



Appendix

NHeLP's Suggested Revisions to:

***Draft Standard Notices When Discontinuing or
Renewing a Product in the Small Group or Individual
Market***

July 17, 2014

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

Important: Information about keeping your Health Coverage for 2015.

Dear [Policyholder or Name¹],

It is time to renew your health coverage from [the marketplace] if you want to have health insurance next year. You do not need to re-apply. When you renew, you can choose to keep your current health coverage or you can pick a new health plan for next year. You can also find out how much financial assistance you can get for next year based on your most current income.

How do I renew my health coverage?

You can keep your current plan or pick a new plan starting November 15, 2014 by going to [WEBSITE]. If you want to keep your current plan, you do not need to do anything. We will automatically re-enroll you in your current plan for 2015 unless you pick another plan. We will send you a letter before December 15 to confirm that you are enrolled and will have coverage starting January 1, 2015. If you do not hear from us by then, please call [800 of plan] or [the marketplace's Service Center number].

Comment [SA1]: Use Q&A format for notice to make information easier to understand for consumer.

Comment [SA2]: It is unclear how the issuer will notify the consumer if he/she is auto-enrolled thus recommending something like this.

When do I have to renew my health coverage?

Your current health coverage and financial assistance will end December 31, 2014. You can pick a new plan for 2015 anytime during open enrollment, which is from November 15, 2014 to February 15, 2015. If you want to pick a new plan that will start January 1, 2015, you must select a new plan before e **December 15, 2014.**

Please remember that if you want to pick a new plan, your coverage will not start in the month you pick a new plan, but the first day of the following month. For example, if you pick a new plan after December 15, 2014 and before January 15, your coverage will start February 1, 2015. If you pick a plan after January 15, 2015, your coverage will not start until March 1, 2015.

Comment [SA3]: May be more helpful to create a visual chart with these dates to help make it clearer.

How do I renew my financial assistance for 2015?

Based on the yearly household income you gave the marketplace when you applied, your monthly premium was reduced by [$\$$ Dollar amount¹³] each month, which is your monthly tax credit. To make sure you get the most affordable premium and savings for next year, you must update your income and household information with [State Marketplace Name/the Marketplace¹⁴] before December 15, 2014. You can do this online, in person, or by phone.

Comment [SA4]: Use whatever applicable general term of are is used to refer to APTC/CSRs in the different marketplaces.

Why do I need to update my income and household income during the renewal period?

This will help make sure you get the correct amount of financial assistance and cost savings. If the marketplace does not have the most current income and household information, you may not be able to get financial assistance for next year or may get the wrong amount. You may also be able to qualify for affordable coverage under the Medicaid or CHIP programs in your state.

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Updating your income information during this renewal period will also help make sure you do not owe money on your 2015 tax return if there have been changes to your household size, income, or other eligibility information. The final amount of your yearly tax credit is determined when you file your federal income tax return for the year.

After you update your information with [the marketplace], you will be told the new amount of your financial assistance for 2015. If you have no changes to report, you will receive for 2015 the same amount of financial assistance that you are currently receiving. But to make sure you are still receiving the correct amount of financial assistance for this year and next year, you should update your information even if there are small changes.

Can I get financial assistance in 2015 if I did not apply for financial assistance in 2014?

Yes, you can apply for the first time for a tax credit when you renew. Tax credits and other cost savings are available every year based on your household’s yearly income. To find out if you qualify, go to [State Marketplace website/HealthCare.gov¹⁷].

If you do not want financial assistance, you can enroll in a health plan in [the marketplace] if you indicate you do not need financial assistance in your account information. You can also choose to enroll in a health plan outside [State Marketplace Name/the Marketplace²³]—directly from an insurance company or with the help of an agent or broker. But remember: if you qualify for lower costs, you can get those savings **only** if you enroll through [State Marketplace Name/the Marketplace²⁴].

Comment [SA5]: Need to add option to be able to buy unsubsidized coverage in the marketplace before suggesting buying coverage outside the marketplace. Need to make clear how a consumer opts out of subsidized coverage as it may be different in the FFE and each SBE.

