

Marketplace Model Eligibility Notice

The Marketplace produces eligibility determination notices when consumers apply for coverage or report certain life changes through the Marketplace.

Model notice: APTC/CSR eligibility determination for individual

Story: Julia Smith is a single adult who earns \$23,000 a year. She applies for Marketplace coverage during Open Enrollment. In her application she indicates that she wants to see if she can get help with the costs of health coverage.

Results: Julia Smith is determined eligible for advance payments of the premium tax credit (APTC) and cost-sharing reductions (CSRs), and determined ineligible for Medicaid.

The notice also provides educational information for the consumer including information about the premium tax credit, cost-sharing reductions, Medicaid eligibility, and the appeals process, starting after page 6.

Note: The messages for Marketplace eligibility determinations are highly variable and depend on the specific circumstances of the individual applying and when the individual applies (for example, whether it's during Open Enrollment or if they qualify for a Special Enrollment Period).

Julia Smith
[address]
City, NJ ZIP code

[date]

Application Date: October 25, 2016

Application ID: [number]

Important: Your **Eligibility Results** for Health Insurance Marketplace coverage. **ACTION MAY BE REQUIRED.**

We reviewed your application to see if you can get health coverage through the Marketplace and help paying for coverage and health services through:

- A premium tax credit that can be used right away to lower your monthly premium costs
- Health plans that lower your out-of-pocket costs
- NJ FamilyCare (Medicaid) and NJ FamilyCare (Children's Health Insurance Program (CHIP)), which are joint federal and state programs that help with medical costs for people with limited income or special health care needs

Save this notice. It includes information about important Marketplace deadlines that may affect your eligibility for coverage, your costs, and your next steps.

Your Eligibility Results

Review the table below for the results of your application. Julia Smith - Based on the information provided, you might have special health care needs like a disability or the need for help with daily living. You may be able to get coverage for more health services and pay less for care, so we're sending your information to NJ FamilyCare to see if you qualify. You can keep any other health coverage you're eligible for while NJ FamilyCare reviews your information. NJ FamilyCare will contact you.

Family member(s)	Results	Next steps
Julia Smith	<ul style="list-style-type: none">• Eligible for a special enrollment period	

Family member(s)	Results	Next steps
Julia Smith	<ul style="list-style-type: none"> Eligible for a tax credit (\$320.00 each month, which is \$3,840.00 for the year, for your tax household). This calculation is based on the yearly household income of \$23,000.00. This is the amount that you provided on your Marketplace application or the amount that came from the most recent income data sources available. Eligible to purchase health coverage through the Marketplace Can choose a health plan with lower copayments, coinsurance, and deductibles (05) 	<ul style="list-style-type: none"> Choose a health plan and make first month's payment

If your **Eligibility Results** say that you're eligible for a premium tax credit or cost sharing reductions, it means that you don't appear to be eligible for Medicaid based on your household income and family size, or your immigration status. However, you could be eligible for Medicaid if you have a disability or special health care needs. To learn more, visit [HealthCare.gov/people-with-disabilities](https://www.healthcare.gov/people-with-disabilities), or see "4. Getting help with the cost of special health care needs" in the section titled "Understanding Your Eligibility Results." (This section will only be included with your first eligibility notice each coverage year. Be sure to save it, as it may not come with later notices.)

Why don't I qualify for other programs?

- Julia Smith – You don't qualify for Medicaid because your household's monthly income (\$1,916.67) is higher than the income limit for Medicaid in your state.

What should I do next?

Here's what each person in your household needs to do to take the "Next steps" shown in your **Eligibility Results**. If your "Next steps" tell you to send more information, follow instructions for sending it. If you don't, you could lose what you qualify for now because your information doesn't match the data we have, or we can't verify all of the information in your application.

