



Date: July 19, 2018

Subject: Updated Federal Standard Renewal and Product Discontinuation Notices

I. Purpose

The purpose of this Bulletin is to provide updated Federal standard notices that must be used by an issuer in the individual market to provide notice of product discontinuation, coverage renewal, and non-renewal or termination based on enrollees' movement outside the product service area. Under 45 CFR 147.106 and 148.122, notice must be provided in a form and manner specified by the Secretary of Health and Human Services (the Secretary).¹ The substantive updates in this Bulletin reflect the amendment made by the Tax Cuts and Jobs Act of 2017 (Pub. L. No. 115-97) that, beginning in 2019, reduces the individual shared responsibility payment for failure to maintain minimum essential coverage to \$0.²

II. Background

Under guaranteed renewability requirements at section 2703 of the Public Health Service Act (PHS Act) and implementing regulations at 45 CFR 147.106, a health insurance issuer that discontinues or renews a product³ in the group or individual market through or outside of an Exchange (also referred to as a Health Insurance Marketplace or Marketplace⁴) (including a renewal with uniform modifications), or that non-renews or terminates coverage based on movement of all enrollees outside the product's service area in the group or individual market through or outside of an Exchange, must provide written notice in a form and manner specified by the Secretary.⁵

¹ The standard notices included in this guidance are applicable only to issuers in the individual market and only in connection with product discontinuations, coverage renewals, and non-renewals or terminations based on enrollees' movement outside the product's service area. The standard notices may but are not required to be used to provide notice of market withdrawal. We note that, as excepted benefits, stand-alone dental plans are not subject to the guaranteed renewability requirements including the notice requirements at 45 CFR 147.106, but may be subject to State law.

² The attachments in this version are substantively identical to those in the September 2, 2016 guidance, except that attachments 5 and 6 are updated, and other non-substantive changes have been made for clarity or consistency of terminology.

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

⁴ Health Insurance Marketplace and Marketplace is a registered trademark of the U.S. Department of Health & Human Services.

⁵ The requirement to provide notices of renewal applies only to issuers in the individual and small group markets. The requirement to provide notices of product discontinuation and notices of non-renewal or termination based on enrollees' movement outside the service area applies to issuers in the individual, small group, and large group

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

On September 2, 2014, CMS published a Bulletin specifying the form and manner of the notices for product discontinuation, coverage renewal, and terminations based on enrollees' movement outside the service area. That Bulletin provided Federal standard notices to be used to satisfy the notice requirements in the individual market, except in certain cases in which a State develops and requires the use of a State-specific standard notice.⁷ Subsequent guidance indicated that until further guidance is issued, the Federal standard notices in the September 2, 2014 Bulletin should be utilized.⁸ On April 21, 2016, CMS published a subsequent Bulletin, which provided draft updated Federal standard notices and solicited public comment. On September 2, 2016 CMS amended and finalized those notices.⁹ This Bulletin updates attachments 5 and 6 to reflect that, beginning in 2019, the individual shared responsibility payment for failure to maintain minimum essential coverage has been reduced to \$0.

III. Final Updated Federal Standard Notices

This Bulletin provides for issuers in the individual health insurance market final updated Federal standard notices of product discontinuation, coverage renewal, and non-renewal or termination based on enrollees' movement outside the service area. Except in certain cases in which an issuer is using a State-developed notice as discussed in section VIII of this Bulletin, the final updated Federal standard notices in this Bulletin must be used for policy years beginning on or after January 1, 2019 (that is, beginning with notices required to be provided in connection with enrollment for coverage in policy years that start in 2019) to meet the Secretary's specification regarding the form and manner of the required notices. For notices required to be provided before such time, issuers that use the September 2, 2016 final updated

markets. These requirements are codified in the PHS Act at section 2703, as added by the Patient Protection and Affordable Care Act, and at former section 2712 and section 2742, as added by the Health Insurance Portability and Accountability Act of 1996 prior to enactment of the Patient Protection and Affordable Care Act, and codified in implementing regulations at 45 CFR 146.152, 147.106, and 148.122, respectively. For ease of reference, we refer in this Bulletin only to the requirements codified in section 2703 and §147.106, but references to section 2703 and §147.106 should be considered to include references to the applicable sections of all three statutes and regulations.

⁶ 45 CFR 156.1255(a)-(d).

⁷ Form and Manner of Notices When Discontinuing or Renewing a Product in the Group or Individual Market (Sept. 2, 2014), available at <https://www.cms.gov/CCIIO/Resources/Regulations-and-Guidance/Downloads/Renewal-Notices-9-3-14-FINAL.pdf>.

⁸ Guidance on Federal Standard Notices of Product Discontinuation and Renewal in Connection with the Open Enrollment Period for the 2016 Coverage Year (July 7, 2015), available at <https://www.cms.gov/CCIIO/Resources/Regulations-and-Guidance/Downloads/Guidance-on-Notices-of-Product-Discontinuation-and-Renewal-for-the-2016-Coverage-Year.pdf>.

⁹ See section XII of this Bulletin regarding the Paperwork Reduction Act of 1995.

Federal standard notices in this Bulletin will meet the Secretary's specification regarding the form and manner of the required notices.

As noted in the September 2, 2016 Bulletin, where an issuer no longer has plans available for re-enrollment through the Exchange but the enrollee's current product remains available for renewal outside the Exchange, the issuer must allow the enrollee to renew coverage under the same product outside the Exchange to comply with guaranteed renewability requirements. The issuer would use the standard notice in attachment 6 of this Bulletin. Where the issuer no longer has plans available for re-enrollment through the Exchange; the enrollee's product is not available for renewal outside the Exchange; and the issuer offers other products outside the Exchange, the issuer would also use the standard notice in attachment 6 of this Bulletin, but may notify its enrollees of these facts in a separate communication and encourage them to enroll in one of its plans outside the Exchange using a notice in any form and manner permitted under applicable State law and regulations. However, under no circumstance may an issuer automatically enroll an enrollee, who was in an Exchange plan, in one of its plans outside the Exchange (whether in the same product or a different product), unless directed otherwise by the applicable State authority or the Exchange.

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

IV. Electronic Delivery

Pursuant to the guaranteed renewability regulations, as specified above, a health insurance issuer must provide notice in writing, in a form and manner specified by the Secretary, to each plan sponsor or individual, as applicable, of product discontinuation, coverage renewal, and non-renewal or termination based on enrollees' movement outside a product's service area. Nothing in CMS rules prohibits issuers from providing notice electronically when the following conditions are met: (1) the issuer has given the individual or employer a choice of either standard mail or electronic communication; (2) the consumer has affirmatively consented to electronic communication; and (3) the issuer satisfies the requirements for electronic notices under other applicable Federal or State law.¹⁰ Under this approach, if an issuer cannot also send any other supporting materials, such as a cover letter and summary of plan changes, in electronic format, the notice must be provided through standard mail.

