



**Centers for Medicare and Medicaid Services
Center for Consumer Information and Insurance Oversight
Re: Draft Updated Federal Standard Renewal and Product Discontinuation Notices**

June 27, 2016

Submitted electronically to 2017DiscontinuationandRenewalNotices@cms.hhs.gov

We write to provide comments on the federal standard renewal and product discontinuation notices. Families USA is a national nonprofit, nonpartisan organization dedicated to achieving high-quality, affordable health care and improved health for all. We appreciate the opportunity to provide feedback in order to strengthen the information consumers receive.

The following comments are provided with input from Families USA's Enrollment Assister Network, which is a network of more than 6,000 enrollment assisters from across the country. Assisters play a vital role in helping consumers understand and act on information provided to them in plan notices. Thus, our network was eager to provide us with their ideas for improvement. Our recommendations are also in alignment with the Centers for Medicare and Medicaid Services' (CMS) goal of making notices shorter, simpler, and easier to understand and navigate. Should you have any questions about our comments, please contact Elizabeth Hagan, Senior Policy Analyst (Ehagan@familiesusa.org) or Kara Nester (KNester@Familiesusa.org), at (202) 628-3030.

The comments below are changes we recommend for all the notices included in the renewal and product discontinuation package. To see comments on specific notices, please refer to our appendix that details specific recommendations for each notice.

Sincerely,

Elizabeth Hagan
Senior Policy Analyst

Kara Nester
Policy Analyst

Displaying Cost

We are pleased that the notices use bold font and summarize the purpose of the notice at the beginning to draw consumer attention to important information. However, while the notices detail whether the consumer will maintain coverage in their current plan, be moved into another plan, or have their plan discontinued, the “important” section of the notice fails to mention the cost implications of each of these actions. When choosing a plan through the individual market, individuals are most likely to cite costs as the most important factor in selecting or switching a plan,¹ so cost information should be made more prevalent within the notice. This indicates that cost information can impact whether someone takes action after reviewing their notice. Even if an enrollee is automatically enrolled into “similar coverage,” their premium will likely change somewhat. This should be included at the top of the notice.

Recommendation: Add cost information to the “Important” section of the notice

Cost information is also crucial to enrollees who are being auto-renewed into a plan in a different metal tier than their current coverage, as these changes significantly impact enrollees’ out-of-pocket costs. Further, for those with a silver level plan, the amount of financial help they are eligible for may be dramatically impacted by such a change. While the current notices make note of a metal tier change in the “What you need to do” section in the *second* page of the notice, we propose adding this kind of language to *first* page of the notice below the “Important” section. These significant cost changes are also likely very important to the consumer and should therefore be highlighted further up in the notice. We also recommend that when a plan is changing metal tiers, summary language be added under the “Important” section of the notice about the cost implications of such a change.

Recommendation: Add language at top of the notice if an enrollees’ plan is changing metal tiers

We applaud CMS for displaying an estimate of a consumers’ premium after Advanced Premium Tax Credits (APTCs) are taken into account, rather than only including the cost of the total premium. In past years, assisters have reported frustration and confusion from consumers when they see the new price of their plan without APTCs factored into the consumer’s price. This caused consumers to think that their premiums were increasing by hundreds of dollars in the next plan year.

Currently, the notices give an estimate of next year’s premium regardless of whether the consumer is enrolled in coverage with and without financial assistance. We realize that issuers have short timeframes and other limitations that can make creating notices difficult, which makes it so *estimates* of the premium are only provided on the notice. However, we propose that consumers also be given information about where to locate the *exact* price of their premium for the next year, in addition to the estimate provided in the notice. For example, if the notice price is an estimate, where can a consumer go to find more information? Seeing the new premium amount on their first bill is not a viable option for consumers who with limited budgets.

Recommendation: Include the *exact* premium price for next year. For issuers that are unable to provide the exact price, provide information about where a consumer can find that information prior to receiving their first bill.

