

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.~~

Important: It's time to review your health coverage. Pick a plan 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~~ We're still offering 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].

You did not enroll in [9 Plan name] ~~isn't an~~ **through** [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~~ **unless** you ~~stay~~ **enroll in this** plan ~~through~~ **through** [11 Exchange].

- To find out if you qualify for these savings and to enroll in a plan through [11 Exchange], visit [12 Exchange], visit [13 Exchange] website by [13] [14 Date].
- If you don't enroll in a plan through [14] [15 Exchange] by [15] [16 Date], you may not be able to do so for [16] [17 Year], even if your finances change.

What's changing in [17] [18 Year]?

Your new premium

- Starting in [18] [19 Month], your [19] [20 estimated] monthly premium amount in [2021 Plan name] will be \$[21] [22 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~~23 Month] bill.

- Your [~~23~~24 Current year] monthly premium amount is \$[~~24~~25 Dollar amount].

Other changes

- *[2526 Briefly describe plan changes and/or refer to enclosed materials]*
- You can review more details about your plan at [2627 Issuer website] and in your [2728 Year] Summary of Benefits and Coverage at [2829 SBC web page].

What ~~you need to~~ should I do next?

Decide if you want to enroll in [~~29-plan~~30 Plan name] outside of [31 Exchange] or choose another one.

- ☐ **I want to enroll in this plan- outside of [32 Exchange].**
Pay the new monthly premium [3033 by Date] and you'll be automatically enrolled.
- ☐ **I want to pick a different plan.**
[3134 You can choose a different plan between [3235 Dates]. Enroll by [3336 Date] for coverage to start [3437 Date].]

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

- Check with [3538 Issuer] to see what other plans may be available. ~~Remember, you won't get financial help unless you qualify and enroll through [36-, including whether [39 Plan name] is available on [40 Exchange].~~
- Visit [3741 Exchange website] to see [3842 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 [43 Exchange].

We're here to help

- Call [3944 Issuer] at [4045 Issuer phone number] or visit [4146 Issuer website].
- Visit [4247 Exchange website], or call [4348 Exchange phone number] to learn more about [4449 Exchange] and to see if you qualify for lower costs.
- Find in-person help from an assister, agent, or broker in your community at [4550 Website]
- [4651 Contact an agent or broker you've worked with before [4752 like Agent/broker name]. [4853 Call Agent/broker phone number].]
- [4954 Call [5055 Issuer phone number] to get this information in an accessible format, like large print, Braille~~braille~~, or audio, at no cost to you.]

~~[51~~

[56 Getting help in other languages]

[5257 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 “Health Insurance Marketplace®.”

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

Item 13. Enter the Exchange website. For a Federally-facilitated Exchange, enter “HealthCare.gov.”

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

Item 16. Enter the date by which a plan selection must be made, in format Month DD.

Item 1617. For calendar year plans enter the following year, in format YYYY. For non-calendar year plans, enter the phrase “until Open Enrollment.”

Item 1718. For calendar year plans enter the following year, in format YYYY. For non-calendar year plans, enter the phrase “the next policy year.”

Item 1819. Enter the beginning month of the following policy year.

~~Item 19~~**Item 20.** 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 2021. Enter plan name

Item 2122. Enter the monthly amount of premium for the enrollment group for which data are available, for the following policy year.

Item 2223. Enter the month in which the enrollee will receive a bill for the actual monthly premium for the following policy year.

Item 2324. If a calendar year plan, enter the current year, in format YYYY. If a non-calendar year plan, enter the word “current.”

Item 2425. Enter the most recent monthly amount of premium for the enrollment group for which data are available, for the current policy year.

Item 2526. 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 2627. Enter the issuer website.

Item 2728. If a calendar year plan, enter the following year, in format YYYY. If a non-calendar year plan, enter the word “new.”

Item 2829. Enter the SBC webpage for the applicable plan.

Item 2930. Enter plan name.

Item 3031. Enter “the Exchange name. For a Federally-facilitated Exchange, enter “the Marketplace.”

Item 32. Enter the Exchange name. For a Federally-facilitated Exchange, enter “the Marketplace.”

Item 33. Enter “by” and due date for first premium for following policy year or omit and skip to item ~~31.~~**34.**

Item 3134. 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.~~**item 38.** 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 3235. Enter the beginning and end dates of the annual open enrollment period for the applicable benefit year, in format Month DD, YYYY.

Items 3336 and 3437. 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.~~**Item 38.** Enter the issuer name.

~~Item 36.~~**Item 39.** Enter plan name.

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

~~Item 37.~~**Item 41.** Enter the Exchange website. For a Federally-facilitated Exchange, enter “HealthCare.gov.”

Item 42. ~~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.~~ **Item 43.** Enter the Exchange website. For a Federally-facilitated Exchange, enter “HealthCare.gov.”

Item 44. Enter the issuer name.

Item 45. Enter issuer phone number.

Item 46. Enter the issuer website. **43**

Item 47. Enter the Exchange website. For a Federally-facilitated Exchange, enter “HealthCare.gov.”

Item 48. Enter the Exchange phone number. For a Federally-facilitated Exchange, enter “1-800-318-2596 (TTY: 1-855-889-4325).”

Item 4449. Enter the Exchange name. For a Federally-facilitated Exchange, enter “the Marketplace.”

Item 50. ~~Item 45.~~ Enter LocalHelp.HealthCare.gov in a State with a Federally-facilitated Exchange. In other States, enter the appropriate website.

