



Date: April 21, 2016

Subject: Draft Updated Federal Standard Renewal and Product Discontinuation Notices

I. Purpose

The Centers for Medicare & Medicaid Services (CMS) is releasing draft updated Federal standard notices of product discontinuation and renewal for the individual health insurance market.¹ Once finalized, these notices will be used by individual market issuers to satisfy the requirement under the guaranteed renewability rules to provide notice of product discontinuation, coverage renewal, and non-renewal or termination based on enrollees' movement outside a product's service area. An issuer using these draft updated notices (or the final updated notices, when published) or the existing Federal standard notices would be considered to have met the Secretary's specification under 45 CFR 147.106 regarding the form and manner of the required notices for policy years ending before December 31, 2017, and only the final updated notices would be considered to meet the Secretary's specification under 45 CFR 147.106 regarding the form and manner of the required notices for policy years ending on or after December 31, 2017, until the issuance of further guidance. CMS welcomes comments on the draft notices as described in section XI of this Bulletin.

This guidance works in conjunction with previously issued rulemaking and guidance, including the 2015 Market Standards Rule,² the Annual Eligibility Redeterminations Rule,³ the HHS

¹ The standard notices included in this guidance are only applicable to issuers in the individual market and only in connection with product discontinuations, coverage renewals, and non-renewals or terminations based on enrollee's 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 under Federal law, but may be subject to requirements under applicable State law.

² Patient Protection and Affordable Care Act; Exchange and Insurance Market Standards for 2015 and Beyond, 79 FR 30240 (May 27, 2014).

³ Patient Protection and Affordable Care Act; Annual Eligibility Redeterminations for Exchange Participation and Insurance Affordability Programs; Health Insurance Issuer Standards Under the Affordable Care Act, Including Standards Related to Exchanges, 79 FR 52994 (Sept. 5, 2014).

Notice of Benefit and Payment Parameters for 2017,⁴ and guidance on the Federal standard notices issued on September 2, 2014.⁵

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 product⁶ in the group or individual market through or outside of an Exchange (also referred to as a Health Insurance Marketplace or Marketplace) (including a renewal with uniform modifications), or that non-renews or terminates coverage based on movement of enrollees outside the product's service area in the group or individual market through or outside of the Marketplace, must provide written notice in a form and manner specified by the Secretary of Health and Human Services (the Secretary).⁷

Under qualified health plan (QHP) issuer regulations at 45 CFR 156.1255, a health insurance issuer in the individual market that is renewing an enrollment group's coverage in a QHP offered through the Marketplace (including a renewal with uniform modifications), or that is non-renewing or terminating coverage based on a discontinuance of the product or unavailability of the product based on the product's service area no longer including the enrollee's location, 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 Marketplace in accordance with §155.335(j), must include certain information in the applicable renewal and discontinuance notices.⁸

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. The September 2, 2014 Bulletin provided Federal standard notices to be used to satisfy the notice requirements in the individual market, except in certain cases where a

⁴ Patient Protection and Affordable Care Act; HHS Notice of Benefit and Payment Parameters for 2017, 81 FR 12204 (March 8, 2016).

⁵ 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>.

⁶ See 45 CFR 144.103 for definitions of "product" and "plan" under CMS regulations.

⁷ The requirement to provide notices of renewal applies only to issuers in the individual and small group markets. The requirement to provide notices of product discontinuation and notices of non-renewal or termination based on enrollees' movement outside the service area applies to issuers in the individual, small group, and large group markets. These requirements are codified in the PHS Act at section 2703 of the PHS Act, as added by the Affordable Care Act, and at sections 2712 and 2742, as added by the Health Insurance Portability and Accountability Act of 1996 prior to enactment of the 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 of the PHS Act 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.

⁸ 45 CFR 156.1255(a)-(d).

State develops and requires the use of a State-specific standard notice.⁹ Subsequent guidance indicated that until further guidance is issued, the Federal standard notices in the September 2, 2014 Bulletin should be utilized.¹⁰

III. Draft Updated Federal Standard Notices

This Bulletin provides for issuers in the individual health insurance market draft updated Federal standard notices of product discontinuation, coverage renewal, and non-renewal or termination based on enrollees' movement outside the service area. For policy years ending before December 31, 2017, CMS will consider issuers that use either the draft updated Federal standard notices in this Bulletin (or the final updated notices, when published) or the Federal standard notices in the September 2, 2014 Bulletin to have met the Secretary's specification under 45 CFR 147.106 regarding the form and manner of the required notices. Once finalized, only the final updated notices will be considered to meet the Secretary's specification under 45 CFR 147.106 regarding the form and manner of the required notices in connection with policy years ending on or after December 31, 2017, until the issuance of further guidance.

These draft notices generally include the same content as the Federal standard notices that were included in the September 2, 2014 Bulletin. The notices have been updated based on CMS's experience communicating with consumers in the Marketplaces, which included consumer research, testing and feedback. The updates are designed to make the notices shorter, simpler and easier to understand and navigate, and to enable consumers to more readily identify critical consumer actions and deadlines. The notices also highlight the individual shared responsibility provision to encourage individuals to maintain continuous coverage when their coverage is non-renewed or terminated; explain that their amount of advance payments of the premium tax credit (APTC) may change and that in some cases consumers will be informed of their actual monthly payment in the bill they receive for the following coverage year; encourage consumers to report life changes to the Marketplace; and more clearly describe how consumers can get assistance in non-English languages, consistent with Marketplace notices.

In the HHS Notice of Benefit and Payment Parameters for 2017, two changes were made to the Marketplace re-enrollment hierarchy at 45 CFR 155.335(j) to minimize potential disruption of enrollee eligibility for APTC and cost-sharing reductions (CSRs).

