

considers the product offered by the acquiring issuer in the controlled group to be the same as the product previously offered by the ceding issuer, the issuer of the coverage at the time notice must be provided (whether the ceding issuer or the acquiring issuer) would be required to provide a renewal notice in accordance with the guaranteed renewability regulations. If this proposal is finalized as proposed, an issuer in the individual market must use the applicable Federal standard renewal notice (or an applicable State-developed renewal notice, as permitted in section IX) to satisfy the renewal notice requirement. The issuer may modify the notice – only to the extent necessary -- to inform the individual of the transfer of the product to the acquiring issuer.

XII. Cover Letters and Supporting Materials

Consistent with previous guidance, issuers may provide additional information regarding renewals or discontinuations of coverage (such as a cover letter, SBC, or other description of benefits) in the same mailing as the Federal standard notices, to the extent permitted by applicable State law. Furthermore, issuers may include a company logo, signature line, or short legal footer in the Federal standard notices, as long as the form of the notices is not otherwise modified, except where permitted.

Pursuant to 45 CFR 147.200, issuers are required to provide enrollees an SBC in several instances, including, if renewal is automatic, no later than 30 days prior to the first day of the new plan or policy year. Pursuant to 45 CFR 156.420(h) and 156.425(c), QHP issuers are required to provide an SBC for each CSR plan variation of the standard QHP and to provide an individual whose assignment to the standard plan or CSR plan variation changes, with an SBC that accurately reflects the standard plan or new CSR plan variation applicable to the individual. Since issuers should receive updated eligibility information—including eligibility for CSRs—for enrollment groups that are being automatically re-enrolled in advance of the notice deadline, issuers should not provide an SBC until they receive information about the appropriate CSR variations, if applicable, from the Marketplace. For the purpose of describing plan changes in the Federal standard notices of renewal and product discontinuation, the issuer may use the current CSR eligibility if it has not received the updated CSR eligibility from the Marketplace by the time notice must be provided.¹⁶

XIII. Paperwork Reduction Act of 1995

In accordance with the Paperwork Reduction Act of 1995 (44 U.S.C. 3501-3520), CMS is publishing notice in the Federal Register concerning the proposed collections of information in this Bulletin for public comment. The updated Federal standard notices in this Bulletin are not effective until they have been approved by the Office of Management and Budget.

¹⁶ Distribution of Information Regarding Advance Payments of the Premium Tax Credit (APTC) and Cost-Sharing Reductions (CSR) in Federal Standard Notices for Coverage Offered through the Federally-facilitated Marketplaces (June 12, 2015), available at <https://www.cms.gov/CCIIO/Resources/Regulations-and-Guidance/Downloads/Guidance-on-Distribution-of-Information-Regarding-APTC-and-CSR-061215.pdf>.

Attachment 5: Discontinuation notice for the individual market outside the Marketplace and the issuer is not automatically enrolling the enrollee in a different plan

[1 Date]

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

Urgent: Your health coverage is at risk. Take action by [3 Date], or you won't have health coverage in [4 Year]. Without health coverage or an exemption, you may have to pay a penalty of [5 \$695] or more when you file your taxes.

Thank you for choosing [6 Issuer] for your health care needs. [7 We're here to help you prepare for Open Enrollment.]

Why am I getting this letter?

Beginning [8 Date], we won't offer your current health coverage [9 in your area]. This means you may lose your health coverage. You must enroll in a new plan to have health coverage. The last day of your current coverage is [10 Date]. Read this letter carefully and review your options.

You can choose a different plan between [11 Dates]. **To make sure there isn't a gap in your coverage, and avoid paying a penalty, enroll in a different plan by [12 Date].**

What you need to do

Review your coverage options and pick a different plan. If you don't have health coverage, you'll have to pay for all of your health care.

If you don't have coverage or an exemption, you may also have to pay a penalty of [13 \$695] or more when you file your taxes.

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

- Check with [14 Issuer] to see what other plans may be available. You won't get financial help unless you qualify and enroll through [15 the Marketplace].
- Visit [16 Marketplace website] to see [17 Marketplace] plans. Consumers who shop can save hundreds of dollars per year and can find a plan that best meets their needs and budget.

Attachment 5: Discontinuation notice for the individual market outside the Marketplace and the issuer is not automatically enrolling the enrollee in a different plan

We're here to help

- Call [18 Issuer] at [19 Issuer phone number] or visit [20 Issuer website].
- Visit [21 Marketplace website], or call [22 Marketplace phone number] to learn more about [23 the Marketplace] and to see if you qualify for lower costs.
- Find in-person help from an assister, agent, or broker in your community at [24 Website].
- [25 Contact an agent or broker you've worked with before, [26 like Agent/broker name]. [27 Call Agent/broker phone number]].
- [28 Call [29 Issuer phone number] to request a reasonable accommodation at no cost to you if you have a disability.]

Getting help in other languages

[30 Insert non-discrimination notice and taglines consistent with any applicable standards, such as under HHS regulations and guidance.]

Attachment 6: Discontinuation notice for the individual market where coverage being discontinued was in a QHP offered through the Marketplace and the issuer is not automatically enrolling the enrollee in a different plan

[1 Date]

[2 [First Name][Last Name]

[Address line 1]

[Address line 2]

[City] [State] [Zip]]

Urgent: Your health coverage is at risk. Take action by [3 Date], or you may not have health coverage in [4 Year]. Without health coverage or an exemption, you may have to pay a penalty of [5 \$695] or more when you file your taxes.

Thank you for choosing [6 Issuer] for your health care needs. [7 We're here to help you prepare for Open Enrollment.]

Why am I getting this letter?

Beginning [8 Date], we won't offer [9 in your area] your current health coverage [10 in the Marketplace]. The last day of your current [11 Marketplace] coverage is [12 Date]. Read this letter carefully and review your options.

You can choose a different plan between [13 Dates]. **To make sure there isn't a gap in your coverage, and avoid paying a penalty, enroll in a different plan by [14 Date].**

What you need to do

Review your coverage options and pick a different plan. If you don't have health coverage, you'll have to pay for all of your health care.

If you don't have coverage or an exemption, you may also have to pay a penalty of [15 \$695] or more when you file your taxes.

1. Update your [16 Marketplace] application by [17 Date].

Review your [18 Marketplace] application to make sure the information is still current and correct, and to see if you may qualify for more or less financial help [19 in Year] than you're getting now. This may result in a lower monthly premium 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. Choose a different plan.

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

- After you've updated your [20 Marketplace] application, you'll be able to compare [21 Marketplace] plans in your area. You may even see that [22

Attachment 6: Discontinuation notice for the individual market where coverage being discontinued was in a QHP offered through the Marketplace and the issuer is not automatically enrolling the enrollee in a different plan

the Marketplace] has picked a plan for you. Consumers who shop can save hundreds of dollars per year. Compare your options and enroll in a plan that best meets your needs and budget. If you don't enroll in a plan on your own, you may be automatically enrolled in the plan [23 the Marketplace] picked for you.

