in accordance with 45 CFR 155.420(b) or, if such date falls within an open enrollment period, enter the end date of the open enrollment period, in format Month DD, YYYY.

**Item 48.** Enter the Exchange name. For a Federally-facilitated Exchange, enter “Marketplace.”

**Item 49.** Enter the date by which a plan selection must be made to avoid automatic re-enrollment, in format Month DD, YYYY.

**Item 50.** Enter the Exchange name. For a Federally-facilitated Exchange, enter “Marketplace.”

**Item 51.** For discontinuances, non-renewals, or terminations effective at the end of a calendar year, enter “in” and the following benefit year, in format YYYY. For discontinuances, non-renewals, or terminations effective at any time other than the end of a calendar year, omit.

**Item 52.** Enter plan name and HIOS Plan ID of plan into which the enrollee will be enrolled.

**Item 53.** Include this paragraph if the enrollee (except for Indian enrollees) is currently enrolled in a Silver level QHP and will be re-enrolled into a non-Silver level QHP, consistent with 45 CFR 155.335(j). Otherwise, omit and skip to item 53.

**Item 54.** Enter the applicable benefit year, in format YYYY.

**Item 55.** Enter the Exchange name. For a Federally-facilitated Exchange, enter “the Marketplace.”

**Item 56.** Enter last day of the current policy year, in format Month DD, YYYY.

**Item 57.** Enter the beginning and end dates of the special enrollment period for the loss of minimum essential coverage or, if such date falls within an open enrollment period, enter the end date of the open enrollment period, in format Month DD, YYYY.

**Items 58 and 59.** Enter the date by which a plan selection must be made and the corresponding coverage effective date that would result in no gap in coverage between the terminating coverage and the newly selected plan, in format Month DD, YYYY.

**Item 60.** Issuers on the Federally-facilitated Exchange, or on a State-based Exchange on the Federal platform, enter the following phrase: “If you choose a plan between December 16 and January 15, the new plan will start February 1.” Other issuers should omit, and skip to Item 61.

**Item 61.** Enter the Exchange website. For a Federally-facilitated Exchange, enter “HealthCare.gov.”

**Item 62.** Enter the Exchange name. For a Federally-facilitated Exchange, enter “Marketplace.”

**Item 63.** Enter the issuer name.

**Item 64.** Include this sentence only if enrollee’s current product remains available for renewal for the following benefit year, whether through or outside of the Exchange. Otherwise, omit and skip to item 68.

**Item 65.** For discontinuances, non-renewals, or terminations effective at the end of a calendar year, enter the following benefit year, in format YYYY. For discontinuances, non-renewals, or terminations effective at any time other than the end of a calendar year, omit.



**Item 66.** Include the words “as a Silver plan” if the enrollee’s current product will no longer include a Silver plan offered through the Exchange in the applicable benefit year.

**Item 67.** Enter the Exchange name. For a Federally-facilitated Exchange, enter “the Marketplace.”

**Item 68.** Enter the phrase “to lower your out-of-pocket costs” if you entered “as a Silver plan” in item 66. Otherwise, omit and skip to item 70.

**Item 69.** Enter the phrase “in a Silver plan” if you entered “as a Silver plan” in item 66. Otherwise, skip to item 71.

**Item 70.** Enter the Exchange name. For a Federally-facilitated Exchange, enter “the Marketplace.”

**Item 71.** Enter the current benefit year, in format YYYY.

**Item 72.** Enter the current benefit year, in format YYYY.

**Item 73.** Enter the current calendar year, in format YYYY.

**Item 74.** Enter the Exchange website. For a Federally-facilitated Exchange, enter “HealthCare.gov.”

**Item 75.** Enter the Exchange phone number. For a Federally-facilitated Exchange, enter “1-800-318-2596 (TTY: 1-855-889-4325).”

**Item 76.** Enter the Exchange name. For a Federally-facilitated Exchange, enter “the Marketplace.”

**Item 77.** Enter the issuer name.

**Item 78.** Enter the issuer phone number.

**Item 79.** Enter the issuer website.

**Item 80.** Enter LocalHelp.HealthCare.gov in a State with a Federally-facilitated Exchange. In other States, enter the appropriate website.

