



June 27, 2016

Submitted electronically to: 2017DiscontinuationandRenewalNotices@cms.hhs.gov

Secretary Sylvia M. Burwell  
U.S. Department of Health and Human Services

Mr. Andrew M. Slavitt, Acting Administrator  
Centers for Medicare & Medicaid Services  
Center for Consumer Information & Insurance Oversight  
200 Independence Avenue SW  
Washington, DC 20201

**Re: Comments on Draft Updated Federal Standard Renewal and Product Discontinuation Notices**

Dear Secretary Burwell and Acting Administrator Slavitt:

Aetna appreciates the opportunity to comment on the Draft Updated Federal Standard Renewal and Product Discontinuation Notices for health insurance issuers in the individual market. Aetna is one of the nation's leading diversified health benefit companies and is committed to working with the Centers for Medicare & Medicaid Services ("CMS") to formulate rules and policies that advance what we believe are consumers' top priorities in healthcare reform: affordability, competition, and choice.

While CMS' guidance contains helpful information, CMS can improve both the consumer experience and issuers' operational readiness to disseminate new notices beginning policy year 2018. In particular, we make the following recommendations:

➤ **Notice Content:**

- **Finalize clearer and more consumer-friendly notices.** We recommend that CMS finalize the new notice templates with the modifications we suggest (Appendix A – Proposed New Notices). These notices incorporate consumer feedback we have received, and communicate important information to consumers as clearly as possible. (If CMS chooses not to change its draft templates as recommended above, we strongly urge CMS to adopt the suggestions outlined in Appendix B – Proposed Revised Notices, which we believe to be the minimum necessary to avoid undue consumer confusion.)
- **Include flexibility in the notice templates.** While we recognize the need for consistency, we ask CMS to include some variable fields in the notice templates so issuers can add additional information as appropriate.

➤ **Timing – Finalize these notices as soon as possible but no later than March 2017.** In order for issuers to prepare for the 2018 open enrollment period adequately, we urge CMS to give issuers as much time as possible to incorporate the new notices into their systems.

➤ **Consumer Engagement and Transparency.** We believe that it is critical that CMS and issuers work together to provide clear, concise, and consumer-friendly communications. CMS should provide issuers with information about what types of communications the Marketplace

intends to send consumers, so issuers can align their messaging with that of the Marketplaces. Furthermore, as we work toward improving the content of the notices, we request that CMS share the consumer research they conducted when drafting the notice templates.

➤ **Operational Improvements:**

- **Provide BAR files to issuers in a timely manner.** Since the notices include estimated Advance Premium Tax Credit (“APTC”) and monthly premium information, HHS must provide issuers with BAR files with sufficient time for issuers to include correct plan and rate information in the notices. If such information cannot be provided in a timely manner, CMS should consider the timeframes in which notices must be provided, or omit this information from the notices.
- **Clarify notice requirements for mapping or renewing an individual into a different issuer’s plan.** CMS should clarify who is responsible for informing an individual of his or her enrollment if the Marketplace is automatically enrolling an individual in another issuer’s plan.
- **Clarify electronic delivery guidelines.** We suggest that CMS provide issuers guidance on how to deliver communications electronically while satisfying standards relating to privacy and security of personally identifiable information.

We detail our recommendations in the attached sample notices and technical appendix (Appendix C – Technical Comments).

Aetna appreciates the opportunity to comment on this guidance. We would be happy to respond to any follow-up questions you may have.

Sincerely,

A handwritten signature in black ink, appearing to read "Steven B. Kelmar". The signature is fluid and cursive, with a large initial "S" and "K".

Steven B. Kelmar  
Executive Vice President, Corporate Affairs  
Aetna

## **Appendix A: Proposed New Notices**

Attachment 1: Renewal notice for the individual market where coverage is being renewed outside the Marketplace.

[First Name][Last Name]

[Date]

[Address line 1]

[Address line 2]

[City], [State] [ZIP]

## It is time to decide what plan is best for you in [Year]

Hi [FIRST\_NAME],

We are here to help you prepare for Open Enrollment. This letter tells you about changes to your plan for [Year]. It also lists your enrollment options. Be sure to review these changes carefully. Then you can decide if you want to keep this plan or choose another one.

### Review changes to your plan

	Your current plan	Your [Year] plan
Plan name	[Plan name]	[Plan name]
Monthly premium cost	[\$Dollar amount]	[\$Dollar amount]*
Coverage dates	Ends [Date]	Starts [Date]

Your plan name and premium may not be the only things that will change. To learn more about [Plan name]:

- Read the enclosed outline, which includes some of your plan's details
- Visit **[Issuer website]**
- Review your [Year] Summary of Benefits and Coverage at **[SBC\_FILE]**

\*Your [Year] monthly premium cost is only an estimate. It may change due to certain factors, such as changes to benefit design and the overall increase in health care costs. If your premium changes, your invoice will show the updated rate. Please note that premiums are only one component of health care costs. When deciding how to choose a plan, it is important to look at both premium cost, as well as the health care benefits that work best for your needs. 2

Attachment 1: Renewal notice for the individual market where coverage is being renewed outside the Marketplace.

## Consider your enrollment options

Let us break down your options so you can decide what works best for you.

### Option 1: Enroll in this plan

If you are happy with [Plan name], we will save you the time and hassle by automatically enrolling you. All you have to do is pay your new monthly premium by [Date]. You will get the invoice in [Month] with instructions on how to pay.

### Option 2: Choose a different plan

You can choose another plan if you do not like [Plan name]. You can also search for another plan on the [Marketplace] where you may be able to qualify for a subsidy. Just remember to shop during Open Enrollment between [Dates]. Then enroll in the plan by [Date] for benefits to start [Date]. To shop for another plan, you can visit:

- [Issuer website] to find other [Issuer] plans in your area
- [Marketplace website] to see [Marketplace] plans

## Mark your calendar with these important dates

We know we gave you many dates to remember. Here they are, all in one place:

- [Date]: Pay your premium if you like [Plan name] and want benefits to start [Date]
- **November 1 – December 15:** Shop during Open Enrollment if you want to choose another plan
- [Date]: Choose another plan by this date if you do not want us to enroll you in [Plan name]

## Know that we are here to help

There are a number of ways you can find help if you need it. You can:

- Call [Issuer] at [Issuer phone number] or visit [Issuer website].
- Visit [Marketplace website] or call [Marketplace phone number] to learn more about your options and to see if you qualify for lower costs.
- [Contact your broker, [BROKER NAME], at [BROKER PHONE].]
- Find in-person help from an assister, agent or broker in your community at **LocalHelp.HealthCare.gov**.
- [Call [Issuer phone number] if you have a disability. We may be able to help you with a special request at no cost to you.]