The first change prioritizes re-enrollment into silver plans through the Marketplace. If the enrollee's current silver level QHP is no longer available for renewal and the enrollee's current product no longer includes a silver level QHP available through the Marketplace, the rule

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

¹⁰ 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>.

provides that the enrollee will be re-enrolled in a silver level QHP under a different product offered by the same QHP issuer through the Marketplace that is the most similar to the enrollee's current product. In this situation the issuer would notify the enrollee using the standard notice in attachment 4 of this Bulletin that the enrollee will be automatically re-enrolled into a new product through the Marketplace. However, consistent with guaranteed renewability requirements, the notice would also explain that coverage may be renewed under the enrollee's current product, at the option of the enrollee. If no such silver level QHP is available for enrollment through the Marketplace by the same QHP issuer, the enrollee's coverage will be renewed in a QHP that is one metal level higher or lower than the enrollee's current QHP under the same product. In this situation the issuer would notify the enrollee using the standard notice in attachment 2 of this Bulletin.

The second change to the Marketplace re-enrollment hierarchy addresses the situation in which the issuer no longer offers plans through the Marketplace. This may occur because the issuer has decided not to seek QHP recertification of all of its Marketplace plans or because the issuer has decided to withdraw entirely from the market in the State, both inside and outside the Marketplace. In such cases, Marketplaces may automatically enroll consumers into plans of other Marketplace issuers.

Where an issuer no longer has plans available for re-enrollment through the Marketplace but the enrollee's current product remains available for renewal outside the Marketplace, the issuer must allow the enrollee to renew coverage under the same product outside the Marketplace 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 Marketplace; the enrollee's product is not available for renewal outside the Marketplace; and the issuer offers other products outside the Marketplace, the issuer may notify its enrollees of that fact, and may encourage them to enroll in one of its plans outside the Marketplace using a notice in any form and manner permitted under applicable State law and regulations. However, under no circumstance may an issuer automatically enroll the enrollee in one of its plans outside the Marketplace (whether in the same product or a different product), unless directed otherwise by the applicable State authority or the Marketplace.

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, for product discontinuation, coverage renewal, and non-renewal or termination based on enrollees' movement outside a product's service area. CMS is considering interpreting its rules to provide that 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.¹¹ 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

Issuers that are subject to language accessibility standards under section 1557 of the Affordable Care Act or Exchange rules at 45 CFR 155.205(c) and 156.250 must comply with those standards. Issuers subject to language accessibility standards under Exchange rules must provide taglines with these notices that are consistent with the applicable regulations and guidance. Generally, issuers offering coverage through the Marketplaces will be subject to section 1557 of the Affordable Care Act and Exchange language accessibility standards at 45 CFR 155.205(c) and 156.250. Issuers offering coverage outside the Marketplaces might also be subject to section 1557. Section 1557 is the civil rights provision of the Affordable Care Act, and prohibits discrimination on the ground of race, color, national origin, sex, age, or disability under “any health program or activity, any part of which is receiving Federal financial assistance ... or under any program or activity that is administered by an Executive agency or any entity established under [Title I of the Affordable Care Act].” The notice taglines will be updated as necessary to comply with regulations under section 1557 of the Affordable Care Act when published.

VI. Instructions

This Bulletin also provides draft updated instructions to accompany the draft updated Federal standard notices. When finalized, these instructions must be used to complete the required fields in the updated Federal standard notices. If an issuer fails to modify the notices or furnish notice 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 of HHS. 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 §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. Timing of Product Discontinuation Notices

Due to the timing of QHP certification for 2017, consistent with guidance on the timing of individual market discontinuation notices issued in previous years, in connection with the open

¹¹ See Exchange regulations at §155.230 relating to general standards for Exchange notices and §155.260 related to privacy and security of personally identifiable information. See also ERISA regulations on electronic disclosure at 29 CFR 2520.104b-1.

enrollment period for coverage in benefit year 2017, CMS will not take enforcement action against an issuer for failing to send a discontinuance notice related to individual market coverage at least 90 days prior to discontinuance, as long as the issuer sends the notice consistent with the timeframes applicable to renewal notices, which for non-grandfathered, non-transitional plans is before the first day of the next annual open enrollment period, and for grandfathered and transitional plans is at least 60 days before the date of renewal. We encourage States to provide similar flexibility to issuers.

VIII. How to Provide Notice Regarding the End of Transitional Plans¹²

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 the market reforms in the Affordable Care Act (or other applicable Federal or State laws), 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.¹³ Therefore, it is expected that for many consumers transitioning to Affordable Care Act-compliant plans following the expiration of the transitional policy, the consumer will receive a renewal notice (as opposed to a discontinuance notice) that adequately explains the changes in their coverage.

IX. 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, 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 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

¹² 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> and 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>.

¹³ 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>.

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

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 compliant State standard notices as a result of this Bulletin.

X. 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, summary of benefits and coverage (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), issuers are required to provide an SBC for each cost-sharing reduction (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 Marketplace. 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 Marketplace by the time notice must be provided.¹⁵

XI. Comments

CMS is requesting comments on the draft updated Federal standard notices in this Bulletin, consistent with the requirements of the Paperwork Reduction Act. Comments must be submitted by June 27, 2016 and may be submitted electronically to:

2017DiscontinuationandRenewalNotices@cms.hhs.gov.

Attachments

- Attachment 1: Renewal notice for the individual market where coverage is being renewed outside the Marketplace
- Attachment 2: Renewal notice for the individual market where coverage is being renewed in a QHP offered under the same product through the Marketplace

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 3: Discontinuation notice for the individual market outside the Marketplace and the issuer is automatically enrolling the enrollee in a new plan
- Attachment 4: Notice for the individual market where coverage was in a QHP offered through the Marketplace and the issuer is automatically enrolling the enrollee in a new product
- Attachment 5: Discontinuation notice for the individual market outside the Marketplace and the issuer is not automatically enrolling the enrollee in a new plan
- Attachment 6: Discontinuation notice for the individual market where coverage being discontinued was in a QHP offered through the Marketplace and the issuer is not automatically enrolling the enrollee in a new plan
- Attachment 7: Instructions for completing Federal standard notices

Where to get more information:

If you have any questions about this Bulletin, please e-mail CCIIO at marketreform@cms.hhs.gov.

