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## **Instructions for Draft Standard Notices of Product Discontinuation and Renewal**

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

- 1-** Enter either “Policyholder” or the name of the policyholder.
- 2-** Enter the date (Month DD, YYYY) on which the next policy year begins.

#### Changes we’re making to your current health plan

- 3-** Enter the month in which the new premium is in effect.
- 4-** Enter the dollar amount of the monthly premium.
- 5-** Enter the website of the Marketplace in the State. For States with State-based Marketplaces, enter the website of the State Marketplace. For States with Federally-facilitated Marketplaces, enter “HealthCare.gov”.
- 6-** If the renewed plan is different from the current plan, briefly describe the significant changes between the current plan and the new plan, including but not limited to the name and Plan ID of the new plan, changes in covered benefits (including changes in eligibility), and changes in cost sharing (including whether the plan is a different metal level from the current plan).
- 7-8** Enter the name of the Marketplace for the State. For States with State-based Marketplaces, enter the name of the State Marketplace. For States with Federally-facilitated Marketplaces, enter “the Marketplace.”

#### What if I want to change plans?

- 9-** Enter the applicable date (Month DD, YYYY) by which a plan selection must be made for coverage effective January 1.
- 10-** Enter the name of the issuer.

**11-13** Enter the name of the Marketplace for the State. For States with State-based Marketplaces, enter the name of the State Marketplace. For States with Federally-facilitated Marketplaces, enter “the Marketplace.”

Questions?

**14-** Enter the name, contact information, and hours of operation of the issuer.

**15-** Enter the website and consumer assistance information of the Marketplace in the State. For States with State-based Marketplaces, enter the website and consumer assistance information of the State Marketplace. For States with Federally-facilitated Marketplaces, enter “HealthCare.gov or call 1-800-318-2596 (TTY: 1-855-889-4325)”.

**16-** Enter the name of the Marketplace for the State. For States with State-based Marketplaces, enter the name of the State Marketplace. For States with Federally-facilitated Marketplaces, enter “the Health Insurance Marketplace.”

Getting Help in Other Languages

**17-** Include the following tagline translated in the top languages spoken by 10% or more of the population in the State. Enter the appropriate language and the issuer’s phone number:

“For help in [language], call [Issuer phone number.]”

**Attachment 2. Renewal notice for the individual market where coverage is being renewed in a QHP offered through the Marketplace**

- 1-** Enter either “Policyholder” or the name of the policyholder.
- 2-** Enter the date (Month DD, YYYY) on which the next policy year begins.
- 3** Enter the dollar amount of monthly savings for 2014 due to advance payments of the premium tax credit (APTC).
- 4-** Enter the name of the Marketplace for the State. For States with State-based Marketplaces, enter the name of the State Marketplace. For States with Federally-facilitated Marketplaces, enter “the Marketplace.”
- 5-** Enter the same amount as item 3 above.
- 6-** Enter the website of the Marketplace in the State. For States with State-based Marketplaces, enter the website of the State Marketplace. For States with Federally-facilitated Marketplaces, enter “HealthCare.gov”.

Changes we’re making to your current health plan

- 7-** Enter the dollar amount of the monthly premium for 2015 reduced by any APTC for the 2014 plan year.
- 8-** Enter the dollar amount of the total monthly premium for 2015.
- 9-** Enter the website of the Marketplace in the State. For States with State-based Marketplaces, enter the website of the State Marketplace. For States with Federally-facilitated Marketplaces, enter “HealthCare.gov”.
- 10-** If the renewed plan is different from the current plan, briefly describe the significant changes between the current plan and the new plan, including but not limited to the name and Plan ID of the new plan, changes in covered benefits (including changes in eligibility), and changes in cost sharing (including whether the plan is a different metal level from the current plan).
- 11-** Enter the name of the Marketplace for the State. For States with State-based Marketplaces, enter the name of the State Marketplace. For States with Federally-facilitated Marketplaces, enter “the Marketplace.”