## Get help in other languages

Attachment 1: Renewal notice for the individual market where coverage is being renewed outside the Marketplace.

*[40 Insert taglines consistent with any applicable language access standards, such as under HHS regulations and guidance.]*

[Date]

[First Name][Last Name]

[Address line 1]

[Address line 2]

[City], [State][Zip]

[Year] Application ID: [ID Number]

## It is time to decide what plan is best for you in [Year]

Hi [FIRST\_NAME],

We are here to help you prepare for Open Enrollment. This letter tells you about changes to your plan for [Year]. It also lists your enrollment options.

Please read this letter carefully so you can:

- Understand some of the changes to your plan
- Update your application with [the Marketplace]
- Decide if you want to keep this plan or choose another one

### Review changes to your plan

	Your current plan	Your [Year] plan
Plan name	[Plan name]	[Plan name]
Advanced Premium Tax Credit (APTC)	\$(Dollar amount)	\$(Dollar amount), estimate based on current APTC
Monthly premium cost	\$(Dollar amount)	\$(Dollar amount) based on estimated APTC*
Coverage dates	Ends [Date]	Starts [Date]

Your plan name and premium may not be the only things that will change. To learn more about [Plan name]:

- Read the enclosed outline , which includes some of your plan's details
- Visit **[Issuer website]**
- Review your [Year] Summary of Benefits and Coverage at **[SBC\_FILE]**

Attachment 2: Renewal notice for the individual market where coverage is being renewed in a QHP offered under the same product through the Marketplace

\*Your [Year] monthly premium cost is only an estimate. It may change due to certain factors, such as changes to benefit design and the overall increase in health care costs. If you receive a tax credit, your premium may change if you have an income change. If your premium changes, your invoice will show the updated rate. Please note that premiums are only one component of health care costs. When deciding how to choose a plan, it is important to look at both premium cost, as well as the health care benefits that work best for your needs.

### **Update your application with [the Marketplace] by [Date]**

You can review your application at [Marketplace website] and make sure the information is still current and correct. Be sure to update any family or income changes. The Marketplace will use this information to determine if you qualify for an APTC, sometimes called a subsidy, in [Year]. This may result in changes to your monthly premium payment or out-of-pocket costs.

**Note:** If you are receiving a subsidy this year, do not forget to file your [year] federal tax return using Form 8962. This form reconciles your actual income for the year with the level of help you received from the Marketplace. If your subsidy was too high for your level of eligibility, you may owe money back to the government. If your subsidy was too low, you may get a refund.

### **Consider your enrollment options**

Let us break down your options so you can decide what works best for you.

#### **Option 1: Enroll in this plan**

If you are happy with [Plan name]:

1. Update your application at [website].
2. Select [Plan name and ID] to enroll.

*[For renewals from a silver level QHP into a non-silver level QHP (except for Indian enrollees):*

**Important:** This is not a Silver plan in [Year]. This means you cannot get a subsidy to lower your out-of-pocket costs if you enroll in this plan. If you want to see if you qualify for these savings, see option 2 to enroll in a Silver plan on [the Marketplace]. If you do not, any subsidies you are currently receiving will stop on **December 31.**]

#### **Option 2: Choose a different plan**

You can choose another plan if you do not like [Plan name]. Just remember to shop during Open Enrollment between [Dates]. Then enroll in the plan by [Date] for benefits to start [Date]. To shop for another plan, you can visit:

- [Marketplace website] to see [Marketplace] plans
- [Issuer website] to find other [Issuer] plans in your area

### **Mark your calendar with these important dates**

We know we gave you many dates to remember. Here they are, all in one place:

- [Date]: Update your application
- [Date]: Pay your premium if you like [Plan name] and want benefits to start [Date]



Attachment 2: Renewal notice for the individual market where coverage is being renewed in a QHP offered under the same product through the Marketplace

- **November 1 – December 15:** Shop during Open Enrollment if you want to choose another plan
- **[Date]:** Choose another plan by this date if you do not want us to enroll you in [Plan name]

### **Know that we are here to help**

There are a number of ways you can find help if you need it. You can:

- Call [Issuer] at **[Issuer phone number]** or visit **[Issuer website]**.
- Visit **[Marketplace website]** or call **[Marketplace phone number]** to learn more about your options and to see if you qualify for lower costs.
- [Contact your broker, [BROKER NAME], at **[BROKER PHONE]**.]
- Find in-person help from an assister, agent or broker in your community at **LocalHelp.HealthCare.gov**.
- [Call **[Issuer phone number]** if you have a disability. We may be able to help you with a special request at no cost to you.]

### **Get help in other languages**

*[40 Insert taglines consistent with any applicable language access standards, such as under HHS regulations and guidance.]*

[First Name][Last Name]

[Date]

[Address line 1]

{Address line 2}

[City], [State] [Zip]

## It is time to decide what plan is best for you in [Year]

Hi [FIRST\_NAME],

We are here to help you prepare for Open Enrollment. This letter tells you about a new plan for [Year] that may meet your needs. This plan, [Plan name], is available to you because we will no longer offer the health insurance coverage you have now.

Please read this letter carefully so you can:

- Understand your new plan details
- Decide if you want to choose the suggested plan or pick another one

### Review some highlights of your new plan

	Your current plan	Your suggested [Year] plan
Plan name	[Plan name]	[Plan name]
Monthly premium cost	[\$[Dollar amount]]	[\$[Dollar amount]]*
Coverage dates	Ends [Date]	Starts [Date]

Your plan name and premium may not be the only things that will change. To learn more about [Plan name]:

- Read the enclosed outline, which includes some of your plan's details
- Visit [Issuer website]
- Review your [Year] Summary of Benefits and Coverage at [SBC\_FILE]

\*Your [Year] monthly premium cost is only an estimate. It may change due to certain factors, such as changes to benefit design and the overall increase in health care costs. If your premium changes, your invoice will show the updated rate. Please note that premiums are only one component of health care costs. When deciding how to choose a plan, it is important to look at both premium cost, as well as the health care benefits that work best for your needs.

Attachment 3: Discontinuation notice for the individual market outside the Marketplace and the issuer is automatically enrolling the enrollee in a new plan

## Consider your enrollment options

Let us break down your options so you can decide what works best for you.