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

[1 Date]

[2 [First Name]][Last Name]

[Address line 1]

[Address line 2]

[City][State][Zip]

Important: Take action by [3 Date], or you'll be automatically re-enrolled in similar coverage.

Thank you for choosing [4 Issuer] for your health care needs.

Why am I getting this letter?

Your health insurance 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. Unless you take action by [6 Date], you'll be automatically enrolled in this plan for [7 Year].

Important: This isn't a [8 Marketplace] plan. This means you won't get any financial help lowering your monthly premium or out-of-pocket costs if you remain enrolled in this plan. To get these savings if you qualify, you must go to [9 the Marketplace] and enroll in another plan. [10 If you don't, any financial help you currently get will end in [11 Month].] To see if you qualify, visit [12 Marketplace website].

Changes you'll see to your plan in [13 Year]

Your new premium

- Your [14 Current year] monthly premium is \$[15 Dollar amount].
- **Starting in [16 Month], your [17 estimated] monthly premium will be \$[18 Dollar amount]. [19 Important:** This is only an estimate. You'll see your new monthly payment amount when you get your [20 Month] bill.]

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.

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 and you'll be automatically enrolled.

I want to pick a different plan.

[24 You can choose a new plan between [25 Dates]. Enroll by [26 Date] for coverage to start [27 Date].]

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

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

- Check with [28 Issuer] to see what other plans may be available. Remember, you won't get financial help unless you qualify and enroll through [29 the Marketplace].
- Visit [30 Marketplace website] to see [31 Marketplace] 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 [32 Issuer] at [33 Issuer phone number] or visit [34 Issuer website].
- Visit [35 Marketplace website], or call [36 Marketplace phone number] to learn more about [37 the Marketplace] and to see if you qualify for lower costs.
- Find in-person help from an assister, agent, or broker in your community at LocalHelp.HealthCare.gov.
- [38 Call [39 Issuer phone number] to request a reasonable accommodation at no cost to you if you have a disability.]

Getting help in other languages

[40 Insert taglines consistent with any applicable language access standards, such as under HHS regulations and guidance.]

[1 Date]

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

[3 Year] Application ID: [4 ID Number]

Important: Take action by [5 Date], or you'll be automatically re-enrolled in similar coverage.

Thank you for choosing [6 Issuer] for your health care needs.

Why am I getting this letter?

Your health insurance coverage is still being offered in [7 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 [8 the Marketplace].

Changes you'll see to your plan in [9 Year]

Your new premium

- Your [10 Current year] monthly payment is \$[11 Dollar amount]. This reflects a monthly premium of \$[12 Dollar amount] minus \$[13 Dollar amount] of financial help per month.
- **Starting in [14 Month], your [15 estimated] monthly payment will be \$[16 Dollar amount].** This reflects an [17 estimated] monthly premium of \$[18 Dollar amount] minus the same amount of financial help you're getting now. You'll see your new monthly payment when you receive your [19 Month] bill.
Important: This is only an estimate based on the amount of financial help you got in [20 Year]. To find out how much financial help you qualify for in [21 Year], update your [22 Marketplace] application. See below for more information.

Other changes

- *[23 Briefly describe plan changes and/or refer to enclosed materials]*
- You can review more details about your plan at [24 Issuer website] and in your [25 Year] Summary of Benefits and Coverage.

What you need to do

1. **Update your [26 Marketplace] application by [27 Date].** Review your [28 Marketplace] 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 [29 Year]. This

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

may result in a lower monthly premium payment or lower out-of-pocket costs. 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 information in step #1, and then select [30 Plan name and ID] to enroll.

[31 *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 [32 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 [33 the Marketplace] 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 new plan between [34 Dates]. Enroll by [35 Date] for coverage to start January 1.

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

- Visit [36 Marketplace website] to see other [37 Marketplace] 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 [38 Issuer] to see what other plans may be available. Remember, you won't get financial help unless you qualify and enroll through [39 the Marketplace].

Note: If you got financial help in [40 Year] to lower your monthly premium, you'll have to "reconcile" when you file your federal taxes. This means you'll compare the amount of premium tax credit you used in advance during [41 Year] with the amount you actually qualify for based on your final [42 Year] household income and eligibility information. If the numbers are different, you may get more or less tax refund, or you may owe.

We're here to help

- Visit [43 Marketplace website], or call [44 Marketplace phone number] to learn more about [45 the Marketplace] and to see if you qualify for lower costs.
- Call [46 Issuer] at [47 Issuer phone number] or visit [48 Issuer website].
- Find in-person help from an assister, agent, or broker in your community at [LocalHelp.HealthCare.gov](https://www.LocalHelp.HealthCare.gov).

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

- Call [49 Marketplace phone number] to request a reasonable accommodation at no cost to you if you have a disability.

Getting help in other languages

[50 Insert taglines consistent with any applicable language access standards, such as under HHS regulations and guidance.]

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

[1 Date]

[2 [First Name]][Last Name]

[Address line 1]

[Address line 2]

[City] [State] [Zip]

Important: Take action by [3 Date], or you'll be automatically enrolled in a new plan.

Thank you for choosing [4 Issuer] for your health care needs.

Why am I getting this letter?

Beginning [5 Date], we won't offer [6 in your area] the health insurance coverage you currently have. The last day of your current coverage is [7 Date]. Read this letter carefully and review your options.

Your new plan for [8 Year]

We found another plan that may meet your needs. Starting in [9 Month], you'll be automatically enrolled in [10 Plan name].

Important: This isn't a [11 Marketplace] plan. This means you won't get any financial help lowering your monthly premium or out-of-pocket costs if you enroll in this plan. To get these savings if you qualify, you must go to [12 the Marketplace] and enroll in another plan. To see if you qualify, visit [13 Marketplace website].

