

Commonwealth Health Insurance
PO Box 780833
Philadelphia, PA 19178-0833



SmallBiz Owner3
ORR SmallCo Inc. - Demo 3
333 SmallBiz Way
Worcester, MA 01610

THIS IS A COVER PAGE

The enclosed letter has important information about your health insurance, including steps you need to take to get or keep your insurance.

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ORR SmallCo Inc. - Demo 3
333 SmallBiz Way
Worcester, MA 01610

Notice No. SHOP_M003

7/25/2017

Dear ORR SmallCo Inc. - Demo 3:

Thank you for applying to offer group health coverage through the Health Connector. However, based upon the information you have provided, we are unable to verify your eligibility to offer group health coverage through the Health Connector at this time.

We have been unable to determine whether your organization meets the Health Connector eligibility criteria MA Address as listed below.

In order to participate in the Health Connector, federal regulations require that an employer:

- Meets residency requirements:
 - Your principal business address is in Massachusetts and you offer coverage to all full-time employees through the Health Connector, OR
 - You offer coverage through the Health Connector to all full-time employees whose primary worksite is located in Massachusetts and offer coverage to non-Massachusetts based employees through the small group exchange serving their primary worksite(s)
- At least seventy-five (75) percent of your eligible employees enroll in your group health coverage or waive due to having other coverage.
- At least one non-owner employee enrolls in health coverage.

For more information about small group employer eligibility requirements, please refer to the Health Connector's "Employer Group Eligibility and Verification" policy.

In order to offer coverage to your employees through the Health Connector, you will need to document that you meet the eligibility requirements. If you are unable to document that you meet the eligibility requirements, you will not be able to offer coverage to your employees through the Health Connector at this time.

What If I Think I Am Eligible?

You have **30 days from the date of this notification** to provide supporting documentation related to your application to offer coverage through the Health Connector. Supporting documentation can be provided to:

- Email: smallbusiness@MAHealthConnector.org

At the end of the 30-day period, if you are not able to provide documentation supporting your eligibility to offer health coverage through the Health Connector, we will notify you that you have been determined to be ineligible for coverage through the Health Connector and explain your right to appeal that determination.

If you are unable to meet eligibility requirements at this time, you can reapply at any time.

For Questions or Assistance:

Please contact your broker for further assistance. You can also contact the Health Connector with any questions:

- By calling 1-888-813-9220
- TTY: 711
- Online at www.MAhealthconnector.org

If you do not currently have a broker, you can reach out to one of our many trained experts by clicking on the “Find a Broker” link in your employer account or calling 1-888-813-9220.

This notice is being provided in accordance with 45 C.F.R. 155.715(d).

¡Importante! Esto tiene información importante sobre su seguro de salud. Si usted quiere la información traducida a su propio idioma, llame al **1-888-813-9220**.

Spanish

សំខាន់! ក្នុងនេះមានព័ត៌មានសំខាន់អំពីធានារ៉ាប់រងសុខភាពរបស់អ្នក។ ប្រសិនបើអ្នកចង់បានព័ត៌មាននេះបកប្រែជាភាសារបស់អ្នក សូមទូរស័ព្ទមកលេខ **1-888-813-9220**។
Cambodian

重要提示：該文件載有關於您的醫療保險的重要資訊。如果您想要將相關資訊

翻譯為您的母語，請致電**1-888-813-9220**。

Traditional Chinese

重要提示：该文件载有关于您的医疗保险的重要信息。如果您想要将相关信息

翻译为您的母语，请致电**1-888-813-9220**。

Simplified Chinese

Enpòtan! Sa a gen enfòmasyon enpòtan ou asirans sante ou. Si w vle nou tradwi enfòmasyon an nan pwòp lang ou rele **1-888-813-9220**.

Haitian Creole

ສິ່ງສຳຄັນ! ນີ້ມີຂໍ້ມູນສຳຄັນກ່ຽວກັບການປະກັນໄພສຸຂະພາບຂອງທ່ານ. ຖ້າຫາກທ່ານຕ້ອງການຂໍ້ມູນຂ່າວສານເຂົ້າໃນການແປພາສາໂທຫາ **1-888-813-9220** ຂອງຕົນເອງຂອງທ່ານ.

Laotian

Importante! Neste pacote há informações importantes sobre o seu seguro-saúde. Se quiser que as informações sejam traduzidas para o seu idioma, ligue para **1-888-813-9220**.