In addition, we recommend presenting the *current* monthly premium price side by side with the monthly premium for *next* year. These side by side comparisons are helpful for consumers in their decision-

¹ Liz Hamel, Jamie Firth, Larry Levitt, Gary Claxton, and Mollyann Brodie, *Survey of Non-Group Health Insurance Enrollees, Wave 3*, (Washington: Kaiser Family Foundation, May 2016), available online at: <http://kff.org/health-reform/poll-finding/survey-of-non-group-health-insurance-enrollees-wave-3/>.

making. This will also shorten the length of the notice and allow consumers to easily compare what they are currently paying with their new monthly premium.

[See the appendix for an example of how this format may look in a notice.]

Recommendation: Present side-by-side comparisons of premium cost for *current* year and *next* year.

Currently, the only cost information included in the notice is the consumer's monthly premium. While the monthly premium is important, consumers need to know about additional costs they may incur throughout the year. While we recognize that all cost information cannot be included in an annual notice, there is utility in adding deductibles to notices. The majority of enrollees in the individual market rate deductibles as an "extremely" or "very important" factor in selecting a health plan, and deductibles are only slightly behind premiums in importance.¹ Consumers are starting to understand that there is more than just a premium to consider when looking at the cost of a plan. Given the prevalence of high deductible plans and the increased consumer understanding of deductibles, we recommend that annual deductibles be given to enrollees through the annual notice process.

Deductibles are especially important to know for consumers who are reenrolled in a plan in a different metal tier, given that annual deductibles can change drastically with a new plan. Further, consumers who are moving from a silver-level QHP to another metal tier are losing cost-sharing reductions (CSRs), which can have large implications on cost. Premiums are not affected by CSRs, so presenting just the premium alone does not give an accurate depiction of how their total costs will change with a change in metal tier. To adequately communicate the cost differences from an elimination of CSRs, the notice should include deductible prices.

Recommendation: Present deductible prices in notices

Action Steps

Both assisters and consumers have reported that the "what you need to do" instructions in the renewal and product discontinuation notices are confusing and do not provide sufficient enough explanation for a consumer to follow from the notice alone. For example, some of the notices ask the consumer to update their Marketplace application but fail to detail how to update their application, and when the consumer gets onto their online Marketplace account there is no "Update now" button. In addition, there is no indication that the consumer can update their account over the phone. It is critical that any next steps that are outlined also include *how* a consumer can take these steps. We encourage CMS to include a "checklist" of action steps clearly spelled out. We understand that each enrollee will have different needs and not all enrollees will want to proceed in the same way, but listing steps out in this way can make the information easier to understand and more actionable.

Recommendation: Improve the "What you need to do" section to provide explicit, clear, actionable steps in a "checklist" that include options for those who wish to take steps over the phone

We recommend giving explicit instructions in notices when possible. This is especially important, for example, in Notice 5 and 6 where a consumer's coverage is being terminated and the consumer needs to take action to maintain coverage. Instead of starting the notice with the statement that health coverage is at risk, we recommend starting by telling the consumer what is happening to their health coverage.

Among all of the notices in this package, we found that the exact action steps are hard to find and decipher. For example, if the consumer is being switched into the same plan at a different metal tier, it should be made clear at the beginning of the notice. Or, if a consumer is being re-enrolled into a similar plan but should still examine their costs and coverage, this should be made clear at the top. Words such as “may” and “possible” can serve to confuse consumers. Further, as we note below, we recommend that the action steps include information about the availability of in-person assistance.

[See appendix for recommended wording changes for clarity.]

Recommendation: Use decisive language when possible

In-Person Assistance

The use of in-person assistance is important to consumers successfully enrolling in *and* renewing coverage. The availability of in-person assistance should be emphasized to enrollees, as many are still unaware that they can get free in-person help to understand their coverage options. Families USA received several comments that the availability of Navigators, Certified Application Counselors, and other in-person assisters often gets lost in the notice, and many consumers only find in-person assistance after exploring many other enrollment channels unsuccessfully.

