DEPARTMENT OF HEALTH & HUMAN SERVICES
Centers for Medicare & Medicaid Services
Center for Consumer Information & Insurance Oversight
200 Independence Avenue SW
Washington, DC 20201

Date: September 2, 2016

Subject: Updated Federal Standard Renewal and Product Discontinuation Notices

I. Purpose

The purpose of this Bulletin is to provide updated Federal standard notices that must be used by an issuer in the individual market to provide notice of product discontinuation, coverage renewal, and non-renewal or termination based on enrollees' movement outside the product service area. Under 45 CFR 147.106 and 148.122, notice must be provided in a form and manner specified by the Secretary of Health and Human Services (the Secretary).[1] The notices and guidance in this Bulletin take into account public comments received on draft updated Federal standard notices published on April 21, 2016. This Bulletin also provides additional guidance related to the notice requirements in the group and individual market under the guaranteed renewability provisions.

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 product[2] in the group or individual market through or outside of an Exchange (also referred to as a Health Insurance Marketplace℠ or Marketplace℠ [3]) (including a renewal with uniform modifications), or that non-renews or terminates coverage based on movement of all enrollees outside the product's service area in the group or individual market through or outside of a Marketplace, must provide written notice in a form and manner specified by the Secretary.[4]

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

[2] The terms "product" and "plan" are defined by regulation at 45 CFR 144.103.

[3] Health Insurance Marketplace℠ and Marketplace℠ are service marks of the U.S. Department of Health & Human Services.

[4] The requirement to provide notices of renewal applies only to issuers in the individual and small group markets. The requirement to provided notices of product discontinuation and notices of non-renewal or termination based on

Under qualified health plan (QHP) issuer regulations at 45 CFR 156.1255, a health insurance issuer in the individual market must include certain information in the applicable renewal and discontinuation notices.[5] Those regulations address situations in which such an issuer (1) is renewing an enrollment group's coverage in a QHP offered through a Marketplace (including a renewal with uniform modifications), or (2) is non-renewing or terminating coverage based on a discontinuance of the product or there no longer being any enrollee in the plan who lives, resides, or works within the product's service area, and, consistent with applicable State law, automatically enrolling an enrollee in a QHP under a different product offered by the same QHP issuer through the Marketplace in accordance with 45 CFR 155.335(j).

On September 2, 2014, CMS published a Bulletin specifying the form and manner of the notices for product discontinuation, coverage renewal, and terminations based on enrollees' movement outside the service area. That Bulletin provided Federal standard notices to be used to satisfy the notice requirements in the individual market, except in certain cases in which a State develops and requires the use of a State-specific standard notice.[6] Subsequent guidance indicated that until further guidance is issued, the Federal standard notices in the September 2, 2014 Bulletin should be utilized.[7] On April 21, 2016, CMS published a subsequent Bulletin, which provided draft updated Federal standard notices and solicited public comment. With today's Bulletin, CMS is amending and finalizing those notices.[8]

III. Final Updated Federal Standard Notices

This Bulletin provides for issuers in the individual health insurance market final updated Federal standard notices of product discontinuation, coverage renewal, and non-renewal or termination based on enrollees' movement outside the service area. Except in certain cases in which an issuer is using a State-developed notice as discussed in section IX of this Bulletin, the final updated Federal standard notices in this Bulletin must be used for policy years beginning on or after January 1, 2018 (that is, beginning with notices required to be provided in connection with enrollment for coverage in policy years that start in 2018) to meet the Secretary's specification

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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, as added by the Affordable Care Act, and at former section 2712 and section 2742, as added by the Health Insurance Portability and Accountability Act of 1996 prior to enactment of the 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.

[5] 45 CFR 156.1255(a)-(d).

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

[7] 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.

[8] See section XIII of this Bulletin regarding the Paperwork Reduction Act of 1995.

regarding the form and manner of the required notices. For notices required to be provided before such time, issuers that use either the April 21, 2016 draft notices, the final updated Federal standard notices in this Bulletin, or the notices published in guidance on September 2, 2014, will meet the Secretary's specification regarding the form and manner of the required notices.

These final notices generally include the same content as the Federal standard notices that were included in the September 2, 2014 Bulletin, and the draft notices in the April 21, 2016 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 response to public comments received on the draft updated notices published on April 21, 2016, the final updated notices warn consumers that they may not be able to switch to a Marketplace plan for the upcoming year, even if their finances change; clarify that the amount of estimated premiums for the upcoming year listed in the notice is based on current information such as the number of family members currently enrolled; specify the deadline for the first premium payment for the upcoming policy year; and specify that issuers may identify the enrollee's agent or broker, with contact information, as a source of assistance.

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 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 different 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 (if available), 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 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 every one 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, the regulation provides that, to the extent permitted by applicable State law, the 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 would also use the standard notice in attachment 6 of this Bulletin, but may notify its enrollees of these facts in a separate communication and encourage them to enroll in one of its plans outside the 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 an enrollee, who was in a Marketplace plan, 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, of product discontinuation, coverage renewal, and non-renewal or termination based on enrollees' movement outside a product's service area. Nothing in CMS rules prohibits issuers from providing notice electronically when the following conditions are met: (1) the issuer has given the individual or employer a choice of either standard mail or electronic communication;[9] (2) the consumer has affirmatively consented to electronic communication; and (3) the issuer satisfies the requirements for electronic notices under other applicable Federal or State law.[10] Under this approach, if an issuer cannot also send any other

[9] Because notice must be provided in certain circumstances to individuals in the individual market and plan sponsors (and participants and beneficiaries) in the group market, the guidance relating to electronic delivery is relevant to issuers in the individual or group market.

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

supporting materials, such as a cover letter and summary of plan changes, in electronic format, the notice must be provided through standard mail.

V. Taglines and Nondiscrimination Notice

Issuers that are subject to language accessibility standards under Exchange rules at 45 CFR 155.205(c) and 156.250 or section 1557 of the Affordable Care Act and 45 CFR 92 (referred to in this Bulletin as "Section 1557")[11] must comply with these authorities and standards. Generally, issuers offering coverage through the Marketplaces will be subject to Section 1557 and Exchange language accessibility standards at 45 CFR 155.205(c) and 156.250. Issuers subject to language accessibility standards under Exchange rules must provide taglines with these notices that are consistent with the applicable regulations and guidance and make the content of the notice accessible to individuals with limited English proficiency through oral interpretation and written translation. Section 1557 is the civil rights provision of the Affordable Care Act and prohibits discrimination on the basis 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]."[12]

VI. Instructions

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

VII. 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 enrollment period for coverage in benefit year 2017, CMS will not take enforcement action

[11] 81 FR 31376 (May 18, 2016).

