

Attachment: Renewal notice to employers for the small group market

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

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

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

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

Dear [Plan Sponsor or Name¹],

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

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

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

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

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What if I want to change plans?

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

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

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

Questions?

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

Getting Help in Other Languages

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

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

PRA Disclosure Statement

According to the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it displays a valid OMB control number. The valid OMB control number for this information collection is 0938-1254. The time required to complete this information collection is estimated to average 20 hours per response, including the time to review instructions, search existing data resources, gather the data needed, and complete and review the information collection. If you have comments concerning the accuracy of the time estimate(s) or suggestions for improving this form, please write to: CMS, 7500 Security Boulevard, Attn: PRA Reports Clearance Officer, Mail Stop C4-26-05, Baltimore, Maryland 21244-1850.

Attachment: Discontinuation notice to employers for the small group market

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

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

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

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

Dear [Plan Sponsor or Name¹],

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

Options from [Issuer Name³]

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

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

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

[You can choose any other small group coverage offered by [Issuer name¹³]. Call [Issuer phone number¹⁴] or visit [Issuer website¹⁵] to learn about plans available to you.¹²]

What other options do I have?

- You may be able to choose a new health plan, or offer your employees a choice of plans, through different insurance companies, through [State SHOP Marketplace Name/the SHOP Marketplace¹⁶]. If you have fewer than 25 full-time-equivalent employees, you might qualify for a small business health care tax credit if you buy insurance through [State SHOP Marketplace Name/the SHOP Marketplace¹⁷].
- You can choose to buy a new health plan outside [State SHOP Marketplace Name/the SHOP Marketplace¹⁸]—directly from an insurance company or with the help of an agent or broker. But remember: If you're eligible for a small business health care tax credit, you usually can get that credit **only** if you buy a plan through [State SHOP Marketplace Name/the SHOP Marketplace¹⁹].

What else should I look at before deciding?

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

When do I need to make a decision?

You generally can buy coverage any time. If group members enroll by the [Day²⁰] of the month, coverage can begin on the 1st of the following month.

We are notifying your employees

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

Questions?

- Call [Issuer Name and Contact Information and Hours of Operation²¹].
- Visit [State SHOP Marketplace website and Consumer Assistance Information/HealthCare.gov or call 1-800-706-7893 (TTY: 1-800-706-7915)²²] to learn more about [State SHOP Marketplace Name/the Health Insurance Marketplace²³].

Getting Help in Other Languages

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

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state.

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

PRA Disclosure Statement

According to the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it displays a valid OMB control number. The valid OMB control number for this information collection is 0938-1254. The time required to complete this information collection is estimated to average 12 hours per response, including the time to review instructions, search existing data resources, gather the data needed, and complete and review the information collection. If you have comments concerning the accuracy of the time estimate(s) or suggestions for improving this form, please write to: CMS, 7500 Security Boulevard, Attn: PRA Reports Clearance Officer, Mail Stop C4-26-05, Baltimore, Maryland 21244-1850.

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

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

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

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

What if I want to change plans?

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

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Questions?

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

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

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

Getting Help in Other Languages

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

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

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

- 1- Enter either “Plan Sponsor” or the name of the plan sponsor.
- 2- Enter the date (Month DD, YYYY) on which coverage under the current product will end.

Options from [Issuer Name]

- 3- Enter the name of the issuer.
- 4- Include this text in its entirety if the issuer is auto-enrolling the plan enrollees into a plan within another product, consistent with applicable Federal and State law, and complete items 5-10. If not, omit this text and skip to item 11 below.
- 5- Enter the name of the issuer.
- 6- Enter the name and plan ID number of the new plan
- 7- Enter the website of the issuer.
- 8- Enter the month in which the new premium is in effect.
- 9- Enter the estimated dollar amount of the monthly premium for 2015.
- 10- Enter the website of the SHOP Marketplace in the State. For States with State-based SHOPS, enter the website of the State SHOP. For States with Federally-facilitated Marketplaces, enter “HealthCare.gov”.
- 11- Briefly describe the significant changes between the current plan and the new plan, including but not limited to changes in covered benefits (including changes in eligibility) and cost sharing (including whether the new plan is a different metal level from the current plan).
- 12- If the issuer is not auto-enrolling the plan enrollee into a plan within another product, include this text in its entirety and complete item 13-15.
- 13- Enter the name of the issuer.

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14- Enter the phone number of the issuer.

15- Enter the website of this issuer.

What other options do I have?

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

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

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

Questions?

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

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

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

Getting Help in Other Languages

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

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