Recommendation: Highlight the availability of in-person assistance prominently in the notice

In addition, the availability of in-person assistance should be presented in a way that allows consumers to find in-person assistance in a variety of ways, and not just online. Those who seek in-person assistance from assister programs often lack internet access at home² and should have equal opportunity to find in-person assistance as those with internet. Currently, notices only give consumers information about Healthcare.gov’s Find Local Help tool to locate an in-person assister. We recommend that consumers are given both a website *and* call-center number to call in order to locate in-person assistance. Many assisters in our Enrollment Assister Network also recommended that notices include phone numbers of assisters in their area. In the future, we encourage CMS to explore ways to customize notices to include information about in-person assistance in the enrollee’s local area. With this information, notices may be more lengthy, but the information will help to ensure that enrollees have the information needed to take action.

Recommendation: Provide the call-center number as a way for consumers to find local in-person assistance

Alignment with Other Notices

The Marketplace and issuers sent numerous notices to consumers throughout the year, which can serve to confuse consumers. We recommend that CMS coordinate notice language and content across the different entities that send consumers notices. This is particularly important when action steps are needed to keep coverage. Further, the exact language should be consistent with training and information provided to call center representatives. Many consumers are likely still unfamiliar with the different entities involved, so it is critical that all of the entities use the same messages and language. Consistent with prior recommendations, we still recommend that the Marketplace send a “notice of all notices” to consumers and provide that same overall information to assisters and call center representatives that outlines when

² Karen Pollitz, Jennifer Tolbert, Ashley Semanskee, *2016 Survey of Health Insurance Marketplace Assister Programs and Brokers*, (Washington: Kaiser Family Foundation, June 2016), available online at <http://files.kff.org/attachment/2016-Survey-of-Marketplace-Assister-Programs-and-Brokers>.

notices will be sent, what information the notices include, and what the notices mean for a consumer retaining coverage.

Recommendation: Use consistent language across Marketplace and issuer notices and send a “notice of all notices” to consumers, assisters, and call center representatives.

Off-Marketplace Plan Notices

We appreciate the requirement to have a section labelled “Important” that details that a consumer enrolled in an individual market plan outside of the Marketplace is not eligible for financial assistance. However, we recommend a few changes to this section that will help consumers fully understand the implications of buying coverage outside the Marketplace. First, we encourage these “Important” sections to be re-worded to encourage individuals to re-examine their eligibility for financial assistance each year. Second, we recommend that language be added to explain that enrollees who have coverage outside the Marketplace won’t be able to switch into Marketplace coverage and receive financial assistance, even if their income changes during the year. Families USA has received many cases from assisters where consumers experience a change in income during the year that makes their premium unaffordable. Because they do not lose their coverage, they do not qualify for a special enrollment period (SEP).

Recommendation: Emphasize the availability of financial assistance to consumers enrolled in plans outside the Marketplace

Please see the following appendix for specific edits we recommend be made to the six draft notices.

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

[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 re-enrolled in [a similar health plan](#).
[However, costs for this health plan may have changed.](#)

Deleted: similar coverage

Comment [KN1]: Important to emphasize up-front that while they will be auto-enrolled into a similar plan, the cost most likely won't be the same, especially important for consumers without financial assistance

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... [1]

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].

[If you have any questions about this notice, you can call \[the Marketplace\] or your local in-person assister for more information \(see more about help options below\).](#)

Comment [KN2]: Important to emphasize up front (in the first page of the notice) that help is available if the consumer does not understand why they are getting the notice and what to do next

Deleted: Important

Deleted: To get these savings if you qualify

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. [In order to qualify for savings, 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].