- Check with [24 Issuer] to see what other plans may be available. [25 **Important:** You may be able to keep your current coverage, but [26 in Year] it won't be offered [27 as a Silver plan][28 through the Marketplace]]. Remember, you won't get financial help [29 to lower your out-of-pockets costs] unless you qualify and enroll [30 in a Silver plan] through [31 the Marketplace].

Note: If you received financial help in [32 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 received in advance during [33 Year] with the amount you actually qualify for based on your final [34 Year] household income and eligibility information. If the amounts are different, this will affect the amount of your refund or taxes owed.

We're here to help

- Visit [35 Marketplace website], or call [36 Marketplace phone number] to learn more about [37 the Marketplace] and to see if you qualify for lower costs.
- Call [38 Issuer] at [39 Issuer phone number] or visit [40 Issuer website].
- Find in-person help from an assister, agent, or broker in your community at [41 Website].
- [42 Contact an agent or broker you've worked with before, [43 like Agent/broker name]. [44 Call [Agent/broker phone number]].
- Call [45 Marketplace phone number] to request a reasonable accommodation at no cost to you if you have a disability.

Getting help in other language

[46 Insert non-discrimination notice and taglines consistent with any applicable standards, such as under HHS regulations and guidance.]

Instructions for Attachment 1 – Renewal notice for the individual market where coverage is being renewed outside the Marketplace

General instructions:

This notice must be used when coverage was purchased outside the Marketplace and will be renewed outside the Marketplace. This notice also must be used when coverage was purchased through the Marketplace and will be automatically renewed outside the Marketplace -- where permitted -- because the enrollee will not be automatically enrolled in another product offered through the Marketplace, in accordance with 45 CFR 155.335(j).

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 issuer name.

Item 5. Enter the phrase “We’re here to help you prepare for Open Enrollment” only if the current policy is renewing on a calendar year basis. Otherwise, omit and skip to item 6.

Item 6. For calendar year plans, enter the following year, in format YYYY. For non-calendar year plans, enter the month and year, in format Month YYYY.

Item 7. Enter the date by which a plan selection must be made to avoid automatic re-enrollment, in format Month DD.

Item 8. For calendar year plans, enter the following year, in format YYYY. For non-calendar year plans, enter the month and year, in format Month YYYY.

Item 9. Enter the Marketplace name. For a Federally-facilitated Marketplace, enter “Marketplace.”

Item 10. Enter the Marketplace name. For a Federally-facilitated Marketplace, enter “Marketplace.”

Item 11. Enter the Marketplace website. For a Federally-facilitated Marketplace, enter “HealthCare.gov.”

Item 12. Enter the date by which a plan selection must be made, in format Month DD.

Instructions for Attachment 1 – Renewal notice for the individual market where coverage is being renewed outside the Marketplace

Item 13. Include this sentence only if the enrollee (i) is currently enrolled in a QHP through the Marketplace; (ii) receives advanced payments of the premium tax credit or cost-sharing reductions; and (iii) will be renewed into a plan under the same product outside the Marketplace, where permitted. Otherwise, omit and skip to item 15.

Item 14. Enter the last day of coverage through the Marketplace, in format Month DD

Item 15. Enter the Marketplace name. For a Federally-facilitated Marketplace, enter “the Marketplace.”

Item 16. Enter the date by which a plan selection must be made, in format Month DD

Item 17. For calendar year plans enter the following year, in format YYYY. For non-calendar year plans, enter the phrase “until Open Enrollment”.

Item 18. For calendar year plans enter the following year, in format YYYY. For non-calendar year plans, enter the phrase “the next policy year”.

Item 19. If a calendar year plan, enter the current year, in format YYYY. If a non-calendar year plan, enter the word “current”.

Item 20. Enter the most recent monthly amount of premium for the enrollment group for which data are available, for the current policy year.

Item 21. Enter the beginning month of the following policy year.

Item 22. Include the word “estimated” if the new monthly premium for the following policy year has not yet been finalized at the time of providing the notice.

Item 23. Enter the monthly amount of premium for the enrollment group for which data are available, for the following policy year.

Item 24. Enter the month in which the enrollee will receive a bill for the actual monthly premium for the following policy year.

Item 25. List significant plan changes, including but not limited to changes in deductibles, cost sharing, metal level, covered services, eligibility, plan formulary and provider network. This section may refer to enclosed supplemental materials. Do not include the italicized instructions.

Instructions for Attachment 1 – Renewal notice for the individual market where coverage is being renewed outside the Marketplace

Item 26. Enter the issuer website.

Item 27. If a calendar year plan, enter the following year, in format YYYY. If a non-calendar year plan, enter the word “new”.

Item 28. Enter due date for first premium for following policy year or omit and skip to item 29.

Item 29. Include this section for calendar year plans. For non-calendar year plans, briefly describe enrollment opportunities so individuals know when and how they can choose a different plan and skip to item 34. Under 45 CFR 147.104(b) and 155.420(d), consumers in a non-calendar year plan qualify for a special enrollment period based on a policy year that ends on a non-calendar year basis.

Item 30. Enter the beginning and end dates of the annual open enrollment period for the applicable benefit year, in format Month DD, YYYY.

Items 31 and 32. Enter the date by which a plan selection must be made and the corresponding coverage effective date, in format Month DD. For example, enter December 15 for coverage effective beginning January 1.

Item 33. Enter the issuer name.

Item 34. Enter the Marketplace name. For a Federally-facilitated Marketplace, enter “the Marketplace.”

Item 35. Enter the Marketplace website. For a Federally-facilitated Marketplace, enter “HealthCare.gov.”

Item 36. Enter the Marketplace name. For a Federally-facilitated Marketplace, enter “Marketplace.”

Item 37. Enter the issuer name.

Item 38. Enter issuer phone number.

Item 39. Enter the issuer website.

Item 40. Enter the Marketplace website. For a Federally-facilitated Marketplace, enter “HealthCare.gov.”

Instructions for Attachment 1 – Renewal notice for the individual market where coverage is being renewed outside the Marketplace

Item 41. Enter the Marketplace phone number. For a Federally-facilitated Marketplace, enter 1-800-318-2596 (TTY: 1-855-889-4325).”

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

Item 43. Enter LocalHelp.HealthCare.gov in a State with a Federally-facilitated Marketplace. In other States, enter the appropriate website.

Item 44. Include this phrase if the enrollee has previously used an agent or broker to enroll. Otherwise, omit and skip to item 47.

Item 45. Insert “like” followed by the name of the agent or broker the enrollee previously used, if known. Otherwise, omit and skip to item 47.

Item 46. Insert “Call” followed by the phone number of the agent or broker the enrollee previously used, if known. Otherwise, omit skip to item 47.

Item 47. This sentence must be included for issuers subject to 1557 of the Affordable Care Act or other applicable Federal or State law and is otherwise encouraged to be included. If this sentence is omitted, skip to item 49.

Item 48. Enter issuer phone number and issuer TTY number.

Item 49. Insert a nondiscrimination notice and taglines consistent with any applicable standards, such as HHS regulations (e.g., the Section 1557 rule at 45 CFR 92.8 or Exchange rules at 45 CFR 155.205(c) and 156.250) and guidance.