### Option 1: Enroll in [Plan name]

If you are happy with [Plan name], we will save you the time and hassle by automatically enrolling you. All you have to do is pay your new monthly premium by [Date]. You will get the invoice in [Month] with instructions on how to pay.

### Option 2: Choose a different plan

You can choose another plan if you do not like [Plan name]. You can also search for another plan on the [Marketplace] where you may be able to qualify for a subsidy. Just remember to shop during Open Enrollment between [Dates]. Then enroll in the plan by [Date] for benefits to start [Date]. To shop for another plan, you can visit:

- [Issuer website] to find other [Issuer] plans in your area
- [Marketplace website] to see [Marketplace] plans

## Mark your calendar with these important dates

We know we gave you many dates to remember. Here they are, all in one place:

- [Date]: Pay your premium if you like [Plan name] and want benefits to start [Date]
- **November 1 – December 15:** Shop during Open Enrollment if you want to choose another plan
- [Date]: Choose another plan by this date if you do not want us to enroll you in [Plan name]

## Know that we are here to help

There are a number of ways you can find help if you need it. You can:

- Call [Issuer] at [Issuer phone number] or visit [Issuer website].
- Visit [Marketplace website] or call [Marketplace phone number] to learn more about your options and to see if you qualify for lower costs.
- [Contact your broker, [BROKER NAME], at [BROKER PHONE].]
- Find in-person help from an assister, agent or broker in your community at **LocalHelp.HealthCare.gov**.
- [Call [Issuer phone number] if you have a disability. We may be able to help you with a special request at no cost to you.]

## Get help in other languages

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 plan under a different product offered through the Marketplace

[First Name] [Last Name]

[Date]

[Address line 1]

[Address line 2]

[City], [State] [ZIP]

[Year] Application ID: [ID Number]

## It is time to decide what plan is best for you in [Year]

Hi [FIRST\_NAME],

We are here to help you prepare for Open Enrollment. This letter tells you about a new plan for [Year] that may meet your needs. This plan, [Plan name], is available to you because we will no longer offer the health insurance coverage you have now.

Please read this letter carefully so you can:

- Understand your new plan details
- Update your application with [the Marketplace]
- Decide if you want to choose the suggested plan or pick another one

### Review some highlights of your new plan

	Your current plan	Your suggested [Year] plan
Plan name	[Plan name]	[Plan name]
Advanced Premium Tax Credit (APTC)	[\$Dollar amount]	[\$Dollar amount], estimate based on current APTC
Monthly premium cost	[\$Dollar amount]	[\$Dollar amount] based on estimated APTC*
Coverage dates	Ends [Date]	Starts [Date]

Your plan name and premium may not be the only things that will change. To learn more about [Plan name]:

- Read the enclosed outline, which includes some of your plan's details
- Visit **[Issuer website]**
- Review your [Year] Summary of Benefits and Coverage at **[SBC\_FILE]**

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 plan under a different product offered through the Marketplace

\*Your [Year] monthly premium cost is only an estimate. It may change due to certain factors, such as changes to benefit design and the overall increase in health care costs. If you receive a tax credit, your premium may change if you have an income change. If it changes, your invoice will show the updated rate. Please note that premiums are only one component of health care costs. When deciding how to choose a plan, it is important to look at both premium cost, as well as the health care benefits that work best for your needs.

### **Update your application with [the Marketplace] by [Date]**

You can review your application at [Marketplace website] and make sure the information is still current and correct. Be sure to update any family or income changes. The Marketplace will use this information to determine if you qualify for an APTC, sometimes called a subsidy, in [Year]. This may result in changes to your monthly premium payment or out-of-pocket costs.

**Note:** If you are receiving a subsidy this year, do not forget to file your [year] federal tax return using Form 8962. This form reconciles your actual income for the year with the level of help you received from the Marketplace. If your subsidy was too high for your level of eligibility, you may owe money back to the government. If your subsidy was too low, you may get a refund.

### **Consider your enrollment options**

Let us break down your options so you can decide what works best for you.

#### **Option 1: Enroll in [Plan name]**

If you are happy with the [Plan name]:

1. Update your application at [website].
2. Select [Plan name and ID] to enroll.

*[For renewals from a silver level QHP into a non-silver level QHP (except for Indian enrollees):* **Important:** This is not a Silver plan in [Year]. This means you cannot get a subsidy to lower your out-of-pocket costs if you enroll in this plan. If you want to see if you qualify for these savings, see option 2 to enroll in a Silver plan on [the Marketplace]. If you do not, any subsidies you are currently receiving will stop on **December 31.**]

#### **Option 2: Choose a different plan**

You can choose another plan if you do not like [Plan name]. Just remember to shop during Open Enrollment between [Dates]. Then enroll in the plan by [Date] for benefits to start [Date]. To shop for another plan, you can visit:

- [Marketplace website] to see [Marketplace] plans
- [Issuer website] to find other [Issuer] plans in your area

### **Mark your calendar with these important dates**

We know we gave you many dates to remember. Here they are, all in one place:

- [Date]: Update your application
- [Date]: Pay your premium if you like [Plan name] and want benefits to start [Date]

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 plan under a different product offered through the Marketplace

- **November 1 – December 15:** Shop during Open Enrollment if you want to choose another plan
- **[Date]:** Choose another plan by this date if you do not want us to enroll you in [Plan name]

### **Know that we are here to help**

There are a number of ways you can find help if you need it. You can:

- Call [Issuer] at **[Issuer phone number]** or visit **[Issuer website]**.
- Visit **[Marketplace website]** or call **[Marketplace phone number]** to learn more about your options and to see if you qualify for lower costs.
- [Contact your broker, [BROKER NAME], at **[BROKER PHONE]**.]
- Find in-person help from an assister, agent or broker in your community at **LocalHelp.HealthCare.gov**.
- [Call **[Issuer phone number]** if you have a disability. We may be able to help you with a special request at no cost to you.]

### **Get help in other languages**

*[40 Insert taglines consistent with any applicable language access standards, such as under HHS regulations and guidance.]*

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

[First Name][Last Name] [Address line 1]

[Address line 2] [City], [State] [Zip]

[Date]

# It is time to start shopping for a new health plan for [Year]

Hi [FIRST\_NAME],

We are here to help you prepare for Open Enrollment. This letter gives you instructions on how to shop for and enroll in a new plan.

It is important that you enroll in a new plan. This is because as of [Date], **we will no longer offer the health insurance coverage** you currently have in your area. Not to worry. As long as you enroll in a new plan by [Date], you will continue to receive benefits after your current coverage ends.