Comment [KN3]: There are multiple important implications that should be conveyed to consumers about non-Marketplace plans:

- 1.They don't provide financial assistance
- 2.You can't switch into Marketplace coverage in some situations even if your circumstances change

1. [In your current plan, if you income changes during the course of \[Year\], you will be unable to switch to a Marketplace plan that has financial assistance even if you have an income change that makes you newly eligible for financial assistance](#)

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

Your new premium

[Current year] monthly premium	[Next Year] estimated monthly premium
\${Dollar amount}	\${Dollar amount}

Comment [KN4]: A graphical depiction allows consumers to see costs side by side and eliminates some text

Deleted: 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. You'll see your new monthly payment amount when you get your [20 Month] bill.]

Comment [KN5]: How close is this estimate? Is this a predictor consumers would want to use to switch plans?

Comment [KN6]: Any way to get information about *actual* costs before a bill?

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.

Comment [KN7]: How does one access this? If online, what are offline resources for those with limited internet access?

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 on [payment date] and you'll be automatically enrolled. (See estimated new premium above)

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].] 9

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

- Meet with free in-person help for help picking a plan that meets your needs and budget. You can find in-person help in your area by visiting at LocalHelp.HealthCare.gov or by calling the Marketplace at [marketplace call center number].
- 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.

We're here to help

- Find in-person help from an assister, agent, or broker in your community at LocalHelp.HealthCare.gov or by calling the Marketplace call center at [marketplace call center number].
- 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.
- [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.]

Deleted:

Comment [EH8]: Families USA has submitted comments to make in-person assistance locator assistance available through the call center for those who do not have access to internet. We recommend in-person assistance being accessible through the main menu of options where a consumer can dial a number for these services.

Comment [KN9]: Assisters in our network communicated that the availability in-person assistance is still under communicated to consumers

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Comment [EH10]: Families USA has submitted comments to make in-person assistance locator assistance available through the call center for those who do not have access to internet. We recommend in-person assistance being accessible through the main menu of options where a consumer can dial a number for these services.

Deleted: Find in-person help from an assister, agent, or broker in your community at 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

[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 into a similar health plan. However, costs for this health plan may have changed. **Add if coverage is now in different metal tier:** This plan will differ from your current coverage with the health plan contributing a different amount to your overall cost of care. This could have a significant impact on your overall costs. See below for details on expected costs. **Add for silver-level enrollees who are now in a different metal tier:** Your plan is not a silver plan in [41 Year] anymore, which means you can't get financial help to lower your out-of-pocket costs, such as your deductible and co-pays, if you stay in this plan.

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].

If you have any questions about this notice, you can call [the Marketplace] or your local in-person assister for more information (see more about help options below).

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

Your new premium

[Current year] monthly premium	[Next Year] estimated monthly premium
\$(Dollar amount)	\$(Dollar amount)

• 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.

Your new deductible

[Current year] deductible	[Next Year] estimated deductible
\$(Dollar amount)	\$(Dollar amount)

• Starting in [14 Month], your [15 estimated] annual deductible will be \$[16 Dollar amount].

Deleted: coverage

Deleted: have different coverage the coverage you currently have. .

Comment [KN11]: Important to be clear at very beginning if their metal tier will change and the amount of financial help could be impacted (ex silver to bronze)

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

Comment [KN12]: Important to emphasize up front (in the first page of the notice) that help is available if the consumer does not understand why they are getting the notice and what to do next

Comment [KN13]: A graphical depiction allows consumers to see costs side by side and eliminates some text

Deleted: • Your [10 Current year] monthly payment is \$[11 Dollar amount]. [2]

Comment [KN14]: If there is a change in metal tier, add this portion to the notice

Comment [KN15]: A graphical depiction allows consumers to see costs side by side and eliminates some text

[Add if for renewals from a silver level QHP into a non-silver level QHP (except for Indian enrollees): Your current year deductible may have financial help applied to it. Your new deductible in next year is ineligible for any financial help because your current plan is no longer a silver plan.]

