

**Supporting Statement – Part A**  
**Annual Eligibility Redetermination, Product Discontinuation and  
Renewal Notices (CMS-10527/0938-1254)**

**A. Background**

The Patient Protection and Affordable Care Act, Pub. L. 111-148, was enacted on March 23, 2010, and the Health Care and Education Reconciliation Act of 2010, Pub. L. 111-152, was enacted on March 30, 2010 (collectively known as the “Affordable Care Act”). The Affordable Care Act reorganizes, amends, and adds to the provisions of Part A of title XXVII of the Public Health Service Act (PHS Act) relating to group health plans and health insurance issuers in the group and individual markets.

Section 1411(f)(1)(B) of the Affordable Care Act directs the Secretary of Health and Human Services (the Secretary) to establish procedures to redetermine the eligibility of individuals for premium tax credits on a periodic basis in appropriate circumstances. Section 1321(a) of the Affordable Care Act provides authority for the Secretary to establish standards and regulations to implement the statutory requirements related to Exchanges, qualified health plans (QHPs), and other components of title I of the Affordable Care Act. Under section 2703 of the PHS Act, as added by the Affordable Care Act, and sections 2712 (former) and 2741 of the PHS Act, enacted by the Health Insurance Portability and Accountability Act of 1996, health insurance issuers in the group and individual markets must guarantee the renewability of coverage unless an exception applies.

**B. Justification**

**1. Need and Legal Basis**

The 2014 final rule “Patient Protection and Affordable Care Act; Annual Eligibility Redeterminations for Exchange Participation and Insurance Affordability Programs; Health Insurance Issuer Standards Under the Affordable Care Act, Including Standards Related to Exchanges” (79 FR 52994, September 5, 2014), provides that an Exchange may choose to conduct the annual redetermination process for a plan year (1) in accordance with the existing procedures described in 45 CFR 155.335; (2) in accordance with procedures described in guidance issued by the Secretary for the applicable benefit year; or (3) using an alternative procedure proposed by the Exchange and approved by the Secretary.

The 2014 final rule established a renewal and reenrollment hierarchy at 45 CFR 155.335(j) to minimize potential enrollment disruptions. The 2016 final rule “Patient Protection and Affordable Care Act; HHS Notice of Benefit and Payment Parameters for 2017” (81 FR 12204, March 8, 2016) amended the enrollment hierarchy to further minimize potential disruptions of enrollee eligibility for cost-sharing reductions. The final rule “Patient Protection and Affordable Care Act, HHS Notice of Benefit and Payment Parameters for 2024” (88 FR 25740, April 27, 2023) incorporated requirements to take

network similarity into account for enrollees whose current QHP would not be available in the coming plan year. It also adopted changes to 45 CFR 155.335(j) by adding a paragraph at (j)(4) to allow the Exchange, beginning in the 2024 plan year, to automatically re-enroll enrollees who are eligible for cost-sharing reductions in accordance with § 155.305(g) from a bronze QHP to a silver QHP with a lower or equivalent premium after advance payments of the premium tax credit within the same product and QHP issuer, regardless of whether their current plan is available or not, if certain conditions are met (referred to here as the “bronze to silver crosswalk policy”). The final rule “Patient Protection and Affordable Care Act; Individual Health Insurance Market and Exchange Program Integrity” (2025 Final Rule) eliminated the bronze-to-silver crosswalk policy at 45 CFR 155.335(j)(4).

The 2025 Final Rule also shortens the annual Open Enrollment Period (OEP) for on- and off-Exchange individual health insurance coverage for benefit years starting January 1, 2027. The final rule allows flexibility for Exchanges to set their own OEPs within set parameters for timing and duration. The OEP must start by November 1 and end no later than December 31 of the calendar year preceding the plan year. In addition, the OEP may not exceed 9 calendar weeks and all coverage pursuant to enrollment during the OEP must begin on January 1. For Exchanges on the Federal platform, the OEP will run from November 1 through December 15 preceding the coverage year, beginning with the OEP for plan year 2027.

