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 beWellnm.

[1 Date]

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

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

Important: It's almost time to renew your coverage. There are new changes for 2024. Review this notice and your renewal notice from beWellnm around November 1, 2023 to understand your insurance options for next year.

Thank you for choosing [3 Issuer] for your health care needs. [4 We're here to help you prepare for Open Enrollment.]

Why am I getting this letter?

Beginning January 1, 2024, we won't offer [5 in your area] your current health coverage on beWellnm.com. The last day of your current beWellnm coverage is December 31, 2023. Read this letter carefully and review your options. Also make sure to update your information on beWellnm.com.

Your new plan for 2024

If you do not select a new plan during the upcoming Open Enrollment Period, beWellnm will make sure you don't lose coverage by enrolling you in a similar plan for 2024. Keep an eye out for your beWellnm renewal notice by November 1, 2023. Your beWellnm renewal notice will tell you about your eligibility for state and federal discounts, and your monthly premium for 2024, including additional savings you may receive.

Savings in 2024

It's more important than ever that you check your options with beWellnm. To find out the actual amount of financial help you qualify for 2024 and your new premium amount, you need to update your beWellnm application on the beWellnm.com during Open Enrollment, which starts November 1.

Premium Help

In 2023, beWellnm is offering extra savings on your monthly premiums and you may qualify. beWellnm will send you an official renewal notice with eligibility information by November 1, 2023, when you can review and update your 2024 application to get the most accurate savings for 2024 coverage.

Turquoise Plans: Lower Out-of-Pocket Costs

- Turquoise Plans have lower deductibles, co-pays, and coinsurance. These plans offer benefits that are similar to "Cost Sharing Reductions" but with bigger savings. Look for the "Turquoise Plan" label when you shop for coverage to see if you qualify.

Clear Cost Plans Starting in 2024

- Clear Cost Plans are brand new health plans that all insurers on beWellnm must offer starting in 2024. Clear Cost Plans have predictable co-pays and cover most services without a deductible. Every insurer now offers Clear Cost Plans with the same out-of-pocket costs, making it easier to compare important differences, like which doctors and medications are covered. Look for the "Clear Cost" plan label when you shop for coverage.

Eligibility for Extra Savings in 2024

If your expected household income for 2024 is less than the amounts listed in the table below, you may qualify for extra help with your monthly payments **and/or** out-of-pocket expenses.

New Mexico Marketplace Affordability Programs: Eligibility for Extra Savings in 2024

Family Size	Income Limit for Lower Monthly Payments	Income Limit for Lower Monthly Payments and Turquoise Plans with Lower Out-of-Pocket Costs
1	$54,360	$40,770
2	$73,240	$54,930
3	$92,120	$69,090
4	$111,000	$83,250

Note: If you have more than 4 people in your household, please visit **https://www.bewellnm.com** to see if you qualify.

Other changes

- [6 Add other significant benefit changes to plan here and/or refer to enclosed materials]
- You can review more details about this plan in your 2024 Summary of Benefits and Coverage.

If you want to pick another plan, please see the below information to ensure you have the coverage you want.

What you need to do

1. Look for your beWellnm renewal notice by November 1, 2023. Your beWellnm renewal notice will tell you about your eligibility and your monthly premium for 2024, including additional savings you may receive.
2. Review your beWellnm renewal notice. If necessary, update your beWellnm application starting November 1, 2023. Make any necessary changes by December 31, 2023, for coverage that starts January 1, 2024. This may result in a lower monthly premium payment and/or lower out-of-pocket costs. Making sure that your information is current and correct will help you avoid paying money back when you file your tax returns.
3. Decide if you want to enroll in this plan or choose another one.

   If you want to enroll in this plan - Check the beWellnm renewal notice that you receive by November 1. If you like the plan in that notice and don't need to update your application, you don't have to take any other action.

   [7 For renewals from a silver level QHP into a non-silver level QHP (except for Native American enrollees)] **Important:** To get extra savings on your out-of-pocket costs this year, you need to enroll in a Turquoise Plan. In the past, you had to sign up for a Silver plan to receive federal cost-sharing reductions. Check your options on beWellnm.com to make sure you are signed up for a plan with the most savings.

   If you want to pick a different plan - You can choose a different plan starting November 1, 2023 to January 15, 2024. Make changes by December 31, 2023 for coverage to start January 1, 2024. Changes made between January 1, 2024 and January 15, 2024 will be effective starting February 1, 2024.

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

- Visit beWellnm.com to see other beWellnm 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 [3 Issuer] to see what other plans may be available. Remember, you won't get financial help unless you qualify and enroll through beWellnm.

Note: If you got federal financial help in 2023 to lower your monthly premium, you'll have to "reconcile" using IRS Form 8962 when you file your federal taxes. This means you'll compare the amount of premium tax credit you received in advance during 2023 with the amount you actually qualify for based on your final 2023 household income and eligibility information. If the amounts are different, this will affect the amount of your refund or taxes owed. You will not have to reconcile any financial help you receive from the State of New Mexico.