Important information about your tax credit

- 12-** If any enrollee in the enrollment group received APTC for the 2014 plan year, include the section “Important information about your tax credit” in its entirety and complete items 13 and 14. If not, omit this section and skip to item 15 below.

**13-** Enter the dollar amount of monthly APTC for the 2014 plan year.

**14-** Enter the name of the Marketplace for the State. For States with State-based Marketplaces, enter the name of the State Marketplace. For States with Federally-facilitated Marketplaces, enter “the Marketplace.”

If you didn’t receive a tax credit in 2014

**15-** If no enrollee in the enrollment group received APTC for the 2014 plan year, include the section “If you didn’t receive a tax credit in 2014” in its entirety.

**16-** Enter the name of the Marketplace for the State. For States with State-based Marketplaces, enter the name of the State Marketplace. For States with Federally-facilitated Marketplaces, enter “Marketplace.”

**17-** Enter the website of the Marketplace in the State. For States with State-based Marketplaces, enter the website of the State Marketplace. For States with Federally-facilitated Marketplaces, enter “HealthCare.gov”.

**18-** Enter the name of the Marketplace for the State. For States with State-based Marketplaces, enter the name of the State Marketplace. For States with Federally-facilitated Marketplaces, enter “Marketplace.”

**19-** Enter the name and Plan ID of the renewed plan.

What if I want to change plans?

**20-** Enter the applicable date (Month DD, YYYY) by which a plan selection must be made for coverage effective January 1.

**21-** Enter the name of the issuer.

**22-24** Enter the name of the Marketplace for the State. For States with State-based Marketplaces, enter the name of the State Marketplace. For States with Federally-facilitated Marketplaces, enter “the Marketplace.”

Questions?

**25-** Enter the name, contact information, and hours of operation of the issuer.

**26-** Enter the website and consumer assistance information of the Marketplace in the State. For States with State-based Marketplaces, enter the website and consumer assistance information of the State Marketplace. For States with Federally-facilitated Marketplaces, enter “HealthCare.gov or call 1-800-318-2596 (TTY: 1-855-889-4325)”.

**27-** Enter the name of the Marketplace for the State. For States with State-based Marketplaces, enter the name of the State Marketplace. For States with Federally-facilitated Marketplaces, enter “the Health Insurance Marketplace.”

Getting Help in Other Languages

**28-** Include the following tagline translated in the top languages spoken by 10% or more of the population in the State. Enter the appropriate language and the issuer’s phone number:

“For help in [language], call [Issuer phone number.]”

### **Attachment 3. Discontinuation notice for the individual market outside the Marketplace**

**1-** Enter either “Policyholder” or the name of the policyholder.

**2-** Enter the date (Month DD, YYYY) on which coverage under the current product will end.

#### Options from [Issuer Name]

**3-** Enter the name of the issuer.

**4-** If the issuer is auto-enrolling the individual into a plan within another product, consistent with applicable Federal and State law, include this text in its entirety and complete items 5-13. If not, omit this text and skip to item 14 below.

**5-** Enter the name of the issuer.

**6-** Enter the name and Plan ID of the new plan.

**7-** Enter the date (Month DD, YYYY) by which an individual must act to not be auto-enrolled in the new plan.

**8-** Enter the website of the issuer.

**9-** Enter the dollar amount of the monthly premium for 2015.

**10-** Enter the website of the Marketplace in the State. For States with State-based Marketplaces, enter the website of the State Marketplace. For States with Federally-facilitated Marketplaces, enter “HealthCare.gov”.

**11-** Briefly describe the significant changes between the current plan and the new plan, including but not limited to changes in covered benefits (including changes in eligibility) and cost sharing (including whether the new plan is a different metal level from the current plan).