**Item 81.** Include this phrase if the enrollee has previously used an agent or broker to enroll. Otherwise, omit and skip to item 84.

**Item 82.** Enter “like” followed by the name of the agent or broker the enrollee has previously used, if known. Otherwise, omit and skip to item 84.

**Item 83.** Enter “Call” followed by the phone number of agent or broker the enrollee has previously used, if known. Otherwise, omit and skip to item 84.

**Item 84.** Enter the Exchange phone number and the Exchange TTY number. For a Federally-facilitated Exchange, enter “1-800-318-2596 (TTY: 1-855-889-4325).”

**Item 85.** Insert “Getting Help in Other Languages” if adding a tagline pursuant to instruction 82. Otherwise, leave blank.

**Item 86.** Insert a nondiscrimination notice and taglines consistent with any applicable state or federal requirements. If there are no such applicable non-discrimination requirements, insert the following:

Health insurance issuers are prohibited from employing marketing practices or benefit designs that will have the effect of discouraging the enrollment of individuals with significant health needs in health insurance coverage or discriminate based on an individual's race, color, national origin, present or predicted disability, age, sex (including sexual orientation and sexual identity), expected length of life, degree of medical dependency, quality of life, or other health conditions.

Taglines are optional but encouraged for issuers outside the Exchange if they are not otherwise subject to language access standards under applicable Federal or State law. As a reminder, issuers covered by Section 1557 are responsible for providing timely and accurate language assistance in non-English languages, regardless of whether a tagline is provided in the language, if the provision of such language assistance is a reasonable step to provide meaningful access to an individual with limited English proficiency in the issuer's health programs or activities.<sup>13</sup>

For QHP issuers subject to Section 1557 that are principally engaged in the provision or administration of health-related services, health-related coverage or other health-related coverage, all of the issuer's operations are considered part of the health program or activity, with limited exceptions. Consequently, a QHP issuer must comply with the nondiscrimination requirements of Section 1557 for the issuer's plans offered both inside and outside the Exchanges. A non-QHP issuer offering coverage outside the Exchanges might also be subject to Section 1557 if any health program or activity of the issuer receives Federal financial assistance.

If there are no such applicable tagline requirements, the following optional tagline may be inserted:

**English: This notice has important information.** This notice has important information about your application or coverage through [Issuer]. Look for key dates in this notice. You may need to take action by certain deadlines to keep your health coverage or help with costs. You have the right to get this information and help in your language at no cost. Call [phone number].

#### **PRA Disclosure Statement**

According to the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it displays a valid OMB control number. The valid OMB control number for this information collection is 0938-1254. The time required to complete this information collection is estimated to average 9 hours per response, including the time to review instructions, search existing data resources, gather the data needed, and complete and review the information collection. If you have comments concerning the accuracy of the time estimate(s) or suggestions for improving this form, please write to: CMS, 7500 Security Boulevard, Attn: PRA Reports Clearance Officer, Mail Stop C4-26-05, Baltimore, Maryland 21244-1850.

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<sup>13</sup> 45 CFR 92.101.

**Attachment 5: Discontinuation notice for the individual market outside the Exchange and the issuer is not automatically enrolling the enrollee in a different plan**

[1 Date]

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

**Important:** Your health coverage is ending. **Take action by [3 Date]**, or you won't have health coverage in [4 Year].

Thank you for choosing [5 Issuer] for your health care needs. [6 We're here to help you prepare for Open Enrollment.]

### Why am I getting this letter?

**Starting [7 Date], we won't offer your current health coverage [8 in your area]. You must enroll in a new plan to keep health coverage.** The last day of your current coverage is [9 Date]. Read this letter carefully and review your options.

You can choose a different plan between [10 Dates]. **Enroll in a different plan by [11 Date] to avoid a gap in your coverage.**

### What you need to do

Review your coverage options and pick a different plan. If you don't have health coverage, you'll have to pay for all of your health care.