[12] For QHP issuers subject to Section 1557 that are principally engaged in the provision or administration of health-related services, health-related coverage or other health-related coverage, all of the issuer's operations are considered part of the health program or activity, with limited exceptions. Consequently, a QHP issuer that is "principally engaged" must comply with the nondiscrimination requirements of Section 1557 for the issuer's plans offered both inside and outside the Marketplaces. A non-QHP issuer offering coverage outside the Marketplaces might also be subject to Section 1557 if any health program or activity of the issuer receives Federal financial assistance. 45 CFR 92.2 and 92.4.

against an issuer for failing to send a discontinuation notice related to individual market coverage at least 90 days prior to discontinuation, 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 Plans

We remind issuers that if the only changes to a product in the small group or individual market are made uniformly and solely to bring the coverage into compliance with applicable Federal or State requirements (including all laws, decisions, rules, regulations, or other action having the effect of law), then for purposes of Federal law, it would be considered the continuation of the product as a uniform modification of coverage under 45 CFR 147.106(e), and the issuer would provide a renewal notice in the form and manner prescribed by this Bulletin. This is true even if the issuer considers the product to be discontinued and replaced with a new product.[13] Therefore, it is expected that for many consumers transitioning to Affordable Care Act-compliant plans following the expiration of the transitional policy,[14] the consumer will receive a renewal notice (as opposed to a discontinuation notice) that adequately explains the changes to their coverage.

IX. Use of State-Developed Notices

Consistent with previous guidance, States that are enforcing the guaranteed renewability provisions under the Affordable Care Act[15] 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 will be considered to determine whether a State-developed form of the notices is at least as

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

[15] 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.

protective as the Federal standard notices. States may but are not required to modify existing compliant State standard notices as a result of this Bulletin.

X. Student Health Insurance Coverage

Student health insurance coverage is defined as a type of individual health insurance coverage under Federal law. In the September 2, 2014 Bulletin, we indicated that we will consider a student health insurance issuer to have complied with the product renewal and discontinuation notice requirements if it notifies the institution of higher education regarding product discontinuations and renewals, and that we will not require issuers to notify student enrollees and their covered dependents of product discontinuations and renewals. However, given the importance of this information to student enrollees, and consistent with requirements for providing the summary of benefits and coverage (SBC) with respect to student health insurance coverage, we are revising our approach as described below.

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

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

XI. Transfer of Products to a Related Issuer

In the HHS Notice of Benefit and Payment Parameters for 2018 proposed rule, CMS proposed that a product would be considered to be the same product under CMS regulations when offered by a different issuer within the issuer's controlled group, provided any changes to the product otherwise meet the standards for uniform modification of coverage. Because this interpretation

considers the product offered by the acquiring issuer in the controlled group to be the same as the product previously offered by the ceding issuer, the issuer of the coverage at the time notice must be provided (whether the ceding issuer or the acquiring issuer) would be required to provide a renewal notice in accordance with the guaranteed renewability regulations. If this proposal is finalized as proposed, an issuer in the individual market must use the applicable Federal standard renewal notice (or an applicable State-developed renewal notice, as permitted in section IX) to satisfy the renewal notice requirement. The issuer may modify the notice – only to the extent necessary -- to inform the individual of the transfer of the product to the acquiring issuer.

XII. Cover Letters and Supporting Materials

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

Pursuant to 45 CFR 147.200, issuers are required to provide enrollees an SBC in several instances, including, if renewal is automatic, no later than 30 days prior to the first day of the new plan or policy year. Pursuant to 45 CFR 156.420(h) and 156.425(c), QHP issuers are required to provide an SBC for each CSR plan variation of the standard QHP and to provide an individual whose assignment to the standard plan or CSR plan variation changes, with an SBC that accurately reflects the standard plan or new CSR plan variation applicable to the individual. Since issuers should receive updated eligibility information—including eligibility for CSRs—for enrollment groups that are being automatically re-enrolled in advance of the notice deadline, issuers should not provide an SBC until they receive information about the appropriate CSR variations, if applicable, from the 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.[16]

XIII. Paperwork Reduction Act of 1995

In accordance with the Paperwork Reduction Act of 1995 (44 U.S.C. 3501-3520), CMS is publishing notice in the Federal Register concerning the proposed collections of information in this Bulletin for public comment. The updated Federal standard notices in this Bulletin are not effective until they have been approved by the Office of Management and Budget.

[16] 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.

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
- Attachment 3: Discontinuation notice for the individual market outside the Marketplace and the issuer is automatically enrolling the enrollee in a different plan
- Attachment 4: Notice for the individual market where coverage was in a QHP offered through the Marketplace and the issuer is automatically enrolling the enrollee in a different product
- Attachment 5: Discontinuation notice for the individual market outside the Marketplace and the issuer is not automatically enrolling the enrollee in a different plan
- Attachment 6: Discontinuation notice for the individual market where coverage being discontinued was in a QHP offered through the Marketplace and the issuer is not automatically enrolling the enrollee in a different 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: It's time to review your health coverage. Take action by [3 Date], or you'll be automatically re-enrolled in the same or similar coverage. This may change some of your costs and coverage, so review your options carefully.

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

Why am I getting this letter?

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

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

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

Your new premium

- Your [19 Current year] monthly premium is $[20 Dollar amount].
- **Starting in [21 Month], your [22 estimated] monthly premium will be $[23 Dollar amount]. Important:** This is only an estimate based on current information we have. It doesn't reflect any changes to your enrollment, such as adding additional members to your coverage. You'll see your new monthly payment amount when you get your [24 Month] bill.

Other changes

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

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

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

I want to enroll in this plan.
Pay the new monthly premium [28 by Date] and you'll be automatically enrolled.

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

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

- Check with [33 Issuer] to see what other plans may be available. Remember, you won't get financial help unless you qualify and enroll through [34 the Marketplace].
- Visit [35 Marketplace website] to see [36 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 [37 Issuer] at [38 Issuer phone number] or visit [39 Issuer website].
- Visit [40 Marketplace website], or call [41 Marketplace phone number] to learn more about [42 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 [43 Website]
- [44 Contact an agent or broker you've worked with before, [45 like Agent/broker name]. [46 Call Agent/broker phone number]].
- [47 Call [48 Issuer phone number] to request a reasonable accommodation at no cost to you if you have a disability.]

Getting help in other languages

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

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

[1 Date]

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

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

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

Why am I getting this letter?

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

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

Your new premium

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

Other changes

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

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

What you need to do

1. **Update your [24 Marketplace] application by [25 Date].**
   Review your [26 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 [27 Year]. This may result in a lower monthly premium payment or lower out-of-pocket costs (like deductibles, copayments, and coinsurance). Plus, you can help avoid paying money back when you file your taxes.

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

   I want to enroll in this plan.
   Update your information in step #1, and then select [28 Plan name and ID] to enroll.

