

Attachment ~~4: Renewal~~5: Discontinuation notice for the individual market ~~where coverage is being renewed~~ outside the Marketplace, ~~and the issuer is not automatically enrolling the enrollee in a different plan~~

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

[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.~~

**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~~Exchange] 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~~Exchange] plan, visit [11 ~~Marketplace~~Exchange 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~~Exchange] 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].

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- **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.

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## 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 MarketplaceExchange].
- Visit [35 MarketplaceExchange website] to see [36 MarketplaceExchange] 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 MarketplaceExchange website], or call [41 MarketplaceExchange phone number] to learn more about [42 the MarketplaceExchange] 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 for~~ a reasonable accommodation to get this information in an accessible format, like large print, Braille, or audio, 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.]

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

[1 Date]

[2 First Name][Last Name]

[Address line 1]

[Address ~~line 2~~

line2]

[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.**

**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~~Exchange].

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,

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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~~ Exchange] 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.

### What you need to do

- Update your [24 ~~Marketplace~~ Exchange] application by [25 Date].

Review your [26 ~~Marketplace~~ Exchange] 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.

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

#### **I want to enroll in this plan.**

Update your Exchange application 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~~ Exchange] 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~~ Exchange website] to see other [35 ~~Marketplace~~ Exchange] plans. Consumers who shop can save hundreds of dollars per year and can find a plan that best meets their needs and budget.

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- 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 MarketplaceExchange].

**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.

### **We're here to help**

- Visit [41 MarketplaceExchange website], or call [42 MarketplaceExchange phone number] to learn more about [43 the MarketplaceExchange] 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 MarketplaceExchange phone number] ~~to request for~~ a reasonable accommodation to get this information in an accessible format, like large print, Braille, or audio, 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.]*

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**Attachment 3: Discontinuation notice for the individual market outside the Exchange 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.~~

**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~~Exchange] 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~~Exchange] plan, visit [14 ~~Marketplace~~Exchange website] by [15 Date]. If you don't enroll in a [16 ~~Marketplace~~Exchange] plan by [17 Date], you may not be able to switch to one for [18 Year], even if your finances change.

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### **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]*
- 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~~Exchange website] to see [34 ~~Marketplace~~Exchange] 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].



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- Visit [38 ~~Marketplace~~Exchange website], or call [39 ~~Marketplace~~Exchange phone number] to learn more about [40 the ~~Marketplace~~Exchange] 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 for~~ a reasonable accommodation to get this information in an accessible format, like large print, Braille, or audio, 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 Exchange and the issuer is automatically enrolling the enrollee in a plan under a different product offered through the Exchange**

[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.

**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?**

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

Your new plan for [13 Year]

We found another [14 MarketplaceExchange] 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 MarketplaceExchange] application. See below for more information.

### Other changes

- *[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 MarketplaceExchange] application by [35 Date].

Review your [36 MarketplaceExchange] 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

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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 Exchange application information ~~in step #4~~, 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 MarketplaceExchange] 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 MarketplaceExchange website] to see other [47 MarketplaceExchange] 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.
- ~~f~~ [49 **Important:** You may be able to keep your current coverage, but in [50 in Year] it won't be offered [51 as a Silver plan] through [52 the MarketplaceExchange.] Remember, you won't get financial help [53 to lower your out-of-pocket costs] unless you qualify and enroll [54 in a Silver plan] through [55 the MarketplaceExchange].

**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 MarketplaceExchange website], or call [60 MarketplaceExchange phone number] to learn more about [61 the MarketplaceExchange] and to see if you qualify for lower costs.
- Call [62 Issuer] at [63 Issuer phone number] or visit [64 Issuer website].

