

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]
[City][State][Zip]

Important: It's time to review your health coverage. **Take action by [3 Date]**, or we'll automatically re-enroll you in the same or similar coverage for [4 Year]. 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. 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. Also make sure to update your information with [7 Exchange].

What's changing in [8 Year]

Your new premium

- **Starting in [9 Month], your new monthly payment is estimated to be \$[10 Dollar amount].**
Here's the math: Monthly premium of \$[11 Dollar amount] minus [12 Phrase or dollar amount] of possible help. Your actual monthly payment may be different because your financial help may change in [13 Year]. You'll find out your new monthly payment when you get your [14 Month] bill.

Important: This estimated monthly payment is based on current information we have for [15 Year]. It might not account for some or all changes that could impact your monthly payment, like cost changes in your area for next year, or changes to your household income or family size. To find out the actual amount of your monthly payment, update your [16 Exchange] application. Get details in "What you need to do" below.

- Your [17 Current year] monthly payment is \$[18 Dollar amount].
Here's the math: Monthly premium of \$[19 Dollar amount] minus \$[20 Dollar amount] of financial help you get each month.

- [21 For enrollees currently enrolled in a bronze level QHP and the new plan to which the premium information above applies, is a bronze level QHP, insert]: **Important:** If you currently have a Bronze category plan and qualify for extra savings, [22 Exchange] may enroll you in a Silver plan from [23 issuer] so you'll get the most help to lower your costs in [24 Year]. The Silver plan has the same network and an equal or lower monthly payment as the new plan to which the premium information above applies, but covers more of your out-of-pocket costs, like copayments, coinsurance and deductibles. Enrolling in this (or another) Silver plan may save you thousands of dollars each year.
- [25 Exchange] may contact you about [26 this and] other reenrollment options if you don't choose a different plan on your own during open enrollment.
- [27 For enrollees currently enrolled in a bronze level QHP and who are being re-enrolled in a silver level QHP by the Exchange per 45 CFR 155.335(j)(4), insert]: **Important:** Since you qualify for extra savings, [28 Exchange] is enrolling you in a Silver plan from [29 issuer] so you'll get the most help to lower your costs in [30 Year]. The Silver plan will cover more of your out-of-pocket costs, like copayments, coinsurance and deductibles. Enrolling in this (or another) Silver plan may save you thousands of dollars each year.

Other changes

- [31 Briefly describe plan changes and/or refer to enclosed materials]
- You can review more details about your plan at [32 Issuer website] and in your [33 Year] Summary of Benefits and Coverage at [34 SBC web page].

What you need to do

1. Update your [35 Exchange] application by [36 Date].

Review and if necessary, update your [37 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 [38 Year]. This may result in a lower monthly 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.

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

I want to enroll in this plan.

Select [39 Plan name and ID] to enroll.

[40 For re-enrollment from a silver level QHP into a non-silver level QHP (except for Indian enrollees), insert: **Important:** This isn't a Silver plan in [41 Year]. You can't get financial help to lower your out-of-pocket costs if you stay in this plan. To get these savings if you qualify, you must go back to [42 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 [43 Dates]. Enroll by [44 Date] for coverage to start January 1. [45 *Issuers on the Federally-facilitated Exchange or on a State-based Exchange on the Federal platform, insert:* If you choose a plan between December 16 and January 15, the new plan will start February 1.]

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

- Visit [46 Exchange website] to find other [47 Exchange] plans. Compare plans to save money and find a plan that best meets your needs and budget. Select the Plan name and ID of the plan you want to enroll in. Check with [48 Issuer] to see what other plans may be available. Remember, you won't get financial help unless you qualify and enroll through [49 Exchange].

Note: If you got financial help in [50 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 got in advance during [51 Year] with the amount you actually qualify for based on your final [52 Year] household income and eligibility information. If the amounts are different, it may change the amount you owe or get back when you file your taxes. For more information about the premium tax credit, visit: <https://www.irs.gov/affordable-care-act/individuals-and-families/the-premium-tax-credit-the-basics>.

We're here to help

- Visit [53 Exchange website], or call [54 Exchange phone number] to learn more about [55 Exchange] and to see if you qualify for lower costs.
- Call [56 Issuer] at [57 Issuer phone number] or visit [58 Issuer website].
- Find in-person help from an assister, agent, or broker in your community at [59 Website].
- [60 Contact an agent or broker you've worked with before [61 like Agent/broker name]. [62 Call Agent/broker phone number.]]
- Call [63 Exchange phone number] to get this information in an accessible format, like large print, Braille, or audio, at no cost to you.

[64 Getting help in other languages]

[65 insert non-discrimination notice and taglines consistent with any applicable state or federal requirements. If there are no such requirements, see required non-discrimination notice and optional taglines]

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 Exchange and will be renewed under the same product through the Exchange, in accordance with 45 CFR 155.335(j). It doesn't need to display the OMB control number.

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 following year, in format YYYY.

Item 5. Enter the issuer name.

Item 6. Enter the following year, in format YYYY.

Item 7. Enter the Exchange name. For a Federally-facilitated Exchange, enter “the Health Insurance Marketplace®.”

Item 8. Enter the following year, in format YYYY.

Item 9. Enter the beginning month of the following benefit year.

Item 10. 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 11. Enter the actual or estimated amount of monthly premium for the enrollment group for which data are available for the following benefit year.