   [29 *For renewals from a silver level QHP into a non-silver level QHP (except for Indian enrollees):* **Important:** This isn't a Silver plan in [30 Year]. This means you can't get financial help to lower your out-of-pocket costs if you enroll in this plan. To get these savings if you qualify, you must go back to [31 the 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 different plan between [32 Dates]. Enroll by [33 Date] for coverage to start January 1.

   Here are some ways to look at other plans and enroll:
   - Visit [34 Marketplace website] to see other [35 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 [36 Issuer] to see what other plans may be available. Remember, you won't get financial help unless you qualify and enroll through [37 the Marketplace].

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

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

We're here to help

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

Getting help in other languages

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

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

[1 Date]

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

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

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

Why am I getting this letter?

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

Your new plan for [9 Year]

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

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

Your new premium

- Your current monthly premium is $[19 Dollar amount].
- **Starting in [20 Month], your [21 estimated] monthly premium will be $[22 Dollar amount]. Important:** This is only an estimate based on current information we have. It doesn't reflect any changes to your enrollment, such as adding additional members to your coverage. You'll see your new monthly payment amount when you get your [23 Month] bill.

Other changes

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

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

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

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

What you need to do

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

I want to enroll in this plan.
Pay the monthly premium [28 by Date] and you'll be automatically enrolled.

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

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

- Check with [32 Issuer] to see what other plans may be available.
- Visit [33 Marketplace website] to see [34 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 [35 Issuer] at [36 Issuer phone number] or visit [37 Issuer website].
- Visit [38 Marketplace website], or call [39 Marketplace phone number] to learn more about [40 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 [41 Website].
- [42 Contact an agent or broker you've worked with before, [43 like Agent/broker name]. [44 Call [Agent/broker phone number]].
- [45 Call [46 Issuer phone number] to request a reasonable accommodation at no cost to you if you have a disability.]

Getting help in other languages

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

Attachment 4: Notice for the individual market where coverage was in a QHP offered through the 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]]

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

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

Why am I getting this letter?

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

Your new plan for [13 Year]

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

Your new premium

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

Other changes

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

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

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

What you need to do

1. **Update your [34 Marketplace] application by [35 Date].**
   Review your [36 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 [37 in Year] than you're getting now. This may result in a lower monthly premium payment or lower out-of-pocket costs (like deductibles, copayments, and coinsurance). Plus, you can help avoid paying money back when you file your taxes.

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

   I want to enroll in this plan.
   Update your information in step #1, and then select [38 Plan name and ID] to enroll.

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

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

   Here are some ways to look at other plans and enroll:
   - Visit [46 Marketplace website] to see other [47 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 [48 Issuer] to see what other plans may be available. [49 **Important:** You may be able to keep your current coverage, but 50 in Year] it won't be offered [51 as a Silver plan] through [52 the Marketplace.]] Remember, you won't get financial help [53 to lower your

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

out-of-pocket costs] unless you qualify and enroll [54 in a Silver plan] through [55 the Marketplace].

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

We're here to help

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

Getting help in other languages

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

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

[1 Date]

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

Urgent: Your health coverage is at risk. Take action by [3 Date], or you won't have health coverage in [4 Year]. Without health coverage or an exemption, 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. [7 We're here to help you prepare for Open Enrollment.]

Why am I getting this letter?

Beginning [8 Date], we won't offer your current health coverage [9 in your area]. This means you may lose your health coverage. You must enroll in a new plan to have health coverage. The last day of your current coverage is [10 Date]. Read this letter carefully and review your options.

You can choose a different plan between [11 Dates]. **To make sure there isn't a gap in your coverage, and avoid paying a penalty, enroll in a different plan by [12 Date].**

What you need to do

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

If you don't have coverage or an exemption, you may also have to pay a penalty of [13 $695] or more when you file your taxes.

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

- Check with [14 Issuer] to see what other plans may be available. You won't get financial help unless you qualify and enroll through [15 the Marketplace].
- Visit [16 Marketplace website] to see [17 Marketplace] plans. Consumers who shop can save hundreds of dollars per year and can find a plan that best meets their needs and budget.

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

We're here to help

- Call [18 Issuer] at [19 Issuer phone number] or visit [20 Issuer website].
- Visit [21 Marketplace website], or call [22 Marketplace phone number] to learn more about [23 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 [24 Website].
- [25 Contact an agent or broker you've worked with before, [26 like Agent/broker name]. [27 Call Agent/broker phone number]].
- [28 Call [29 Issuer phone number] to request a reasonable accommodation at no cost to you if you have a disability.]

Getting help in other languages

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

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

[1 Date]

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

Urgent: Your health coverage is at risk. Take action by [3 Date], or you may not have health coverage in [4 Year]. Without health coverage or an exemption, 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. [7 We're here to help you prepare for Open Enrollment.]

Why am I getting this letter?

Beginning [8 Date], we won't offer [9 in your area] your current health coverage [10 in the Marketplace]. The last day of your current [11 Marketplace] coverage is [12 Date]. Read this letter carefully and review your options.

You can choose a different plan between [13 Dates]. **To make sure there isn't a gap in your coverage, and avoid paying a penalty, enroll in a different plan by [14 Date].**

What you need to do

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

If you don't have coverage or an exemption, you may also have to pay a penalty of [15 $695] or more when you file your taxes.

1. **Update your [16 Marketplace] application by [17 Date].**
   Review your [18 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 [19 in Year] than you're getting now. This may result in a lower monthly premium payment or lower out-of-pocket costs (like deductibles, copayments, and coinsurance). Plus, you can help avoid paying money back when you file your taxes.

2. **Choose a different plan.**
   Here are some ways to look at other plans and enroll:
   - After you've updated your [20 Marketplace] application, you'll be able to compare [21 Marketplace] plans in your area. You may even see that [22

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 different plan

the Marketplace] has picked a plan for you. Consumers who shop can save hundreds of dollars per year. Compare your options and enroll in a plan that best meets your needs and budget. If you don't enroll in a plan on your own, you may be automatically enrolled in the plan [23 the Marketplace] picked for you.

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

Note: If you received financial help in [32 Year] to lower your monthly premium, you'll have to "reconcile" using IRS Form 8962 when you file your federal taxes. This means you'll compare the amount of premium tax credit you received in advance during [33 Year] with the amount you actually qualify for based on your final [34 Year] household income and eligibility information. If the amounts are different, this will affect the amount of your refund or taxes owed.

We're here to help

- Visit [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.
- Call [38 Issuer] at [39 Issuer phone number] or visit [40 Issuer website].
- Find in-person help from an assister, agent, or broker in your community at [41 Website].
- [42 Contact an agent or broker you've worked with before, [43 like Agent/broker name]. [44 Call [Agent/broker phone number]].
- Call [45 Marketplace phone number] to request a reasonable accommodation at no cost to you if you have a disability.

Getting help in other language

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

Instructions for Attachment 1 – Renewal notice for the individual market where coverage is being renewed outside the 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 re-enrollment, in format Month DD, YYYY.

