OMB Control No.: 0938-1254
Expiration Date: XX/XX/XXXX

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

[1 Date]

[2 [First Name][Last Name]
[Address line 1]
[Address line 2] [City][State]
[Zip]]

Important: Your plan won't be offered through the [3 Exchange] [4 in your area] next year. **Update your [5 Exchange] application and pick a plan by [6 Date]** or we'll automatically enroll you in a different [7 Exchange] plan. If you don't update your application, some of your costs and coverage may change, so review your options carefully. You **must** update your application for [8 Year] to get any financial help you qualify for. Visit [9 Exchange website], or call [10 Exchange phone number] to find out how you can update your application, even before Open Enrollment starts on [11 Date].

Thank you for choosing [12 Issuer] for your health care needs. [13 We're here to help you prepare for Open Enrollment].

Why am I getting this letter?

Starting [14 Date], we won't offer your current health coverage [15 in your area] [16 through the Exchange]. The last day of your current [17 Exchange] coverage is [18 Date]. Read this letter carefully and review your options. Then update your application with [19 Exchange] to get any financial help you qualify for.

What's changing in [20 Year]?

Your new plan

We found another [21 Exchange] plan that may meet your needs. If you don't pick another plan by [22 Date], we'll automatically enroll you in [23 Plan name]. Your coverage in [24 Plan name] will start in [25 Month]. For more information about picking a new plan, go to "What should I do next?" below.

Your new premium

- **Starting in [26 Month], your new monthly premium amount is estimated to be: $[27 Dollar amount].**

  Here's the math: Monthly premium of $[28 Dollar amount] minus [29 Phrase or dollar amount] of possible financial help. Update your [30 Exchange] application as soon as possible to get any financial help you qualify for starting in **[31 Month]**. Your actual monthly premium amount may be different because your financial help may change [32 in Year]. You'll find out your new monthly premium when you get your [33 Month] bill.

If you don't update your application, well automatically reenroll you in [34 Plan name and ID] but you won't get financial help.

Important: This estimated monthly premium is based on current information we have for [35 Year]. It might not account for some or all changes that could impact your monthly premium, 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 premium, update your [36 Exchange] application. For more information about updating your application, go to "What should I do next?" below.

- Your [37 Current Year] monthly premium amount is $[38 Dollar amount].

  Here's the math: Monthly premium of $[39 Dollar amount] minus $[40 Dollar amount] of financial help you get each month.

Your financial help

- If you don't update your application, we'll automatically re-enroll you in [41 Plan name], but you won't get financial help.

  Here's the math: With financial help, your monthly premium is estimated to be $[42 Dollar amount]. Without financial help, your monthly premium is estimated to be $[43 Dollar amount].

Other changes

- *[44 Briefly describe plan changes and/or refer to enclosed materials]*
- You can review more details about this plan at [45 Issuer website] and in your [46 Year] Summary of Benefits and Coverage at [47 SBC web page].

If you want to pick another plan, enroll by [48 Date] to make sure you have the coverage you want.

What should I do next?

1. **Update your [49 Exchange] application by [50 Date].**

   Review your [51 Exchange] application to make sure the information is still current and correct, and make any necessary updates. After you submit your updated application, you'll find out if you qualify for more or less financial help [52 in Year] than you're getting now, or if you need to provide additional information to get financial help. This could mean you'll pay a lower monthly premium amount or lower out-of-pocket costs (like deductibles, copayments, and coinsurance).

   If you got financial help in [53 Year], you must update your application. You won't get any financial help you qualify for until you update your application.

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

☐ **I want to enroll in this plan**
Select [54 Plan name and ID] to enroll.

[55 *For re-enrollment from a silver level QHP into a non-silver level QHP (except for American Indian/Alaska Native enrollees), insert:* **Important:** This isn't a Silver plan in [56 Year]. This means you can't get extra financial help to lower your out-of-pocket costs if you enroll in this plan. You must go back to [57 Exchange] and enroll in a Silver plan to find out if you qualify for extra financial help. If you don't enroll in a Silver plan, any financial help you currently get to lower your out-of-pocket costs will end on [58 Date]. Visit HealthCare.gov/lower-costs/save-on-out-of-pocket-costs for more information about Silver plans and extra financial help.

☐ **I want to pick a different plan.**

- You can choose a different plan between [59 Dates]. Enroll by [60 Date] for coverage to start [61 Date].