V. Taglines and Nondiscrimination Notice

Issuers that are subject to language accessibility standards under Exchange rules at 45 CFR 155.205(c) and 156.250 or section 1557 of the Patient Protection and Affordable Care Act and 45 CFR 92 (referred to in this Bulletin as "Section 1557")¹¹ must comply with these authorities and standards. Generally, issuers offering coverage through the Exchanges will be subject to Section 1557 and Exchange language accessibility standards at 45 CFR 155.205(c) and 156.250. Issuers subject to language accessibility standards under Exchange rules must provide taglines with these notices that are consistent with the applicable regulations and guidance and

¹⁰ See Exchange regulations at 45 CFR 155.230 relating to general standards for Exchange notices and 45 CFR 155.260 related to privacy and security of personally identifiable information. See also ERISA regulations on electronic disclosure at 29 CFR 2520.104b-1. See also Health Insurance Portability and Accountability Act of 1996, Pub. L. No. 104-191, as amended, and its implementing regulations.

¹¹ 81 FR 31376 (May 18, 2016).

make the content of the notice accessible to individuals with limited English proficiency through oral interpretation and written translation.

VI. Instructions

This Bulletin also provides updated instructions to accompany the final updated Federal standard notices. These instructions must be used to complete the required fields in the updated Federal standard notices. Regardless of which version of the notices an issuer is using, if an issuer fails to modify the notices as specified in the applicable instructions, the issuer will not be considered to have provided notice in the form and manner specified by the Secretary. In particular, as specified in the instructions, information must be provided with the notice about significant changes to the enrollee's plan (as defined in 45 CFR 144.103), including, among other things, metal level changes, cost-sharing changes including deductibles and out-of-pocket maximum, conditions of eligibility (or continued eligibility), and changes in the plan formulary.

VII. How to Provide Notice Regarding the End of Transitional Plans

We remind issuers that if the only changes to a product in the small group or individual market are made uniformly and solely to bring the coverage into compliance with applicable Federal or State requirements (including all laws, decisions, rules, regulations, or other action having the effect of law), then for purposes of Federal law, it would be considered the continuation of the product as a uniform modification of coverage under 45 CFR 147.106(e), and the issuer would provide a renewal notice in the form and manner prescribed by this Bulletin. This is true even if the issuer considers the product to be discontinued and replaced with a new product.¹² Therefore, it is expected that for many consumers transitioning to plans that comply with the Patient Protection and Affordable Care Act market reforms following the expiration of the transitional policy,¹³ the consumer will receive a renewal notice (as opposed to a discontinuation notice) that adequately explains the changes to their coverage.

VIII. Use of State-Developed Notices

Consistent with previous guidance, States that are enforcing the guaranteed renewability provisions under the Affordable Care Act¹⁴ may, without obtaining further approval from CMS,

¹² See Uniform Modification and Plan/Product Withdrawal FAQ (June 15, 2015), Q1, available at <https://www.cms.gov/CCIIO/Resources/Fact-Sheets-and-FAQs/Downloads/uniform-mod-and-plan-wd-FAQ-06-15-2015.pdf>.

¹³ See Letter to Insurance Commissioners on Market Transitional Policy (Nov. 14, 2013), available at <https://www.cms.gov/CCIIO/Resources/Letters/Downloads/commissioner-letter-11-14-2013.PDF>. See also Insurance Standards Bulletin Series – Extension of Transitional Policy through October 1, 2016 (Mar. 5, 2014), available at <https://www.cms.gov/CCIIO/Resources/Regulations-and-Guidance/Downloads/transition-to-compliant-policies-03-06-2015.pdf>. See also Insurance Standard Bulletin Series – INFORMATION – Extension of Transitional Policy through Calendar Year 2017 (Feb. 29, 2016), available at <https://www.cms.gov/CCIIO/Resources/Regulations-and-Guidance/Downloads/final-transition-bulletin-2-29-16.pdf>. See also Insurance Standards Bulletin Series -- INFORMATION -- Extension of Transitional Policy through Calendar Year 2018 (Feb. 23, 2017) available at <https://www.cms.gov/CCIIO/Resources/Regulations-and-Guidance/Downloads/Extension-Transitional-Policy-CY2018.pdf>. See also Insurance Standards Bulletin Series – INFORMATION – Extension of Transitional Policy through 2019 (Apr. 9, 2018) available at <https://www.cms.gov/CCIIO/Resources/Regulations-and-Guidance/Downloads/Extension-Transitional-Policy-Through-CY2019.pdf>.

¹⁴ Currently, Missouri, Oklahoma, Texas, and Wyoming have informed HHS that they are not enforcing the Patient Protection and Affordable Care Act in their jurisdictions. These are considered “non-enforcing” States. All other States are currently considered by HHS to be enforcing the Patient Protection and Affordable Care Act.

develop their own standard notices for product discontinuations, renewals of coverage, or both, provided the State-developed notices are at least as protective as the Federal standard notices. With respect to issuers in States that are not enforcing the guaranteed renewability provisions of the Patient Protection and Affordable Care Act and issuers in enforcing States that decline to develop their own forms of notices, issuers must use the applicable Federal standard notices.

We refer readers to the criteria outlined in the September 2, 2014 Bulletin for the factors that will be considered to determine whether a State-developed form of the notices is at least as protective as the Federal standard notices. States may but are not required to modify existing compliant State standard notices as a result of this Bulletin.

IX. Student Health Insurance Coverage

Student health insurance coverage is defined as a type of individual health insurance coverage under Federal law. As noted in the September 2, 2016 Bulletin, for notices that are required to be provided under the guaranteed renewability rules for student health insurance coverage in connection with a renewal or product discontinuation effective after January 1, 2018 (that is, beginning with notices required to be provided in connection with enrollment for the 2018-2019 academic year), the issuer's requirement to provide the notice to student enrollees and their covered dependents will be considered satisfied if the issuer provides a timely and complete notice to the student, or if the issuer ensures that another party (e.g., the institution of higher education) does so. For this purpose, a student health insurance issuer that makes arrangements with another party to provide such notice is considered to satisfy the requirement to provide such notice if:

- The issuer monitors performance under the arrangement;
- If the issuer knows or has reason to know that the notice is not being provided in a manner that satisfies the applicable requirements and the issuer has all information necessary to correct the noncompliance, the issuer corrects the noncompliance as soon as practicable; and
- If the issuer knows or has reason to know that the notice is not being provided in a manner that satisfies the applicable requirements and the issuer does not have all information necessary to correct the noncompliance, the issuer communicates with covered students and dependents who are affected by the noncompliance regarding the noncompliance, and begins taking significant steps as soon as practicable to avoid future violations.

X. Transfer of Products to a Related Issuer

Under the HHS Notice of Benefit and Payment Parameters for 2018 final rule, a product would be considered to be the same product under CMS regulations when offered by a different issuer within the issuer's controlled group, provided any changes to the product otherwise meet the standards for uniform modification of coverage. Because this interpretation considers the product offered by the acquiring issuer in the controlled group to be the same as the product previously offered by the ceding issuer, the issuer of the coverage at the time notice must be provided (whether the ceding issuer or the acquiring issuer) would be required to provide a renewal notice in accordance with the guaranteed renewability regulations. An issuer in the individual market must use the applicable Federal standard renewal notice (or an applicable State-developed renewal notice, as permitted in section VIII) to satisfy the renewal notice

requirement. The issuer may modify the notice – only to the extent necessary -- to inform the individual of the transfer of the product to the acquiring issuer.

