

Marilyn Nabors  
3104 Harrison Ave.  
B11  
Orlando, FL 32804

Dec 11, 2017

Application Date: December 11, 2017  
2018 Application ID: 2556479328

### Eligibility notice: Take action to enroll & use your financial help

Family member(s)	Results	Next steps
Madison Nabors, Audrey Nabors	<ul style="list-style-type: none"><li>• Eligible to buy a 2018 Marketplace plan, including Catastrophic plans</li><li>• Eligible for advance payments of the premium tax credit to help pay for a Marketplace plan. You can use up to this much of the tax credit:<ul style="list-style-type: none"><li>• \$1,333.00 each month, which is \$15,996.00 for the year, for your tax household.</li></ul></li><li>• This is based on the yearly household income of \$37,411.20 — the amount that you put on your application, or that came from other recent information sources.</li><li>• Can choose a Silver plan with lower copayments, coinsurance, and deductibles (cost-sharing reductions).</li></ul>	<ul style="list-style-type: none"><li>• Choose a plan and pay your first month's premium.</li><li>• Choose a plan and pay the first month's premium. You must choose a Silver plan to get the extra savings on out-of-pocket costs. Choosing a Silver plan instead of a Bronze plan may save you thousands of dollars if you use a lot of medical services.</li></ul>

Family member(s)	Results	Next steps
Marilyn Nabors, Jacob Nabors	<ul style="list-style-type: none"> <li>Eligible to buy a 2018 Marketplace plan</li> <li>Eligible for advance payments of the premium tax credit to help pay for a Marketplace plan. You can use up to this much of the tax credit: <ul style="list-style-type: none"> <li>\$1,333.00 each month, which is \$15,996.00 for the year, for your tax household.</li> </ul> </li> <li>This is based on the yearly household income of \$37,411.20 — the amount that you put on your application, or that came from other recent information sources.</li> <li>Can choose a Silver plan with lower copayments, coinsurance, and deductibles (cost-sharing reductions).</li> </ul>	<ul style="list-style-type: none"> <li>Choose a plan and pay your first month's premium.</li> <li>Choose a plan and pay the first month's premium. You must choose a Silver plan to get the extra savings on out-of-pocket costs. Choosing a Silver plan instead of a Bronze plan may save you thousands of dollars if you use a lot of medical services.</li> </ul>

If your **"Results"** say you're eligible for advance payments of the premium tax credit or cost-sharing reductions, it means that you don't appear to be eligible for Medicaid based on your application information. However, you could still be eligible for Medicaid if you have a disability or special health care needs that you didn't report on your application. To learn more, 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.

## Why don't I qualify for other programs?

**Marilyn Nabors, Jacob Nabors, Madison Nabors, Audrey Nabors** – You don't qualify for Medicaid because your monthly household income (\$3,117.60) is too high.

**Madison Nabors, Audrey Nabors** – You don't qualify for CHIP because you're enrolled in other health coverage or you can get state employee health benefits.

## 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.

## Enroll in coverage

**Marilyn Nabors, Jacob Nabors, Madison Nabors, Audrey Nabors** - Enroll in coverage by December 15, 2017.

**Online:** You can enroll right after you complete your application, or return to [HealthCare.gov](https://www.healthcare.gov) later to compare plans and enroll. 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” to create a Marketplace account before choosing your plan.

**By phone:** Compare plans and enroll over the phone. Call the Marketplace Call Center for help.

- If you don’t already have a Marketplace account, you’ll need the Application ID that’s printed on this notice.
- Open enrollment for the Marketplace ends on December 15, 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.
- Anyone in your household who doesn’t have qualifying health coverage for 3 months or more could owe a penalty, unless you qualify for an exemption.
- For more information, visit <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 will start January 1.

## **What if information from my application changes during the year?**

If you have life changes 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
- Cost-sharing reductions that lower your copayments, coinsurance, and deductibles
- Coverage through Florida Medicaid or Florida KidCare (CHIP)

If you enroll in a Marketplace plan and later become eligible for other qualifying coverage, like Medicaid, CHIP, Medicare, or coverage through a job, you won’t be eligible for advance payments of the premium tax credit, although you can keep your Marketplace plan and pay the full premium. If you become eligible for other qualifying 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.

## **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 Florida Medicaid or Florida KidCare (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 submit documents, then you must follow instructions for sending them. Until you submit documents and your 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 "**Results**" tell you that you're eligible to buy a Marketplace plan, we don't think you qualify for Florida Medicaid. Some people may still qualify for Florida Medicaid, but only Florida Agency for Health Care Administration can make the final decision.

