

Date: October 09, 2023

Consumer Name
Address Line 1
City, State, ZIP Code

Scenario: Renewal notice for one member household with income above 400% FPL; eligible for APTC; consumer mapped into a new plan for 2024; dental plan.

Renewal Notice

Reference ID: RefID_XXXXXXXX

It's time to renew your health insurance coverage for 2024

BeWellnm wants to make sure you get the most coverage at the best savings. Read this letter carefully. It contains important information about your health insurance plan and savings for 2024.

For 2024 the health plan you have now is not available. We have chosen a health plan with similar benefits and costs. You can review the details about your plan at www.beWellnm.com. You can choose a different plan when Open Enrollment begins on November 1, 2023. Be sure to make any changes by December 31, 2023, for coverage that starts January 1, 2024. This also applies to your 2024 dental coverage.

Your 2024 coverage and savings are based on the application information we have for you. **Update your 2024 beWellnm application information so you can get the most savings on your premium and out-of-pocket costs.**

Important changes for 2024

Introducing Clear Cost Plans

"Clear Cost Plans" will be available in 2024. Clear Cost Plans make it easier to compare plans and improve the shopping experience. Clear Cost Plans:

- Will be clearly marked with a "Clear Cost Plan" banner.
- Have the same out-of-pocket costs within their health plan category (Silver, Gold, or Turquoise). This means co-payments, deductibles, and out-of-pocket maximums will be the same for the set of benefits in these categories. For example, Clear Cost Gold plans will have the same deductibles and copays for services like Primary Care, laboratory outpatient, and Professional and Emergency Room Services per visit, no matter which carrier you select.
- Have lower out-of-pockets for services like primary care and generic medications.

New Carrier

There are more choices of carriers next year. United Healthcare will be offering plans through beWellnm in 2024. You can shop and compare all health plans at www.beWellnm.com.

Next steps

1. Review the information below, including your program eligibility, renewal plan, new monthly premium amount, and monthly tax credit (if applicable) for 2024.
2. Go online at www.beWellnm.com and log into your account to learn more about your plan for 2024.
 - Your username is *test@email.com*. Use this to log into your account.
3. Click on **My Eligibility**, then **Year 2024** to view or make changes for your household for 2024.
4. Pay your January premium to the New Mexico Health Insurance Exchange (not your health insurance company) by December 31 (if you have a premium) to stay covered for 2024.

You can get free, local, in-person help from a Broker or Enrollment Counselor. Go to www.beWellnm.com/certified-assister/ to learn more.

Health Coverage Renewal Information					
Member	Date of Birth	2023 Program Eligibility	2024 Program Eligibility	2023 Health Plan	2024 Renewal Health Plan
First Name Last Name	December 01, 1960	Marketplace Health Plan with Premium Tax Credits	Marketplace Health Plan with Premium Tax Credits	Blue Community Gold HMO SM 601 HDHP/BlueCross BlueShield of New Mexico	Blue Community Gold HMO SM 205 - On Exchange/BlueCross BlueShield of New Mexico

Your new health coverage monthly premium for 2024

Health Coverage Cost: \$289.13 per month.

- This is the amount you will pay **each month** for your household if you stay enrolled in the 2024 health plan listed above.
- There are other plans available to you for 2024 through beWellnm. You can go online at www.beWellnm.com to shop and compare.
- Your monthly health coverage cost is lower than the actual plan cost. This is because it is reduced by a monthly tax credit.

Tax credit information for 2024

Maximum premium tax credit amount: \$755.00 per month.

- This is the maximum amount of tax credit available to lower your premium each month for 2024.

Applied premium tax credit amount: \$755.00 per month.

- This is the amount of tax credit used to lower your premium each month for 2024.
- You can choose to apply less to your premiums for next year or you can apply more, up to your maximum tax credit.

Dental Coverage Renewal Information			
Member	Date of Birth	2023 Dental Plan	2024 Renewal Dental Plan
First Name Last Name	December 01, 1960	BESTOne Plus Silver/Best Life and Health Insurance Company	BESTOne Base Silver/BEST Life

Your new dental coverage monthly premium for 2024

Dental Coverage Cost: \$10.91 per month.

- This is the amount you will pay each month for your household if you stay enrolled in the 2024 dental insurance plan listed above.
- This amount includes any tax credit available to use towards your dental premium.

Important considerations about 2024 plan options:

- **If you want to keep the 2024 renewal plan(s), no action is required. Just make your January 2024 premium payment by December 31.**
- Some of the plans could have lower monthly premiums or out-of-pocket costs than your renewal plan(s) for 2024. Make sure to compare plans and shop for new plan(s) during Open Enrollment.
- Providers (such as doctors, hospitals, or health centers) available through your current plan(s) may change in 2024. Make sure that any providers you want to use are in the plan's provider network before you enroll.

