

**Annual Eligibility Redetermination, Product Discontinuation and Renewal
Notices
(CMS-10527)**

**ATTACHMENTS:
FEDERAL STANDARD RENEWAL AND DISCONTINUATION NOTICES**

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

Important: [Name of issuer¹] is continuing to offer your health coverage for next year. Some plan details may have changed. Unless you take action by [Date²], you will be automatically enrolled to continue this coverage next year [,but the plan won't allow you to receive financial assistance to lower your monthly premiums, copayments, coinsurance, and deductibles based on income³]. Read this letter to learn more and to review your options.

[Date of Notice⁴]

[First Name][Last Name]

[Address line 1]

[Address line 2]

[City][State][Zip]⁵]

Dear [First Name of Subscriber⁶]:

Every year, insurance companies can make changes to the plans and coverage options they offer. **This letter summarizes any changes to your coverage so you can decide if you want to keep your plan or look for a different one.** Changes described in this letter will be effective [Date⁷].

[For calendar year plans (grandfathered and non-grandfathered): You can choose a new plan during Open Enrollment from [Beginning date through End date⁹]. **If you choose a new plan and want coverage to start January 1, you need to enroll by [Date¹⁰].**

For non-calendar year plans (grandfathered): Briefly describe available open or special enrollment opportunities so that subscribers are informed when they can choose new plans.⁸

Changes we're making to your coverage

- Premium – Your new premium starts in [Month¹¹]. Your monthly premium will be \$[Dollar amount¹²].
- *[Briefly describe plan changes and/or refer to enclosed materials¹³]*
- You can review more details about your plan at [Issuer website¹⁴] and in your Summary of Benefits and Coverage.

[For renewals for plans outside the Marketplace: **This plan doesn't allow you to receive financial assistance to lower your monthly premiums or lower your out-of-pockets costs.** If you want to be considered for financial assistance to lower your monthly premiums and lower your copayments, coinsurance, and deductibles based on your income, you must visit [Name of Marketplace¹⁵] and enroll in a different plan.

[For renewals from a QHP offered through the Marketplace into a plan outside the Marketplace: **Important: This plan doesn't allow you to receive financial assistance offered through the**

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

[Name of Marketplace¹⁶] to lower your monthly premiums or lower your out-of-pockets costs

If you choose to keep this plan, you won't be enrolled through [Name of Marketplace¹⁷]. This means that if you want to be considered for financial assistance offered through the [Name of Marketplace¹⁸] to lower your monthly premiums and lower your copayments, coinsurance, and deductibles based on your income, you must go back to [Name of Marketplace¹⁹] and enroll in a new plan. **[If you don't enroll through [Name of Marketplace²⁰], any advance payments of the premium tax credit and lower copayments, coinsurance, and deductibles that you currently get will stop on [Date²³].²²]²¹**

So what are my options if...

- **I like the plan changes presented above?**
 - YOU DON'T HAVE TO DO ANYTHING. You'll automatically be enrolled and just have to pay the monthly premium.

- **I don't like the plan changes presented above?**
 - YOU HAVE THREE WAYS TO LOOK INTO OTHER PLANS AND ENROLL:
 1. Visit [Marketplace website²⁴] and look at other [Name of Marketplace²⁵] plans.
 2. Visit [Marketplace website²⁶] and see if you or your family qualify for Medicaid or the Children's Health Insurance Program.
 3. Look at other plans outside [Name of Marketplace²⁷].

Just keep in mind that if you qualify for financial assistance to lower your monthly premiums or out-of-pocket costs, you can only get these savings if you enroll through [Name of Marketplace²⁸].

Questions?

- Call [Name of issuer²⁹] at [Issuer phone number³⁰], or visit [Issuer website³¹]. You can also work with a licensed insurance agent or broker.

- Visit [Marketplace website³²], or call [Marketplace phone number³³] to learn more about [Name of Marketplace³⁴] and to see if you qualify for lower costs.

- Visit LocalHelp.HealthCare.gov to find personal help in your area.

This notice is also available in alternative formats upon request and at no cost to persons with disabilities.

[Getting help in other languages

Include the tagline below for the languages spoken by 10% or more of the population in the county. Taglines in other languages may also be included and are encouraged.

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

English: For help in [Language³⁶], call [Phone number³⁷] and an interpreter will assist you with this notice at no cost.³⁵]

PRA Disclosure Statement

According to the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it displays a valid OMB control number. The valid OMB control number for this information collection is 0938-XXXX. The time required to complete this information collection is estimated to average 20 hours per response, including the time to review instructions, search existing data resources, gather the data needed, and complete and review the information collection. If you have comments concerning the accuracy of the time estimate(s) or suggestions for improving this form, please write to: CMS, 7500 Security Boulevard, Attn: PRA Reports Clearance Officer, Mail Stop C4-26-05, Baltimore, Maryland 21244-1850.

Important: [Name of issuer¹] is continuing to offer your health coverage for next year. Some plan details may have changed. Unless you take action by [Date²], you will be automatically enrolled to continue this coverage next year[,but the plan will no longer offer lower copayments, coinsurance, and deductibles based on income³]. Read this letter to learn more and to review your options.

[Date of Notice⁴]

[First Name][Last Name]

[Address line 1]

[Address line 2]

[City][State][Zip⁵]

Dear [First Name of Subscriber⁶]:

Every year, insurance companies can make changes to the plans and coverage options they offer. **This letter summarizes any changes to your coverage, so you can decide if you want to keep your plan or enroll in a different one.** Changes described in this letter will be effective [Date⁷]. **You should also update your [Name of Marketplace⁸] application to make sure you are getting the right amount of financial assistance.**

You can choose a new plan during Open Enrollment from [Beginning date through End date⁹]. **If you choose a new plan and want coverage to start January 1, you need to enroll by [Date¹⁰].**

Changes we're making to your coverage

- Premium – Your new premium starts in January. Your monthly premium will be \$[Dollar amount¹¹]. [This amount assumes you get the same advance payments of the premium tax credit you received for [Year¹³], which would lower your monthly premium from \$[Dollar amount¹⁴].¹²]
- *[Briefly describe plan changes and/or refer to enclosed materials¹⁵]*
- You can review more details about your plan at [Issuer website¹⁶] and in your Summary of Benefits and Coverage.

[For renewals into a non-Silver level QHP (except for Indians eligible for cost-sharing reductions): **Important: You can't get lower deductibles, coinsurance, and copayments with this plan**

If you choose to keep this plan, you won't be enrolled in a plan at the Silver level. This means that if you qualify for lower copayments, coinsurance, and deductibles based on your income, you must go back to the [Name of Marketplace¹⁸] and enroll in a Silver plan to get these savings. **[If you don't enroll in a Silver plan through [Name of Marketplace²⁰], any lower copayments, coinsurance, and deductibles you currently get will stop on [Date²¹].¹⁹]¹⁸**

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

Update your [Name of Marketplace²²] application by [Date²³]

[In [Year²⁵] you saved [Dollar amount²⁶] on your monthly premium because of advance payments of the premium tax credit. However, you might be able to get more savings or better plan your budget next year. Visit [Marketplace website²⁷] during Open Enrollment to see if you qualify.

Estimated Monthly Savings in [Year²⁸]	Your Potential Savings in [Year³⁰]
[\$Dollar amount²⁹]	Visit [Marketplace website ³¹]

²⁴]

It's important to review your [Name of Marketplace³²] application to make sure the information is still current and correct. [Name of Marketplace³³] uses this information to determine the amount of any advance credit payments and lower copayments, coinsurance, and deductibles you may be eligible for.

When it's time to file your federal income tax return, you will compare the amount of advance credit payments you get for the year with the amount you're due based on the income you report on your tax return. You may have to pay back some or all of your advance credit payments if your income is higher than what you told the [Name of Marketplace³⁴] in your application.

To help make sure you're getting all the financial assistance you deserve and don't owe back money, contact the [Name of Marketplace³⁵] by [Date³⁶] to update your application and enroll.

[If you didn't receive advance payments of the premium tax credit in [Year³⁸]

Tax credits and other cost savings are available to many people who have a [Name of Marketplace³⁹] plan. Even if you didn't get these savings last year, it's worth checking to see if you qualify this year. Visit [Name of Marketplace⁴⁰] to update your application and find out if you qualify.³⁷

So what are my options if...

- **I like the plan changes presented above, and there are no changes to my [Name of Marketplace⁴¹] application information?**
 - YOU DON'T HAVE TO DO ANYTHING. You'll automatically be enrolled and just have to pay the monthly premium.

- **I like the plan changes presented above and there are changes to my [Name of Marketplace⁴²] application information?**
 - YOU HAVE TO GO BACK TO [NAME OF MARKETPLACE⁴³] TO UPDATE YOUR INFORMATION AND TELL US YOU WANT TO RE-ENROLL IN [PLAN NAME and ID⁴⁴].

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

- **I don't like the plan changes presented above?**
 - YOU HAVE THREE WAYS TO LOOK INTO OTHER PLANS AND ENROLL:
 1. Visit [Marketplace website⁴⁵] and look at other [Name of Marketplace⁴⁶] plans.
 2. Visit [Marketplace website⁴⁷] and see if you or your family qualify for Medicaid or the Children's Health Insurance Program.
 3. Look at other plans outside [Name of Marketplace⁴⁸].

Just keep in mind that if you qualify for financial assistance to lower your monthly premiums or out-of-pocket costs, you can only get these savings if you enroll through [Name of Marketplace⁴⁹].