If you are covered by Section 1557,¹⁷ then by October 17, 2016, provide the nondiscrimination notice¹⁸ in English and taglines in at least the top 15 languages spoken by individuals with limited English proficiency of the relevant state or states,¹⁹ in significant publications and

¹⁷ For QHP issuers subject to Section 1557 that are principally engaged in the provision or administration of health-related services, health-related coverage or other health-related coverage, all of the issuer’s operations are considered part of the health program or activity, with limited exceptions. Consequently, a QHP issuer must comply with the nondiscrimination requirements of Section 1557 for the issuer’s plans offered both inside and outside the Marketplaces. A non-QHP issuer offering coverage outside the Marketplaces might also be subject to Section 1557 if any health program or activity of the issuer receives Federal financial assistance.

¹⁸ 45 CFR 92.8(a), (b)(1). The content of the notice must include the seven elements listed in 92.8(a)(1)-(7). An issuer may combine the content of the Section 1557 nondiscrimination notice with the content of other notices as long as the combined notice clearly informs individuals of their rights under Section 1557. Id. 92.8(h).

¹⁹ 45 CFR 92.8(d)(1).

Instructions for Attachment 1 – Renewal notice for the individual market where coverage is being renewed outside the Marketplace

significant communications, among other locations.²⁰ Taglines are optional but encouraged for issuers outside the Marketplace if they are not covered by Section 1557²¹ or otherwise subject to language access standards under the Exchange rules at 45 CFR 155.205(c) and 156.250, or other 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 if 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.²²

Nondiscrimination: [Issuer] doesn’t exclude, deny benefits to, or otherwise discriminate against any person on the basis of race, color, national origin, disability, sex, or age. If you think you’ve been discriminated against or treated unfairly for any of these reasons, you can file a complaint with the Department of Health and Human Services, Office for Civil Rights by calling 1-800-368-1019 (TTY: 1-800-537-7697), visiting [hhs.gov/ocr/civilrights/complaints](https://www.hhs.gov/ocr/civilrights/complaints), or writing to the Office for Civil Rights/ U.S. Department of Health and Human Services/200 Independence Avenue, SW/ Room 509F, HHH Building/ Washington, D.C. 20201.

Sample Tagline:

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].

²⁰ 45 CFR 92.8(f)(1).

²¹ A non-QHP issuer offering coverage outside the Marketplaces is subject to Section 1557 if any health program or activity of the issuer receives Federal financial assistance. See 45 CFR 92.2, 92.4. A QHP issuer offering plans outside of the Marketplace may still have to comply with Section 1557 for its plans offered outside the Marketplace if the QHP issuer is principally engaged in the provision or administration of health-related services, health-related coverage or other health-related coverage. Consequently, a QHP issuer must comply with the nondiscrimination requirements of Section 1557 for the issuer’s plans offered both inside and outside the Marketplaces. See 45 CFR 92.2, 92.4

²² 45 CFR 92.201.

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 Marketplace.

General instructions:

This notice must be used when coverage was purchased through the Marketplace and will be renewed under the same product through the Marketplace, in accordance with 45 CFR 155.335(j).

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 issuer name.

Item 5. Enter the following year, in format YYYY

Item 6. Enter the Marketplace name. For a Federally-facilitated Marketplace, enter “the Marketplace.”

Item 7. Enter the following year, in format YYYY

Item 8. Enter the current year, in format YYYY

Item 9. 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 10. Enter the most recent monthly amount of premium for the enrollment group for which data are available for the current benefit year.

Item 11. 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 12. Enter the beginning month of the following benefit year.

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 Marketplace.

Item 13. Include the word “estimated” if the new monthly premium for the following benefit year has not yet been finalized at the time of providing this notice, or the Marketplace has not completed the annual eligibility redetermination by the time of providing the notice.

Item 14. 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 15. Enter the word “estimated” if the word “estimated” was included in item 13.

Item 16. Enter the actual or estimated amount of monthly premium for the enrollment group for which data are available for the following benefit year.

Item 17. Enter the month in which the enrollee will receive a bill for the actual monthly payment for the following benefit year.

Item 18. Enter the current year, in format YYYY.

Item 19. Enter the following year, in format YYYY.

Item 20. Enter the Marketplace name. For a Federally-facilitated Marketplace, enter “Marketplace.”

Item 21. 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 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 22. Enter the issuer website.

Item 23. Enter the following year, in format YYYY.

Item 24. Enter the Marketplace name. For a Federally-facilitated Marketplace, enter “Marketplace.”

Item 25. Enter the date by which a plan selection must be made to avoid automatic re-enrollment, in format Month DD.

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 Marketplace.

Item 26. Enter the Marketplace name. For a Federally-facilitated Marketplace, enter “Marketplace.”

Item 27. Enter the current benefit year, in format YYYY.

Item 28. Enter plan name and HIOS Plan ID of plan into which the enrollee’s coverage will be renewed.

Item 29. 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 32.

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

Item 31. Enter the Marketplace name. For a Federally-facilitated Marketplace, enter “the Marketplace.”

Item 32. Enter the beginning and end dates of the annual open enrollment period for the applicable benefit year, in format Month DD, YYYY

Item 33. Enter the date by which a plan selection must be made for coverage effective January 1, in format Month DD, YYYY.

Item 34. Enter the Marketplace website. For a Federally-facilitated Marketplace, enter “HealthCare.gov.”

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

Item 36. Enter the issuer name.

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

Items 38 - 40. Enter the current benefit year, in format YYYY.

Item 41. Enter the Marketplace website. For a Federally-facilitated Marketplace, enter “HealthCare.gov.”

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 Marketplace.

Item 42. Enter the Marketplace phone number. For a Federally-facilitated Marketplace, enter “1-800-318-2596 (TTY: 1-855-889-4325).”

Item 43. Enter the Marketplace name. For a Federally-facilitated Marketplace, enter “the Marketplace.”

Item 44. Enter the issuer name.

Item 45. Enter the issuer phone number.

Item 46. Enter the issuer website.

Item 47. Enter LocalHelp.HealthCare.gov in a State with a Federally-facilitated Marketplace. In other States, enter the appropriate website.

Item 48. Include this phrase if the enrollee has previously used an agent or broker to enroll. Otherwise, omit and skip to item 51.

Item 49. Enter “like” followed by the name of the agent or broker the enrollee has previously used, if known. Otherwise, omit and skip to item 51.

Item 50. Enter “call” followed by the phone number of agent or broker the enrollee has previously used, if known. Otherwise, omit and skip to item 51.

Item 51. Enter the Marketplace phone number and Marketplace TTY number. For a Federally-facilitated Marketplace, enter “1-800-318-2596 (TTY: 1-855-889-4325).”

Item 52. Insert a nondiscrimination notice and taglines consistent with any applicable standards, such as HHS regulations (e.g., the Section 1557 rule at 45 CFR 92.8 or Exchange rules at 45 CFR 155.205(c) and 156.250) and guidance.

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 Marketplace.

