

## **Marketplace Model Confirmation Message for Consumers Who Didn't Renew By December 15, 2016 – Marketplace Automatically Enrolls Consumers with Open Data Matching Issues Who Are Applying Tax Credits to Their Premiums**

In this scenario, the Marketplace sends the Marketplace auto-enrollment confirmation message. The Marketplace sends this notice to individuals and households who:

- Enrolled in health coverage through the Marketplace for 2016
- Qualified for tax credits for 2016
- Used their tax credits directly toward their premium costs in 2016
- Have an outstanding data matching issue with their 2016 application that will affect eligibility for coverage and financial assistance in 2016 and 2017 if it isn't resolved

This model shows example information for a fictional individual who didn't return to the Marketplace to update her information and select a plan by December 15, 2016, so the Marketplace automatically enrolled her in 2017 coverage, and determined her eligibility for financial assistance based on information including her projected household income for 2017.

The plan shown in this message applies to her coverage that begins January 2017. However, if this consumer returns to the Marketplace after December 15, 2016 and enrolls in 2017 coverage, she won't get another confirmation message with her new plan information.

Susan Griffith  
[address]

[date]

2017 Application ID: [number]

Dear Susan Griffith:

This message has important information about the status of your coverage through the Health Insurance Marketplace for next year.

NOTE: If you enrolled in 2017 Marketplace coverage after December 15, 2016, the plan you chose will be effective on February 1, 2017, along with any help with costs that may be available to you. If that's the case, the rest of this message explains the status of your coverage for January.

**Action required: You could lose your eligibility for Marketplace coverage and/or your help with costs for 2016 and 2017. Our records show that you still need to upload or mail documents that the Marketplace requested for your 2016 application.** To learn more, visit [HealthCare.gov/verify-information](http://HealthCare.gov/verify-information), or call the Marketplace Call Center.

**The following message is about the status of your coverage for 2017.** If you're automatically enrolled in Marketplace plans and programs for 2017, this message only applies if your household submits the requested documents. If you're not automatically enrolled, you still need to upload or mail the requested documents.

You're automatically enrolled in the plan(s) below effective January 1, 2017. Read this entire message. It has important information about why you may want to update your information and check out other plans before Open Enrollment ends on January 31, 2017.

**You're enrolled in this Marketplace plan(s) for coverage beginning January 1, 2017**

Enrolled individuals	Now enrolled in this plan	Will I get financial help for this plan in 2017?
Susan Griffith	[Plan] Plan ID: [number] Effective January 1, 2017	Yes. A premium tax credit of \$199.00 will be applied to your monthly insurance premium.

In most cases, this is either the same plan(s) (or the one most similar to it) that you enrolled in for 2016 coverage with your health insurance company. If that same coverage isn't offered in 2017, the plan may be with a different health insurance company.

You were automatically enrolled because you didn't select a Marketplace plan by December 15, 2016. The Marketplace determined your eligibility for financial assistance based on information including a projection of your household's income for 2017. You can choose a different plan to start coverage in February or March.

**It's not too late to make sure that you're getting the best coverage and costs available to you.** If the premium for plans available in your area changed, or your household income or family size is different, you may be able to get different financial help. Visit [HealthCare.gov](http://HealthCare.gov) by January 31, 2017 to update your information and see if you're eligible for other help with paying for coverage in 2017, compare plans, or switch to a different plan.

**The table above shows information we now have for anyone in your household who was automatically enrolled in 2017 coverage.** To view all available plans, confirm your coverage, or make changes, visit [HealthCare.gov](http://HealthCare.gov) and log into your Marketplace account or call the Marketplace Call Center.

If you already started updating your Marketplace application for 2017 but didn't finish, you're now enrolled in the plan(s) above, but you can still make changes.

#### **What should I do next?**

For each plan shown above, continue to pay your premiums for the new coverage year. Check with your plan to confirm your payment plan if you need to. Return to the Marketplace to compare plans and make sure you're getting the coverage and the financial help you're eligible for in 2017.

#### **Can I get new or different financial assistance?**

Maybe. Follow these steps to update your application and see if you qualify for different help in paying for coverage and health services in 2017:

- Log in to your Marketplace account.
- Select "Start a new application or update an existing one," then select "Go to my applications & coverage."
- Review your 2017 application and make any necessary updates to your information, like changes to your household income or family size. Submit your application, then view your updated Eligibility Results.
- Compare your coverage options and select a plan. You can choose the plan that we automatically enrolled you in, or a different plan.
- You can also call the Marketplace Call Center to update your application information.

**If you're eligible for advance payments of the premium tax credit,** it's important to report any changes in household income and family size to the Marketplace to make sure you're getting the most accurate tax credit amount. If you don't report changes, you may owe money back when you file your federal income taxes. If you use advance payments of the premium tax credit to help pay for your Marketplace premium, you must file a tax return to report these payments.