Attachment ~~4: Renewal~~5: Discontinuation notice for the individual market ~~where coverage is being renewed~~ outside the Marketplace, ~~and the issuer is not automatically enrolling the enrollee in a different plan~~

- 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, ~~and~~ [67 like Agent/broker name], [68 Call Agent/broker phone number]].
- Call [69 ~~Marketplace~~Exchange phone number] ~~to request for~~ a reasonable accommodation to get this information in an accessible format, like large print, Braille, or audio, 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 ~~4: Renewal~~5: Discontinuation notice for the individual market ~~where coverage is being renewed~~ outside the Marketplace, ~~and the issuer is not automatically enrolling the enrollee in a different plan~~

**Attachment 5: Discontinuation notice for the individual market outside the Exchange 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.**

**Urgent: Your health coverage is at risk. Take action by [3 Date], or you won't have health coverage in [4 Year].**

Thank you for choosing [65 Issuer] for your health care needs. [76 We're here to help you prepare for Open Enrollment.]

**Why am I getting this letter?**

**Beginning [87 Date], we won't offer your current health coverage [98 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 [11 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.

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

Attachment 4: ~~Renewal~~ 5: Discontinuation notice for the individual market ~~where coverage is being renewed~~ outside the Marketplace, and the issuer is not automatically enrolling the enrollee in a different plan

- Check with [12 Issuer] to see what other plans may be available. You won't get financial help unless you qualify and enroll through [13 the Exchange].
- Visit [14 Exchange website] to see [15 Exchange] plans. Consumers who shop can save hundreds of dollars per year and can find a plan that best meets their needs and budget.

### Exchange

#### We're here to help

- Call [16 Issuer] at [17 Issuer phone number] or visit [18 Issuer website].
- Visit [19 Exchange website], or call [20 Exchange phone number] to learn more about [21 the Exchange] and to see if you qualify for lower costs.
- Find in-person help from an assister, agent, or broker in your community at [22 Website].
- [23 Contact an agent or broker you've worked with before [[24 like Agent/broker name], [25 Call Agent/broker phone number]].
- 26 Call [27 Issuer phone number] for a reasonable accommodation to get this information in an accessible format, like large print, Braille, or audio, at no cost to you.

#### Getting help in other languages

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

~~Attachment 4: Renewal~~Attachment 5: Discontinuation notice for the individual market ~~where coverage is being renewed~~ 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 Exchange 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].

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 Exchange].** The last day of your current [10 Exchange] coverage is [11 Date]. Read this letter carefully and review your options.

You can choose a different plan between [12 Dates]. **To make sure there isn't a gap in your coverage enroll in a different plan by [13 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].~~

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- ~~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.~~

### ~~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.]~~



[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.~~

#### **39.1. Update your [16 Marketplace 14 Exchange] application by [17 15 Date].**

Review your [18 Marketplace 16 Exchange] 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 17 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.

#### **40.2. Choose a different plan.**

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

- After you've updated your [20 Marketplace 18 Exchange] application, you'll be able to compare [21 Marketplace 19 Exchange] plans in your area. You may even see that [22 20]

[the Marketplace Exchange] 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

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may be automatically enrolled in the plan [~~2321~~ the ~~MarketplaceExchange~~] picked for you.

•—Check with [~~2422~~ Issuer] to see what other plans may be available.

- [~~2523~~ **Important:** You may be able to keep your current coverage, but [~~2624~~ in Year] it won't be offered [~~2725~~ as a Silver plan][~~2826~~ through the ~~MarketplaceExchange~~]]. Remember, you won't get financial help [~~2927~~ to lower your out-of-pockets costs] unless you qualify and enroll [~~3028~~ in a Silver plan] through [~~3129~~ the ~~MarketplaceExchange~~]].

**Note:** If you received financial help in [~~3230~~ 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 [~~3331~~ Year] with the amount you actually qualify for based on your final [~~3432~~ 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 Marketplace33 Exchange~~ website], or call [~~36 Marketplace34 Exchange~~ phone number] to learn more about [~~3735~~ the ~~MarketplaceExchange~~] and to see if you qualify for lower costs.
- Call [~~3836~~ Issuer] at [~~3937~~ Issuer phone number] or visit [~~4038~~ Issuer website].
- Find in-person help from an assister, agent, or broker in your community at [~~4139~~ Website].
- [~~4240~~ Contact an agent or broker you've worked with before, [~~43~~ [~~41~~ like Agent/broker name], [~~44~~], [~~42~~ Call [Agent/broker phone number]].
- Call [~~45 Marketplace43 Exchange~~ phone number] ~~to request for~~ a reasonable accommodation to get this information in an accessible format, like large print, Braille, or audio, at no cost to you ~~if you have a disability~~.