Questions?

- Call [Issuer name⁵⁰] at [Issuer phone number⁵¹], or visit [Issuer website⁵²]. You can also work with a licensed insurance agent or broker.
- Visit [Marketplace website⁵³], or call [Marketplace phone number⁵⁴] to learn more about [Name of Marketplace⁵⁵] and to see if you qualify for lower costs.
- Visit LocalHelp.HealthCare.gov to find personal help in your area.

This notice is also available in alternative formats upon request and at no cost to persons with disabilities.

[Getting help in other languages

Include the tagline below for the languages spoken by 10% or more of the population in the county. Taglines in other languages may also be included and are encouraged.

English: For help in [Language⁵⁷], call [Phone number⁵⁸] and an interpreter will assist you with this notice at no cost.⁵⁶

PRA Disclosure Statement

According to the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it displays a valid OMB control number. The valid OMB control number for this information collection is 0938-XXXX. The time required to complete this information collection is estimated to average 24 hours per response, including the time to review instructions, search existing data resources, gather the data needed, and complete and review the information collection. If you have comments concerning the accuracy of the time estimate(s) or suggestions for improving this form, please write to: CMS, 7500 Security Boulevard, Attn: PRA Reports Clearance Officer, Mail Stop C4-26-05, Baltimore, Maryland 21244-1850.

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

Important: [Name of issuer¹] isn't offering your current health coverage next year in your area. Unless you take action by [Date²], you will be automatically enrolled in a new plan. Read this letter to learn more and to review your options.

[Date of Notice³]

[First Name][Last Name]

[Address line 1]

[Address line 2]

[City][State][Zip]⁴

Dear [First Name of Subscriber⁵]:

Every year, insurance companies can make changes to the plans and coverage options they offer. **[Name of issuer⁶] won't offer the coverage you currently have in [Current year⁷] again in your area in [Following year⁸]. We have suggested a new plan for you, but you can review your options and decide what to do.** The last day of your current coverage is [Date⁹].

Your suggested new plan

Even though your current coverage isn't being offered in your area next year, we have found another plan you may like. **You will automatically be enrolled in [Plan name¹⁰] to make sure there isn't a gap in your coverage. You can enroll in a different plan anytime between [Beginning date and End date¹¹]. If you want coverage to start January 1, make sure you enroll by [Date¹²].**

Please review your new premium and benefits below to see if this plan meets your needs. If it doesn't, keep reading to learn about your other options.

- Premium – Your new premium starts in [Month¹³]. Your monthly premium will be \$[Dollar amount¹⁴].
- *[Briefly describe plan changes and/or refer to enclosed materials¹⁵]*
- You can review more details about this plan at [Issuer website¹⁶] and in your Summary of Benefits and Coverage.

So what are my options if...

- **I like the suggested plan?**
 - YOU DON'T HAVE TO DO ANYTHING. You'll automatically be enrolled and just have to pay the monthly premium.
- **I don't like the suggested plan?**
 - YOU HAVE THREE WAYS TO LOOK INTO OTHER PLANS AND ENROLL:

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

1. Visit [Marketplace website¹⁷] and look at other [Name of Marketplace¹⁸] plans.
2. Visit [Marketplace website¹⁹] and see if you or your family qualify for Medicaid or the Children's Health Insurance Program.
3. Look at other plans outside [Name of Marketplace²⁰].

Just keep in mind that if you qualify for financial assistance to lower your monthly premiums or lower your out-of-pocket costs, you can only get these savings if you enroll through [Name of Marketplace²¹].

- **I can't afford a [Name of Marketplace²²] plan?**
 - YOU CAN CONTACT [NAME OF MARKETPLACE²³] AND APPLY FOR A HARDSHIP EXEMPTION. This exemption will allow you to buy a catastrophic plan that usually has lower monthly premiums and will mainly protect you from very high medical costs.

When do I need to make a decision?

The [Year²⁴] Open Enrollment period is from [Beginning date through End date²⁵]. But since your coverage is ending, you qualify to enroll in a new plan from [Beginning date to End date²⁶].

If you want a plan other than the suggested plan, enroll in the new plan by [Date²⁷] to make sure there isn't a gap in your coverage.

Questions?

- Call [Issuer name²⁸] at [Issuer phone number²⁹], or visit [Issuer website³⁰]. You can also work with a licensed insurance agent or broker.
- Visit [Marketplace website³¹], or call [Marketplace phone number³²] to learn more about [Name of Marketplace³³] and to see if you qualify for lower costs.
- Visit LocalHelp.HealthCare.gov to find personal help in your area.

This notice is also available in alternative formats upon request and at no cost to persons with disabilities.

[Getting help in other languages

Include the tagline below for the languages spoken by 10% or more of the population in the county. Taglines in other languages may also be included and are encouraged.

English: For help in [Language³⁵], call [Phone number³⁶] and an interpreter will assist you with this notice at no cost.³⁴]

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

PRA Disclosure Statement

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

Important: [Name of issuer¹] isn't offering your current health coverage next year in your area [through [Name of Marketplace]²]. Unless you take action by [Date³], you will be automatically enrolled in a new plan[, but the plan won't offer lower copayments, coinsurance, and deductibles based on income⁴]. Read this letter to learn more and to review your options.

[Date of Notice⁵]

[First Name][Last Name]
[Address line 1]
[Address line 2]
[City][State][Zip⁶]

Dear [First Name of Subscriber⁷]:

Every year, insurance companies can make changes to the plans and coverage options they offer. **[Name of issuer⁸] won't offer the coverage you currently have in [Current year⁹] again in your area [through [Name of Marketplace]¹⁰] in [Following year¹¹]. We have suggested a new plan for you, but you can review your options and decide what to do.** The last day of your current coverage is [Date¹²]. **You should also update your [Name of Marketplace¹³] application to make sure you are getting the right amount of financial assistance.**

Your suggested new plan

Even though your current coverage isn't being offered next year in your area [through [Name of Marketplace]¹⁴], we have found another plan you may like. **You will automatically be enrolled in [Plan name¹⁵] to make sure there isn't a gap in your coverage. You can enroll in a different plan anytime between [Beginning date and End date¹⁶]. If you want coverage to start January 1, make sure you enroll by [Date¹⁷].**

Please review your new premium and benefits below to see if this plan meets your needs. If it doesn't, keep reading to learn about your other options.

- Premium – Your new premium starts in January. Your monthly premium will be \$[Dollar amount¹⁸]. [This amount assumes you get the same advance payments of the premium tax credit you received for [Year²⁰], which would lower your monthly premium from \$[Dollar amount²¹].¹⁹]
- *[Briefly describe plan changes and/or refer to enclosed materials²²]*
- You can review more details about this plan at [Issuer website²³] and in your Summary of Benefits and Coverage.

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

[For auto-enrollment into a non-Silver level QHP (except for Indians eligible for cost-sharing reductions): **Important: You can't get lower deductibles, coinsurance, and copayments with this plan**

If you choose to keep this plan, you won't be enrolled in a plan at the Silver level. This means that if you qualify for lower copayments, coinsurance, and deductibles based on your income, you must go back to the [Name of Marketplace³¹] and enroll in a Silver plan to get these savings. **[If you don't enroll in a Silver plan through [Name of Marketplace³³], any lower copayments, coinsurance, and deductibles you currently get will stop on [Date³⁴].³²]³⁰**

Update your [Name of Marketplace³⁵] application by [Date³⁶]

[In [Year³⁸] you saved [Dollar amount³⁹] on your monthly premium because of advance payments of the premium tax credit. However, you might be able to get more savings or better plan your budget next year. Visit [Marketplace website⁴⁰] during Open Enrollment to see if you qualify.

Estimated Monthly Savings in [Year⁴¹]	Your Potential Savings in [Year⁴³]
[\$Dollar amount⁴²]	Visit [Marketplace website ⁴⁴]

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It's important to review your [Name of Marketplace⁴⁵] application to make sure the information is still current and correct. [Name of Marketplace⁴⁶] uses this information to determine the amount of any advance credit payments and lower copayments, coinsurance, and deductibles you may be eligible for.

When it's time to file your federal income tax return, you will compare the amount of advance credit payments you get for the year with the amount you're due based on the income you report on your tax return. You may have to pay back some or all of your advance credit payments if your income is higher than what you told the [Name of Marketplace⁴⁷] in your application.

To help make sure you're getting all the financial assistance you deserve and don't owe back money, contact the [Name of Marketplace⁴⁸] by [Date⁴⁹] to update your application and enroll.

[If you didn't receive advance payments of the premium tax credit in [Year⁵¹]

Tax credits and other cost savings are available to most people who have a [Name of Marketplace⁵²] plan. Even if you didn't get these savings last year, it's worth checking to see if you qualify this year.^{50]}

So what are my options if...

- **I like the suggested plan, and there are no changes to my [Name of Marketplace⁵³] application information?**

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

- YOU DON'T HAVE TO DO ANYTHING. You'll automatically be enrolled and just have to pay the monthly premium.
- **I like the suggested plan, and there are changes to my [Name of Marketplace⁵⁴] application information?**
 - YOU HAVE TO GO BACK TO [NAME OF MARKETPLACE⁵⁵] TO UPDATE YOUR INFORMATION AND TELL US YOU WANT TO RE-ENROLL IN [PLAN NAME and ID⁵⁶]
- **I don't like the suggested plan?**
 - YOU HAVE THREE WAYS TO LOOK INTO OTHER PLANS AND ENROLL:
 1. Visit [Marketplace website⁵⁷] and look at other [Name of Marketplace⁵⁸] plans.
 2. Visit [Marketplace website⁵⁹] and see if you or your family qualify for Medicaid or the Children's Health Insurance Program.
 3. Look at other plans outside [Name of Marketplace⁶⁰].

