

Sarah Hall  
29 Kean Drive  
Bozeman, MT 59718

Jan 13, 2016

Application Date: January 13, 2016

Application ID: 1896931544

Important: Your **Eligibility Results** for Health Insurance Marketplace coverage

We reviewed your application to see if you can get health coverage through the Marketplace.

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.

Family member(s)	Results	Next steps
Sarah Hall	<ul style="list-style-type: none"><li>Eligible to purchase health coverage through the Marketplace, but more information is needed</li></ul>	<ul style="list-style-type: none"><li>Send the Marketplace more information</li></ul>

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, see "5. Getting help with the cost of special health care needs" in "Understanding Your Eligibility Results" included with this notice.

## 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.

- Sarah Hall - You need to send the Marketplace proof that you are a citizen. If you do not provide documentation by the following date, your eligibility for health coverage may end: April 17, 2016.

If you're a citizen, you only need one document from the first list below to prove U.S. citizenship or nationality:

- U.S. passport
- Certificate of Naturalization (N-550/N-570)
- Certificate of Citizenship (N-560/N-561)
- State-issued Enhanced Driver's License (available in Michigan, New York, Vermont and Washington)
- Document from a Federally recognized Indian Tribe that includes the person's name, the name of the Federally recognized Indian Tribe that issued the document, and shows the person's membership, enrollment or affiliation with the Tribe. Documents you can provide include:
  - A Tribal enrollment card
  - A Certificate of Degree of Indian Blood
  - A Tribal census document
  - Documents on Tribal letterhead signed by a Tribal official

If you are a U.S. citizen or national but you don't have any of the documents listed above, you need to send in two documents: one from each of the lists below:

Send in one document from this list A:

- U.S. public birth certificate
- Consular Report of Birth Abroad (FS-240, CRBA)
- Certification of Report of Birth (DS-1350)
- Certification of Birth Abroad (FS-545)
- U.S. Citizen Identification Card (I-197 or the prior version I-179)
- Northern Mariana Card (I-873)
- Final adoption decree showing the person's name and U.S. place of birth
- U.S. Civil Service Employment Record showing employment before June 1, 1976
- Military record showing a U.S. place of birth
- U.S. medical record from a clinic, hospital, physician, midwife or institution showing a U.S. place of birth
- U.S. life, health or other insurance record showing U.S. place of birth
- Religious record showing U.S. place of birth recorded in the U.S.
- School record showing the child's name and U.S. place of birth

- Federal or State census record showing U.S. citizenship or U.S. place of birth
- Documentation of a foreign-born adopted child who received automatic U.S. citizenship (IR3 or IH3)

And one document from this list B:

- Driver's license issued by a State or Territory or Identification card issued by the Federal, State, or local government
- School identification card
- U.S. military card or draft record or Military dependent's identification card
- U.S. Coast Guard Merchant Mariner card
- Voter Registration Card
- For children under 19, a clinic, doctor, hospital, or school record, including preschool or day care records

A consumer can also provide the following in combination with one document from list A:

- Two documents containing consistent information about an applicant's identity, such as employer IDs, high school and college diplomas, marriage certificates, divorce decrees, property deeds or titles

- Sarah Hall - You need to give the Marketplace proof that you have a valid Social Security number (SSN). Send a copy of one of the following documents:

- Social Security card
- Tax form(s)

The Marketplace will help you resolve this discrepancy for purposes of eligibility for health coverage. The Social Security Administration maintains Social Security numbers (SSNs). To resolve SSN discrepancies for purposes other than eligibility for health coverage, contact Social Security toll-free at 1-800-772-1213 from 7 a.m.-7 p.m. Eastern, Monday through Friday (TTY: 1-800-325-0778).

If you don't provide documentation by the following date, your eligibility for health coverage may end: April 17, 2016.

Uploading your documents is the fastest way to get them to us. Log into your Marketplace account, select your current application, then select "Application details." You can also 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 "8. How to send more information" in "Understanding Your Eligibility Results" included with this notice.

- Sarah Hall - **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 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, 2016
  - 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/](https://www.healthcare.gov/apply-and-enroll/how-to-apply/).

## When will Marketplace coverage begin?

If you're eligible to buy a Marketplace plan, your plan's coverage start date depends on the date you select your plan.

- For coverage to start January 1, enroll by December 15.
- For coverage to start February 1, enroll by January 15.
- For coverage to start March 1, enroll by January 31.
- You have to pay the first month's premium before your coverage starts.
- If you add a child after your plan's coverage starts, the child's coverage will begin on their date of birth, adoption, placement for adoption, or placement in foster care, but no earlier than January 1, 2016. You may also choose to start the child's coverage on the first of the month following the date of their birth, adoption, placement for adoption, or placement in foster care.
- If you told us you're about to lose other health coverage, your Marketplace coverage will start the first day of the month following the day you lose other health coverage.