Visit [62 Exchange website] to find other [63 Exchange] plans. Compare plans to save money and find one that best meets your needs and budget. Select the Plan name and ID of the plan you want to enroll in. You can also check with [64 Issuer] to find out what other plans may be available.
[65 **Important:** You may be able to keep your current coverage, but [66 in Year] it won't be offered [67 as a Silver plan] through [68 Exchange.] Remember, you won't get extra financial help [69 to lower your out-of-pocket costs] unless you qualify and enroll [70 in a Silver plan] through [71 Exchange].

Note: If you got financial help in [72 Year] to lower your monthly premium, you must file federal income taxes and "reconcile" the premium tax credit you qualified for with the amount you used during [73 Year]. If the amounts are different, it may change the amount you owe or get back when you file your federal income taxes. To reconcile the premium tax credit, use Form 1095-A to complete IRS Form 8962 "Premium Tax Credit (PTC)." Then, you must include your completed Form 8962 with your federal tax return. For more information about the premium tax credit, visit: IRS.gov/affordable-care-act/individuals-and-families/the-premium-tax-credit-the-basics

We're here to help

- Visit [74 Exchange website], or call [75 Exchange phone number] to learn more about [76 Exchange] and find out if you qualify for lower costs.
- Call [77 Issuer] at [78 Issuer phone number] or visit [79 Issuer website].
- Find in-person help from an assister, agent, or broker in your community at [80 Website].
- [81 Contact an agent or broker you've worked with before [82 like Agent/broker name]. [83 Call Agent/broker phone number].
- Call [84 Exchange phone number] to get this information in an accessible format, like large print, braille, or audio, at no cost to you.

[85 Getting help in other languages]

[86 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 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

General instructions:
This notice must be used when the QHP enrollee's current product isn't available for renewal through the Exchange (even if it remains available outside the Exchange) and the enrollee will, consistent with State law and, if applicable, 45 CFR 155.335(j), be automatically enrolled in a plan under a different product offered by the same QHP issuer through the Exchange. This notice must also be used when the enrollee's current silver level QHP is no longer available for renewal, the enrollee's current product no longer includes a silver level QHP available through the Exchange, and the enrollee will, consistent with State law and, if applicable, 45 CFR 155.335(j), be automatically re-enrolled in a silver level QHP under a different product offered by the same QHP issuer through the Exchange. 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 Exchange name. For a Federally-facilitated Exchange, enter "the Health Insurance Marketplace®."
Item 4. Enter the phrase "in your area" if non-renewing or terminating based on the fact that there is no longer any enrollee in the plan who lives, resides, or works within the product's service area. Otherwise, omit and skip to item 5.
Item 5. Enter the Exchange name. For a Federally-facilitated Exchange, enter "Marketplace."
Item 6. Enter the date by which a plan selection must be made to avoid automatic re-enrollment, in format Month DD, YYYY.
Item 7. Enter the Exchange name. For a Federally-facilitated Exchange, enter "Marketplace."
Item 8. Enter the following year, in format YYYY.\
Item 9. Enter the Exchange website. For a Federally-facilitated Exchange, enter "HealthCare.gov."
Item 10. Enter the Exchange phone number. For a Federally-facilitated Exchange, enter "1-800-318-2596 (TTY: 1-855-889-4325)."
Item 11. Enter the date when Open Enrollment begins, in format Month DD, YYYY.
Item 12. Enter the issuer name**.**
Item 13. Enter the phrase "We're here to help you prepare for Open Enrollment" only if the current policy is terminating on a calendar year basis. Otherwise, omit and skip to item 14.
Item 14. Enter the first day on which the current plan will no longer be available, in format Month YYYY.
Item 15. Enter the phrase "in your area" if non-renewing or terminating based on the fact that there is no longer any enrollee in the plan who lives, resides, or works within the product's service area.
Item 16. If issuer won't offer the enrollee's current product through the Exchange for the following benefit year, or will offer the current product through the Exchange but won't offer a Silver plan under that product and will auto-enroll the enrollee in a Silver level plan under a different product offered through the Exchange in accordance with 45 CFR 155.335(j), include the phrase "in [the Exchange]" and enter the Exchange name. For a Federally-facilitated Exchange, enter "the Marketplace." Otherwise omit and skip to item 18.