You might want to ask Florida Medicaid to continue your application if you:

- Need a lot of medical services or have medical bills
- Have a family income close to the Florida Medicaid income limit, or you don't agree with the income

amount that was used to determine your eligibility

- Have a disability

You can keep your coverage described in this notice while Florida Agency for Health Care Administration reviews your application.

Here's how to continue your application for Florida Medicaid or Florida KidCare (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 Florida Agency for Health Care Administration continue to review your Florida 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 Florida Agency for Health Care Administration -and not the Marketplace- you can only request an appeal once that final determination is made by Florida Agency for Health Care Administration.

## 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: 1-866-762-2237 (TTY: 1-800-955-8771) for information about Florida Medicaid. For more information about Florida KidCare (CHIP), contact the Florida Healthy Kids Corporation at toll-free: 1-800-821-5437 (TTY: 1-877-316-8748).
- Get language assistance. If you need help in a language other than English, you have the right to get information in your language at no cost. Information about how to access these language assistance services is included with this notice. 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 provided at no cost to you.

For information including more about advance payments of the premium tax credit, lower out-of-pocket costs, and Medicaid eligibility, visit [HealthCare.gov](https://www.healthcare.gov).

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 other provisions of 45 CFR part 155, subpart D. The PII used to create this notice was collected from information you provided to the Health Insurance Marketplace. The Marketplace may have used data from other federal or state agencies or a consumer reporting agency to determine eligibility for the individuals on your application. If you have questions about this data, contact the Marketplace at 1-800-318-2596 (TTY: 1-855-889-4325).

According to the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it displays a valid OMB control number. The valid OMB control number for this information collection is 0938-1207.

*Nondiscrimination:* The Health Insurance Marketplace doesn't exclude, deny benefits to, or otherwise discriminate against any person on the basis of race, color, national origin, disability, sex, or age. If you think you've been discriminated against or treated unfairly for any of these reasons, you can file a complaint with the Department of Health and Human Services, Office for Civil Rights by calling 1-800-368-1019 (TTY: 1-800-537-7697), visiting [hhs.gov/ocr/civilrights/complaints](https://www.hhs.gov/ocr/civilrights/complaints), or writing to the Office for Civil Rights/ U.S. Department of Health and Human Services/200 Independence Avenue, SW/ Room 509F, HHH Building/ Washington, D.C. 20201.

# Understanding Your Eligibility Notice

## Am I eligible for coverage?

Your Eligibility Notice tells you which people on your application qualify to get health coverage through the Health Insurance Marketplace, Medicaid or the Children's Health Insurance Program (CHIP).

Medicaid and CHIP provide free or low-cost coverage to people with limited income, disabilities, and in some other situations. Almost anyone can enroll in Marketplace coverage, but you can only enroll at certain times.

## What to do next

Look at the Eligibility Results table that starts on page 1 of your notice. Each person listed on your application needs to follow instructions in the "Next steps" column.

## Medicaid & CHIP

People who have health coverage through Medicaid or the Children's Health Insurance Program (CHIP) will pay little or nothing for health services and **probably don't need a Marketplace plan**.

If your notice says that you or your family members are eligible for Medicaid or CHIP, you'll get a notice from your state agency telling you about these programs.

## What if I miss a deadline?

If you miss a deadline in your notice to submit information or enroll in a plan, you may not be able to enroll in a Marketplace plan until the next yearly Open Enrollment Period, for coverage starting January 1 of the next year.

## Paying my premium

You'll pay your premium directly to your health plan, not the Marketplace. Your plan will send you information on when and how to pay. If you don't hear from your health plan, you should call or visit their website.

## Special Enrollment Periods

If your notice says you qualify for a Special Enrollment Period, this means you have a chance to enroll in Marketplace coverage outside the Open Enrollment Period. You may qualify for a Special Enrollment Period if you've had a life event like losing health coverage, moving, getting married, having a baby, or adopting a child. For some Special Enrollment Periods, you may need to submit documents to confirm your eligibility.

If you qualify for a Special Enrollment Period, you usually have up to 60 days after the life event to enroll in a plan. If you miss that window, you have to wait until the next Open Enrollment Period to enroll or until you have another qualifying life event.

### **You should re-apply for Marketplace coverage every year**

---

Even if you're already enrolled, you should re-apply for Marketplace coverage every year to make sure your information is up to date. If you chose to let the Marketplace use tax information to help with your renewal, your information updates automatically.

If you have Medicaid, you'll get a letter from your state agency if you need to provide more information at renewal time.

---

### **Why do I need to report my income?**

You don't have to report your income to get Marketplace coverage, but if you do, the Marketplace will check to see if you qualify for tax credits, cost-sharing or other programs that could lower your costs.