The 2025 Final Rule also requires that when an enrollee does not submit an application for an updated eligibility determination on or before the last day to select a plan for January 1 coverage, and the enrollee’s portion of the premium for the entire policy would be zero dollars after application of advance payments of the premium tax credit through the annual redetermination process, the Marketplace will decrease the amount of the advance payments applied to the policy such that the remaining monthly premium owed by the enrollee for the entire policy equals five dollars (“five-dollar automatic re-enrollment policy”) for the first month and for every following month the enrollee does not confirm or update the eligibility determination. Enrollees automatically reenrolled with a \$5 monthly premium after application of payments of APTC due to this policy would be able to submit an application and re-confirm their plan at any point to confirm APTC that covers the entire monthly premium, if they qualify, and thereby reinstate the full amount of APTC for which the enrollee is eligible on a prospective basis.

The guidance document “Guidance on Annual Eligibility Redetermination and Re-enrollment for Marketplace Coverage for 2024 and Later Years”<sup>1</sup> contains the procedures that the Secretary is specifying for the coverage year and specifies that these procedures will be used by all Exchanges using the Federal eligibility and enrollment platform, unless otherwise specified in future guidance or rulemaking.

The 2014 final rule amended the requirements for product renewal and re-enrollment (or discontinuance) notices to be sent by QHP issuers in the individual market Exchanges and

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<sup>1</sup> Guidance on Annual Eligibility Redetermination and Re-enrollment for Marketplace Coverage for 2024 and Later Years (August 14, 2023), available at: <https://www.cms.gov/files/document/guidance-annual-redetermination-and-re-enrollment-marketplace-coverage-2024-and-later-years.pdf>.

specified content for these notices. States that are enforcing the guaranteed renewability provisions under the Affordable Care Act<sup>2</sup> may develop their own standard notices for product discontinuances, renewals, or both, provided the State-developed notices are at least as consumer-protective as the Federal standard notices.

Issuers in the small group market may use the draft Federal standard small group notices released in the June 26, 2014 bulletin,<sup>3</sup> or any forms of the notice otherwise permitted by applicable laws and regulations. Small group market issuers not using the form and manner of the draft Federal standard notices released in the June 26, 2014 bulletin are expected to include the content described in the September 2, 2014 bulletin<sup>4</sup> “Form and Manner of Notices When Discontinuing or Renewing a Product in the Group or Individual Market.”

The Federal standard notices to be sent by issuers of individual market QHPs and other issuers in the individual market have been revised to reflect the policies finalized in the 2025 Final Rule and update out-of-date information.

The Centers for Medicare & Medicaid Services (CMS) is requesting OMB approval for the revised data collections included in this information collection request (ICR).

## 2. Information Users

Consumers will need the information in these notices in order to understand the annual renewal process and the Exchange redetermination process, as well as to make appropriate decisions regarding their coverage for the next plan year.

## 3. Use of Information Technology

Exchanges and issuers may provide notices electronically.

## 4. Duplication of Efforts

There will be no duplication of efforts.

## 5. Small Businesses

Small businesses are not significantly affected by this collection.

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<sup>2</sup> Currently, Missouri, Oklahoma, Texas, Tennessee, and Wyoming have informed HHS that they do not have the authority to enforce or are not otherwise enforcing the Affordable Care Act market reform provisions in their jurisdictions. These are considered “non-enforcing” States. All other States are currently considered by HHS to be enforcing the Affordable Care Act.

<sup>3</sup> Available at <https://www.cms.gov/CCIIO/Resources/Regulations-and-Guidance/Downloads/Bulletin-on-Renewal-and-Discontinuation-Notices.pdf>. Note that the draft federal standard notices have not been updated and contain information that is out-of-date.

<sup>4</sup> Available at <https://www.cms.gov/cciio/resources/regulations-and-guidance/downloads/renewal-notices-9-3-14-final.pdf>.

6. Less Frequent Collection

If these notices are not sent annually before the open enrollment period, consumers will not have the necessary information to make their decisions regarding health insurance coverage for the upcoming plan year.

7. Special Circumstances

There are no special circumstances.

8. Federal Register/Outside Consultation

The proposed regulation (Patient Protection and Affordable Care Act; Individual Health Insurance Market and Exchange Program Integrity) with requests for comments was made available on March 10, 2025, and subsequently published on March 19, 2025 (90 FR 12942) providing the public with an opportunity to review and submit written comments on this ICR. No comments were received.

9. Payments/Gifts to Respondents

No payments or gifts are associated with this ICR.

10. Confidentiality

No personal identifiable information is being collected. These are third party notifications and the issue of confidentiality between third parties is out of scope for these information collections.

11. Sensitive Questions

This ICR involves no sensitive questions.

