

Overview

This notice is sent to the household contact for an application when an applicant listed on his or her application has been found to be enrolled in Marketplace coverage with advance payments of the premium tax credit (APTC) or income-based cost-sharing reductions (CSRs) *and* Medicaid or CHIP coverage that qualifies as minimum essential coverage, and the affected consumer does not return to the Marketplace to update his or her application information or otherwise respond by the date indicated in a previous notice. This notice informs the consumer that APTC and CSRs that are being paid on his or her behalf will end, because the affected consumer did not make updates by the given deadline or establish that he or she is not enrolled in Medicaid or CHIP. When the Marketplace ends the APTC and CSRs, Marketplace coverage for this person will continue without financial help. Such people will need to end their Marketplace coverage if they no longer wish to be enrolled in that coverage. For anyone not listed in the notice who is still enrolled in the plan, their Marketplace coverage will continue and the Marketplace will redetermine their eligibility for advance payments of the premium tax credit and cost-sharing reductions.

Taglines in multiple languages are located at the end of the notice for those who may require assistance in another language.

[hh_contact_first_name] [hh_contact_last_name]
[hh_contact_street_name_1]
[special_address_2_line]
[hh_contact_city_name], [hh_contact_state_code] [hh_contact_zip_plus_4_code]

[todays_date]

Application date: [application_submission_date]

Application ID: [application_identifier]

Dear [hh_contact_first_name]:

IMPORTANT: People in your household are still enrolled in a Marketplace plan but will no longer receive financial help for their coverage.

You're getting this notice because the people listed below will no longer get advance payments of the premium tax credit and income-based cost-sharing reductions, if applicable, to help pay for their coverage through a Marketplace health plan. They will still have a Marketplace health plan, but financial help will not be paid for their share of the Marketplace plan premium.

- [application_member_names]
- [application_member_names]
- [application_member_names]
- [application_member_names]

This change will be effective on [effective date]. **If you don't want to pay full cost for their share of the Marketplace plan premium and covered services, you'll need to end their coverage immediately. See "Next steps" below.**

For anyone on the Marketplace plan who isn't listed above, their Marketplace plan will continue and their eligibility for advance payments of the premium tax credit and cost-sharing reductions, if applicable, is redetermined. Your tax household is eligible for a tax credit of \$[maxAPTC] each month, which is \$[maxAPTC x 12] for the year. Contact your plan to find out your share of the total premium amount, after this tax credit.

Why help paying for Marketplace coverage is ending

People enrolled in Medicaid or the Children’s Health Insurance Plan (CHIP) are ineligible for advance payments of the premium tax credit for themselves, and for cost-sharing reductions, if applicable. The Marketplace previously received information from your state’s Medicaid or CHIP program indicating that the people listed above are enrolled in one of those programs, as well as Marketplace coverage with financial help. The Marketplace then sent you a notice that asked you to either end the Marketplace coverage with premium tax credits and cost-sharing reductions for the people listed above or update your application information to show the Marketplace that you were not enrolled in both forms of coverage. Since we didn’t receive any update for your application by [PDM timer end date], this notice explains the changes that have been made to your eligibility for financial help and what to do next. A consumer listed above may choose to have a Marketplace plan without financial help.

Next Steps

For each person listed on this notice, if he or she is enrolled in [State Medicaid Program Name] (Medicaid) or [State CHIP Program Name] (CHIP) and wants to end Marketplace coverage, there are two ways to do this:

- Visit [HealthCare.gov/medicaid-chip/cancelling-marketplace-plan/](https://www.healthcare.gov/medicaid-chip/cancelling-marketplace-plan/) for instructions to end Marketplace coverage online, OR
- Call the Marketplace Call Center at 1-800-318-2596. TTY users should call 1-855-889-4325.

If you believe anyone listed above is not enrolled in Medicaid or CHIP, or you aren’t sure if anyone listed above is enrolled in or has been determined eligible for these programs, you may wish to confirm that information with your state Medicaid or CHIP office. You may also refer to instructions below under “What should I do if I don’t agree that financial help should end?”.

- To find your state Medicaid office: Visit [HealthCare.gov/medicaid-chip/eligibility](https://www.healthcare.gov/medicaid-chip/eligibility), scroll down to “Apply for Medicaid and CHIP 2 Ways” and select your state from the drop-down menu.
- To find your state CHIP office: Visit [insurekidsnow.gov](https://www.insurekidsnow.gov), or call 1-877-543-7669.

Note: Most Medicaid or CHIP coverage qualifies as “minimum essential coverage”. Some forms of Medicaid cover limited benefits and aren’t considered minimum essential coverage, like Medicaid that only covers emergency care, family planning, or pregnancy-related services. If someone’s enrolled in a Medicaid program that only offers limited benefits (not considered

minimum essential coverage), be sure that your Marketplace application shows that they're not enrolled in Medicaid. They may still be eligible for financial help. For more information on which Medicaid programs are considered minimum essential coverage, visit: [HealthCare.gov/medicaid-limited-benefits/](https://www.healthcare.gov/medicaid-limited-benefits/).