Item 4. Enter the issuer name.

Item 5. Enter the phrase "We're here to help you prepare for Open Enrollment" only if the current policy is renewing on a calendar year basis. Otherwise, omit and skip to item 6.

Item 6. For calendar year plans, enter the following year, in format YYYY. For non-calendar year plans, enter the month and year, in format Month YYYY.

Item 7. Enter the date by which a plan selection must be made to avoid automatic re-enrollment, in format Month DD.

Item 8. For calendar year plans, enter the following year, in format YYYY. For non-calendar year plans, enter the month and year, in format Month YYYY.

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

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

Item 11. Enter the Marketplace website. For a Federally-facilitated Marketplace, enter "HealthCare.gov."

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

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

Item 13. 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 15.

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

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

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

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

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

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

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

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

Item 22. Include the word "estimated" if the new monthly premium for the following policy year has not yet been finalized at the time of providing the notice.

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

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

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

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

Item 26. Enter the issuer website.

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

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

Item 29. Include this section for calendar year plans. For non-calendar year plans, briefly describe enrollment opportunities so individuals know when and how they can choose a different plan and skip to item 34. Under 45 CFR 147.104(b) and 155.420(d), consumers in a non-calendar year plan qualify for a special enrollment period based on a policy year that ends on a non-calendar year basis.

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

Items 31 and 32. Enter the date by which a plan selection must be made and the corresponding coverage effective date, in format Month DD. For example, enter December 15 for coverage effective beginning January 1.

Item 33. Enter the issuer name.

Item 34. Enter the Marketplace name. For a Federally-facilitated Marketplace, enter "the Marketplace."

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

Item 36. Enter the Marketplace name. For a Federally-facilitated Marketplace, enter "Marketplace."

Item 37. Enter the issuer name.

Item 38. Enter issuer phone number.

Item 39. Enter the issuer website.

Item 40. Enter the Marketplace website. For a Federally-facilitated Marketplace, enter "HealthCare.gov."

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

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

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

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

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

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

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

Item 47. This sentence must be included for issuers subject to 1557 of the Affordable Care Act or other applicable Federal or State law and is otherwise encouraged to be included. If this sentence is omitted, skip to item 49.

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

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

If you are covered by Section 1557,[17] then by October 17, 2016, provide the nondiscrimination notice[18] in English and taglines in at least the top 15 languages spoken by individuals with limited English proficiency of the relevant state or states,[19] in significant publications and

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

[18] 45 CFR 92.8(a), (b)(1). The content of the notice must include the seven elements listed in 92.8(a)(1)-(7). An issuer may combine the content of the Section 1557 nondiscrimination notice with the content of other notices as long as the combined notice clearly informs individuals of their rights under Section 1557. Id. 92.8(h).

[19] 45 CFR 92.8(d)(1).

significant communications, among other locations.[20] Taglines are optional but encouraged for issuers outside the Marketplace if they are not covered by Section 1557[21] or otherwise subject to language access standards under the Exchange rules at 45 CFR 155.205(c) and 156.250, or other applicable Federal or State law. As a reminder, issuers covered by Section 1557 are responsible for providing timely and accurate language assistance in non-English languages, regardless of if a tagline is provided in the language, if the provision of such language assistance is a reasonable step to provide meaningful access to an individual with limited English proficiency in the issuer's health programs or activities.[22]

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

Sample Tagline:
English: **This notice has important information**. This notice has important information about your application or coverage through [Issuer]. Look for key dates in this notice. You may need to take action by certain deadlines to keep your health coverage or help with costs. You have the right to get this information and help in your language at no cost. Call [phone number].

[20] 45 CFR 92.8(f)(1).
[21] A non-QHP issuer offering coverage outside the Marketplaces is subject to Section 1557 if any health program or activity of the issuer receives Federal financial assistance. See 45 CFR 92.2, 92.4. A QHP issuer offering plans outside of the Marketplace may still have to comply with Section 1557 for its plans offered outside the Marketplace if the QHP issuer is principally engaged in the provision or administration of health-related services, health-related coverage or other health-related coverage. Consequently, a QHP issuer must comply with the nondiscrimination requirements of Section 1557 for the issuer's plans offered both inside and outside the Marketplaces. See 45 CFR 92.2, 92.4
[22] 45 CFR 92.201.

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

Item 4. Enter the issuer name.

Item 5. Enter the following year, in format YYYY

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

Item 7. Enter the following year, in format YYYY

Item 8. Enter the current year, in format YYYY

Item 9. Enter the most recent monthly amount of premium for the enrollment group for which data are available for the current benefit year, minus the most recent monthly amount of any advance payments of the premium tax credit paid on behalf of the enrollment group for which data are available.

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

Item 11. Enter the most recent monthly amount of any advance payments of the premium tax credit paid on behalf of the enrollment group for which data are available. If the most recent ATPC paid on behalf of the enrollment group is zero, enter 0.

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

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

Item 14. Enter the total monthly amount of premium for the enrollment group for which data are available for the following benefit year, minus the monthly amount of any advance payments of the premium tax credit paid on behalf of the enrollment group for which data are available.

Item 15. Enter the word "estimated" if the word "estimated" was included in item 13.

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

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

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

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

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

Item 21. List significant plan changes, including but not limited to changes in deductibles, cost sharing, metal level, covered services, eligibility, plan formulary and provider network. For the purpose of describing plan changes, the issuer may use the current CSR eligibility if it has not received the updated CSR eligibility from CMS. This section may also refer to enclosed supplemental materials. Do not include the italicized instructions.

Item 22. Enter the issuer website.

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

Item 24. Enter the Marketplace name. For a Federally-facilitated Marketplace, enter "Marketplace."

Item 25. Enter the date by which a plan selection must be made to avoid automatic re-enrollment, 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 26. Enter the Marketplace name. For a Federally-facilitated Marketplace, enter "Marketplace."

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

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

Item 29. Include this paragraph if the enrollee (except for Indian enrollees) is currently enrolled in a silver level QHP and their coverage is being renewed into a non-silver level QHP, consistent with 45 CFR 155.335(j). Otherwise, omit and skip to item 32.

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

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

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

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

Item 34. Enter the Marketplace website. For a Federally-facilitated Marketplace, enter "HealthCare.gov."

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

Item 36. Enter the issuer name**.**

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

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

Item 41. Enter the Marketplace website. For a Federally-facilitated Marketplace, enter "HealthCare.gov."

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

Item 43. Enter the Marketplace name. For a Federally-facilitated Marketplace, enter "the Marketplace."

Item 44. Enter the issuer name.

Item 45. Enter the issuer phone number.

Item 46. Enter the issuer website.

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

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

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

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

Item 51. Enter the Marketplace phone number and Marketplace TTY number. For a Federally-facilitated Marketplace, enter "1-800-318-2596 (TTY: 1-855-889-4325)."