Just keep in mind that if you qualify for financial assistance to lower your monthly premiums or out-of-pocket costs, you can only get these savings if you enroll through [Name of Marketplace⁶¹].

- **I can't afford a [Name of Marketplace⁶²] plan?**
 - YOU CAN CONTACT [NAME OF MARKETPLACE⁶³] AND APPLY FOR A HARDSHIP EXEMPTION. This exemption will allow you to buy a catastrophic plan that usually has lower monthly premiums and will mainly protect you from very high medical costs.
- **[I like my current coverage and want to enroll outside [Name of Marketplace⁶⁵]?**
 - YOU SHOULD CONTACT US AT THE NUMBER BELOW.⁶⁴

When do I need to make a decision?

The [Year⁶⁶] Open Enrollment period is from [Beginning date through End date⁶⁷]. But since your coverage is ending, you qualify to enroll in a new plan from [Beginning date to End date⁶⁸].

If you want a plan other than the suggested plan, enroll in the new plan by [Date⁶⁹] to make sure there isn't a gap in your coverage.

Questions?

- Call [Issuer name⁷⁰] at [Issuer phone number⁷¹], or visit [Issuer website⁷²]. You can also work with a licensed insurance agent or broker.
- Visit [Marketplace website⁷³], or call [Marketplace phone number⁷⁴] to learn more about [Name of Marketplace⁷⁵] and to see if you qualify for lower costs.

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

- Visit LocalHelp.HealthCare.gov to find personal help in your area.

This notice is also available in alternative formats upon request and at no cost to persons with disabilities.

[Getting help in other languages

Include the tagline below for the languages spoken by 10% or more of the population in the county. Taglines in other languages may also be included and are encouraged.

English: For help in [Language⁷⁷], call [Phone number⁷⁸] and an interpreter will assist you with this notice at no cost.⁷⁶]

PRA Disclosure Statement

According to the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it displays a valid OMB control number. The valid OMB control number for this information collection is 0938-XXXX. The time required to complete this information collection is estimated to average 9 hours per response, including the time to review instructions, search existing data resources, gather the data needed, and complete and review the information collection. If you have comments concerning the accuracy of the time estimate(s) or suggestions for improving this form, please write to: CMS, 7500 Security Boulevard, Attn: PRA Reports Clearance Officer, Mail Stop C4-26-05, Baltimore, Maryland 21244-1850.

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

Important: [Name of issuer¹] isn't offering your current health coverage in your area next year. Unless you take action by [Date²], you won't have health coverage next year. Read this letter to learn more and to review your options.

[Date of Notice³]

[First Name][Last Name]

[Address line 1]

[Address line 2]

[City][State][Zip]⁴

Dear [First Name of Subscriber⁵]:

Every year, insurance companies can make changes to the plans and coverage options they offer. **[Name of issuer⁶] won't offer the coverage you currently have in [Current year⁷] again in your area in [Following year⁸]. This means you must enroll in a new plan to have health insurance coverage.** The last day of your current coverage is [Date⁹].

What are my options for getting coverage?

- YOU HAVE THREE WAYS TO LOOK INTO OTHER PLANS AND ENROLL:
 1. Visit [Marketplace website¹⁰] and look at other [Name of Marketplace¹¹] plans.
 2. Visit [Marketplace website¹²] and see if you or your family qualify for Medicaid or the Children's Health Insurance Program.
 3. Look at other plans outside [Name of Marketplace¹³].

Just keep in mind that if you qualify for financial assistance that lowers your monthly premiums and out-of-pocket costs, you can only get these savings if you enroll through [Name of Marketplace¹⁴].

What if I can't afford a [Name of Marketplace¹⁵] plan?

- YOU CAN CONTACT [NAME OF MARKETPLACE¹⁶] AND APPLY FOR A HARDSHIP EXEMPTION. This exemption will allow you to buy a catastrophic plan that usually has lower monthly premiums and will mainly protect you from very high medical costs.

When do I need to make a decision?

The [Year¹⁷] Open Enrollment period is from [Beginning date through End date¹⁸]. But since your plan is ending, you qualify to enroll in a new plan from [Beginning date to End date¹⁹]. **To make sure there isn't a gap in your coverage, enroll in the new plan by [Date²⁰].**

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

Questions?

- Call [Issuer name²¹] at [Issuer phone number²²], or visit [Issuer website²³]. You can also work with a licensed insurance agent or broker.
- Visit [Marketplace website²⁴], or call [Marketplace phone number²⁵] to learn more about [Name of Marketplace²⁶] and to see if you qualify for lower costs.
- Visit LocalHelp.HealthCare.gov to find personal help in your area.

This notice is also available in alternative formats upon request and at no cost to persons with disabilities.

[Getting help in other languages

Include the tagline below for the languages spoken by 10% or more of the population in the county. Taglines in other languages may also be included and are encouraged.

English: For help in [Language²⁸], call [Phone number²⁹] and an interpreter will assist you with this notice at no cost.²⁷]

PRA Disclosure Statement

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

Important: [Name of issuer¹] isn't offering your current health coverage next year in your area. Unless you take action by [Date²], you won't have health coverage next year. Read this letter to learn more and to review your options.

[Date of Notice³]

[First Name][Last Name]
[Address line 1]
[Address line 2]
[City][State][Zip]⁴

Dear [First Name of Subscriber⁵]:

Every year, insurance companies can make changes to the plans and coverage options they offer. **[Name of issuer⁶] won't offer the coverage you currently have in [Current year⁷] again in your area in [Following year⁸]. This means you must enroll in a new plan to have health insurance coverage.** The last day of your current coverage is [Date⁹]. **You should also update your [Name of Marketplace¹⁰] application to make sure you are getting the right amount of financial assistance if you choose a new plan.**

Update your [Name of Marketplace¹¹] application by [Date¹²]

[In [Year¹⁴] you saved [Dollar amount¹⁵] because of advance payments of the premium tax credit. However, you might be able to get more savings or better plan your budget next year. Visit [Marketplace website¹⁶] during Open Enrollment to see if you qualify.

Estimated Monthly Savings in [Year¹⁷]	Your Potential Savings in [Year¹⁹]
[\$[Dollar amount¹⁸]	Visit [Marketplace website ²⁰]

¹³

When you go to the Marketplace to enroll in a new plan, you'll be asked to update your application. It's important to review your [Name of Marketplace²¹] application to make sure the information is still current and correct. [Name of Marketplace²²] uses this information to determine the amount of any advance credit payments and lower copayments, coinsurance, and deductibles you may be eligible for.

When it's time to file your federal income tax return, you will compare the amount of advance credit payments you get for the year with the amount you're due based on the income you report on your tax return. You may have to pay back some or all of your advance credit

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

payments if your income is higher than what you told the [Name of Marketplace²³] in your application.

To help make sure you're getting all the financial assistance you deserve and don't owe back money, contact the [Name of Marketplace²⁴] by [Date²⁵] to update your application and enroll.

[If you didn't receive advance payments of the premium tax credit in [Year²⁷]

Tax credits and other cost savings are available to most people who have a [Name of Marketplace²⁸] plan. Even if you didn't get these savings last year, it's worth checking to see if you qualify this year.²⁶

What are my options for getting coverage?

- YOU HAVE THREE WAYS TO LOOK INTO OTHER PLANS AND ENROLL:
 1. Visit [Marketplace website²⁸] and look at other [Name of Marketplace²⁹] plans.
 2. Visit [Marketplace website³⁰] and see if you or your family qualify for Medicaid or the Children's Health Insurance Program.
 3. Look at other plans outside [Name of Marketplace³¹].

Just keep in mind that if you qualify for financial assistance to lower your monthly premiums or out-of-pocket costs, you can only get these savings if you enroll through [Name of Marketplace³²].

What if I can't afford a [Name of Marketplace³³] plan?

YOU CAN CONTACT [NAME OF MARKETPLACE³⁴] AND APPLY FOR A HARDSHIP EXEMPTION. This exemption will allow you to buy a catastrophic plan that usually has lower monthly premiums and will mainly protect you from very high medical costs. You should also look to see if any changes have been made to copayments, coinsurance, and deductibles.

When do I need to make a decision?

The [Year³⁶] Open Enrollment period is from [Beginning date through End date³⁷]. But since your plan is ending, you qualify to enroll in a new plan from [Beginning date to End date³⁸]. **To make sure there isn't a gap in your coverage, enroll in the new plan by [Date³⁹].**

Questions?

- Call [Issuer name⁴⁰] at [Issuer phone number⁴¹], or visit [Issuer website⁴²]. You can also work with a licensed insurance agent or broker.
- Visit [Marketplace website⁴³], or call [Marketplace phone number⁴⁴] to learn more about [Name of Marketplace⁴⁵] and to see if you qualify for lower costs.
- Visit LocalHelp.HealthCare.gov to find personal help in your area.

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

This notice is also available in alternative formats upon request and at no cost to persons with disabilities.

[Getting help in other languages

Include the tagline below for the languages spoken by 10% or more of the population in the county. Taglines in other languages may also be included and are encouraged.

