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| Application ID # 4431387322 Application date: May 14, 2022 Primary contact Tierney Bates 5126 Aureen Dr Memphis, TN 38109-6044 | <h2 style="margin: 0;">2022</h2> <h1 style="margin: 0;">Marketplace Eligibility Notice</h1> <p style="margin: 0;">Remember to update your application during the year with any changes.</p> |
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Results

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| Household not eligible for a premium tax credit | Estimated 2022 income used to determine eligibility for financial help: \$337.74/year |
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| | Tierney Bates | Marcellus M Jr. |
|--|---------------|-----------------|
| Applied for coverage. | ● | ● |
| May be eligible for Medicaid based on this month's household income of \$28.15. We're sending this information to your state agency. | ● | ● |
| You were reviewed for CHIP but likely don't meet eligibility criteria (age, pregnancy and/or health coverage status). | ● | ● |

ACTION: Next steps

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| Wait for a final determination from your state agency about Medicaid coverage. You may need to provide more information to the state. See Eligibility Guide , page 7. | ● | ● |
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To learn **when and how you can appeal**, see **Eligibility Guide**, page 8.
Questions about results or next steps? See the Eligibility Guide included with this notice.

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| For more help | HealthCare.gov Marketplace Call Center: 1-800-318-2596 TTY: 1-855-889-4325 LocalHelp.HealthCare.gov (to find an assister) | TennCare (Medicaid): (855)259-0701 TTY: (800)848-0298 | CoverKids (CHIP): (855)259-0701 TTY: (800)848-0298 |
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The determinations or assessments in this letter were made based upon 45 CFR 155.305, 155.410, 155.420-430; 42 CFR 435.911, 435.603, 435.403, 435.406; and 42 CFR 457.348, 457.350, 457.315, 457.340.

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Welcome to the

MARKETPLACE ELIGIBILITY GUIDE

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| How to enroll in a Marketplace plan | Compare available health plans online at HealthCare.gov by logging into your Marketplace account and opening your most recent application. Or, call the Marketplace Call Center at 1-800-318-2596 to compare plans and enroll. TTY users can call 1-855-889-4325. If you don't already have a Marketplace account, you'll need the Application ID on your Eligibility Notice. You can find an assister in your local area to help you choose a plan by visiting LocalHelp.HealthCare.gov . |
| What if I miss a deadline? | If you miss a Marketplace deadline to submit documents or enroll in a plan, you may not be able to enroll in a Marketplace plan until the next Open Enrollment Period (unless you qualify for a Special Enrollment Period). You may also lose any financial help you may qualify for. |
| Open Enrollment | Open Enrollment is the yearly period when people can enroll in a Marketplace plan. Outside of Open Enrollment, you may still be able to enroll in a Marketplace plan if you qualify for a Special Enrollment Period. |
| Special Enrollment Period | <p>A Special Enrollment Period means you can enroll in Marketplace health coverage outside of the yearly Open Enrollment period. You may qualify for a Special Enrollment Period if you've had certain life changes, like losing health coverage, moving, getting married, having a baby, or adopting a child. You may also qualify if you get a new offer from an employer for help paying for health coverage. You may need to submit documents to confirm your eligibility for some Special Enrollment Periods.</p> <p>To see if you qualify for a Special Enrollment Period, you can report a life change on your application. If you qualify, your plan choices may be limited. You generally have up to 60 days following the change you're reporting to enroll in a plan.</p> |
| Copayments, coinsurance & deductibles | <p>Copayments, coinsurance, and deductibles are the money you pay toward the cost of your health care.</p> <ul style="list-style-type: none">• Copayment: an amount you may 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: your share of the costs of a covered health service. Coinsurance is calculated as a percent of the allowed amount for the service.• Deductible: the amount of money you must spend each year on health care before your plan starts paying for most services. After you pay your deductible, you may still have to pay copayments or coinsurance when you get services. |
| Qualifying for cost-sharing reductions | <p>Qualifying for "cost-sharing reductions" means you qualify for a discount that lowers the amount you have to pay for deductibles, copayments, and coinsurance. You must enroll in a plan in the Silver category to get the extra savings. Choosing a Silver Marketplace plan with extra savings may save you thousands of dollars if you have a lot of medical expenses.</p> <p>If you're a member of a federally recognized American Indian tribe or Alaska Native Corporation, you can get extra savings when you enroll in any Marketplace plan. You'll get these savings as long as everyone enrolling with you is also a member of a federally recognized tribe.</p> |
| How do I qualify for cost-sharing reductions? | <p>You qualify to enroll in a plan with lower copayments, coinsurance, and deductibles based on:</p> <ul style="list-style-type: none">• The household income amount you expect to report on your federal tax return• Your eligibility for premium tax credits• The number of people in your household (the taxpayer and dependents listed on your federal income tax return)• Membership in a federally recognized tribe |

Health Insurance Marketplace

Bronze, Silver, Gold & Platinum plan categories

Health plans sold in the Marketplace are divided into 4 main health plan categories: Bronze, Silver, Gold and Platinum. Categories 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. All plans cover all essential health benefits.