If you are covered by Section 1557,²³ then by October 17, 2016, provide the nondiscrimination notice²⁴ in English and taglines in at least the top 15 languages spoken by individuals with limited English proficiency of the relevant state or states,²⁵ in significant publications and significant communications, among other locations.²⁶ Taglines are optional but encouraged for issuers outside the Marketplace if they are not covered by Section 1557²⁷ or otherwise subject to language access standards under the Exchange rules at 45 CFR 155.205(c) and 156.250, or other 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 if 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.²⁸

Nondiscrimination: [Issuer] doesn't exclude, deny benefits to, or otherwise discriminate against any person on the basis of race, color, national origin, disability, sex, or age. If you think you've been discriminated against or treated unfairly for any of these reasons, you can file a complaint with the Department of Health and Human Services, Office for Civil Rights by calling 1-800-368-1019 (TTY: 1-800-537-7697), visiting hhs.gov/ocr/civilrights/complaints, or writing to the Office for Civil Rights/ U.S. Department of Health and Human Services/200 Independence Avenue, SW/ Room 509F, HHH Building/ Washington, D.C. 20201.

Sample Tagline:

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].

²³ For QHP issuers subject to Section 1557 that are principally engaged in the provision or administration of health-related services, health-related coverage or other health-related coverage, all of the issuer's operations are considered part of the health program or activity, with limited exceptions. Consequently, a QHP issuer must comply with the nondiscrimination requirements of Section 1557 for the issuer's plans offered both inside and outside the Marketplaces. A non-QHP issuer offering coverage outside the Marketplaces might also be subject to Section 1557 if any health program or activity of the issuer receives Federal financial assistance.

²⁴ 45 CFR 92.8(a), (b)(1). The content of the notice must include the seven elements listed in 92.8(a)(1)-(7). An issuer may combine the content of the Section 1557 nondiscrimination notice with the content of other notices as long as the combined notice clearly informs individuals of their rights under Section 1557. *Id.* 92.8(h).

²⁵ 45 CFR 92.8(d)(1).

²⁶ 45 CFR 92.8(f)(1).

²⁷ A non-QHP issuer offering coverage outside the Marketplaces is subject to Section 1557 if any health program or activity of the issuer receives Federal financial assistance. *See* 45 CFR 92.2, 92.4. A QHP issuer offering plans outside of the Marketplace may still have to comply with Section 1557 for its plans offered outside the Marketplace if the QHP issuer is principally engaged in the provision or administration of health-related services, health-related coverage or other health-related coverage. Consequently, a QHP issuer must comply with the nondiscrimination requirements of Section 1557 for the issuer's plans offered both inside and outside the Marketplaces. *See* 45 CFR 92.2, 92.4

²⁸ 45 CFR 92.201.

Instructions for Attachment 3 – Discontinuation notice for the individual market outside the Marketplace and the issuer is automatically enrolling the enrollee in a different plan outside the Marketplace

General instructions:

This notice must be used when the issuer is non-renewing coverage purchased outside the Marketplace as the result of a product discontinuance, and consistent with applicable State law, automatically enrolling the enrollee in different coverage outside the Marketplace. This includes non-renewals based on a product discontinuation or there no longer being any enrollee in the plan who live, resides, or works within the product's service area.

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 issuer name.

Item 5. 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 6.

Item 6. For discontinuances, non-renewals, or terminations effective at the end of a calendar year, enter the following 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, in format Month YYYY.

Item 7. 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 live, resides, or works within the product's service area. Otherwise, omit and skip to item 8.

Item 8. Enter the last day on which the enrollee's current coverage will be remain in force, in format Month DD, YYYY.

Item 9. For discontinuances, non-renewals, or terminations effective at the end of a calendar year, enter the following 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, in format Month YYYY.

Item 10. Enter the first coverage month under the different plan, in format Month.

Instructions for Attachment 3 – Discontinuation notice for the individual market outside the Marketplace and the issuer is automatically enrolling the enrollee in a different plan outside the Marketplace

Item 11. Enter the plan name for the plan in which the enrollee will be automatically enrolled.

Item 12. Enter the Marketplace name. For a Federally-facilitated Marketplace, enter “Marketplace.”

Item 13. Enter the Marketplace name. For a Federally-facilitated Marketplace, enter “Marketplace.”

Item 14. Enter the Marketplace website. For a Federally-facilitated Marketplace, enter “HealthCare.gov.”

Item 15. Enter the date by which a plan selection must be made, in format Month DD.

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

Item 17. Enter the date by which a plan selection must be made, in format Month DD

Item 18. For calendar year plans enter the following year, in format YYYY. For non-calendar year plans, enter the phrase “until Open Enrollment”.

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

Item 20. Enter the first month for the following policy year.

Item 21. Include the word “estimated” if the new monthly premium for the following policy year has not yet been finalized at the time of providing the notice.

Item 22. Enter the amount of monthly premium for the enrollment group for which data are available for the following policy year.

Item 23. Enter the month in which the enrollee will receive their bill with the actual monthly premium for the following policy year.

Item 24. List significant plan changes, including but not limited to changes in deductibles, cost sharing, metal level, covered services, eligibility, plan formulary and provider network. This section may refer to enclosed supplemental materials. Do not include the italicized instructions.

Instructions for Attachment 3 – Discontinuation notice for the individual market outside the Marketplace and the issuer is automatically enrolling the enrollee in a different plan outside the Marketplace

Item 25. Enter the issuer website.

Item 26. For discontinuances, non-renewals, or terminations effective at the end of a calendar year, enter the following 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 27. 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 28. Enter due date for first premium for following policy year or omit and skip to item 29.

Item 29. 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 30 and 31. 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 32. Enter the issuer name.

Item 33. Enter the Marketplace website. For a Federally-facilitated Marketplace, enter “HealthCare.gov.”

Item 34. Enter the Marketplace name. For a Federally-facilitated Marketplace, enter “Marketplace.”

Item 35. Enter the issuer name.

Item 36. Enter issuer phone number.

Item 37. Enter the issuer website.

Item 38. Enter the Marketplace website. For a Federally-facilitated Marketplace, enter “HealthCare.gov.”

Instructions for Attachment 3 – Discontinuation notice for the individual market outside the Marketplace and the issuer is automatically enrolling the enrollee in a different plan outside the Marketplace

Item 39. Enter the Marketplace phone number. For a Federally-facilitated Marketplace, enter “1-800-318-2596 (TTY: 1-855-889-4325).”

Item 40. Enter the Marketplace name. For a Federally-facilitated Marketplace, enter “the Marketplace.”

Item 41. Enter LocalHelp.HealthCare.gov in a State with a Federally-facilitated Marketplace. In other States, enter the appropriate website.

Item 42. Include this phrase if the enrollee has previously used an agent or broker to enroll. Otherwise, omit and skip to item 45.

Item 43. Enter “like” followed by the name of the agent or broker the enrollee has previously used, if known. Otherwise, omit and skip to item 45.

Item 44. Enter “call” followed by the phone number of agent or broker the enrollee has previously used, if known. Otherwise, omit and skip to item 45.

Item 45. This sentence must be included for issuers subject to 1557 of the Affordable Care Act or other applicable Federal or State law and is otherwise encouraged to be included. If this sentence is omitted, skip to item 46.