English: For help in [Language⁴⁷], call [Phone number⁴⁸] and an interpreter will assist you with this notice at no cost.⁴⁶]

PRA Disclosure Statement

According to the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it displays a valid OMB control number. The valid OMB control number for this information collection is 0938-XXXX. The time required to complete this information collection is estimated to average 5.5 hours per response, including the time to review instructions, search existing data resources, gather the data needed, and complete and review the information collection. If you have comments concerning the accuracy of the time estimate(s) or suggestions for improving this form, please write to: CMS, 7500 Security Boulevard, Attn: PRA Reports Clearance Officer, Mail Stop C4-26-05, Baltimore, Maryland 21244-1850.

Attachment 7: Renewal notice to employers for the small group market

Issuers in the small group market may use the draft Federal standard small group notices released in the June 26, 2014 bulletin and provided below, or any forms of the notice otherwise permitted by applicable laws and regulations. We expect issuers not using the form and manner of the draft Federal standard notices released in the June 26, 2014 bulletin to include the content described in the bulletin “Form and Manner of Notices When Discontinuing or Renewing a Product in the Group or Individual Market”. The following is considered to be the essential content contained in the form of the Federal standard renewal notices:

- Information about premiums and any advance payments of the premium tax credit (APTC) for the plan in which the enrollee will be renewed in the next plan or policy year;
- Information about significant changes to the enrollee’s coverage;
- Information about other health coverage options; and
- Contact information for the consumer to call with questions.

The following draft standard notice from the June 26, 2014 bulletin may be used:

Important: We’re Continuing to Offer Your Group Health Coverage.

Dear [Plan Sponsor or Name¹],

Your group health insurance coverage is coming up for renewal. **On [Date²], your group members will be automatically re-enrolled and can keep your group’s current coverage.** Below are changes we’ll be making to the plan and options to consider to possibly lower your costs or choose a new plan.

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

- Premium – Your new premium starts in [Month³]. Your monthly premium will be \$[Dollar amount⁴]. This is an estimate based on current enrollment. This amount may change depending on the individuals who actually enroll in the plan. **Check to see if you have other options at: [State Marketplace website/HealthCare.gov⁵**
- [List changes to renewed plan, including:
 - Name of new plan and Plan ID
 - Benefit changes
 - Cost-sharing changes, including whether the plan is a different metal level from the previous plan⁶].

[This plan isn’t being offered through [State SHOP Marketplace Name/the Small Business Health Options (SHOP) Marketplace⁸]. If you’re eligible for a small business health care tax credit, you usually can get that credit only if you buy insurance through [State SHOP Marketplace Name/ the SHOP Marketplace⁹].

What if I want to change plans?

Attachment 7: Renewal notice to employers for the small group market

- You may be able to choose a new health plan, or offer your employees a choice of plans, through different insurance companies, through [State SHOP Marketplace Name/the SHOP Marketplace¹⁰]. If you have fewer than 25 full-time-equivalent employees, you might qualify for a small business health care tax credit if you buy insurance through [State SHOP Marketplace Name/the SHOP Marketplace¹¹].
- You can choose to buy a new health plan outside [State SHOP Marketplace Name/the SHOP Marketplace¹²]—directly from an insurance company or with the help of an agent or broker. But remember: If you're eligible for a small business health care tax credit, you usually can get that credit **only** if you buy a plan through [State SHOP Marketplace Name/the SHOP Marketplace¹³].
- You generally can buy coverage any time. If group members enroll by the [Day¹⁴] of the month, coverage can begin on the 1st of the following month.

What else should I look at before deciding to keep or change my plan?

Call or visit the plan's website to check which doctors, other health care providers, and prescription medications are covered by the plan. This is an important step when choosing a plan that meets the needs of your group members.

Questions?

- Call [Issuer Name and Contact Information and Hours of Operation¹⁵].
- Visit [State SHOP Marketplace website and Consumer Assistance Information/HealthCare.gov or call 1-800-706-7893 (TTY: 1-800-706-7915)¹⁶] to learn more about [State SHOP Marketplace Name/the Health Insurance Marketplace¹⁷].

Getting Help in Other Languages

[Include the tagline below for the top languages spoken by 10% or more of the population in the state.

Spanish (Español): Para obtener asistencia en Español, llame al [Issuer contact information].¹⁸

PRA Disclosure Statement

According to the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it displays a valid OMB control number. The valid OMB control number for this information collection is 0938-XXXX. The time required to complete this information collection is estimated to average 20 hours per response, including the time to review instructions, search existing data resources, gather the data needed, and complete and review the information collection. If you have comments concerning the accuracy of the time estimate(s) or suggestions for improving this form, please write to: CMS, 7500 Security Boulevard, Attn: PRA Reports Clearance Officer, Mail Stop C4-26-05, Baltimore, Maryland 21244-1850.

Attachment 8: Discontinuation notice to employers for the small group market

Issuers in the small group market may use the draft Federal standard small group notices released in the June 26, 2014 bulletin and provided below, or any forms of the notice otherwise permitted by applicable laws and regulations. We expect issuers not using the form and manner of the draft Federal standard notices released in the June 26, 2014 bulletin to include the content described in the bulletin “Form and Manner of Notices When Discontinuing or Renewing a Product in the Group or Individual Market”. The following is considered to be the essential content contained in the form of the Federal standard discontinuation notices:

- A statement that the coverage is being discontinued;
- If the individual is being auto-enrolled into another product, information about changes in the individual’s benefits arising out of the change from the old product to the new product;
- Information about other health coverage options; and
- Contact information for the consumer to call with questions.

The following draft standard notice from the June 26, 2014 bulletin may be used:

Important: Your Group Health Coverage Will Not Be Available Next Year.

Dear [Plan Sponsor or Name¹],

We have decided not to offer your group’s current health coverage again next year. The current coverage will end on [Date²]. This means **you may need to choose a new plan for your group members to have health insurance coverage**. This letter explains the options available to you.

Options from [Issuer Name³]

[We have selected a new [Issuer Name⁵] plan for your group members that’s similar to their current plan. **We’ll automatically enroll your group members in [Plan Name and Plan ID⁶ unless you choose another option.** Below are key differences between the new coverage and the current coverage. You can review all the benefits and coverage for this plan at [Issuer website⁷]].

- Premium – Your new premium starts in [Month⁸]. Your monthly premium will be \$[Dollar amount⁹]. This is an estimate based on current enrollment. This amount may change depending on the individuals who actually enroll in the plan. **Check to see if you have other options at: [State SHOP Marketplace website/HealthCare.gov¹⁰]**
- [List changes to new plan, including:
- Benefit changes
- Cost-sharing changes, including whether the plan is a different metal level from the previous plan¹¹].

Attachment 8: Discontinuation notice to employers for the small group market

You can also choose any of our other small group plans available to you.^{4]}

[You can choose any other small group coverage offered by [Issuer name^{13]}. Call [Issuer phone number^{14]} or visit [Issuer website^{15]} to learn about plans available to you.^{12]}

What other options do I have?

- You may be able to choose a new health plan, or offer your employees a choice of plans, through different insurance companies, through [State SHOP Marketplace Name/the SHOP Marketplace^{16]}. If you have fewer than 25 full-time-equivalent employees, you might qualify for a small business health care tax credit if you buy insurance through [State SHOP Marketplace Name/the SHOP Marketplace^{17]}.
- You can choose to buy a new health plan outside [State SHOP Marketplace Name/the SHOP Marketplace^{18]}—directly from an insurance company or with the help of an agent or broker. But remember: If you're eligible for a small business health care tax credit, you usually can get that credit **only** if you buy a plan through [State SHOP Marketplace Name/the SHOP Marketplace^{19]}.

What else should I look at before deciding?

Call or visit the plan's website to check which doctors, other health care providers, and prescription medications are covered by the plan. This is an important step when choosing a plan that meets the needs of your group members.

When do I need to make a decision?

You generally can buy coverage any time. If group members enroll by the [Day^{20]} of the month, coverage can begin on the 1st of the following month.

We are notifying your employees

Federal law requires that we notify all group members with this coverage that it is no longer being offered. Because we might not know about other coverage decisions you have made, we'll tell your employees to check with the plan sponsor or administrator about coverage options that might be available through your organization.

Questions?

- Call [Issuer Name and Contact Information and Hours of Operation^{21]}.
- Visit [State SHOP Marketplace website and Consumer Assistance Information/HealthCare.gov or call 1-800-706-7893 (TTY: 1-800-706-7915)^{22]} to learn more about [State SHOP Marketplace Name/the Health Insurance Marketplace^{23]}.

Getting Help in Other Languages

[Include the tagline below for the top languages spoken by 10% or more of the population in the state.

Attachment 8: Discontinuation notice to employers for the small group market

Spanish (Español): Para obtener asistencia en Español, llame al [Issuer contact information].^{24]}

PRA Disclosure Statement

According to the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it displays a valid OMB control number. The valid OMB control number for this information collection is 0938-XXXX. The time required to complete this information collection is estimated to average 12 hours per response, including the time to review instructions, search existing data resources, gather the data needed, and complete and review the information collection. If you have comments concerning the accuracy of the time estimate(s) or suggestions for improving this form, please write to: CMS, 7500 Security Boulevard, Attn: PRA Reports Clearance Officer, Mail Stop C4-26-05, Baltimore, Maryland 21244-1850.

