

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

[2 [First Name][Last Name]

[1 Date]

[Address line 1]

[Address line 2]

[City][State][Zip]

Important: Take action by [3 Date] ~~-or you'll be automatically re-enrolled in similar coverage.~~

Thank you for choosing [4 Issuer] for your health care needs.

Why am I getting this letter?

Your health insurance coverage is still being offered in [5 Year], but some details may have changed. Read this letter carefully and decide if you want to keep this plan or choose another one. Unless you take action by [6 Date], you'll be automatically enrolled in this plan for [7 Year].

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 remain enrolled in this plan. To get these savings if you qualify, you must go to [9 the Marketplace] and enroll in another plan. [10 If you don't, any financial help you currently get will end in [11 Month].] To see if you qualify, visit [12 Marketplace website].

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

Your new premium

- Your [14 Current year] monthly premium is \$[15 Dollar amount]. [This reflects a monthly payment of \\$\[XX CONSUMER SHARE OF PREMIUM\] minus \\$\[APTC AMOUNT\] of financial help.](#)
- **Starting in [16 Month], your [17 estimated] monthly premium will be \$[18 Dollar amount]. [19 Important:** This is only an estimate. You'll see your new monthly payment amount when you get your [20 Month] bill.]

Commented [JA1]: This notice, like other notices, should include the APTC amount received.

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.

Pay the new monthly premium and you'll be automatically enrolled.

I want to pick a different plan.

[24 You can choose a new plan between [25 Dates]. Enroll by [26 Date] for coverage to start [27 Date].]

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

- Visit [30 Marketplace website] to see [31 Marketplace] plans.
Consumers who shop can save hundreds of dollars per year and can find a plan that best meets their needs and budget.
- 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.~~
~~Consumers who shop can save hundreds of dollars per year and can find a plan that best meets their needs and budget.~~

Commented [JA2]: Visit the Marketplace should always be first as it provides a more comprehensive list of options.

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 [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.~~
- Find in-person help from an assister, agent, or broker in your community at LocalHelp.HealthCare.gov.
- [38 Call [39 Issuer phone number] to request a reasonable accommodation at no cost to you if you have a disability.]

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

[1 Date]

[2 First Name][Last Name]

[Address line 1]

[Address line 2]

[City][State][Zip]

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

Important: Take action by [5 Date] ~~or you'll be automatically re-enrolled in similar coverage.~~

Thank you for choosing [6 Issuer] for your health care needs.

Why am I getting this letter?

Your health insurance coverage is still being offered in [7 Year], but some details may have changed. Read this letter carefully and decide if you want to keep this plan or choose another one. Also make sure to update your information with [8 the Marketplace].

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

Your new premium

- Your [10 Current year] monthly payment is \$[11 Dollar amount]. This reflects a monthly premium of \$[12 Dollar amount] minus \$[13 Dollar amount] of financial help per month.
- **Starting in [14 Month], your [15 estimated] monthly payment will be \$[16 Dollar amount].**
This reflects an [17 estimated] monthly premium of \$[18 Dollar amount] minus the same amount of financial help you're getting now. You'll see your new monthly payment when you receive your [19 Month] bill.
Important: This is only an estimate based on the amount of financial help you got in [20 Year]. 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, and to see if you qualify for more or less financial help than in [29 Year]. This

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

may result in a lower monthly premium payment or lower out-of-pocket costs. Plus, you can help avoid paying money back when you file your taxes.

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

I want to enroll in this plan.

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 get these savings if you qualify, you must go back to [33 the Marketplace] and enroll in a Silver plan. If you don't, any financial help you currently get to lower your out-of-pocket costs will stop on December 31.]

I want to pick a different plan.

You can choose a 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. Consumers who shop can save hundreds of dollars per year and can find a plan that best meets their needs and budget.
- 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].

Note: If you got financial help in [40 Year] to lower your monthly premium, you'll have to "reconcile" when you file your federal taxes. This means you'll compare the amount of premium tax credit you used in advance during [41 Year] with the amount you actually qualify for based on your final [42 Year] household income and eligibility information. If the numbers are different, you may get more or less tax refund, or you may owe.

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].
- Find in-person help from an assister, agent, or broker in your community at [LocalHelp.HealthCare.gov](https://www.LocalHelp.HealthCare.gov).

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

- Call [49 Marketplace phone number] to request a reasonable accommodation at no cost to you if you have a disability.