Item 46. Enter issuer phone number and issuer TTY number.

Item 47. Insert a nondiscrimination notice and taglines consistent with any applicable standards, such as HHS regulations (e.g., the Section 1557 rule at 45 CFR 92.8 or Exchange rules at 45 CFR 155.205(c) and 156.250) and guidance.

If you are covered by Section 1557,²⁹ then by October 17, 2016, provide the nondiscrimination notice³⁰ in English and taglines in at least the top 15 languages spoken by individuals with

²⁹ For QHP issuers subject to Section 1557 that are principally engaged in the provision or administration of health-related services, health-related coverage or other health-related coverage, all of the issuer’s operations are considered part of the health program or activity, with limited exceptions. Consequently, a QHP issuer must comply with the nondiscrimination requirements of Section 1557 for the issuer’s plans offered both inside and outside the Marketplaces. A non-QHP issuer offering coverage outside the Marketplaces might also be subject to Section 1557 if any health program or activity of the issuer receives Federal financial assistance.

³⁰ 45 CFR 92.8(a), (b)(1). The content of the notice must include the seven elements listed in 92.8(a)(1)-(7). An issuer may combine the content of the Section 1557 nondiscrimination notice with the content of other notices as long as the combined notice clearly informs individuals of their rights under Section 1557. Id. 92.8(h).

Instructions for Attachment 3 – Discontinuation notice for the individual market outside the Marketplace and the issuer is automatically enrolling the enrollee in a different plan outside the Marketplace

limited English proficiency of the relevant state or states,³¹ in significant publications and significant communications, among other locations.³² Taglines are optional but encouraged for issuers outside the Marketplace if they are not covered by Section 1557³³ or otherwise subject to language access standards under the Exchange rules at 45 CFR 155.205(c) and 156.250, or other 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 if 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.³⁴

Nondiscrimination: [Issuer] doesn't exclude, deny benefits to, or otherwise discriminate against any person on the basis of race, color, national origin, disability, sex, or age. If you think you've been discriminated against or treated unfairly for any of these reasons, you can file a complaint with the Department of Health and Human Services, Office for Civil Rights by calling 1-800-368-1019 (TTY: 1-800-537-7697), visiting [hhs.gov/ocr/civilrights/complaints](https://www.hhs.gov/ocr/civilrights/complaints), or writing to the Office for Civil Rights/ U.S. Department of Health and Human Services/200 Independence Avenue, SW/ Room 509F, HHH Building/ Washington, D.C. 20201.

Sample Tagline:

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].

³¹ 45 CFR 92.8(d)(1).

³² 45 CFR 92.8(f)(1).

³³ A non-QHP issuer offering coverage outside the Marketplaces is subject to Section 1557 if any health program or activity of the issuer receives Federal financial assistance. See 45 CFR 92.2, 92.4. A QHP issuer offering plans outside of the Marketplace may still have to comply with Section 1557 for its plans offered outside the Marketplace if the QHP issuer is principally engaged in the provision or administration of health-related services, health-related coverage or other health-related coverage. Consequently, a QHP issuer must comply with the nondiscrimination requirements of Section 1557 for the issuer's plans offered both inside and outside the Marketplaces. See 45 CFR 92.2, 92.4

³⁴ 45 CFR 92.201.

Instructions for Attachment 4 – Notice for the individual market where coverage was in a QHP offered through the Marketplace and the issuer is automatically enrolling the enrollee in a different product

General instructions:

This notice must be used when the QHP enrollee’s current product is not available for renewal through the Marketplace (even if it remains available outside the Marketplace) 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 Marketplace. 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 Marketplace, 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 Marketplace.

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 Marketplace name. For a Federally-facilitated Marketplace, enter “Marketplace.”

Item 5. Enter the issuer name.

Item 6. 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 7.

Item 7. Enter the first day on which the current plan will no longer be available, in format Month YYYY.

Item 8. 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 live, resides, or works within the product’s service area.

Item 9. If issuer will not offer the enrollee’s current product through the Marketplace for the following benefit year, or will offer the current product through the Marketplace but will not 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 Marketplace in accordance with 45 CFR 155.335(j),

Instructions for Attachment 4 – Notice for the individual market where coverage was in a QHP offered through the Marketplace and the issuer is automatically enrolling the enrollee in a different product

include the phrase “in [the Marketplace]” and enter the Marketplace name. For a Federally-facilitated Marketplace, enter “the Marketplace.” Otherwise omit and skip to item 11.

Item 10. Enter the Marketplace name. For a Federally-facilitated Marketplace, enter “Marketplace.”

Item 11. Enter the last day on which the enrollee’s current coverage will remain in force through the Marketplace, in format Month DD, YYYY.

Item 12. Enter the Marketplace name. For a Federally-facilitated Marketplace, enter “the Marketplace.”

Item 13. 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 14. Enter the Marketplace name. For a Federally-facilitated Marketplace, enter “Marketplace.”

Item 15. 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 16. Enter the plan name in which the enrollee will be automatically re-enrolled.

Item 17. Enter current year, in format YYYY.

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

Instructions for Attachment 4 – Notice for the individual market where coverage was in a QHP offered through the Marketplace and the issuer is automatically enrolling the enrollee in a different product

Item 20. 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 21. 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 22. Include the word “estimated” if the new monthly premium for the following benefit year has not yet been finalized at the time of providing this notice, or the Marketplace has not completed the annual eligibility redetermination by the time of providing the notice.

Item 23. 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 24. Enter the word “estimated” if the word “estimated” was included in item 23.

Item 25. Enter the actual or estimated total monthly premium for the following benefit year.

Item 26. Enter the month in which the enrollee will receive a bill for the actual monthly payment for the following benefit year.

Item 27. Enter the current benefit year, in format YYYY.

Item 28. 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 following the discontinuance, non-renewal, or termination, in format Month YYYY.

Item 29. Enter the Marketplace name. For a Federally-facilitated Marketplace, enter “Marketplace.”

Item 30. 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 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.

Instructions for Attachment 4 – Notice for the individual market where coverage was in a QHP offered through the Marketplace and the issuer is automatically enrolling the enrollee in a different product

Item 31. Enter the issuer website.

Item 32. 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 33. 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 34. Enter the Marketplace name. For a Federally-facilitated Marketplace, enter “Marketplace.”

Item 35. Enter the date by which a plan selection must be made to avoid automatic re-enrollment, in format Month DD.

Item 36. Enter the Marketplace name. For a Federally-facilitated Marketplace, enter “Marketplace.”

Item 37. 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 38. Enter plan name and HIOS Plan ID of plan into which the enrollee will be enrolled.

Item 39. 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 43.

Item 40. Enter the applicable benefit year, in format YYYY.

Item 41. Enter the Marketplace name. For a Federally-facilitated Marketplace, enter “the Marketplace.”

Item 42. Enter last day of the current policy year, in format Month DD YYYY.