Item 4651. Include this phrase if the enrollee has previously used an agent or broker to enroll. Otherwise, omit and skip to item **49.54.**

Item 4752. Insert “like” followed by the name of the agent or broker the enrollee previously used, if known. Otherwise, omit and skip to item **49.54.**

Item 4853. Insert “Call” followed by the phone number of the agent or broker the enrollee previously used, if known. Otherwise, omit and skip to item **49.54.**

Item 4954. 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 **54.56.**

Item 5055. Enter issuer phone number and issuer TTY number.

Item 5156. Insert “Getting Help in Other Languages” if adding a tagline pursuant to instruction **5257.** Otherwise, leave blank.

Item 5257. 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.^{~~1~~}

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,

~~¹ 45 CFR 92.101.~~

¹ 45 CFR 92.101.

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 ~~0938-4254.0935-1254. This information collection is used by issuers in the individual market to provide notice where coverage is being renewed outside the Exchange.~~ 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- ~~and provide the notice to individuals. This information collection is mandatory (45 CFR 147.106). This is a third party disclosure, and the issue of confidentiality between third parties is out of scope for the 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- ~~or Russell.tipps@cms.hhs.gov, Attention: Information Collections Clearance Officer.~~

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.~~

Important: It's time to review your health coverage. Update your [3 Exchange] application and pick a plan by [4 Date], or we'll automatically re-enroll you in the same or similar coverage for [5 Year]. This may change some of your costs and coverage, so review your options carefully.

Thank you for choosing [56 Issuer] for your health care needs. We're here to help you prepare for Open Enrollment.

Why am I getting this letter?

~~Your~~We're still offering your health coverage ~~is still being offered~~ in [67 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, then~~ update your ~~information~~application with [78 Exchange].

What's changing in [89 Year]?

Your new premium

- Starting in [910 Month], your new monthly ~~payment~~premium amount is estimated to be \$[1011 Dollar amount].

Here's the math: Monthly premium of \$[1112 Dollar amount] minus [1213 Phrase or dollar amount] of possible financial help. Your actual monthly ~~payment~~premium amount may be different because your financial help may change in [1314 Year]. You'll find out your new monthly ~~payment~~premium when you get your [1415 Month] bill.

Important: This estimated monthly ~~payment~~premium is based on current information we have for [1516 Year]. It might not account for some or all changes that could impact your monthly ~~payment~~premium, 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~~premium, update your [1617 Exchange] application. ~~Get details in~~ For more information about updating your application, go to "What ~~you need to~~should I do" next?" below.

- Your [~~17~~18 Current year] monthly ~~payment is \$[18 Dollar premium amount~~ is \$[19 Dollar amount].

Here's the math: Monthly premium of \$[~~19 Dollar~~20Dollar amount] minus \$[~~20~~21 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

- [3422 Briefly describe plan changes and/or refer to enclosed materials]
- You can review more details about your plan at [3223 Issuer website] and in your [3324 Year] Summary of Benefits and Coverage at [3425 SBC web page].

What ~~you need to~~ should I do next?

1. Update your [3526 Exchange] application by [3627 Date].

Review ~~and if necessary, update~~ your [3728 Exchange] application to make sure the information is still current and correct, and ~~to see make any necessary updates. After you submit your updated application, you'll find out~~ if you qualify for more or less financial help than in [3829 Year]. This ~~may result in could mean you'll pay~~ a lower monthly ~~payment premium amount~~ or lower out-of-pocket costs (like deductibles, copayments, and coinsurance). Plus, you ~~can help avoid paying might not owe~~ money ~~back~~ when you file your taxes.

[30 For automatic re-enrollment of consumers whose premium tax credit amount resulted in a \$0 premium in the current benefit year] Important: Our records show you had a \$0 monthly premium amount in [31 Year]. You must update your application to qualify for a \$0 monthly premium amount in [32 Next Year]. Depending on your updated information, your [33 Next Year] monthly premium amount could still be higher than it was in [34 Current Year].

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

☐ I want to enroll in this plan.

Select [3935 Plan name and ID] to enroll.

[40

[36 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 [4137 Year]. ~~You~~ This means 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~~ You must go back to [4238 Exchange] and enroll in a Silver plan. ~~to find out if you qualify to get financial help.~~ If you don't enroll in a Silver plan, any

financial help you currently get to lower your out-of-pocket costs will ~~stop~~end on December 31.]

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

You can choose a different plan between [4339 Dates]. Enroll by [4440 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 [4641 Exchange website] to find other [4742 Exchange] plans. Compare plans to save money and find ~~a plan~~one that best meets your needs and budget. Select the Plan name and ID of the plan you want to enroll in. ~~Check~~You can also check with [4843 Issuer] to ~~see~~find out what other plans may be available. Remember, you won't get financial help unless you qualify and enroll through [4944 Exchange].

Note: If you got financial help in [5045 Year] to lower your monthly premium, ~~you'll have to you must file federal income taxes and "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] qualified for with the amount you actually qualify for based on your final [52 Year] household income and eligibility information used during [46 Year].~~ If the amounts are different, it may change the amount you owe or get back when you file your ~~taxes~~federal income taxes. To reconcile the premium tax credit, you must complete IRS Form 8962 "Premium Tax Credit (PTC)" and include it with your federal tax return. 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 [5347 Exchange website], or call [5448 Exchange phone number] to learn more about [5549 Exchange] and ~~to see~~find out if you qualify for lower costs.
- Call [5650 Issuer] at [5751 Issuer phone number] or visit [5852 Issuer website].
- Find in-person help from an assister, agent, or broker in your community at [5953 Website].
- [6054 Contact an agent or broker you've worked with before [6155 like Agent/broker name]. [6256 Call Agent/broker phone number.]]
- Call [6357 Exchange phone number] to get this information in an accessible format, like large print, Braille~~braille~~, or audio, at no cost to you.

~~{64~~

[58 Getting help in other languages]

~~[65 insert~~59 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.~~ **Item 3.** Enter the Exchange name. For a Federally-facilitated Exchange, enter "the Health Insurance Marketplace®."