Last Year You Saved Each Month	Your Potential Savings This Year
\$(Dollar amount ⁵)	Go to: [State Marketplace website/HealthCare.gov ⁶]

If I choose to keep my current plan, what changes should I expect for 2015?

1. Your monthly premium in 2015 will be: Using the amount of financial assistance you received in 2014, you will have to pay \$X per month. Your financial assistance for 2015 may be different if you let [the marketplace] know that your household’s income information has changed.
2. Your co-payments in 2015 will be: For more information, go to [link to new Evidence of Coverage/Benefits]
3. Cost savings on out of pocket costs:
 - a. [Option 1: If silver metal tier plan: You still qualify for cost savings available in silver plan.]
 - b. [Option 2 if new plan is not silver metal tier plan: This plan is not a silver plan so no cost savings of out of pocket costs are available. If you want to enroll in a silver plan, you can choose a new plan at [website].]
4. [If applicable] Changes to types of services available:
5. The providers who will accept this plan in 2015 are available at: [link to plan’s website and provider directory]

Comment [SA6]: List of changes should be explained in very simple terms so that it’s clear what is changing (or not).

Comment [SA7]: Perhaps also a link to the plan’s 2015 formulary.

Comment [SA8]: Because it will be important for consumers to know their current doctors will continue to accept their insurance, recommend requiring insurers to link to their most current provider directory for that plan and that they keep that directory updated during open enrollment. However, consumers should only be referred to the provider directory if it is accurate and updated.

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If you update your information with the [State Marketplace Name/the Marketplace¹⁸] and want to keep this plan, please make sure to choose [Plan name and Plan ID¹⁹] again.

What if I want to change plans?

If you want to change your health coverage for next year, you can pick a new plan with the same insurance company or you can pick a new plan and a new insurance company during this renewal period. You can also choose a plan that is in a different level (e.g., gold, silver, bronze) than your current plan.

You can shop and compare all plans at [marketplace website.] Remember to choose a plan in the Silver level to qualify for lower out-of-pocket costs.¹

You can change plans by signing into your account and picking a new plan. You will receive confirmation of your plan change from the new plan. The Marketplace will notify us of your change and we will not renew your current plan for 2015.

How do I decide whether to keep or change my plan?

You should first decide what is important to you for you or your family's health care needs.

You can shop and compare plans even if you want to keep your current plan to find out about all your options. You may call or visit the plan's website to ask questions and to make sure your doctor and other health care providers will be in the plan network next year. You can also check the plan's approved list of medications (formulary) on the plan's website to make sure any prescription medications you currently take will be covered. **Who can I contact if I have questions?**

- Call [Issuer Name and Contact Information and Hours of Operation²⁵].
- Visit [State Marketplace website and Consumer Assistance Information/HealthCare.gov or call 1-800-318-2596 (TTY: 1-855-889-4325)²⁶] to learn more about [State Marketplace Name/the Health Insurance Marketplace²⁷].

How do I get this information or help in another language?

[Include the tagline below for the top languages spoken by 10% or more of the population in the state.

Spanish (Español): Para obtener asistencia en Español, llame al [Issuer Contact Information].²⁸]

Comment [SA9]: Please clarify if a consumer must actively re-select the plan they are being auto enrolled in or not as this instruction makes it seem that re-selecting is required. Is that only if a consumer updates his/her account info? Is so, why is that?

Comment [SA10]: Please clarify if consumer must notify insurer if changing plans or marketplace will do so. Earlier text implied that the insurer must hear from the consumer if the consumer wants to change plans, which should not be required.

Comment [SA11]: Recommend moving tagline at top of the notice rather than at end. Also add taglines for other languages beyond Spanish and large print.

¹ Members of federally recognized Indian tribe and Alaska Natives can enroll in a silver tier plan but do not qualify for cost savings on out of pocket expenses. [Add cite].

