

Trina Williams
4930 W Florissant Ave
St Louis, MO 63115

Dec 30, 2016

Application Date: December 30, 2016

Application ID: 2291993258

Important: These are your **Eligibility Results** for Health Insurance Marketplace coverage.

ACTION REQUIRED. You could lose your eligibility for 2017 Marketplace coverage and/or help with costs. See information below under “What should I do next?” for information about sending documents the Marketplace requested.

The following **Eligibility Results** for 2017 coverage are only valid if your household submits documents that resolve the issue we need to verify.

Eligibility Results

Review the table below for the results of your application.

Family member(s)	Results	Next steps
Trina Williams	<ul style="list-style-type: none">Eligible for a special enrollment period	
Trina Williams	<ul style="list-style-type: none">Eligible to purchase health coverage through the MarketplaceCan choose a health plan with lower copayments, coinsurance, and deductibles (06)	<ul style="list-style-type: none">Choose a health plan and make first month's payment

Family member(s)	Results	Next steps
Trina Williams	<ul style="list-style-type: none"> Eligible for a tax credit (\$289.00 each month, which is \$3,468.00 for the year, for your tax household), but we need more information from you. This calculation is based on the yearly household income of \$15,700.00. This is the amount that you provided on your Marketplace application or the amount that came from the most recent income data sources available. 	<ul style="list-style-type: none"> Send the Marketplace more information

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?

- Trina Williams – You don't qualify for Medicaid or CHIP because your state didn't expand benefits for individuals in your situation.

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.

- Trina Williams - You need to send the Marketplace proof of your yearly income for all members of your household that will earn income and are required to file a tax return. Send documents that closely match the income amount from your application. You don't need to send proof of income that you no longer receive. Examples of documents you can send include:
 - 1040 tax return (federal or state versions acceptable) - Must contain first and last name, income amount, and year.
 - W2 and/or 1099s (includes 1099 MISC, 1099G, 1099R, 1099SSA, 1099DIV, 1099S, 1099INT) - Must contain first and last name, income amount, year, and employer name (if applicable).
 - Pay stub documentation - Must contain first and last name, income amount, and pay period or frequency of pay with date of payment. If a pay stub includes overtime, please indicate average overtime amount per paycheck.

- Self-employment documentation (includes 1040 Schedule C, most recent quarterly or year-to-date profit and loss statement, self-employment ledger) - Must contain first and last name, company name, and income amount. If submitting a self-employment ledger, include dates covered by the ledger, and the net amount from profit/loss.
- Social Security statements (Social Security benefits letter) - Must contain first and last name, benefit amount, and frequency of pay.
- Unemployment Benefits (Unemployment Benefits Letter) - Must contain first and last name, source/agency, benefits amount, and duration (start and end date, if applicable).

These documents don't necessarily need to be dated for 2017. For example, you can provide recent pay stubs if you don't expect your income to change in 2017. If you expect your income to go up or down in 2017, you can provide other documents, like a document that states when contract work will end. If any of your income comes from freelance work, you can fill out a self-employment ledger that includes your expected income.

If you don't send it by the following date, you may have to pay more for coverage because your tax credit and lower copayments, coinsurance, and deductibles may end: March 30, 2017.

How to send documents to prove eligibility

Uploading your documents is the fastest way to get them to us. Log into your Marketplace account and select "Start a new application or upload an existing one." Then select your current application, and click on "Application details." You'll see a button for each item to resolve. Click the button, then choose a document and start your upload. Or, you can mail copies to us. Keep the original documents and send copies with your name and Application ID on each page, along with the bar code page included with this notice. Send copies to:

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

For more information about choosing documents and uploading or mailing them to the Marketplace, see "2. How to send more information" 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.) You can also visit HealthCare.gov/tips-and-troubleshooting/uploading-documents. To find in-person help when submitting documents, visit LocalHelp.HealthCare.gov.

- **Enroll in coverage now.** If your **Eligibility Results** say you're eligible for a Special Enrollment Period, March 1, 2017 is the last day to choose a Marketplace plan. Visit HealthCare.gov to compare plans side by side, or call the Marketplace Call Center.
- If you miss the deadline, you won't be able to enroll in a Marketplace plan until the next Open Enrollment Period, unless you qualify for another Special Enrollment Period.
- If your **Eligibility Results** say you need to send more information, your eligibility may end if you don't send documents to resolve the issue.

- You and anyone in your household may owe a fee each year that you don't have qualifying health coverage for 3 months or more, unless you qualify for an exemption. For more information, visit HealthCare.gov/fees-exemptions.
- 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're eligible to buy a Marketplace plan, your plan's coverage start date depends on the date you select your plan (but no earlier than January 1, 2017).

- If you select a plan on or before the 15th of the month, your coverage will start the first of the next month. (Example: select plan February 4, coverage starts March 1)
- If you select a plan on or after the 16th of the month, your coverage will start the first of the next following month. (Example: select plan February 18, coverage starts April 1)
- You have to pay the first month's premium before your coverage starts.
- You must select your plan by March 1, 2017.

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 MO HealthNet (Medicaid) or Missouri Children's Health Insurance Program (CHIP)

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/, 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 MO HealthNet (Medicaid) or Missouri Children's Health Insurance Program (CHIP), 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, and enrollment periods. See below for more information about appealing your eligibility for MO HealthNet (Medicaid) or Missouri Children's Health Insurance Program (CHIP). 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.