## Choose a new plan

The last day of your current coverage is [Date]. So, be sure to choose a new plan during Open Enrollment between [Dates]. Just remember to enroll by [Date] for benefits to start [Date]. To shop for a new plan, you can visit:

- [Issuer website] to find other [Issuer] plans in your area
- [Marketplace website] to see [Marketplace] plans

If you enroll in a plan on [the Marketplace], you may be able to qualify for a subsidy.

## Avoid paying unnecessary costs

Enrolling in a new plan by [Date] can save you from:

- A gap in coverage
- Paying for all of your health care
- Paying a penalty of \$[695] or more when you file your taxes

## Know that we are here to help

There are a number of ways you can find help if you need it. You can:

- Call [Issuer] at [Issuer phone number] or visit [Issuer website].
- Visit [Marketplace website] or call [Marketplace phone number] to learn more about your options and to see if you qualify for lower costs.
- [Contact your broker, [BROKER NAME], at [BROKER PHONE].]
- Find in-person help from an assister, agent or broker in your community at **LocalHelp.HealthCare.gov**.
- [Call [Issuer phone number] if you have a disability. We may be able to help you with a special request at no cost to you.]

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

**Get help in other languages**

*[40 Insert taglines consistent with any applicable language access 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 new plan

[First Name][Last Name]

[Date]

[Address line 1]

[Address line 2]

[City], [State] [Zip]

[Year] Application ID: [ID Number]

## It is time to start shopping for a new health plan for [Year]

Hi [FIRST\_NAME],

We are here to help you prepare for Open Enrollment. This letter gives you instructions on how to:

- Update your application with [the Marketplace]
- Shop for and enroll in a new plan
- *[For issuers that no longer have any plans available for re-enrollment in the Marketplace and the individual may be automatically enrolled with another Marketplace issuer: Check with [the Marketplace] about auto enrollment in another plan if you do not take action.]*

It is important that you enroll in a new plan. This is because as of [Date], **we will no longer offer the health insurance coverage** you currently have in your area. Not to worry. As long as you enroll in a new plan by [Date], you will continue to receive benefits after your current coverage ends.

### **Update your application with [the Marketplace] by [Date]**

You can review your application at [Marketplace website] and make sure the information is still current and correct. Be sure to update any family or income changes. The Marketplace will use this information to decide if you qualify for APTC, sometimes called a subsidy, in [Year]. This may result in changes to your monthly premium payment or out-of-pocket costs.

**Note:** If you received a subsidy this year, do not forget to file your [year] federal tax return using Form 8962. This form reconciles your actual income for the year with the level of help you received from the Marketplace. If your subsidy was too high for your level of eligibility, you may owe money back to the government. If your subsidy was too low, you may get a refund.

### **Choose a new plan**

The last day of your current coverage is [Date]. So, be sure to choose a new plan during Open Enrollment between [Dates]. Just remember to enroll by [Date] for benefits to start [Date]. To shop for a new plan, you can visit:

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 new plan

- **[Marketplace website]** to see [ Marketplace] plans
- **[Issuer website]** to find other [Issuer] plans in your area

### **Avoid paying unnecessary costs**

Enrolling in a new plan by **[Date]** can save you from:

- A gap in coverage
- Paying for all of your health care
- Paying a penalty of \$[695] or more when you file your taxes

### **Know that we are here to help**

There are a number of ways you can find help if you need it. You can:

- Call [Issuer] at **[Issuer phone number]** or visit **[Issuer website]**.
- Visit **[Marketplace website]** or call **[Marketplace phone number]** to learn more about your options and to see if you qualify for lower costs.
- [Contact your broker, [BROKER NAME], at **[BROKER PHONE]**.]
- Find in-person help from an assister, agent or broker in your community at **LocalHelp.HealthCare.gov**.
- [Call **[Issuer phone number]** if you have a disability. We may be able to help you with a special request at no cost to you.]

### **Get help in other languages**

*[40 Insert taglines consistent with any applicable language access standards, such as under HHS regulations and guidance.]*



## **Appendix B: Proposed Revised Notices**

Attachment 1: Renewal notice for the individual market where coverage is being renewed outside the Marketplace.

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

[1 Date]

## **It is time to decide what plan is best for you in [Year]**

Hi [First Name],

We are here to help you prepare for Open Enrollment. This letter tells you about changes to your plan for [Year]. It also lists your enrollment options. Be sure to review these changes carefully. Then you can decide if you want to keep this plan or choose another one.

### **Changes you'll see to your plan in [13Year]**

Your new premium

- Your [14 Current year] monthly premium is \$[15 Dollar amount].
- **Starting in [16 Month], your [17 estimated] monthly premium will be \$[18 Dollar amount]. [19 Important:** This is only an estimate. It may change due to certain factors, such as changes to benefit design and the overall increase in health care costs. If your premium changes, you'll see your new monthly payment amount when you get your [20 Month] bill.] Please note that premiums are only one component of health care costs. When deciding how to choose a plan, it is important to look at both premium cost, as well as the health care benefits that work best for your needs.

### **Other changes**

- [21 Briefly describe plan changes and/or refer to enclosed materials]
- You can review more details about your plan at [22 Issuer website] and in your [23 Year] Summary of Benefits and Coverage.

### **What you need to do**

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

#### **I want to enroll in this plan.**

If you are happy with [Plan name], we will save you the time and hassle by automatically enrolling you. All you have to do is pay your new monthly premium by [Date]. You will get the invoice in [Month] with instructions on how to pay.

**Important: This isn't a [8 Marketplace] plan. This means you won't get any financial help lowering your monthly premium or out-of-pocket costs if you enroll in this plan. To see if you qualify for these savings, visit [9 the Marketplace website]. To get these savings, you must enroll in another plan on the Marketplace. [10 If you don't, any financial help you currently get will end in [11 Month].]**

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

Attachment 1: Renewal notice for the individual market where coverage is being renewed outside the Marketplace.  
[24 You can choose a new plan between [25 Dates]. Enroll by [26 Date] for coverage to start [27 Date].]

Attachment 1: Renewal notice for the individual market where coverage is being renewed outside the Marketplace.

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

- Check with [28 Issuer] to see what other plans may be available. Remember, you won't get financial help unless you qualify and enroll through [29 the Marketplace].
- Visit [30 Marketplace website] to see [31 Marketplace] plans.