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 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, such as your deductible and co-pays, 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:

• Meet with free in-person help to look over your plan options and enroll into a plan. You can find in-person help in your area by visiting at LocalHelp.HealthCare.gov or by calling the Marketplace at [marketplace phone number].

• 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].

We're here to help

- Find in-person help from an assister, agent, or broker in your community at LocalHelp.HealthCare.gov or by calling the Marketplace call center at [marketplace call center number]. 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].
- Call [49 Marketplace phone number] to request a reasonable accommodation at no cost to you if you have a disability.

Comment [KN16]: How does one access this? If online, what are offline resources for those with limited internet access?

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Comment [KN17]: Assisters in our network communicated that the availability in-person assistance is still under communicated to consumers

Comment [KN18]: This seems difficult for a Marketplace consumer—will they have to sort through Marketplace and non-Marketplace plans on their own?

Deleted: 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. .

Comment [EH20]: Families USA has submitted comments to make in-person assistance locator assistance available through the call center for those who do not have access to internet. We recommend in-person assistance being accessible through the main menu of options where a consumer can dial a number for these services.

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Deleted: • Find in-person help from an assister, agent, or broker in your community at LocalHelp.HealthCare.gov. .

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 plan. Costs may be a significant change from your current health plan and some costs are detailed below.
To see if you are eligible for financial assistance for next year, visit your [Marketplace] at [Marketplace website].

Why am I getting this letter?

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

If you have any questions about this notice, you can call [the Marketplace] or your local in-person assister for more information (see more about help options below).

Your new plan for [8 Year]

We found another plan, with the same health insurance company, which 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].

In your current plan, if you income changes during the course of [Year], you will be unable to switch to a Marketplace plan that has financial assistance even if you have an income change that makes you newly eligible for financial assistance.

Your new premium

<u>[Current year] monthly premium</u>	<u>[Next Year] estimated monthly premium</u>
<u>\$(Dollar amount)</u>	<u>\$(Dollar amount)</u>

• 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.

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

Comment [KN21]: We believe it is important to talk about costs in the beginning and remind them that enrolling in a Marketplace plan can help lower costs

Deleted: [6 in your area] the health insurance coverage you currently

Deleted: have

Comment [KN22]: Important to emphasize up front (in the first page of the notice) that help is available if the consumer does not understand why they are getting the notice and what to do next

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Comment [KN23]: There has been confusion among consumer if this is a SEP—this makes it clear that individuals can't enroll into Marketplace coverage mid-year for the financial assistance

Comment [KN24]: A graphical depiction allows consumers to see costs side by side and eliminates some text

Deleted: • Your current monthly premium is \$(14 Dollar amount). .

Comment [KN25]: How does one access this? If online, what are offline resources for those with limited internet access?

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 monthly premium [on \[payment date\]](#) 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].] [You can explore \[Marketplace\] health plans to see if you qualify for financial help.](#)

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

- [Meet with free in-person help to look over your plan options and enroll into a plan. You can find in-person help in your area by visiting at LocalHelp.HealthCare.gov or by calling the Marketplace at \[marketplace phone number\].](#)
- 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.

Comment [KN26]: Assistors in our network communicated that the availability of in-person assistance is still under-communicated to consumers

We're here to help

- [Find in-person help from an assister, agent, or broker in your community at LocalHelp.HealthCare.gov or by calling the Marketplace call center at \[marketplace call center number\]](#)
- 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.
- [36 Call [37 Issuer phone number] to request a reasonable accommodation at no cost to you if you have a disability.]

Deleted: • Find in-person help from an assister, agent, or broker in your community at LocalHelp.HealthCare.gov. .

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 [6 Marketplace] plan. Costs for this health plan may be different from your current health plan costs. Some expected costs are detailed below.

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].

If you have any questions about this notice, you can call [the Marketplace] or your local in-person assister for more information (see more about help options below).

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].