REVISED Attachment 4 – Discontinuation notice for the individual market where coverage being discontinued was in a QHP offered through the Marketplace

Important: Information on how to enroll for health coverage for 2015

Dear [Policyholder or Name¹],

Your current health coverage plan will end on December 31, 2014. You can enroll in a new plan for 2015 as part of the yearly renewal process and have health coverage that will start January 1, 2015. You do not need to re-apply.

Your current plan will not be available for renewal next year. You can pick a new plan starting November 15, 2014. If you do not choose a new plan by December 15, 2014, you will be automatically enrolled in another plan in the marketplace that is most like your existing plan so that you do not have a gap in coverage. See below for more information.

How do I pick a new plan?

If you want to change your health coverage for next year, you can pick a new plan with the same insurance company or you can pick a new plan and a new insurance company during this renewal period. You can also choose a plan that is in a different level (e.g., gold, silver, bronze) than your current plan.

You can shop and compare all plans at [marketplace website] to find out which plan will best meet your health care needs. Remember to choose a plan in the silver level to qualify for lower out-of-pocket costs.²

You can change plans by signing into your account and picking a new plan. You will receive confirmation of your plan change from the new plan.

When do I need to pick new plan?

Your current health coverage will end December 31, 2014. You can pick a new plan for 2015 anytime during open enrollment, which is from November 15, 2014 to February 15, 2015. If you want to pick a new plan that will start January 1, 2015, you must select a new plan **before December 15, 2014**. Please remember that your coverage in a new plan will not start in the month you pick a new plan, but the first day of the following month. For example, if you pick a new plan after December 15, 2014 and before January 15, your coverage will start February 1, 2015. If you pick a plan after January 15, 2015, your coverage will not start until March 1, 2015.

What happens if I do not pick a new plan for next year?

If you do not pick a new plan by December 15, 2014, you will be automatically enrolled in a plan with the same insurance company for next year so that you will continue to have health coverage as of January 1, 2015. You can pick a different plan even if you are automatically enrolled so long as you do so before February 15, 2015.

Comment [SA12]: Please clarify the deadline by which an enrollee must select a new plan if he/she does not want to be auto-enrolled in his/her existing plan.

Comment [SA13]: May be more helpful to create a visual chart with these dates to help make it clearer.

² Members of federally recognized Indian tribe and Alaska Natives can enroll in a silver tier plan but do not qualify for cost savings on out of pocket expenses. [Add cite].

REVISED Attachment 4 – Discontinuation notice for the individual market where coverage being discontinued was in a QHP offered through the Marketplace

[Option 1: If similar plan available on the marketplace]

Unless you pick a plan before December 15, 2014, you will automatically be enrolled in [Plan Name¹⁰], which appears to be the most similar to your existing plan. You will receive confirmation of your enrollment into this plan and your Plan ID in December. If you do not receive any information by December X, 2014, you can contact [the marketplace] and [the issuer].

[Option 2: No similar plan being offered in marketplace:]

Unfortunately, the marketplace does not currently offer a plan that is most similar to your existing plan. Unless you choose a plan by December 15, 2014, you will be automatically enrolled in [lower or higher tier plan?].

Comment [SA14]: How is this decided?

[Regardless of which option:]

See below for information about the plan you will automatically be enrolled in for 2015 unless you choose otherwise:

1. Your monthly premium in 2015 will be:
Using the amount of financial assistance you received in 2014, you will have to pay \$X per month.
Your financial assistance for 2015 may be different if you let [the marketplace] know that your household's income information has changed.
2. Your co-payments in 2015 will be:
For more information, go to [link to new Evidence of Coverage or Benefits]
3. Cost savings on out of pocket costs:
 - a. [Option 1: If silver metal tier plan: You still qualify for cost savings available in silver plan.]
 - b. [Option 2 if new plan is not silver metal tier plan: This plan is not a silver plan so no cost savings of out of pocket costs are available. If you want to enroll in a silver plan, you can choose a new plan at [website].
4. [If applicable] Changes to types of services available:
5. The providers who will accept this plan in 2015 are available at: [link to plan's website and provider directory]

Comment [SA15]: Perhaps also a link to the plan's 2015 formulary.