What should I do if I don't agree that financial help should end?

In many cases, you can appeal our decision about your eligibility for health coverage, including eligibility for premium tax credits and cost-sharing reductions.

Below is important information to consider when requesting an appeal:

- Generally you have 90 days to request an appeal with the Marketplace from the date of this notice.
- You can appoint an Authorized Representative to help you with your appeal. That person can be a friend, relative, lawyer, or other individual. Or, you can request and participate in your appeal on your own.
- If you request an appeal, you may be able to keep your eligibility for coverage while your appeal is pending.
- The outcome of an appeal could change the eligibility of other members of your household even if they don't ask for an appeal.

To request an appeal, you can do one of these things:

- Go to [HealthCare.gov/marketplace-appeals](https://www.healthcare.gov/marketplace-appeals) to find and complete the appeal request form for your state and mail it to: Health Insurance Marketplace, 465 Industrial Blvd., London, KY 40750-0061. If you are able to do so, please include a copy of this notice and your eligibility determination notice with your appeal request form; or
- Mail your own letter requesting an appeal to: Health Insurance Marketplace, 465 Industrial Blvd., London, KY 40750-0061. If you write your own letter, please include your name, address, and the reason you are requesting the appeal. If you are requesting an appeal for someone else (like your child), also include the name of the person for whom you are filing the appeal. If you are able to do so, please include a copy of this notice and your eligibility determination notice with your letter requesting an appeal.

When mailing your appeal request to the Health Insurance Marketplace, please use the complete 9-digit ZIP code to ensure efficient processing of your appeal request.

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.

- 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/). 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 Call Center 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, 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.

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 بالمرجم.

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 lanoswapwoteksyonatravèHealthInsurance Marketplace la. Gade pou datkle nan avi sa a. Ou ka bezwenpranaksyonpayonsètendatlimit pou ou kenbeasirans sante ou oswaèdakdepansyo. Ou gendwa pou ou jwennenfòmasyon sa a akèd nan lang ou sanpa sa pakoute 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 આરોગ્યવિમામાર્કેટસ્થળ સમારફતેતમારીઅરજીઅથવા સર્વગ્રાહી વીમો વિશેનીમહત્વનીમાહિતીછે. આ સૂચનામાંમહત્વનીતારીખોમાટેજુઓ. તમેતમારોઆરોગ્યઆવરીલેવાઅથવાખર્ચમાંમદદકરવામાટેઅમુકચોક્કસ નિશ્ચિત સમય ને હદમાં ધ્યાનમાંરાખીનેપગલાંલેવાનીજરૂરપડે. મનેકોઇપણખર્ચવિનાતમારીભાષામાંઆજણકારીઅનેમદદમેળવવાનોઅધિકારછે. 1-800-318-2596 અને શરૂઆતના મારફતે રાહ જુઓ. એક એજન્ટ જવાબ આપે, ત્યારે તેમને તમે જરૂરી ભાષા જણાવો અને તેમને દુભાષિયો સાથે જોડવામાં આવશે.

हिन्दी (Hindi) इस सूचना में स्वास्थ्य बीमा मार्केटप्लेस के माध्यम से आपके आवेदन या कवरेज से सम्बंधित महत्वपूर्ण जानकारी है।

इस सूचना में मुख्य तिथियों के लिए देखें। आपको अपने स्वास्थ्य के कवरेज रखने के लिए या लागत से सम्बंधित मदद के लिए निश्चित समय सीमा के भीतर कार्रवाई करने की आवश्यकता हो सकती है। आप को कोई लागत के बिना अपनी भाषा में जानकारी और सहायता प्राप्त करने का अधिकार है। 1-800-318-2596 पर कॉल कीजिये और उद्घाटन संदेश के समाप्ति की प्रतीक्षा कीजिये। एजेंट से आप की जरूरत भाषा व्यक्ति कीजिये और आपको एक दुभाषिया के साथ जोड़ा जाएगा।



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 kaseguruhang 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.

اردو (Urdu)

اس نوٹس میں آپ کی درخواست یا Health Insurance Marketplace کے ذریعہ کوریج کے بارے میں اہم معلومات ہیں۔ اس نوٹس میں اہم تاریخوں کو تلاش کریں۔ آپ کو اپنی صحت کا کوریج برقرار رکھنے یا لاگتوں میں مدد کے لیے مخصوص حتمی تاریخوں تک کارروائی کرنے کی ضرورت ہوسکتی ہے۔ آپ کو یہ معلومات اور مدد بغیر کسی لاگت کے اپنی زبان میں حاصل کرنے کا حق ہے۔ 1-800-318-2596 پر کال کریں اس کے شروع ہونے کا انتظار کریں۔ جب کوئی ایجنٹ جواب دے تو، اپنی مطلوبہ زبان بتائیں اور آپ کو ایک مترجم کے ساتھ مربوط کر دیا جائے گا۔

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.



January 2015