Brazilian Portuguese

Importante! Contém informações importantes sobre o seu seguro de saúde. Se desejar a tradução das informações para a sua língua, contacte-nos pelo telefone **1-888-813-9220**.

European Portuguese

Важная информация! Здесь содержится важная информация о Вашем медицинском страховании. Если Вы хотите, чтобы информация была переведена на Ваш родной язык, позвоните по номеру: **1-888-813-9220**.

Russian

Lưu ý quan trọng! Đây là thông tin quan trọng về bảo hiểm y tế của quý vị. Nếu quý vị muốn có bản dịch thông tin này bằng ngôn ngữ của quý vị, hãy gọi số **1-888-813-9220**.

Vietnamese

هام! يتضمن هذا معلومات مهمة عن تأمينك الصحي. إذا كنت تريد ترجمة المعلومات إلى لغتك فاتصل برقم **1-888-813-9220**.

Arabic

Important! Ceci contient des informations importantes au sujet de votre assurance santé. Si vous désirez une traduction de ces informations dans votre langue, appelez le : **1-888-813-9220**.
French

Σημαντικό! Το παρόν περιέχει σημαντικές πληροφορίες σχετικά με την ασφάλεια ζωής σας.
Εάν επιθυμείτε να μεταφραστούν οι πληροφορίες αυτές στη γλώσσα σας, καλέστε στο **1-888-813-9220**.
Greek

મહત્વપૂર્ણ! આમાં તમારી આરોગ્ય વીમા વિશેની મહત્વપૂર્ણ જાણકારી છે. જો તમારે તમારી ભાષામાં આ જાણકારીનો અનુવાદ જોઈએ તો, **1-888-813-9220** પર કોલ કરો.
Gujarati

महत्वपूर्ण! इसमें आपके स्वास्थ्य बीमा के बारे में महत्वपूर्ण जानकारी है। यदि आप अपनी भाषा में इस जानकारी का अनुवाद चाहते हैं, तो **1-888-813-9220** पर कॉल करें।
Hindi

Importante! Questo documento contiene informazioni importanti sulla sua assicurazione sanitaria. Se desidera averne la traduzione nella sua lingua, chiami il numero **1-888-813-9220**.
Italian

중요! 귀하의 건강 보험에 관한 중요한 내용입니다. 해당 내용을 귀하가 사용하는 언어로 번역을 원하시면 **1-888-813-9220**로 연락하십시오.
Korean

Ważne! Tutaj zawarte są ważne informacje na temat Państwa ubezpieczenia zdrowotnego. Jeśli chcą Państwo, aby te informacje zostały przetłumaczone na Państwa język, proszę zadzwonić na numer **1-888-813-9220**.
Polish

Discrimination is against the law

The Health Connector complies with applicable federal civil rights laws and does not discriminate on the basis of race, color, national origin, age, disability, or sex. The Health Connector does not exclude people or treat them differently because of race, color, national origin, age, disability, or sex.

Services available through the Health Connector

The Health Connector provides free aids and services to people with disabilities to communicate effectively with us. These aids and services include:

- Qualified sign language interpreters
- Written information in other formats like large print, audio, accessible electronic formats, and other formats.

The Health Connector provides free language services to people whose primary language is not English. These services include:

- Qualified interpreters
- Information written in other languages

If you need these services, contact the Massachusetts Health Connector at 1-888-813-9220 or TTY: 711 for people who are deaf, hard of hearing, or speech disabled.

You can file a grievance if you think you have been discriminated against

If you believe that the Health Connector or another party operating on the exchange has failed to provide these services or discriminated in another way on the basis of race, color, national origin, age, disability, or sex, you can file a grievance with the Health Connector or the U.S. Department of Health and Human Service Office for Civil Rights.

If you want to file a grievance with the Health Connector, please visit our website to download our policy and complaint form. You can find these documents online at:

www.MAhealthconnector.org/site-policies/nondiscrimination-notice

If you need help filing a grievance, please email the Health Connector's Compliance Manager at Nondiscrimination@state.ma.us or call 617-936-1037.

You can also file a civil rights complaint with the U.S. Department of Health and Human Services, Office for Civil Rights. To learn more about filing a complaint, call 1-800-368-1019, 800-537-7697 (TDD) or go to their website at: www.hhs.gov/civil-rights/filing-a-complaint