12. Burden Estimates (Hours & Wages)

To estimate the burden and equivalent costs associated with this ICR, we used the median hourly rate data from the Bureau of Labor Statistics' May 2024 Occupational Employment Statistics<sup>5</sup>. Adjusted hourly labor rates include the costs of fringe benefits and other indirect costs (calculated at 100 percent of median hourly wage).

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<sup>5</sup> Available at [https://www.bls.gov/oes/current/oes\\_nat.htm](https://www.bls.gov/oes/current/oes_nat.htm).

Table 12.1 Adjusted Hourly Wages Used in Burden and Equivalent Cost Estimates

<b>Occupation Title</b>	<b>Occupational Code</b>	<b>Median Hourly Wage (\$/hour)</b>	<b>Cost of Fringe Benefits and Other Indirect Costs (\$/hour)</b>	<b>Adjusted Hourly Wage (\$/hour)</b>
Secretaries and Administrative Assistants, Except Legal, Medical, and Executive	43-6014	\$22.26	\$22.26	\$44.52
Operations Manager	11-1021	\$49.50	\$49.50	\$99.00
Computer Programmer	15-1251	\$47.44	\$47.44	\$94.88

#### Annual Redetermination Notices

The 2014 final rule provides that an Exchange has three options when conducting the annual redetermination process for a plan year. The first option is to use existing procedures. The second option is to use the procedures described in the guidance document “Guidance on Annual Eligibility Redetermination and Re-enrollment for Marketplace Coverage for 2024 and Later Years”, and adopted by the Federally-facilitated Exchange. The third option for a State-based Exchange is to utilize alternative procedures approved by the Secretary based on a showing by the Exchange that such procedures meet specified criteria. We anticipate that fewer than 10 State-based Exchanges will opt for the second and third options. Under 5 CFR 1320.3(c)(4), information collections associated with these two options are not subject to the PRA as they would affect fewer than 10 entities in a 12-month period.

#### Renewal Notices

Health insurance issuers that are renewing coverage under a product in the small group or individual market, through or outside of the Exchanges, are required to send a notice to plan sponsors or individuals, as applicable. The following standard renewal notices are to be sent by issuers of individual market QHPs and other issuers in the individual market:

- Renewal notice for the individual market where coverage is being renewed outside the Exchange; and
- Renewal notice for the individual market where coverage is being renewed in a QHP offered under the same product through the Exchange.

Issuers in the small group market may use the draft Federal standard small group notices released in the June 26, 2014 bulletin, or any forms of the notice otherwise permitted by applicable laws and regulations. Small group market issuers not using the form and manner of the draft Federal standard notices released in the June 26, 2014 bulletin are expected to include the content described in the September 2, 2014 bulletin “Form and Manner of Notices When Discontinuing or Renewing a Product in the Group or Individual Market.”

States that are enforcing the guaranteed renewability provisions of the Affordable Care Act may develop their own standard notices. However, we anticipate that fewer than 10 States will opt for this alternative. Under 5 CFR 1320.3(c)(4), this requirement is not subject to the PRA as it would affect fewer than 10 entities in a 12-month period.

We estimate that there are 1,087 issuers in the individual market, including 344 QHP issuers, and 552<sup>6</sup> issuers in the small group market that will need to prepare the renewal notices to comply with the requirements in the guidance, with a total of 1,206 issuers in both markets. Since there are existing requirements for issuers to send renewal notices, we only estimate the burden to prepare and automate the notices.

For issuers in the individual market outside the Exchange and small group market, we estimate that it will require 3 hours for an administrative assistant (at a cost of \$44.52 per hour) to prepare the notice using the Federal standard notice (or a standard notice provided by their State) and 1 hour for an operations manager (at a cost of \$99.00 per hour) to review the notice. We also estimate that it will take a computer programmer 16 hours (at a cost of \$94.88 per hour) to write and test a program to automate the notices. The total annual burden for each issuer to prepare the notice will be 20 hours with an equivalent cost of approximately \$1,751. For all 1,087 issuers in the individual market, the total annual burden will be 21,740 hours with an equivalent cost of approximately \$1.9 million. For all 552 issuers in the small group market, the total annual burden will be 11,040 hours with an equivalent cost of \$966,353.