Choosing a plan category

During Open Enrollment, you can choose a plan from any category. If you qualify for a Special Enrollment Period, you'll see all the plan categories available to you.

- If you're already enrolled in a Marketplace plan, your choices may be limited. For example, if you're enrolled in a Gold plan and experience a move that qualifies you for a Special Enrollment Period, you'll generally be able to choose plans from the Gold category only.
 - You can choose a Silver plan if you're newly eligible for cost-sharing reductions. Silver plans may also be available if you're eligible for a premium tax credit and can enroll through a Special Enrollment Period based on income.
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Catastrophic plans

A Catastrophic plan has lower monthly premiums and high deductibles. Catastrophic plans may be an affordable way to protect yourself from worst-case scenarios, like getting seriously sick or injured, but you pay most routine medical expenses yourself. People under 30 and people with hardship exemptions can buy a Catastrophic plan through the Marketplace. These plans aren't eligible for premium tax credits.

Plan groupings

If you apply for health coverage for more than one person in your household, the Marketplace will group your household members for plan enrollment. You'll see these groupings when you continue to enrollment, and you can change them. You may be able to choose one plan for everyone, a separate plan for each person, or some other grouping.

Adding family members to your plan

If you gain a new family member due to marriage, birth, adoption, foster care, or court order, you may be able to add the new family member to your current plan or enroll them in any category.

If your plan's rules don't allow you to add new members as part of your Marketplace updates, you can enroll together in a different plan in the same category. If no other plans are available in your current plan category, your family can enroll together in a "neighboring" category. For example, if you're currently enrolled in a Gold plan, you can generally enroll together in a new one from the Silver or Platinum categories.

You'll automatically see all the plans available to you when you enroll. However, if you want to enroll your new dependent in their own plan of any category, you may need to "re-group" your household members when you continue to enrollment to see if other categories become available, or to enroll in a plan that's separate from your family group.

Coverage for immigrant families

Lawfully present immigrants can apply for Marketplace coverage, even if they don't qualify for full Medicaid benefits or for CHIP because of immigration status. Lawfully present immigrants may still be eligible to enroll in Marketplace coverage and get help with costs.

Individuals who aren't lawfully present in the U.S. can apply for Marketplace coverage on behalf of family members who may be eligible, like their lawfully present children or spouse. Individuals who aren't lawfully present, or who don't meet requirements for full Medicaid benefits, may be eligible for limited Medicaid coverage for emergency medical treatment, or for pregnancy-related CHIP.

Applying in a different state

You can't enroll in a Marketplace plan in a state that's different from where you live. Return to your application to check that your address is correct and in the state where you want coverage. If someone in your household needs coverage in a different state, they need to start a new application that's separate from yours. For questions about Medicaid and CHIP eligibility, contact the Medicaid or CHIP agency listed on your notice. You may need to apply for Medicaid or CHIP in another state.

Health Insurance Marketplace

Changes can affect your costs & eligibility

If anything you told us on your Marketplace application changes, you should report the change as soon as possible. Report changes like these:

- A move.
- Household income changes, especially if your household income will be different than you estimated on your application.
- Household size changes, like if 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 how you'll file your federal income tax return for the year you're getting Marketplace coverage, like if you plan to claim new dependents.
- Changes in immigration status.
- Becoming qualified for other health coverage, like through a job or Medicare.
- Getting an offer of help from a job to pay for health care costs with a Health Reimbursement Arrangement (HRA). This may also be called an individual coverage HRA or a Qualified Small Employer HRA (QSEHRA).

Visit [HealthCare.gov/reporting-changes](https://www.healthcare.gov/reporting-changes) for a full list of changes to report. If you get advance payments of the premium tax credit 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, or you may not get all the financial help you qualify for.

How to report changes on your application

1. Log into your Marketplace account at [HealthCare.gov](https://www.healthcare.gov).
2. Select your current application
3. Select "Report a Life Change" on the left-hand menu.