Instructions for Attachment 4 – Notice for the individual market where coverage was in a QHP offered through the Marketplace and the issuer is automatically enrolling the enrollee in a different product

Item 43. 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 44 and 45. 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 46. Enter the Marketplace website. For a Federally-facilitated Marketplace, enter “HealthCare.gov.”

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

Item 48. Enter the issuer name.

Item 49. Include this sentence only if enrollee’s current product remains available for renewal for the following benefit year, whether through or outside of the Marketplace. Otherwise, omit and skip to item 53.

Item 50. 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 51. Include the words “as a Silver plan” if the enrollee’s current product will no longer include a silver plan offered through the Marketplace in the applicable benefit year.

Item 52. Enter the Marketplace name. For a Federally-facilitated Marketplace, enter “the Marketplace.”

Item 53. Enter the phrase “to lower your out-of-pocket costs” if you entered “as a Silver plan” in item 51. Otherwise, omit and skip to item 55.

Item 54. Enter the phrase “in a Silver plan” if you entered “as a Silver plan” in item 51. Otherwise, skip to item 56.

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

Instructions for Attachment 4 – Notice for the individual market where coverage was in a QHP offered through the Marketplace and the issuer is automatically enrolling the enrollee in a different product

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

Item 57. Enter the current benefit year, in format YYYY.

Item 58. Enter the current calendar year, in format YYYY.

Item 59. Enter the Marketplace website. For a Federally-facilitated Marketplace, enter “HealthCare.gov.”

Item 60. Enter the Marketplace phone number. For a Federally-facilitated Marketplace, enter “1-800-318-2596 (TTY: 1-855-889-4325).”

Item 61. Enter the Marketplace name. For a Federally-facilitated Marketplace, enter “the Marketplace.”

Item 62. Enter the issuer name.

Item 63. Enter the issuer phone number.

Item 64. Enter the issuer website.

Item 65. Enter LocalHelp.HealthCare.gov in a State with a Federally-facilitated Marketplace. In other States, enter the appropriate website.

Item 66. Include this phrase if the enrollee has previously used an agent or broker to enroll. Otherwise, omit and skip to item 69.

Item 67. Enter “like” followed by the name of the agent or broker the enrollee has previously used, if known. Otherwise, omit and skip to item 69.

Item 68. Enter “Call” followed by the phone number of agent or broker the enrollee has previously used, if known. Otherwise, omit and skip to item 69.

Item 69. Enter the Marketplace phone number and the Marketplace TTY number. For a Federally-facilitated Marketplace, enter “1-800-318-2596 (TTY: 1-855-889-4325).”

Item 70. Insert a nondiscrimination notice and taglines consistent with any applicable standards, such as HHS regulations (e.g., the Section 1557 rule at 45 CFR 92.8 or Exchange rules at 45 CFR 155.205(c) and 156.250) and guidance.

Instructions for Attachment 4 – Notice for the individual market where coverage was in a QHP offered through the Marketplace and the issuer is automatically enrolling the enrollee in a different product

If you are covered by Section 1557,³⁵ then by October 17, 2016, provide the nondiscrimination notice³⁶ in English and taglines in at least the top 15 languages spoken by individuals with limited English proficiency of the relevant state or states,³⁷ in significant publications and significant communications, among other locations.³⁸ Taglines are optional but encouraged for issuers outside the Marketplace if they are not covered by Section 1557³⁹ or otherwise subject to language access standards under the Exchange rules at 45 CFR 155.205(c) and 156.250, or other 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 if 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.⁴⁰

Nondiscrimination: [Issuer] doesn't exclude, deny benefits to, or otherwise discriminate against any person on the basis of race, color, national origin, disability, sex, or age. If you think you've been discriminated against or treated unfairly for any of these reasons, you can file a complaint with the Department of Health and Human Services, Office for Civil Rights by calling 1-800-368-1019 (TTY: 1-800-537-7697), visiting hhs.gov/ocr/civilrights/complaints, or writing to the Office for Civil Rights/ U.S. Department of Health and Human Services/200 Independence Avenue, SW/ Room 509F, HHH Building/ Washington, D.C. 20201.

Sample Tagline:

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

³⁵ For QHP issuers subject to Section 1557 that are principally engaged in the provision or administration of health-related services, health-related coverage or other health-related coverage, all of the issuer's operations are considered part of the health program or activity, with limited exceptions. Consequently, a QHP issuer must comply with the nondiscrimination requirements of Section 1557 for the issuer's plans offered both inside and outside the Marketplaces. A non-QHP issuer offering coverage outside the Marketplaces might also be subject to Section 1557 if any health program or activity of the issuer receives Federal financial assistance.

³⁶ 45 CFR 92.8(a), (b)(1). The content of the notice must include the seven elements listed in 92.8(a)(1)-(7). An issuer may combine the content of the Section 1557 nondiscrimination notice with the content of other notices as long as the combined notice clearly informs individuals of their rights under Section 1557. *Id.* 92.8(h).

³⁷ 45 CFR 92.8(d)(1).

³⁸ 45 CFR 92.8(f)(1).

³⁹ A non-QHP issuer offering coverage outside the Marketplaces is subject to Section 1557 if any health program or activity of the issuer receives Federal financial assistance. *See* 45 CFR 92.2, 92.4. A QHP issuer offering plans outside of the Marketplace may still have to comply with Section 1557 for its plans offered outside the Marketplace if the QHP issuer is principally engaged in the provision or administration of health-related services, health-related coverage or other health-related coverage. Consequently, a QHP issuer must comply with the nondiscrimination requirements of Section 1557 for the issuer's plans offered both inside and outside the Marketplaces. *See* 45 CFR 92.2, 92.4

⁴⁰ 45 CFR 92.201.

Instructions for Attachment 4 – Notice for the individual market where coverage was in a QHP offered through the Marketplace and the issuer is automatically enrolling the enrollee in a different product

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].

Instructions for Attachment 5 – Discontinuation notice for the individual market outside the Marketplace and the issuer is not automatically enrolling the enrollee in a different plan

General instructions:

This notice must be used when the issuer is non-renewing coverage purchased outside the Marketplace based on a product discontinuation or there no longer being any enrollee in the plan who live, resides, or works within the product’s service area, and not automatically enrolling the enrollee in a different plan.

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. 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) to avoid a gap in coverage, in format Month DD, YYYY.

Item 4. For discontinuances, non-renewals, or terminations effective at the end of a calendar year, enter the following 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, in format Month YYYY.

Item 5. Enter the minimum individual shared responsibility payment for the entire applicable tax year. For more information on the individual shared responsibility payment, see <https://www.irs.gov/affordable-care-act/individuals-and-families/individual-shared-responsibility-provision>.

Item 6. Enter the issuer name.

Item 7. 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 8.

Item 8. For discontinuances, non-renewals, or terminations effective at the end of a calendar year, enter the following 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, in format Month YYYY.

Item 9. Enter the phrase “in your area” if non-renewing or terminating based on the fact that there is no longer being any enrollee in the plan who live, resides, or works within the product’s service area. Otherwise, omit and skip to item 10.