- Julia Smith - **Enroll in coverage now.** Compare health plans side by side, choose a health plan, and enroll in coverage. If you don't already have a Marketplace account, you'll need the Application ID that's printed on this notice. You can choose a plan 2 different ways:
 - Enroll right after you complete your application. In most cases, you can apply and get enrolled in one sitting. Or return to [HealthCare.gov](https://www.healthcare.gov) and log in again to compare plans and enroll.
 - If you applied a different way, like with a paper application or over the phone, you can:

- Compare plans and enroll through HealthCare.gov. You'll need to create a Marketplace account if you don't already have one. Go to HealthCare.gov, click the "Log In" button in the top right of your screen, and then click "Create Account" before choosing your plan.
- Compare plans and enroll over the phone. Call the Marketplace Call Center for assistance.
- Enroll by January 31, 2017
 - Open enrollment for the Marketplace ends on January 31, so you must enroll in a plan and pay the first month's bill (the "premium") by then.
 - If you miss the deadline, you may not be able to enroll in a health insurance plan through the Marketplace until the next Open Enrollment Period, unless you qualify for a Special Enrollment Period.
 - You and anyone in your household who doesn't have qualifying health coverage for three months or longer out of the year could owe a penalty, unless you qualify for an exemption.
- For more information, visit HealthCare.gov/apply-and-enroll/how-to-apply/.
- If your **Eligibility Results** say that you or any of your family members are or may be eligible for free or low-cost coverage through your state's Medicaid or CHIP programs, you'll get a notice from your state agency with more information about your health benefits and how much you pay for them. If you don't hear from them soon, call them at the phone number provided at the end of this notice. When you're eligible for Medicaid or CHIP, you can still purchase a Marketplace health plan, but you won't get help paying for it. Medicaid and CHIP are free or low-cost programs, so if you qualify for either of them, you don't qualify for premium tax credits. If someone's enrolled in Medicaid at the same time they're using advance payments of the premium tax credit, they may have to repay these tax credits when they file their tax return.

When will Marketplace coverage begin?

Since you told us you recently lost health coverage or you were denied coverage through Medicaid or the Children's Health Insurance Program (CHIP), your plan's coverage will start the first day of the month after you select a plan (but no earlier than January 1, 2017).

- For example, for coverage starting May 1, select a plan by April 30.
- You have to pay the first month's premium before your coverage starts.
- You must select your plan by [special enrollment period end date].

What if information from my application changes during the year?

If your circumstances change and the information you gave us when you applied is no longer correct, you need to let us know within 30 days of the change. Changes may affect your eligibility for:

- Premium tax credits
- Enrollment in a plan with lower copayments, coinsurance, and deductibles
- Coverage through NJ FamilyCare or NJ FamilyCare

If you're eligible for and choose to use advance payments of the premium tax credit to help pay for your Marketplace coverage and you don't report a change that may affect your eligibility, you may have to pay back some or all of your premium tax credits when you file your taxes. Some changes may make you eligible for a larger tax credit or new help with costs. For a list of changes you must report, visit [HealthCare.gov/reporting-changes/](https://www.healthcare.gov/reporting-changes/), or see "1. Reporting changes" in the section titled "Understanding Your Eligibility Results." (This section will only be included with your first eligibility notice each coverage year. Be sure to save it, as it may not come with later notices.)

If you enroll in a Marketplace plan and later become eligible for other minimum essential coverage, like Medicaid, CHIP, Medicare, or coverage from a job, you won't be eligible for advance payments of the premium tax credits, although you can keep your Marketplace plan and pay the full premium. If you become eligible for other coverage, you must contact the Marketplace to end your advance payments of the premium tax credit and let the Marketplace know if you also want to end your health plan. If you don't stop the advance payments of your premium tax credit to your health insurance company, you may need to pay back the payments paid on your behalf.

To report life changes, visit [HealthCare.gov](https://www.healthcare.gov), select your most current application, and select "Report a life change." You can also contact the Marketplace Call Center. If this notice says you're eligible for NJ FamilyCare or NJ FamilyCare, contact the state agency at the phone number provided at the end of this notice.

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 even if you don't usually file taxes.

What should I do if I think my Eligibility Results are wrong?