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

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.

If you are covered by Section 1557,[23] then by October 17, 2016, provide the nondiscrimination notice[24] in English and taglines in at least the top 15 languages spoken by individuals with limited English proficiency of the relevant state or states,[25] in significant publications and significant communications, among other locations.[26] Taglines are optional but encouraged for issuers outside the Marketplace if they are not covered by Section 1557[27] or otherwise subject to language access standards under the Exchange rules at 45 CFR 155.205(c) and 156.250, or other applicable Federal or State law. As a reminder, issuers covered by Section 1557 are responsible for providing timely and accurate language assistance in non-English languages, regardless of if a tagline is provided in the language, if the provision of such language assistance is a reasonable step to provide meaningful access to an individual with limited English proficiency in the issuer's health programs or activities.[28]

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

Sample Tagline:
English: This notice has important information. This notice has important information about your application or coverage through [Issuer]. Look for key dates in this notice. You may need to take action by certain deadlines to keep your health coverage or help with costs. You have the right to get this information and help in your language at no cost. Call [phone number].

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[23] For QHP issuers subject to Section 1557 that are principally engaged in the provision or administration of health-related services, health-related coverage or other health-related coverage, all of the issuer's operations are considered part of the health program or activity, with limited exceptions. Consequently, a QHP issuer must comply with the nondiscrimination requirements of Section 1557 for the issuer's plans offered both inside and outside the Marketplaces. A non-QHP issuer offering coverage outside the Marketplaces might also be subject to Section 1557 if any health program or activity of the issuer receives Federal financial assistance.
[24] 45 CFR 92.8(a), (b)(1). The content of the notice must include the seven elements listed in 92.8(a)(1)-(7). An issuer may combine the content of the Section 1557 nondiscrimination notice with the content of other notices as long as the combined notice clearly informs individuals of their rights under Section 1557. Id. 92.8(h).
[25] 45 CFR 92.8(d)(1).
[26] 45 CFR 92.8(f)(1).
[27] A non-QHP issuer offering coverage outside the Marketplaces is subject to Section 1557 if any health program or activity of the issuer receives Federal financial assistance. See 45 CFR 92.2, 92.4. A QHP issuer offering plans outside of the Marketplace may still have to comply with Section 1557 for its plans offered outside the Marketplace if the QHP issuer is principally engaged in the provision or administration of health-related services, health-related coverage or other health-related coverage. Consequently, a QHP issuer must comply with the nondiscrimination requirements of Section 1557 for the issuer's plans offered both inside and outside the Marketplaces. See 45 CFR 92.2, 92.4
[28] 45 CFR 92.201.

Instructions for Attachment 3 – Discontinuation notice for the individual market outside the Marketplace and the issuer is automatically enrolling the enrollee in a different 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 different coverage outside the Marketplace. This includes non-renewals based on a product discontinuation or there no longer being any enrollee in the plan who live, resides, or works within the product's service area.

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

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

Item 3. Enter the date by which a plan selection must be made to avoid automatic re-enrollment, in format Month DD, YYYY.

Item 4. Enter the issuer name.

Item 5. Enter the phrase "We're here to help you prepare for Open Enrollment" only if the current policy is terminating on a calendar year basis. Otherwise, omit and skip to item 6.

Item 6. For discontinuances, non-renewals, or terminations effective at the end of a calendar year, enter the following year, in format YYYY. For discontinuances, non-renewals, or terminations effective at any time other than the end of a calendar year, enter the month and year, in format Month YYYY.

Item 7. Enter the phrase "in your area" if non-renewing or terminating based on the fact that there is no longer any enrollee in the plan who live, resides, or works within the product's service area. Otherwise, omit and skip to item 8.

Item 8. Enter the last day on which the enrollee's current coverage will be remain in force, in format Month DD, YYYY.

Item 9. For discontinuances, non-renewals, or terminations effective at the end of a calendar year, enter the following year, in format YYYY. For discontinuances, non-renewals, or terminations effective at any time other than the end of a calendar year, enter the month and year, in format Month YYYY.

Item 10. Enter the first coverage month under the different plan, in format Month.

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

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

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

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

Item 14. Enter the Marketplace website. For a Federally-facilitated Marketplace, enter "HealthCare.gov."

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

Item 16. Enter the Marketplace name. For a Federally-facilitated Marketplace, enter "the Marketplace."

Item17. Enter the date by which a plan selection must be made, in format Month DD

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

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

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

Item 21. Include the word "estimated" if the new monthly premium for the following policy year has not yet been finalized at the time of providing the notice.

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

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

Item 24. List significant plan changes, including but not limited to changes in deductibles, cost sharing, metal level, covered services, eligibility, plan formulary and provider network. This section may refer to enclosed supplemental materials. Do not include the italicized instructions.

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

Item 25. Enter the issuer website.

Item 26. For discontinuances, non-renewals, or terminations effective at the end of a calendar year, enter the following year, in format YYYY. For discontinuances, non-renewals, or terminations effective at any time other than the end of a calendar year, enter the word "new".

Item 27. The consumer qualifies for a special enrollment period based on loss of minimum essential coverage. Enter the date by which a plan selection must be made in accordance with 45 CFR 155.420(b) or, if such date falls within an open enrollment period, enter the end date of the open enrollment period, in format Month DD, YYYY.

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

Item 29. Enter the beginning and end dates of the special enrollment period for the loss of minimum essential coverage or, if such date falls within an open enrollment period, enter the end date of the open enrollment period, in format Month DD, YYYY.

Items 30 and 31. Enter the date by which a plan selection must be made and the corresponding coverage effective date that would result in no gap in coverage between the terminating coverage and the newly selected plan, in format Month DD, YYYY.

Item 32. Enter the issuer name.

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

Item 34. Enter the Marketplace name. For a Federally-facilitated Marketplace, enter "Marketplace."

Item 35. Enter the issuer name.

Item 36. Enter issuer phone number.

Item 37. Enter the issuer website.

Item 38. Enter the Marketplace website. For a Federally-facilitated Marketplace, enter "HealthCare.gov."

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

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

Item 40. Enter the Marketplace name. For a Federally-facilitated Marketplace, enter "the Marketplace."

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

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

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

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

Item 45. This sentence must be included for issuers subject to 1557 of the Affordable Care Act or other applicable Federal or State law and is otherwise encouraged to be included. If this sentence is omitted, skip to item46.