#### Here are some ways to look at other plans and enroll:

- Check with [12 Issuer] to see what other plans may be available. You won't get financial help unless you qualify and enroll through [13 Exchange].
- Visit [14 Exchange website] to see [15 Exchange] plans. Compare plans to save money and find a plan that best meets your needs and budget. Select the Plan name and ID of the plan you want to enroll in.

#### We're here to help

- Call [16 Issuer] at [17 Issuer phone number] or visit [18 Issuer website].

- Visit [19 Exchange website], or call [20 Exchange phone number] to learn more about [21 Exchange] and to see if you qualify for lower costs.
- Find in-person help from an assister, agent, or broker in your community at [22 Website].
- [23 Contact an agent or broker you've worked with before [24 like Agent/broker name]. [25 Call Agent/broker phone number].]
- [26 Call [27 Issuer phone number] to get this information in an accessible format, like large print, Braille, or audio, at no cost to you].

## **[28 Getting help in other languages]**

*[29 Insert non-discrimination notice and taglines consistent with any applicable state or federal requirements. If there are no such requirements, see required non-discrimination notice and optional taglines]*

**Instructions for Attachment 5 – Discontinuation notice for the individual market outside the Exchange and the issuer is not automatically enrolling the enrollee in a different plan**

**General instructions:**

This notice must be used when the issuer is non-renewing coverage purchased outside the Exchange based on a product discontinuation or there no longer being any enrollee in the plan who live, resides, or works within the product’s service area, and not automatically enrolling the enrollee in a different plan. It doesn’t need to display the OMB control number.

**Item 1.** Enter the date of the notice, in format Month DD, YYYY.

**Item 2.** Enter the full name and address of the primary subscriber. In the individual market, the primary subscriber means the individual who purchases the policy and who is responsible for the payment of premiums.

**Item 3.** The consumer qualifies for a special enrollment period based on loss of minimum essential coverage. Enter the date by which a plan selection must be made in accordance with 45 CFR 155.420(b) to avoid a gap in coverage, in format Month DD, YYYY.

**Item 4.** For discontinuances, non-renewals, or terminations effective at the end of a calendar year, enter the following year, in format YYYY. For discontinuances, non-renewals, or terminations effective at any time other than the end of a calendar year, enter the month and year, in format Month YYYY.

**Item 5.** Enter the issuer name.

**Item 6.** Enter the phrase “We’re here to help you prepare for Open Enrollment” only if the current policy is terminating on a calendar year basis. Otherwise, omit and skip to item 7.

**Item 7.** For discontinuances, non-renewals, or terminations effective at the end of a calendar year, enter the following year, in format YYYY. For discontinuances, non-renewals, or terminations effective at any time other than the end of a calendar year, enter the month and year, in format Month YYYY.

**Item 8.** Enter the phrase “in your area” if non-renewing or terminating based on the fact that there is no longer being any enrollee in the plan who live, resides, or works within the product’s service area. Otherwise, omit and skip to item 9.

**Item 9.** Enter the last day on which the enrollee’s current coverage will remain in force, in format Month DD, YYYY.

**Item 10.** Enter the beginning and end dates of the special enrollment period for the loss of minimum essential coverage or, if such date falls within an annual open enrollment period, enter the end date of the open enrollment period, in format Month DD, YYYY.

**Item 11.** The consumer qualifies for a special enrollment period based on loss of minimum essential coverage. Enter the date by which a plan selection must be made in accordance with 45 CFR 155.420(b) to avoid a gap in coverage, in format Month DD, YYYY.

**Item 12.** Enter the issuer name.

**Item 13.** Enter the Exchange name. For a Federally-facilitated Exchange, enter “the Health Insurance Marketplace®.”

**Item 14.** Enter the Exchange website. For a Federally-facilitated Exchange, enter “HealthCare.gov.”

**Item 15.** Enter the Exchange name. For a Federally-facilitated Exchange, enter “Marketplace.”

**Item 16.** Enter the issuer name.

**Item 17.** Enter issuer phone number.

**Item 18.** Enter issuer website.

**Item 19.** Enter the Exchange website. For a Federally-facilitated Exchange, enter “HealthCare.gov.”

**Item 20.** Enter the Exchange phone number. For a Federally-facilitated Exchange, enter “1-800-318-2596 (TTY: 1-855-889-4325).”