Attachment 9: Instructions for completing Federal standard notices

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

This notice should be used when coverage was purchased outside the Marketplace and will be renewed outside the Marketplace. This notice should also be used when coverage was purchased through the Marketplace and will be renewed outside the Marketplace because the enrollee will not be automatically enrolled in another product offered by the issuer through the Marketplace, in accordance with 45 CFR § 155.335(j).

Section		Fixed or Variable ¹	Field Name	Valid Values	Special Instructions
Headline box	1	Fixed	Name of issuer	Text	
	2	Variable	Date	Month, DD, YYYY	
	3	Variable	Paragraph	Text	Include the additional clause concerning loss of financial assistance if such assistance would no longer be available at renewal because the plan will be offered outside the Marketplace.
Date	4	Variable	Date of Notice	Month, DD, YYYY	
Address	5	Variable	First Name Last Name Address line 1 Address line 2 City, State, Zip	Text and numeric	
Salutation	6	Variable	First Name of Subscriber	Text	In the individual market, subscriber means the individual who purchases an individual policy and who is responsible for the payment of premiums.

¹ Fixed denotes that bracketed fields will be the same for all of an issuer’s notices in a State. Variable denotes that the bracketed fields will differ depending on each subscriber or according to coverage.

Attachment 9: Instructions for completing Federal standard notices

Section		Field Number(s)	Fixed or Variable	Field Name	Valid Values
Intro	7	Variable	Date	Month, DD, YYYY	
	8	Variable	Paragraph	Paragraph	Include the appropriate paragraph depending on whether the coverage is on a calendar plan year (grandfathered and non-grandfathered plans) or a non-calendar plan year (grandfathered plans). If coverage is on a non-calendar plan year (grandfathered plans), describe the next open or special enrollment period when subscribers can change plans. Do not include the italicized instructions.
	9	Fixed	Beginning date through End date	Month, DD, YYYY	Enter the beginning and end dates of the annual open enrollment period for the upcoming policy year. For example, for the 2015 policy year, enter "November 15, 2014 through February 15, 2015."
	10	Fixed	Date	Month DD	Enter the date by which a plan selection must be made for coverage effective January 1 of the following year
Changes we're making to your coverage	11	Variable	Month	Text	
	12	Variable	Dollar amount	Numeric	Enter the total monthly premium for the coverage for upcoming policy year. When necessary, a short statement may be included indicating that the premium rate is an estimate and indicating where consumers will find the actual premium for the coverage.
	13	Variable	Briefly describe plan changes and/or refer to enclosed materials	Text	List significant changes to coverage, including but not limited to changes in deductibles, cost sharing, metal level, covered benefits, eligibility and provider network. This section may also refer to enclosed supplemental materials. Do not include the italicized instructions.
	14	Fixed	Issuer website	Text	

Attachment 9: Instructions for completing Federal standard notices

Section		Field Number(s)	Fixed or Variable	Field Name	Valid Values
This plan doesn't allow you to receive financial assistance...	21	Variable	Paragraph	Paragraph	Include this paragraph if the enrollee was previously enrolled through the Marketplace; and the enrollee will not be automatically enrolled in another product offered by the issuer through the Marketplace; and the coverage will be renewed outside the Marketplace.
	15, 16, 17, 18, 19, 20	Fixed	Name of Marketplace	Text	For States with Federally-facilitated Marketplaces, enter "the Marketplace." For States with State-based Marketplaces, enter the name of the State Marketplace.
	22	Variable	Sentence	Sentence	Included the bolded sentence if any enrollee in the enrollment group received APTC or CSRs in the current policy year. If not, omit.
	23	Fixed	Date	Month, DD, YYYY	Enter last day of current policy year.
So what are my options if...	24, 26	Fixed	Marketplace website	Text	For States with Federally-facilitated Marketplaces, enter "HealthCare.gov." For States with State-based Marketplaces, enter the website of the State Marketplace.
	25, 27, 28	Fixed	Name of Marketplace	Text	For States with Federally-facilitated Marketplaces, enter "the Marketplace." For States with State-based Marketplaces, enter the name of the State Marketplace.

Attachment 9: Instructions for completing Federal standard notices

Section					
		Field Number(s)	Fixed or Variable	Field Name	Valid Values
Questions?	29	Fixed	Name of issuer	Text	
	30	Fixed	Issuer phone number	Numeric	
	31	Fixed	Issuer website	Text	
	32	Fixed	Marketplace website	Text	For States with Federally-facilitated Marketplaces, enter "HealthCare.gov." For States with State-based Marketplaces, enter the website of the State Marketplace.
	33	Fixed	Marketplace phone number	Numeric	For States with Federally-facilitated Marketplaces, enter "1-800-318-2596 (TTY: 1-855-889-4325)." For States with State-based Marketplaces, enter the phone number of the State Marketplace.
	34	Fixed	Name of Marketplace	Text	For States with Federally-facilitated Marketplaces, enter "the Marketplace." For States with State-based Marketplaces, enter the name of the State Marketplace.
Getting help in other languages	35	Fixed	Section	Text	Include the tagline translated in the non-English language(s) spoken by 10% or more of the population in the county. Taglines in additional languages are encouraged. Do not include the italicized instructions. If no language meets this threshold, this section may be omitted.
	36	Fixed	Language	Text	
	37	Fixed	Phone number	Numeric	Insert appropriate phone number for language interpretation services.

Attachment 9: Instructions for completing Federal standard notices

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

This notice should be used when coverage was purchased through the Marketplace and will be renewed through the Marketplace.

Section					
	Field Number(s)	Fixed or Variable ²	Field Name	Valid Values	Special Instructions
Headline box	1	Fixed	Name of issuer	Text	
	2	Variable	Date	Month, DD, YYYY	
	3	Variable	Paragraph	Text	Include the additional clause concerning loss of financial assistance if such assistance would no longer be available at renewal because the renewal plan will not be at the silver level.
Date	4	Variable	Date of Notice	Month, DD, YYYY	
Address	5	Variable	First Name Last Name Address line 1 Address line 2 City, State, Zip	Text and numeric	
Salutation	6	Variable	First Name of Subscriber	Text	In the individual market, subscriber means the individual who purchases an individual policy and who is responsible for the payment of premiums.

² Fixed denotes that bracketed fields will be the same for all of an issuer’s notices in a State. Variable denotes that the bracketed fields will differ depending on each subscriber or according to coverage.

Attachment 9: Instructions for completing Federal standard notices

Section					
	Field Number(s)	Fixed or Variable	Field Name	Valid Values	Special Instructions
Intro	7	Fixed	Date	Month, DD, YYYY	
	8	Fixed	Name of Marketplace	Text	For States with Federally-facilitated Marketplaces, enter "the Marketplace." For States with State-based Marketplaces, enter the name of the State Marketplace.
	9	Fixed	Beginning date through End date	Month, DD, YYYY	Enter the beginning and end dates of the annual open enrollment period for the upcoming policy year. For example, for the 2015 policy year, enter "November 15, 2014 through February 15, 2015."
	10	Fixed	Date	Month DD	Enter the date by which a plan selection must be made for coverage effective January 1.
Changes we're making to your coverage	11	Variable	Dollar amount	Numeric	Enter the total monthly premium reduced by the most recent monthly amount of any APTC for the enrollment group for which data are available.
	12	Variable	Sentence	Text	Include this sentence if any enrollee in the enrollment group received APTC during the current policy year. If not, omit.
	13	Variable	Year	YYYY	
	14	Variable	Dollar amount	Numeric	Enter the total monthly premium for the coverage for upcoming policy year. When necessary, a short statement may be included indicating that the premium rate is an estimate and indicating where consumers will find the actual premium for the coverage.
	15	Variable	Briefly describe plan changes and/or refer to enclosed materials	Text	List significant changes to coverage, including but not limited to changes in deductibles, cost sharing, metal level, covered benefits, eligibility and provider network. This section may also refer to enclosed supplemental materials. Do not include the italicized instructions.
	16	Fixed	Issuer website	Text	

Attachment 9: Instructions for completing Federal standard notices

Section					
	Field Number(s)	Fixed or Variable	Field Name	Valid Values	Special Instructions
You can't get lower deductibles, coinsurance and copayments for this plan	17	Variable	Paragraph	Paragraph	Include this paragraph if the enrollee was previously enrolled in a silver-level QHP and their coverage is being renewed in a non-silver-level QHP, consistent with 45 CFR 155.335(j)(1). If not, omit. Do not include this paragraph if you know the enrollee is an Indian eligible for cost-sharing reductions. Do not include the italicized instructions.
	18, 20	Fixed	Name of Marketplace	Text	For States with Federally-facilitated Marketplaces, enter "the Marketplace." For States with State-based Marketplaces, enter the name of the State Marketplace.
	19	Variable	Sentence	Sentence	Included the bolded sentence if any enroll in the enrollment group received cost-sharing reductions in the current policy year. If not, omit.
	21	Fixed	Date	Month, DD, YYYY	Enter the last day of current policy year.
Update your [Name of Marketplace] application by [Date]	22, 32, 33, 34, 35, 40	Fixed	Name of Marketplace	Text	For States with Federally-facilitated Marketplaces, enter "the Marketplace." For States with State-based Marketplaces, enter the name of the State Marketplace.
	23, 36	Fixed	Date	Month, DD	Enter the date by which a plan selection must be made for coverage effective January 1.
	24	Variable	Text and table	Text and table	Include the text and table if any enrollee in the enrollment group received APTC in the current benefit year.
	25, 28	Fixed	Year	YYYY	Enter the current benefit year
	26, 29	Variable	Dollar amount	Numeric	Enter the most recent monthly amount of APTC for the enrollment group for which data are available
	27, 31	Fixed	Marketplace website	Text	For States with Federally-facilitated Marketplaces, enter "HealthCare.gov." For States with State-based Marketplaces, enter the website of the State Marketplace.
	30	Fixed	Year	YYYY	Enter the following benefit year