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

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

If you are covered by Section 1557,[29] then by October 17, 2016, provide the nondiscrimination notice[30] in English and taglines in at least the top 15 languages spoken by individuals with

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

[30] 45 CFR 92.8(a), (b)(1). The content of the notice must include the seven elements listed in 92.8(a)(1)-(7). An issuer may combine the content of the Section 1557 nondiscrimination notice with the content of other notices as long as the combined notice clearly informs individuals of their rights under Section 1557. Id. 92.8(h).

limited English proficiency of the relevant state or states,[31] in significant publications and significant communications, among other locations.[32] Taglines are optional but encouraged for issuers outside the Marketplace if they are not covered by Section 1557[33] or otherwise subject to language access standards under the Exchange rules at 45 CFR 155.205(c) and 156.250, or other applicable Federal or State law. As a reminder, issuers covered by Section 1557 are responsible for providing timely and accurate language assistance in non-English languages, regardless of if a tagline is provided in the language, if the provision of such language assistance is a reasonable step to provide meaningful access to an individual with limited English proficiency in the issuer's health programs or activities.[34]

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

Sample Tagline:
English: **This notice has important information**. This notice has important information about your application or coverage through [Issuer]. Look for key dates in this notice. You may need to take action by certain deadlines to keep your health coverage or help with costs. You have the right to get this information and help in your language at no cost. Call [phone number].

[31] 45 CFR 92.8(d)(1).
[32] 45 CFR 92.8(f)(1).
[33] A non-QHP issuer offering coverage outside the Marketplaces is subject to Section 1557 if any health program or activity of the issuer receives Federal financial assistance. See 45 CFR 92.2, 92.4. A QHP issuer offering plans outside of the Marketplace may still have to comply with Section 1557 for its plans offered outside the Marketplace if the QHP issuer is principally engaged in the provision or administration of health-related services, health-related coverage or other health-related coverage. Consequently, a QHP issuer must comply with the nondiscrimination requirements of Section 1557 for the issuer's plans offered both inside and outside the Marketplaces. See 45 CFR 92.2, 92.4
[34] 45 CFR 92.201.

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 different product

General instructions:
This notice must be used when the QHP 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 the date by which a plan selection must be made to avoid automatic re-enrollment, in format Month DD, YYYY.

Item 4. Enter the Marketplace name. For a Federally-facilitated Marketplace, enter "Marketplace."

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

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

Item 7. Enter the first day on which the current plan will no longer be available, in format Month YYYY.

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

Item 9. If issuer will not offer the enrollee's current product through the 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),

include the phrase "in [the Marketplace]" and enter the Marketplace name. For a Federally-facilitated Marketplace, enter "the Marketplace." Otherwise omit and skip to item 11.

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

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

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

Item 13. For discontinuances, non-renewals, or terminations effective at the end of a calendar year, enter the following benefit year, in format YYYY**.** For discontinuances, non-renewals, or terminations effective at any time other than the end of a calendar year, enter the month and year following the discontinuance, non-renewal, or termination in format Month YYYY.

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

Item 15. For discontinuances, non-renewals, or terminations effective at the end of a calendar year, enter the beginning month of the following benefit year, in format Month YYYY. For discontinuances, non-renewals, or terminations effective at any time other than the end of a calendar year, enter the month following the discontinuance, non-renewal, or termination, in format Month YYYY.

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

Item 17. Enter current year, in format YYYY.

Item 18. Enter the most recent amount of monthly premium for the enrollment group for which data are available for the current benefit year, minus the most recent monthly amount of any advance payments of the premium tax credit paid on behalf of the enrollment group for which data are available.

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

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 different product

Item 20. Enter the current year monthly amount of any advance payments of the premium tax credit paid on behalf of the enrollment group for which data are available. If the most recent APTC paid on behalf of the enrollment group is zero, enter 0.

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

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

Item 23. Enter the monthly premium for the enrollment group for which data are available for the following policy year, minus the monthly amount of any advanced payments of the premium tax credit paid on behalf of the enrollment group for which data are available.

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

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

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

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

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

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

Item 30. List significant plan changes, including but not limited to changes in deductibles, cost sharing, metal level, covered services, eligibility, plan formulary and provider network. For the purpose of describing plan changes, the issuer may use the current CSR eligibility if it has not received the updated CSR eligibility from CMS. This section may also refer to enclosed supplemental materials. Do not include the italicized instructions.

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 different product

Item 31. Enter the issuer website.

Item 32. For discontinuances, non-renewals, or terminations effective at the end of a calendar year, enter the following benefit year, in format YYYY. For discontinuances, non-renewals, or terminations effective at any time other than the end of a calendar year, enter the word "new".

Item 33. The consumer qualifies for a special enrollment period based on loss of minimum essential coverage. Enter the date by which a plan selection must be made in accordance with 45 CFR 155.420(b) or, if such date falls within an open enrollment period, enter the end date of the open enrollment period, in format Month DD, YYYY.

Item 34. Enter the Marketplace name. For a Federally-facilitated Marketplace, enter "Marketplace."

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

Item 36. Enter the Marketplace name. For a Federally-facilitated Marketplace, enter "Marketplace."

Item 37. For discontinuances, non-renewals, or terminations effective at the end of a calendar year, enter the following benefit year, in format YYYY. For discontinuances, non-renewals, or terminations effective at any time other than the end of a calendar year, omit.

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

Item 39. Include this paragraph if the enrollee (except for Indian enrollees) is currently enrolled in a silver level QHP and will be re-enrolled into a non-silver level QHP, consistent with 45 CFR 155.335(j). Otherwise, omit and skip to item 43.

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

Item 41. Enter the Marketplace name. For a Federally-facilitated Marketplace, enter "the Marketplace."

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

Item 43. Enter the beginning and end dates of the special enrollment period for the loss of minimum essential coverage or, if such date falls within an open enrollment period, enter the end date of the open enrollment period, in format Month DD, YYYY.

Items 44 and 45. Enter the date by which a plan selection must be made and the corresponding coverage effective date that would result in no gap in coverage between the terminating coverage and the newly selected plan, in format Month DD, YYYY.

Item 46. Enter the Marketplace website. For a Federally-facilitated Marketplace, enter "HealthCare.gov."

Item 47. Enter the Marketplace name. For a Federally-facilitated Marketplace, enter "Marketplace."

Item 48. Enter the issuer name.

Item 49. Include this sentence only if enrollee's current product remains available for renewal for the following benefit year, whether through or outside of the Marketplace. Otherwise, omit and skip to item 53.

Item 50. For discontinuances, non-renewals, or terminations effective at the end of a calendar year, enter the following benefit year, in format YYYY. For discontinuances, non-renewals, or terminations effective at any time other than the end of a calendar year, omit.

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

Item 52. Enter the Marketplace name. For a Federally-facilitated Marketplace, enter "the Marketplace."

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

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

Item 55. Enter the 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 different product

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

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

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

Item 59. Enter the Marketplace website. For a Federally-facilitated Marketplace, enter "HealthCare.gov."

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

Item 61. Enter the Marketplace name. For a Federally-facilitated Marketplace, enter "the Marketplace."

Item 62. Enter the issuer name.

Item 63. Enter the issuer phone number.