Table 12.2 Estimated Annualized Burden for Renewal Notices for Issuers Outside the Exchange

<b>Respondent</b>	<b>Number of Respondents</b>	<b>Number of Notices per Respondent</b>	<b>Burden per Notice (Hours)</b>	<b>Labor Cost per Notice</b>	<b>Total Burden for all Respondents (Hours)</b>	<b>Total Cost for all Respondents</b>
Issuer in Individual Market	1,087	1	20	\$1,750.64	21,740	\$1,902,945.68
Issuer in Small Group Market	552	1	20	\$1,750.64	11,040	\$966,353.28
<b>Total</b>	<b>1,206</b>				<b>32,780</b>	<b>\$2,869,298.96</b>

Individual Market QHP issuers will need to include some additional information in their notices and therefore will incur a higher burden. We estimate that it will require 3 hours for an administrative assistant (at a cost of \$44.52 per hour) to prepare the notice

<sup>6</sup> Data obtained from the 2024 Rate Review Data. Available at: <https://www.cms.gov/marketplace/resources/data/rate-review-data> and the 2023 Medical Loss Ratio Data and System Resources. <https://www.cms.gov/CCIIO/Resources/Data-Resources/mlr.html>, respectively.

using the Federal standard notice (or a standard notice provided by their State) and 1 hour for a manager (at a cost of \$99.00 per hour) to review the notice. We also estimate that it will take a computer programmer 20 hours (at a cost of \$94.88 per hour) to write and test a program to automate the notices. The total annual burden for each issuer to prepare the notice will be 24 hours with an equivalent cost of approximately \$2,130. For all 344 QHP issuers, the total annual burden will be 8,256 hours with an equivalent cost of approximately \$732,775.

Table 12.3 Estimated Annualized Burden for Renewal Notices for Individual Market QHP Issuers

<b>Number of Respondents</b>	<b>Number of Notices per Respondent</b>	<b>Burden per Notice (Hours)</b>	<b>Labor Cost per Notice</b>	<b>Total Burden for all Respondents (Hours)</b>	<b>Total Cost for all Respondents</b>
344	1	24	\$2,130.16	8,256	\$732,775.04

#### Discontinuation (or Re-enrollment) Notices

A health insurance issuer that is discontinuing coverage under a product in the small group or individual market, or a QHP issuer that is discontinuing a product offered through the individual market Exchange and automatically enrolling an enrollee in a QHP under a different product offered by the same QHP issuer through the Exchange, is required to send a notice to enrollees.

Issuers in the individual market will send one of two types of discontinuation notices depending on whether the issuer is automatically enrolling an enrollee in a plan under another product offered by the issuer. Issuers will send the following notices as appropriate:

- Discontinuation notice for the individual market outside the Exchange and the issuer is automatically enrolling the enrollee in a different plan;
- 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;
- Discontinuation notice for the individual market outside the Exchange and the issuer is not automatically enrolling the enrollee in a different plan; and
- 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.

Issuers in the small group market may use the draft Federal standard small group notices released in the June 26, 2014 bulletin, or any forms of the notice otherwise permitted by applicable laws and regulations. Small group market issuers not using the form and

manner of the draft Federal standard notices released in the June 26, 2014 bulletin are expected to include the content described in the September 2, 2014 bulletin.

States that are enforcing the guaranteed renewability provisions of the Affordable Care Act may develop their own standard notices. However, we anticipate that fewer than 10 states would opt for this alternative. Under 5 CFR 1320.3(c)(4), this requirement is not subject to the PRA as it would affect fewer than 10 entities in a 12-month period.

We estimate that there are 1,087 issuers in the individual market, and 552 issuers in the small group market that will need to prepare the discontinuance notices to comply with the requirements in the guidance, with a total of 1,206 issuers in both markets. Since there are existing requirements for issuers to send product discontinuance notices, we only estimate the burden to prepare and automate the notices.

For issuers in the individual market outside the Exchange, we estimate that, for the notice when the issuer is automatically reenrolling the enrollee in another plan, it will require 2 hours for an administrative assistant (at a cost of \$44.52 per hour) to prepare the notice using the Federal standard notice (or a standard notice provided by their State) and 1 hour for a manager (at a cost of \$99.00 per hour) to review the notice template. We also estimate that it will take a computer programmer 5 hours (at a cost of \$94.88 per hour) to write and test a program to automate the notices. The total annual burden for each issuer to prepare the template will be 8 hours with an equivalent cost of approximately \$662. For all 1,087 issuers in the individual market, the total annual burden will be 8,696 hours with an equivalent cost of approximately \$720,072.