**Item 21.** Enter the Exchange name. For a Federally-facilitated Exchange, enter “the Marketplace.”

**Item 22.** Enter LocalHelp.HealthCare.gov in a State with a Federally-facilitated Exchange. In other States, enter the appropriate website.

**Item 23.** Include this phrase if the enrollee has previously used an agent or broker to enroll. Otherwise, omit and skip to item 26.

**Item 24.** Enter “like” followed by the name of the agent or broker the enrollee has previously used, if known. Otherwise, omit and skip to item 26.

**Item 25.** Enter “Call” followed by the phone number of agent or broker the enrollee has previously used, if known. Otherwise, omit skip to item 26.

**Item 26.** This sentence must be included for issuers subject to 1557 of the Affordable Care Act or other applicable Federal or State law and is otherwise encouraged to be included. If this sentence is omitted, skip to item 28.

**Item 27.** Enter issuer phone number and issuer TTY number.

**Item 28.** Insert “Getting Help in Other Languages” if adding a tagline pursuant to instruction 29. Otherwise, leave blank.

**Item 29.** Insert a nondiscrimination notice and taglines consistent with any applicable state or federal requirements. If there are no such applicable non-discrimination requirements, insert the following:

Health insurance issuers are prohibited from employing marketing practices or benefit designs that will have the effect of discouraging the enrollment of individuals with significant health needs in health insurance coverage or discriminate based on an individual's race, color, national origin, present or predicted disability, age, sex (including sexual orientation and sexual identity), expected length of life, degree of medical dependency, quality of life, or other health conditions.

Taglines are optional but encouraged for issuers outside the Exchange if they are not otherwise subject to language access standards under applicable Federal or State law. As a reminder, issuers covered by Section 1557 are responsible for providing timely and accurate language assistance in non-English languages, regardless of whether a tagline is provided in the language, if the provision of such language assistance is a reasonable step to provide meaningful access to an individual with limited English proficiency in the issuer's health programs or activities.<sup>14</sup>

If there are no such applicable tagline requirements, the following optional tagline may be inserted:

**English: This notice has important information.** This notice has important information about your application or coverage through [Issuer]. Look for key dates in this notice. You may need to take action by certain deadlines to keep your health coverage or help with costs. You have the right to get this information and help in your language at no cost. Call [phone number].

#### **PRA Disclosure Statement**

According to the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it displays a valid OMB control number. The valid OMB control number for this information collection is 0938-1254. The time required to complete this information collection is estimated to average 4.5 hours per response, including the time to review instructions, search existing data resources, gather the data needed, and complete and review the information collection. If you have comments concerning the accuracy of the time estimate(s) or suggestions for improving this form, please write to: CMS, 7500 Security Boulevard, Attn: PRA Reports Clearance Officer, Mail Stop C4-26-05, Baltimore, Maryland 21244-1850.

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<sup>14</sup> 45 CFR 92.101.

**Attachment 6: Discontinuation notice for the individual market where coverage being discontinued was in a QHP offered through the Exchange and the issuer is not automatically enrolling the enrollee in a different plan**

[1 Date]

[2 [First Name]][Last Name]

[Address line 1]

[Address line 2]

[City][State][Zip]

**Important:** Your health coverage is ending. **Take action by [3 Date]**, or you may not have health coverage in [4 Year].

Thank you for choosing [5 Issuer] for your health care needs. [6 We're here to help you prepare for Open Enrollment.]

## Why am I getting this letter?

**Starting [7 Date], we won't offer [8 in your area] your current health coverage [9 in the Exchange].** The last day of your current [10 Exchange] coverage is [11 Date]. Read this letter carefully and review your options.