### **Getting help in other language**

~~[4644~~ *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~~

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

**General instructions:**

This notice must be used when coverage was purchased outside the ~~Marketplace~~Exchange and will be renewed outside the ~~Marketplace.~~Exchange. This notice also must be used when coverage was purchased through the ~~Marketplace~~Exchange and will be automatically renewed outside the ~~Marketplace~~Exchange -- where permitted -- because the enrollee will not be automatically enrolled in another product offered through the ~~Marketplace~~Exchange, 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 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~~Exchange name. For a Federally-facilitated ~~Marketplace~~Exchange, enter “~~Marketplace.~~Exchange.”

**Item 10.** Enter the ~~Marketplace~~Exchange name. For a Federally-facilitated ~~Marketplace~~Exchange, enter “~~Marketplace.~~Exchange.”

**Item 11.** Enter the ~~Marketplace~~Exchange website. For a Federally-facilitated ~~Marketplace~~Exchange, enter “HealthCare.gov.”

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

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

**Item 13.** Include this sentence only if the enrollee (i) is currently enrolled in a QHP through the ~~Marketplace~~Exchange; (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~~Exchange, where permitted. Otherwise, omit and skip to item 15.

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

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

**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.

**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.

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

**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~~Exchange name. For a Federally-facilitated ~~Marketplace~~Exchange, enter “the ~~Marketplace.~~Exchange.”

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

**Item 36.** Enter the ~~Marketplace~~Exchange name. For a Federally-facilitated ~~Marketplace~~Exchange, enter “~~Marketplace.~~Exchange.”

**Item 37.** Enter the issuer name.

**Item 38.** Enter issuer phone number.

**Item 39.** Enter the issuer website.

**Item 40.** Enter the ~~Marketplace~~Exchange website. For a Federally-facilitated ~~Marketplace~~Exchange, enter “HealthCare.gov.”

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

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

**Item 43.** Enter LocalHelp.HealthCare.gov in a State with a Federally-facilitated ~~Marketplace~~Exchange. 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.

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

If you are covered by Section 1557,<sup>1</sup> ~~then by October 17, 2016~~, provide the nondiscrimination notice<sup>2</sup> in English and taglines in at least the top 15 languages spoken by individuals with limited English proficiency of the relevant state or states,<sup>3</sup> in significant publications and significant communications, among other locations.<sup>4</sup> Taglines are optional but encouraged for issuers outside the ~~Marketplace Exchange~~ if they are not covered by Section 1557<sup>5</sup> 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 whether~~ 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.<sup>6</sup>

A non-QHP issuer offering coverage outside the Exchanges 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 Exchange may still have to comply with Section 1557 for its plans offered outside the Exchange 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 Exchanges.

*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](http://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.

~~<sup>1</sup>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.~~

<sup>2</sup> 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).

<sup>3</sup> 45 CFR 92.8(d)(1).

<sup>4</sup> 45 CFR 92.8(f)(1).

~~<sup>5</sup>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~~

<sup>6</sup> 45 CFR 92.201.

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

**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].

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

**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 Exchange.**

**General instructions:**

This notice must be used when coverage was purchased through the ~~Marketplace~~Exchange and will be renewed under the same product through the ~~Marketplace~~Exchange, 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~~Exchange name. For a Federally-facilitated ~~Marketplace~~Exchange, enter “the ~~Marketplace~~Exchange.”

**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.

**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~~Exchange 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.



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

**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 MarketplaceExchange name. For a Federally-facilitated MarketplaceExchange, enter “Marketplace.”Exchange.”

**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 MarketplaceExchange name. For a Federally-facilitated MarketplaceExchange, enter “Marketplace.”Exchange.”

Item 25. Enter the date by which a plan selection must be made to avoid automatic re-enrollment, in format Month DD.