**12-13** Enter the name of the Marketplace for the State. For States with State-based Marketplaces, enter the name of the State Marketplace. For States with Federally-facilitated Marketplaces, enter “the Marketplace.”

**14-** If the issuer is not auto-enrolling the individual into a plan within another product, include this text in its entirety and complete items 15-17.

**15-** Enter the name of the issuer.

**16-** Enter the website of the issuer.

**17-** Enter the phone number of the issuer.

What other options do I have?

**18-** Enter the name of the issuer.

**19-21** Enter the name of the Marketplace for the State. For States with State-based Marketplaces, enter the name of the State Marketplace. For States with Federally-facilitated Marketplaces, enter “the Marketplace.”

Questions?

**22-** Enter the name, contact information, and hours of operation of the issuer.

**23-** Enter the website and consumer assistance information of the Marketplace in the State. For States with State-based Marketplaces, enter the website and consumer assistance information of the State Marketplace. For States with Federally-facilitated Marketplaces, enter “HealthCare.gov or call 1-800-318-2596 (TTY: 1-855-889-4325)”.

**24-** Enter the name of the Marketplace for the State. For States with State-based Marketplaces, enter the name of the State Marketplace. For States with Federally-facilitated Marketplaces, enter “the Health Insurance Marketplace.”

Getting Help in Other Languages

**25-** Include the following tagline translated in the top languages spoken by 10% or more of the population in the State. Enter the appropriate language and the issuer’s phone number:

“For help in [language], call [Issuer phone number.]”

**Attachment 4. Discontinuation notice for the individual market where coverage being discontinued was in a QHP offered through the Marketplace**

- 1-** Enter either “Policyholder” or the name of the policyholder.
- 2-** Enter the date (Month DD, YYYY) on which coverage under the current product will end.
- 3-** Enter the dollar amount of monthly savings for 2014 due to advance payments of the premium tax credit (APTC).
- 4-** Enter the name of the Marketplace for the State. For States with State-based Marketplaces, enter the name of the State Marketplace. For States with Federally-facilitated Marketplaces, enter “the Marketplace.”
- 5-** Enter the same amount as item 3 above.
- 6-** Enter the website of the Marketplace in the State. For States with State-based Marketplaces, enter the website of the State Marketplace. For States with Federally-facilitated Marketplaces, enter “HealthCare.gov”.

Options from [Issuer Name]

- 7-** Enter the name of the issuer.
- 8-** If the issuer is auto-enrolling the individual into a plan within another product, consistent with applicable Federal and State law, include this text in its entirety and complete items 9-21. If not, omit this text and skip to item 23 below.
- 9-** Enter the name of the issuer.
- 10-** Enter the name and Plan ID of the new plan.
- 11-** Enter the website of the issuer.
- 12-** Enter the dollar amount of the monthly premium for 2015 reduced by any APTC for the 2014 plan year.
- 13-** Enter the dollar amount of the total monthly premium for 2015.
- 14-** Enter the website of the Marketplace in the State. For States with State-based Marketplaces, enter the website of the State Marketplace. For States with Federally-facilitated Marketplaces, enter “HealthCare.gov”.
- 15-** Briefly describe the significant changes between the current plan and the new plan, including but not limited to changes in covered benefits (including changes in eligibility) and cost sharing (including whether the new plan is a different metal level from the current plan).

**16-** Include this text in its entirety if the new plan is not being offered through the Marketplace and complete items 17-19. Otherwise, omit this text and skip to item 20 below.

**17-19** Enter the name of the Marketplace for the State. For States with State-based Marketplaces, enter the name of the State Marketplace. For States with Federally-facilitated Marketplaces, enter “the Marketplace.”

**20-** Include this text in its entirety if the new plan is being offered through the Marketplace. If not, omit this text and skip to item 27 below.

**21-** Enter the name of the Marketplace for the State. For States with State-based Marketplaces, enter the name of the State Marketplace. For States with Federally-facilitated Marketplaces, enter “Marketplace.”

