**Attachment: Crosswalk of Changes**

**Annual Eligibility Redetermination, Product Discontinuation and Renewal Notices**

**(CMS-10527/0938-1254)**

HHS is proposing to make the following changes to the notice templates:

|  |  |
| --- | --- |
| **Section Edited** | **Revision (changes shown in red)** |
| Attachment 2: Renewal notice for the individual market where coverage is being renewed in a QHP offered under the same product through the Exchange – 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.   * **Your new monthly payment (s~~S~~tarting in [12 Month]) is [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. **However, your financial help may be different next year**. You’ll see your new monthly payment when you receive your [17 Month] bill.  **Important**: This estimated monthly payment is ~~only an estimate~~ based on current information we have~~, including the amount of financial help you got in~~ for [18 Year]. It ~~also~~ doesn’t ~~reflect~~ account for changes that could impact your amount of financial help, like cost changes in your area for next year, or changes to your household income or family size ~~any changes to your enrollment, such as adding additional members to your coverage~~. To find out the actual amount of ~~how much~~ financial help you qualify for in [19 Year] and your new premium amount, update your [20 Exchange] application. See below for more information. |
| 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 – 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.   * **Your new monthly payment (s~~S~~tarting in [21 Month]) is [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. **However, your financial help may be different next year**. You’ll see your new monthly payment when you receive your [26 Month] bill.  **Important:** This estimated monthly payment ~~only an estimate~~ is based on current information we have~~, including the amount of financial help you got in~~ for [27 Year]. It doesn’t account for changes that could impact your amount of financial help, like cost changes in your area for next year, or changes to your household income or family size ~~reflect any changes to your enrollment, such as adding additional members to your coverage~~. To find out the actual amount of ~~how much~~ financial help you qualify for in [28 Year] and your new premium amount, update your [29 Exchange] application. See below for more information. |