Item 64. Enter the issuer website.

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

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

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

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

Item 69. Enter the Marketplace phone number and the Marketplace TTY number. For a Federally-facilitated Marketplace, enter "1-800-318-2596 (TTY: 1-855-889-4325)."

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

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 different product

If you are covered by Section 1557,[35] then by October 17, 2016, provide the nondiscrimination notice[36] in English and taglines in at least the top 15 languages spoken by individuals with limited English proficiency of the relevant state or states,[37] in significant publications and significant communications, among other locations.[38] Taglines are optional but encouraged for issuers outside the Marketplace if they are not covered by Section 1557[39] or otherwise subject to language access standards under the Exchange rules at 45 CFR 155.205(c) and 156.250, or other applicable Federal or State law. As a reminder, issuers covered by Section 1557 are responsible for providing timely and accurate language assistance in non-English languages, regardless of if a tagline is provided in the language, if the provision of such language assistance is a reasonable step to provide meaningful access to an individual with limited English proficiency in the issuer's health programs or activities.[40]

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

Sample Tagline:
English: This notice has important information. This notice has important information about your application or coverage through [Issuer]. Look for key dates in this notice. You may need to

[35] For QHP issuers subject to Section 1557 that are principally engaged in the provision or administration of health-related services, health-related coverage or other health-related coverage, all of the issuer's operations are considered part of the health program or activity, with limited exceptions. Consequently, a QHP issuer must comply with the nondiscrimination requirements of Section 1557 for the issuer's plans offered both inside and outside the Marketplaces. A non-QHP issuer offering coverage outside the Marketplaces might also be subject to Section 1557 if any health program or activity of the issuer receives Federal financial assistance.
[36] 45 CFR 92.8(a), (b)(1). The content of the notice must include the seven elements listed in 92.8(a)(1)-(7). An issuer may combine the content of the Section 1557 nondiscrimination notice with the content of other notices as long as the combined notice clearly informs individuals of their rights under Section 1557. Id. 92.8(h).
[37] 45 CFR 92.8(d)(1).
[38] 45 CFR 92.8(f)(1).
[39] A non-QHP issuer offering coverage outside the Marketplaces is subject to Section 1557 if any health program or activity of the issuer receives Federal financial assistance. See 45 CFR 92.2, 92.4. A QHP issuer offering plans outside of the Marketplace may still have to comply with Section 1557 for its plans offered outside the Marketplace if the QHP issuer is principally engaged in the provision or administration of health-related services, health-related coverage or other health-related coverage. Consequently, a QHP issuer must comply with the nondiscrimination requirements of Section 1557 for the issuer's plans offered both inside and outside the Marketplaces. See 45 CFR 92.2, 92.4
[40] 45 CFR 92.201.

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 different plan

General instructions:
This notice must be used when the issuer is non-renewing coverage purchased outside the Marketplace based on a product discontinuation or there no longer being any enrollee in the plan who live, resides, or works within the product's service area, and not automatically enrolling the enrollee in a different plan.

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

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

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

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

Item 5. Enter the minimum individual shared responsibility payment for the entire applicable tax year. For more information on the individual shared responsibility payment, see https://www.irs.gov/affordable-care-act/individuals-and-families/individual-shared-responsibility-provision.

Item 6. Enter the issuer name.

Item 7. Enter the phrase "We're here to help you prepare for Open Enrollment" only if the current policy is terminating on a calendar year basis. Otherwise, omit and skip to item 8.

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 phrase "in your area" if non-renewing or terminating based on the fact that there is no longer being any enrollee in the plan who live, resides, or works within the product's service area. Otherwise, omit and skip to item 10.

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

Item 10. Enter the last day on which the enrollee's current coverage will remain in force, in format Month DD, YYYY.

Item 11. 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 12. 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 13. Enter the minimum individual shared responsibility payment for the entire applicable tax year. For more information on the individual shared responsibility payment, see https://www.irs.gov/affordable-care-act/individuals-and-families/individual-shared-responsibility-provision.

Item 14. Enter the issuer name.

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

Item 16. Enter the Marketplace website. For a Federally-facilitated Marketplace, enter "HealthCare.gov."

Item 17. Enter the Marketplace name. For a Federally-facilitated Marketplace, enter "Marketplace."

Item 18. Enter the issuer name.

Item 19. Enter issuer phone number.

Item 20. Enter issuer website.

Item 21. Enter the Marketplace website. For a Federally-facilitated Marketplace, enter "HealthCare.gov."

Item 22. Enter the Marketplace phone number. For a Federally-facilitated Marketplace, enter "1-800-318-2596 (TTY: 1-855-889-4325)."

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

Item 23. Enter the Marketplace name. For a Federally-facilitated Marketplace, enter "the Marketplace."

Item 24. Enter LocalHelp.HealthCare.gov in a State with a Federally-facilitated Marketplace. In other States, enter the appropriate website.

Item 25. Include this phrase if the enrollee has previously used an agent or broker to enroll. Otherwise, omit and skip to item 28.

Item 26. Enter "like" followed by the name of the agent or broker the enrollee has previously used, if known. Otherwise, omit and skip to item 28.

Item 27. Enter "call" followed by the phone number of agent or broker the enrollee has previously used, if known. Otherwise, omit skip to item 28.

Item 28. This sentence must be included for issuers subject to 1557 of the Affordable Care Act or other applicable Federal or State law and is otherwise encouraged to be included. If this sentence is omitted, skip to item 30.

Item 29. Enter issuer phone number and issuer TTY number.

Item 30. Insert a nondiscrimination notice and taglines consistent with any applicable standards, such as HHS regulations (e.g., the Section 1557 rule at 45 CFR 92.8 or Exchange rules at 45 CFR 155.205(c) and 156.250) and guidance.

If you are covered by Section 1557,[41] then by October 17, 2016, provide the nondiscrimination notice[42] in English and taglines in at least the top 15 languages spoken by individuals with limited English proficiency of the relevant state or states,[43] in significant publications and

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

[42] 45 CFR 92.8(a), (b)(1). The content of the notice must include the seven elements listed in 92.8(a)(1)-(7). An issuer may combine the content of the Section 1557 nondiscrimination notice with the content of other notices as long as the combined notice clearly informs individuals of their rights under Section 1557. Id. 92.8(h).

[43] 45 CFR 92.8(d)(1).

significant communications, among other locations.[44] Taglines are optional but encouraged for issuers outside the Marketplace if they are not covered by Section 1557[45] or otherwise subject to language access standards under the Exchange rules at 45 CFR 155.205(c) and 156.250, or other applicable Federal or State law. As a reminder, issuers covered by Section 1557 are responsible for providing timely and accurate language assistance in non-English languages, regardless of if a tagline is provided in the language, if the provision of such language assistance is a reasonable step to provide meaningful access to an individual with limited English proficiency in the issuer's health programs or activities.[46]

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

Sample Tagline:
English: This notice has important information. This notice has important information about your application or coverage through [Issuer]. Look for key dates in this notice. You may need to take action by certain deadlines to keep your health coverage or help with costs. You have the right to get this information and help in your language at no cost. Call [phone number].