**21-** Enter the name and Plan ID of the new plan.

**23-** If the issuer is not auto-enrolling the individual into a plan within another product, include this text in its entirety and complete items 24-26.

**24-** Enter the name of the issuer.

**25-** Enter the website of the issuer.

**26-** Enter the phone number of the issuer.

#### Important information about your tax credit

**27-** If any enrollee in the enrollment group received APTC for the 2014 plan year, include the section “Important information about your tax credit” in its entirety and complete items 28 and 29. If not, omit this section and skip to item 30 below.

**28-** Enter the dollar amount of monthly APTC for the 2014 plan year.

**29-** Enter the name of the Marketplace for the State. For States with State-based Marketplaces, enter the name of the State Marketplace. For States with Federally-facilitated Marketplaces, enter “the Marketplace.”

#### If you didn’t receive a tax credit in 2014

**30-** If no enrollee in the enrollment group received APTC for the 2014 plan year, include the section “If you didn’t receive a tax credit in 2014” in its entirety and complete items 31 and 32.

**31-** Enter the name of the Marketplace for the State. For States with State-based Marketplaces, enter the name of the State Marketplace. For States with Federally-facilitated Marketplaces, enter “Marketplace.”

**32-** Enter the website of the Marketplace in the State. For States with State-based Marketplaces, enter the website of the State Marketplace. For States with Federally-facilitated Marketplaces, enter “HealthCare.gov”.

What other options do I have?

**33-** Enter the name of the issuer.

**34- 36** Enter the name of the Marketplace for the State. For States with State-based Marketplaces, enter the name of the State Marketplace. For States with Federally-facilitated Marketplaces, enter “the Marketplace.”

Questions?

**37-** Enter the name, contact information, and hours of operation of the issuer.

**38-** Enter the website and consumer assistance information of the Marketplace in the State. For States with State-based Marketplaces, enter the website and consumer assistance information of the State Marketplace. For States with Federally-facilitated Marketplaces, enter “HealthCare.gov or call 1-800-318-2596 (TTY: 1-855-889-4325)”.

**39-** Enter the name of the Marketplace for the State. For States with State-based Marketplaces, enter the name of the State Marketplace. For States with Federally-facilitated Marketplaces, enter “the Health Insurance Marketplace.”

Getting Help in Other Languages

**40-** Include the following tagline translated in the top languages spoken by 10% or more of the population in the State. Enter the appropriate language and the issuer’s phone number:

“For help in [language], call [Issuer phone number.]”

## **Attachment 5. Renewal notice to employers for the small group market**

**1-** Enter either “Plan Sponsor” or the name of the plan sponsor.

**2-** Enter the date (Month DD, YYYY) on which the next plan year begins.

### Changes we’re making to your group’s current coverage

**3-** Enter the month in which the new premium is in effect.

**4-** Enter the estimated dollar amount of the total monthly premium for 2015.

**5-** Enter the website of the SHOP Marketplace in the State. For States with State-based SHOPS, enter the website of the State SHOP. For States with Federally-facilitated Marketplaces, enter “HealthCare.gov”.

**6-** If the renewed plan is different from the current plan, briefly describe the significant changes between the current plan and the new plan, including but not limited to as the name and Plan ID of the new plan, changes in covered benefits (including changes in eligibility), and changes in cost sharing (including whether the plan is a different metal level from the current plan).

**7-** If the renewed plan is not being offered through the SHOP, including this text in its entirety and complete items 8-9. If the renewed plan is being offered through the SHOP, omit this text and skip to item 10 below.

**8-9** Enter the name of the SHOP Marketplace for the State. For States with State-based SHOPS, enter the name of the State SHOP. For States with Federally-facilitated SHOPS, enter “the Small Business Health Options Program (SHOP) Marketplace” or “the SHOP Marketplace” as indicated.