~~Item 25. Enter the date by which a plan selection must be made to avoid automatic re-enrollment, in format Month DD.~~

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

**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 MarketplaceExchange name. For a Federally-facilitated MarketplaceExchange, enter “the Marketplace.”Exchange.”

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

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

**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 ~~MarketplaceExchange~~ website. For a Federally-facilitated ~~MarketplaceExchange~~, enter “HealthCare.gov.”

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

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

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

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

**Item 41.** Enter the ~~MarketplaceExchange~~ website. For a Federally-facilitated ~~MarketplaceExchange~~, enter “HealthCare.gov.”

**Item 42.** Enter the ~~MarketplaceExchange~~ phone number. For a Federally-facilitated ~~MarketplaceExchange~~, enter “1-800-318-2596 (TTY: 1-855-889-4325).”

**Item 43.** Enter the ~~MarketplaceExchange~~ name. For a Federally-facilitated ~~MarketplaceExchange~~, enter “the ~~Marketplace.”Exchange.~~”

**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 ~~MarketplaceExchange~~. 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 ~~MarketplaceExchange~~ phone number and ~~MarketplaceExchange~~ TTY number. For a Federally-facilitated ~~MarketplaceExchange~~, 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.

~~**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~~

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

~~CFR 155.205(c) and 156.250) and guidance.~~ If you are covered by Section 1557;<sup>7</sup> ~~then by October 17, 2016,~~ provide the nondiscrimination notice<sup>8</sup> in English and taglines in at least the top 15 languages spoken by individuals with limited English proficiency of the relevant state or states,<sup>9</sup> in significant publications and significant communications, among other locations.<sup>10</sup> Taglines are optional but encouraged for issuers outside the ~~Marketplace~~Exchange if they are not covered by Section 1557<sup>11</sup> 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 whether~~ 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.<sup>12</sup>

*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](http://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].

~~<sup>7</sup> 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.~~

<sup>8</sup> 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).

<sup>9</sup> 45 CFR 92.8(d)(1).

<sup>10</sup> 45 CFR 92.8(f)(1).

~~<sup>11</sup> 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~~

<sup>12</sup> 45 CFR 92.201.

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

~~**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].~~

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

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

**General instructions:**

This notice must be used when the issuer is non-renewing coverage purchased outside the ~~Marketplace~~Exchange as the result of a product discontinuance, and consistent with applicable State law, automatically enrolling the enrollee in different coverage outside the ~~Marketplace~~Exchange. 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.

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

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

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

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

**Item 14.** Enter the MarketplaceExchange website. For a Federally-facilitated MarketplaceExchange, enter “HealthCare.gov.”

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

**Item 16.** Enter the MarketplaceExchange name. For a Federally-facilitated MarketplaceExchange, enter “the Marketplace.”Exchange.”

**Item 17.** 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<sup>2</sup>.”

**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.

**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<sup>2</sup>.”

**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.

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

**Item 32.** Enter the issuer name.

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

**Item 34.** Enter the ~~MarketplaceExchange~~ name. For a Federally-facilitated ~~MarketplaceExchange~~, enter “~~Marketplace.”Exchange.~~”

**Item 35.** Enter the issuer name.

**Item 36.** Enter issuer phone number.

**Item 37.** Enter the issuer website.

**Item 38.** Enter the ~~MarketplaceExchange~~ website. For a Federally-facilitated ~~MarketplaceExchange~~, enter “HealthCare.gov.”

**Item 39.** Enter the ~~MarketplaceExchange~~ phone number. For a Federally-facilitated ~~MarketplaceExchange~~, enter “1-800-318-2596 (TTY: 1-855-889-4325).”