Item 17. Enter the Exchange name. For a Federally-facilitated Exchange, enter “Marketplace.”
Item 18. Enter the last day on which the enrollee’s current coverage will remain in force through the Exchange, in format Month DD, YYYY.

Item 19. Enter the Exchange name. For a Federally-facilitated Exchange, enter "the Marketplace."
Item 20. For discontinuances, non-renewals, or terminations effective at the end of a calendar year, enter the following benefit year, in format YYYY**.** For discontinuances, non-renewals, or terminations effective at any time other than the end of a calendar year, enter the month and year following the discontinuance, non-renewal, or termination in format Month YYYY.
Item 21. Enter the Exchange name. For a Federally-facilitated Exchange, enter "Marketplace."
Item 22. The consumer qualifies for a special enrollment period based on loss of minimum essential coverage. Enter the date by which a plan selection must be made in accordance with 45 CFR 155.420(b) or, if such date falls within an open enrollment period, enter the end date of the open enrollment period, in format Month DD, YYYY.
Items 23 and 24. Enter the plan name in which the enrollee will be automatically re-enrolled.
Item 25. For discontinuances, non-renewals, or terminations effective at the end of a calendar year, enter the beginning month of the following benefit year, in format Month YYYY. For discontinuances, non-renewals, or terminations effective at any time other than the end of a calendar year, enter the month following the discontinuance, non-renewal, or termination, in format Month YYYY.
Item 26. For discontinuances, non-renewals, or terminations effective at the end of a calendar year, enter the beginning month of the following benefit year. For discontinuances, non-renewals, or terminations effective at any time other than the end of a calendar year, enter the month following the discontinuance, non-renewal, or termination, in format Month YYYY.
Item 27. Enter the monthly premium for the enrollment group for which data are available for the following policy year, minus the monthly amount of any advanced payments of the premium tax credit paid on behalf of the enrollment group for which data are available.
Item 28. Enter the actual or estimated total monthly premium for the following benefit year.
Item 29. 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 30. Enter the Exchange name. For a Federally-facilitated Exchange, enter "the Health Insurance Marketplace®."
Item 31. Enter the beginning month of the following benefit year.
Item 32. Enter the following year, in format YYYY.
Item 33. Enter the month in which the enrollee will get a bill for the actual monthly payment for the following benefit year.
Item 34. Enter plan name and HIOS Plan ID of plan into which the enrollee will be enrolled.
Item 35. Enter the benefit year from which financial information is being used to calculate the future year estimated premium amount, in format YYYY.
Item 36. Enter the Exchange name. For a Federally-facilitated Exchange, enter "Marketplace."
Item 37. Enter current year, in format YYYY.
Item 38. Enter the most recent amount of monthly 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 39. Enter the most recent amount of monthly premium for the enrollment group for which data are available for the current benefit year.
Item 40. Enter the current year 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 APTC paid on behalf of the enrollment group is zero, enter 0.

Item 41. Enter plan name and HIOS Plan ID of plan into which the enrollee will be enrolled.

Item 42. 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 43. Enter the actual or estimated amount of monthly premium for the enrollment group for which data are available for the following benefit year.

Item 44. 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 45. Enter the issuer website.

Item 46. For discontinuances, non-renewals, or terminations effective at the end of a calendar year, enter the following benefit year, in format YYYY. For discontinuances, non-renewals, or terminations effective at any time other than the end of a calendar year, enter the word "new."

Item 47. Enter SBC web page for the applicable plan.

Item 48. The consumer qualifies for a special enrollment period based on loss of minimum essential coverage. Enter the date by which a plan selection must be made in accordance with 45 CFR 155.420(b) or, if such date falls within an open enrollment period, enter the end date of the open enrollment period, in format Month DD, YYYY.

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

Item 50. Enter the date by which a plan selection must be made to avoid automatic re-enrollment, in format Month DD, YYYY.

Item 51. Enter the Exchange name. For a Federally-facilitated Exchange, enter "Marketplace."

Item 52. For discontinuances, non-renewals, or terminations effective at the end of a calendar year, enter "in" and the following benefit year, in format YYYY. For discontinuances, non-renewals, or terminations effective at any time other than the end of a calendar year, omit.

Item 53. Enter the current year, in format YYYY.

Item 54. Enter plan name and HIOS Plan ID of plan into which the enrollee will be enrolled.