Instructions for Attachment 5 – Discontinuation notice for the individual market outside the Marketplace and the issuer is not automatically enrolling the enrollee in a different plan

Item 10. Enter the last day on which the enrollee’s current coverage will remain in force, in format Month DD, YYYY.

Item 11. 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 annual open enrollment period, enter the end date of the open enrollment period, in format Month DD, YYYY

Item 12. 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) to avoid a gap in coverage.

Item 13. Enter the minimum individual shared responsibility payment for the entire applicable tax year. For more information on the individual shared responsibility payment, see <https://www.irs.gov/affordable-care-act/individuals-and-families/individual-shared-responsibility-provision>.

Item 14. Enter the issuer name.

Item 15. Enter the Marketplace name. For a Federally-facilitated Marketplace, enter “the Marketplace.”

Item 16. Enter the Marketplace website. For a Federally-facilitated Marketplace, enter “HealthCare.gov.”

Item 17. Enter the Marketplace name. For a Federally-facilitated Marketplace, enter “Marketplace.”

Item 18. Enter the issuer name.

Item 19. Enter issuer phone number.

Item 20. Enter issuer website.

Item 21. Enter the Marketplace website. For a Federally-facilitated Marketplace, enter “HealthCare.gov.”

Item 22. Enter the Marketplace phone number. For a Federally-facilitated Marketplace, enter “1-800-318-2596 (TTY: 1-855-889-4325).”

Instructions for Attachment 5 – Discontinuation notice for the individual market outside the Marketplace and the issuer is not automatically enrolling the enrollee in a different plan

Item 23. Enter the Marketplace name. For a Federally-facilitated Marketplace, enter “the Marketplace.”

Item 24. Enter LocalHelp.HealthCare.gov in a State with a Federally-facilitated Marketplace. In other States, enter the appropriate website.

Item 25. Include this phrase if the enrollee has previously used an agent or broker to enroll. Otherwise, omit and skip to item 28.

Item 26. Enter “like” followed by the name of the agent or broker the enrollee has previously used, if known. Otherwise, omit and skip to item 28.

Item 27. Enter “call” followed by the phone number of agent or broker the enrollee has previously used, if known. Otherwise, omit skip to item 28.

Item 28. This sentence must be included for issuers subject to 1557 of the Affordable Care Act or other applicable Federal or State law and is otherwise encouraged to be included. If this sentence is omitted, skip to item 30.

Item 29. Enter issuer phone number and issuer TTY number.

Item 30. Insert a nondiscrimination notice and taglines consistent with any applicable standards, such as HHS regulations (e.g., the Section 1557 rule at 45 CFR 92.8 or Exchange rules at 45 CFR 155.205(c) and 156.250) and guidance.

If you are covered by Section 1557,⁴¹ then by October 17, 2016, provide the nondiscrimination notice⁴² in English and taglines in at least the top 15 languages spoken by individuals with limited English proficiency of the relevant state or states,⁴³ in significant publications and

⁴¹ For QHP issuers subject to Section 1557 that are principally engaged in the provision or administration of health-related services, health-related coverage or other health-related coverage, all of the issuer’s operations are considered part of the health program or activity, with limited exceptions. Consequently, a QHP issuer must comply with the nondiscrimination requirements of Section 1557 for the issuer’s plans offered both inside and outside the Marketplaces. A non-QHP issuer offering coverage outside the Marketplaces might also be subject to Section 1557 if any health program or activity of the issuer receives Federal financial assistance.

⁴² 45 CFR 92.8(a), (b)(1). The content of the notice must include the seven elements listed in 92.8(a)(1)-(7). An issuer may combine the content of the Section 1557 nondiscrimination notice with the content of other notices as long as the combined notice clearly informs individuals of their rights under Section 1557. Id. 92.8(h).

⁴³ 45 CFR 92.8(d)(1).

Instructions for Attachment 5 – Discontinuation notice for the individual market outside the Marketplace and the issuer is not automatically enrolling the enrollee in a different plan

significant communications, among other locations.⁴⁴ Taglines are optional but encouraged for issuers outside the Marketplace if they are not covered by Section 1557⁴⁵ or otherwise subject to language access standards under the Exchange rules at 45 CFR 155.205(c) and 156.250, or other 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 if 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.⁴⁶

Nondiscrimination: [Issuer] doesn't exclude, deny benefits to, or otherwise discriminate against any person on the basis of race, color, national origin, disability, sex, or age. If you think you've been discriminated against or treated unfairly for any of these reasons, you can file a complaint with the Department of Health and Human Services, Office for Civil Rights by calling 1-800-368-1019 (TTY: 1-800-537-7697), visiting [hhs.gov/ocr/civilrights/complaints](https://www.hhs.gov/ocr/civilrights/complaints), or writing to the Office for Civil Rights/ U.S. Department of Health and Human Services/200 Independence Avenue, SW/ Room 509F, HHH Building/ Washington, D.C. 20201.

Sample Tagline:

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].

⁴⁴ 45 CFR 92.8(f)(1).

⁴⁵ A non-QHP issuer offering coverage outside the Marketplaces is subject to Section 1557 if any health program or activity of the issuer receives Federal financial assistance. See 45 CFR 92.2, 92.4. A QHP issuer offering plans outside of the Marketplace may still have to comply with Section 1557 for its plans offered outside the Marketplace if the QHP issuer is principally engaged in the provision or administration of health-related services, health-related coverage or other health-related coverage. Consequently, a QHP issuer must comply with the nondiscrimination requirements of Section 1557 for the issuer's plans offered both inside and outside the Marketplaces. See 45 CFR 92.2, 92.4

⁴⁶ 45 CFR 92.201.

Instructions for Attachment 6 – Discontinuation notice for the individual market where coverage being discontinued was in a QHP offered through the Marketplace and the issuer is not automatically enrolling the enrollee in a different plan

General instructions:

This notice must be used when the QHP enrollee’s product is not available for renewal through or outside the Marketplace and the issuer is not automatically enrolling the enrollee in a different plan through the Marketplace. This includes non-renewals or terminations based on a product discontinuation or there no longer being any enrollee in the plan who lives, resides or works within the product’s service area. This notice must also be used when the QHP enrollee’s current product is not available for renewal through the Marketplace but remains available for renewal outside the Marketplace, the issuer no longer has plans available for re-enrollment through the Marketplace, and, in accordance with 45 CFR 155.335(j), the issuer is not automatically enrolling the enrollee in the enrollee’s current product outside the Marketplace.

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. 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), in order to avoid a gap in coverage.

Item 4. For discontinuances, non-renewals, or terminations effective at the end of a calendar year, enter the following 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, in format Month YYYY.

Item 5. Enter the minimum individual shared responsibility payment for the entire applicable tax year. For more information on the individual shared responsibility payment, see <https://www.irs.gov/affordable-care-act/individuals-and-families/individual-shared-responsibility-provision>

Item 6. Enter the issuer name.

Item 7. 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 8.

Item 8. For discontinuances, non-renewals, or terminations effective at the end of a calendar year, enter the following year, in format YYYY. For discontinuances, non-renewals, or

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terminations effective at any time other than the end of a calendar year, enter the month and year, in format Month YYYY.