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

[1 Date]

[2 [First Name]][Last Name]

[Address line 1]

[Address line 2]

[City] [State] [Zip]

Important: Take action by [3 Date], or you'll be automatically enrolled in a [new-different](#) plan.

Commented [JA3]: It's important to highlight that this is a *different* plan because it provides more encouragement for consumers to come back to the Marketplace.

Thank you for choosing [4 Issuer] for your health care needs.

Why am I getting this letter?

Beginning [5 Date], we won't offer [6 in your area] the health insurance coverage you currently have. The last day of your current coverage is [7 Date]. Read this letter carefully and review your options.

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].

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 get these savings if you qualify, you must go to [12 the Marketplace] and enroll in another plan. To see if you qualify, visit [13 Marketplace website].

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. You'll see your new monthly payment amount when you get your [19 Month] bill.]

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.

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

I want to enroll in this plan.

Pay the monthly premium and you'll be automatically enrolled.

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:

- Visit [28 Marketplace website] to see other [29 Marketplace] plans.
Consumers who shop can save hundreds of dollars per year and can find a plan that best meets their needs and budget.
- Check with [27 Issuer] to see what other plans may be available.
- ~~Visit [28 Marketplace website] to see other [29 Marketplace] plans.~~
~~Consumers who shop can save hundreds of dollars per year and can find a plan that best meets their needs and budget.~~

We're here to help

- 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.
- 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.~~
- Find in-person help from an assister, agent, or broker in your community at LocalHelp.HealthCare.gov.
- [36 Call [37 Issuer phone number] to request a reasonable accommodation at no cost to you if you have a disability.]

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

[1 Date]

[2 [First Name]][Last Name]

[Address line 1]

[Address line 2]

[City] [State] [Zip]

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

Important: Take action by [5 Date] or you'll be automatically enrolled in a [new-different](#) [6 Marketplace] plan.

Thank you for choosing [7 Issuer] for your health care needs.

Why am I getting this letter?

Beginning [8 Date], we won't offer [9 in your area] the health insurance coverage you currently have [10 in the Marketplace]. The last day of your current [11 Marketplace] coverage is [12 Date]. Read this letter carefully and review your options. Also make sure to update your information with [13 the Marketplace].

Your new plan for [14 Year]

We found another [15 Marketplace] plan that may meet your needs. Starting in [16 Month], you'll automatically be enrolled in [17 Plan name].

Your new premium

- Your [18 Current Year] monthly payment is \$[19 Dollar amount].
This reflects a monthly premium of \$[20 Dollar amount] minus \$[21 Dollar amount] of financial help per month.
- **Starting in [22 Month], your [23 estimated] monthly payment will be \$[24 Dollar amount].**
This reflects an [25 estimated] monthly premium of \$[26 Dollar amount] minus the same amount of financial help you're getting now. You'll see your new monthly payment when you receive your [27 Month] bill.
Important: This is only an estimate based on the amount of financial help you got in [28 Year]. 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.

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

If you want to pick another plan, enroll by [34 Date] to make sure you have the 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, and to see if you may qualify for more or less financial help [38 in Year] than you're getting now. This may result in a lower monthly premium payment or lower out-of-pocket costs. Plus, you can help avoid paying money back when you file your taxes.

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

I want to enroll in this plan.

After updating ~~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 get these savings if you qualify, you must go back to [42 the Marketplace] and enroll in a Silver plan. If you don't, any financial help you currently get to lower your out-of-pocket costs will stop on [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. Consumers who shop can save hundreds of dollars per year and can find a plan that best meets their needs and budget.
- Check with [49 Issuer] to see what other plans may be available. **[50 Important:** You may be able to keep your current coverage, but [51 in Year] it won't be offered [52 as a Silver plan] through [53 the Marketplace.]] Remember, you won't get financial help [54 to lower your out-of-pocket costs] unless you qualify and enroll [55 in a Silver plan] through [56 the Marketplace].

Note: If you got financial help in [57 Year] to lower your monthly premium, you'll have to "reconcile" when you file your federal taxes. This means you'll compare the amount of premium tax credit you used in advance during [58 Year] with the amount you actually qualify for based on your final [59 Year] household income

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

and eligibility information. If the numbers are different, you may get more or less tax refund, or you may owe.