XI. Cover Letters and Supporting Materials

Consistent with previous guidance, issuers may provide additional information regarding renewals or discontinuations of coverage (such as a cover letter, SBC, or other description of benefits) in the same mailing as the Federal standard notices, to the extent permitted by applicable State law. Furthermore, issuers may include a company logo, signature line, or short legal footer in the Federal standard notices, as long as the form of the notices is not otherwise modified, except where permitted.

Pursuant to 45 CFR 147.200, issuers are required to provide enrollees an SBC in several instances, including, if renewal is automatic, no later than 30 days prior to the first day of the new plan or policy year. Pursuant to 45 CFR 156.420(h) and 156.425(c), QHP issuers are required to provide an SBC for each CSR plan variation of the standard QHP and to provide an individual whose assignment to the standard plan or CSR plan variation changes, with an SBC that accurately reflects the standard plan or new CSR plan variation applicable to the individual. Since issuers should receive updated eligibility information—including eligibility for CSRs— for enrollment groups that are being automatically re-enrolled in advance of the notice deadline, issuers should not provide an SBC until they receive information about the appropriate CSR variations, if applicable, from the Exchange. For the purpose of describing plan changes in the Federal standard notices of renewal and product discontinuation, the issuer may use the current CSR eligibility if it has not received the updated CSR eligibility from the Exchange by the time notice must be provided.¹⁵

XII. Paperwork Reduction Act of 1995

In accordance with the Paperwork Reduction Act of 1995 (44 U.S.C. 3501-3520), CMS is submitting a change request to the Office of Management and Budget (OMB) concerning the collections of information in this Bulletin. The updated Federal standard notices in this Bulletin are not effective until they have been approved by OMB.

Attachments

- Attachment 1: Renewal notice for the individual market where coverage is being renewed outside the Exchange
- Attachment 2: Renewal notice for the individual market where coverage is being renewed in a QHP offered under the same product through the Exchange
- Attachment 3: Discontinuation notice for the individual market outside the Exchange and the issuer is automatically enrolling the enrollee in a different plan
- 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 different product

¹⁵ Distribution of Information Regarding Advance Payments of the Premium Tax Credit (APTC) and Cost-Sharing Reductions (CSR) in Federal Standard Notices for Coverage Offered through the Federally-facilitated Marketplaces (June 12, 2015), available at <https://www.cms.gov/CCIIO/Resources/Regulations-and-Guidance/Downloads/Guidance-on-Distribution-of-Information-Regarding-APTC-and-CSR-061215.pdf>.

- Attachment 5: Discontinuation notice for the individual market outside the Exchange and the issuer is not automatically enrolling the enrollee in a different plan
- Attachment 6: Discontinuation notice for the individual market where coverage being discontinued was in a QHP offered through the Exchange and the issuer is not automatically enrolling the enrollee in a different plan
- Attachment: Instructions for completing Federal standard notices

Where to get more information:

If you have any questions about this Bulletin, please email (CCIIO) at marketreform@cms.hhs.gov.

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

[1 Date]

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

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

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

Why am I getting this letter?

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

Important: This isn't an [9 Exchange] plan. This means you won't get any financial help lowering your monthly premium or out-of-pocket costs (like deductibles, copayments, and coinsurance) if you remain enrolled in this plan. To see if you qualify for these savings and to enroll in an [10 Exchange] plan, visit [11 Exchange website] by [12 Date]. [13 If you don't, any financial help you currently get will end in [14 Month].] If you don't enroll in an [15 Exchange] plan by [16 Date], you may not be able to switch to one for [17 Year], even if your finances change.

Changes you'll see to your plan in [18 Year]

Your new premium

- Your [19 Current year] monthly premium is \$[20 Dollar amount].
- **Starting in [21 Month], your [22 estimated] monthly premium will be \$[23 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 payment amount when you get your [24 Month] bill.

Other changes

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

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

What you need to do

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

I want to enroll in this plan.

Pay the new monthly premium [28 by Date] and you'll be automatically enrolled.

I want to pick a different plan.

[29 You can choose a different plan between [30 Dates]. Enroll by [31 Date] for coverage to start [32 Date].]

Here are ways to look at other plans and enroll:

- Check with [33 Issuer] to see what other plans may be available. Remember, you won't get financial help unless you qualify and enroll through [34 the Exchange].
- Visit [35 Exchange website] to see [36 Exchange] plans. Consumers who shop can save hundreds of dollars per year and can find a plan that best meets their needs and budget.

We're here to help

- Call [37 Issuer] at [38 Issuer phone number] or visit [39 Issuer website].
- Visit [40 Exchange website], or call [41 Exchange phone number] to learn more about [42 the Exchange] and to see if you qualify for lower costs.
- Find in-person help from an assister, agent, or broker in your community at [43 Website]
- [44 Contact an agent or broker you've worked with before [[45 like Agent/broker name], [46 Call Agent/broker phone number]].
- [47 Call [48 Issuer phone number] for a reasonable accommodation to get this information in an accessible format, like large print, Braille, or audio, at no cost to you.

Getting help in other languages

[49 *Insert non-discrimination notice and taglines consistent with any applicable standards, such as under HHS regulations and guidance.*]

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 you'll be automatically re-enrolled 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. We're here to help you prepare for Open Enrollment.

Why am I getting this letter?

Your health coverage is still being offered in [5 Year], but some details may have changed. Read this letter carefully and decide if you want to keep this plan or choose another one. Also make sure to update your information with [6 the Exchange].

Changes you'll see to your plan in [7 Year]

Your new premium

- Your [8 Current year] monthly payment is \$[9 Dollar amount]. This reflects a monthly premium of \$[10 Dollar amount] minus \$[11 Dollar amount] of financial help per month.
- **Starting in [12 Month], your [13 estimated] monthly payment will be \$[14 Dollar amount].** This reflects an [15 estimated] monthly premium of \$[16 Dollar amount] minus the same amount of financial help you're getting now. You'll see your new monthly payment when you receive your [17 Month] bill.
Important: This is only an estimate based on current information we have, including the amount of financial help you got in [18 Year]. It also doesn't reflect any changes to your enrollment, such as adding additional members to your coverage. To find out how much financial help you qualify for in [19 Year] and your new premium amount, update your [20 Exchange] application. See below for more information.

Other changes

- [21 Briefly describe plan changes and/or refer to enclosed materials]
- You can review more details about your plan at [22 Issuer website] and in your [23 Year] Summary of Benefits and Coverage.

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

What you need to do

1. Update your [24 Exchange] application by [25 Date].

Review your [26 Exchange] application to make sure the information is still current and correct, and to see if you qualify for more or less financial help than in [27 Year]. This may result in a lower monthly premium payment or lower out-of-pocket costs (like deductibles, copayments, and coinsurance). Plus, you can help avoid paying money back when you file your taxes.

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

I want to enroll in this plan.

Update your Exchange application information, and then select [28 Plan name and ID] to enroll.

[29 *For renewals from a silver level QHP into a non-silver level QHP (except for Indian enrollees)*] **Important:** This isn't a Silver plan in [30 Year]. This means you can't get financial help to lower your out-of-pocket costs if you enroll in this plan. To get these savings if you qualify, you must go back to [31 the Exchange] and enroll in a Silver plan. If you don't, any financial help you currently get to lower your out-of-pocket costs will stop on December 31.]