Or, call the Marketplace Call Center at **1-800-318-2596**.

Need help reporting changes?

If somebody helped you fill out your application (like an agent, broker, Navigator or Certified Application Counselor), contact them for help reporting changes or uploading required documents.

Health Reimbursement Arrangements (HRAs)

Check the notice you get from your employer about the help they offer paying for health coverage, because your deadlines and coverage start dates might be different. For more information, visit [HealthCare.gov/job-based-help](https://www.healthcare.gov/job-based-help).

If your employer offers an "individual coverage HRA"

You can't use both tax credits and an individual coverage HRA at the same time. People offered an individual coverage HRA qualify for tax credits only if the employer offer doesn't meet minimum affordability standards and the person opts out of the individual coverage HRA.

If your Eligibility Notice says you're **NOT** eligible for a tax credit, it's a good idea to accept the individual coverage HRA offer from your employer. If your Eligibility Notice says you **ARE** eligible for a tax credit, you'll need to opt out of the individual coverage HRA if you want to use tax credits instead.

You'll need to let your employer know if you enroll in a Marketplace plan, and if you plan to opt out of the individual coverage HRA. You'll need to update your Marketplace application with HRA information each plan year.

If you have a Qualified Small Employer HRA (QSEHRA)

Visit [HealthCare.gov/QSEHRA](https://www.healthcare.gov/QSEHRA) to see how much tax credit you should consider using. People with a QSEHRA should plan to use their QSEHRA to help pay for health coverage during the year. However, the Marketplace doesn't account for QSEHRA help when calculating tax credit eligibility. For this reason, people with a QSEHRA may not want to use the full amount of tax credit shown in their Eligibility Notice, or they may have to pay back some of this credit when they file taxes.

The IRS will determine final tax credit eligibility at tax time based on how much QSEHRA the employer offered, even if the person didn't use the QSEHRA.

More About

COVERAGE START DATES

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| General coverage start dates | <p>After you select a Marketplace plan, your coverage will be effective once you get a bill from your plan and pay your first premium.</p> <p>For plans selected by December 15 during Open Enrollment, coverage starts January 1. For plans selected from December 16 through January 15, coverage starts February 1.</p> |
| If you enroll during a Special Enrollment Period | <p>Your start date usually depends on when you select a plan. When you enroll during a Special Enrollment Period, your coverage generally starts the 1st of the next month. For example, if you select a plan on February 28, your coverage can start March 1.</p> <p>If the Marketplace asks you to submit documents to confirm information for your Special Enrollment Period, you can't start using your coverage until you submit acceptable documents and get confirmation and premium payment information from the Marketplace.</p> |
| Special Enrollment Periods that offer different coverage effective dates | <p>Special Enrollment Periods for some situations may allow your coverage to start on a different date.</p> <p>Gained a dependent</p> <ul style="list-style-type: none">• If you gained or became a dependent (due to birth, adoption, placement for adoption or foster care, child support, or other court order), your coverage can be retroactive to the day this occurred. If you want coverage to start on a date in the future, call the Marketplace Call Center at 1-800-318-2596. <p>Loss of health coverage</p> <ul style="list-style-type: none">• If you already lost health coverage, you can choose a plan any day of the month for coverage starting the 1st day of the next month. However, if you're losing health coverage in the next 60 days, your new plan's coverage can start the 1st day of the month after you lose your coverage and select a plan. For example, if your last day of coverage is January 31, you can choose a plan on January 29 for coverage that starts February 1. <p>Employer offer to help with the cost of coverage</p> <ul style="list-style-type: none">• If you'll newly gain access to an individual coverage HRA or a QSEHRA, you generally need to select a plan before the day this employer's help starts. If the employer's help starts in the next 60 days, your new plan coverage can start the 1st day of the month following your HRA start date and your date of plan selection. If the employer's help starts on the 1st of the month, your new plan coverage can start on that day. <p>Other situations</p> <p>The Marketplace Call Center will work with you during your Special Enrollment Period to determine your coverage start date in these situations:</p> <ul style="list-style-type: none">• You couldn't enroll because of a serious medical condition or natural disaster.• A Marketplace technical or agent's error interfered with your ability to enroll.• You're newly eligible for financial help because you experienced a change in income and/or moved to a different state, and you were previously ineligible for Medicaid coverage because you lived in a state that hasn't expanded Medicaid, and ineligible for help paying for coverage because your household income was below 100% of the Federal Poverty Level (FPL).• You successfully appealed a Marketplace decision. |

Health Insurance Marketplace

More About

PREMIUM TAX CREDITS

What are advance payments of the premium tax credit?