Your new premium

- Your current monthly premium is \$[14 Dollar amount].
- **Starting in [15 Month], your [16 estimated] monthly premium will be \$[17 Dollar amount]. [18 Important:** This is only an estimate. You'll see your new monthly payment amount when you get your [19 Month] bill.]

Other changes

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

If you want to pick another plan, enroll by [23 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.

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

I want to enroll in this plan.

Pay the monthly premium and you'll be automatically enrolled.

I want to pick a different plan.

You can choose a new plan between [24 Dates]. Enroll by [25 Date] for coverage to start [26 Date].]

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

- Check with [27 Issuer] to see what other plans may be available.
- Visit [28 Marketplace website] to see other [29 Marketplace] 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 [30 Issuer] at [31 Issuer phone number] or visit [32 Issuer website].
- Visit [33 Marketplace website], or call [34 Marketplace phone number] to learn more about [35 the Marketplace] and to see if you qualify for lower costs.
- Find in-person help from an assister, agent, or broker in your community at LocalHelp.HealthCare.gov.
- [36 Call [37 Issuer phone number] to request a reasonable accommodation at no cost to you if you have a disability.]

Getting help in other languages

[38 Insert taglines consistent with any applicable language access standards, such as under HHS regulations and guidance.]

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

[1 Date]

[2 [First Name]][Last Name]

[Address line 1]

[Address line 2]

[City] [State] [Zip]

[3 Year] Application ID: [4 ID Number]

Important: Take action by [5 Date] or you'll be automatically enrolled in a new [6 Marketplace] plan.

Thank you for choosing [7 Issuer] for your health care needs.

Why am I getting this letter?

Beginning [8 Date], we won't offer [9 in your area] the health insurance coverage you currently have [10 in the Marketplace]. The last day of your current [11 Marketplace] coverage is [12 Date]. Read this letter carefully and review your options. Also make sure to update your information with [13 the Marketplace].

Your new plan for [14 Year]

We found another [15 Marketplace] plan that may meet your needs. Starting in [16 Month], you'll automatically be enrolled in [17 Plan name].

Your new premium

- Your [18 Current Year] monthly payment is \$[19 Dollar amount]. This reflects a monthly premium of \$[20 Dollar amount] minus \$[21 Dollar amount] of financial help per month.
- **Starting in [22 Month], your [23 estimated] monthly payment will be \$[24 Dollar amount].** This reflects an [25 estimated] monthly premium of \$[26 Dollar amount] minus the same amount of financial help you're getting now. You'll see your new monthly payment when you receive your [27 Month] bill.
Important: This is only an estimate based on the amount of financial help you got in [28 Year]. To find out how much financial help you qualify for in [29 Year], update your [30 Marketplace] application. See below for more information.

Other changes

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

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

If you want to pick another plan, enroll by [34 Date] to make sure you have the coverage you want. See below for more information.

What you need to do

1. Update your [35 Marketplace] application by [36 Date].

Review your [37 Marketplace] application to make sure the information is still current and correct, and to see if you may qualify for more or less financial help [38 in Year] than you're getting now. This may result in a lower monthly premium payment or lower out-of-pocket costs. 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 information in step #1, and then select [39 Plan name and ID] to enroll.

[40 *For re-enrollment from a silver level QHP into a non-silver level QHP (except for Indian enrollees):* **Important:** This isn't a Silver plan in [41 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 [42 the Marketplace] 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 [43 Date].]

I want to pick a different plan.

You can choose a new plan between [44 Dates]. Enroll by [45 Date] for coverage to start [46 Date].

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

- Visit [47 Marketplace website] to see other [48 Marketplace] 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 [49 Issuer] to see what other plans may be available. [50 **Important:** You may be able to keep your current coverage, but [51 in Year] it won't be offered [52 as a Silver plan] through [53 the Marketplace.]] Remember, you won't get financial help [54 to lower your out-of-pocket costs] unless you qualify and enroll [55 in a Silver plan] through [56 the Marketplace].

Note: If you got financial help in [57 Year] to lower your monthly premium, you'll have to "reconcile" when you file your federal taxes. This means you'll compare the amount of premium tax credit you used in advance during [58 Year] with the amount you actually qualify for based on your final [59 Year] household income

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

and eligibility information. If the numbers are different, you may get more or less tax refund, or you may owe.

We're here to help

- Visit [60 Marketplace website], or call [61 Marketplace phone number] to learn more about [62 the Marketplace] and to see if you qualify for lower costs.
- Call [63 Issuer] at [64 Issuer phone number] or visit [65 Issuer website].
- Find in-person help from an assister, agent, or broker in your community at [LocalHelp.HealthCare.gov](https://www.localhelp.healthcare.gov).
- Call [66 Marketplace phone number] to request a reasonable accommodation at no cost to you if you have a disability.

Getting help in other languages

[67 Insert taglines consistent with any applicable language access standards, such as under HHS regulations and guidance.]

Attachment 5: Discontinuation notice for the individual market outside the Marketplace and the issuer is not automatically enrolling the enrollee in a new 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]. You may have to pay a penalty of [5 \$695] or more when you file your taxes.

Thank you for choosing [6 Issuer] for your health care needs.

Why am I getting this letter?

Beginning [7 Date], we won't offer the health insurance coverage you currently have [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 [9 Date]. Read this letter carefully and review your options.

You can choose a new plan between [10 Dates]. **To make sure there isn't a gap in your coverage, and avoid paying a penalty, enroll in a new plan by [11 Date].**

What you need to do

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

You may also have to pay a penalty of [12 \$695] or more when you file your taxes.

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

- Check with [13 Issuer] to see what other plans may be available. Remember, you won't get financial help unless you qualify and enroll through [14 the Marketplace].
- Visit [15 Marketplace website] to see other [16 Marketplace] 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 [17 Issuer] at [18 Issuer phone number] or visit [19 Issuer website]. You can also work with your local agent or broker.
- Visit [20 Marketplace website], or call [21 Marketplace phone number] to learn more about [22 the Marketplace] and to see if you qualify for lower costs.