**Item 40.** Enter the ~~MarketplaceExchange~~ name. For a Federally-facilitated ~~MarketplaceExchange~~, enter “the ~~Marketplace.”Exchange.~~”

**Item 41.** Enter LocalHelp.HealthCare.gov in a State with a Federally-facilitated ~~MarketplaceExchange~~. 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.~~

**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.

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

If you are covered by Section 1557,<sup>13</sup> ~~then by October 17, 2016~~, provide the nondiscrimination notice<sup>14</sup> in English and taglines in at least the top 15 languages spoken by individuals with limited English proficiency of the relevant state or states,<sup>15</sup> in significant publications and significant communications, among other locations.<sup>16</sup> Taglines are optional but encouraged for issuers outside the ~~MarketplaceExchange~~ if they are not covered by Section 1557<sup>17</sup> 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 whether~~ 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.<sup>18</sup>

*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](http://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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~~<sup>13</sup> 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.~~

<sup>14</sup> 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).

<sup>15</sup> 45 CFR 92.8(d)(1).

<sup>16</sup> 45 CFR 92.8(f)(1).

~~<sup>17</sup> 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~~

<sup>18</sup> 45 CFR 92.201.



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

**Instructions for Attachment 4 – Notice for the individual market where coverage was in a QHP offered through the Exchange 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~~Exchange (even if it remains available outside the ~~Marketplace~~Exchange) 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~~Exchange. 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~~Exchange, 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~~Exchange.

**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~~Exchange name. For a Federally-facilitated ~~Marketplace~~Exchange, enter “~~Marketplace~~Exchange.”

**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~~Exchange for the following benefit year, or will offer the current product through the ~~Marketplace~~Exchange 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~~Exchange in accordance with 45 CFR 155.335(j), include the phrase “in [the ~~Marketplace~~Exchange]” and enter the ~~Marketplace~~Exchange name. For a Federally-facilitated ~~Marketplace~~Exchange, enter “the ~~Marketplace~~Exchange.” Otherwise omit and skip to item 11.

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

**Item 10.** Enter the MarketplaceExchange name. For a Federally-facilitated MarketplaceExchange, enter “Marketplace.”Exchange.”

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

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

**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 MarketplaceExchange name. For a Federally-facilitated MarketplaceExchange, enter “Marketplace.”Exchange.”

**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.

**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 MarketplaceExchange has not completed the annual eligibility redetermination by the time of providing the notice.

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

**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~~Exchange name. For a Federally-facilitated ~~Marketplace~~Exchange, enter “~~Marketplace.~~Exchange.”

**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.

**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~~Exchange name. For a Federally-facilitated ~~Marketplace~~Exchange, enter “~~Marketplace.~~Exchange.”

**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~~Exchange name. For a Federally-facilitated ~~Marketplace~~Exchange, enter “~~Marketplace.~~Exchange.”

**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.

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

**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~~Exchange name. For a Federally-facilitated ~~Marketplace~~Exchange, enter “the ~~Marketplace.~~Exchange.”

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

**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~~Exchange website. For a Federally-facilitated ~~Marketplace~~Exchange, enter “HealthCare.gov.”

**Item 47.** Enter the ~~Marketplace~~Exchange name. For a Federally-facilitated ~~Marketplace~~Exchange, enter “~~Marketplace.~~Exchange.”

**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~~Exchange. 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~~Exchange in the applicable benefit year.

**Item 52.** Enter the ~~Marketplace~~Exchange name. For a Federally-facilitated ~~Marketplace~~Exchange, enter “the ~~Marketplace.~~Exchange.”

**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~~Exchange name. For a Federally-facilitated ~~Marketplace~~Exchange, enter “the ~~Marketplace~~Exchange.”

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

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

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

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

**Item 59.** Enter the ~~MarketplaceExchange~~ website. For a Federally-facilitated ~~MarketplaceExchange~~, enter “HealthCare.gov.”

**Item 60.** Enter the ~~MarketplaceExchange~~ phone number. For a Federally-facilitated ~~MarketplaceExchange~~, enter “1-800-318-2596 (TTY: 1-855-889-4325).”