We estimate that, for the notice when the issuer is not automatically reenrolling the enrollee in another plan, it will require 1 hour for an administrative assistant (at a cost of \$44.52 per hour) to prepare the notice using the Federal standard notice (or a standard notice provided by their State) and 0.5 hours for a manager (at a cost of \$99.00 per hour) to review the notice template. We also estimate that it will take a computer programmer 3 hours (at a cost of \$94.88 per hour) to write and test a program to automate the notices. The total annual burden for each issuer to prepare the template will be 4.5 hours with an equivalent cost of approximately \$379. For all 1,087 issuers in the individual market, the total annual burden will be 4,892 hours with an equivalent cost of approximately \$411,603.

For issuers in the small group market, we estimate that it will require 3 hours for an administrative assistant (at a cost of \$44.52 per hour) to prepare the notice using the draft Federal standard notice (or any forms of the notice otherwise permitted by applicable laws and regulations) and 1 hour for a manager (at a cost of \$99.00 per hour) to review the notice template. We also estimate that it will take a computer programmer 8 hours (at a cost of \$94.88 per hour) to write and test a program to automate the notices. The total annual burden for each issuer to prepare the template will be 12 hours with an equivalent cost of approximately \$992. For all 552 issuers in the small group market, the total annual burden will be 6,624 hours with an equivalent cost of approximately \$547,363.



Table 12.4 Estimated Annualized Burden for Discontinuance Notices for Issuers Outside the Exchange

<b>Respondent</b>	<b>Type of Notice</b>	<b>Number of Respondents</b>	<b>Number of Notices per Respondent</b>	<b>Burden per Notice (Hours)</b>	<b>Cost per Notice</b>	<b>Total Burden for all Respondents</b>	<b>Total Cost for all Respondents</b>
Issuer in Individual Market	Discontinuance notice with re-enrollment	1,087	1	8	\$662.44	8,696	\$720,072.28
Issuer in Individual Market	Discontinuance notice without re-enrollment	1,087	1	4.5	\$378.66	4,892	\$411,603.42
Issuer in Small Group Market	Discontinuance Notice	552	1	12	\$991.60	6,624	\$547,363.20
<b>Total</b>		<b>1,206</b>				<b>20,212</b>	<b>\$1,679,038.90</b>

Individual market QHP issuers, including issuers that are discontinuing a product offered through the Exchange and automatically enrolling an enrollee in a QHP under a different product offered by the same QHP issuer through the Exchange, will need to include some additional information in their notices and therefore will incur a higher burden. We estimate that, for the notice when the issuer is automatically reenrolling the enrollee in another plan, it will require 2 hours for an administrative assistant (at a cost of \$44.52 per hour) to prepare the notice using the Federal standard notice (or a standard notice provided by their State) and 1 hour for a manager (at a cost of \$99.00 per hour) to review the notice template. We also estimate that it will take a computer programmer 6 hours (at a cost of \$94.88 per hour) to write and test a program to automate the notices. The total annual burden for each issuer to prepare the template will be 9 hours with an equivalent cost of approximately \$757. For all 344 QHP issuers, the total annual burden will be 3,096 hours with an equivalent cost of approximately \$260,518.

We estimate that, for the notice when the issuer is not automatically reenrolling the enrollee in another plan, it will require 1 hour for an administrative assistant (at a cost of \$44.52 per hour) to prepare the notice using the Federal standard notice (or a standard notice provided by their State) and 0.5 hours for a manager (at a cost of \$99.00 per hour) to review the notice template. We also estimate that it will take a computer programmer 4 hours (at a cost of \$94.88 per hour) to write and test a program to automate the notices. The total annual burden for each issuer to prepare the template will be 5.5 hours with an equivalent cost of approximately \$474. For all 344 QHP issuers, the total annual burden will be 1,892 hours with an equivalent cost of approximately \$162,898.