### **We're here to help**

- Call [32 Issuer] at [33 Issuer phone number] or visit [34 Issuer website].
- 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.
- [Contact your broker, [Broker Name], at [Broker Phone].]
- Find in-person help from an assister, agent, or broker in your community at LocalHelp.HealthCare.gov.
- [38 Call [39 Issuer phone number] if you have a disability. We may be able to help you with a special request at no cost to you.]

### **Getting help in other languages**

*[40 Insert taglines consistent with any applicable language access standards, such as under HHS regulations and guidance.]*

Attachment 2: Renewal notice for the individual market where coverage is being renewed in a QHP offered under the same product through the Marketplace

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

[1 Date]

[3 Year] Application ID: [4 ID Number]]

## **It is time to decide what plan is best for you in [Year]**

Hi [First Name],

We are here to help you prepare for Open Enrollment. This letter tells you about changes to your plan for [Year]. It also lists your enrollment options.

Please read this letter carefully so you can:

- Understand some of the changes to your plan
- Update your application with [the Marketplace]
- Decide if you want to keep this plan or choose another one

### **Changes you'll see to your plan in [9 Year] Your**

#### **new premium**

- Your [10 Current year] monthly payment is \$[11 Dollar amount].
  - Your [Year] estimated Advanced Premium Tax Credit (APTC) is \$[APTC]. This is based on your current APTC.
- **Starting in [14 Month], your [15 estimated] monthly payment will be \$[16 Dollar amount] based on estimated [Year] APTC.**

**Important:** This is only an estimate. It may change due to certain factors, such as changes to benefit design and the overall increase in health care costs. If you receive a tax credit, your premium may change if you have an income change.]. If your premium changes, you'll see your new monthly payment amount when you get your [20 Month] bill.] Please note that premiums are only one component of health care costs. When deciding how to choose a plan, it is important to look at both premium cost, as well as the health care benefits that work best for your needs.

To find out how much financial help you qualify for in [21 Year], update your [22 Marketplace] application. See below for more information.

#### **Other changes**

- [23 Briefly describe plan changes and/or refer to enclosed materials]
- You can review more details about your plan at [24 Issuer website] and in your [25 Year] Summary of Benefits and Coverage.

#### **What you need to do**

1. **Update your [26 Marketplace] application by [27 Date].**

Review your [28 Marketplace] application to make sure the information is still current and correct. Be sure to update any family or income changes. The Marketplace will



Attachment 2: Renewal notice for the individual market where coverage is being renewed in a QHP offered under the same product through the Marketplace

use this information to determine if you qualify for an APTC, sometimes called a subsidy, in [Year]. This may result in changes to your monthly premium payment or out-of-pocket costs. Plus, you can help avoid paying money back when you file your taxes.

**Note:** If you got financial help in [40 Year], don't forget to use Form 8962 when filing your federal taxes. This form reconciles your income for the year with the level of premium tax credit you received. If the numbers are different, you may get more or less tax refund, or you may owe.

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

### **I want to enroll in this plan.**

Update your information in step #1, and then select [30 Plan name and ID] to enroll.

[31 *For renewals from a silver level QHP into a non-silver level QHP (except for Indian enrollees):* **Important:** This isn't a Silver plan in [32 Year]. This means you can't get financial help to lower your out-of-pocket costs if you enroll in this plan. To see if you qualify for these savings, visit [33 the Marketplace URL].

Then enroll in a Silver plan. If you don't, any financial help you currently get to lower your out-of-pocket costs will stop on December 31.]

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

You can choose a new plan between [34 Dates]. Enroll by [35 Date] for coverage to start January 1.

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

- Visit [36 Marketplace website] to see other [37 Marketplace] plans.
- Check with [38 Issuer] to see what other plans may be available. Remember, you won't get financial help unless you qualify and enroll through [39 the Marketplace].

### **We're here to help**

- Visit [43 Marketplace website], or call [44 Marketplace phone number] to learn more about [45 the Marketplace] and to see if you qualify for lower costs.
- Call [46 Issuer] at [47 Issuer phone number] or visit [48 Issuer website].
- [Contact your broker, [Broker Name], at [Broker Phone].]
- Find in-person help from an assister, agent, or broker in your community at LocalHelp.HealthCare.gov.
- [Call [Issuer phone number] if you have a disability. We may be able to help you with a special request at no cost to you.]

Attachment 2: Renewal notice for the individual market where coverage is being renewed in a QHP offered under the same product through the Marketplace

**Getting help in other languages**

*[50 Insert taglines consistent with any applicable language access standards, such as under HHS regulations and guidance.]*

Attachment 3: Discontinuation notice for the individual market outside the Marketplace and the issuer is automatically enrolling the enrollee in a new plan

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

[1 Date]

## It is time to decide what plan is best for you in [Year]

Hi [First Name],

We are here to help you prepare for Open Enrollment. This letter tells you about a new plan for [Year] that may meet your needs. This plan, [Plan name], is available to you because we will no longer offer the health insurance coverage you have now.

Please read this letter carefully so you can:

- Understand your new plan details
- Decide if you want to choose the suggested plan or pick another one

### Your new plan for [8 Year]

We found another plan that may meet your needs. Starting in [9 Month], you'll be automatically enrolled in [10 Plan name].

### Your new premium

- Your current monthly premium is \$[14 Dollar amount].
- **Starting in [15 Month], your [16 estimated] monthly premium will be \$[17 Dollar amount]. [18 Important:** This is only an estimate. It may change due to certain factors, such as changes to benefit design and the overall increase in health care costs. If your premium changes, you'll see your new monthly payment amount when you get your [19 Month] bill.] Please note that premiums are only one component of health care costs. When deciding how to choose a plan, it is important to look at both premium cost, as well as the health care benefits that work best for your needs.

### Other changes

- [20 Briefly describe plan changes and/or refer to enclosed materials]
- You can review more details about this plan at [21 Issuer website] and in your [22 Year] Summary of Benefits and Coverage.

**If you want to pick another plan, enroll by [23 Date] to make sure you have the coverage you want. See below for more information.**

### What you need to do

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

### I want to enroll in this plan.

If you are happy with [Plan name], we will save you the time and hassle by automatically enrolling you. All you have to do is pay your new monthly premium by [Date]. You will get the invoice in [Month] with instructions on how to pay.

Attachment 3: Discontinuation notice for the individual market outside the Marketplace and the issuer is automatically enrolling the enrollee in a new plan

**Important: This isn't a [11 Marketplace] plan. This means you won't get any financial help lowering your monthly premium or out-of-pocket costs if you enroll in this plan. To see if you qualify for these savings, visit [12 the Marketplace URL]. To get these savings, you must enroll in another plan on the Marketplace.**

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

You can choose a new plan between [24 Dates]. Enroll by [25 Date] for coverage to start [26 Date].]