**Item 61.** Enter the ~~MarketplaceExchange~~ name. For a Federally-facilitated ~~MarketplaceExchange~~, enter “the ~~Marketplace.~~”~~Exchange.~~”

**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 ~~MarketplaceExchange~~. 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 ~~MarketplaceExchange~~ phone number and the ~~MarketplaceExchange~~ TTY number. For a Federally-facilitated ~~MarketplaceExchange~~, 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.~~

~~**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.~~

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

If you are covered by Section 1557,<sup>19</sup> ~~then by October 17, 2016~~, provide the nondiscrimination notice<sup>20</sup> in English and taglines in at least the top 15 languages spoken by individuals with limited English proficiency of the relevant state or states,<sup>21</sup> in significant publications and significant communications, among other locations.<sup>22</sup> Taglines are optional but encouraged for issuers outside the ~~MarketplaceExchange~~ if they are not covered by Section 1557<sup>23</sup> 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 whether~~ 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.<sup>24</sup>

~~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 Exchanges. A non-QHP issuer offering coverage outside the Exchanges might also be subject to Section 1557 if any health program or activity of the issuer receives Federal financial assistance.~~

*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](http://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.

~~<sup>19</sup> 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.~~

<sup>20</sup> 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).

<sup>21</sup> 45 CFR 92.8(d)(1).

<sup>22</sup> 45 CFR 92.8(f)(1).

~~<sup>23</sup> 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~~

<sup>24</sup> 45 CFR 92.201.

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

**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].

~~**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].~~

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

**Instructions for Attachment 5 – Discontinuation notice for the individual market outside the Exchange 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~~Exchange 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 issuer name.

~~**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 ~~8.7~~.

**Item ~~8.7~~.** For discontinuances, non-renewals, or terminations effective at the end of a calendar year, enter the following year, in format YYYY. For discontinuances, non-renewals, or terminations effective at any time other than the end of a calendar year, enter the month and year, in format Month YYYY.

**Item ~~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 ~~10.9~~.

**Item ~~10.9~~.** Enter the last day on which the enrollee's current coverage will remain in force, in format Month DD, YYYY.



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

~~Item 11-10.~~ Enter the beginning and end dates of the special enrollment period for the loss of minimum essential coverage or, if such date falls within an annual open enrollment period, enter the end date of the open enrollment period, in format Month DD, YYYY.

~~Item 1211.~~ 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 12. 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 13. Item 15.~~ Enter the ~~Marketplace~~Exchange name. For a Federally-facilitated ~~Marketplace~~Exchange, enter “the ~~Marketplace.~~Exchange.”

~~Item 14. Item 16.~~ Enter the ~~Marketplace~~Exchange website. For a Federally-facilitated ~~Marketplace~~Exchange, enter “HealthCare.gov.”

~~Item 15. Item 17.~~ Enter the ~~Marketplace~~Exchange name. For a Federally-facilitated ~~Marketplace~~Exchange, enter “~~Marketplace.~~Exchange.”

~~Item 16. Item 18.~~ Enter the issuer name.

~~Item 17. Item 19.~~ Enter issuer phone number.

~~Item 18. Item 20.~~ Enter issuer website.

~~Item 19. Item 21.~~ Enter the ~~Marketplace~~Exchange website. For a Federally-facilitated ~~Marketplace~~Exchange, enter “HealthCare.gov.”

~~Item 20. Item 22.~~ Enter the ~~Marketplace~~Exchange phone number. For a Federally-facilitated ~~Marketplace~~Exchange, enter “1-800-318-2596 (TTY: 1-855-889-4325).”

~~Item 21. Item 23.~~ Enter the ~~Marketplace~~Exchange name. For a Federally-facilitated ~~Marketplace~~Exchange, enter “the ~~Marketplace.~~Exchange.”

~~Item 24. Item 22.~~ Enter LocalHelp.HealthCare.gov in a State with a Federally-facilitated ~~Marketplace~~Exchange. In other States, enter the appropriate website.

~~Item 23. Item 25.~~ Include this phrase if the enrollee has previously used an agent or broker to enroll. Otherwise, omit and skip to item ~~28-26~~.

~~Item 2624.~~ Enter “like” followed by the name of the agent or broker the enrollee has previously used, if known. Otherwise, omit and skip to item ~~2826~~.

~~Item 27. Item 25.~~ Enter “call” followed by the phone number of agent or broker the enrollee has previously used, if known. Otherwise, omit skip to item ~~2826~~.