## 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 Montana Medicaid or Healthy Montana Kids Plus

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, see "7. Reporting changes" in "Understanding Your Eligibility Results" included with this notice.

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 Montana Medicaid or Healthy Montana Kids Plus, 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 have received a final determination and you think we made a mistake, in many cases, you can appeal our decision about your eligibility for health coverage, including Medicaid, CHIP, purchasing health coverage through the Marketplace, a tax credit, cost-sharing reductions, and enrollment periods.

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.
- If we did not find you eligible for Medicaid and you appeal our decision, you will have a choice about whether the Marketplace or your state's Medicaid agency hears your Medicaid appeal. More information about your options is included on the appeals request form. If you write your own letter to appeal a denial of Medicaid eligibility, please specify whether you would like to have your Medicaid appeal heard by the Medicaid agency or the Marketplace.

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 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 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.

To learn more, see "1. Important information about appeals" in "Understanding Your Eligibility Results" included with this notice.

## 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 toll-free: 1-888-706-1535; TTY: 1-406-444-2590 for information about Montana Medicaid. For more information about your state's CHIP program, contact the Montana Department of Public Health and Human Services, Human and Community Services Division toll-free: 1-888-706-1535 (TTY: 1-406-444-2590).
- 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, see "Understanding Your Eligibility Results" included with this notice.

Sincerely,

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

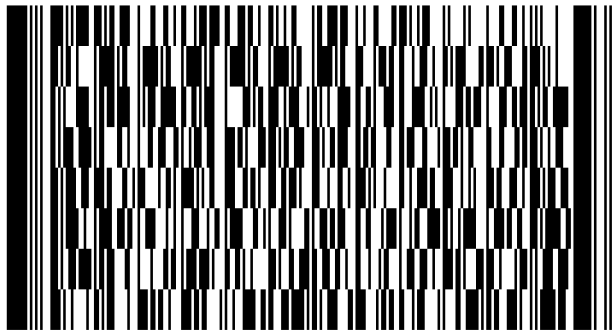
The determinations or assessments in this letter were made based upon 45 CFR 155.305, 155.410, 155.420-430 and 42 CFR 435.603, 435.403, 435.406 and 435.911.

*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.



**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, see "8. How to send more information" in "Understanding Your Eligibility Results" included with this notice.



MT,1896931544

# Understanding Your Eligibility Results

These pages include important information about

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

## 1. 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 buying health coverage through the Marketplace, a premium tax credit, cost-sharing reductions, and enrollment periods.

You can also request an appeal if you're not eligible for Medicaid or CHIP and you think you should be. In some states, you may appeal your eligibility for Medicaid and CHIP with the Marketplace Appeals Center. In other states, the state Medicaid or CHIP agency will handle these types of appeals. In all states, for Medicaid appeals, you may request that the state Medicaid agency conduct your Medicaid appeal. See "If you think you should be eligible for Medicaid or CHIP programs in your state" below for more information.

### When you can appeal through the Marketplace Appeals Center

Generally you have 90 days from the date of your **Eligibility Results** to request an appeal. However if this notice says that someone needs to "send the Marketplace more information," then you must follow the next steps described in this notice. Until the issue is resolved, this determination isn't a final determination of eligibility and it can't be appealed.

### Before you request an appeal through the Marketplace Appeals Center

- 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 letter to the address below.
- You can appoint an authorized representative to help you with your appeal. This person can be a friend, relative, lawyer, or someone else. Or you can handle your appeal on your own.

### Things to know about appealing through the Marketplace Appeals Center

- You may be able to keep your eligibility for coverage 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.
- Not all appeals include a hearing, but if they do, most take place over the phone.

The Marketplace Appeals Center will review your appeal request. You'll get a letter in the mail letting you know that they got your request. They may ask if you want to resolve your appeal informally. If you're satisfied with your informal resolution, you'll get an informal resolution decision in the mail.

As part of your appeal, you have the right to a hearing. A hearing is a more formal way for you to present your case and get a decision on your appeal. If you want a hearing, a federal hearing officer will conduct it, usually by phone. In general, you'll get a letter in the mail 15 days before your hearing with the date, time, and instructions on how to call into the hearing. If you don't show up for your hearing, your appeal could be dismissed. If your appeal is dismissed, it's the same as if you had never filed an appeal, and your last Marketplace eligibility determination will remain in effect. After your eligibility appeal is decided you'll get a letter in the mail explaining the decision.

To request an appeal through the Marketplace Appeals Center, you can do one of these:

- Visit [HealthCare.gov/marketplace-appeals/what-you-can-appeal/](https://www.healthcare.gov/marketplace-appeals/what-you-can-appeal/) to get the Marketplace Eligibility Appeal Request Form for your state.
- 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.

Mail the completed form or your letter to: Health Insurance Marketplace, 465 Industrial Blvd., London, KY 40750-0061. Be sure to use the complete ZIP code for this Marketplace address. If possible, attach a copy of your **Eligibility Results** with your request.