Item 4. Enter the date by which a plan selection must be made to avoid automatic re-enrollment, in format Month DD, YYYY

Item 45: Enter the following year, in format YYYY.

~~Item 5.~~ **Item 6.** Enter the issuer name.

~~Item 7.~~ ~~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 Exchange name. For a Federally-facilitated Exchange, enter "the Health Insurance Marketplace®."

Item 9. Enter the following year, in format YYYY.

Item 910. Enter the beginning month of the following benefit year.

Item 1011. 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 1112. Enter the actual or estimated amount of monthly premium for the enrollment group for which data are available for the following benefit year.

Item 1213. 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 1314. Enter the following year, in format YYYY.

Item 1415. Enter the month in which the enrollee will receive a bill for the actual monthly payment for the following benefit year.

Item 1516. Enter the ~~current benefit~~ year from which financial information is being used to calculate the future year estimated premium amount, in format YYYY.

~~Item 16.~~ **Item 17.** Enter the Exchange name. For a Federally-facilitated Exchange, enter "Marketplace."

Item 18. ~~Item 17.~~ Enter the current year, in format YYYY.

Item 19. ~~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. 1920. Enter the most recent monthly amount of premium for the enrollment group for which data are available for the current benefit year.

Item 2021. 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. ~~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 3223. Enter the issuer website.

Item 3324. Enter the following year, in format YYYY.

Item 3425. Enter SBC web page for the applicable plan.

Item 3526. Enter the Exchange name. For a Federally-facilitated Exchange, enter “Marketplace.”

Item 27. ~~Item 36.~~ Enter the date by which a plan selection must be made to avoid automatic re-enrollment, in format Month DD.

Item 3728. Enter the Exchange name. For a Federally-facilitated Exchange, enter “Marketplace.”

Item 3829. Enter the current benefit year, in format YYYY.

Item 30. Include this paragraph if an enrollee's portion of premium after advanced payments of the premium tax credit is \$0 for the current benefit year. Otherwise, omit and skip to item 35.

Item 31. Enter the current year, in format YYYY.

Item 32. Enter the following year, in format YYYY.

Item 3933. Enter the following year, in format YYYY

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

Item 35. Enter plan name and HIOS Plan ID of plan into which the enrollee's coverage will be renewed.

~~Item 40.~~ **Item 36.** 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 43-39.

Item 4137. Enter the following benefit year, in format YYYY.

Item 4238. Enter the Exchange name. For a Federally-facilitated Exchange, enter "the Marketplace."

Item 4339. Enter the beginning and end dates of the annual open enrollment period for the applicable benefit year, in format Month DD, YYYY.

Item 4440. 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 4641.** Enter the Exchange website. For a Federally-facilitated Exchange, enter "HealthCare.gov."~~

Item 4742. Enter the Exchange name. For a Federally-facilitated Exchange, enter "Marketplace."

Item 4843. Enter the issuer name.

~~**Item 44.**~~ ~~**Item 49.**~~ Enter the Exchange name. For a Federally-facilitated Exchange, enter "the Marketplace."

~~**Items 50-5245-46.**~~ Enter the current benefit year, in format YYYY.

~~**Item 47.**~~ ~~**Item 53.**~~ Enter the Exchange website. For a Federally-facilitated Exchange, enter "HealthCare.gov."

Item 5448. Enter the Exchange phone number. For a Federally-facilitated Exchange, enter "1-800-318-2596 (TTY: 1-855-889-4325)."

~~**Item 55.**~~ ~~**Item 49.**~~ Enter the Exchange name. For a Federally-facilitated Exchange, enter "the Marketplace."

Item 5650. Enter the issuer name.

Item 5751. Enter the issuer phone number.

Item 5852. Enter the issuer website.

~~**Item 59.**~~ ~~**Item 53.**~~ Enter LocalHelp.HealthCare.gov in a State with a Federally-facilitated Exchange. In other States, enter the appropriate website.

Item 6054. Include this phrase if the enrollee has previously used an agent or broker to enroll. Otherwise, omit and skip to item ~~63-57.~~

Item 6155. Enter “like” followed by the name of the agent or broker the enrollee has previously used, if known. Otherwise, omit and skip to item ~~63-57~~.

Item 6256. Enter “Call” followed by the phone number of agent or broker the enrollee has previously used, if known. Otherwise, omit and skip to item ~~63-57~~.

Item 6357. 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 6458. Insert “Getting Help in Other Languages” if adding a tagline pursuant to instruction item 65. Otherwise, leave blank.

Item 6559. 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),²~~ 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.⁴²

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 ~~0938-1254-0935-1254~~. This information collection is used by QHP issuers in the individual market to provide notice where coverage is being renewed in a QHP offered under the same product through the Exchange. 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- and provide the notice to individuals. This information collection is mandatory (45 CFR 147.106). This is a third party disclosure, and the issue of confidentiality between third parties is out of scope for the collection. If you have comments concerning the accuracy of the

² 45 CFR 92.101.

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.

~~45 CFR 92.101~~ or Russell.tipps@cms.hhs.gov, Attention: Information Collections Clearance Officer.

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]

[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.~~

Important: Your plan will no longer be offered next year. Pick a plan 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.

What's changing in [9 Year]?

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~~ For more information about picking ~~another a new~~ plan ~~in, go to~~ "What ~~you~~ need to ~~should I do" next?"~~ below.).

If we automatically enroll you in [14 Plan name] ~~isn't an [15 Exchange] plan. You, 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~~find out if you qualify for these savings and to enroll in a plan through [15 Exchange], visit [16 Exchange], ~~visit [17 Exchange website]~~ by [1817 Date].
- If you don't enroll in a plan through [1918 Exchange] by [2019 Date], you may not be able to do so for [2120 Year], even if your finances change.