If you think we made a mistake, you can appeal a final determination of eligibility to the Marketplace Appeals Center. This includes your eligibility to purchase health coverage through the Marketplace, and for premium tax credits, cost-sharing reductions, enrollment periods, NJ FamilyCare, and NJ FamilyCare. Please note that:

- If you need health services right away and a delay could seriously jeopardize your health, you can ask for a fast (expedited) appeal using the Appeal Request form or by sending a fax or a letter to the address below.
- You can represent yourself or appoint a representative to help you with your appeal. This person can be

a friend, relative, lawyer, or someone else.

- You can ask to keep your eligibility during your appeal. If you were previously eligible for Marketplace coverage or financial assistance and your eligibility is changed, you can appeal this change. In this case, you may be able to keep your previous eligibility during your appeal.
- The outcome of an appeal could change the eligibility of other members of your household even if they don't ask for an appeal.
- If you want to appeal a denial of eligibility for Medicaid, you can choose to have your appeal heard by the Marketplace Appeals Center, which is the appeals entity for the Health Insurance Marketplace, or your appeal can be heard by your state Medicaid agency.
- For more information about the state Medicaid appeals process, contact your state Medicaid agency at the phone number shown at the end of this notice.

How much time do I have to request an appeal?

Generally you have 90 days from the date of your eligibility notice to request an appeal. However, there are times when your eligibility can't be appealed:

- If this notice says that someone needs to “send the Marketplace more information,” then you must follow the steps described in the “What should I do next?” section of this notice. Until you upload or mail documents and your data matching issue is resolved, your eligibility notice isn't a final determination of eligibility and it can't be appealed.
- If you're required to send more information to the state Medicaid or CHIP agency, your eligibility notice isn't a final determination of eligibility for Medicaid or CHIP coverage and it can't be appealed.

How do I request an appeal?

- Visit [HealthCare.gov/marketplace-appeals](https://www.healthcare.gov/marketplace-appeals) to get the Appeal Request form for your state; or
- Write a letter requesting an appeal. Include your name, address, and the reason you're requesting the appeal. If you're requesting an appeal for someone else (like your child), also include their name.

Then, fax your appeal request to a secure fax line: 1-877-369-0130, or mail it to:

Health Insurance Marketplace
ATTN: Appeals
465 Industrial Blvd.
London, KY 40750-0061

For more help

- Visit [HealthCare.gov](https://www.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](https://www.healthcare.gov).
- Contact your state's Medicaid agency at toll-free:1-800-701-0710 (TTY:1-800-701-0720) for information about NJ FamilyCare. For more information about your state's CHIP program, contact the State of New Jersey Department of Human Services, Division of Medical Assistance and Health Services at toll-free:1-800-701-0710 (TTY:1-800-701-0720).
- 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.

For information including more about the premium tax credit, lower out-of-pocket costs, and Medicaid eligibility, visit [HealthCare.gov](https://www.healthcare.gov), or see "Understanding Your Eligibility Results." (This section will only be included with your first eligibility notice each coverage year.)

Sincerely,

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

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

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 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://www.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.

Understanding Your Eligibility Results

These pages include important information about:

1. Reporting changes
2. How to send more information
3. Appeals
4. Getting help with the cost of special health care needs
5. Coverage for immigrant families
6. Premium tax credit
7. Lower out-of-pocket costs
8. Medicaid and CHIP

1. Reporting changes

If you're enrolled in a health plan through the Marketplace and information you told us on your application changes, report the change to us within 30 days. If you don't report changes, you may not get all of the savings you're eligible for. If you're getting a premium tax credit, you may also have to pay back some or all of the advance payments of the premium tax credit when you file taxes. Examples of changes you should report include:

- A move.
- Household income changes, especially if your household will make more money than you estimated on your application. The **Eligibility Results** table will show the amount of income that was used to determine your help with costs, if you're eligible for this help.
- Household size changes. For example, someone in your household marries or divorces, becomes pregnant, or has a child; or your child moves out or won't be claimed as a dependent.
- A change in plan for filing your federal income tax return for the year you're getting Marketplace coverage, like if you plan to claim new dependents on your tax return.
- Becoming qualified for other health coverage.
- Changes in immigration status, like if your visa expires and isn't renewed.
- Becoming incarcerated (jailed), other than pending the disposition of charges.