I want to pick a different plan.

You can choose a different plan between [32 Dates]. Enroll by [33 Date] for coverage to start January 1.

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

- Visit [34 Exchange website] to see other [35 Exchange] plans. Consumers who shop can save hundreds of dollars per year and can find a plan that best meets their needs and budget.
- Check with [36 Issuer] to see what other plans may be available. Remember, you won't get financial help unless you qualify and enroll through [37 the Exchange].

Note: If you got financial help in [38 Year] to lower your monthly premium, you'll have to "reconcile" using IRS Form 8962 when you file your federal taxes. This means you'll compare the amount of premium tax credit you received in advance during [39 Year] with the amount you actually qualify for based on your final [40 Year] household income and eligibility information. If the amounts are different, this will affect the amount of your refund or taxes owed.

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

We're here to help

- Visit [41 Exchange website], or call [42 Exchange phone number] to learn more about [43 the Exchange] and to see if you qualify for lower costs.
- Call [44 Issuer] at [45 Issuer phone number] or visit [46 Issuer website].
- Find in-person help from an assister, agent, or broker in your community at [47 Website].
- [48 Contact an agent or broker you've worked with before [[49 like Agent/broker name], [50 Call Agent/broker phone number]].
- Call [51 Exchange phone number] for a reasonable accommodation to get this information in an accessible format, like large print, Braille, or audio, at no cost to you.

Getting help in other languages

[52 Insert non-discrimination notice and taglines consistent with any applicable standards, such as under HHS regulations and guidance.]

Attachment 3: Discontinuation notice for the individual market outside the Exchange and the issuer is 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 plan will no longer be offered. Take action by [3 Date], or you'll be automatically enrolled 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?

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

Your new plan for [9 Year]

We found another plan that may meet your needs. Starting in [10 Month], you'll be automatically enrolled in [11 Plan name].

Important: This isn't an [12 Exchange] plan. This means you won't get any financial help lowering your monthly premium or out-of-pocket costs (like deductibles, copayments, and coinsurance) if you enroll in this plan. To see if you qualify for these savings and to enroll in an [13 Exchange] plan, visit [14 Exchange website] by [15 Date]. If you don't enroll in an [16 Exchange] plan by [17 Date], you may not be able to switch to one for [18 Year], even if your finances change.

Your new premium

- Your current monthly premium is \$[19 Dollar amount].
- **Starting in [20 Month], your [21 estimated] monthly premium will be \$[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 payment amount when you get your [23 Month] bill.

Other changes

- [24 Briefly describe plan changes and/or refer to enclosed materials]

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

- You can review more details about this plan at [25 Issuer website] and in your [26 Year] Summary of Benefits and Coverage.

If you want to pick another plan, enroll by [27 Date] to make sure you have the coverage you want. See below for more information.

What you need to do

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

I want to enroll in this plan.

Pay the monthly premium [28 by Date] and you'll be automatically enrolled.

I want to pick a different plan

You can choose a different plan between [29 Dates]. Enroll by [30 Date] for coverage to start [31 Date].

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

- Check with [32 Issuer] to see what other plans may be available.
- Visit [33 Exchange website] to see [34 Exchange] plans. Consumers who shop can save hundreds of dollars per year and can find a plan that best meets their needs and budget.

We're here to help

- Call [35 Issuer] at [36 Issuer phone number] or visit [37 Issuer website].
- Visit [38 Exchange website], or call [39 Exchange phone number] to learn more about [40 the Exchange] and to see if you qualify for lower costs.
- Find in-person help from an assister, agent, or broker in your community at [41 Website].
- [42 Contact an agent or broker you've worked with before [[43 like Agent/broker name], [44 Call [Agent/broker phone number]].
- [45 Call [46 Issuer phone number] for a reasonable accommodation to get this information in an accessible format, like large print, Braille, or audio, at no cost to you.

Getting help in other languages

[47 Insert non-discrimination notice and taglines consistent with any applicable standards, such as under HHS regulations and guidance.]

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 no longer be offered through the Exchange. Take action by [3 Date] or you'll be automatically enrolled in a different [4 Exchange] plan. This may change some of your costs and coverage, so review your options carefully.

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

Why am I getting this letter?

Beginning [7 Date], we won't offer [8 in your area] your current health coverage [9 in the Exchange]. The last day of your current [10 Exchange] coverage is [11 Date]. Read this letter carefully and review your options. Also make sure to update your information with [12 the Exchange].

Your new plan for [13 Year]

We found another [14 Exchange] plan that may meet your needs. Starting in [15 Month], you'll automatically be enrolled in [16 Plan name].

Your new premium

- Your [17 Current Year] monthly payment is \$[18 Dollar amount]. This reflects a monthly premium of \$[19 Dollar amount] minus \$[20 Dollar amount] of financial help per month.
- **Starting in [21 Month], your [22 estimated] monthly payment will be \$[23 Dollar amount].** This reflects an [24 estimated] monthly premium of \$[25 Dollar amount] minus the same amount of financial help you're getting now. You'll see your new monthly payment when you receive your [26 Month] bill.
Important: This is only an estimate based on current information we have, including the amount of financial help you got in [27 Year]. It also doesn't reflect any changes to your enrollment, such as adding additional members to your coverage. To find out how much financial help you qualify for in [28 Year] and your new premium amount, update your [29 Exchange] application. See below for more information.

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

Other changes

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

If you want to pick another plan, enroll by [33 Date] to make sure you have the coverage you want. See below for more information.

What you need to do

1. Update your [34 Exchange] application by [35 Date].

Review your [36 Exchange] application to make sure the information is still current and correct, and to see if you may qualify for more or less financial help [37 in Year] than you're getting now. This may result in a lower monthly premium payment or lower out-of-pocket costs (like deductibles, copayments, and coinsurance). Plus, you can help avoid paying money back when you file your taxes.

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

I want to enroll in this plan.

Update your Exchange application information, and then select [38 Plan name and ID] to enroll.

[39 For re-enrollment from a silver level QHP into a non-silver level QHP (except for Indian enrollees): **Important:** This isn't a Silver plan in [40 Year]. This means you can't get financial help to lower your out-of-pocket costs if you enroll in this plan. To get these savings if you qualify, you must go back to [41 the 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 [42 Date].]

I want to pick a different plan.

You can choose a different plan between [43 Dates]. Enroll by [44 Date] for coverage to start [45 Date].

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

- Visit [46 Exchange website] to see other [47 Exchange] plans. Consumers who shop can save hundreds of dollars per year and can find a plan that best meets their needs and budget.
- Check with [48 Issuer] to see what other plans may be available. [[49 **Important:** You may be able to keep your current coverage, but in [50 in Year] it won't be offered [51 as a Silver plan] through [52 the Exchange.]] Remember, you won't get financial help [53 to lower your out-of-pocket

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

costs] unless you qualify and enroll [54 in a Silver plan] through [55 the Exchange].

Note: If you got financial help in [56 Year] to lower your monthly premium, you'll have to "reconcile" using IRS Form 8962 when you file your federal taxes. This means you'll compare the amount of premium tax credit you received in advance during [57 Year] with the amount you actually qualify for based on your final [58 Year] household income and eligibility information. If the amounts are different, this will affect the amount of your refund or taxes owed.