Your new premium

- Starting in [2221 Month], your [2322 estimated] new monthly premium in [2423 Plan name] will be \$[2524 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 [2625 Month] bill.

- Your ~~current~~[26 Current year] 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~~should I do next?

Decide if you want to enroll in [33 Plan name] outside of [34 Exchange] or choose another one.

- ☐ **I want to enroll in this plan, ~~outside of~~ [35 Exchange].**
Pay the monthly premium by [3436 Date] and you'll be automatically enrolled.
- ☐ **I want to pick a different plan.**
You can choose a different plan between [3537 Dates]. Enroll by [3638 Date] for coverage to start [3739 Date].

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

- Check with [3840 Issuer] to see what other plans may be available, including whether [41 Plan name] is available on [42 Exchange].
- Visit [3943 Exchange website] to ~~see~~find [44 Exchange] plans. Compare plans to save money and find ~~a plan~~one 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 [4145 Exchange].

We're here to help

- Call [~~4246~~ Issuer] at [~~4347~~ Issuer phone number] or visit [~~4448~~ Issuer website].
- Visit [~~4549~~ Exchange website], or call [~~4650~~ Exchange phone number] to learn more about [~~47 the~~~~51~~ Exchange] and ~~to see~~find out if you qualify for lower costs.
- Find in-person help from an assister, agent, or broker in your community at [~~4852~~ Website].
- [~~4953~~ Contact an agent or broker you've worked with before [~~5054~~ like Agent/broker name]. [~~5155~~ Call Agent/broker phone number].]
- [~~5256~~ Call [~~5357~~ Issuer phone number] to get this information in an accessible format, like large print, ~~Braille~~braille, or audio, at no cost to you.]

{54

[58 Getting help in other languages]

[~~55~~59 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~~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.~~ Enter the date by which a plan selection must be made, in format Month DD, YYYY.

Item 22. For calendar year plans enter the following year, in format YYYY. For non-calendar year plans, enter the phrase “until Open Enrollment.”

~~Item 23.~~ **Item 22.** Enter the first month for the following policy year.

~~Item 24.~~ **Item 22.** 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 25. Enter the plan name for the plan in which the enrollee will be automatically enrolled.

Item 26. Enter the amount of monthly premium for the enrollment group for which data are available for the following policy year.

Item 27. Enter the month in which the enrollee will receive their bill with the actual monthly premium for the following policy year.

Item 28. If a calendar year plan, enter the current year, in format YYYY. If a non-calendar year plan, enter the word “current.”

Item 29. Enter the most recent amount of monthly premium for the enrollment group for which data are available for the current policy year.

Item 30. 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 31. Enter the issuer website.

Item 32. 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 33. Insert SBC web page for the applicable plan.

Item 34. Enter the date by which a plan selection must be made, in format Month DD, YYYY. ~~Item 35. Enter the plan name for the plan in which the enrollee will be automatically enrolled. Item 36. Enter due date for first premium for following policy year or omit and skip to item 37.~~

Item 37. Enter the plan name for the plan in which the enrollee will be automatically enrolled.

Item 38. Enter the Exchange name. For a Federally-facilitated Exchange, enter “~~Item 39.~~ the Marketplace.”

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

Item 36. Enter due date for first premium for following policy year or omit and skip to ~~item37~~.

Item 37. 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 38 and 39. 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.~~ **Item 40.** Enter the issuer name.

~~Item 39.~~ **Item 41.** Enter the plan name for the plan in which the enrollee will be automatically enrolled.

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

Item 43. Enter the Exchange website. For a Federally-facilitated Exchange, enter “HealthCare.gov.”

~~Item 44.~~ ~~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 45. Enter the Exchange name. For a Federally-facilitated Exchange, enter “Marketplace.”

Item 46. ~~Item 42.~~ Enter the issuer name.

Item 47. ~~Item 43.~~ Enter issuer phone number.

Item 48. ~~Item 44.~~ Enter the issuer website.

Item 49. Enter the Exchange website. For a Federally-facilitated Exchange, enter “HealthCare.gov.”

Item 50. Enter the Exchange phone number. For a Federally-facilitated Exchange, enter “1-800-318-2596 (TTY: 1-855-889-4325).”

~~Item 47.~~ **Item 51.** Enter the Exchange name. For a Federally-facilitated Exchange, enter “the Marketplace.”

~~Item 48.~~ **Item 52.** Enter LocalHelp.HealthCare.gov in a State with a Federally-facilitated Exchange. In other States, enter the appropriate website.

Item 53. Include this phrase if the enrollee has previously used an agent or broker to enroll. Otherwise, omit and skip to ~~item 52.~~ **item 56.**

Item 54. 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 56.**

Item 55. 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 56.**

Item 56. 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 58.**

Item 57. Enter issuer phone number and issuer TTY number.

Item ~~54~~58. Insert “Getting Help in Other Languages” if adding a tagline pursuant to ~~instruction 55-instruction~~59. Otherwise, leave blank.

Item ~~55~~59. 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)~~,³ 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.^{4,3}

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 ~~0938-1254-0935-1254~~. ~~This information collection is used by issuers in the individual market outside the Exchange where coverage is discontinued and the issuer is automatically enrolling the enrollee in a different plan outside the Exchange.~~ 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 ~~and provide the notice to individuals. This information collection is mandatory (45 CFR 147.106). This is a third party disclosure, and the issue of confidentiality between third parties is out of scope for the 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 ~~or Russell.tippes@cms.hhs.gov, Attention: Information Collections Clearance Officer.~~

³ 45 CFR 92.101.