To report changes, visit [HealthCare.gov](https://www.healthcare.gov), select your current application, then select "Report a life change." You can also call the Marketplace Call Center.

If you enroll in your state's Medicaid or CHIP program

You must report any changes that might affect your health coverage, like those listed above. You'll get instructions for how to report changes in the enrollment letter that the state will send you. You can also call your state's Medicaid agency at the phone number included with this notice.

2. How to send more information

There may be times when you need to send documents to verify something that you put on your application. Or we might just need more information before we can process your application.

If this notice says that you need to send more information, visit HealthCare.gov and log into your Marketplace account, then follow steps to upload documents. This is the fastest way to get your documents processed. You can also mail copies.

Here's what you'll need:

- Your Marketplace account. The main household contact for your Marketplace application can visit HealthCare.gov and log in to upload documents.
- An electronic file of the document you need to upload.
 - It must be a .pdf, .jpeg, .jpg, .gif, .xml, .png, .tiff, or .bmp.
 - It can't be bigger than 10 MB.
 - The file name can't include a colon, semicolon, asterisk, or any other special character. Here are a few examples of special characters that can't be in the file name: / \ : * ? " < >.

When you're ready to upload your electronic document:

- Visit HealthCare.gov and log in to your Marketplace account.
- Select the green button "Start a new application or update an existing one."
- Click on your name in the top right of the screen and select "My applications & coverage" from the dropdown.
- Select your application under "Your existing applications." Then use the menu on the left side of your screen to click on "Application details."
- Select the green "Upload documents" or "Upload more documents" button to the right of each issue that you need to resolve. If there's more than one, work on them one at a time.
- Follow the instructions on your screen to upload your document.
 1. Click "Select file to upload" to choose your document type. If you have more than one issue to resolve, you can expand or close each one as you work on them.
 2. Locate the document on your computer, select the document, and click "Upload." When the upload is successful, a checkmark appears next to the file name.
 3. After the document is uploaded successfully, "Submitted" appears next to the issue on the "Application details" tab.
 4. Move on to the next issue. Repeat steps 1 – 3 to upload documents for each one.

If you're having trouble uploading a document, you should mail copies. Don't mail original documents. If your **Eligibility Results** notice includes a printed bar code page, include a copy of it. You can also include your printed name and the Application ID from your **Eligibility Results** when you send your documents.

Keep all originals. Mail copies of your documents to:

Health Insurance Marketplace
Attn: Coverage Processing
465 Industrial Boulevard
London, Kentucky 40750-0001

You can also call the Marketplace Call Center at 1-800-318-2596. TTY users should call 1-855-889-4325. The call is free.

3. Important information about appeals

If you think your **Eligibility Results** are wrong, in many cases you can appeal your eligibility through the Marketplace Appeals Center for Marketplace health coverage or help paying for coverage. This includes your eligibility for premium

tax credits, cost-sharing reductions, and enrollment periods. You can also request an appeal through the Marketplace or through your state if you're determined not eligible for Medicaid or CHIP and you think you should be.

See your **Eligibility Results** section “What should I do if I think my Eligibility Results are wrong?” For more information, visit HealthCare.gov/marketplace-appeals.

4. Getting help with the cost of special health care needs

Does Medicaid cover special health care needs?

Yes. You may qualify to get coverage for more health services and pay less for care if you have special health care needs, like if you:

- Have a medical, mental health or substance abuse condition that limits the ability to work or go to school
- Need help with daily activities, like bathing or dressing
- Regularly get medical care, personal care, or health services at home, an adult day center, or another community setting
- Live in a long term care facility, group home, or nursing home
- Are blind
- Are terminally ill

To see if you qualify, call your state's Medicaid agency. You can also update your Marketplace application with this information. Visit HealthCare.gov, log into your Marketplace account, and select your existing application. Then select "Report a life change," continue through your application to answer questions about your special health care needs, and get new **Eligibility Results**. If you qualified for other health coverage, you can keep it while the Medicaid agency decides if you qualify for Medicaid.

