

Sarika Matthew  
7 Brearley Ln  
Neshanic Station, NJ 08853-4303

Apr 02, 2018

Application Date: April 2, 2018  
2018 Application ID: 2785054947

### Eligibility notice: Take action to enroll

Family member(s)	Results	Next steps Important: You must send documents. This notice includes deadlines and details.
Sarika Matthew	<ul style="list-style-type: none"><li>Until May 30, 2018, you're eligible to buy a 2018 Marketplace plan, but we need more information from you now.</li></ul>	<ul style="list-style-type: none"><li>Choose a plan and submit documents to confirm:<ul style="list-style-type: none"><li>a loss of health coverage</li></ul></li></ul>
Sarika Matthew	<ul style="list-style-type: none"><li>Eligible to buy a 2018 Marketplace plan, including Catastrophic plans</li></ul>	<ul style="list-style-type: none"><li>Choose a plan by May 30, 2018.</li><li>By July 6, 2018, send documents to confirm:<ul style="list-style-type: none"><li>Sarika Matthew's citizenship</li></ul></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?

**Sarika Matthew** – You don't qualify for Medicaid because your monthly household income (\$1,916.67) is too high.

## What should I do next?

If your “Next steps” tell you to submit documents, follow the instructions below. Your coverage will start once you’ve completed these steps. If you don’t, you could lose the coverage or financial help you qualify for now.

1. Continue to plan selection, and **choose a plan**.
2. **Upload or mail documents as soon as possible.**  
See the next section of this notice for a list of documents you can submit and how to submit them.
3. **Pay your premium after your eligibility for a Special Enrollment Period is confirmed.** We’ll send you another notice when it’s time to take this step.

### Send confirmation that you lost or will lose qualifying health coverage

**Sarika Matthew** - At least one person listed here needs to upload or mail documents to confirm that your loss of coverage happened 60 days before or after you applied for new Marketplace coverage. Your documents should include the name of the person on your application who lost or will lose coverage, and the date of the last day of coverage under the plan. You have 30 days from the date you choose your plan to submit documents.

Examples of documents you may submit include a letter, a notice, or a bill:

- **From your insurance company**, like a letter stating the date that your health coverage ended or will end, or a bill showing the date that your coverage ended or will end.
- **From an employer**, like a letter stating the date that coverage from an employer ended or will end. This letter can be about coverage that you had, or that you had through a family member.
- **About COBRA coverage**, like a letter from a former employer or health insurance company showing an offer of COBRA coverage, or stating the date that your COBRA coverage ended or will end, or stating the date that the employer stopped or will stop contributing to the cost of COBRA.
- **About other health care programs**, like a letter or notice from a government health program stating the date that coverage ended or will end. This letter might come from programs like Medicaid, the Children’s Health Insurance Program (CHIP), TRICARE, Veterans Affairs (VA), Peace Corp, or Medicare.

For a full list of documents you can submit, visit [HealthCare.gov/help/prove-coverage-loss](https://www.healthcare.gov/help/prove-coverage-loss).

After you choose a plan and submit acceptable documents, we’ll send a notice to confirm your eligibility. For your coverage to start, you’ll need to pay your premium directly to your health insurance company beginning with your first month of coverage.

### Send citizenship information

**Sarika Matthew** - Send documentation by **July 6, 2018** confirming your citizenship. If you don’t, your eligibility for Marketplace health coverage may end.

Send a copy of one document from the first list:

- 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 don't have any of the documents listed above, you can send copies of 2 documents - 1 from each list below.

You can send a copy of one of these documents:

- 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 a copy of one of these documents:

- Driver's license issued by a state or territory, or ID 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
- A clinic, doctor, hospital, or school record, including preschool or day care records (for children under 19 years old)
- 2 documents with consistent information about your identity, like employer IDs, high school and college diplomas, marriage certificates, divorce decrees, property deed or titles

#### **Send confirmation about your job-based coverage**

- Sarika Matthew - You need to return to the application and provide information about health coverage from employers. The Marketplace can't determine your eligibility for a tax credit and cost-sharing

reductions (lower copayments, coinsurance and deductibles) without this information. If you need help, call the Marketplace at the phone number provided below.

Please provide this information by the following date, so the Marketplace can determine your eligibility for a tax credit and lower copayments, coinsurance, and deductibles: July 1, 2018.

#### **How to submit documents to confirm eligibility**

Uploading your documents is the fastest way to get them to us. Log into your Marketplace account and select "Start a new application or upload an existing one." Then select your current application, and click on "Application details." You'll see a button for each item to resolve. Click the button, then choose a document and start your upload. Or, you can mail copies. 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, visit [HealthCare.gov/submit-documents](https://HealthCare.gov/submit-documents). To find in-person help, visit [LocalHelp.HealthCare.gov](https://LocalHelp.HealthCare.gov).

## **Enroll in coverage**

After you pick a plan and submit documents that confirm your information, we'll send a notice to confirm your eligibility. We'll also send your enrollment to your plan. Then you'll need to pay your premium directly to your health insurance company beginning with your first month of coverage.