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

- Check with [27 Issuer] to see what other plans may be available.
- Visit [28 Marketplace website] to see other [29 Marketplace] plans.

**We're here to help**

- Call [30 Issuer] at [31 Issuer phone number] or visit [32 Issuer website].
- Visit [33 Marketplace website], or call [34 Marketplace phone number] to learn more about [35 the Marketplace] and to see if you qualify for lower costs.
- [Contact your broker, [Broker Name], at [Broker Phone].]
- Find in-person help from an assister, agent, or broker in your community at LocalHelp.HealthCare.gov.
- [36 Call [37 Issuer phone number] if you have a disability. We may be able to help you with a special at no cost to you.]

**Getting help in other languages**

*[38 Insert taglines consistent with any applicable language access standards, such as under HHS regulations and guidance.]*

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 plan under a different product offered through the Marketplace

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

[1 Date]

[3 Year] Application ID: [4 ID Number]

## **It is time to decide what plan is best for you in [Year]**

Hi [First Name],

We are here to help you prepare for Open Enrollment. This letter tells you about a new plan for [Year] that may meet your needs. This plan, [Plan name], is available to you because we will no longer offer the health insurance coverage you have now.

Please read this letter carefully so you can:

- Understand your new plan details
- Update your application with [the Marketplace]
- Decide if you want to choose the suggested plan or pick another one

### **Your new plan for [14 Year]**

We found another [15 Marketplace] plan that may meet your needs. Unless you choose another plan, we will automatically enroll you in [17 Plan name].

### **Your new premium**

- Your [18 Current Year] monthly payment is \$[19 Dollar amount].
  - Your [Year] estimated Advanced Premium Tax Credit (APTC) is \$[APTC]. This is based on your current APTC.
- **Starting in [22 Month], your [23 estimated] monthly payment will be \$[24 Dollar amount] based on estimated [Year] APTC.**

**Important:** This is only an estimate. It may change due to certain factors, such as changes to benefit design and the overall increase in health care costs. If you receive a tax credit, your premium may change if you have an income change. If your premium changes, you'll see your new monthly payment amount when you get your [20 Month] bill.] Please note that premiums are only one component of health care costs. When deciding how to choose a plan, it is important to look at both premium cost, as well as the health care benefits that work best for your needs.

To find out how much financial help you qualify for in [29 Year], update your [30 Marketplace] application. See below for more information.

### **Other changes**

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

**If you want to pick another plan, enroll by [34 Date] to make sure you have the**

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 plan under a different product offered through the Marketplace

**coverage you want. See below for more information.**

### **What you need to do**

#### **1. Update your [35 Marketplace] application by [36 Date].**

Review your [37 Marketplace] application to make sure the information is still current and correct. Be sure to update any family or income changes. The Marketplace will use this information to determine if you qualify for an APTC, sometimes called a subsidy, in [Year]. This may result in changes to your monthly premium payment or out-of-pocket costs. Plus, you can help avoid paying money back when you file your taxes.

**Note:** If you got financial help in [57 Year], don't forget to use Form 8962 when filing your federal taxes. This form reconciles your income for the year with the level of premium tax credit you received. If the numbers are different, you may get more or less tax refund, or you may owe.

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

##### **I want to enroll in this plan.**

Update your information in step #1, and then select [39 Plan name and ID] to enroll.

[40 *For re-enrollment from a silver level QHP into a non-silver level QHP (except for Indian enrollees):* **Important:** This isn't a Silver plan in [41 Year]. This means you can't get financial help to lower your out-of-pocket costs if you enroll in this plan. To see if you qualify for these savings, visit[42 the Marketplace URL]. Then enroll in a Silver plan. If you don't, any financial help you currently get to lower your out-of-pocket costs will stop on [43 Date].]

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

You can choose a new plan between [44 Dates]. Enroll by [45 Date] for coverage to start [46 Date].

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

- Visit [47 Marketplace website] to see other [48 Marketplace] plans.
- Check with [49 Issuer] to see what other plans may be available.

### **We're here to help**

- Visit [60 Marketplace website], or call [61 Marketplace phone number] to learn more about [62 the Marketplace] and to see if you qualify for lower costs.
- Call [63 Issuer] at [64 Issuer phone number] or visit [65 Issuer website].
- [Contact your broker, [Broker Name], at [Broker Phone].]

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 plan under a different product offered through the Marketplace

- Find in-person help from an assister, agent, or broker in your community at [LocalHelp.HealthCare.gov](https://www.LocalHelp.HealthCare.gov).
- [Call [Issuer phone number] if you have a disability. We may be able to help you with a special request at no cost to you.]

### **Getting help in other languages**

*[67 Insert taglines consistent with any applicable language access standards, such as under HHS regulations and guidance.]*

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

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

[1 Date]

## **It is time to start shopping for a new health plan for [Year]**

Hi [First Name],

We are here to help you prepare for Open Enrollment. This letter gives you instructions on how to shop for and enroll in a new plan.

It is important that you enroll in a new plan. This is because as of [Date], **we will no longer offer the health insurance coverage** you currently have in your area. Not to worry. As long as you enroll in a new plan by [Date], you will continue to receive benefits after your current coverage ends.

### **What you need to do**

You can choose a new plan between [10 Dates].

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

- Check with [13 Issuer] to see what other plans may be available. Remember, you won't get financial help unless you qualify and enroll through [14 the Marketplace].
- Visit [15 Marketplace website] to see other [16 Marketplace] plans.

Again, just make sure to enroll in a new play by [Date]. This will make sure you don't have:

- A gap in your coverage
- To pay a penalty of [12 \$695] or more when you file your taxes
- To pay for all of your health care

### **We're here to help**

- Call [17 Issuer] at [18 Issuer phone number] or visit [19 Issuer website]. You can also work with your local agent or broker.
- Visit [20 Marketplace website], or call [21 Marketplace phone number] to learn more about [22 the Marketplace] and to see if you qualify for lower costs.
- [Contact your broker, [Broker Name], at [Broker Phone].]
- Find in-person help from an assister in your community at [LocalHelp.HealthCare.gov](http://LocalHelp.HealthCare.gov).
- [Call [Issuer phone number] if you have a disability. We may be able to help you with a special request at no cost to you.]