Item 12. Enter the phrase “the same amount of financial help you’re getting now” if the Exchange has not completed the annual eligibility redetermination by the time of providing the notice. If the Exchange has completed this redetermination by the time of providing the notice, enter the amount of advanced payments of the premium tax credit calculated from that redetermination.

Item 13. Enter the following year, in format YYYY.

Item 14. Enter the month in which the enrollee will receive a bill for the actual monthly payment for the following benefit year.

Item 15. Enter the current year, in format YYYY.

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

Item 17. Enter the current year, in format YYYY.

Item 18. 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 19. Enter the most recent monthly amount of premium for the enrollment group for which data are available for the current benefit year.

Item 20. 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 21. Include this paragraph if the enrollee is currently enrolled in a bronze level QHP, and the new plan to which the premium information on this Notice applies, is a bronze level QHP, consistent with 45 CFR 155.335(j). Otherwise, omit and skip to item 25. If the Exchange has completed the annual eligibility redetermination by the time of providing the notice, omit and skip to item 27.

Item 22. Enter the Exchange name. For a Federally-facilitated Exchange, enter “Marketplace.”

Item 23. Enter Issuer name.

Item 24. Enter the following year, in format YYYY

Item 25. Enter the Exchange name. For a Federally-facilitated Exchange, enter “Marketplace.”

Item 26. Enter “this and” if the enrollee is currently enrolled in a bronze level QHP. Otherwise, omit and skip to item 31.

Item 27. Include this paragraph if the enrollee was previously enrolled in a bronze level QHP, but was re-enrolled in a silver level QHP by the Exchange consistent with 45 CFR 155.335(j)(4). If the Exchange has not completed the annual eligibility redetermination by the time of providing the notice, omit and skip to item 31.

Item 28. Enter the Exchange name. For a Federally-facilitated Exchange, enter “Marketplace.”

Item 29. Enter Issuer name.

Item 30. Enter the following year, in format YYYY.

Item 31. 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 cost-sharing reductions (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 32. Enter the issuer website.

Item 33. Enter the following year, in format YYYY.

Item 34. Enter SBC web page for the applicable plan.

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

Item 36. Enter the date by which a plan selection must be made to avoid automatic re-enrollment, in format Month DD.

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

Item 38. Enter the current benefit year, in format YYYY.

Item 39. Enter plan name and HIOS Plan ID of plan into which the enrollee’s coverage will be renewed.

Item 40. 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 43.

Item 41. Enter the following benefit year, in format YYYY.

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

Item 43. Enter the beginning and end dates of the annual open enrollment period for the applicable benefit year, in format Month DD, YYYY.

Item 44. Enter the date by which a plan selection must be made for coverage effective January 1, in format Month DD, YYYY.

Item 45. Issuers on the Federally-facilitated Exchange, or on a State-based Exchange on the Federal platform, enter the following phrase: “If you choose a plan between December 16 and January 15, the new plan will start February 1.” Other issuers should omit, and skip to Item 46.

Item 46. Enter the Exchange website. For a Federally-facilitated Exchange, enter “HealthCare.gov.”

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

Item 48. Enter the issuer name.

Item 49. Enter the Exchange name. For a Federally-facilitated Exchange, enter “the Marketplace.”

Items 50-52. Enter the current benefit year, in format YYYY.

Item 53. Enter the Exchange website. For a Federally-facilitated Exchange, enter “HealthCare.gov.”

Item 54. Enter the Exchange phone number. For a Federally-facilitated Exchange, enter “1-800-318-2596 (TTY: 1-855-889-4325).”

Item 55. Enter the Exchange name. For a Federally-facilitated Exchange, enter “the Marketplace.”

Item 56. Enter the issuer name.

Item 57. Enter the issuer phone number.

Item 58. Enter the issuer website.

Item 59. Enter LocalHelp.HealthCare.gov in a State with a Federally-facilitated Exchange. In other States, enter the appropriate website.

Item 60. Include this phrase if the enrollee has previously used an agent or broker to enroll. Otherwise, omit and skip to item 63.

Item 61. Enter “like” followed by the name of the agent or broker the enrollee has previously used, if known. Otherwise, omit and skip to item 63.

Item 62. Enter “Call” followed by the phone number of agent or broker the enrollee has previously used, if known. Otherwise, omit and skip to item 63.

Item 63. Enter the Exchange phone number and Exchange TTY number. For a Federally-facilitated Exchange, enter “1-800-318-2596 (TTY: 1-855-889-4325).”

Item 64. Insert “Getting Help in Other Languages” if adding a tagline pursuant to instruction item 65. Otherwise, leave blank.

Item 65. Insert a nondiscrimination notice and taglines consistent with any applicable state or federal requirements. If there are no such applicable non-discrimination requirements, insert the following:

Health insurance issuers are prohibited from employing marketing practices or benefit designs that will have the effect of discouraging the enrollment of individuals with significant health needs in health insurance coverage or discriminate based on an individual's race, color, national origin, present or predicted disability, age, sex (including sexual orientation and sexual identity), expected length of life, degree of medical dependency, quality of life, or other health conditions.

Taglines are optional but encouraged for issuers outside the Exchange if they are not subject to language access standards under 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 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.¹

If there are no such applicable tagline requirements, the following optional tagline may be inserted:

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].

PRA Disclosure Statement

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¹ 45 CFR 92.101.