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

- Find in-person help from an assister in your community at [LocalHelp.HealthCare.gov](https://www.localhelp.healthcare.gov).
- [23 Call [24 Issuer phone number] to request a reasonable accommodation at no cost to you if you have a disability.]

Getting help in other languages

[25 Insert taglines consistent with any applicable language access 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 Marketplace and the issuer is not automatically enrolling the enrollee in a new plan

[1 Date]

[2 [First Name]][Last Name]

[Address line 1]

[Address line 2]

[City] [State] [Zip]

[3 Year] Application ID: [4 ID Number]

Urgent: Your health coverage is at risk. Take action by [5 Date], or you won't have health coverage in [6 Year]. You may have to pay a penalty of [7 \$695] or more when you file your taxes.

Thank you for choosing [8 Issuer] for your health care needs.

Why am I getting this letter?

Beginning [9 Date], we won't offer [10 in your area] the health insurance coverage you currently have [11 in the Marketplace]. This means you may lose your health coverage.

You must enroll in a new plan to have coverage. The last day of your current coverage [12 in the Marketplace] is [13 Date]. Read this letter carefully and review your options. Also make sure to update your information with [14 the Marketplace].

You can choose a new plan between [15 Dates]. **To make sure there isn't a gap in your coverage, and avoid paying a penalty, enroll in a new plan by [16 Date].**

[17 *For issuers that no longer have any plans available for re-enrollment in the Marketplace and the individual may be automatically enrolled with another Marketplace issuer:*

Check with [18 the Marketplace] about whether it will automatically enroll you in another plan if you don't take action.]

What you need to do

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

You may also have to pay a penalty of [19 \$695] or more when you file your taxes.

1. Update your [20 Marketplace] application by [21 Date].

Review your [22 Marketplace] application to make sure the information is still current and correct, and to see if you may qualify for more or less financial help [23 in Year] than you're getting now. This may result in a lower monthly premium payment or lower out-of-pocket costs. Plus, you can help avoid paying money back when you file your taxes.

2. Choose a new plan.

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

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

- Visit [24 Marketplace website] to see other [25 Marketplace] 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 [26 Issuer] to see what other plans may be available. [27 **Important:** You may be able to keep your current coverage, but [28 in Year] it won't be offered [29 as a Silver plan][30 through the Marketplace]]. Remember, you won't get financial help [31 to lower your out-of-pockets costs] unless you qualify and enroll [32 in a Silver plan] through [33 the Marketplace].

Note: If you received financial help in [34 Year] to lower your monthly premium, you'll have to "reconcile" when you file your federal taxes. This means you'll compare the amount of premium tax credit you used in advance during [35 Year] with the amount you actually qualify for based on your final [36 Year] household income and eligibility information. If the numbers are different, you may get more or less tax refund, or you may owe.

We're here to help

- Visit [37 Marketplace website], or call [38 Marketplace phone number] to learn more about [39 the Marketplace] and to see if you qualify for lower costs.
- Call [40 Issuer] at [41 Issuer phone number] or visit [42 Issuer website].
- Find in-person help from an assister, agent, or broker in your community at LocalHelp.HealthCare.gov.
- Call [43 Marketplace phone number] to request a reasonable accommodation at no cost to you if you have a disability.

Getting help in other language

[44 Insert taglines consistent with any applicable language access 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 Marketplace

General instructions:

This notice must be used when coverage was purchased outside the Marketplace and will be renewed outside the Marketplace. This notice also must be used when coverage was purchased through the Marketplace and will be automatically renewed outside the Marketplace -- where permitted -- because the enrollee will not be automatically enrolled in another product offered through the Marketplace, 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 enrollment into a different plan, in format Month DD, YYYY.

Item 4. Enter the issuer name.

Item 5. 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 6. Enter the date by which a plan selection must be made to avoid automatic enrollment into a different plan, in format Month DD.

Item 7. 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 8. Enter the Marketplace name. For a Federally-facilitated Marketplace, enter “Marketplace.”

Item 9. Enter the Marketplace name. For a Federally-facilitated Marketplace, enter “the Marketplace.”

Item 10. Include this sentence only if the enrollee (i) is currently enrolled in a QHP through the Marketplace; (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 Marketplace, where permitted. Otherwise, omit and skip to item 12.

Item 11. Enter the last day of coverage through the Marketplace, in format Month DD.

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

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

Item 13. 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 14. If a calendar year plan, enter the current year, in format YYYY. If a non-calendar year plan, enter the word “current”.

Item 15. Enter the total monthly premium for the current policy year.

Item 16. Enter the beginning month of the following policy year.

Item 17. 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 18. Enter the monthly premium for the following policy year.

Item 19. Include this sentence if the word “estimated” was included in item 17. Otherwise, omit and skip to item 21.

Item 20. Enter the month in which the enrollee will receive a bill for the actual monthly premium for the following policy year.

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. This section may refer to enclosed supplemental materials. Do not include the italicized instructions.

Item 22. Enter the issuer website.

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

Item 24. 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 new plan and skip to item 28. Under 45 CFR 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.

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

Item 25. Enter the beginning and end dates of the annual open enrollment period for the applicable benefit year, in format Month DD, YYYY.

Items 26 and 27. 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 28. Enter the issuer name.

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

Item 30. Enter the Marketplace website. For a Federally-facilitated Marketplace, enter “HealthCare.gov.”

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

Item 32. Enter the issuer name.

Item 33. Enter issuer phone number.

Item 34. Enter the issuer website.

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

Item 36. Enter the Marketplace phone number. For a Federally-facilitated Marketplace, enter 1-800-318-2596 (TTY: 1-855-889-4325).”

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

Item 38. This sentence must be included for issuers subject to 1557 of the Affordable Care Act. Otherwise, optional. If this sentence is omitted, skip to item 40.

Item 39. Enter issuer phone number.