5. Coverage for immigrant families

Individuals who aren't lawfully present may apply on behalf of family members who may be eligible, like their lawfully present children or spouse. Individuals who aren't lawfully present may complete a Marketplace application to find out if they're eligible for Medicaid payment for emergency medical treatment. Lawfully present immigrants who aren't eligible for Medicaid because of their immigration status may be eligible for Marketplace coverage and help with costs. Information provided to the Marketplace will be used for determining eligibility for health coverage options only, and won't be used for immigration enforcement purposes. If you, or someone you're helping, have questions about the Marketplace, you have the right to get help and information in your language at no cost. If you need help in another language, call the Marketplace Call Center.

6. More information about the premium tax credit

What are advance payments of the premium tax credit?

It's a tax credit paid in advance that lowers the monthly cost (called a “premium”) you pay for health insurance. In some cases, you may pay no premium if your advance payment of the premium tax credit covers the entire premium amount. Premium tax credits help people with incomes too high to qualify for Medicaid or CHIP, but who still may not be able to afford health coverage.

Your eligibility determination estimates the premium tax credit you may get on your tax return based on your estimated household income for the year. Even if you get advance payments of the premium tax credit to help pay premium costs, the final tax credit is based on your year-end tax filing. When you file your tax return, you may need to repay some or all of the credit if the income you estimated was less than the income you actually earned or if other changes in your circumstances affected your eligibility.

How do I qualify for a premium tax credit?

The Marketplace will check your income, household size, and other eligibility information to see if you qualify. The premium tax credit's only available if you enroll in coverage through the Marketplace. If you're eligible for Medicare or most other types of health coverage, then you probably don't qualify for a premium tax credit. If you can get coverage from a job, you can only get a premium tax credit if your employer doesn't offer affordable health coverage, or the coverage doesn't meet a minimum value standard.

In addition, your income generally must be between 100 and 400 percent of the federal poverty level (FPL), although some people lawfully residing in the U.S. may qualify with income below the poverty level. The Marketplace doesn't count your personal financial obligations when it's determining your eligibility for coverage or help with costs. For more information about the income limits for a premium tax credit, visit [HealthCare.gov/lower-costs/qualifying-for-lower-costs/](https://www.healthcare.gov/lower-costs/qualifying-for-lower-costs/).

How much of a premium tax credit can I get?

A premium tax credit amount is based on all of these factors:

- The number of people in your household. For premium tax credits, your household includes the person who files the household's tax return and his or her spouse and dependents claimed on the return
- How much income your household expects to report on your federal income tax return for the year you want coverage
- The cost of the second-lowest cost Silver health plan in your area that's offered through the Marketplace. This is also known as the "benchmark" plan cost. A Silver plan covers 70 percent of health care costs for the average person.

To learn more about health plan categories and plans available in your area, visit [HealthCare.gov/choose-a-plan/plans-categories/](https://www.healthcare.gov/choose-a-plan/plans-categories/).

When do I get the premium tax credit, if I'm eligible for one?

If your **Eligibility Results** say you're eligible for a premium tax credit, you can apply part or all of this amount in advance each month to lower your premium payments for a Marketplace plan. The Marketplace will send advance payments of the premium tax credit directly to your insurance company, so you pay less for your premiums each month. You'll decide how much tax credit you want to use when you choose a Marketplace plan.

If you use less than the full amount, you'll get the difference that you're due at the end of the year when you file your taxes. The final amount of your premium tax credit will be based on the actual income and other eligibility information you report on your tax return, not what you estimated on your Marketplace application. Even if you don't owe any taxes, you may still be eligible to get any premium tax credit that you're eligible for but haven't already gotten, as long as you enrolled in a Marketplace plan.