Comment [SA16]: Because it will be important for consumers to know their current doctors will continue to accept their insurance, recommend requiring insurers to link to their most current provider directory for that plan and that they keep that directory updated during open enrollment. However, consumers should only be referred to the provider directory if it is accurate and updated.

For additional information or questions about this plan, go to the [issuer's website] or call [insurer's 800#].

How do I renew my financial assistance for 2015?

Based on the yearly household income you gave the marketplace when you applied, your monthly premium was reduced by [Dollar amount¹³] each month, which is your monthly tax credit. To make sure you get the most affordable premium and savings for next year, you must update your income and household information with [State Marketplace Name/the Marketplace¹⁴] before December 15, 2014. You can do this online, in person, or by phone.

REVISED Attachment 4 – Discontinuation notice for the individual market where coverage being discontinued was in a QHP offered through the Marketplace

Why do I need to update my income and household income during the renewal period?

This will help make sure you get the correct amount of financial assistance and cost savings. If the marketplace does not have the most current income and household information, you may not be able to get financial assistance for next year or may get the wrong amount. You may also be able to qualify for affordable coverage under the Medicaid or CHIP programs in your state.

Updating your income information during this renewal period will also help make sure you do not owe money on your next tax return if there have been changes to your household size, income, or other eligibility information. The final amount of your yearly tax credit is determined when you file your federal income tax return for the year.

After you update your information with [the marketplace], you will find out the new amount of your financial assistance for 2015. If you have no changes to report, you will receive for 2015 the same amount of financial assistance that you are currently receiving. But to make sure you are still receiving the correct amount of financial assistance for this year and next year, you should update your information even if there are small changes.

Can I get financial assistance in 2015 if I did not apply for financial assistance in 2014?

Yes, you can apply for the first time for a tax credit when you renew. Tax credits and other cost savings are available every year based on a household's yearly income. To find out if you qualify, go to [State Marketplace website/HealthCare.gov¹⁷].

[If you do not want financial assistance, you can enroll in a health plan in [the marketplace] if you indicate you do not need financial assistance in your account information. You can also enroll in a health plan outside [State Marketplace

Name/the Marketplace²³]—directly from an insurance company or with the help of an agent or broker. But remember: if you qualify for lower costs, you can get those savings **only** if you enroll through [State Marketplace Name/the Marketplace²⁴].

Comment [SA17]: Need to add option to be able to buy unsubsidized coverage in the marketplace before suggesting buying coverage outside the marketplace. Need to make clear how a consumer opts out of subsidized coverage as it may be different in the FFE and each SBE.

How do I decide which plan to pick?

You should first decide what is important to you for your or your family's health care needs. [For more information, go to [marketplace website].

Comment [SA18]: Suggest adding a reference to resources a consumer could contact for help or materials on healthcare.gov about how to pick a plan

You can shop and compare plans at [website] and can call or visit the plan's website to ask questions. You should find out whether your doctor and other health care providers will be in the plan's network next year by checking the plan's provider directory. You can also check the plan's approved list of medications (formulary) on the plan's website to make sure any prescription medications you currently take will be covered.

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Last Year You Saved Each Month	Your Potential Savings This Year
\$[Dollar amount ⁵]	Go to: [State Marketplace website/HealthCare.gov ⁶]

Who can I contact if I have questions?

- Call [Issuer Name and Contact Information and Hours of Operation³⁶].
- Visit [State Marketplace website and Consumer Assistance Information/HealthCare.gov or call 1-800-318-2596 (TTY: 1-855-889-4325)³⁷] to learn more about [State Marketplace Name/the Health Insurance Marketplace³⁸].

How do I get this information or help in another Language?

[Include the tagline below for the top languages spoken by 10% or more of the population in the state.

Spanish (Español): Para obtener asistencia en Español, llame al [Issuer contact information].³⁹

Comment [SA19]: Recommend moving tagline at top of the notice rather than at end. Also add taglines for other languages beyond Spanish and large print.