### **How to appeal if you think you should be eligible for Medicaid or CHIP programs in your state**

If this notice says you don't qualify for Medicaid or CHIP, you can request an appeal through the Marketplace Appeals Center, or you can ask for the state Medicaid agency to handle your appeal. You can also ask for a full Medicaid determination through your Marketplace application, or by calling the Marketplace Call Center. Check your notice for more information.

If this notice says that your state is reviewing your eligibility for Medicaid or CHIP, or that you may be eligible for Medicaid or CHIP, then your state will send a notice to let you know if you qualify for these programs. If your state determines that you're not eligible, then your state will tell you how to ask for a state Medicaid fair hearing. If your state decides you're not eligible, 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.

## **2. 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 is an estimate of the premium tax credit you may get on your tax return. 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 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 full amount 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 family 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 family 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 report any changes in household income and family size to the Marketplace to make sure you're getting the most accurate tax credit amount. If you don't report changes, you may owe money back when you file your federal income taxes.

### **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 take this step 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 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 if my Eligibility Results are based on information including a projection of my household's income?**

This means that the Marketplace used the most recent information it had available when it calculated how much premium tax credit you're eligible for, with an adjustment to account for inflation. You're responsible for returning to the Marketplace to provide updated information.

### **What happens if I don't reconcile my tax credit on my tax return?**

If you get advance payments of the premium tax credit that you use to help pay your Marketplace plan premiums, you must report those payments when you file your taxes for the year associated with that coverage and tax credit. If you don't, you can't get another tax credit through the Marketplace until this is resolved.

### **What should I do if advance payments of the premium tax credit (APTC) 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 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 APTC. 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).

## **3. 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?**

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 also qualify to get these cost sharing reductions when they enroll in a Bronze, 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 family (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

## 4. 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.

### Do you 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.

## 5. 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](https://www.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.

## 6. 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. 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. Lawfully present immigrants who aren't eligible for Medicaid because of their immigration status may be eligible for Marketplace coverage and help with costs. 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.

If you're a lawfully present immigrant and your **Eligibility Results** say you can buy health coverage through the Marketplace but you don't qualify for help paying for premiums, and you think this is an error, call the Marketplace Call Center.

## 7. 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 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.
- Family 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.
- 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.
- 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.

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.

## 8. 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](https://www.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](https://www.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 your existing application.
- Use the menu on the left side of your screen to click on "Application details."
- Click the first "Verify" button. There's one for each issue that you need to resolve. If there's more than one, work on them one at a time.
- Follow screen instructions to upload your document.
  1. Click "Select" to choose your document type. Not every type is listed. If you need to upload a document that isn't listed, choose "Other."
  2. Click "Select file to upload." You'll see your electronic files.
  3. Click on the electronic file you want to upload. Then click "Open" and wait for your file name to appear on your "Application details" page. This may take a few minutes. If you need to upload another file, use the drop down menu to select the next document type and then click "Select file to upload" again.
  4. Select "Upload" next to each file that you want to send.
  5. Select "Take me back" to complete your upload. The "Submitted" button verifies that your upload was successful. You can select the "Submitted" button again if you need to upload more than one document to resolve your inconsistency or issue.
  6. Select the next "Verify" button, if there is one. Repeat steps 1 – 5 to upload documents for each issue.

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.

**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 و صلك 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 并听完全部录音。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 genenfòmasyon enpòtan sou aplikasyon w lanoswapwoteksyonatravèHealthInsurance Marketplace la. Gade pou datkle nan avi sa a. Ou ka bezwen pran aksyon payansètendatlimit pou ou kenbe asirans sante ou oswaèdakdepansyo. Ou gendwa pou ou jwenn enfòmasyon 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 આરોગ્ય વીમામાર્કેટસ્થળ સમારકમેતમારીઅરજીઅથવા સર્વગ્રાહી વીમો વિશેનીમહત્વનીમાહિતીછે. આ સૂચનામાંમહત્વનીતારીખોમાટેજુઓ. તમેતમારાઆરોગ્યઆવરીલેવાઅથવાખર્ચમાંમદદકરવામાટેઅમુકચોક્કસ નિશ્ચિત સમય ને હદમાં ધ્યાનમાંરાખીનેપગલાંલેવાનીજરૂરપડેછે. મનેકોઇપણખર્ચવિનાતમારીભાષામાંઆજાણકારીઅનેમદદમેળવવાનોઅધિકારછે. 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.

**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 का र्वाइ कर लेने 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 व्यक्त कीजिये और आपको एक दुभाषिया के साथ जोड़ा जाएगा।



January 2015

**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.

**اردو (Urdu)**

اس نوٹس میں آپ کی درخواست کا 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 لاگوں میں مدد کے لیے مخصوص حتمی تاریخوں تک کارروائی کرنے کی ضرورت ہو سکتی ہے۔ آپ کو یہ معلومات اور مدد بخیر 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