### Can I choose a different plan?

Yes. Make sure the plan you'll be enrolled in for 2017 is the right one for you. During the Open Enrollment Period from November 1, 2016 - January 31, 2017, you can shop in the Marketplace to find a plan that meets your needs for the new coverage year. After January 31, 2017, most people can't enroll or make changes to their plan unless they qualify for a Special Enrollment Period. Otherwise, the next Open Enrollment Period will start in late 2017, for coverage beginning as early as January 1, 2018.

To pick a different plan during Open Enrollment:

- Log in to your Marketplace account and select your 2017 application.
- Click on "My Plans & Programs", then click the "Change Plans" button.
- You can also call the Marketplace Call Center to pick a different plan.
- Remember that you can also pick a different plan after updating your application. You'll be able to view all available plans, and you're more likely to get the right help with costs, if you're eligible.

If you pick a different plan, you'll still continue to be covered in the plan(s) shown above beginning January 1, 2017. Your new plan start date depends on the date you make the change during Open Enrollment.

Be sure to continue paying your premiums. If you have questions, visit [HealthCare.gov](http://HealthCare.gov) or call the Marketplace Call Center.

Remember: You and anyone in your household may owe a fee each year that you don't have qualifying health coverage for 3 months or more.

### Coverage changes will take effect based on the date:

- If you submitted your 2017 Marketplace application and enrolled in 2017 coverage by **December 15, 2016**, the coverage you chose is effective January 1, 2017.
- If you submit your 2017 Marketplace application and enroll in 2017 coverage between **December 16, 2016 - January 15, 2017**, the coverage you choose will be effective February 1, 2017.
- If you submit your 2017 Marketplace application and enroll in 2017 coverage between **January 16 - January 31, 2017**, the coverage you choose will be effective March 1, 2017.

If you're trying to enroll after **December 15, 2016**, but you need coverage that starts on **January 1, 2017**, call the Marketplace Call Center to see if you qualify for a Special Enrollment Period.

### For more help

- Visit [HealthCare.gov](http://HealthCare.gov) or call the Marketplace Call Center at 1-800-318-2596. TTY users should call 1-855-889-4325. You can also make an appointment with an assister who can help you. Information is available at [LocalHelp.HealthCare.gov](http://LocalHelp.HealthCare.gov).
- Get language assistance services. If you need language assistance in a language other than English, you have the right to get help and information in your language at no cost. Information about how to access these language assistance services is included with this notice, as a separate page. You can also call the Marketplace Call Center to get information on these services.
- Call the Marketplace Call Center to request a reasonable accommodation if you have a disability. These accommodations are available and provided at no cost to you.

Sincerely,

Health Insurance Marketplace  
Department of Health and Human Services  
465 Industrial Boulevard  
London, Kentucky 40750-0001

*Privacy Disclosure:* The Health Insurance Marketplace protects the privacy and security of the personally identifiable information (PII) that you have provided (see [HealthCare.gov/privacy/](https://www.healthcare.gov/privacy/)). This notice was generated by the Marketplace based on 45 CFR 155.230; 45 CFR 155.335; and 45 CFR part 155, subpart D. The PII used to create this notice was collected from information you provided to the Health Insurance Marketplace. The Marketplace 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 the Marketplace at 1-800-318-2596 (TTY: 1-855-889-4325).

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 0938-1207.

*Nondiscrimination:* The Health Insurance Marketplace 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](https://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.

example

**This Notice has Important Information.** This notice has important information about your application or coverage through the Health Insurance Marketplace. 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 1-800-318-2596 and wait through the opening. When an agent answers, state the language you need and you'll be connected with an interpreter.

**العربية (Arabic)** يحتوي هذا الإشعار على معلومات هامة بخصوص طلبك أو تغطيتك من خلال سوق التأمين الصحي. ابحث عن التواريخ الرئيسية في هذا الإشعار. قد تحتاج إلى اتخاذ إجراء في مواعيد معينة للحفاظ على تغطيتك الصحية أو للمساعدة في التكاليف. لك الحق في الحصول على هذه المعلومات وعلى المساعدة بلغتك من دون أي تكلفة. اتصل بالرقم 1-800-318-2596 و انتظر عند سماعك الافتتاحية. عندما يجيبك الممثل قم بتحديد اللغة التي تحتاج و سيجري وصلك بالمترجم.