Insert for silver plan enrollees whose new product is also silver: This plan was selected for you because it offered similar coverage as your previous plan. This will allow you to obtain the full amount of financial assistance afforded to you under this level plan, which includes financial help with out-of-pocket costs, such as copays. However, the plan may cover different providers and prescription drugs than your current plan. If you would like to explore other plans, visit the [Marketplace].

Insert for silver plans whose new product is another metal tier: Your new health plan was selected for you because it is most similar to the health plan you selected from last year. However, **you will no longer receive financial help to reduce your out-of-pocket costs, such as co-pays and deductibles, when enrolled in this new plan.** If you would like to be enrolled in a plan that provides help with out-of-pocket costs, visit the [Marketplace] to explore "silver plans."

Insert for other metal tiers (besides silver) where new product is in same metal tier: This plan was selected for you because it offered similar coverage as your previous plan. However, the plan may cover different providers and prescription drugs than your current plan. If you would like to explore other plans, visit the [Marketplace].

Insert for other metal tiers (besides silver) where new product is in a different metal tier: Your new health plan was selected for you because it is most similar to the health plan you selected from last year. However, **the level of coverage is different from last year, which may have a significant impact on the amount you pay for your health plan.**

Your new premium

[Current year] monthly premium	[Next Year] estimated monthly premium
\$(Dollar amount)	\$(Dollar amount)

• Starting in [22 Month], your [23 estimated] monthly payment will be \$[24 Dollar amount].

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

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Comment [KN27]: Important to emphasize up front (in the first page of the notice) that help is available if the consumer does not understand why they are getting the notice and what to do next

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Comment [KN28]: A graphical depiction allows consumers to see costs side by side and eliminates some text

Deleted: • Your [18 Current Year] monthly payment is \$[19 Dollar amount]. .

... [3]

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.

Your new deductible

[Current year] deductible	[Next Year] estimated deductible
\$[Dollar amount]	\$[Dollar amount]

• **Starting in [Month], your [15 estimated] annual deductible will be \$[Dollar amount].**
[Add if for renewals from a silver level QHP into a non-silver level QHP (except for Indian enrollees): Your current yearly deductible is currently reduced with financial assistance. Your new deductible in [next year] is ineligible for this financial assistance because your current plan is no longer a "silver plan." If you would like to be enrolled in a plan that provides help with out-of-pocket costs, visit the [Marketplace] to explore silver plans.]

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.

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.

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, such as your deductible and co-pays, 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:

Comment [KN29]: If there is a change in metal tier, add this section to the notice

Comment [KN30]: A graphical depiction allows consumers to see costs side by side and eliminates some text

Comment [KN31]: How does one access this? If online, what are offline resources for those with limited internet access?

Comment [KN32]: Indent the two options as you have in the other notices

Comment [KN33]: This is currently buried within a subbullet—which emphasizes the need to highlight this point at the beginning of the notice

- [Meet with free in-person help to look over your plan options and enroll into a plan. You can find in-person help in your area by visiting at LocalHelp.HealthCare.gov or by calling the Marketplace at \[marketplace phone number\].](#)

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].

We're here to help

- [Find in-person help from an assister, agent, or broker in your community at LocalHelp.HealthCare.gov or by calling the Marketplace call center at \[marketplace call center number\]](#)

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].
- 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.]

Comment [KN34]: Assisters in our network communicated that the availability of in-person assistance is still under-communicated to consumers

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

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Deleted: • Find in-person help from an assister, agent, or broker in your community at LocalHelp.HealthCare.gov. -

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 current health coverage will end on [Date] if you do not take action. Enroll into a new plan prior to December 15, 2016 to avoid any gaps in coverage. If you fail to take action and enroll into a plan, you may have to pay a penalty of [5 \$695] or more when you file your taxes.

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 will lose your current 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]. After [End date], the open enrollment period will close and only certain individuals will be able to enroll into coverage for [next year] after this date. To make sure there isn't a gap in your coverage and to avoid paying a penalty, enroll in a new plan by [11 Date].