You can choose a different plan between [12 Dates]. **Enroll in a different plan by [13 Date] to avoid a gap in your coverage.**

## What you need to do

Review your coverage options and pick a different plan. If you don't have health coverage, you'll have to pay for all of your health care.

### 1. Update your [14 Exchange] application by [15 Date].

Review and if necessary, update your [16 Exchange] application to make sure the information is still current and correct, and to see if you may qualify for more or less financial help in [17 Year] than you're getting now. This may result in a lower monthly premium payment or lower out-of-pocket costs (like deductibles, copayments, and coinsurance). Plus, you can help avoid paying money back when you file your taxes.

### 2. Choose a different plan.

#### Here are some ways to look at other plans and enroll:

- Visit [18 Exchange website] to find other [19 Exchange] plans. Compare plans to save money and find a plan that best meets your needs and budget. Select the Plan name and ID of the plan you want to enroll in.



If you don't enroll in a plan on your own, [20 Exchange] may automatically enroll you in a plan it picks for you.

[21 *For enrollees currently enrolled in a bronze level QHP, insert:*] Also, if you currently have a Bronze category plan and qualify for extra savings, [22 Exchange] may enroll you in a Silver plan so you'll get the most help to lower your costs in [23 Year].

- Check with [24 Issuer] to see what other plans may be available, including whether the plan you now have can be purchased directly through [25 Issuer].

[26 *Issuers on the Federally-facilitated Exchange or on a State-based Exchange on the Federal platform, insert:* If you choose a plan between December 16 and January 15, the new plan will start February 1.]

[27 **Important:** You may be able to keep your current coverage, but in [28 Year], it won't be offered [29 as a Silver plan] [30 through the Exchange]]. Remember, you won't get financial help [31 to lower your out-of-pockets costs] unless you qualify and enroll [32 in a Silver plan] through [33Exchange].

**Note:** If you got financial help in [34 Year] to lower your monthly premium, you'll have to "reconcile" using IRS Form 8962 when you file your federal taxes. This means you'll compare the amount of premium tax credit you got in advance during [35 Year] with the amount you actually qualify for based on your final [36 Year] household income and eligibility information. If the amounts are different, it may change the amount you owe or get back when you file your taxes. For more information about the premium tax credit, visit: <https://www.irs.gov/affordable-care-act/individuals-and-families/the-premium-tax-credit-the-basics>

## We're here to help

- Visit [37 Exchange website], or call [38 Exchange phone number] to learn more about [39 Exchange] and to see if you qualify for lower costs.
- Call [40 Issuer] at [41 Issuer phone number] or visit [42 Issuer website].
- Find in-person help from an assister, agent, or broker in your community at [43 Website].
- [44 Contact an agent or broker you've worked with before [45 like Agent/broker name]. [46 Call [Agent/broker phone number].]
- Call [47 Exchange phone number] for a reasonable accommodation to get this information in an accessible format, like large print, Braille, or audio, at no cost to you.

## [48 Getting help in other languages]

*[49 Insert non-discrimination notice and taglines consistent with any applicable state or federal requirements. If there are no such requirements, see required non-discrimination notice and optional taglines]*

**Instructions for Attachment 6 – Discontinuation notice for the individual market where coverage being discontinued was in a QHP offered through the Exchange and the issuer is not automatically enrolling the enrollee in a different plan**

**General instructions:**

This notice must be used when the QHP enrollee's product is not available for renewal through or outside the Exchange and the issuer is not automatically enrolling the enrollee in a different plan through the Exchange. This includes non-renewals or terminations based on a product discontinuation or there no longer being any enrollee in the plan who lives, resides or works within the product's service area. This notice must also be used when the QHP enrollee's current product is not available for renewal through the Exchange but remains available for renewal outside the Exchange, and the issuer no longer has plans available for re-enrollment through the Exchange. It doesn't need to display the OMB control number.

**Item 1.** Enter the date of the notice, in format Month DD, YYYY.

**Item 2.** Enter the full name and address of the primary subscriber. In the individual market, the primary subscriber means the individual who purchases the policy and who is responsible for the payment of premiums.