We're here to help

- Visit [59 Exchange website], or call [60 Exchange phone number] to learn more about [61 the Exchange] and to see if you qualify for lower costs.
- Call [62 Issuer] at [63 Issuer phone number] or visit [64 Issuer website].
- Find in-person help from an assister, agent, or broker in your community at [65 Website].
- [66 Contact an agent or broker you've worked with before [[67 like Agent/broker name], [68 Call Agent/broker phone number]].
- Call [69 Exchange phone number] for a reasonable accommodation to get this information in an accessible format, like large print, Braille, or audio, at no cost to you.

Getting help in other languages

[70 Insert non-discrimination notice and taglines consistent with any applicable standards, such as under HHS regulations and guidance.]

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]

Urgent: Your health coverage is at risk. Take action by [3 Date], or you won't have health coverage in [4 Year].

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

Why am I getting this letter?

Beginning [7 Date], we won't offer your current health coverage [8 in your area]. This means you may lose your health coverage. You must enroll in a new plan to have health coverage. The last day of your current coverage is [10 Date]. Read this letter carefully and review your options.

You can choose a different plan between [10 Dates]. **To make sure there isn't a gap in your coverage enroll in a different plan by [11 Date].**

What you need to do

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

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

- Check with [12 Issuer] to see what other plans may be available. You won't get financial help unless you qualify and enroll through [13 the Exchange].
- Visit [14 Exchange website] to see [15 Exchange] plans. Consumers who shop can save hundreds of dollars per year and can find a plan that best meets their needs and budget.

We're here to help

- Call [16 Issuer] at [17 Issuer phone number] or visit [18 Issuer website].
- Visit [19 Exchange website], or call [20 Exchange phone number] to learn more about [21 the Exchange] and to see if you qualify for lower costs.
- Find in-person help from an assister, agent, or broker in your community at [22 Website].

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

- [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] for a reasonable accommodation to get this information in an accessible format, like large print, Braille, or audio, at no cost to you.

Getting help in other languages

[28 Insert non-discrimination notice and taglines consistent with any applicable standards, such as under HHS regulations and guidance.]

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]]

Urgent: Your health coverage is at risk. Take action by [3 Date], or you may not have health coverage in [4 Year].

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

Why am I getting this letter?

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

You can choose a different plan between [12 Dates]. **To make sure there isn't a gap in your coverage enroll in a different plan by [13 Date].**

What you need to do

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

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

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

2. Choose a different plan.

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

- After you've updated your [18 Exchange] application, you'll be able to compare [19 Exchange] plans in your area. You may even see that [20] [the Exchange] has picked a plan for you. Consumers who shop can save hundreds of dollars per year. Compare your options and enroll in a plan that best meets your needs and budget.

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

If you don't enroll in a plan on your own, you may be automatically enrolled in the plan [21 the Exchange] picked for you.

- Check with [22 Issuer] to see what other plans may be available. [23 **Important:** You may be able to keep your current coverage, but [24 in Year] it won't be offered [25 as a Silver plan][26 through the Exchange]]. Remember, you won't get financial help [27 to lower your out-of-pockets costs] unless you qualify and enroll [28 in a Silver plan] through [29 the Exchange].

Note: If you received financial help in [30 Year] to lower your monthly premium, you'll have to "reconcile" using IRS Form 8962 when you file your federal taxes. This means you'll compare the amount of premium tax credit you received in advance during [31 Year] with the amount you actually qualify for based on your final [32 Year] household income and eligibility information. If the amounts are different, this will affect the amount of your refund or taxes owed.

We're here to help

- Visit [33 Exchange website], or call [34 Exchange phone number] to learn more about [35 the Exchange] and to see if you qualify for lower costs.
- Call [36 Issuer] at [37 Issuer phone number] or visit [38 Issuer website].
- Find in-person help from an assister, agent, or broker in your community at [39 Website].
- [40 Contact an agent or broker you've worked with before [[41 like Agent/broker name], [42 Call [Agent/broker phone number]].
- Call [43 Exchange phone number] for a reasonable accommodation to get this information in an accessible format, like large print, Braille, or audio, at no cost to you.

Getting help in other language

[44 Insert non-discrimination notice and taglines consistent with any applicable standards, such as under HHS regulations and guidance.]

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. This notice also must be used when coverage was purchased through the Exchange and will be automatically renewed outside the Exchange -- where permitted -- because the enrollee will not be automatically enrolled in another product offered through the Exchange, in accordance with 45 CFR 155.335(j).

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 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 the Exchange name. For a Federally-facilitated Exchange, enter “Exchange.”

Item 10. Enter the Exchange name. For a Federally-facilitated Exchange, enter “Exchange.”

Item 11. Enter the Exchange website. For a Federally-facilitated Exchange, enter “HealthCare.gov.”

Item 12. Enter the date by which a plan selection must be made, in format Month DD.

Item 13. Include this sentence only if the enrollee (i) is currently enrolled in a QHP through the Exchange; (ii) receives advanced payments of the premium tax credit or cost-sharing reductions; and (iii) will be renewed into a plan under the same product outside the Exchange, where permitted. Otherwise, omit and skip to item 15.

Item 14. Enter the last day of coverage through the Exchange, in format Month DD.

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

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

Item 17. For calendar year plans enter the following year, in format YYYY. For non-calendar year plans, enter the phrase “until Open Enrollment.”

Item 18. For calendar year plans enter the following year, in format YYYY. For non-calendar year plans, enter the phrase “the next policy year.”

Item 19. If a calendar year plan, enter the current year, in format YYYY. If a non-calendar year plan, enter the word “current.”

Item 20. Enter the most recent monthly amount of premium for the enrollment group for which data are available, for the current policy year.

Item 21. Enter the beginning month of the following policy year.

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

Item 24. Enter the month in which the enrollee will receive a bill for the actual monthly premium for the following policy year.

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

Item 26. Enter the issuer website.

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

Item 28. Enter due date for first premium for following policy year or omit and skip to item 29.

Item 29. 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 34. 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 30. Enter the beginning and end dates of the annual open enrollment period for the applicable benefit year, in format Month DD, YYYY.

Items 31 and 32. 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 33. Enter the issuer name.

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

Item 35. Enter the Exchange website. For a Federally-facilitated Exchange, enter “HealthCare.gov.”

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

Item 37. Enter the issuer name.

Item 38. Enter issuer phone number.

Item 39. Enter the issuer website.

Item 40. Enter the Exchange website. For a Federally-facilitated Exchange, enter “HealthCare.gov.”

Item 41. Enter the Exchange phone number. For a Federally-facilitated Exchange, enter “1-800-318-2596 (TTY: 1-855-889-4325).”

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

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

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

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

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

Item 47. 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 49.

Item 48. Enter issuer phone number and issuer TTY number.

Item 49. Insert a nondiscrimination notice and taglines consistent with any applicable standards, such as HHS regulations (e.g., the Section 1557 rule at 45 CFR 92.8 or Exchange rules at 45 CFR 155.205(c) and 156.250) and guidance.

If you are covered by Section 1557, provide the nondiscrimination notice¹⁶ in English and taglines in at least the top 15 languages spoken by individuals with limited English proficiency of the relevant state or states,¹⁷ in significant publications and significant communications, among other locations.¹⁸ Taglines are optional but encouraged for issuers outside the Exchange if they are not covered by Section 1557 or otherwise subject to language access standards under the Exchange rules at 45 CFR 155.205(c) and 156.250, or other 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.¹⁹

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,

¹⁶ 45 CFR 92.8(a), (b)(1). The content of the notice must include the seven elements listed in 92.8(a)(1)-(7). An issuer may combine the content of the Section 1557 nondiscrimination notice with the content of other notices as long as the combined notice clearly informs individuals of their rights under Section 1557. Id. 92.8(h).

¹⁷ 45 CFR 92.8(d)(1).

¹⁸ 45 CFR 92.8(f)(1).

¹⁹ 45 CFR 92.201.

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.

Nondiscrimination: [Issuer] doesn't exclude, deny benefits to, or otherwise discriminate against any person on the basis of race, color, national origin, disability, sex, or age. If you think you've been discriminated against or treated unfairly for any of these reasons, you can file a complaint with the Department of Health and Human Services, Office for Civil Rights by calling 1-800-368-1019 (TTY: 1-800-537-7697), visiting hhs.gov/ocr/civilrights/complaints, or writing to the Office for Civil Rights/ U.S. Department of Health and Human Services/200 Independence Avenue, SW/ Room 509F, HHH Building/ Washington, D.C. 20201.

Sample Tagline:

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].

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).

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 following year, in format YYYY.

Item 6. Enter the Exchange name. For a Federally-facilitated Exchange, enter “the Exchange.”

Item 7. Enter the following year, in format YYYY.

Item 8. Enter the current year, in format YYYY.

Item 9. 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 10. Enter the most recent monthly amount of premium for the enrollment group for which data are available for the current benefit year.

Item 11. 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 12. Enter the beginning month of the following benefit year.

Item 13. Include the word “estimated” if the new monthly premium for the following benefit year has not yet been finalized at the time of providing this notice, or the Exchange has not completed the annual eligibility redetermination by the time of providing the notice.

Item 14. 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 15. Enter the word “estimated” if the word “estimated” was included in item 13.

Item 16. Enter the actual or estimated amount of monthly premium for the enrollment group for which data are available for the following benefit year.

Item 17. Enter the month in which the enrollee will receive a bill for the actual monthly payment for the following benefit year.

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

Item 19. Enter the following year, in format YYYY.

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

Item 21. 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 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 22. Enter the issuer website.

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

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

Item 25. Enter the date by which a plan selection must be made to avoid automatic re-enrollment, in format Month DD.

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

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

Item 28. Enter plan name and HIOS Plan ID of plan into which the enrollee’s coverage will be renewed.

Item 29. 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 32.

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

Item 31. Enter the Exchange name. For a Federally-facilitated Exchange, enter “the Exchange.”

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

Item 33. Enter the date by which a plan selection must be made for coverage effective January 1, in format Month DD, YYYY.

Item 34. Enter the Exchange website. For a Federally-facilitated Exchange, enter “HealthCare.gov.”

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

Item 36. Enter the issuer name.

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

Items 38 - 40. Enter the current benefit year, in format YYYY.

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

Item 42. Enter the Exchange phone number. For a Federally-facilitated Exchange, enter “1-800-318-2596 (TTY: 1-855-889-4325).”

Item 43. Enter the Exchange name. For a Federally-facilitated Exchange, enter “the Exchange.”

Item 44. Enter the issuer name.

Item 45. Enter the issuer phone number.

Item 46. Enter the issuer website.

Item 47. Enter LocalHelp.HealthCare.gov in a State with a Federally-facilitated Exchange. In other States, enter the appropriate website.

Item 48. Include this phrase if the enrollee has previously used an agent or broker to enroll. Otherwise, omit and skip to item 51.

Item 49. Enter “like” followed by the name of the agent or broker the enrollee has previously used, if known. Otherwise, omit and skip to item 51.

Item 50. Enter “call” followed by the phone number of agent or broker the enrollee has previously used, if known. Otherwise, omit and skip to item 51.

Item 51. 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 52. Insert a nondiscrimination notice and taglines consistent with any applicable standards, such as HHS regulations (e.g., the Section 1557 rule at 45 CFR 92.8 or Exchange rules at 45 CFR 155.205(c) and 156.250) and guidance.

If you are covered by Section 1557, provide the nondiscrimination notice²⁰ in English and taglines in at least the top 15 languages spoken by individuals with limited English proficiency of the relevant state or states,²¹ in significant publications and significant communications, among other locations.²² Taglines are optional but encouraged for issuers outside the Exchange if they are not covered by Section 1557 or otherwise subject to language access standards under the Exchange rules at 45 CFR 155.205(c) and 156.250, or other 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.²³

Nondiscrimination: [Issuer] doesn’t exclude, deny benefits to, or otherwise discriminate against any person on the basis of race, color, national origin, disability, sex, or age. If you think you’ve been discriminated against or treated unfairly for any of these reasons, you can file a complaint with the Department of Health and Human Services, Office for Civil Rights by calling 1-800-368-1019 (TTY: 1-800-537-7697), visiting hhs.gov/ocr/civilrights/complaints, or writing to the

²⁰ 45 CFR 92.8(a), (b)(1). The content of the notice must include the seven elements listed in 92.8(a)(1)-(7). An issuer may combine the content of the Section 1557 nondiscrimination notice with the content of other notices as long as the combined notice clearly informs individuals of their rights under Section 1557. Id. 92.8(h).

²¹ 45 CFR 92.8(d)(1).

²² 45 CFR 92.8(f)(1).

²³ 45 CFR 92.201.

Office for Civil Rights/ U.S. Department of Health and Human Services/200 Independence Avenue, SW/ Room 509F, HHH Building/ Washington, D.C. 20201.

Sample Tagline:

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].

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.

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

Item 11. Enter the plan name for the plan in which the enrollee will be automatically enrolled.

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

Item 13. Enter the Exchange name. For a Federally-facilitated Exchange, enter “Exchange.”

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

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

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

Item 17. Enter the date by which a plan selection must be made, in format Month DD.

Item 18. For calendar year plans enter the following year, in format YYYY. For non-calendar year plans, enter the phrase “until Open Enrollment.”

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

Item 20. Enter the first month for the following policy year.

Item 21. 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 22. Enter the amount of monthly premium for the enrollment group for which data are available for the following policy year.

Item 23. Enter the month in which the enrollee will receive their bill with the actual monthly premium for the following policy year.

Item 24. 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 25. Enter the issuer website.

Item 26. 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 27. 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 28. Enter due date for first premium for following policy year or omit and skip to item 29.

Item 29. 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 30 and 31. 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 32. Enter the issuer name.

Item 33. Enter the Exchange website. For a Federally-facilitated Exchange, enter “HealthCare.gov.”

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

Item 35. Enter the issuer name.

Item 36. Enter issuer phone number.

Item 37. Enter the issuer website.

Item 38. Enter the Exchange website. For a Federally-facilitated Exchange, enter “HealthCare.gov.”

Item 39. Enter the Exchange phone number. For a Federally-facilitated Exchange, enter “1-800-318-2596 (TTY: 1-855-889-4325).”