**中文 (Chinese)** 本通知包含您通过健康保险市场的申请或保险范围方面的重要信息。查阅本通知中的重要日期。您可能需要在某些截止日期前采取行动以续保或有助于节省某些费用。您有权免费获取本信息以及您所使用语种的帮助。请致电 1-800-318-2596 并聽完全部錄音。當有代表接聽時，請說明您所需的语种，屆時將有譯員與您聯繫。

**Français (French)** Cet avis contient des informations importantes concernant votre demande ou votre couverture à travers le Marché d'assurance maladie. Recherchez les dates clés dans le présent avis. Vous pourrez avoir besoin de prendre des mesures avant certaines dates limites afin de garder votre couverture santé ou de vous aider avec les coûts. Vous avez le droit d'obtenir ces informations et de l'aide dans votre langue sans frais. Appelez le 1-800-318-2596 et appuyez sur « 0 » à deux reprises attendre à travers l'ouverture. Quand l'agent répond indiquez la langue dont vous avez besoin et vous serez mis en relation avec un interprète.

**Kreyòl (French Creole)** Avi sa a gen enfòmasyon enpòtan sou aplikasyon w lan oswa pwoteksyon atravè Health Insurance Marketplace la. Gade pou datkle nan avi sa a. Ou ka bezwen pran aksyon pa yon sèten dat limit pou ou kenbe asirans sante ou oswa èd ak depans yo. Ou gen dwa pou ou jwenn enfòmasyon sa a akèd nan lang ou sanpa sa pa koute ou anyen. Rele 1-800-318-2596 epi rete tann ouvèti an. Lè yon ajan reponn, di lang ou bezwen an epi ou pral konekte ak yon entèprèt.

**Deutsch (German)** Diese Benachrichtigung enthält wichtige Informationen zu Ihrem Antrag oder Versicherung durch den Health Insurance Marketplace. Suchen Sie nach wichtigen Terminen in dieser Benachrichtigung. Sie müssen möglicherweise bis zu bestimmten Stichtagen handeln, um Ihre Krankenversicherung aufrechtzuerhalten oder Hilfe mit Kosten zu erhalten. Sie haben das Recht, diese Informationen und Hilfe in Ihrer Sprache kostenlos zu erhalten. Rufen Sie 1-800-318-2596 an und warten Sie die Ansage ab. Wenn sich ein Mitarbeiter meldet, wählen Sie die Sprache aus, die Sie benötigen und Sie werden mit einem Dolmetscher verbunden.

**ગુજરાતી (Gujarati)** આ સૂચનામાં આરોગ્યવીમામાર્કેટસ્થળ સમારફતેતમારીઅરજીઅથવા સર્વગ્રાહી વીમો વિશેનીમહત્વનીમાહિતીછે. આ સૂચનામાંમહત્વનીતારીખોમાટેજુઓ. તમેતમારાઆરોગ્યઆવરીલેવાઅથવાખર્ચમાંમદદકરવામાટેઅમુકચોક્કસ નિશ્ચિત સમય ને હદમાં ધ્યાનમાંરાખીનેપગલાંલેવાનીજરૂરપડેછે. મનેકોઈપણખર્ચવિનાતમારીભાષામાંઆજણાકારીઅનેમદદમેળવવાનોઅધિકારછે. 1-800-318-2596 અને શરૂઆતના મારફતે રાહ જુઓ. એક એજન્ટ જવાબ આપે, ત્યારે તેમને તમે જરૂરી ભાષા જણાવો અને તમને દુભાષિયો સાથે જોડવામાં આવશે.

**Italiano (Italian)** Questo avviso contiene importanti informazioni. Questo avviso contiene importanti informazioni riguardo la sua richiesta o copertura assicurativa tramite l'Health Insurance Marketplace. Controlli le date più importanti di questo avviso. Potrebbe avere la necessità di compiere alcune azioni al fine di conservare la sua copertura medica o per ridurre i costi. Ha il diritto di ricevere queste informazioni ed assistenza nella sua lingua senza costi aggiuntivi. Chiami all'1-800-318-2596 e resti in attesa del primo operatore disponibile. Quando un nostro operatore risponderà, comunichi la lingua di cui ha bisogno e sarà collegato/a con un interprete.

**日本語(Japanese)** この通知には重要な情報が含まれています。この通知には、Health Insurance Marketplace 経由のアプリケーションまたは補償範囲に関する重要な情報が含まれます。この通知では、重要な期日について確認してください。補償範囲や費用サポートを維持するには、指定の期日までにご対応いただく必要がある場合があります。これらの情報を無料で取得する権利および希望の言語でサポートを受ける権利があります。1-800-318-2596 にお問い合わせいただき、つながるまでお待ちください。エージェントにつながりましたら、必要とする言語をお伝え下さい。通訳者とつながります。



**한국어 (Korean)** 이 통지서에는 건강 보험 시장을 통한 귀하의 신청이나 보험 커버리지에 관한 중요한 정보가 포함되어 있습니다. 이 통지서에 나타난 중요한 날짜들을 잘 찾아 보십시오. 귀하는 귀하의 보험 커버리지를 계속 유지시키거나 경비를 절감하는 도움을 얻기 위해서 일정한 마감일 까지 필요한 조치를 취해야 할 수도 있습니다. 귀하는 귀하의 언어로 이 정보와 도움을 무료로 받을 수 있는 권리가 있습니다. 1-800-318-2596 로 전화하시고 시작하기 전에 기다리십시오. 직원이 전화를 받으면 귀하가 필요한 언어를 말씀하십시오. 그러면 통역사와 연결될 것입니다.