Item 55. Include this paragraph if the enrollee (except for Indian enrollees) is currently enrolled in a Silver level QHP and will be re-enrolled into a non-Silver level QHP, consistent with 45 CFR 155.335(j). Otherwise, omit and skip to item 59.

Item 56. Enter the applicable benefit year, in format YYYY.

Item 57. Enter the Exchange name. For a Federally-facilitated Exchange, enter "the Marketplace."

Item 58. Enter last day of the current policy year, in format Month DD, YYYY.

Item 59. Enter the beginning and end dates of the special enrollment period for the loss of minimum essential coverage or, if such date falls within an open enrollment period, enter the end date of the open enrollment period, in format Month DD, YYYY.

Items 60 and 61. Enter the date by which a plan selection must be made and the corresponding coverage effective date that would result in no gap in coverage between the terminating coverage and the newly selected plan, in format Month DD, YYYY.

Item 62. Enter the Exchange website. For a Federally-facilitated Exchange, enter "HealthCare.gov."

Item 63. Enter the Exchange name. For a Federally-facilitated Exchange, enter "Marketplace."

Item 64. Enter the issuer name.

Item 65. Include this sentence only if enrollee's current product remains available for renewal for the following benefit year, whether through or outside of the Exchange. Otherwise, omit and skip to item 69.
Item 66. For discontinuances, non-renewals, or terminations effective at the end of a calendar year, enter the following benefit year, in format YYYY. For discontinuances, non-renewals, or terminations effective at any time other than the end of a calendar year, omit.
Item 67. Include the words "as a Silver plan" if the enrollee's current product will no longer include a Silver plan offered through the Exchange in the applicable benefit year.
Item 68. Enter the Exchange name. For a Federally-facilitated Exchange, enter "the Marketplace."
Item 69. Enter the phrase "to lower your out-of-pocket costs" if you entered "as a Silver plan" in item 67. Otherwise, omit and skip to item 64.
Item 70. Enter the phrase "in a Silver plan" if you entered "as a Silver plan" in item 67. Otherwise, skip to item 72.
Item 71. Enter the Exchange name. For a Federally-facilitated Exchange, enter "the Marketplace."
Item 72. Enter the current benefit year, in format YYYY.
Item 73. Enter the current benefit year, in format YYYY.
Item 74. Enter the Exchange website. For a Federally-facilitated Exchange, enter "HealthCare.gov."
Item 75. Enter the Exchange phone number. For a Federally-facilitated Exchange, enter "1-800-318-2596 (TTY: 1-855-889-4325)."
Item 76. Enter the Exchange name. For a Federally-facilitated Exchange, enter "the Marketplace."
Item 77. Enter the issuer name.
Item 78. Enter the issuer phone number.
Item 79. Enter the issuer website.
Item 80. Enter LocalHelp.HealthCare.gov in a State with a Federally-facilitated Exchange. In other States, enter the appropriate website.
Item 81. Include this phrase if the enrollee has previously used an agent or broker to enroll. Otherwise, omit and skip to item 84.
Item 82. Enter "like" followed by the name of the agent or broker the enrollee has previously used, if known. Otherwise, omit and skip to item 84.
Item 83. Enter "Call" followed by the phone number of agent or broker the enrollee has previously used, if known. Otherwise, omit and skip to item 84.
Item 84. Enter the Exchange phone number and the Exchange TTY number. For a Federally-facilitated Exchange, enter "1-800-318-2596 (TTY: 1-855-889-4325)."
Item 85. Insert "Getting Help in Other Languages" if adding a tagline pursuant to instruction 79. Otherwise, leave blank.
Item 86. Insert a nondiscrimination notice and taglines consistent with any applicable State or Federal requirements, including Section 1557 of the Patient Protection and Affordable Care Act (Section 1557). If there are no such applicable nondiscrimination 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, 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 otherwise subject to language access standards under applicable Federal or State law, including Section 1557.

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

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 0935-1254. This information collection is used by QHP issuers in the individual market to provide notice where coverage 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. The time required to complete this information collection is estimated to average 9 hours per response, including the time to review instructions, search existing data resources, gather the data needed, and complete and review the information collection and provide the notice to individuals. This information collection is mandatory (45 CFR 147.106). This is a third party disclosure, and the issue of confidentiality between third parties is out of scope for the 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, Mail Stop C4-26-05, Baltimore, Maryland 21244-1850 or Russell.tipps@cms.hhs.gov, Attention: Information Collections Clearance Officer.