**Item 3.** The consumer qualifies for a special enrollment period based on loss of minimum essential coverage. Enter the date by which a plan selection must be made in accordance with 45 CFR 155.420(b), in order to avoid a gap in coverage, in format Month DD, YYYY.

**Item 4.** For discontinuances, non-renewals, or terminations effective at the end of a calendar year, enter the following year, in format YYYY. For discontinuances, non-renewals, or terminations effective at any time other than the end of a calendar year, enter the month and year, in format Month YYYY.

**Item 5.** Enter the issuer name.

**Item 6.** Enter the phrase "We're here to help you prepare for Open Enrollment" only if the current policy is terminating on a calendar year basis. Otherwise, omit and skip to item 7.

**Item 7.** For discontinuances, non-renewals, or terminations effective at the end of a calendar year, enter the following year, in format YYYY. For discontinuances, non-renewals, or terminations effective at any time other than the end of a calendar year, enter the month and year, in format Month YYYY.

**Item 8.** Enter the phrase "in your area" if non-renewing or terminating based on the fact that there is no longer any enrollee under the plan who lives, resides, or works in the product's service area. Otherwise, omit and skip to item 9.

**Item 9.** Include this phrase if issuer will not offer the enrollee's current product through the Exchange for the following benefit year (even if the product remains available for renewal outside the Exchange). In such cases, for a Federally-facilitated Exchange, enter "the Health Insurance Marketplace®." Otherwise omit and skip to item 10.

**Item 10.** Enter the Exchange name. For a Federally-facilitated Exchange, enter “the Marketplace.” Note that if Item 9 isn’t included, enter “the Health Insurance Marketplace®. (The first instance is the full name, and subsequent references is “Marketplace”.)

**Item 11.** Enter the last day on which the enrollee’s current coverage will remain in force through the Exchange, in format Month DD, YYYY.

**Item 12.** Enter the beginning and end dates of the special enrollment period for the loss of minimum essential coverage or, if such date falls within an annual open enrollment period, enter the beginning and end date of the open enrollment period, in format Month DD, YYYY.

**Item 13.** The consumer qualifies for a special enrollment period based on loss of minimum essential coverage. Enter the date by which a plan selection must be made in accordance with 45 CFR 155.420(b), to avoid a gap in coverage, in format Month DD, YYYY.

**Item 14.** Enter the Exchange name. For a Federally-facilitated Exchange, enter “Marketplace.”

**Item 15.** Enter the date by which a plan selection must be made to avoid automatic re-enrollment, in format Month DD, YYYY.

**Item 16.** Enter the Exchange name. For a Federally-facilitated Exchange, enter “Marketplace.”

**Item 17.** For discontinuances, non-renewals, or terminations effective at the end of a calendar year, enter the following benefit year, in format YYYY. For discontinuances, non-renewals, or terminations effective at any time other than the end of a calendar year, omit.

**Item 18.** Enter the Exchange website. For a Federally-facilitated Exchange, enter “HealthCare.gov.”

**Item 19.** Enter the Exchange name. For a Federally-facilitated Exchange, enter “Marketplace.”

**Item 20.** Enter the Exchange name. For a Federally-facilitated Exchange, enter “the Marketplace.”

**Item 21:** Include this paragraph if the enrollee is currently enrolled in a bronze level QHP, consistent with 45 CFR 155.335(j). Otherwise, omit and skip to item 24.

**Item 22** Enter the Exchange name. For a Federally-facilitated Exchange, enter “Marketplace.”

**Item 23.** Enter the following year, in format YYYY.

**Item 24 and Item 25.** Enter the issuer name.

**Item 26.** Issuers on the Federally-facilitated Exchange, or on a State-based Exchange on the Federal platform, enter the following phrase: “If you choose a plan between December 16 and January 15, the new plan will start February 1.” Other issuers should omit, and skip to Item 27.

**Item 27.** Include this sentence only if the enrollee’s current product remains available for renewal for the following benefit year, whether through or outside the Exchange. Otherwise, omit and skip to item 31.