Attachment 9: Instructions for completing Federal standard notices

Section					
	Field Number(s)	Fixed or Variable	Field Name	Valid Values	Special Instructions
If you didn't receive advance payments of the premium tax credit in [Year]	37	Variable	Paragraph	Paragraph	Include this paragraph if no enrollee in the enrollment group received APTC in the current benefit year. If not, omit.
	38	Fixed	Year	YYYY	Enter current benefit year
	39	Fixed	Name of Marketplace	Text	For States with Federally-facilitated Marketplaces, enter "the Marketplace." For States with State-based Marketplaces, enter the name of the State Marketplace.
So what are my options if...	41, 42, 43, 46, 48, 49	Fixed	Name of Marketplace	Text	For States with Federally-facilitated Marketplaces, enter "the Marketplace." For States with State-based Marketplaces, enter the name of the State Marketplace.
	44	Variable	Plan name and ID	Text Numeric	Enter the name of the plan and HIOS Plan ID
	45, 47	Fixed	Marketplace website	Text	For States with Federally-facilitated Marketplaces, enter "HealthCare.gov." For States with State-based Marketplaces, enter the website of the State Marketplace.
Questions?	50	Fixed	Name of issuer	Text	
	51	Fixed	Issuer phone number	Numeric	
	52	Fixed	Issuer website	Text	
	53	Fixed	Marketplace website	Text	For States with Federally-facilitated Marketplaces, enter "HealthCare.gov."
	54	Fixed	Marketplace phone number	Numeric	For States with Federally-facilitated Marketplaces, enter "1-800-318-2596 (TTY: 1-855-889-4325)." For States with State-based Marketplaces, enter the phone number of the State Marketplace.
	55	Fixed	Name of Marketplace	Text	For States with Federally-facilitated Marketplaces, enter "the Marketplace." For States with State-based Marketplaces, enter the name of the State Marketplace.

Attachment 9: Instructions for completing Federal standard notices

Section					
	Field Number(s)	Fixed or Variable	Field Name	Valid Values	Special Instructions
Getting help in other languages	58	Fixed	Section	Text	<p>Include the tagline translated in the non-English language(s) spoken by 10% or more of the population in the county. Taglines in additional languages are encouraged. Do not include the italicized instructions.</p> <p>If no language meets this threshold, this section may be omitted.</p>
	56	Fixed	Language	Text	
	57	Fixed	Phone number	Numeric	Insert appropriate phone number for language interpretation services.

Attachment 9: Instructions for completing Federal standard notices

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

This notice should be used when the issuer is non-renewing coverage purchased outside the Marketplace, and, consistent with State law, automatically enrolling the enrollee in new coverage outside the Marketplace. This includes non-renewals based on a discontinuance of the product or unavailability of the product based on the enrollee no longer being located within the product’s service area.

Section					
	Field Number(s)	Fixed or Variable ³	Field Name	Valid Values	Special Instructions
Headline box	1	Fixed	Name of issuer	Text	
Date	2	Variable	Date	Month, DD, YYYY	
Date	3	Variable	Date of Notice	Month, DD, YYYY	
Address	4	Variable	First Name Last Name Address line 1 Address line 2 City, State, Zip	Text and numeric	
Salutation	5	Variable	First Name of Subscriber	Text	In the individual market, subscriber means the individual who purchases an individual policy and who is responsible for the payment of premiums.
Intro	6	Fixed	Name of issuer	Text	
	7	Fixed	Current year	Numeric	
	8	Fixed	Following Year	Numeric	
	9	Variable	Date	Month DD, YYYY	

³ Fixed denotes that bracketed fields will be the same for all of an issuer’s notices in a State. Variable denotes that the bracketed fields will differ depending on each subscriber or according to coverage.

Attachment 9: Instructions for completing Federal standard notices

Section					
	Field Number(s)	Fixed or Variable	Field Name	Valid Values	Special Instructions
Your suggested new plan	10	Variable	Plan name	Text	
	11	Variable	Beginning date End date	Month DD, YYYY	Enter the beginning and end dates of the special enrollment period.
	12	Fixed	Date	Numeric	Enter the date by which a plan selection must be made for coverage effective January 1.
	13	Variable	Month	Text	
	14	Variable	Dollar amount	Numeric	Enter the total monthly premium for the coverage for upcoming policy year. When necessary, a short statement may be included indicating that the premium rate is an estimate and indicating where consumers will find the actual premium for the coverage.
	15	Variable	Briefly describe plan changes and/or refer to enclosed materials	Text	List significant changes to coverage, including but not limited to changes in deductibles, cost sharing, metal level, covered benefits, eligibility, product network type (e.g., PPO or HMO) and provider network. This section may also refer to enclosed supplemental materials. Do not include the italicized instructions.
	16	Fixed	Issuer website	Text	
So what are my options if...	17, 19	Fixed	Marketplace website	Text	For States with Federally-facilitated Marketplaces, enter "HealthCare.gov." For States with State-based Marketplaces, enter the website of the State Marketplace.
	18, 20, 21, 22, 23	Fixed	Name of Marketplace	Text	For States with Federally-facilitated Marketplaces, enter "the Marketplace." For States with State-based Marketplaces, enter the name of the State Marketplace.

Attachment 9: Instructions for completing Federal standard notices

Section		Fixed or Variable	Field Name	Valid Values	Special Instructions
When do I need to make a decision?	24	Fixed	Year	YYYY	
	25	Fixed	Beginning date through End date	DD, Month, YYYY	Enter the beginning and end dates of the annual open enrollment period for the upcoming policy year. For example, for the 2015 policy year, enter "November 15, 2014 through February 15, 2015."
	26	Variable	Beginning date to End date	Month DD, YYYY	Enter the beginning and end dates of the special enrollment period.
	27		Date	Month DD, YYYY	
Questions?	28	Fixed	Name of issuer	Text	
	29	Fixed	Issuer phone number	Numeric	
	30	Fixed	Issuer website	Text	
	31	Fixed	Marketplace website	Text	For States with Federally-facilitated Marketplaces, enter "HealthCare.gov." For States with State-based Marketplaces, enter the website of the State Marketplace.
	32	Fixed	Marketplace phone number	Numeric	For States with Federally-facilitated Marketplaces, enter "1-800-318-2596 (TTY: 1-855-889-4325)." For States with State-based Marketplaces, enter the phone number of the State Marketplace.
	33	Fixed	Name of Marketplace		For States with Federally-facilitated Marketplaces, enter "the Marketplace." For States with State-based Marketplaces, enter the name of the State Marketplace.
Getting help in other languages	34	Fixed	Section	Text	Include the tagline translated in the non-English language(s) spoken by 10% or more of the population in the county. Taglines in additional languages are encouraged. Do not include the italicized instructions. If no language meets this threshold, this section may be omitted.
	35	Fixed	Language	Text	
	36	Fixed	Phone number	Numeric	Insert appropriate phone number for language interpretation services.

Attachment 9: Instructions for completing Federal standard notices

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

This notice should be used when the product under which the QHP in which an enrollee is enrolled is not available through the Marketplace for renewal (even if it remains available outside the Marketplace) and the enrollee will, consistent with State law and, if applicable, 45 CFR §155.335(j)(2), be automatically enrolled in a different plan under a different product offered by the same QHP issuer . This includes non-renewals based on a discontinuance of the product and unavailability of the product based on the enrollee no longer being located within the product’s service area. This notice should also be used when the product under which the QHP in which an enrollee is enrolled is discontinued, the issuer only offers other plans outside the Marketplace, and the issuer will automatically enroll the enrollee in one of its other plans outside the Marketplace.

Section					
	Field Number(s)	Fixed or Variable ⁴	Field Name	Valid Values	Special Instructions
Headline box	1	Fixed	Name of issuer	Text	
	2	Variable	through [Name of Marketplace]	Phrase	Include this phrase if the product will continue to be offered in the market outside the Marketplace and enter the name of the Marketplace. For States with Federally-facilitated Marketplaces, enter “the Marketplace.” For States with State-based Marketplaces, enter the name of the State Marketplace. If the product will not continue to be offered in the market outside the Marketplace, omit.
	3	Variable	Date	Month, DD, YYYY	
	4	Variable	through [Name of Marketplace]	Phrase	Include this phrase if the enrollee with a silver level plan is being auto-enrolled into a non-silver level plan.
Date	5	Variable	Date of Notice	Month, DD, YYYY	
Address	6	Variable	First Name Last Name Address line 1 Address line 2 City, State, Zip	Text Numeric	

⁴ Fixed denotes that bracketed fields will be the same for all of an issuer’s notices in a State. Variable denotes that the bracketed fields will differ depending on each subscriber or according to coverage.