### What if I want to change plans?

**10-13** Enter the name of the SHOP Marketplace for the State. For States with State-based SHOPS, enter the name of the State SHOP. For States with Federally-facilitated SHOPS, enter “the SHOP Marketplace”.

**14-** Enter the day of the month (e.g., 15<sup>th</sup>) on which a plan selection must be made for coverage effective the 1<sup>st</sup> of the following month.

### Questions?

**15-** Enter the name, contact information, and hours of operation of the issuer.

**16-** Enter the website and consumer assistance information of the SHOP Marketplace for the State. For States with State-based SHOPS, enter the website and consumer assistance

information for the State SHOP. For States with Federally-facilitated SHOPS, enter “HealthCare.gov or call 1-800-706-7893 (TTY: 1-800-706-7915)”.

**17-** Enter the name of the SHOP Marketplace for the State. For States with State-based SHOPS, enter the name of the State SHOP. For States with Federally-facilitated SHOPS, enter “the Health Insurance Marketplace”.

Getting Help in Other Languages

**18-** Include the following tagline translated in the top languages spoken by 10% of the population in the State. Enter the appropriate language and the issuer’s phone number:

“For help in [language], call [Issuer phone number.]”

## **Attachment 6. Discontinuance notice to employers for the small group market**

- 1-** Enter either “Plan Sponsor” or the name of the plan sponsor.
- 2-** Enter the date (Month DD, YYYY) on which coverage under the current product will end.

### Options from [Issuer Name]

- 3-** Enter the name of the issuer.
- 4-** Include this text in its entirety if the issuer is auto-enrolling the plan enrollees into a plan within another product, consistent with applicable Federal and State law, and complete items 5-11. If not, omit this text and skip to item 12 below.
- 5-** Enter the name of the issuer.
- 6-** Enter the name and plan ID number of the new plan
- 7-** Enter the website of the issuer.
- 8-** Enter the month in which the new premium is in effect.
- 9-** Enter the estimated dollar amount of the total monthly premium for 2015.
- 10-** Enter the website of the SHOP Marketplace in the State. For States with State-based SHOPS, enter the website of the State SHOP. For States with Federally-facilitated Marketplaces, enter “HealthCare.gov”.
- 11-** Briefly describe the significant changes between the current plan and the new plan, including but not limited to changes in covered benefits (including changes in eligibility) and cost sharing (including whether the new plan is a different metal level from the current plan).
- 12-** If the issuer is not auto-enrolling the plan enrollees into a plan within another product, include this text in its entirety and complete item 13-15.
- 13-** Enter the name of the issuer.
- 14-** Enter the phone number of the issuer.
- 15-** Enter the website of the issuer.

### What other options do I have?

- 16-19** Enter the name of the SHOP Marketplace for the State. For States with State-based SHOPS, enter the name of the State SHOP. For States with Federally-facilitated SHOPS, enter “the SHOP Marketplace.”

When do I need to make a decision if I want to change plans?

**20-** Enter the day of the month (e.g., 15<sup>th</sup>) on which a plan selection must be made for coverage effective the 1<sup>st</sup> of the following month.

Questions?

**21-** Enter the name, contact information, and hours of operation of the issuer.

**22-** Enter the website and consumer assistance information of the SHOP Marketplace in the State. For States with State-based SHOPS, enter the website and consumer assistance information for the State SHOP. For States with Federally-facilitated SHOPS, enter “HealthCare.gov or call 1-800-706-7893 (TTY: 1-800-706-7915)”.

**23-** Enter the name of the SHOP Marketplace for the State. For States with State-based SHOPS, enter the name of the State SHOP. For States with Federally-facilitated SHOPS, enter “the Health Insurance Marketplace.”

Getting Help in Other Languages

**24-** Include the following tagline translated in the top languages spoken by 10% of the population in the State. Enter the appropriate language and the issuer’s phone number:

“For help in [language], call [Issuer phone number.]”