We're here to help

- Visit beWellnm.com, or call 1-833-ToBeWell (1-833-862-3935) to learn more about beWellnm and to see if you qualify for lower costs.
- [8 Contact an agent or broker you've worked with before [[9 like Agent/broker name], [10 Call Agent/broker phone number]].
- Call [3 Issuer] at [11 Issuer phone number] or visit [12 Issuer website].
- Find in-person help from an assister, agent, or broker in your community at beWellnm.com. Call 1-833-ToBeWell (1-833-862-3935) for a reasonable accommodation to get this information in an accessible format, like large print, Braille, or audio, at no cost to you.

Getting help in other languages

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

PRA Disclosure Statement

According to the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it displays a valid OMB control number. The valid OMB control number for this information collection is 0938-1254. The time required to complete this information collection is estimated to average 9 hours per response, including the time to review

instructions, search existing data resources, gather the data needed, and complete and review the information collection. If you have comments concerning the accuracy of the time estimate(s) or suggestions for improving this form, please write to: CMS, 7500 Security Boulevard, Attn: PRA Reports Clearance Officer, Mail Stop C4-26-05, Baltimore, Maryland 21244-1850.

INSTRUCTIONS FOR HEALTH INSURANCE ISSUERS FOR ATTACHMENT 4

General instructions:

This notice must be used when the QHP enrollee's current product is not available for renewal through the Exchange (even if it remains available outside the Exchange) and the enrollee will, consistent with State law and, if applicable, 45 CFR 155.335(j), be automatically enrolled in a plan under a different product offered by the same QHP issuer through the Exchange. This notice must also be used when the enrollee's current silver level QHP is no longer available for renewal, the enrollee's current product no longer includes a silver level QHP available through the Exchange, and the enrollee will, consistent with State law and, if applicable, 45 CFR 155.335(j), be automatically re-enrolled in a silver level QHP under a different product offered by the same QHP issuer through the Exchange.

Item 1. Enter the date of the notice, in format Month DD, YYYY.

Item 2. Enter the full name and address of the primary subscriber. In the individual market, the primary subscriber means the individual who purchases the policy and who is responsible for the payment of premiums.

Item 3. Enter the issuer name**.**

Item 4. Enter the phrase "We're here to help you prepare for Open Enrollment" only if the current policy is terminating on a calendar year basis. Otherwise, omit this sentence.

Item 5. Enter the phrase "in your area" if non-renewing or terminating based on the fact that there is no longer any enrollee in the plan who live, resides, or works within the product's service area.

Item 6. List significant plan changes, including but not limited to changes in deductibles, cost sharing, metal level, covered services, eligibility, plan formulary and provider network. For the purpose of describing plan changes, the issuer may use the current SOPA eligibility if it has not received the updated SOPA eligibility from beWellnm. This section may also refer to enclosed supplemental materials. Do not include the italicized instructions.

Item 7. Enter text if enrollee will be renewed from a silver level QHP into a non-silver level QHP (except for Native American enrollees).

Item 8. Include this phrase only if the enrollee has previously used an agent or broker to enroll. Otherwise, omit this sentence.

Item 9. Enter "like" followed by the name of the agent or broker the enrollee has previously used, if known.

Item 10. Enter "Call" followed by the phone number of agent or broker the enrollee has previously used, if known.

Item 11. Enter the issuer phone number.

Item 12. Enter the issuer website.

Item 13. Insert a nondiscrimination notice and taglines consistent with any applicable standards, such as HHS regulations (e.g., the Section 1557 rule at 45 CFR 92.8 or Exchange rules at 45 CFR 155.205(c) and 156.250) and guidance.

If you are covered by Section 1557, provide the nondiscrimination notice[21] in English and taglines in at least the top 15 languages spoken by individuals with limited English proficiency of the relevant state or states,[22] in significant publications and significant communications, among other locations.[23] Taglines are optional but encouraged for issuers outside the Exchange if they are not covered by Section 1557 or otherwise subject to language access standards under the Exchange rules at 45 CFR 155.205(c) and 156.250, or other applicable Federal or State law. As a reminder, issuers covered by Section 1557 are responsible for providing timely and accurate language assistance in non-English languages, regardless of whether a tagline is provided in the language, if the provision of such language assistance is a reasonable step to provide meaningful access to an individual with limited English proficiency in the issuer's health programs or activities.[24]

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

Nondiscrimination: [3 Issuer] doesn't exclude, deny benefits to, or otherwise discriminate against any person on the basis of race, color, national origin, disability, sex, or age. If you think you've been discriminated against or treated unfairly for any of these reasons, you can file a complaint with the Department of Health and Human Services, Office for Civil Rights by calling 1-800- 368-1019 (TTY: 1-800-537-7697), visiting hhs.gov/ocr/civilrights/complaints, or writing to the Office for Civil Rights/ U.S. Department of Health and Human Services/200 Independence Avenue, SW/ Room 509F, HHH Building/ Washington, D.C. 20201.

Sample Tagline:

English: This notice has important information. This notice has important information about your application or coverage through [Issuer]. Look for key dates in this notice. You may need to take action by certain deadlines to keep your health coverage or help with costs. You have the right to get this information and help in your language at no cost. Call [phone number].