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

~~Item 28-26.~~ 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 ~~30-28~~.

~~Item 29-27.~~ 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.~~

Item 28. 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,<sup>25</sup> ~~then by October 17, 2016,~~ provide the nondiscrimination notice<sup>26</sup> in English and taglines in at least the top 15 languages spoken by individuals with limited English proficiency of the relevant state or states,<sup>27</sup> in significant publications and significant communications, among other locations.<sup>28</sup> Taglines are optional but encouraged for issuers outside the ~~Marketplace~~Exchange if they are not covered by Section 1557<sup>29</sup> 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 whether~~ 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.<sup>30</sup>

*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

~~<sup>25</sup> 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.~~

<sup>26</sup> 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).

<sup>27</sup> 45 CFR 92.8(d)(1).

<sup>28</sup> 45 CFR 92.8(f)(1).

~~<sup>29</sup> 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~~

<sup>30</sup> 45 CFR 92.201.

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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](https://www.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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**Instructions for Attachment 6 – Discontinuation notice for the individual market where coverage being discontinued was in a QHP offered through the Exchange and the issuer is not automatically enrolling the enrollee in a different plan**

~~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].~~ **General instructions:**

This notice must be used when the QHP enrollee's product is not available for renewal through or outside the ~~Marketplace~~Exchange and the issuer is not automatically enrolling the enrollee in a different plan through the ~~Marketplace~~Exchange. 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~~Exchange but remains available for renewal outside the ~~Marketplace~~Exchange, the issuer no longer has plans available for re-enrollment through the ~~Marketplace~~Exchange, 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~~Exchange.

**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 5.** Enter the issuer name.

~~**Item 6.** Enter the issuer name.~~

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~~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 ~~8.7.~~

~~Item 8.7.~~ For discontinuances, non-renewals, or terminations effective at the end of a calendar year, enter the following year, in format YYYY. For discontinuances, non-renewals, or terminations effective at any time other than the end of a calendar year, enter the month and year, in format Month YYYY.

~~Item 9.~~ ~~Item 8.~~ 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 10.9.~~ Include this phrase if issuer will not offer the enrollee’s current product through the ~~MarketplaceExchange~~ for the following benefit year (even if the product remains available for renewal outside the ~~Marketplace~~). ~~Exchange~~. In such cases, for a Federally-facilitated ~~MarketplaceExchange~~, enter “the ~~MarketplaceExchange~~.” Otherwise omit and skip to item ~~11.10.~~

~~Item 11.10.~~ Enter the ~~MarketplaceExchange~~ name. For a Federally-facilitated ~~MarketplaceExchange~~, enter “the ~~Marketplace~~.” ~~Exchange~~.”

~~Item 12.~~ ~~Item 11.~~ Enter the last day on which the enrollee’s current coverage will remain in force through the ~~MarketplaceExchange~~, in format Month DD, YYYY.

~~Item 13.12.~~ 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 14.13.~~ 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.~~ ~~Item 14.~~ Enter the Exchange name. For a Federally-facilitated Exchange, enter “Exchange.”

~~Item 15.~~ Enter the date by which a plan selection must be made to avoid automatic re-enrollment, in format Month DD.

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~~Item 18-16.~~ Enter the ~~MarketplaceExchange~~ name. For a Federally-facilitated ~~MarketplaceExchange~~, enter “~~MarketplaceExchange~~.”

~~Item 19-17.~~ 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 18 - 20 – 22-.~~ Enter the ~~MarketplaceExchange~~ name. For a Federally-facilitated ~~MarketplaceExchange~~, enter “~~Marketplace-Exchange~~.”

~~Item 21.~~~~Item 23.~~ Enter the ~~MarketplaceExchange~~ name. For a Federally-facilitated ~~MarketplaceExchange~~, enter “the ~~Marketplace-Exchange~~.”

~~Item 24-22.~~ Enter the issuer name.

~~Item 25.~~ ~~Item 23.~~ 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-Exchange~~. Otherwise, omit and skip to item ~~29-27~~.