³ ~~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.

Important: Your plan will not be offered through the [3 Exchange] [4 in your area] next year. **Update your [5 Exchange] application and pick a plan by [6 Date]** or we'll automatically enroll you in a different [7 Exchange] plan. If you don't update your application, some of your costs and coverage may change, review your options carefully.

Thank you for choosing [78 Issuer] for your health care needs. [89 We're here to help you prepare for Open Enrollment].

Why am I getting this letter?

Starting [910 Date], we won't offer ~~[10 in your area]~~ your current health coverage [11 in your area] [12 through the Exchange]. The last day of your current [1213 Exchange] coverage is [1314 Date]. Read this letter carefully and review your options. ~~Also make sure to, then~~ update your ~~information~~ application with [1415 Exchange].

What's changing in [16 Year]?

Your new plan ~~for [15 Year]~~

We found another [1617 Exchange] plan that may meet your needs. If you don't pick another plan by [1718 Date], we'll automatically enroll you in [1819 Plan name]. Your coverage in [1920 Plan name] will start in [2021 Month]. ~~{Get details on~~For more information about picking ~~another~~ a new plan ~~in, go to~~ "What you need ~~to~~ should I do" next?" below.}

Your new premium

- Starting in [2122 Month], your new monthly ~~payment~~ premium amount is estimated to be: \$[2223 Dollar amount].

Here's the math: Monthly premium of \$[2324 Dollar amount] minus [2425 Phrase or dollar amount] of possible ~~cost~~financial help. Your actual monthly payment~~premium~~ amount may be different because your financial help may change [2526 in Year]. You'll find out your new monthly payment~~premium~~ when you ~~receive~~get your [2627 Month] bill.

Important: This estimated monthly payment~~premium~~ is based on current information we have for [2728 Year]. It might not account for some or all changes that could impact your monthly payment~~premium~~, 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~~premium~~, update your [2829 Exchange] application. ~~Get details in~~For more information about updating your application, go to "What ~~you need to~~should I do" next?" below.

- Your [2930 Current Year] monthly ~~payment is \$~~payment~~is \$~~[30 Dollar premium amount is \$[31 Dollar amount]].

Here's the math: Monthly premium of \$[31 Dollar amount] ~~minus \$~~[32 Dollar amount] minus \$[33 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

- [4334 Briefly describe plan changes and/or refer to enclosed materials]
- You can review more details about this plan at [4435 Issuer website] and in your [4536 Year] Summary of Benefits and Coverage at [4637 SBC web page].

If you want to pick another plan, enroll by [4738 Date] to make sure you have the coverage you want. ~~See below for more information.~~

What ~~you need to~~should I do next?

1. Update your [4839 Exchange] application by [4940 Date].

Review ~~and if necessary, update~~ your [5041 Exchange] application to make sure the information is still current and correct, ~~and to see and make any necessary updates. After you submit your updated application, you'll find out~~ if you ~~may~~ qualify for more or less financial help [5142 in Year] than you're getting now. This ~~may result in~~ could mean you'll pay a lower monthly premium ~~payment amount~~ or lower out-of-pocket costs (like deductibles, copayments, and coinsurance). Plus, you ~~can help avoid paying might not owe~~ money ~~back~~ when you file your taxes.

[43 For automatic re-enrollment of consumers whose premium tax credit amount resulted in a \$0 premium in the current benefit year] Important: Our records show you had a \$0 monthly premium amount in [44 Year]. You must update your application to qualify for a \$0 monthly premium amount in [45 Next Year]. Depending on your updated information, your [45 Next Year] monthly premium amount could still be higher than it was in [46 Current Year].

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

☐ ~~I want to enroll in this plan~~

Select [5247 Plan name and ID] to enroll.

~~[53~~

[48 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 49 Year]. This means you can't get financial help to lower your out-of-pocket costs if you enroll in this plan. You must go back to [50 Exchange] and enroll in a Silver plan to find out if you qualify for financial help. If you don't enroll in a Silver plan, any financial help you currently get to lower your out-of-pocket costs will end on [51 Date].]

~~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 [5752 Dates]. Enroll by [5853 Date] for coverage to start [5954 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 [6155 Exchange website] to ~~see find~~ other [6256 Exchange] plans. Compare plans to save money and find ~~a plan one~~ that best meets your needs and budget. Select the Plan name and ID of the plan you want to enroll in. You can also check with [57 Issuer] to find out what other plans may be available.

- ~~Check with [63 Issuer] to see what other plans may be available.~~

[64]58 Important: You may be able to keep your current coverage, but [65]59 in Year] it won't be offered [66]60 as a Silver plan] through [67]61 Exchange.] Remember, you won't get financial help [68]62 to lower your out-of-pocket costs] unless you qualify and enroll [69]63 in a Silver plan] through [70]64 Exchange].

Note: If you got financial help in [71]65 Year] to lower your monthly premium, ~~you'll have to~~ you must file federal income taxes and "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] qualified for with the amount you ~~actually qualify for based on your final [73] Year] household income and eligibility information used during [66] Year].~~ If the amounts are different, it may change the amount you owe or get back when you file your ~~taxes.~~ federal income taxes. To reconcile the premium tax credit, you must complete IRS Form 8962 "Premium Tax Credit (PTC)" and include it with your federal tax return. 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]67 Exchange website], or call [75]68 Exchange phone number] to learn more about [76]69 Exchange] and ~~to see~~ find out if you qualify for lower costs.
- Call [77]70 Issuer] at [78]71 Issuer phone number] or visit [79]72 Issuer website].
- Find in-person help from an assister, agent, or broker in your community at [80]73 Website].
- [81]74 Contact an agent or broker you've worked with before [82]75 like Agent/broker name]. [83]76 Call Agent/broker phone number].]
- Call [84]77 Exchange phone number] to get this information in an accessible format, like large print, ~~Braille~~ braille, or audio, at no cost to you.