**Item 28.** For discontinuances, non-renewals, or terminations effective at the end of a calendar year, enter the following benefit year, in format YYYY. For discontinuances, non-renewals, or terminations effective at any time other than the end of a calendar year, omit.

**Item 29.** Include the words “as a Silver plan” if the enrollee’s current product will no longer include a Silver plan offered through the Exchange in the applicable benefit year.

**Item 30.** Enter the word “through” followed by the Exchange name if either the words “as a Silver” plan were entered in item 28 or the enrollee’s current product remains available outside the Exchange, but no longer remains available for renewal through the Exchange. In this case, enter the Exchange name. For a Federally-facilitated Exchange, enter “the Marketplace.”

**Item 31.** Enter the phrase “to lower your out-of-pocket costs” if the words “as a Silver plan” were entered in item 29. Otherwise, omit and skip to item 32.

**Item 32.** Enter the phrase “in a Silver plan” if you entered “as a Silver plan” in item 29. Otherwise, omit and skip to item 33.

**Item 33.** Enter the Exchange name. For a Federally-facilitated Exchange, enter “the Marketplace.”

**Item 34.** Enter the current benefit year, in format YYYY.

**Item 35.** Enter the current benefit year, in format YYYY.

**Item 36.** Enter the current calendar year, in format YYYY.

**Item 37.** Enter the Exchange website. For a Federally-facilitated Exchange, enter “HealthCare.gov.”

**Item 38.** Enter the Exchange phone number. For a Federally-facilitated Exchange, enter “1-800-318-2596 (TTY: 1-855-889-4325).”

**Item 39.** Enter the Exchange name. For a Federally-facilitated Exchange, enter “the Marketplace.”

**Item 40.** Enter issuer name.

**Item 41.** Enter issuer phone number.

**Item 42.** Enter issuer website.

**Item 43.** Enter LocalHelp.HealthCare.gov in a State with a Federally-facilitated Exchange. In other States, enter the appropriate website.

**Item 44.** Include this phrase if the enrollee has previously used an agent or broker to enroll. Otherwise, omit and skip to item 47.

**Item 45.** Enter “like” followed by the name of the agent or broker the enrollee has previously used, if known. Otherwise, omit and skip to item 47.

**Item 46.** Enter “Call” followed by the phone number of agent or broker the enrollee has previously used, if known. Otherwise, omit and skip to item 47.

**Item 47.** Enter the Exchange phone number and Exchange TTY number. For a Federally-facilitated Exchange, enter “1-800-318-2596 (TTY: 1-855-889-4325).”

**Item 48.** Insert “Getting Help in Other Languages” if adding a tagline pursuant to instruction 49. Otherwise, leave blank.

**Item 49.** Insert a nondiscrimination notice and taglines consistent with any state or federal requirements. If there are no such applicable non-discrimination requirements, insert the following:

Health insurance issuers are prohibited from employing marketing practices or benefit designs that will have the effect of discouraging the enrollment of individuals with significant health needs in health insurance coverage or discriminate based on an individual's race, color, national origin, present or predicted disability, age, sex (including sexual orientation and sexual identity), expected length of life, degree of medical dependency, quality of life, or other health conditions.

Taglines are optional but encouraged for issuers outside the Exchange if they are not subject to language access standards under applicable Federal or State law. As a reminder, issuers covered by Section 1557 are responsible for providing timely and accurate language assistance in non-English languages, regardless of whether a tagline is provided in the language, if the provision of such language assistance is a reasonable step to provide meaningful access to an individual with limited English proficiency in the issuer's health programs or activities.<sup>15</sup>

If there are no such applicable tagline requirements, the following optional tagline may be inserted:

**English: This notice has important information.** This notice has important information about your application or coverage through [Issuer]. Look for key dates in this notice. You may need to take action by certain deadlines to keep your health coverage or help with costs. You have the right to get this information and help in your language at no cost. Call [phone number].

#### **PRA Disclosure Statement**

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<sup>15</sup> 45 CFR 92.101.