A premium tax credit is a “credit” paid in advance toward your Marketplace plan premiums each month. You’ll see this credit when you choose a plan, and it’s applied toward your premium when you enroll. If you use less than the full amount you qualify for, you may get the difference back at the end of the year when you file your taxes.

When do I get the tax credit?

The Marketplace sends advance payments of the premium tax credit directly to your insurance company, not to you. **You must file a federal income tax return to report the tax credit you used. You must report this tax credit even if you don’t usually file taxes.**

How do I qualify for a tax credit?

The Marketplace checks your income, household size, and other information to see if you qualify. You can only get the premium tax credit if you enroll in coverage through the Marketplace. Visit [HealthCare.gov/lower-costs](https://www.healthcare.gov/lower-costs) for information about how income affects your premium tax credit.

If your results say you’re eligible for a premium tax credit, it means you don’t appear to be eligible for Medicaid or CHIP.

If your job offers health coverage or help with health care expenses through a Health Reimbursement Arrangement (HRA), you can only get a tax credit if that coverage isn’t affordable, or isn’t considered qualifying health coverage. Visit [HealthCare.gov/have-job-based-coverage](https://www.healthcare.gov/have-job-based-coverage) to learn more.

How was my tax credit calculated?

Your premium tax credit amount is based on these factors:

- The number of people in your household. This includes the person who files taxes, their spouse, and any dependents claimed on the tax return.
- How much income your household expects to report on your federal income tax return for the year you want coverage.
- The amount you’re expected to pay for premiums.
- The cost of the second-lowest cost Silver category Marketplace health plan in your area. This is also known as the “benchmark” cost.

The Marketplace determines your premium tax credit based on your *estimated* household income, but the final amount of tax credit you get will be based on your actual year-end tax filing.

Why is my tax credit amount \$0?

You may be eligible for \$0 premium tax credit if you’re otherwise eligible to get a tax credit, but the cost of the second-lowest cost Silver category Marketplace health plan in your area (the benchmark cost) is less than the amount you’re expected to pay for monthly plan premiums. A \$0 tax credit means you won’t get a reduction in the amount you pay for your premiums.

Estimating your income

If you applied for help with costs, the Marketplace asked you to estimate your income. Enter any income that you include on your federal income tax return, like money from a job or self-employment. For a full list of income sources to include on your application, visit [HealthCare.gov/income-and-household-information/income](https://www.healthcare.gov/income-and-household-information/income).

When you file your tax return, the IRS will compare the information from your application to your tax return. If your income is higher than what you entered on your Marketplace application, or your household size decreases, you may have to pay back some or all of the advance payments of the premium tax credit. So, it’s important to make your best guess when estimating your income and keep this information up to date in your Marketplace application.

What if I made a mistake on my income?

If you made a mistake when you estimated your income or your income changed, you can report a life change to update your application with the right amount. See “How to report changes on your application” on page 3 for more information. Or, call the Marketplace Call Center at **1-800-318-2596**.

What if 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 you want a premium tax credit. There are some exceptions, like if you claim “head of household” status on your tax return, you’re a victim of domestic violence, or you’re an abandoned spouse. Call the Marketplace Call Center at **1-800-318-2596** for more information.

Health Insurance Marketplace

Reporting premium tax credits on your tax return

If you use advance payments of the premium tax credit to reduce your health plan costs, the person who files taxes for your household must report these payments on a federal tax return by the tax filing deadline using "IRS Form 8962, Premium Tax Credit." This is true even if you don't usually have to file taxes. If you don't take this step, you won't continue to be eligible for the premium tax credit.

- You must file a tax return for each year you get premium tax credits. Complete IRS Form 8962 using the information from "Form 1095-A, Health Insurance Marketplace Statement," which you get from the Marketplace early each year.
- To get Form 1095-A, visit HealthCare.gov, log into your Marketplace account, and check your notices from the Marketplace. You can also call the Marketplace Call Center at **1-800-318-2596**.
- For more information on filing a tax return using IRS Form 8962, visit HealthCare.gov/taxes or IRS.gov/aca.
- Filing electronically can help avoid mistakes and find credits and deductions that may be available. In many cases filing electronically is free. For information about Free File and e-file, visit IRS.gov.

If you filed the tax return but didn't include IRS Form 8962, you may need to file an amendment to your tax return (Form 1040X). To learn more, call the IRS at 1-800-829-1040. TTY users can call 1-800-829-4059.