**Polski (Polish)** To ogłoszenie zawiera ważne informacje odnośnie Państwa wniosku o ubezpieczenie lub polisy zdrowotnej zakupionej przez Rynek Ubezpieczeń Zdrowotnych. Prosimy zwrócić uwagę na kluczowe daty zawarte w tym ogłoszeniu aby przy podejmowaniu ewentualnych decyzji dotyczących odnowienia polisy lub pomocy związanej z kosztami, nie przekroczyć terminów. Macie Państwo prawo do bezpłatnej informacji we własnym języku. W tym celu prosimy o telefon pod numer 1 800 318 2596, następnie proszę poczekać na zgłoszenie się operatora i wypowiedzenie preferowanego języka a rozmowa zostanie przełączona do tłumacza.

**Português (Portuguese)** Este aviso contém informações importantes sobre sua aplicação ou cobertura ao longo do Mercado de Planos de Saúde (Health Insurance Marketplace). Observe as datas importantes nesse aviso. Você poderá precisar tomar medidas, até determinados prazos, para manter sua cobertura médica ou ajuda de custo. Você tem o direito de obter tais informações e auxílio em seu idioma, sem custo algum. Ligue para 1-800-318-2596 e espere através da introdução. Quando o agente atende, afirme o idioma que precisa e você será transferido para um intérprete.

**Русский (Russian)** В настоящем уведомлении содержится важная информация о вашей страховке через рынок медицинского страхования. Вы можете найти важные даты в данном уведомлении. Возможно, вам придется предпринять некоторые действия к конкретным срокам, с тем, чтобы сохранить вашу медицинскую страховку или финансовую помощь на медицинские расходы. Вы имеете право на получение этой информации и помощи на родном языке бесплатно. Позвоните по номеру 1-800-318-2596 и прослушайте вступительную информацию до конца. Когда ответит агент, укажите необходимый язык, и вас соединят с переводчиком.

**Español (Spanish)** Este aviso contiene información importante sobre su solicitud o la cobertura que tiene a través del Mercado de Seguros Médicos. Consulte las fechas importantes que figuran aquí. Es probable que deba tomar medidas antes de algunas fechas clave para mantener su cobertura de salud o seguir recibiendo ayuda para pagar los costos. Usted tiene derecho a recibir esta información y asistencia en su idioma en forma gratuita. Llame al 1-800-318-2596 y espere a través de la introducción. Cuando el agente atiende, indique el idioma que necesita y lo pondrán en comunicación con un intérprete.

**Tagalog (Tagalog)** Ang paunawa na ito ay may nilalamang mahalagang impormasyon tungkol sa iyong aplikasyon o kaseguruhan sa pamamagitan ng Health Insurance Marketplace. Tingnan ang mga mahalagang petsa sa paunawang ito. Maaring mangailangang gumawa ka ng hakbang sa loob ng mga itinakdang petsa upang mapanatili ang iyong kaseguruhan pangkalusugan o makatanggap ng tulong sa mga gastos. Mayroon kang karapatang makuha ang impormasyon na ito at tulong sa iyong wika ng walang gastos. Tumawag sa 1-800-318-2596 at maghintay ng pagkakataong mabuksan ang linya. Kapag sumagot ang isang ahente, sabihin ang kailangan mong wika at ikaw ay iuugnay sa isang tagapagsalin sa Tagalog.

**Tiếng Việt (Vietnamese)** Thông báo này có thông tin quan trọng bàn về đơn nộp hoặc hợp đồng bảo hiểm của chương trình Thị trường bảo hiểm sức khỏe Marketplace. Xin xem ngày then chốt trong thông báo này. Quý vị có thể phải thực hiện theo thông báo đúng trong thời hạn để duy trì bảo hiểm sức khỏe hoặc được trợ giúp thêm về chi phí. Quý vị có quyền được biết thông tin này và được trợ giúp bằng ngôn ngữ của mình miễn phí. Xin gọi 1-800-318-2596 và đợi nghe hết lời mở đầu do máy nói. Cho tới khi gặp một nhân viên trả lời, xin nói ngôn ngữ của mình là gì và quý vị sẽ được kết nối với một thông dịch viên.