[44] 45 CFR 92.8(f)(1).
[45] A non-QHP issuer offering coverage outside the Marketplaces is subject to Section 1557 if any health program or activity of the issuer receives Federal financial assistance. See 45 CFR 92.2, 92.4. A QHP issuer offering plans outside of the Marketplace may still have to comply with Section 1557 for its plans offered outside the Marketplace if the QHP issuer is principally engaged in the provision or administration of health-related services, health-related coverage or other health-related coverage. Consequently, a QHP issuer must comply with the nondiscrimination requirements of Section 1557 for the issuer's plans offered both inside and outside the Marketplaces. See 45 CFR 92.2, 92.4
[46] 45 CFR 92.201.

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

General instructions:
This notice must be used when the QHP enrollee's product is not available for renewal through or outside the Marketplace and the issuer is not automatically enrolling the enrollee in a different plan through the Marketplace. This includes non-renewals or terminations based on a product discontinuation or there no longer being any enrollee in the plan who lives, resides or works within the product's service area. This notice must also be used when the QHP enrollee's current product is not available for renewal through the 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. The consumer qualifies for a special enrollment period based on loss of minimum essential coverage. Enter the date by which a plan selection must be made in accordance with 45 CFR 155.420(b), in order to avoid a gap in coverage.

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

Item 5. Enter the minimum individual shared responsibility payment for the entire applicable tax year. For more information on the individual shared responsibility payment, see https://www.irs.gov/affordable-care-act/individuals-and-families/individual-shared-responsibility-provision

Item 6. Enter the issuer name.

Item 7. Enter the phrase "We're here to help you prepare for Open Enrollment" only if the current policy is terminating on a calendar year basis. Otherwise, omit and skip to item 8.

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

Item 10. 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 11.

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

Item12. 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 beginning and end dates of the special enrollment period for the loss of minimum essential coverage or, if such date falls within an annual open enrollment period, enter the beginning and end date of the open enrollment period, in format Month DD, YYYY

Item 14. 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 15. Enter the minimum individual shared responsibility payment for the entire applicable tax year. For more information on the individual shared responsibility payment, see https://www.irs.gov/affordable-care-act/individuals-and-families/individual-shared-responsibility-provision

Item 16. Enter the Marketplace name. For a Federally-facilitated Marketplace, enter "Marketplace."

Item 17. Enter the date by which a plan selection must be made to avoid automatic re-enrollment, in format Month DD.

Item 18. 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 different plan

Item 19. For discontinuances, non-renewals, or terminations effective at the end of a calendar year, enter the following benefit year, in format YYYY. For discontinuances, non-renewals, or terminations effective at any time other than the end of a calendar year, omit.

Items 20 - 22. Enter the Marketplace name. For a Federally-facilitated Marketplace, enter "Marketplace."

Item 23. Enter the Marketplace name. For a Federally-facilitated Marketplace, enter "the Marketplace."

Item 24. Enter the issuer name**.**

Item 25. 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 29.

Item 26. 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 27. 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 28. Enter the word "through" followed by the Marketplace name if either the words "as a Silver" plan were entered in item 27 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 29. Enter the phrase "to lower your out-of-pocket costs" if the words "as a Silver plan" were entered in item 27. Otherwise, omit and skip to item 31.

Item 30. Enter the phrase "in a Silver plan" if you entered "as a Silver plan" in item 27. Otherwise, omit and skip to item 31.

Item 31. Enter the Marketplace name. For a Federally-facilitated Marketplace, enter "the 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 different plan

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

Item 33. Enter the current benefit year, in format YYYY.

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

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. Enter issuer name

Item 39. Enter issuer phone number.

Item 40. Enter issuer website.

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

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

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

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

Item 45. Enter the Marketplace phone number and Marketplace TTY number. For a Federally-facilitated Marketplace, enter "1-800-318-2596 (TTY: 1-855-889-4325)."

Item 46. Insert a nondiscrimination notice and taglines consistent with any applicable standards, such as HHS regulations (e.g., the Section 1557 rule at 45 CFR 92.8 or Exchange rules at 45 CFR 155.205(c) and 156.250) and guidance.

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 different plan

If you are covered by Section 1557,[47] then by October 17, 2016, provide the nondiscrimination notice[48] in English and taglines in at least the top 15 languages spoken by individuals with limited English proficiency of the relevant state or states,[49] in significant publications and significant communications, among other locations.[50] Taglines are optional but encouraged for issuers outside the Marketplace if they are not covered by Section 1557[51] or otherwise subject to language access standards under the Exchange rules at 45 CFR 155.205(c) and 156.250, or other applicable Federal or State law. As a reminder, issuers covered by Section 1557 are responsible for providing timely and accurate language assistance in non-English languages, regardless of if a tagline is provided in the language, if the provision of such language assistance is a reasonable step to provide meaningful access to an individual with limited English proficiency in the issuer's health programs or activities.[52]

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

Sample Tagline:
English: This notice has important information. This notice has important information about your application or coverage through [Issuer]. Look for key dates in this notice. You may need to

[47] For QHP issuers subject to Section 1557 that are principally engaged in the provision or administration of health-related services, health-related coverage or other health-related coverage, all of the issuer's operations are considered part of the health program or activity, with limited exceptions. Consequently, a QHP issuer must comply with the nondiscrimination requirements of Section 1557 for the issuer's plans offered both inside and outside the Marketplaces. A non-QHP issuer offering coverage outside the Marketplaces might also be subject to Section 1557 if any health program or activity of the issuer receives Federal financial assistance.
[48] 45 CFR 92.8(a), (b)(1). The content of the notice must include the seven elements listed in 92.8(a)(1)-(7). An issuer may combine the content of the Section 1557 nondiscrimination notice with the content of other notices as long as the combined notice clearly informs individuals of their rights under Section 1557. Id. 92.8(h).
[49] 45 CFR 92.8(d)(1).
[50] 45 CFR 92.8(f)(1).
[51] A non-QHP issuer offering coverage outside the Marketplaces is subject to Section 1557 if any health program or activity of the issuer receives Federal financial assistance. See 45 CFR 92.2, 92.4. A QHP issuer offering plans outside of the Marketplace may still have to comply with Section 1557 for its plans offered outside the Marketplace if the QHP issuer is principally engaged in the provision or administration of health-related services, health-related coverage or other health-related coverage. Consequently, a QHP issuer must comply with the nondiscrimination requirements of Section 1557 for the issuer's plans offered both inside and outside the Marketplaces. See 45 CFR 92.2, 92.4
[52] 45 CFR 92.201.

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].