~~[85]~~

[78] Getting help in other languages]

~~[86]~~

[79] 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 6.~~ Enter the date by which a plan selection must be made to avoid automatic re-enrollment, in format Month DD, YYYY.

~~Item 7.~~ Enter the Exchange name. For a Federally-facilitated Exchange, enter "Marketplace."

~~Item 8.~~ Enter the issuer name.

~~Item 89.~~ 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 ~~9-10.~~

~~Item 910.~~ Enter the first day on which the current plan will no longer be available, in format Month YYYY.

~~Item 10-Item 11.~~ 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 12-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 ~~13-14.~~

~~Item 12-Item 13.~~ Enter the Exchange name. For a Federally-facilitated Exchange, enter "Marketplace."

~~Item 14-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-Item 15.~~ Enter the Exchange name. For a Federally-facilitated Exchange, enter "the Marketplace."

~~Item 16.~~~~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.~~~~Item 17.~~ Enter the Exchange name. For a Federally-facilitated Exchange, enter “Marketplace.”

~~Item 18.~~ 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 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 1819 and 1920.** Enter the plan name in which the enrollee will be automatically re-enrolled.

~~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. ~~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 22. For discontinuances, non-renewals, or terminations effective at the end of a calendar year, enter the beginning month of the following benefit year. ~~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 2223. 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.~~~~Item 24.~~ Enter the actual or estimated total monthly premium for the following benefit year.

Item 25. ~~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 2526. Enter the following year, in format YYYY.

Item 2627. Enter the month in which the enrollee will receive a bill for the actual monthly payment for the following benefit year.

~~Item 27.~~~~Item 28.~~ Enter the ~~current~~ benefit year from which financial information is being used to calculate the future year estimated premium amount, in format YYYY.

~~Item 29.~~ ~~Item 28.~~ Enter the Exchange name. For a Federally-facilitated Exchange, enter “Marketplace.”

~~Item 30.~~ ~~Item 29.~~ Enter current year, in format YYYY.

Item 31. ~~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 3132. Enter the most recent amount of monthly premium for the enrollment group for which data are available for the current benefit year.

Item 3233. 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 4435. Enter the issuer website.

~~Item 36. 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 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 4637. 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.~~ **38.** 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 4839. Enter the Exchange name. For a Federally-facilitated Exchange, enter “Marketplace.”

Item 40. Enter the date by which a plan selection must be made to avoid automatic re-enrollment, in format Month DD, YYYY.

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

Item 5041. Enter the Exchange name. For a Federally-facilitated Exchange, enter “Marketplace.”

Item 5142. 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 43. Include this paragraph if an enrollee's portion of premium after advanced payments of the premium tax credit is \$0 for the current benefit year. Otherwise, omit and skip to item 47.

Item 44. Enter the current year, in format YYYY.

Item 45. Enter the following year, in format YYYY. ~~52~~

Item 46. Enter the current year, in format YYYY.

Item 47. Enter plan name and HIOS Plan ID of plan into which the enrollee will be enrolled.

Item 5348. 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 ~~5352~~.

Item 5449. Enter the applicable benefit year, in format YYYY.

Item 5550. Enter the Exchange name. For a Federally-facilitated Exchange, enter “the Marketplace.”

Item 5651. Enter last day of the current policy year, in format Month DD, YYYY.

Item 5752. 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 5853 and 5954. 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 6155.** Enter the Exchange website. For a Federally-facilitated Exchange, enter “HealthCare.gov.”~~

Item 6256. Enter the Exchange name. For a Federally-facilitated Exchange, enter “Marketplace.”

Item 6357. Enter the issuer name.

Item 6458. 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 ~~68:62~~.

Item 6559. 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 6660. 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 6761. Enter the Exchange name. For a Federally-facilitated Exchange, enter “the Marketplace.”

Item 6862. Enter the phrase “to lower your out-of-pocket costs” if you entered “as a Silver plan” in item ~~6660~~. Otherwise, omit and skip to item ~~70:64~~.

Item 63. ~~Item 69.~~ Enter the phrase “in a Silver plan” if you entered “as a Silver plan” in item ~~6660~~. Otherwise, skip to item ~~71-65~~.

Item 7064. Enter the Exchange name. For a Federally-facilitated Exchange, enter “the Marketplace.”

Item 7165. Enter the current benefit year, in format YYYY.

Item 7266. Enter the current benefit year, in format YYYY. ~~Item 73.~~ ~~Enter the current calendar year, in format YYYY.~~

Item 7467. Enter the Exchange website. For a Federally-facilitated Exchange, enter “HealthCare.gov.”

Item 7568. Enter the Exchange phone number. For a Federally-facilitated Exchange, enter “1-800-318-2596 (TTY: 1-855-889-4325).”

~~Item 76.~~ **Item 69.** Enter the Exchange name. For a Federally-facilitated Exchange, enter “the Marketplace.”

Item 7770. Enter the issuer name.

Item 7871. Enter the issuer phone number.

Item 7972. Enter the issuer website.

Item 8073. Enter LocalHelp.HealthCare.gov in a State with a Federally-facilitated Exchange. In other States, enter the appropriate website.

Item 8174. Include this phrase if the enrollee has previously used an agent or broker to enroll. Otherwise, omit and skip to item ~~84-77~~.

Item 8275. Enter “like” followed by the name of the agent or broker the enrollee has previously used, if known. Otherwise, omit and skip to item ~~84-77~~.

Item 8376. Enter “Call” followed by the phone number of agent or broker the enrollee has previously used, if known. Otherwise, omit and skip to item ~~84-77~~.