What does it mean if my plan is different next year?

If your 2024 renewal plan is different than the plan you are currently enrolled in, it could be because your current plan will not be available in 2024, you are eligible for extra savings, or you will not qualify for your current plan in 2024. If so, we have chosen a similar plan for you. We chose this plan because the benefits will be similar to the plan you are currently enrolled in, with the same carrier (if possible).

However, please make sure to compare the benefits and costs of this plan with your current plan. Use our online tool at www.beWellnm.com to compare the plans. If you do not want to stay in the plan we have chosen for you, you can enroll in a new plan during Open Enrollment.

How did we make this decision?

The household member(s) listed on this notice qualify for coverage for the following reasons:

Member: **Consumer Name** DOB: **December 01, 1960** Member ID: **700000XXXXXX**

- ✓ You are a resident of New Mexico.
- ✓ You are a United States citizen or non-citizen who is lawfully present.
- ✓ You are not serving a jail or prison sentence.
- ✓ You do not have access to health insurance through another source that meets minimum essential coverage standards.
- ✓ Your annual household income is 515.08% of the Federal Poverty Level based on Marketplace rules.

If your information changes

Please report changes that may impact your coverage within 30 days of the change. If you do not report changes, you may not receive all of the savings you qualify for. Examples of changes you should report include:

- Moving to a new address.
- Changes to your income, especially if your household will make more or less money than the income you entered when you applied.
- Changes to the number of people in your household. For example, tell us if someone in your household marries or divorces, becomes pregnant, or has a child. Tell us if your child moves out or if you will not claim the child as a dependent any longer.
- A change in the way you plan to file your taxes. For example, if you now plan to file a tax return jointly with your spouse or claim new dependents on your tax return.
- A change in the health insurance coverage available to you outside of beWellnm. For example, let us know if you can now get affordable health coverage through a job or spouse.
- Changes in immigration status. For example, if you are issued a new immigration visa.

To report changes, you can update your information at any time through your online account at www.beWellnm.com. If you do not have an online account, call our Customer Engagement Center.

If you do not agree with our decision

If you do not agree with the decision made by beWellnm, you may file an appeal. You must file the appeal within ninety (90) days of the date of this notice.

You may file an appeal through your online account, over the phone, or by mailing an appeal form.

- To file an appeal online:
 1. Log into your account at **www.beWellnm.com**
 2. Go to **Benefits and Coverages**
 3. Select **“Appeals”**
- To file an appeal by phone, call the Customer Engagement Center at 1-833-862-3935 (TTY: 711).
- To file an appeal by mail, download the appeal form at www.beWellnm.com and send the completed and signed Appeal form (keep a copy for your reference) to:

beWellnm
Appeals Department
PO Box 25247
Albuquerque, NM 87125


Key Dates

November 1	Open Enrollment begins. This is the first day you can enroll in a new plan, change plans, and report changes for 2024.
December 31	This is the last day to change your enrollment for coverage that begins January 1 .
December 31	This is the last day to pay your premium for coverage that begins January 1 .
January 15	Open Enrollment ends.

	This is the last day to enroll in a new plan or change plans for a February 1 coverage start date.
January 31	Pay your premium by this date for coverage to begin February 1 .

If you have questions

Visit our Help Center at www.beWellnm.com and click on Get Answers for more information. You can also get help in any of the following ways:

 Call our Customer Engagement Center:	1-833-ToBeWell (1-833-862-3935), or TTY: 711
 With a Broker or Enrollment Counselor:	www.beWellnm.com/certified-assister/

Sincerely,

Customer Engagement Team

The determinations or assessments in this letter were made based upon 45 C.F.R. §§ 155.305, 155.410, 155.420-430 and 42 C.F.R. §§ 435.603, 435.403, 435.406 and 435.911.

Privacy Disclosure: The New Mexico Health Insurance Exchange, also known as beWellnm, protects the privacy and security of the personally identifiable information (PII) that you have provided (see <https://www.bewellnm.com/privacy-policy>). This notice was generated by beWellnm based on 45 C.F.R. § 155.230 and other provisions of 45 C.F.R. part 155, subpart D. The PII used to create this notice was collected from information you provided to beWellnm. BeWellnm may have used data from other federal or state agencies or a consumer reporting agency to determine eligibility for the individuals on your application. If you have questions about this data, contact us at 1-833-862-3935 (TTY: 711).