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Section					
	Field Number(s)	Fixed or Variable	Field Name	Valid Values	Special Instructions
Salutation	7	Variable	First Name of Subscriber	Text	In the individual market, subscriber means the individual who purchases an individual policy and who is responsible for the payment of premiums.
Intro	8	Fixed	Name of issuer	Text	
	9	Fixed	Current year	YYYY	
	10	Variable	through [Name of Marketplace]	Phrase	See instruction for field 2.
	11	Fixed	Following Year	YYYY	
	12	Fixed	Date	Month DD, YYYY	
	13	Fixed	Name of Marketplace	Text	For States with Federally-facilitated Marketplaces, enter “the Marketplace.” For States with State-based Marketplaces, enter the name of the State Marketplace.
Your suggested new plan	14	Variable	through [Name of Marketplace]	Phrase	See instruction for field 2.
	15	Variable	Plan name	Text	
	16	Fixed	Beginning date End date	Month DD, YYYY	Enter the beginning and end dates of the special enrollment period.
	17	Fixed	Date	Month DD	Enter the date by which a plan selection must be made for coverage effective January 1.
	18	Variable	Dollar amount	Numeric	Enter total monthly premium reduced by the most recent monthly amount of any APTC for the enrollment group for which data are available.
	19	Variable	Sentence	Text	Include this sentence if any enrollee in the enrollment group received APTC during the current policy year. If not, omit.

Attachment 9: Instructions for completing Federal standard notices

Section					
	Field Number(s)	Fixed or Variable	Field Name	Valid Values	Special Instructions
Your suggested new plan	20	Fixed	Year	YYYY	
	21	Variable	Dollar amount	Numeric	Enter the total monthly premium for the coverage for upcoming policy year. When necessary, a short statement may be included indicating that the premium rate is an estimate and indicating where consumers will find the actual premium for the coverage.
	22	Variable	Describe plan changes and/or refer to enclosed materials	Text	List significant changes to coverage, including but not limited to changes in deductibles, cost sharing, metal level, covered benefits, eligibility, product network type (e.g., PPO or HMO) and provider network. This section may also refer to enclosed supplemental materials. Do not include the italicized instructions.
	23	Fixed	Issuer website	Text	
This plan doesn't allow you to receive financial assistance...	24	Variable	Paragraph	Paragraph	Include this paragraph if the enrollee was previously enrolled through the Marketplace and the plan in which the enrollee will automatically be enrolled is offered outside the Marketplace.
	25, 26, 27	Fixed	Name of Marketplace	Text	For States with Federally-facilitated Marketplaces, enter "the Marketplace." For States with State-based Marketplaces, enter the name of the State Marketplace.
	28	Variable	Sentence	Sentence	Included the bolded sentence if any enroll in the enrollment group received APTC or CSRs in the current policy year. If not, omit.
	29	Fixed	Date	Month, DD, YYYY	Enter last day of current policy year.
You can't get lower deductibles, coinsurance and copayments for this plan	30	Variable	Paragraph	Paragraph	Include this paragraph if the enrollee was previously enrolled in a silver-level QHP and their coverage is being renewed in a non-silver-level QHP through the Marketplace, consistent with 45 CFR 155.335(j)(1). If not, omit. Do not include this paragraph if you know the enrollee is an Indian eligible for cost-sharing reductions. Do not include the italicized instructions.
	31, 33	Fixed	Name of Marketplace	Text	For States with Federally-facilitated Marketplaces, enter "the Marketplace." For States with State-based Marketplaces, enter the name of the State Marketplace.

Attachment 9: Instructions for completing Federal standard notices

Section					
You can't get lower deductibles, coinsurance and copayments for this plan	Field Number(s)	Fixed or Variable	Field Name	Valid Values	Special Instructions
	32	Variable	Sentence	Sentence	Included the bolded sentence if any enroll in the enrollment group received cost-sharing reductions in the current policy year. If not, omit.
	34	Fixed	Date	Month, DD, YYYY	Enter the last day of current policy year.
Update your [Name of Marketplace] application by [Date]	35, 45, 46, 47, 48	Fixed	Name of Marketplace	Text	For States with Federally-facilitated Marketplaces, enter "the Marketplace." For States with State-based Marketplaces, enter the name of the State Marketplace.
	36, 49	Fixed	Date	Month, DD	Enter the date by which a plan selection must be made for coverage effective January 1.
	37	Variable	Text and table	Text and table	Include the text and table if any enrollee in the enrollment group received APTC in the current benefit year.
	38, 41	Fixed	Year	YYYY	Enter the current policy year
	39, 42	Variable	Dollar amount	Numeric	Enter the most recent monthly amount of APTC for the enrollment group for which data are available
	40, 44	Fixed	Marketplace website	Text	For States with Federally-facilitated Marketplaces, enter "HealthCare.gov." For States with State-based Marketplaces, enter the website of the State Marketplace.
	43	Fixed	Year	YYYY	Enter the following benefit year
If you didn't receive advance payments of the premium tax credit in [Year]	50	Variable	Paragraph	Paragraph	Include this paragraph if no enrollee in the enrollment group received APTC in the current benefit year. If not, omit.
	51	Fixed	Year	YYYY	Enter the current policy year
	52	Fixed	Name of Marketplace	Text	For States with Federally-facilitated Marketplaces, enter "the Marketplace." For States with State-based Marketplaces, enter the name of the State Marketplace.

Attachment 9: Instructions for completing Federal standard notices

Section					
	Field Number(s)	Fixed or Variable	Field Name	Valid Values	Special Instructions
So what are my options if...	53, 54, 55, 58, 60, 61, 62, 63, 65	Fixed	Name of Marketplace	Text	For States with Federally-facilitated Marketplaces, enter "the Marketplace." For States with State-based Marketplaces, enter the name of the State Marketplace.
	56	Variable	Plan name and ID	Text Numeric	Enter the name of the plan and HIOS Plan ID
	57, 59	Fixed	Marketplace website	Text	For States with Federally-facilitated Marketplaces, enter "HealthCare.gov." For States with State-based Marketplaces, enter the website of the State Marketplace.
	64	Variable	I like my current coverage and want to renew it outside [Name of Marketplace]?		Include this text if the product will continue to be offered outside the Marketplace.
When do I need to make a decision?	66	Fixed	Year	Numeric	
	67	Fixed	Beginning date End date	DD, Month, YYYY	Enter the beginning and end dates of the annual open enrollment period for the upcoming policy year. For example, for the 2015 policy year, enter "November 15, 2014 through February 15, 2015."
	68	Variable	Beginning date End date	Month DD, YYYY	Enter the beginning and end dates of the special enrollment period.
	69	Fixed	Date	Month DD, YYYY	
Questions?	70	Fixed	Name of issuer	Text	
	71	Fixed	Issuer phone number	Numeric	
	72	Fixed	Issuer website	Text	
	73	Fixed	Marketplace website	Text	For States with Federally-facilitated Marketplaces, enter "HealthCare.gov." For States with State-based Marketplaces, enter the website of the State Marketplace.

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Section					
	Field Number(s)	Fixed or Variable	Field Name	Valid Values	Special Instructions
Questions?	74	Fixed	Marketplace phone number	Numeric	For States with Federally-facilitated Marketplaces, enter "1-800-318-2596 (TTY: 1-855-889-4325)." For States with State-based Marketplaces, enter the phone number of the State Marketplace.
	75	Fixed	Name of Marketplace	Text	For States with Federally-facilitated Marketplaces, enter "the Marketplace." For States with State-based Marketplaces, enter the name of the State Marketplace.
Getting help in other languages	76	Fixed	Section	Text	Include the tagline translated in the non-English language(s) spoken by 10% or more of the population in the county. If no language meets this threshold, this section may be omitted.
	77	Fixed	Language	Text	
	78	Fixed	Phone number	Numeric	Insert the appropriate phone number for language interpretation services

Attachment 9: Instructions for completing Federal standard notices

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

This notice should be used when the issuer is non-renewing coverage purchased outside the Marketplace based on a discontinuance of the product or unavailability of the product based on the product’s service area no longer including the enrollee’s location, and not automatically enrolling an enrollee in a new plan.

Section					
	Field Number(s)	Fixed or Variable ⁵	Field Name	Valid Values	Special Instructions
Headline box	1	Fixed	Name of issuer	Text	
	2	Variable	Date	Month, DD, YYYY	
Date	3	Variable	Date of Notice	Month, DD, YYYY	
Address	4	Variable	First Name Last Name Address line 1 Address line 2 City, State, Zip	Text Numeric	
Salutation	5	Variable	First Name of Subscriber	Text	In the individual market, subscriber means the individual who purchases an individual policy and who is responsible for the payment of premiums.
Intro	6	Fixed	Name of issuer	Text	
	7	Fixed	Current year	YYYY	
	8	Fixed	Following Year	YYYY	
	9	Fixed	Date	Month DD, YYYY	
What are my options for getting coverage?	10, 12	Fixed	Marketplace website	Text	For States with Federally-facilitated Marketplaces, enter “HealthCare.gov.” For States with State-based Marketplaces, enter the website of the State Marketplace.
	11, 13, 14, 15, 16	Fixed	Name of Marketplace	Text	For States with Federally-facilitated Marketplaces, enter “the Marketplace.” For States with State-based Marketplaces, enter the name of the State Marketplace.

⁵ Fixed denotes that bracketed fields will be the same for all of an issuer’s notices in a State. Variable denotes that the bracketed fields will differ depending on each subscriber or according to coverage.