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

To make sure you stay eligible for tax credits, keep your income and other information updated in your Marketplace application. When you completed your application, you had an option to let the Marketplace use income data (including tax return information) to help with your eligibility renewal. If you chose not to allow this, make sure to update your information each year during Open Enrollment. You can change this agreement in your Marketplace account by selecting your most recent application and choosing "Report a life change." Step through your application, read the statement allowing the Marketplace to use income data to help with your renewal in future years, and click if you agree.

Steps to make sure you get the right amount of financial help

Your household won't be eligible for financial help with Marketplace plan costs if we don't have complete and current information about your taxes. If your results say you don't qualify for help with costs, take these steps so the Marketplace can check your eligibility:

- 1. If you told us you don't plan to file a tax return, or you're married but planning to file separately, update your application to see if you can get help with costs.**

Visit HealthCare.gov, log into your Marketplace account, and select your most recent application. Then select "Report a life change" and update your household and income information. You can also call the Marketplace Call Center.

- 2. If you chose not to allow the Marketplace to use information from tax returns to help renew your eligibility, you can change this for future renewals.**

You can update your application and click a statement to show your agreement. Call the Marketplace Call Center if you need help.

- 3. Did you qualify for tax credits last year and already complete the steps above?**

Visit HealthCare.gov to update your application with your most current information to see if you might qualify.

Health Insurance Marketplace

More About

MEDICAID/CHIP

How does the Marketplace relate to Medicaid/CHIP?

If you applied for help paying for coverage for yourself or family members, your Marketplace application was reviewed automatically to see if you may be eligible for free or low-cost coverage through Medicaid or the Children's Health Insurance Program (CHIP). Your state runs these programs and they may go by different names in your state.

About Medicaid & CHIP

Medicaid and CHIP are joint federal and state programs that help with medical costs for people with limited income, families and children, pregnant women, the elderly, and people with disabilities. You may qualify for these programs based on your household size, income, and other factors, like age and special health care needs.

If you have qualifying health coverage through Medicaid or CHIP, you'll pay little or nothing for health services and **probably don't need a Marketplace health plan**. You can still purchase a Marketplace health plan, but you generally won't qualify for advance payments of the premium tax credit or cost-sharing reductions. To learn more about when and how to end your Marketplace plan, visit [HealthCare.gov/medicaid-chip/cancelling-marketplace-plan](https://www.healthcare.gov/medicaid-chip/cancelling-marketplace-plan).

What if I'm eligible for Medicaid/CHIP?

If your Eligibility Notice says that someone is (or may be) eligible for Medicaid or CHIP, you'll get another notice from your state agency telling you about these programs and any next steps, including when coverage can start.

Your Medicaid or CHIP benefits may be delayed if your state agency needs you to send documents to confirm information. If your state says you're not eligible for Medicaid or CHIP, it will tell you how you can appeal your Medicaid or CHIP decision. You can also come back to the Marketplace to see if you can enroll in a Marketplace plan with financial help. You should "report a life change" to let the Marketplace know you were recently denied Medicaid/CHIP.

What if I'm not eligible for Medicaid/CHIP?

If you're found to be not eligible or "likely not eligible" for Medicaid/CHIP, your Eligibility Notice will let you know the reason why. You may still qualify for Medicaid if you have a disability or special health care needs, like if you:

- Have a medical, mental health, or substance abuse condition that limits your 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

Visit [HealthCare.gov/people-with-disabilities](https://www.healthcare.gov/people-with-disabilities) or call your state Medicaid agency to ask about rules for your state.

See if you qualify for Medicaid anytime

Anyone who requested financial help on their Marketplace application can ask for a full Medicaid determination at any time. To ask for a full determination: on the "Eligibility Results" screen of your Marketplace application, select the person's name, then select "Send to Medicaid" and complete all steps. If your Marketplace Eligibility Notice says your state agency will review your application again, you can be enrolled in other Marketplace coverage (if available) while you wait for the agency's answer. To learn more about Medicaid and CHIP eligibility, visit [HealthCare.gov/medicaid-chip/getting-medicaid-chip](https://www.healthcare.gov/medicaid-chip/getting-medicaid-chip). Or, call your state Medicaid agency to ask about rules for your state.

How long can I keep Medicaid coverage?

If you're eligible for Medicaid, you must renew your eligibility each year. Your state agency will contact you when it's time to renew.

Reporting changes

Your state will send you an enrollment letter with instructions on how to report changes and what changes to report, like changes in income, household size or health coverage. You can also call your state's Medicaid agency.