If you have any questions about this notice, you can call [the Marketplace] or your local in-person assister for more information (see more about help options below).

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 can explore plan options on [the Marketplace].

If you fail to enroll into health coverage, 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:

- Meet with a trained in-person assister at no charge to look over your plan options and enroll into a plan. You can access in-person help in your area by visiting at LocalHelp.HealthCare.gov
- 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

- Meet with free in-person help to look over your plan options and enroll into a plan. You can find in-person help in your area by visiting at LocalHelp.HealthCare.gov or by calling the Marketplace at [marketplace phone number].
- Call [17 Issuer] at [18 Issuer phone number] or visit [19 Issuer website]. You can also work with your local agent or broker.

Deleted: is at risk

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Deleted: Take action by [3 Date], or you won't have health coverage in [4 Year].

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

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Comment [KN37]: Important to emphasize up front (in the first page of the notice) that help is available if the consumer does not understand why they are getting the notice and what to do next

Deleted: Y

Comment [KN38]: Assisters in our network communicated that the availability in-person assistance is still under communicated to consumers

Comment [KN39]: Assisters in our network communicated that the availability in-person assistance is still under communicated to consumers

• 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. 19

• [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.]

Deleted: • Find in-person help from an assister in your community at [LocalHelp.HealthCare.gov](https://www.localhelp.healthcare.gov)

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

[1 Date]
[2 [First Name]][Last Name]
[Address line 1]
[Address line 2]
[City] [State] [Zip]
[3 Year] Application ID: [4 ID Number]

Urgent: Your current health coverage will end on [Date] if you do not take action. Enroll into a new plan prior to December 15, 2016 to avoid any gaps in coverage. If you fail to take action and enroll into a plan, you may have to pay a penalty of [7 \$695] or more when you file your taxes.

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]. 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].

If you have any questions about this notice, you can call [the Marketplace] or your local in-person assister for more information (see more about help options below).

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 on the [Marketplace] 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 and lower out-of-pocket costs. Plus, updating your information can help avoid paying money back when you file your taxes.

2. Choose a new plan. 21

Here are some ways to find a new plan that fits your needs and enroll into coverage:

Meet with free in-person help to look over your plan options and enroll into a plan.

- You can find in-person help in your area by visiting at LocalHelp.HealthCare.gov or by calling the Marketplace at [marketplace phone number].
- Visit [24 Marketplace website] to see [25 Marketplace] plans. Plans change from year to year and there are affordable options available.

Comment [KN40]: "At risk" implies many messages
Replace with a statement about when current coverage will end which is clear and definite

Deleted: is at risk

Deleted: Take action by [5 Date], or you won't have health coverage in [6 Year].

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

Deleted: This means you may lose your health coverage.

Comment [KN41]: Important to emphasize up front (in the first page of the notice) that help is available if the consumer does not understand why they are getting the notice and what to do next

Comment [KN42]: This is confusing. AND requires action to contact the Marketplace but does not provide instruction on how to do so

If CMS can customize to states which automatically re-enroll these consumers it should do so

If not, wording should be deleted because it does not provide a clear action and undermines the main message of the notice

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Deleted: look at other

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Comment [KN43]: Assisters in our network communicated that the availability in-person assistance is still under communicated to consumers

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Deleted: 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]]. However, you won't get financial help [31 to lower your out-of-pockets costs] if you stay in your current plan. To qualify for financial help, you must 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

- Meet with free in-person help to look over your plan options and enroll into a plan. You can find in-person help in your area by visiting at LocalHelp.HealthCare.gov or by calling the Marketplace at [marketplace phone number].
- 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].
- 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.]

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Comment [KN45]: Assistors in our network communicated that the availability in-person assistance is still under communicated to consumers

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Deleted: • Find in-person help from an assister, agent, or broker in your community at LocalHelp.HealthCare.gov. •

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