Item 40. Insert taglines consistent with any applicable language access standards, such as under HHS regulations and guidance including section 1557 of the Affordable Care Act and Exchange

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

rules at 45 CFR 155.205(c) and 156.250. If you are subject to language access standards under 45 CFR 155.205(c) and 156.250, then, beginning no later than the first day of the individual market open enrollment period for the 2017 benefit year, include the tagline in at least the top 15 languages spoken by the limited English proficient population of the relevant state, as determined in guidance published by HHS. Taglines are optional for issuers outside the Marketplace if they are not subject to language access standards.

English: This notice has important information. This notice has important information about your application or coverage through [Issuer name] 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 Marketplace.

General instructions:

This notice must be used when coverage was purchased through the Marketplace and will be renewed under the same product through the Marketplace, 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 current benefit year, in format YYYY.

Item 4. Enter subscriber’s Marketplace application ID number.

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

Item 6. Enter the issuer name.

Item 7. Enter the following year, in format YYYY

Item 8. Enter the Marketplace name. For a Federally-facilitated Marketplace, enter “the Marketplace.”

Item 9. Enter the following year, in format YYYY

Item 10. Enter the current year, in format YYYY

Item 11. Enter the total monthly premium for the current benefit 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 12. Enter the total monthly premium for the current benefit year.

Item 13. Enter the current year monthly amount of any advanced 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 14. Enter the beginning month of the following benefit year.

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 Marketplace.

Item 15. 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 Marketplace has not completed the annual eligibility redetermination by the time of providing the notice.

Item 16. Enter the total monthly premium for the following benefit 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 17. Enter the word “estimated” if the word “estimated” was included in item 15.

Item 18. Enter the actual or estimated total monthly premium for the following benefit year.

Item 19. Enter the month in which the enrollee will receive a bill for the actual monthly payment for the following benefit year.

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

Item 21. Enter the following year, in format YYYY.

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

Item 23. 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 24. Enter the issuer website.

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

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

Item 27. Enter the date by which a plan selection must be made to avoid automatic enrollment into a different plan, in format Month DD.

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 Marketplace.

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

Item 29. Enter the current benefit year, in format YYYY.

Item 30. Enter plan name and HIOS Plan ID of plan into which the enrollee’s coverage will be renewed.

Item 31. 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 34.

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

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

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

Item 35. Enter the date by which a plan selection must be made for coverage effective January 1, in format Month DD, YYYY.

Item 36. Enter the Marketplace website. For a Federally-facilitated Marketplace, enter “HealthCare.gov.”

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

Item 38. Enter the issuer name.

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

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

Item 41. Enter the current benefit year, in format YYYY.

Item 42. Enter the current calendar year, in format YYYY.

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 Marketplace.

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

Item 44. Enter the Marketplace phone number. For a Federally-facilitated Marketplace, enter 1-800-318-2596 (TTY: 1-855-889-4325).”

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

Item 46. Enter the issuer name.

Item 47. Enter the issuer phone number.

Item 48. Enter the issuer website.

Item 49. Enter the Marketplace phone number. For a Federally-facilitated Marketplace, enter 1-800-318-2596 (TTY: 1-855-889-4325).”

Item 50. Insert taglines consistent with any applicable language access standards, such as under HHS regulations and guidance including section 1557 of the Affordable Care Act and Exchange rules at 45 CFR 155.205(c) and 156.250. If you are subject to language access standards under 45 CFR 155.205(c) and 156.250, then, beginning no later than the first day of the individual market open enrollment period for the 2017 benefit year, include the tagline in at least the top 15 languages spoken by the limited English proficient population of the relevant state, as determined in guidance published by HHS.

English: This notice has important information. This notice has important information about your application or coverage through [issuer name] 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 Marketplace and the issuer is automatically enrolling the enrollee in a new plan outside the Marketplace

General instructions:

This notice must be used when the issuer is non-renewing coverage purchased outside the Marketplace as the result of a product discontinuance, and consistent with applicable State law, automatically enrolling the enrollee in new coverage outside the Marketplace. This includes non-renewals based on a discontinuance of the product or unavailability of the product based on the enrollee no longer being located 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 enrollment into a different plan, in format Month DD, YYYY.

Item 4. Enter the issuer name.

Item 5. 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 6. Enter the phrase “in your area” if non-renewing based on the fact that the enrollee no longer lives or resides in the service area.

Item 7. Enter the last day on which the enrollee’s current coverage will be remain in force, in format Month DD, YYYY.

Item 8. 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 9. Enter the first coverage month under the new plan, in format Month.

Item 10. Enter the plan name for the plan in which the enrollee will be automatically enrolled.

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

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

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

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

Item 14. Enter the monthly premium for the current policy year.

Item 15. Enter the first month for the following policy year.

Item 16. 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 17. Enter the monthly premium for the following policy year.

Item 18. Include this sentence if the word “estimated” was included in item16. Otherwise, omit and skip to item20.

Item 19. Enter the month in which the enrollee will receive their bill with the actual monthly premium for the following policy year.

Item 20. 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 21. Enter the issuer website.

Item 22. 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 23. 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.

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

Item 24. 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 25 and 26. 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 27. Enter the issuer name.

Item 28. Enter the Marketplace website. For a Federally-facilitated Marketplace, enter “HealthCare.gov.”

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

Item 30. Enter the issuer name.

Item 31. Enter issuer phone number.

Item 32. Enter the issuer website.

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

Item 34. Enter the Marketplace phone number. For a Federally-facilitated Marketplace, enter 1-800-318-2596 (TTY: 1-855-889-4325).”

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

Item 36. This sentence must be included for issuers subject to 1557 of the Affordable Care Act. Otherwise, optional. If this sentence is omitted, skip to item 39.

Item 37. Enter issuer phone number.