~~Item 26-24.~~ 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 27-25.~~ Include the words “as a Silver plan” if the enrollee’s current product will no longer include a Silver plan offered through the ~~MarketplaceExchange~~ in the applicable benefit year.

~~Item 26.~~~~Item 28.~~ Enter the word “through” followed by the ~~MarketplaceExchange~~ name if either the words “as a Silver” plan were entered in item ~~2725~~ or the enrollee’s current product remains available outside the ~~MarketplaceExchange~~, but no longer remains available for renewal through the ~~MarketplaceExchange~~. In this case, enter the ~~MarketplaceExchange~~ name. For a Federally-facilitated ~~MarketplaceExchange~~, enter “the ~~Marketplace-Exchange~~.”

~~Item 29-27.~~ Enter the phrase “to lower your out-of-pocket costs” if the words “as a Silver plan” were entered in item ~~2725~~. Otherwise, omit and skip to item ~~31-29~~.

~~Item 28.~~ ~~Item 30.~~ Enter the phrase “in a Silver plan” if you entered “as a Silver plan” in item ~~27-25~~. Otherwise, omit and skip to item ~~31-29~~.

~~Item 31-29.~~ Enter the ~~MarketplaceExchange~~ name. For a Federally-facilitated ~~MarketplaceExchange~~, enter “the ~~MarketplaceExchange~~.”

~~Item 30.~~ ~~Item 32.~~ Enter the current benefit year, in format YYYY.

~~Item 31.~~~~Item 33.~~ Enter the current benefit year, in format YYYY.

~~Item 34.~~ ~~Item 32.~~ Enter the current calendar year, in format YYYY.

~~Item 33.~~ ~~Item 35.~~ Enter the ~~MarketplaceExchange~~ website. For a Federally-facilitated ~~MarketplaceExchange~~, enter “HealthCare.gov.”

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~~Item 35. Item 36.~~ Enter the ~~MarketplaceExchange~~ phone number. For a Federally-facilitated ~~MarketplaceExchange~~, enter “1-800-318-2596 (TTY: 1-855-889-4325).”

~~Item 35. Item 37.~~ Enter the ~~MarketplaceExchange~~ name. For a Federally-facilitated ~~MarketplaceExchange~~, enter “the ~~Marketplace.~~Exchange.”

~~Item 36. Item 38.~~ Enter issuer name.

~~Item 37. Item 39.~~ Enter issuer phone number.

~~Item 38. Item 40.~~ Enter issuer website.

~~Item 39. Item 41.~~ Enter LocalHelp.HealthCare.gov in a State with a Federally-facilitated ~~MarketplaceExchange~~. In other States, enter the appropriate website.

~~Item 40. 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 41.~~ Enter “like” followed by the name of the agent or broker the enrollee has previously used, if known. Otherwise, omit and skip to item ~~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~~.

~~43.~~

~~Item 42.~~ Enter “Call” followed by the phone number of agent or broker the enrollee has previously used, if known. Otherwise, omit and skip to item ~~43~~.

~~Item 45-43.~~ Enter the ~~MarketplaceExchange~~ phone number and ~~MarketplaceExchange~~ TTY number. For a Federally-facilitated ~~MarketplaceExchange~~, 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.

~~Item 44.~~ 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.

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If you are covered by Section 1557,<sup>31</sup> ~~then by October 17, 2016~~, provide the nondiscrimination notice<sup>32</sup> in English and taglines in at least the top 15 languages spoken by individuals with limited English proficiency of the relevant state or states,<sup>33</sup> in significant publications and significant communications, among other locations.<sup>34</sup> Taglines are optional but encouraged for issuers outside the ~~MarketplaceExchange~~ if they are not covered by Section 1557<sup>35</sup> 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 whether~~ 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.<sup>36</sup>

*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](http://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].~~

**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

~~<sup>31</sup> 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.~~

<sup>32</sup> 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).

<sup>33</sup> 45 CFR 92.8(d)(1).

<sup>34</sup> 45 CFR 92.8(f)(1).

~~<sup>35</sup> 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~~

<sup>36</sup> 45 CFR 92.201.



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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].