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Section					
	Field Number(s)	Fixed or Variable	Field Name	Valid Values	Special Instructions
When do I need to make a decision?	17	Fixed	Year	YYYY	
	18	Fixed	Beginning date through End date	DD, Month, YYYY	Enter the beginning and end dates of the annual open enrollment period for the upcoming policy year. For example, for the 2015 policy year, enter "November 15, 2014 through February 15, 2015."
	19	Fixed	Beginning date to End date	Month DD, YYYY	Enter the beginning and end dates of the special enrollment period.
	20	Fixed	Date	Month DD, YYYY	
Questions?	21	Fixed	Name of issuer	Text	
	22	Fixed	Issuer phone number	Numeric	
	23	Fixed	Issuer website	Text	
	24	Fixed	Marketplace website	Text	For States with Federally-facilitated Marketplaces, enter "HealthCare.gov." For States with State-based Marketplaces, enter the website of the State Marketplace.
	25	Fixed	Marketplace phone number	Numeric	For States with Federally-facilitated Marketplaces, enter "1-800-318-2596 (TTY: 1-855-889-4325)." For States with State-based Marketplaces, enter the phone number of the State Marketplace.
	26	Fixed	Name of Marketplace	Text	For States with Federally-facilitated Marketplaces, enter "the Marketplace." For States with State-based Marketplaces, enter the name of the State Marketplace.
Getting help in other languages	27	Fixed	Section	Section	Include the tagline translated in the non-English language(s) spoken by 10% or more of the population in the county. Taglines in additional languages are encouraged. Do not include the italicized instructions. If no language meets this threshold, this section may be omitted.
	28	Fixed	Language	Text	
	29	Fixed	Phone number	Numeric	Insert appropriate phone number for language interpretation services.

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

This notice should be used when the product under which the QHP in which an enrollee is enrolled is not available for renewal through or outside the Marketplace and the issuer is not automatically enrolling the enrollee in a new plan. This includes non-renewals based on a discontinuance of the product and unavailability of the product based on the enrollee no longer being located within the product’s service area.

Section					
	Field Number(s)	Fixed or Variable ⁶	Field Name	Valid Values	Special Instructions
Headline box	1	Fixed	Name of issuer	Text	
	2	Variable	Date	Month, DD, YYYY	
Date	3	Variable	Date of Notice	Month, DD, YYYY	
Address	4	Variable	First Name Last Name Address line 1 Address line 2 City, State, Zip	Text Numeric	
Salutation	5	Variable	First Name of Subscriber	Text	In the individual market, subscriber means the individual who purchases an individual policy and who is responsible for the payment of premiums.
Intro	6	Fixed	Name of issuer	Text	
	7	Fixed	Current year	YYYY	
	8	Fixed	Following Year	YYYY	
	9	Fixed	Date	Month DD, YYYY	
	10	Fixed	Name of Marketplace	Text	For States with Federally-facilitated Marketplaces, enter “the Marketplace.” For States with State-based Marketplaces, enter the name of the State Marketplace.

⁶ Fixed denotes that bracketed fields will be the same for all of an issuer’s notices in a State. Variable denotes that the bracketed fields will differ depending on each subscriber or according to coverage.

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Section					
	Field Number(s)	Fixed or Variable ⁷	Field Name	Valid Values	Special Instructions
Update your [Name of Marketplace] application by [Date]	11, 21, 22, 23, 24	Fixed	Name of Marketplace	Text	For States with Federally-facilitated Marketplaces, enter “the Marketplace.” For States with State-based Marketplaces, enter the name of the State Marketplace.
	12, 25	Fixed	Date	Month, DD	Enter the date by which a plan selection must be made for coverage effective January 1.
	13	Variable	Text and table	Text and table	Include the text and table if any enrollee in the enrollment group received APTC in the current benefit year.
	14, 17	Fixed	Year	YYYY	Enter the current policy year
	15, 18	Variable	Dollar amount	Numeric	Enter the most recent monthly amount of APTC for the enrollment group for which data are available
	16, 20	Fixed	Marketplace website	Text	For States with Federally-facilitated Marketplaces, enter “HealthCare.gov.” For States with State-based Marketplaces, enter the website of the State Marketplace.
	19	Fixed	Year	YYYY	Enter the following policy year
If you didn’t receive advance payments of the premium tax credit in [Year]	26	Variable	Paragraph	Paragraph	Include this paragraph if no enrollee in the enrollment group received APTC in the current benefit year. If not, omit.
	27	Fixed	Year	YYYY	Enter current benefit year
	28	Fixed	Name of Marketplace	Text	For States with Federally-facilitated Marketplaces, enter “the Marketplace.” For States with State-based Marketplaces, enter the name of the State Marketplace.

⁷ Fixed denotes that bracketed fields will be the same for all of an issuer’s notices in a State. Variable denotes that the bracketed fields will differ depending on each subscriber or according to coverage.

Attachment 9: Instructions for completing Federal standard notices

Section					
	Field Number(s)	Fixed or Variable ⁸	Field Name	Valid Values	Special Instructions
What are my options for getting coverage?	29, 31	Fixed	Marketplace website	Text	For States with Federally-facilitated Marketplaces, enter "HealthCare.gov."
	30, 31, 32, 33, 34, 35	Fixed	Name of Marketplace	Text	For States with Federally-facilitated Marketplaces, enter "the Marketplace." For States with State-based Marketplaces, enter the name of the State Marketplace.
When do I need to make a decision?	36	Fixed	Year	YYYY	
	37	Fixed	Beginning date through End date	DD, Month, YYYY	Enter the beginning and end dates of the annual open enrollment period for the upcoming policy year. For example, for the 2015 policy year, enter "November 15, 2014 through February 15, 2015."
	38	Fixed	Beginning date to End date	Month DD, YYYY	Enter the beginning and end dates of the special enrollment period.
	39	Variable	Date	Month DD, YYYY	
Questions?	40	Fixed	Name of issuer	Text	
	41	Fixed	Issuer phone number	Numeric	
	42	Fixed	Issuer website	Text	
	43	Fixed	Marketplace website	Text	For States with Federally-facilitated Marketplaces, enter "HealthCare.gov." For States with State-based Marketplaces, enter the website of the State Marketplace.
	44	Fixed	Marketplace phone number	Numeric	For States with Federally-facilitated Marketplaces, enter "1-800-318-2596 (TTY: 1-855-889-4325)." For States with State-based Marketplaces, enter the phone number of the State Marketplace.
	45	Fixed	Name of Marketplace	Text	For States with Federally-facilitated Marketplaces, enter "the Marketplace." For States with State-based Marketplaces, enter the name of the State Marketplace.

⁸ Fixed denotes that bracketed fields will be the same for all of an issuer's notices in a State. Variable denotes that the bracketed fields will differ depending on each subscriber or according to coverage.

Attachment 9: Instructions for completing Federal standard notices

Section					
	Field Number(s)	Fixed or Variable	Field Name	Valid Values	Special Instructions
Getting help in other languages	46	Fixed	Section	Text	Include the tagline translated in the non-English language(s) spoken by 10% or more of the population in the county. Taglines in additional languages are encouraged. Do not include the italicized instructions. If no language meets this threshold, this section may be omitted.
	47	Fixed	Language	Text	
	48	Fixed	Phone number	Numeric	Insert appropriate phone number for language interpretation services.

Instructions for Attachment 7: Renewal notice to employers for the small group market

- 1- Enter either “Plan Sponsor” or the name of the plan sponsor.
- 2- Enter the date (Month DD, YYYY) on which the next plan year begins.

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

- 3- Enter the month in which the new premium is in effect.
- 4- Enter the estimated dollar amount of the monthly premium for 2015.
- 5- Enter the website of the SHOP Marketplace in the State. For States with State-based SHOPS, enter the website of the State SHOP. For States with Federally-facilitated Marketplaces, enter “HealthCare.gov”.
- 6- If the renewed plan is different from the current plan, briefly describe the significant changes between the current plan and the new plan, including but not limited to as the name and Plan ID of the new plan, changes in covered benefits (including changes in eligibility), and changes in cost sharing, including whether the plan is a different metal level from the current plan.
- 7- If the renewed plan is not being offered through the SHOP, including this text in its entirety and complete items 8-9. If the renewed plan is being offered through the SHOP, omit this text and skip to item 10 below.
- 8-9 Enter the name of the SHOP Marketplace for the State. For States with State-based SHOPS, enter the name of the State SHOP. For States with Federally-facilitated SHOPS, enter “the Small Business Health Options Program (SHOP) Marketplace” or “the SHOP Marketplace” as indicated.

What if I want to change plans?

- 10-13 Enter the name of the SHOP Marketplace for the State. For States with State-based SHOPS, enter the name of the State SHOP. For States with Federally-facilitated SHOPS, enter “the SHOP Marketplace”.
- 14- Enter the day of the month (e.g., 15th) on which a plan selection must be made for coverage effective the 1st of the following month.

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Questions?

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

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

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

Getting Help in Other Languages

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

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

Instructions for Attachment 8: Discontinuation notice to employers for the small group market

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

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

Options from [Issuer Name]

3- Enter the name of the issuer.

4- Include this text in its entirety if the issuer is auto-enrolling the plan enrollees into a plan within another product, consistent with applicable Federal and State law, and complete items 5-10. If not, omit this text and skip to item 11 below.

5- Enter the name of the issuer.

6- Enter the name and plan ID number of the new plan

7- Enter the website of the issuer.

8- Enter the month in which the new premium is in effect.

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

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

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

12- If the issuer is not auto-enrolling the plan enrollee into a plan within another product, include this text in its entirety and complete item 13-15.

13- Enter the name of the issuer.

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14- Enter the phone number of the issuer.

15- Enter the website of this issuer.

What other options do I have?

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

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

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

Questions?

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

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

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

Getting Help in Other Languages

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

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