Item 9. Enter the phrase “in your area” if non-renewing or terminating based on the fact that there is no longer any enrollee under the plan who lives, resides, or works in the product’s service area.

Item 10. Include this phrase if issuer will not offer the enrollee’s current product through the Marketplace for the following benefit year (even if the product remains available for renewal outside the Marketplace). In such cases, for a Federally-facilitated Marketplace, enter “the Marketplace.” Otherwise omit and skip to item 11.

Item 11. Enter the Marketplace name. For a Federally-facilitated Marketplace, enter “the Marketplace.”

Item 12. Enter the last day on which the enrollee’s current coverage will remain in force through the Marketplace, in format Month DD, YYYY.

Item 13. 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 annual open enrollment period, enter the beginning and end date of the open enrollment period, in format Month DD, YYYY

Item 14. 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), to avoid a gap in coverage.

Item 15. Enter the minimum individual shared responsibility payment for the entire applicable tax year. For more information on the individual shared responsibility payment, see <https://www.irs.gov/affordable-care-act/individuals-and-families/individual-shared-responsibility-provision>

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

Item 17. Enter the date by which a plan selection must be made to avoid automatic re-enrollment, in format Month DD.

Item 18. Enter the Marketplace name. For a Federally-facilitated Marketplace, enter “Marketplace.”

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Item 19. 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.

Items 20 - 22. Enter the Marketplace name. For a Federally-facilitated Marketplace, enter “Marketplace.”

Item 23. Enter the Marketplace name. For a Federally-facilitated Marketplace, enter “the Marketplace.”

Item 24. Enter the issuer name.

Item 25. Include this sentence only if the enrollee’s current product remains available for renewal for the following benefit year, whether through or outside the Marketplace. Otherwise, omit and skip to item 29.

Item 26. 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 27. Include the words “as a Silver plan” if the enrollee’s current product will no longer include a Silver plan offered through the Marketplace in the applicable benefit year.

Item 28. Enter the word “through” followed by the Marketplace name if either the words “as a Silver” plan were entered in item 27 or the enrollee’s current product remains available outside the Marketplace, but no longer remains available for renewal through the Marketplace. In this case, enter the Marketplace name. For a Federally-facilitated Marketplace, enter “the Marketplace.”

Item 29. Enter the phrase “to lower your out-of-pocket costs” if the words “as a Silver plan” were entered in item 27. Otherwise, omit and skip to item 31.

Item 30. Enter the phrase “in a Silver plan” if you entered “as a Silver plan” in item 27. Otherwise, omit and skip to item 31.

Item 31. Enter the Marketplace name. For a Federally-facilitated Marketplace, enter “the Marketplace.”

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Item 32. Enter the current benefit year, in format YYYY.

Item 33. Enter the current benefit year, in format YYYY.

Item 34. Enter the current calendar year, in format YYYY.

Item 35. Enter the Marketplace website. For a Federally-facilitated Marketplace, enter “HealthCare.gov.”

Item 36. Enter the Marketplace phone number. For a Federally-facilitated Marketplace, enter “1-800-318-2596 (TTY: 1-855-889-4325).”

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

Item 38. Enter issuer name

Item 39. Enter issuer phone number.

Item 40. Enter issuer website.

Item 41. Enter LocalHelp.HealthCare.gov in a State with a Federally-facilitated Marketplace. In other States, enter the appropriate website.

Item 42. Include this phrase if the enrollee has previously used an agent or broker to enroll. Otherwise, omit and skip to item 45.

Item 43. Enter “like” followed by the name of the agent or broker the enrollee has previously used, if known. Otherwise, omit and skip to item 45.

Item 44. Enter “Call” followed by the phone number of agent or broker the enrollee has previously used, if known. Otherwise, omit and skip to item 45.

Item 45. Enter the Marketplace phone number and Marketplace TTY number. For a Federally-facilitated Marketplace, enter “1-800-318-2596 (TTY: 1-855-889-4325).”

Item 46. Insert a nondiscrimination notice and taglines consistent with any applicable standards, such as HHS regulations (e.g., the Section 1557 rule at 45 CFR 92.8 or Exchange rules at 45 CFR 155.205(c) and 156.250) and guidance.

Instructions for Attachment 6 – Discontinuation notice for the individual market where coverage being discontinued was in a QHP offered through the Marketplace and the issuer is not automatically enrolling the enrollee in a different plan

If you are covered by Section 1557,⁴⁷ then by October 17, 2016, provide the nondiscrimination notice⁴⁸ in English and taglines in at least the top 15 languages spoken by individuals with limited English proficiency of the relevant state or states,⁴⁹ in significant publications and significant communications, among other locations.⁵⁰ Taglines are optional but encouraged for issuers outside the Marketplace if they are not covered by Section 1557⁵¹ or otherwise subject to language access standards under the Exchange rules at 45 CFR 155.205(c) and 156.250, or other 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 if 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.⁵²

Nondiscrimination: [Issuer] doesn't exclude, deny benefits to, or otherwise discriminate against any person on the basis of race, color, national origin, disability, sex, or age. If you think you've been discriminated against or treated unfairly for any of these reasons, you can file a complaint with the Department of Health and Human Services, Office for Civil Rights by calling 1-800-368-1019 (TTY: 1-800-537-7697), visiting hhs.gov/ocr/civilrights/complaints, or writing to the Office for Civil Rights/ U.S. Department of Health and Human Services/200 Independence Avenue, SW/ Room 509F, HHH Building/ Washington, D.C. 20201.

Sample Tagline:

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

⁴⁷ For QHP issuers subject to Section 1557 that are principally engaged in the provision or administration of health-related services, health-related coverage or other health-related coverage, all of the issuer's operations are considered part of the health program or activity, with limited exceptions. Consequently, a QHP issuer must comply with the nondiscrimination requirements of Section 1557 for the issuer's plans offered both inside and outside the Marketplaces. A non-QHP issuer offering coverage outside the Marketplaces might also be subject to Section 1557 if any health program or activity of the issuer receives Federal financial assistance.

⁴⁸ 45 CFR 92.8(a), (b)(1). The content of the notice must include the seven elements listed in 92.8(a)(1)-(7). An issuer may combine the content of the Section 1557 nondiscrimination notice with the content of other notices as long as the combined notice clearly informs individuals of their rights under Section 1557. *Id.* 92.8(h).

⁴⁹ 45 CFR 92.8(d)(1).

⁵⁰ 45 CFR 92.8(f)(1).

⁵¹ A non-QHP issuer offering coverage outside the Marketplaces is subject to Section 1557 if any health program or activity of the issuer receives Federal financial assistance. *See* 45 CFR 92.2, 92.4. A QHP issuer offering plans outside of the Marketplace may still have to comply with Section 1557 for its plans offered outside the Marketplace if the QHP issuer is principally engaged in the provision or administration of health-related services, health-related coverage or other health-related coverage. Consequently, a QHP issuer must comply with the nondiscrimination requirements of Section 1557 for the issuer's plans offered both inside and outside the Marketplaces. *See* 45 CFR 92.2, 92.4

⁵² 45 CFR 92.201.

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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].