

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)
<p>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</p>	<ul style="list-style-type: none"> • Your [8 Current year] monthly payment is \$[9 Dollar amount]. <p>This reflects a monthly premium of \$[10 Dollar amount] minus \$[11 Dollar amount] of financial help per month.</p> <ul style="list-style-type: none"> • Your new monthly payment (sStarting in [12 Month]) is [13 estimated]: monthly payment will be \$[14 Dollar amount]. <p>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.</p> <p>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.</p>
<p>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</p>	<ul style="list-style-type: none"> • Your [17 Current Year] monthly payment is \$[18 Dollar amount]. <p>This reflects a monthly premium of \$[19 Dollar amount] minus \$[20 Dollar amount] of financial help per month.</p> <ul style="list-style-type: none"> • Your new monthly payment (sStarting in [21 Month]) is [22 estimated]: monthly payment will be \$[23 Dollar amount]. <p>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.</p> <p>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</p>

	<p>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.</p> <p>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.</p>
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