### **Getting help in other languages**



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

*[25 Insert taglines consistent with any applicable language access 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 new plan

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

[1 Date]

[3 Year] Application ID: [4 ID Number]]

<b>It is time to start shopping for a new health plan for [Year]</b>
--

Hi [First Name],

We are here to help you prepare for Open Enrollment. This letter gives you instructions on how to:

- Update your application with [the Marketplace]
- Shop for and enroll in a new plan

[17 For issuers hat no longer have any plans available for re-enrollment in the Marketplace and the individual may be automatically enrolled with another Marketplace issuer: Check with [18 the Marketplace] about auto enrollment in another plan if you don't take action.]

It is important that you enroll in a new plan. This is because as of [Date], **offer the health insurance coverage you currently have**. Not to worry. As long as you enroll in a new plan by [Date], you will continue to receive benefits after your current coverage ends.

### What you need to do

#### 1. Update your [20 Marketplace] application by [21 Date].

Review your [22 Marketplace] application to make sure the information is still current and correct. Be sure to update any family or income changes. The Marketplace will use this information to determine if you qualify for an APTC, sometimes called a subsidy, in [Year]. This may result in changes to your monthly premium payment or out-of-pocket costs. Plus, you can help avoid paying money back when you file your taxes.

**Note:** If you received financial help in [34 Year] to lower your monthly premium, don't forget to use Form 8962 when filing your federal taxes. This form reconciles your income for the year with the level of premium tax credit you received. If the numbers are different, you may get more or less tax refund, or you may owe.

#### 2. Choose a new plan.

You can choose a new plan between [15 Dates]. Here are some ways to look at other plans and enroll:

- Visit [24 Marketplace website] to see other [25 Marketplace] plans.

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 new plan

- Check with [26 Issuer] to see what other plans may be available. [27 **Important:** You may be able to keep your current coverage, but [28 in Year] it won't be offered [29 as a Silver plan] [30 through the Marketplace]]. Remember, you won't get financial help [31 to lower your out-of-pockets costs] unless you qualify and enroll [32 in a Silver plan] through [33 the Marketplace].

Again, just make sure you enroll in a new plan by [Date]. This will make sure you don't have:

- A gap in coverage
- To pay for all of your health care
- To pay a penalty of [19 \$695] or more when you file your taxes

### **We're here to help**

- Visit [37 Marketplace website], or call [38 Marketplace phone number] to learn more about [39 the Marketplace] and to see if you qualify for lower costs.
- Call [40 Issuer] at [41 Issuer phone number] or visit [42 Issuer website].
- [Contact your broker, [Broker Name], at [Broker Phone].]
- Find in-person help from an assister, agent, or broker in your community at LocalHelp.HealthCare.gov.
- [Call [Issuer phone number] if you have a disability. We may be able to help you with a special request at no cost to you.]

### **Getting help in other language**

*[44 Insert taglines consistent with any applicable language access standards, such as under HHS regulations and guidance.]*

## **Appendix C: Technical Comments**

## I. Notice Content

### *Proposed Notice Changes*

As part of our commitment to consumer transparency, Aetna has worked with consumer communities to gain real customer feedback on the draft notices provided in this guidance to ensure the notices are as clear, concise, and consumer friendly as possible. Our research showed that, while consumers appreciated some aspects of the draft notices, such as clear subheadings and specific action steps, they found the draft notice templates generally confusing, repetitive, and impersonal. In response to this feedback and other consumer insight, we created new notice templates that present information in a way our consumers believe is clearer and more consumer-friendly. Appendix A of this letter contains our proposed new notices. If CMS chooses not to change its draft templates as recommended above, we strongly urge CMS to adopt the suggestions outlined in Appendix B, which we believe to be the minimum necessary to avoid undue consumer confusion.

- **Recommendation: Adopt the notices in Appendix A of this letter.** We recommend that CMS finalize the new notice templates we provide in Appendix A of this letter. These revised notices respond to the following concerns:

- **Consumer greeting and a more reassuring tone.** In our testing, consumers reported that the current draft notices have a threatening and alarming tone. We have revised the notices to include a greeting to consumers and language that introduces the purpose of the notice. We also softened the language and added reassuring phrases to ease consumers' minds about upcoming changes and what to expect.
- **More personalization and customized content.** Consumers stated that they wanted to see what exactly is changing so they can make an informed decision about their coverage. We therefore included a side-by-side plan comparison table so consumers can see what plan changes they can expect in the following year. In addition, we recommend that CMS' guidance clearly and explicitly permit issuers to enclose with this notice a separate document that includes personalized plan details.
- **More concise and less repetitive content.** Consumers commented that some portions of the notices were confusing because they were wordy and repetitive. We removed some of the repetitive content and restructured the flow and order of the notices in a way that is more intuitive for consumers.
- **Clearer explanations and instructions.** Consumers informed us that the draft notices do not provide an explanation regarding why their premiums may change or how they could pay their premiums. To address these concerns, we updated subheadings to specifically explain what members must do in order to have coverage for the following year. We also added clearer and more transparent language around premium and out-of-pocket cost information. Specifically, we explained to consumers that premium increases can be a result of a number of factors. First, it is important for a Marketplace consumer to understand that income changes may affect a consumer's tax credit and,

therefore, the consumer's premium for a particular plan. In addition, we noted that premiums (inside and outside of the Marketplaces) may increase due to benefit design changes and the overall increase of health care costs. We also believe the notices should emphasize that premiums are only one component of health care costs, and some consumers may benefit from coverage in a plan with higher premiums but more generous benefits, depending on their particular health care needs.

- **Dedicated section for important dates.** Consumers commented that the notices do not always make clear what they need to do and by what date. We therefore added a section focused on important dates, noting key dates for open enrollment.
- **More contact information options.** In the "Know that we are here to help" section, we added a bullet point informing consumers they can contact a broker for assistance. We also clarified the language in the bullet point addressing disabilities, since the term "reasonable accommodation" may be confusing to consumers.