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].
- Find in-person help from an assister, agent, or broker in your community at [LocalHelp.HealthCare.gov](https://www.localhelp.healthcare.gov).
- Call [66 Marketplace phone number] to request a reasonable accommodation at no cost to you if you have a disability.

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

[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]. 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.

Why am I getting this letter?

Beginning [7 Date], we won't offer the health insurance coverage you currently have [8 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 [9 Date]. Read this letter carefully and review your options.

You can choose a new plan between [10 Dates]. **To make sure there isn't a gap in your coverage, and avoid paying a penalty, enroll in a new plan by [11 Date].**

What you need to do

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

You may also have to pay a penalty of [12 \$695] or more when you file your taxes.

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

- Visit [15 Marketplace website] to see other [16 Marketplace] plans. Consumers who shop can save hundreds of dollars per year and can find a plan that best meets their needs and budget.
- 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. Consumers who shop can save hundreds of dollars per year and can find a plan that best meets their needs and budget.~~

We're here to help

- 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.
- Call [17 Issuer] at [18 Issuer phone number] or visit [19 Issuer website]. You can also

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

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

- Find in-person help from an assister in your community at [LocalHelp.HealthCare.gov](https://www.LocalHelp.HealthCare.gov).
- [23 Call [24 Issuer phone number] to request a reasonable accommodation at no cost to you if you have a disability.]

Getting help in other languages

[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]

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

Urgent: Your health coverage is at risk. Take action by [5 Date], or you won't have health coverage in [6 Year]. You may have to pay a penalty of [7 \$695] or more when you file your taxes.

Thank you for choosing [8 Issuer] for your health care needs.

Why am I getting this letter?

Beginning [9 Date], we won't offer [10 in your area] the health insurance coverage you currently have [11 in the Marketplace]. This means you may will lose your health coverage. You must enroll in a new plan to have coverage. The last day of your current coverage [12 in the Marketplace] is [13 Date]. Read this letter carefully and review your options. Also make sure to update your information with [14 the Marketplace].

You can choose a new plan between [15 Dates]. **To make sure there isn't a gap in your coverage, and avoid paying a penalty, enroll in a new plan by [16 Date].**

~~[17 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 [18 the Marketplace] about whether it will automatically enroll you in another plan if you don't take action.]~~

What you need to do

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

You may also have to pay a penalty of [19 \$695] or more when you file your taxes.

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

Review your [22 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 [23 in Year] than you're getting now. This may result in a lower monthly premium payment or lower out-of-pocket costs. Plus, you can help avoid paying money back when you file your taxes.

2. Choose a new plan.

[1 Date]

Commented [JA4]: The bulletin indicates that this notice will be used when an issuer no longer has plans available for re-enrollment through the Marketplace but the enrollee's current product remains available for renewal outside the Marketplace, and the issuer must allow the enrollee to renew coverage under the same product outside the Marketplace to comply with guaranteed renewability requirements. However, the header above notes that this notice also will be used when coverage being discontinued was in a QHP offered through the Marketplace and the issuer is not automatically enrolling the enrollee in a new plan.

It's not possible to use one notice for these two different scenarios – one of which involves re-enrollment and the other does not. It leads to confusion as we note in further comments below. We recommend using two different notices for these different purposes.

Commented [JA5]: This is very confusing. The headline says that if the consumer doesn't take action, he or she won't have health coverage for the next year. But then this says that they may be automatically enrolled into other health coverage.

We understand that in some, but not all, cases the Marketplace may be able to auto-enroll the consumer into a non-Marketplace plan. However, the consumer would still have to go back to the Marketplace to inquire about whether they can be auto-enrolled. In these instances, it's best to just tell the consumer to contact the Marketplace and explore their options.

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

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

- Visit [24 Marketplace website] to see other [25 Marketplace] plans. Consumers who shop can save hundreds of dollars per year and can find a plan that best meets their needs and budget.
- 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].

Note: If you received financial help in [34 Year] to lower your monthly premium, you'll have to "reconcile" when you file your federal taxes. This means you'll compare the amount of premium tax credit you used in advance during [35 Year] with the amount you actually qualify for based on your final [36 Year] household income and eligibility information. If the numbers are different, you may get more or less tax refund, or you may owe.

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].
- Find in-person help from an assister, agent, or broker in your community at LocalHelp.HealthCare.gov.
- Call [43 Marketplace phone number] to request a reasonable accommodation at no cost to you if you have a disability.

Getting help in other language

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