What counts as income?

Most types of household income are considered when you apply for help with costs for Marketplace coverage. This includes income like wages, self-employment, cash income, Social Security benefits, unemployment, and withdrawals from retirement accounts. We don't count child support, gifts, Supplemental Security Income (SSI), certain income received by dependents, veteran's disability payments, workers' compensation, proceeds from loans (like student loans, home equity loans, or bank loans), or household expenses like rent, cable, or utility bills. To learn more, visit [HealthCare.gov/income-and-household-information/income/](https://www.healthcare.gov/income-and-household-information/income/). If you made a mistake when you told us your household income on your Marketplace application, or your household income changes, you can make changes. Visit [HealthCare.gov](https://www.healthcare.gov), log into your Marketplace account, and select your most recent application. Then select "Report a life change" and step through your application to provide the correct information. You can also call the Marketplace Call Center.

I'm not sure what my income for the year will be, so I just guessed on my application. What happens if I'm wrong?

When it's time to file your federal income tax return, the IRS will compare the information from your application, including income, with the information you report on your tax return.

- If your income is lower than what you told us on your application, or your household size increases, you may be eligible for a larger premium tax credit.
- If your income is higher than what you told us on your application, or your household size decreases, you may have to pay back some or all of your advance payments of the premium tax credit that were made to your insurance company.

If you're worried about owing back any advance payments of the premium tax credit, you can decide to use a smaller amount of the tax credit toward your premium each month. It's important to promptly report any changes in household income and household 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.

Do I need to apply for a new tax credit each year?

To be eligible for advance payments of the premium tax credit, you should update your household income and other eligibility information every year during Open Enrollment. When you completed your Marketplace application, you had an option to allow the Marketplace to use its income data, including information from tax returns, to help with your eligibility renewal each year. If you agree with this option, the Marketplace uses the most recent data sources available for your household to help determine your eligibility for advance payments of the premium tax credit for the next year.

If you chose not to allow the Marketplace to use information from tax returns to help with your eligibility renewal, you'll need to make sure that you update your information during each Open Enrollment Period. If you prefer, you can change your agreement information. Visit [HealthCare.gov](https://www.healthcare.gov), log into your Marketplace account, select your most recent application, and then select "Report a life change." Step through your application, read the statement allowing the Marketplace to use its income data, including tax information, to help with your renewal in future years, and click if you agree.

What if my Eligibility Results say I'm not eligible for a premium tax credit because I file a separate tax return from my spouse?

If you're married, you must file a joint federal income tax return with your spouse for the year that you want to qualify for a premium tax credit. There are some exceptions. If you claim "head of household" status on your tax return, or if you're a victim of domestic violence or you're an abandoned spouse, call the Marketplace Call Center for more information. You can visit [LocalHelp.HealthCare.gov](https://www.localhelp.healthcare.gov) for free in-person help in your area.

What if my Eligibility Results say I'm eligible to buy a Catastrophic plan?

People under 30 and people with hardship exemptions may buy a Catastrophic health plan through the Marketplace. This type of plan has lower monthly premiums and mainly protects you from very high medical costs. If you buy a Catastrophic plan in the Marketplace, you can't get premium tax credits. Regardless of your income, you pay the standard price for the Catastrophic plan.

What should I do if advance payments of the premium tax credit were made to my insurance company for my coverage in the past, but a federal tax return wasn't filed to report these payments?

If advance payments of the premium tax credit were made to your health insurance company to reduce your premium costs in the past, the person who files taxes for your household must report --or "reconcile" --these payments to the IRS on a federal tax return using "IRS Form 8962, Premium Tax Credit" by the federal tax filing deadline. This is true even if you don't usually have to file taxes. If you don't take this step, you'll pay more for your coverage and covered services (if applicable) because you won't continue to be eligible for advance payments of the premium tax credit.