➤ **Minimum Necessary Recommendation: Adopt the changes to the draft notices, found in Appendix B of this letter.** If CMS chooses not to adopt the changes we propose in Appendix A, at a minimum we urge CMS to adopt our suggested changes to the current templates, as contained in the notices in Appendix B, which include the following suggestions:

- **Consumer greeting and a more reassuring tone.** Like the notices in Appendix A, each of the notices in Appendix B include a greeting to consumers and language that introduces the purpose of each notice. These notices also include softer language than the proposed notices do.
- **Plan changes highlighted.** While the notices in Appendix B do not contain side-by-side comparison tables (like those in Appendix A), we moved the "Changes you'll see to your plan" section higher, to be directly below the greeting. We believe consumers are most interested in what their plan changes will be; therefore, this information should be a focal point in all notices.
- **Clearer explanations and instructions.** Like the new notices in Appendix A, the notices in Appendix B also contain clearer language and information for consumers. Since consumers informed us that the draft notices do not explain how they could pay their premiums, we updated subheadings to explain what members must do in order to have coverage for the following year. To address the concern that consumers may not know why their premiums may change, we added clearer and more transparent language around premium and out-of-pocket cost information. We also explained to consumers that premium increases can be a result of a number of factors. As mentioned above, we believe a Marketplace consumer should understand that income changes may affect a consumer's tax credit and, therefore, the consumer's premium for a particular plan. In addition, consumers should be aware that premiums (inside and outside of the Marketplaces) may increase due to benefit design changes

and the overall increase of health care costs. We reiterate that the notices should emphasize that premiums are only one component of health care costs, and some consumers may benefit from coverage in a plan with higher premiums but more generous benefits, depending on their particular health care needs.

- **More intuitive ordering of sections.** To increase clarity for consumers, we changed the order of some of the notice content. For example, in Attachments 1 and 3, we moved the “this isn’t a Marketplace plan” section down, since these consumers currently have coverage outside of the Marketplace, and placing this alert at the top of the notice could cause confusion. In addition, in Attachments 2 and 4, we moved the note encouraging consumers to reconcile their taxes to appear directly below the Marketplace application section, and we specifically noted Form 8962, so consumers would know exactly what form they need to use when filing their taxes.
- **More contact information options.** Like the notices in Appendix A, the notices in Appendix B include information about brokers in the “We’re here to help” section, and they also include clearer language about assistance for individuals with disabilities.

### *Flexible Language in Notice Templates*

We appreciate that CMS allows issuers to provide additional information regarding renewals or discontinuations of coverage, such as cover letters or benefit descriptions (e.g., Summaries of Benefits and Coverage) in the same mailing as the notices. However, we believe consumers would be better served if CMS provided for more flexibility for issuers to provide customized information in the notice templates themselves.

- **Recommendation: Include flexibility in the notice templates.** CMS should permit issuers to include some variable fields in the notice templates so issuers can add additional information as appropriate.

## **II. Timing**

We appreciate CMS releasing the guidance and proposed notices in advance of 2018 open enrollment, and the flexibility to use the draft notices, the final notices (when published), or the existing federal notices (as published on September 2, 2014) for policy years ending before December 31, 2017. Nevertheless, because issuers will be required to use the finalized version of these notices for the 2018 policy year, CMS should ensure that issuers have ample time to adopt the final notices for with 2018 open enrollment.

- **Recommendation: Finalize these notices as soon as possible but no later than March 2017.** In order for issuers to prepare for the 2018 open enrollment period adequately, CMS should give issuers as much time as possible to incorporate the new notices into their systems, and provide final notices no later than March 2017.

## **III. Consumer Engagement and Transparency**

In this guidance, CMS notes that these proposed notices have been subject to consumer testing.

We also believe that engaging consumers when updating the draft notices is critical, which is why Aetna collaborated with consumer communities to obtain feedback on the draft notices we propose in this letter. We believe that it is critical that CMS and issuers work together to provide clear, concise, and consumer-friendly communications.

We also believe consumers would benefit if issuers were aware of what types of communications the Marketplace intends to send consumers throughout the year. A coordinated effort between issuers and CMS would reduce consumer confusion and help bolster consumer engagement.

- **Recommendation: Share information regarding CMS consumer engagement.** In order to foster transparency and collaboration, CMS should share the details surrounding the consumer research they conducted when drafting the notice templates. We believe it would benefit consumers if CMS shared this knowledge with issuers so that CMS and issuers can work together to achieve the common goal of serving consumers as effectively as possible.
- **Recommendation: Inform issuers about Marketplace consumer communications.** We request that CMS provide issuers with information about what types of communications the Marketplace intends to send consumers, so issuers can align their messaging with that of the Marketplaces.

#### IV. Operational Recommendations

##### *Transmitting BAR Files*

Issuers in the individual market are required by regulation to send renewal notices no later than the first day of open enrollment and product discontinuation notices at least 90 days before the coverage is discontinued. Because the notices include estimated APTC and monthly premium information, issuers need enough time to add this information to each notice, not only so issuers can send notices on time, but also so consumers are informed enough to choose January 1 coverage by December 15.

- **Recommendation: Provide BAR files to issuers as early as possible. [Do we have a date by which the files must be provided?]** We are concerned that a delay in BAR file transmission will hinder issuers' ability to provide APTC and premium information in the notices in a timely fashion. We are also concerned that a delay in transmission will prevent consumers from having enough time to make informed choices about coverage for January 1. We therefore urge CMS to transmit these files as soon as possible.

If CMS is unable to transmit the BAR files with sufficient lead time for issuers to provide the required notices in the timelines required under the regulation, CMS should either remove this information from the notices, or change the regulation to allow issuers to provide the notice later than currently required.

##### *Mapping/Renewal Notices for Marketplace Auto-Enrollment*

The guidance (and the notice in Attachment 6) addresses the scenario in which an issuer is



discontinuing a Marketplace plan and is not automatically enrolling the individual into a new plan. The notice language in Attachment 6 instructs the consumer to check with the Marketplace to see whether the Marketplace will automatically enroll him/her in another plan. However, CMS does not explain who is responsible for notifying the member of the automatic enrollment/mapping.

- **Recommendation: Clarify notice requirements for mapping or renewing an individual into a different issuer's plan.** We CMS to clarify who is responsible for informing a member of the plan into which he or she is automatically enrolled or mapped into.

#### *Electronic Delivery*

We appreciate CMS considering whether to allow issuers to provide notice electronically when: (1) the issuer has given the consumer a choice of standard mail or electronic communication; (2) the consumer has affirmatively consented to electronic communication; and (3) the issuer satisfies the requirements for electronic notices under other applicable federal or state law, for example, privacy and security requirements. We welcome technological advances and believe many consumers would prefer to receive information electronically.

- **Recommendation:** We recommend that CMS provide issuers with guidelines for the best way to use electronic delivery while maintaining compliance with privacy and security requirements. We suggest that to preserve the confidentiality of our consumers' personal health information, members should receive an email alerting the member of the notice, and requiring the member to log into a secure member portal to access it.