Item 38. Insert taglines consistent with any applicable language access standards, such as under HHS regulations and guidance including section 1557 of the Affordable Care Act and Exchange rules at 45 CFR 155.205(c) and 156.250. If you are subject to language access standards under

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

45 CFR 155.205(c) and 156.250, then, beginning no later than the first day of the individual market open enrollment period for the 2017 benefit year, include the tagline in at least the top 15 languages spoken by the limited English proficient population of the relevant state, as determined in guidance published by HHS. Taglines are optional for issuers outside the Marketplace if they are not subject to language access standards.

English: This notice has important information. This notice has important information about your application or coverage through [issuer name] 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 Marketplace and the issuer is automatically enrolling the enrollee in a new product

General instructions:

This notice must be used when the enrollee’s current product is not available for renewal through the Marketplace (even if it remains available outside the Marketplace) 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 Marketplace. 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 Marketplace, 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 Marketplace.

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 current benefit year in format YYYY.

Item 4. Enter subscriber’s Marketplace application ID number.

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

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

Item 7. Enter the issuer name.

Item 8. Enter the date when the current plan will no longer be available, in format Month YYYY.

Item 9. Enter the phrase “in your area” if non-renewing based on the fact that the enrollee no longer lives or resides in the service area.

Item 10. If issuer will not offer the enrollee’s current product through the Marketplace for the following benefit year, or will offer the current product through the Marketplace 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 Marketplace in accordance with 45 CFR 155.335(j),

Instructions for Attachment 4 – Notice for the individual market where coverage was in a QHP offered through the Marketplace and the issuer is automatically enrolling the enrollee in a new product

include the phrase “in [the Marketplace] and enter the Marketplace name. In such cases, for a Federally-facilitated Marketplace, enter “the Marketplace.” Otherwise omit and skip to item 11.

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

Item 12. Enter the last day on which the enrollee’s current coverage will remain in force through the Marketplace, in format Month DD, YYYY.

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

Item 14. 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 15. Enter the Marketplace name. For a Federally-facilitated Marketplace, enter “the Marketplace.”

Item 16. 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 17. Enter the plan name in which the enrollee will be automatically enrolled.

Item 18. Enter current year, in format YYYY.

Item 19. Enter the total monthly premium for the current benefit 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 20. Enter the total monthly premium for the current benefit year.

Item 21. Enter the current year monthly amount of any advanced 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.

Instructions for Attachment 4 – Notice for the individual market where coverage was in a QHP offered through the Marketplace and the issuer is automatically enrolling the enrollee in a new product

Item 22. For discontinuances, non-renewals, or terminations effective at the end of a calendar year, enter the beginning month of the following benefit year. 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 23. 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 Marketplace has not completed the annual eligibility redetermination by the time of providing the notice.

Item 24. Enter the total monthly premium 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 25. Enter the word “estimated” if the word “estimated” was included in item 23.

Item 26. Enter the actual or estimated total monthly premium for the following benefit year.

Item 27. Enter the month in which the enrollee will receive a bill for the actual monthly payment for the following benefit year.

Item 28. Enter the current benefit year, in format YYYY.

Item 29. 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 30. Enter the Marketplace name. For a Federally-facilitated Marketplace, enter “Marketplace.”

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

Item 32. Enter the issuer website.

Instructions for Attachment 4 – Notice for the individual market where coverage was in a QHP offered through the Marketplace and the issuer is automatically enrolling the enrollee in a new product

Item 33. 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 34. 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 35. Enter the Marketplace name. For a Federally-facilitated Marketplace, enter “Marketplace.”

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

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

Item 38. 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 39. Enter plan name and HIOS Plan ID of plan into which the enrollee will be enrolled.

Item 40. 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 44.

Item 41. Enter the applicable benefit year, in format YYYY.

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

Item 43. Enter last day of the policy year, in format Month DD YYYY.

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

Instructions for Attachment 4 – Notice for the individual market where coverage was in a QHP offered through the Marketplace and the issuer is automatically enrolling the enrollee in a new product

Items 45 and 46. 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 47. Enter the Marketplace website. For a Federally-facilitated Marketplace, enter “HealthCare.gov.”

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

Item 49. Enter the issuer name.

Item 50. Include this sentence only if enrollee’s current product remains available for renewal for the following benefit year, whether through or outside of the Marketplace. Otherwise, omit and skip to item 56.

Item 51. 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 52. Include the words “as a Silver plan” if the enrollee’s current product will no longer include a silver plan offered through the Marketplace in the applicable benefit year.

Item 53. Enter the Marketplace name. For a Federally-facilitated Marketplace, enter “the Marketplace.”

Item 54. Enter the phrase “to lower your out-of-pocket costs” if you entered “as a Silver plan” in item 52. Otherwise, omit and skip to item 56.

Item 55. Enter the phrase “in a Silver plan” if you entered “as a Silver plan” in item 52. Otherwise, skip to item 56.

Item 56. Enter the Marketplace name. For a Federally-facilitated Marketplace, enter “the Marketplace.”

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

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

Instructions for Attachment 4 – Notice for the individual market where coverage was in a QHP offered through the Marketplace and the issuer is automatically enrolling the enrollee in a new product

Item 59. Enter the current calendar year, in format YYYY.

Item 60. Enter the Marketplace website. For a Federally-facilitated Marketplace, enter “HealthCare.gov.”

Item 61. Enter the Marketplace phone number. For a Federally-facilitated Marketplace, enter 1-800-318-2596 (TTY: 1-855-889-4325).”

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

Item 63. Enter the issuer name.

Item 64. Enter the issuer phone number.

Item 65. Enter the issuer website.

Item 66. Enter the Marketplace phone number. For a Federally-facilitated Marketplace, enter 1-800-318-2596 (TTY: 1-855-889-4325).”

Item 67. Insert taglines consistent with any applicable language access standards, such as under HHS regulations and guidance including section 1557 of the Affordable Care Act and Exchange rules at 45 CFR 155.205(c) and 156.250. If you are subject to language access standards under 45 CFR 155.205(c) and 156.250, then, beginning no later than the first day of the individual market open enrollment period for the 2017 benefit year, include the tagline in at least the top 15 languages spoken by the limited English proficient population of the relevant state, as determined in guidance published by HHS.