- **Enroll in coverage now.** If your "**Results**" say you're eligible to buy a Marketplace plan, May 30, 2018 is the last day to choose one. Visit [HealthCare.gov](https://HealthCare.gov) to compare plans side by side, or call the Marketplace Call Center.
- If you miss the deadline, you won't be able to buy a Marketplace plan until the next Open Enrollment Period, unless you have another life change that makes you eligible to buy a Marketplace plan outside Open Enrollment.
- If your "**Results**" say you need to submit documents, your eligibility may end if you don't submit the documents we need.
- You, and anyone in your household, may owe a fee each year that you don't have qualifying health coverage for 3 months or more, unless you qualify for an exemption. For more information, visit [HealthCare.gov/fees](https://HealthCare.gov/fees).

## **When will Marketplace coverage begin?**

Since you told us you recently lost or will lose health coverage, you need to submit documents to confirm this information before you can start using your coverage.

Your plan's coverage will start the first day of the month after you lost or will lose coverage, and after you select a plan.

- Choose a plan by May 30, 2018.

- Submit your documents.
- Get a notice from the Marketplace confirming your eligibility. Then pay your premium directly to your health insurance company beginning with your first month of coverage.

## **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 NJ FamilyCare (Medicaid) or NJ FamilyCare (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, enrollment periods, NJ FamilyCare (Medicaid), and NJ FamilyCare (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.
- If you want to appeal a denial of eligibility for Medicaid, you can choose to have your appeal heard by the Marketplace Appeals Center, which is the appeals entity for the Health Insurance Marketplace, or your appeal can be heard by your state Medicaid agency.
- For more information about the state Medicaid appeals process, contact your state Medicaid agency at the phone number shown at the end of this notice.

## **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, there are

times when your eligibility can't be appealed:

- 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.
- If you're required to send more information to the state Medicaid or CHIP agency, your eligibility notice isn't a final determination of eligibility for Medicaid or CHIP coverage 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

### **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.healthcare.gov/localhelp).
- Contact your state's Medicaid agency at toll-free: 1-800-701-0710 (TTY: 1-800-701-0720) for information about NJ FamilyCare (Medicaid). For more information about NJ FamilyCare (CHIP), contact the State of New Jersey Department of Human Services, Division of Medical Assistance and Health Services at toll-free: 1-800-701-0710 (TTY: 1-800-701-0720).
- 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://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.

## How to submit documents

If your notice tells you that you need to submit more information, you can upload OR mail copies of your documents. Uploading is faster.

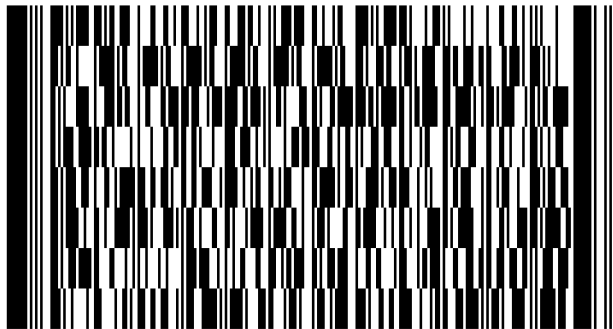
**Include a copy of this bar code page to be sure your documents can be associated with your application.**

### How to upload:

1. Log into your Marketplace account
2. Select "Start a new application or upload an existing one"
3. Select your current application and click on "Application details"
4. You'll see a button for each item to resolve
5. Click the button, then choose a document & start your upload

### How to mail:

1. Send copies only (not originals)
2. Write your name and Application ID on each page. Your Application ID is on the first page of your notice, under your address.
3. Mail to:  
Health Insurance Marketplace  
Attn: Coverage Processing  
465 Industrial Boulevard  
London, Kentucky 40750-0001



NJ,2785054947



# Understanding Your Eligibility Notice

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## 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.

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## 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.

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## 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.

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## 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.

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## 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.

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## 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.

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### **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.

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### **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.

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### **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.**

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### **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.

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### **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.

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### **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.

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

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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.

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**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.

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**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).

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**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.

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

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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).

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**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.

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**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.

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

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

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

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

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

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

ગુજરાતી (Gujarati) આ સૂચનામાં આરોગ્યવીમામાર્કેટસ્થળ સમારકતેતમારીઅરજીઅથવા સર્વગ્રાહી વીમો વિશેનીમહત્વનીમાહિતીછે. આ સૂચનામાંમહત્વનીતારીખોમાટેજુઓ. તમેતમારાઆરોગ્યઆવરીલેવાઅથવાખર્ચમાંમદદકરવામાટેઅમુકચોક્કસ નિશ્ચિત સમય ને હદમાં ધ્યાનમાંરાખીનેપગલાંલેવાનીજરૂરપડેછે. મનેકોઈપણખર્ચવિનાતમારીભાષામાંઆજાણકારીઅનેમદદમેળવવાનોઅધિકારછે. 1-800-318-2596 અને શરૂઆતના મારફતે રાહ જુઓ. એક એજન્ટ જવાબ આપે, ત્યારે તેમને તમે જરૂરી ભાષા જણાવો અને તમને દુભાષિયો સાથે જોડવામાં આવશે.

Italiano (Italian) Questo avviso contiene importanti informazioni. