

Chapter 10b: Discrimination— Language: Supporting Documentation and Justification

Please fill in the following information.

HIOS Issuer ID: _____

Applicable HIOS Plan IDs (Standard Component): _____

Data Element(s) Flagged by HHS for Discriminatory Language: _____

Language Justification: _____

If this provides insufficient space to list your justifications, please print out another form and add additional reasons there.