- A return should be filed each year that you get advance payments of the premium tax credit. Use "Form 8962." The information from "Form 1095-A, Health Insurance Marketplace Statement," should be used to accurately complete "Form 8962." To get "Form 1095-A," visit [HealthCare.gov](https://www.healthcare.gov), log into your Marketplace account, and check your notices from the Marketplace. You can also call the Marketplace Call Center.
- Filing electronically can help avoid mistakes and find credits and deductions that may be available. In many cases filing electronically is free. More information about Free File and e-file is available at [IRS.gov](https://www.irs.gov).

7. More information about lower out of pocket costs

What are copayments, coinsurance, and deductibles?

Copayments, coinsurance, and deductibles are the money you pay toward your share of the cost of your health care. You get "cost-sharing reductions" when you qualify for help that lowers these costs. Your insurance company takes care of the rest.

- A copayment is an amount you may be required to pay each time you get a service, like going to the doctor or getting a prescription. It's usually a set dollar amount, like \$20.
- Coinsurance is your share of the costs of a covered health service. It's calculated as a percent of the allowed amount for the service.
- A deductible is the amount of money you must spend every year on health care before the plan starts paying for most services. Even after you pay your deductible, you may still be required to pay copayments or coinsurance when you get services.

How do I qualify for lower copayments, coinsurance, and deductibles (cost-sharing reductions)?

You must be eligible for advance payments of the premium tax credit and your income must be within certain additional limits to qualify for a Marketplace plan with discounted copayments, coinsurance, and deductibles. Once you qualify, you must enroll in a Silver plan to get these cost-sharing reductions. Members of federally recognized tribes can qualify to get these cost-sharing reductions when they enroll in a Bronze, Silver, Gold, or Platinum plan.

Plans sold in the Marketplace are divided into 4 main health plan categories: Bronze, Silver, Gold, and Platinum. They range from Bronze plans with lower premiums and higher out-of-pocket costs to Platinum plans with higher premiums and lower out-of-pocket costs. No matter which you choose, all plans cover all essential health benefits.

You'll make your plan selection when you compare plans and enroll through the Marketplace.

How does the Marketplace decide what my cost sharing is?

You qualify to enroll in a plan with lower copayments, coinsurance, and deductibles based on:

- Your eligibility for advance payments of the premium tax credit
- The number of people in your household (the taxpayer and dependents listed on your federal income tax return)
- The household income amount that you expect to report on your federal income tax return
- Your status as an American Indian or Alaska Native and a member of a federally recognized tribe or Alaska Native Corporation

8. More information about Medicaid and CHIP

Medicaid and CHIP provide comprehensive, affordable health coverage to millions of Americans, including some low-income people, families and children, pregnant women, the elderly, and people with disabilities. Medicaid covers services including doctor visits, laboratory tests and hospital care. It also covers additional services for children up to a certain age. Both programs are run jointly by federal and state governments, and details vary somewhat between states. You may qualify for these programs based on your household size, income, and other factors, like age and disability.

If you have full Medicaid or CHIP coverage (not just emergency Medicaid coverage), you're considered covered under the health care law. You don't have to buy a Marketplace plan. You also don't have to pay the fee that people without health coverage must pay.

If you're covered by a Marketplace plan with advance payments of the premium tax credit and you later become eligible for Medicaid or CHIP, be sure to end your Marketplace plan. To learn more, visit [HealthCare.gov/downloads/marketplace-medicaid-chip-guide.pdf](https://www.healthcare.gov/downloads/marketplace-medicaid-chip-guide.pdf).

What if I have past medical bills?

Medicaid may pay medical bills from the 3 months before you apply. To see if Medicaid will pay recent medical bills, call your state's Medicaid agency at the number included in this notice. You may be asked to provide copies of your unpaid medical bills from the last 3 months.

How long can I keep my Medicaid health coverage?

If you're eligible for Medicaid, you must renew your eligibility for Medicaid health coverage every year. Your state agency will send a letter in the mail telling you if you need to provide more information at renewal time.

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，请说明您所需的语种，届时将有译员与您联系。

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.