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, 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.

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

Appealing your eligibility for Medicaid or CHIP

If this notice says that you may be eligible for Medicaid or CHIP, or that your state is reviewing your eligibility for Medicaid or CHIP, your state Medicaid or CHIP agency will send a notice to let you know if you qualify for these free or low-cost programs.

If your state determines that you're not eligible for Medicaid or CHIP:

- Your state will tell you how to ask for a Medicaid fair hearing through the state fair hearing process.
- You may also be able to resubmit your Marketplace application for health coverage through the Marketplace and help with costs. If you then disagree with your updated **Eligibility Results**, you can request an appeal through the Marketplace Appeals Center.

For more information about your Medicaid or CHIP eligibility, including your right to appeal if your state determines you're not eligible for Medicaid or CHIP, contact your state Medicaid or CHIP agency at the phone number included at the end of this notice.

More about getting Medicaid or CHIP

If your Eligibility Results tell you that you're eligible to purchase health coverage through the Marketplace, we don't think you qualify for MO HealthNet (Medicaid). Some people may still qualify for MO HealthNet (Medicaid), but only Missouri Department of Social Services Family Support Division can make the final decision.

You might want to ask MO HealthNet (Medicaid) to continue your application if you:

- Need a lot of medical services or have medical bills
- Have a family income close to the MO HealthNet (Medicaid) income limit, or you don't agree with the income amount that was used to assess your eligibility
- Have a disability

You can keep your coverage described in this notice while Missouri Department of Social Services Family Support Division reviews your application.

Here's how to continue your application for MO HealthNet (Medicaid) or Missouri Children's Health Insurance Program (CHIP):

- Visit [HealthCare.gov](https://www.healthcare.gov), log into your Marketplace account and select your most recent application, then select "Eligibility & Appeals." You can also log into your Marketplace account and select your most current application, then go through your application until you reach the "Eligibility Results" screen. Check the box for a "Full Medicaid Determination" and complete all steps.
- Call the Marketplace Call Center and request that Missouri Department of Social Services Family Support Division continue to review your MO HealthNet (Medicaid) application.

It's recommended that you continue your application for Medicaid, even if you aren't sure that you're eligible. Because your Medicaid eligibility must ultimately be determined by the Missouri Department of Social Services Family Support Division -and not the Marketplace- you can only request an appeal once that final determination is made by Missouri Department of Social Services Family Support Division.

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.localhelp.healthcare.gov).
- Contact your state's Medicaid agency at toll-free: (855) 373-4636 (TTY: 1-800-735-2966 TEXT or 1-800-735-2466 TTD Voice Access) for information about MO HealthNet (Medicaid). For more information about your state's CHIP program, contact the Missouri Department of Social Services Family Support Division at toll-free: (855) 373-4636 (TTY: 1-800-735-2966 TEXT or 1-800-735-2466 TTD Voice).
- 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

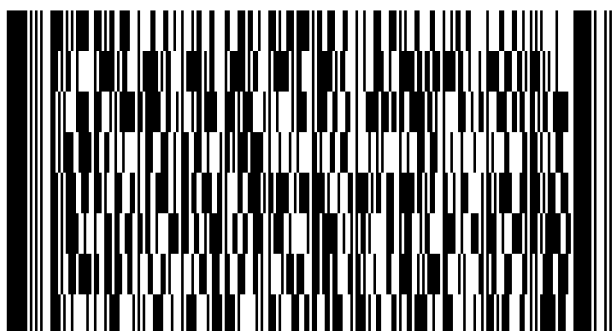
The determinations or assessments in this letter were made based upon 45 CFR 155.305, 155.410, 155.420-430 and 42 CFR 435.603, 435.403, 435.406 and 435.911.

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, 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.

Need to send documentation? If your **Eligibility Results** say that you need to send more information, please also include a copy of this bar code page. This page helps the Marketplace make sure your documents can be easily associated with your application. For more information about choosing documents and uploading or mailing them to the Marketplace, visit HealthCare.gov/verify-information, or see "2. How to send more information" in the section titled "Understanding Your Eligibility Results." (This section will only be included with your first eligibility notice each coverage year.)



MO,2291993258

This Notice has Important Information. This notice has important information about your application or coverage through the Health Insurance Marketplace. Look for key dates in this notice. You may need to take action by certain deadlines to keep your health coverage or help with costs. You have the right to get this information and help in your language at no cost. Call 1-800-318-2596 and wait through the opening. When an agent answers, state the language you need and you'll be connected with an interpreter.

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

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

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

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

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

ગુજરાતી (Gujarati) આ સૂચનામાં આરોગ્યવીમામાર્કેટસ્થળ સમારકતેતમારીઅરજીઅથવા સર્વગ્રાહી વીમો વિશેનીમહત્વનીમાહિતીછે. આ સૂચનામાંમહત્વનીતારીખોમાટેજુઓ. તમેતમારાઆરોગ્યઆવરીલેવાઅથવાખર્ચમાંમદદકરવામાટેઅમુકચોક્કસ નિશ્ચિત સમય ને હદમાં ધ્યાનમાંરાખીનેપગલાંલેવાનીજરૂરપડેછે. મનેકોઈપણખર્ચવિનાતમારીભાષામાંઆજાણકારીઅનેમદદમેળવવાનોઅધિકારછે. 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 ridurne 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 przekazana 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.