Table 12.5 Estimated Annualized Burden for Discontinuance (or Re-enrollment) Notices for Individual Market QHP Issuers

Type of Notice	Number of Respondents	Number of Notices per Respondent	Burden per Notice (Hours)	Labor Cost per Notice	Total Burden for all Respondents (Hours)	Total Cost for all Respondents
Discontinuance notice with re-enrollment	344	1	9	\$757.32	3,096	\$260,518.08
Discontinuance notice without re-enrollment	344	1	5.5	\$473.54	1,892	\$162,897.76
<b>Total</b>	<b>344</b>				<b>4,988</b>	<b>\$423,415.84</b>

#### Student Health Insurance Coverage

With respect to notices that are required to be provided for student health insurance coverage in connection with a renewal or product discontinuation effective after January 1, 2018 (that is, beginning with notices required to be provided in connection with the 2018-2019 academic year), the issuer's requirement to provide the notice to student enrollees and their covered dependents generally will be considered satisfied if it ensures that another party (e.g., the institution of higher education) provides a timely and complete notice to the student. We believe that issuers will make arrangements with the institutions of higher education to notify students and their covered dependents of these changes. Since institutions of higher education routinely communicate with students about their health coverage options, it is expected that any additional burden will be negligible.

#### Transfer of Products to a Related Issuer

In the HHS Notice of Benefit and Payment Parameters for 2018 final rule, CMS required that a product will be considered to be the same product under CMS regulations when offered by a different issuer within the issuer's controlled group, provided any changes to the product otherwise meet the standards for uniform modification of coverage. This interpretation considers the product offered by the acquiring issuer in the controlled group to be the same as the product previously offered by the current issuer, thus the issuer of the coverage at the time notice must be provided (whether the current issuer or the acquiring issuer) will be required to provide a renewal notice using the applicable Federal standard renewal notice. This can result in the burden associated with the notification requirement being transferred to the acquiring issuer, but is not expected to result in new burden.

Table 12.6 Total Estimated Annualized Burden to Provide Required Notices by Individual Market Issuers Outside the Exchange, Individual Market QHP Issuers, and Small Group Market Issuers.

<b>Respondent</b>	<b>Type of Notice</b>	<b>Number of Respondents</b>	<b>Number of Notices per Respondent</b>	<b>Burden per Notice (Hours)</b>	<b>Labor Cost per Notice</b>	<b>Total Burden for all Respondents (Hours)</b>	<b>Total Cost for all Respondents</b>
Issuer in Individual Market Outside the Exchange	Renewal notices	1,087	1	20	\$1,750.64	21,740	\$1,902,945.68
Issuer in Small Group Market	Renewal notices	552	1	20	\$1,750.64	11,040	\$966,353.28
Individual Market QHP Issuers	Renewal notices	344	1	24	\$2,130.16	8,256	\$732,775.04
Issuer in Individual Market Outside the Exchange	Discontinuance notice with re-enrollment	1,087	1	8	\$662.44	8,696	\$720,072.28
Issuer in Individual Market Outside the Exchange	Discontinuance notice without re-enrollment	1,087	1	4.5	\$378.66	4,892	\$411,603.42
Issuer in Small Group Market	Discontinuance notice	552	1	12	\$991.60	6,624	\$547,363.20
Individual Market QHP Issuer	Discontinuance notice with re-enrollment	344	1	9	\$757.32	3,096	\$260,518.08
Individual Market QHP Issuer	Discontinuance notice without re-enrollment	344	1	5.5	\$473.54	1,892	\$162,897.76
<b>Total</b>		<b>1,206*</b>				<b>66,236</b>	<b>\$5,704,528.74</b>

\* Total number of respondents accounts for the overlap in individual market QHP issuers, individual market issuers outside the Exchange, and small group market issuers.

13. Capital Costs

Exchanges and health insurance issuers are expected to maintain copies of notices on file. The retention of copies would fall under normal record retention practices as part of customary and usual business and therefore would have a marginal annual cost.

14. Cost to Federal Government

There is no cost to the Federal government.

15. Changes to Burden

The burden for individual market QHP issuers has increased by approximately 423.5 hours (from 12,820.5 to 13,244) due to an increase in the estimated number of QHP issuers (from 333 to 344). The burden for issuers in the individual market outside the Exchange and issuers in the small group market has decreased by 6,335 hours (from 59,326 to 52,992) due to a decrease in the estimated number of issuers in those markets (from 1,340 to 1,206). In total, there is a reduction in burden by approximately 5,911 hours.

16. Publication/Tabulation Dates

There are no plans to publish the outcome of the data collection.

17. Expiration Date

The expiration date will be displayed on the first page of each instrument (top, right-hand corner).

**ATTACHMENTS:**

- Attachment 1: Renewal notice for the individual market where coverage is being renewed outside the Exchange
- Attachment 2: Renewal notice for the individual market where coverage is being renewed in a QHP offered under the same product through the Exchange
- 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
- 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
- Attachment 5: Discontinuation notice for the individual market outside the Exchange 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