Health Insurance Marketplace

More About

HOW TO APPEAL

What if there's a mistake in my eligibility results?

If you think there's a mistake in your final Eligibility Notice, you can file an appeal. You generally have 90 days from the date of your Eligibility Notice to ask for an appeal.

You can appeal decisions on your eligibility for Marketplace coverage, plan category availability, premium tax credits, cost-sharing reductions, and enrollment periods.

Can I appeal now?

The "Next Steps" section of your Eligibility Notice will tell you if you can appeal your results with the Marketplace Appeals Center now. You can't file an appeal with the Marketplace until a final eligibility decision is made. Your eligibility determination isn't final if the "Next Steps" section of your notice says that someone needs to submit documents.

Your state agency will tell you if you can appeal your Medicaid or CHIP eligibility with the state.

How to file an appeal

File an appeal online

Visit [Healthcare.gov/marketplace-appeals/appeal-forms](https://www.healthcare.gov/marketplace-appeals/appeal-forms) and select your state. You can submit your appeal request online, or download/print a form and submit it separately.

File an appeal by mail or fax

Send a completed paper form or a letter requesting an appeal. Include your name, address, and the reason for the appeal. If the appeal is for someone else (like your child), also include their name. Submit your paper form or letter to the Marketplace:

Fax: 1-877-369-0130

Mail: Health Insurance Marketplace

ATTN: Appeals

465 Industrial Blvd.

London, KY 40750-0061

If you live in Alabama, Alaska, Louisiana, Montana, Virginia, West Virginia or Wyoming, you can appeal a denial of Medicaid or CHIP eligibility through the Marketplace Appeals Center or with your state. Follow the instructions above to file an appeal with the Marketplace Appeals Center, or contact your state agency for instructions about how to file an appeal with your state.

Income still being processed?

If the "Results" section of your Eligibility Notice says "income information is still being processed," you may get another message from the Marketplace. Log into your Marketplace account after 24 hours to check this status. If you're required to submit documents, your eligibility results aren't final and can't be appealed until you submit all required documents and your eligibility is confirmed.

More on appeals

- If you need health services right away and a delay could seriously jeopardize your health, you can ask for a fast (expedited) appeal. Use the Appeal Request form found at [HealthCare.gov/marketplace-appeals/appeal-forms](https://www.healthcare.gov/marketplace-appeals/appeal-forms) or ask in your letter.
 - You can represent yourself or appoint a representative to help you with your appeal. This representative can be a friend, relative, lawyer, or someone else.
 - If you were eligible for Marketplace coverage and your eligibility is changed, you can appeal this change. In this case, you can ask to keep your 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.
 - For more information about the state Medicaid appeals process (including expedited appeals), contact your state agency.
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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 الى اتخاذ اجراء في مواعيد معينة للحفاظ على تغطيتك الصحية او للمساعدة في التكاليف. لك الحق في الحصول على هذه المعلومات وعلى المساعدة بلغتك من دون اي 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中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，屆時將有译員与您联系。

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. Quandre 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 આરોગ્ય વીમા માર્કેટસ્થળ સમારકતેતમારી અરજી અથવા સર્વગ્રાહી વીમો વિશેની મહત્વની માહિતી છે. આ સૂચનામાં મહત્વની તારીખો માટે જુઓ. તમે તમારા આરોગ્ય આવી લેવા અથવા ખર્ચમાં મદદ કરવા માટે અમુક ચોક્કસ નિશ્ચિત સમય ને હદમાં ધ્યાનમાં રાખીને પગલાં લેવાની જરૂર પડે છે. મને કોઇ પણ ખર્ચ વિના તમારી ભાષામાં આજણકારી અને મદદ મેળવવાનો અધિકાર છે. 1-800-318-2596 અને શરૂઆતના મારકેટ 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. Chiama 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 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.

Tiếng Việt (Vietnamese) Thông báo này có thông tin quan trọng về đơn xin của quý vị hoặc hợp đồng bảo hiểm của chương trình Thị trường bảo hiểm sức khỏe Marketplace. Xin xem những ngày then chốt trong thông báo này. Quý vị có thể phải thực hiện theo thông báo đúng 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 hoàn toàn miễn phí. Xin gọi 1-800-318-2596 và đợi nghe hết lời mở đầu. Khi nghe một nhân viên trả lời, hãy nói ngôn ngữ của mình là gì và quý vị sẽ được kết nối với một thông dịch viên.