English: This notice has important information. This notice has important information about your application or coverage through [issuer name] 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 5 – Discontinuation notice for the individual market outside the Marketplace and the issuer is not automatically enrolling the enrollee in a new plan

General instructions:

This notice must be used when the issuer is non-renewing coverage purchased outside the Marketplace based on a discontinuance of the product or unavailability of the product based on the product's service area no longer including the enrollee's location, and not automatically enrolling the enrollee in a new 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 minimum individual shared responsibility payment for the entire applicable tax year.

Item 6. Enter the issuer name.

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 based on the fact that the enrollee no longer lives or resides in the service area.

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

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

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.

Item12. Enter the minimum individual shared responsibility payment for the entire applicable tax year.

Item13. Enter the issuer name.

Item14. Enter the Marketplace name. For a Federally-facilitated Marketplace, enter “the Marketplace.”

Item 15. Enter the Marketplace website. For a Federally-facilitated Marketplace, enter “HealthCare.gov.”

Item16. Enter the Marketplace name. For a Federally-facilitated Marketplace, enter “Marketplace.”

Item17. Enter the issuer name.

Item18. Enter issuer phone number.

Item19. Enter issuer website.

Item20. Enter the Marketplace website. For a Federally-facilitated Marketplace, enter “HealthCare.gov.”

Item21. Enter the Marketplace phone number. For a Federally-facilitated Marketplace, enter 1-800-318-2596 (TTY: 1-855-889-4325).”

Item22. Enter the Marketplace name. For a Federally-facilitated Marketplace, enter “the Marketplace.”

Item23. This sentence must be included for issuers subject to 1557 of the Affordable Care Act. Otherwise, optional. If this sentence is omitted, skip to item 25.

Item24. Enter issuer phone number.

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

Item 25. Insert taglines consistent with any applicable language access standards, such as under HHS regulations and guidance including section 1557 of the Affordable Care Act and Exchange rules at 45 CFR 155.205(c) and 156.250. If you are subject to language access standards under 45 CFR 155.205(c) and 156.250, then, beginning no later than the first day of the individual market open enrollment period for the 2017 benefit year, include the tagline in at least the top 15 languages spoken by the limited English proficient population of the relevant state, as determined in guidance published by HHS. Taglines are optional for issuers outside of the Marketplace if they are not subject to language access standards.

English: This notice has important information. This notice has important information about your application or coverage through [issuer name] 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 6 – Discontinuation notice for the individual market where coverage being discontinued was in a QHP offered through the Marketplace and the issuer is not automatically enrolling the enrollee in a new plan

General instructions:

This notice must be used when the enrollee's product is not available for renewal through or outside the Marketplace and the issuer is not automatically enrolling the enrollee in a new plan through the Marketplace. This includes non-renewals based on a discontinuance of the product and unavailability of the product based on the product's service area no longer including the enrollee's location. This notice must also be used when the enrollee's current product is not available for renewal through the Marketplace but remains available for renewal outside the Marketplace, the issuer no longer has plans available for re-enrollment through the Marketplace, 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 Marketplace.

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 current benefit year in format YYYY.

Item 4. Enter the subscriber's Marketplace application ID number.

Item 5. 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 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 minimum individual shared responsibility payment for the entire applicable tax year.

Item 8. Enter the issuer name.

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.

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

Item 10. Enter the phrase “in your area” if non-renewing based on the fact that the enrollee is no longer lives or resides in the service area.

Items 11. Include this phrase if issuer will not offer the enrollee’s current product through the Marketplace for the following benefit year (even if the product remains available for renewal outside the Marketplace). In such cases, for a Federally-facilitated Marketplace, enter “the Marketplace.” Otherwise omit and skip to item 12.

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

Item13. Enter the last day on which the enrollee’s current coverage will remain in force through the Marketplace, in format Month DD, YYYY.

Item14. Enter the Marketplace name. For a Federally-facilitated Marketplace, enter “the Marketplace.”

Item 15. 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 16. 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 17. Include this sentence if the issuer no longer has any plans available for re-enrollment in the Marketplace and the individual may be automatically enrolled with another Marketplace issuer. Otherwise, skip to item19.

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

Item 19. Enter the minimum individual shared responsibility payment for the entire applicable tax year.

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

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

Item 21. Enter the date by which a plan selection must be made to avoid automatic enrollment into a different plan, in format Month DD.

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

Item 23. 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 24. Enter the Marketplace website. For a Federally-facilitated Marketplace, enter “HealthCare.gov.”

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

Item 26. Enter the issuer name.

Item 27. Include this sentence only if the enrollee’s current product remains available for renewal for the following benefit year, whether through or outside the Marketplace. Otherwise, omit and skip to item 33.

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

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

Item 30. Enter the word “through” followed by the Marketplace name if either the words “as a Silver” plan were entered in item 29 or the enrollee’s current product remains available outside the Marketplace, but no longer remains available for renewal through the Marketplace. In this case, enter the Marketplace name. For a Federally-facilitated Marketplace, enter “the Marketplace.”

Item 31. Enter the phrase “to lower your out-of-pocket costs” if the words “as a Silver plan” were entered in item 29. Otherwise, omit and skip to item 33.

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

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

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

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

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

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

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

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

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

Item 40. Enter issuer name

Item 41. Enter issuer phone number.

Item 42. Enter issuer website.

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

Item 44. Insert taglines consistent with any applicable language access standards, such as under HHS regulations and guidance including section 1557 of the Affordable Care Act and Exchange rules at 45 CFR 155.205(c) and 156.250. If you are subject to language access standards under 45 CFR 155.205(c) and 156.250, then, beginning no later than the first day of the individual market open enrollment period for the 2017 benefit year, include the tagline in at least the top 15 languages spoken by the limited English proficient population of the relevant state, as determined in guidance published by HHS.

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

English: This notice has important information. This notice has important information about your application or coverage through [issuer name] 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].