Item 8477. 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 8578. Insert “Getting Help in Other Languages” if adding a tagline pursuant to instruction 82. Otherwise, leave blank.

Item 8679. 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),⁴~~ 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.⁴

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

⁴ 45 CFR 92.101.

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~~.0935-1254. This information collection is used by QHP issuers in the individual market to provide notice where coverage 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. 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-and provide the notice to individuals. This information collection is mandatory (45 CFR 147.106). This is a third party disclosure, and the issue of confidentiality between third parties is out of scope for the 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-

[±] ~~45 CFR 92.101~~ or Russell.tips@cms.hhs.gov, Attention: Information Collections Clearance Officer.

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].**

Important: Your health coverage is ending. Pick a different plan 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~~

Review your coverage options and pick a different plan between [10 Dates]. **Enroll in a different plan by [11 Date] to avoid a gap in your coverage.** If you don't have health coverage, you'll have to pay for all of your health care.

What ~~you need to~~ should I do next?

~~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:~~

Choose a different plan.

- 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~~one 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~~16 Exchange website], or call [~~20~~17 Exchange phone number] to learn more about [~~21~~18 Exchange] and ~~to see~~find out if you qualify for lower costs.

- Call [19 Issuer] at [20 Issuer phone number] or visit [21 Issuer website].

- 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~~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 17.** **Item 20.** Enter the Exchange phone number. For a Federally-facilitated Exchange, enter “1-800-318-2596 (TTY: 1-855-889-4325).”~~

~~**Item 18.** **Item 21.** Enter the Exchange name. For a Federally-facilitated Exchange, enter “the Marketplace.”~~

Item 19. Enter the issuer name.

Item 20. Enter issuer phone number.

Item 21. Enter issuer website.

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)~~,² 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.⁴⁵

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~~-0935-1254. This information collection is used by issuers in the individual market outside the Exchange to provide notice where coverage is being discontinued and the issuer is not automatically enrolling the enrollee in a different plan. 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- and provide the notice to individuals. This information collection is mandatory (45 CFR 147.106). This is a third party disclosure, and the issue of confidentiality between third parties is out of scope for the 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-

⁵ 45 CFR 92.101.

³ ~~45 CFR 92.101~~ or Russell.tips@cms.hhs.gov, Attention: Information Collections Clearance Officer.

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].

Important: Your health coverage is ending. **Update your [3 Exchange] application and pick a different plan by [4 Date],** or you may not have health coverage in [5 Year].

Thank you for choosing [56 Issuer] for your health care needs. [67 We're here to help you prepare for Open Enrollment.]

Why am I getting this letter?

Starting [78 Date], we won't offer ~~[8 in your area]~~ your current health coverage [9 in your area] [10 through the Exchange]. The last day of your current [1011 Exchange] coverage is [1112 Date]. ~~Read this letter carefully and review your options.~~

Review your coverage options and pick ~~You can choose~~ a different plan between [1213 Dates]. **Enroll in a different plan by [1314 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.

What should I do next?

1. Update your [1415 Exchange] application by [1516 Date].

Review ~~and if necessary, update~~ your [1617 Exchange] application to make sure the information is still current and correct, ~~and to see and make any necessary updates.~~ After you submit your updated application, you'll find out if you ~~may~~ qualify for more or less financial help in [1718 Year] than you're getting now. This ~~may result in~~ could mean you'll pay a lower monthly premium ~~payment amount~~ or

lower out-of-pocket costs (like deductibles, copayments, and coinsurance). Plus, you ~~can help avoid paying might not owe~~ money ~~back~~ when you file your taxes.

~~[19 For automatic re-enrollment of consumers whose premium tax credit amount resulted in a \$0 premium in the current benefit year] Important: Our records show you had a \$0 monthly premium amount in [20 Year]. You must update your application to qualify for a \$0 monthly premium amount in [21 Next Year]. Depending on your updated information, your [22 Next Year] monthly premium amount could still be higher than it was in [23 Current Year] if [24 Exchange] automatically enrolls you in a plan it picks for you.~~

2. Choose a different plan.

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

- Visit [~~1825~~ Exchange website] to find other [~~1926~~ Exchange] plans. Compare plans to save money and find ~~a plan one~~ 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, [~~2027~~ Exchange] may automatically enroll you in ~~a plan it picks for you one.~~

~~[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 [~~2428~~ Issuer] to see find out what other plans may be available, including whether and if you can purchase the plan you now ~~have can be purchased~~ directly through [~~2529~~ 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~~

~~[30 Important: You may be able to keep your current coverage, but in [2831 Year], it won't be offered [2932 as a Silver plan] [3033 through the Exchange]]. Remember, you won't get financial help [3134 to lower your out-of-pockets costs] unless you qualify and enroll [3235 in a Silver plan] through [33Exchange36Exchange].~~

Note: If you got financial help in [~~3437~~ Year] to lower your monthly premium, you'll have to you must file federal income taxes and "reconcile" using IRS Form 8962 when you file your federal taxes. This means you'll compare the amount of the premium tax credit you got in advance during [35 Year] qualified for with the amount you actually qualify for based on your final [36 Year] household income and eligibility information used during [38 Year]. If the amounts are different, it may change the

amount you owe or get back when you file your ~~taxes~~federal income taxes. To reconcile the premium tax credit, you must complete IRS Form 8962 “Premium Tax Credit (PTC)” and include it with your federal tax return. 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>~~<https://www.irs.gov/affordable-care-act/individuals-and-families/the-premium-tax-credit-the-basics>

We’re here to help

- Visit [~~3739~~ Exchange website], or call [~~3840~~ Exchange phone number] to learn more about [~~3941~~ Exchange] and ~~to see~~find out if you qualify for lower costs.
- Call [~~4042~~ Issuer] at [~~4143~~ Issuer phone number] or visit [~~4244~~ Issuer website].
- Find in-person help from an assister, agent, or broker in your community at [~~4345~~ Website].
- [~~4446~~ Contact an agent or broker you’ve worked with before [~~4547~~ like Agent/broker name]. [~~4648~~ Call [Agent/broker phone number].]
- Call [~~4749~~ Exchange phone number] for a reasonable accommodation to get this information in an accessible format, like large print, ~~Braille~~braille, or audio, at no cost to you.