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

Item 41. Enter LocalHelp.HealthCare.gov in a State with a Federally-facilitated Exchange. In other States, enter the appropriate website.

Item 42. Include this phrase if the enrollee has previously used an agent or broker to enroll. Otherwise, omit and skip to item 45.

Item 43. Enter “like” followed by the name of the agent or broker the enrollee has previously used, if known. Otherwise, omit and skip to item 45.

Item 44. Enter “call” followed by the phone number of agent or broker the enrollee has previously used, if known. Otherwise, omit and skip to item 45.

Item 45. 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 46.

Item 46. Enter issuer phone number and issuer TTY number.

Item 47. Insert a nondiscrimination notice and taglines consistent with any applicable standards, such as HHS regulations (e.g., the Section 1557 rule at 45 CFR 92.8 or Exchange rules at 45 CFR 155.205(c) and 156.250) and guidance.

If you are covered by Section 1557, provide the nondiscrimination notice²⁴ in English and taglines in at least the top 15 languages spoken by individuals with limited English proficiency of the relevant state or states,²⁵ in significant publications and significant communications, among other locations.²⁶ Taglines are optional but encouraged for issuers outside the Exchange if they are not covered by Section 1557 or otherwise subject to language access standards under the Exchange rules at 45 CFR 155.205(c) and 156.250, or other 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.²⁷

Nondiscrimination: [Issuer] doesn’t exclude, deny benefits to, or otherwise discriminate against any person on the basis of race, color, national origin, disability, sex, or age. If you think you’ve been discriminated against or treated unfairly for any of these reasons, you can file a complaint with the Department of Health and Human Services, Office for Civil Rights by calling 1-800-368-1019 (TTY: 1-800-537-7697), visiting hhs.gov/ocr/civilrights/complaints, or writing to the

²⁴ 45 CFR 92.8(a), (b)(1). The content of the notice must include the seven elements listed in 92.8(a)(1)-(7). An issuer may combine the content of the Section 1557 nondiscrimination notice with the content of other notices as long as the combined notice clearly informs individuals of their rights under Section 1557. Id. 92.8(h).

²⁵ 45 CFR 92.8(d)(1).

²⁶ 45 CFR 92.8(f)(1).

²⁷ 45 CFR 92.201.

Office for Civil Rights/ U.S. Department of Health and Human Services/200 Independence Avenue, SW/ Room 509F, HHH Building/ Washington, D.C. 20201.

Sample Tagline:

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].

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 different product

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.

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 Exchange name. For a Federally-facilitated Exchange, enter "Exchange."

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

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

Item 9. 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 Exchange." Otherwise omit and skip to item 11.

Item 10. Enter the Exchange name. For a Federally-facilitated Exchange, enter "Exchange."

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

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

Item 13. 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 14. Enter the Exchange name. For a Federally-facilitated Exchange, enter “Exchange.”

Item 15. 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 16. Enter the plan name in which the enrollee will be automatically re-enrolled.

Item 17. Enter current year, in format YYYY.

Item 18. 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 19. Enter the most recent amount of monthly premium for the enrollment group for which data are available for the current benefit year.

Item 20. 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 21. For discontinuances, non-renewals, or terminations effective at the end of a calendar year, enter the beginning month of the following benefit year. For discontinuances, non-renewals, or terminations effective at any time other than the end of a calendar year, enter the month following the discontinuance, non-renewal, or termination, in format Month YYYY.

Item 22. Include the word “estimated” if the new monthly premium for the following benefit year has not yet been finalized at the time of providing this notice, or the Exchange has not completed the annual eligibility redetermination by the time of providing the notice.

Item 23. 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 24. Enter the word “estimated” if the word “estimated” was included in item 23.

Item 25. Enter the actual or estimated total monthly premium for the following benefit year.

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

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

Item 28. 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 following the discontinuance, non-renewal, or termination, in format Month YYYY.

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

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. For the purpose of describing plan changes, the issuer may use the current 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 31. Enter the issuer website.

Item 32. 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 33. 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 34. Enter the Exchange name. For a Federally-facilitated Exchange, enter “Exchange.”

Item 35. Enter the date by which a plan selection must be made to avoid automatic re-enrollment, in format Month DD.

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

Item 37. 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 38. Enter plan name and HIOS Plan ID of plan into which the enrollee will be enrolled.

Item 39. 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 43.

Item 40. Enter the applicable benefit year, in format YYYY.

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

Item 42. Enter last day of the current policy year, in format Month DD, YYYY.

Item 43. 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 44 and 45. 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 46. Enter the Exchange website. For a Federally-facilitated Exchange, enter “HealthCare.gov.”

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

Item 48. Enter the issuer name.

Item 49. 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 53.

Item 50. 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 51. 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 52. Enter the Exchange name. For a Federally-facilitated Exchange, enter “the Exchange.”

Item 53. Enter the phrase “to lower your out-of-pocket costs” if you entered “as a Silver plan” in item 51. Otherwise, omit and skip to item 55.

Item 54. Enter the phrase “in a Silver plan” if you entered “as a Silver plan” in item 51. Otherwise, skip to item 56.

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

Item 56. Enter the current benefit year, in format YYYY.

Item 57. Enter the current benefit year, in format YYYY.

Item 58. Enter the current calendar year, in format YYYY.

Item 59. Enter the Exchange website. For a Federally-facilitated Exchange, enter “HealthCare.gov.”

Item 60. Enter the Exchange phone number. For a Federally-facilitated Exchange, enter “1-800-318-2596 (TTY: 1-855-889-4325).”

Item 61. Enter the Exchange name. For a Federally-facilitated Exchange, enter “the Exchange.”

Item 62. Enter the issuer name.

Item 63. Enter the issuer phone number.

Item 64. Enter the issuer website.

Item 65. Enter LocalHelp.HealthCare.gov in a State with a Federally-facilitated Exchange. In other States, enter the appropriate website.

Item 66. Include this phrase if the enrollee has previously used an agent or broker to enroll. Otherwise, omit and skip to item 69.

Item 67. Enter “like” followed by the name of the agent or broker the enrollee has previously used, if known. Otherwise, omit and skip to item 69.

Item 68. Enter “Call” followed by the phone number of agent or broker the enrollee has previously used, if known. Otherwise, omit and skip to item 69.

Item 69. 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 70. Insert a nondiscrimination notice and taglines consistent with any applicable standards, such as HHS regulations (e.g., the Section 1557 rule at 45 CFR 92.8 or Exchange rules at 45 CFR 155.205(c) and 156.250) and guidance.

If you are covered by Section 1557, provide the nondiscrimination notice²⁸ in English and taglines in at least the top 15 languages spoken by individuals with limited English proficiency of the relevant state or states,²⁹ in significant publications and significant communications, among other locations.³⁰ Taglines are optional but encouraged for issuers outside the Exchange if they are not covered by Section 1557 or otherwise subject to language access standards under the Exchange rules at 45 CFR 155.205(c) and 156.250, or other 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.³¹

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

Nondiscrimination: [Issuer] doesn't exclude, deny benefits to, or otherwise discriminate against any person on the basis of race, color, national origin, disability, sex, or age. If you think you've been discriminated against or treated unfairly for any of these reasons, you can file a complaint with the Department of Health and Human Services, Office for Civil Rights by calling 1-800-368-1019 (TTY: 1-800-537-7697), visiting [hhs.gov/ocr/civilrights/complaints](https://www.hhs.gov/ocr/civilrights/complaints), or writing to the Office for Civil Rights/ U.S. Department of Health and Human Services/200 Independence Avenue, SW/ Room 509F, HHH Building/ Washington, D.C. 20201.