Nondiscrimination and Accessibility: The New Mexico Health Insurance Exchange, also known as beWellnm, does not exclude, deny benefits to, or otherwise discriminate against any person on the basis of certain factors, including (but not limited to) health status, the need for health care services, race, color, national origin, gender, age, disability or sexual orientation. Auxiliary aids and services are available to individuals with disabilities. If you need these services, please contact us at 1-833-862-3935 (TTY: 711). See our Nondiscrimination and Accessibility Statement (<https://www.bewellnm.com/nondiscrimination-and-accessibility>) for more information. If you think you've been discriminated against or treated unfairly for any of these reasons, you can file a complaint with the Superintendent of Insurance at: Office of Superintendent of Insurance | Managed Health Care Bureau | P.O. Box 1269 | Santa Fe, NM 87501 | Phone: 1-855-427-5674

This Notice has Important Information. This notice has important information about your application or coverage through the New Mexico Health Insurance Exchange, also known as beWellnm. 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.

English

You have the right to get this information and help in your language at no cost. Call 1-833-862-3935 (TTY: 711) to let us know the language you need and you'll be connected with an interpreter.

Spanish

ATENCIÓN: Usted tiene derecho a recibir ayuda e información en su idioma sin costo alguno. Para obtener ayuda en español, llámenos al 1-833-862-3935 (Teléfono para Personas Sordomudas: 711).

Navajo

Baa ákónízin: Nibee hazáánii áté 'dii' t'áá nizaad t'áá jíik'e'eh bee nił ch'íhodoot'ááligíí. 'Akoo Diné k'ehjí nił hodoonihgo éi kojí' nihich'í' hodíílnih, 1-833-862-3935 (TTY: 711).

Vietnamese

LƯU Ý: Quý vị có quyền được nhận hỗ trợ và thông tin bằng ngôn ngữ của mình miễn phí. Để được trợ giúp bằng tiếng Việt, hãy gọi cho chúng tôi theo số 1-833-862-3935 (TTY: 711).

German

ACHTUNG: Sie haben das Recht, kostenlose Hilfe und Informationen in Ihrer Sprache zu erhalten. Für Hilfe auf Deutsch rufen Sie uns unter 1-833-862-3935 (TTY: 711) an.

Chinese

请注意：接受免费的翻译服务是您的权力。如您在咨询信息以及办理事物时需要中文翻译，请致电 1-833-862-3935 (TTY: 711)。

Arabic

انتبه: لك الحق في تلقي المساعدة والمعلومات بلغتك بدون تكلفة. للمساعدة باللغة العربية، اتصل بنا على رقم الهاتف 1-833-862-3935
المُخصَّص للصم والبكم: 711

Korean

주의:귀하는 무료로 귀하의 언어로 도움과 정보를 받을 권리가 있습니다. 한국어로 도움을 받으려면 1-833-862-3935(문의:711)로 전화하십시오.

Tagalog

ATTENTION: Ikaw ay may karapatang tumanggap ng tulong at impormasyon sa iyong wika nang walang gastos. Para sa tulong sa Tagalog, tawagan kami sa 1-833-862-3935 (TTY: 711).

Japanese

注意：あなたは無償であなたの言語でヘルプや情報を受け取る権利を持っています。日本語でのサポートについては、1-833-862-3935 (TTY: 711) までお電話ください。

French

ATTENTION: Vous avez le droit de recevoir de l'assistance et de l'information dans votre langue gratuitement. Pour l'assistance en Français, téléphonez-nous au 1-833-862-3935 (TTY:711).

Italian

ATTENZIONE: Ha il diritto di ricevere gratuitamente aiuto e informazioni nella sua lingua. Per assistenza in Italiano, chiamate il numero 1-833-862-3935 (TTY: 711).

Russian

ВНИМАНИЕ: Вы имеете право на бесплатное получение помощи и информации на Вашем языке. Чтобы получить помощь на русском языке, позвоните нам по телефону 1-833-862-3935 (TTY: 711).

Hindi

ध्यान दें: आपको सहायता और जानकारी अपनी भाषा में बिना किसी कीमत के प्राप्त करने का अधिकार है। हिंदी में सहायता के लिए, हमें 1-833-862-3935 (TTY:711) पर कॉल करें।

Farsi

توجه: شما حق دریافت کمک و اطلاعات به زبان خود بدون هزینه دارید. برای دریافت کمک به زبان فارسی، با ما به تماس بگیرید (TTY:711) شماره 1-833-862-3935.

Thai

โปรดทราบ: 'ท่านมีสิทธิที่จะได้รับความช่วยเหลือและข้อมูลในภาษาของท่านโดยไม่มีค่าใช้จ่าย' สำหรับการขอความช่วยเหลือเป็นภาษาไทย โทรถึงเราได้หมายเลข 1-833-862-3935 (TTY: 711)