[~~48~~

[~~50~~ Getting help in other languages]

~~[49]~~[51] 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.~~ **Item 3:** Enter the Exchange name. For a Federally-facilitated Exchange, enter "the Health Insurance Marketplace®."

Item 4. 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 45. 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.~~ **Item 6.** Enter the issuer name.

~~Item 7.~~ ~~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 78. 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 89. 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 910. 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.~~11.

Item 1011. Enter the Exchange name. For a Federally-facilitated Exchange, enter “the Marketplace.” Note that if Item 910 isn’t included, enter “the Health Insurance Marketplace”. (The first instance is the full name, and subsequent references is “Marketplace”.)

Item 1112. Enter the last day on which the enrollee’s current coverage will remain in force through the Exchange, in format Month DD, YYYY.

Item 1213. 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 1314. 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.~~ **Item 15.** Enter the Exchange name. For a Federally-facilitated Exchange, enter “Marketplace.”

~~Item 16.~~ ~~Item 15.~~ Enter the date by which a plan selection must be made to avoid automatic re-enrollment, in format Month DD, YYYY.

~~Item 17.~~ ~~Item 16.~~ Enter the Exchange name. For a Federally-facilitated Exchange, enter “Marketplace.”

Item 1718. 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 19. Include this paragraph if an enrollee's portion of premium after advanced payments of the premium tax credit in the current benefit year is \$0. Otherwise, omit and skip to item 25.

Item 20. Enter the current year, in format YYYY.

Item 21. Enter the following year, in format YYYY

Item 22. Enter the following year, in format YYYY

Item 23. Enter the current year, in format YYYY

Item 24. Enter the Exchange name. For a Federally-facilitated Exchange, enter “Marketplace~~Item 18.~~”.

Item 25. Enter the Exchange website. For a Federally-facilitated Exchange, enter “HealthCare.gov.”

~~**Item 26.** ~~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**~~ **Item 27.** Enter the Exchange name. For a Federally-facilitated Exchange, enter “the Marketplace.”

~~**Item 28**~~ ~~**Item 23.** Enter the following year, in format YYYY.~~

~~**Item 24 and Item 25**~~ **29.** 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 ~~30~~~~ ~~**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 ~~31-34.~~

Item 2831. 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 2932. 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 3033. Enter the word "through" followed by the Exchange name if either the words "as a Silver" plan were entered in item ~~2832~~ 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 3134. Enter the phrase "to lower your out-of-pocket costs" if the words "as a Silver plan" were entered in item ~~2932~~. Otherwise, omit and skip to item ~~32-35.~~

Item 3235. Enter the phrase "in a Silver plan" if you entered "as a Silver plan" in item ~~2932~~. Otherwise, omit and skip to item ~~33-36.~~

Item 3336. Enter the Exchange name. For a Federally-facilitated Exchange, enter "the Marketplace."

Item 3437. Enter the current benefit year, in format YYYY.

Item 3538. Enter the current benefit year, in format YYYY.

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

~~Item 3739.~~ Enter the Exchange website. For a Federally-facilitated Exchange, enter "HealthCare.gov."

Item 40. ~~Item 38.~~ Enter the Exchange phone number. For a Federally-facilitated Exchange, enter "1-800-318-2596 (TTY: 1-855-889-4325)."

~~Item 39.~~ **Item 41.** Enter the Exchange name. For a Federally-facilitated Exchange, enter "the Marketplace."

Item 42. ~~Item 40.~~ Enter issuer name.

Item 43. ~~Item 41.~~ Enter issuer phone number.

Item 44. ~~Item 42.~~ Enter issuer website.

Item 45. ~~Item 43.~~ Enter LocalHelp.HealthCare.gov in a State with a Federally-facilitated Exchange. In other States, enter the appropriate website.

Item 4446. Include this phrase if the enrollee has previously used an agent or broker to enroll. Otherwise, omit and skip to item ~~47-49.~~

Item 4547. Enter "like" followed by the name of the agent or broker the enrollee has previously used, if known. Otherwise, omit and skip to item ~~47-49.~~

Item 4648. Enter "Call" followed by the phone number of agent or broker the enrollee has previously used, if known. Otherwise, omit and skip to item ~~47-49.~~

Item 4749. 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 4850. Insert “Getting Help in Other Languages” if adding a tagline pursuant to instruction 49. Otherwise, leave blank.

Item 4951. 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)~~,⁶ 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.¹⁶

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 ~~0938-1254-0935-1254~~. ~~This information collection is used by QHP issuers in the individual market to provide notice where coverage is being discontinued was in a QHP offered through the Exchange and the issuer is not automatically enrolling the enrollee in a different plan.~~ The time required to complete this information collection is estimated to average 5.5 hours per response, including the time to review instructions, search existing data resources, gather the data needed, and complete and review the information collection; ~~and provide the notice to individuals. This information collection is mandatory (45 CFR 147.106). This is a third party disclosure, and the issue of confidentiality between third parties is out of scope for the 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 ~~or Russell.tippes@cms.hhs.gov, Attention: Information Collections Clearance Officer.~~

⁶ 45 CFR 92.101.

¹~~45 CFR 92.101.~~