Sample Tagline:

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].

²⁸ 45 CFR 92.8(a), (b)(1). The content of the notice must include the seven elements listed in 92.8(a)(1)-(7). An issuer may combine the content of the Section 1557 nondiscrimination notice with the content of other notices as long as the combined notice clearly informs individuals of their rights under Section 1557. Id. 92.8(h).

²⁹ 45 CFR 92.8(d)(1).

³⁰ 45 CFR 92.8(f)(1).

³¹ 45 CFR 92.201.

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.

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.

Item 12. Enter the issuer name.

Item 13. Enter the Exchange name. For a Federally-facilitated Exchange, enter “the Exchange.”

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 “Exchange.”

Item 16. Enter the issuer name.

Item 17. Enter issuer phone number.

Item 18. Enter issuer website.

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

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

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

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 a nondiscrimination notice and taglines consistent with any applicable standards, such as HHS regulations (e.g., the Section 1557 rule at 45 CFR 92.8 or Exchange rules at 45 CFR 155.205(c) and 156.250) and guidance.

If you are covered by Section 1557, provide the nondiscrimination notice³² in English and taglines in at least the top 15 languages spoken by individuals with limited English proficiency of the relevant state or states,³³ in significant publications and significant communications, among other locations.³⁴ Taglines are optional but encouraged for issuers outside the Exchange if they are not covered by Section 1557 or otherwise subject to language access standards under the Exchange rules at 45 CFR 155.205(c) and 156.250, or other applicable Federal or State law. As a

³² 45 CFR 92.8(a), (b)(1). The content of the notice must include the seven elements listed in 92.8(a)(1)-(7). An issuer may combine the content of the Section 1557 nondiscrimination notice with the content of other notices as long as the combined notice clearly informs individuals of their rights under Section 1557. Id. 92.8(h).

³³ 45 CFR 92.8(d)(1).

³⁴ 45 CFR 92.8(f)(1).

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.³⁵

Nondiscrimination: [Issuer] doesn't exclude, deny benefits to, or otherwise discriminate against any person on the basis of race, color, national origin, disability, sex, or age. If you think you've been discriminated against or treated unfairly for any of these reasons, you can file a complaint with the Department of Health and Human Services, Office for Civil Rights by calling 1-800-368-1019 (TTY: 1-800-537-7697), visiting [hhs.gov/ocr/civilrights/complaints](https://www.hhs.gov/ocr/civilrights/complaints), or writing to the Office for Civil Rights/ U.S. Department of Health and Human Services/200 Independence Avenue, SW/ Room 509F, HHH Building/ Washington, D.C. 20201.

Sample Tagline:

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].

³⁵ 45 CFR 92.201.

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, the issuer no longer has plans available for re-enrollment through the Exchange, and, in accordance with 45 CFR 155.335(j), the issuer is not automatically enrolling the enrollee in the enrollee’s current product outside the Exchange.

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

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

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

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

Item 5. Enter the issuer name.

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

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

Item 8. Enter the phrase “in your area” if non-renewing or terminating based on the fact that there is no longer any enrollee under the plan who lives, resides, or works in the product’s service area.

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

Item 10. Enter the Exchange name. For a Federally-facilitated Exchange, enter “the Exchange.”

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

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

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

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

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

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

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

Items 18 - 20. Enter the Exchange name. For a Federally-facilitated Exchange, enter “Exchange.”

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

Item 22. Enter the issuer name.

Item 23. 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 27.

Item 24. 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 25. 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 26. Enter the word “through” followed by the Exchange name if either the words “as a Silver” plan were entered in item 25 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 Exchange.”

Item 27. Enter the phrase “to lower your out-of-pocket costs” if the words “as a Silver plan” were entered in item 25. Otherwise, omit and skip to item 29.

Item 28. Enter the phrase “in a Silver plan” if you entered “as a Silver plan” in item 25. Otherwise, omit and skip to item 29.

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

Item 30. Enter the current benefit year, in format YYYY.

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

Item 32. Enter the current calendar year, in format YYYY.

Item 33. Enter the Exchange website. For a Federally-facilitated Exchange, enter “HealthCare.gov.”

Item 35. Enter the Exchange phone number. For a Federally-facilitated Exchange, enter “1-800-318-2596 (TTY: 1-855-889-4325).”

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

Item 36. Enter issuer name.

Item 37. Enter issuer phone number.

Item 38. Enter issuer website.

Item 39. Enter LocalHelp.HealthCare.gov in a State with a Federally-facilitated Exchange. In other States, enter the appropriate website.

Item 40. Include this phrase if the enrollee has previously used an agent or broker to enroll. Otherwise, omit and skip to item 43.

Item 41. Enter “like” followed by the name of the agent or broker the enrollee has previously used, if known. Otherwise, omit and skip to item 43.

Item 42. Enter “Call” followed by the phone number of agent or broker the enrollee has previously used, if known. Otherwise, omit and skip to item 43.

Item 43. 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 44. Insert a nondiscrimination notice and taglines consistent with any applicable standards, such as HHS regulations (e.g., the Section 1557 rule at 45 CFR 92.8 or Exchange rules at 45 CFR 155.205(c) and 156.250) and guidance.

If you are covered by Section 1557, provide the nondiscrimination notice³⁶ in English and taglines in at least the top 15 languages spoken by individuals with limited English proficiency of the relevant state or states,³⁷ in significant publications and significant communications, among other locations.³⁸ Taglines are optional but encouraged for issuers outside the Exchange if they are not covered by Section 1557 or otherwise subject to language access standards under the Exchange rules at 45 CFR 155.205(c) and 156.250, or other 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.³⁹

³⁶ 45 CFR 92.8(a), (b)(1). The content of the notice must include the seven elements listed in 92.8(a)(1)-(7). An issuer may combine the content of the Section 1557 nondiscrimination notice with the content of other notices as long as the combined notice clearly informs individuals of their rights under Section 1557. Id. 92.8(h).

³⁷ 45 CFR 92.8(d)(1).

³⁸ 45 CFR 92.8(f)(1).

³⁹ 45 CFR 92.201.

Nondiscrimination: [Issuer] doesn't exclude, deny benefits to, or otherwise discriminate against any person on the basis of race, color, national origin, disability, sex, or age. If you think you've been discriminated against or treated unfairly for any of these reasons, you can file a complaint with the Department of Health and Human Services, Office for Civil Rights by calling 1-800-368-1019 (TTY: 1-800-537-7697), visiting [hhs.gov/ocr/civilrights/complaints](https://www.hhs.gov/ocr/civilrights/complaints), or writing to the Office for Civil Rights/ U.S. Department of Health and Human Services/200 Independence Avenue, SW/ Room 509F, HHH Building/ Washington, D.C. 20201.

Sample Tagline:

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].