---

### **Bronze, Silver, Gold & Platinum levels**

Health plans sold in the Marketplace are divided into 4 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.

**All plans cover all essential health benefits, and there are no dollar limits on the care you can get.**

---

### **Catastrophic plans**

A "catastrophic plan" is a plan with lower monthly premiums that mainly protects you from very high medical costs. People under 30 years old and people with hardship exemptions can buy a catastrophic plan through the Marketplace. These plans aren't eligible for premium tax credits.

---

### **Cost-sharing reductions**

If your notice says you qualify for cost-sharing reductions, it means you can enroll in a Silver plan with discounted copayments, coinsurance, and deductibles.

Eligibility for most cost-sharing reductions is based on household income. If you're a member of a federally recognized tribe, you can get income-based cost-sharing reductions when you enroll in a Bronze, Silver, Gold, or Platinum plan, and you may also be eligible for additional cost-sharing reductions.

---

### **What does the Marketplace count as income?**

When you apply for help with costs for Marketplace coverage, "income" includes things 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), veteran's disability payments, workers' compensation, or loan proceeds (like from student, home equity, or bank loans).

If you entered the wrong income on your Marketplace application or if your income changes, it's important to update your application.

---



**What if I move,  
change jobs, get  
married, or have  
another change?**

---

If you enroll in a Marketplace plan, you need to report these types of life changes within 30 days, since changes can affect your program eligibility and the amount you pay for your health plan.

**How to report life changes:**

1. Log into your Marketplace account
2. Select your current application
3. Select "Report a life change"
4. Or, contact the Marketplace Call Center at **1-800-318-2596**

Visit [HealthCare.gov/reporting-changes](https://www.healthcare.gov/reporting-changes) for a full list of changes you must report.

---

**Coverage for  
immigrant families**

Lawfully present immigrants can apply for Marketplace coverage, even if they don't qualify for Medicaid. They may also be eligible to enroll in health coverage and get help with costs.

Individuals who aren't lawfully present can apply for Marketplace coverage for family members who may be eligible, like a lawfully present child or spouse. Individuals who aren't lawfully present may also be eligible for Medicaid to cover emergency medical treatment.

---

**Premium tax credits**

If your notice says you're eligible for advance payments of the premium tax credit, it means you can get "credit" to help pay your plan premiums every month. You'll see the available credit when you choose a plan, and it can be applied when you enroll. You can choose to apply all, some, or none of the available advance payments of the premium tax credit each month.

The amount of your tax credit is based on these factors:

- The number of people in your household. Your household includes the person who files the household's tax return, their spouse, and any dependents claimed on the tax return.
- Your household income for the year you want coverage. Households with income above 400% of the federal poverty level don't qualify.
- The cost of the second-lowest cost Silver Marketplace health plan in your area. This is the "benchmark" plan cost.

For more information about how to qualify for a premium tax credit, visit [HealthCare.gov/lower-costs/qualifying-for-lower-costs](https://www.healthcare.gov/lower-costs/qualifying-for-lower-costs).

---

**When do I get the  
premium tax credit?**

The Marketplace will send any advance payments of the premium tax credit directly to your insurance company, not to you. If you use less than the full amount of the credit, you may get the difference back 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 you report on your tax return for the coverage year.

---

**Reporting premium  
tax credits on  
your federal tax  
return**

---

If you get advance payments of the premium tax credit to help with Marketplace health plan costs, **the tax filer in your household must file a federal income tax return**. When they file, the credits you used during the year --which were based on your estimated income --will be "reconciled" with the credits you're eligible for based on your actual income entered on your tax return and your other eligibility information.

- If your actual income is **lower** than what you reported on your application, you may be eligible for a larger premium tax credit.
- If your income is **higher** than what you reported on your application, you may have to pay back all or some of any excess advance payments of the premium tax credit that were made to your insurance company.

Report any changes in household size, income, and other eligibility information right away to make sure you're getting the correct amount of tax credit during the year. For more information, visit [HealthCare.gov/taxes-reconciling](https://www.healthcare.gov/taxes-reconciling).

---

**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 premium tax credits. There are some exceptions, such as 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.

---

**Information for  
people with  
special health  
care needs**

If you have special health care needs, you may qualify to get coverage for more health services and pay less for care. For example, 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 Medicaid agency at the number included in this notice. You can also update your Marketplace application with your information. Medicaid may also pay medical bills from 3 months before you apply, so ask when you call.

---

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

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

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

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

Kreyòl (French Creole) Avi sa a gen enfòmasyon enpòtan sou aplikasyon w 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.

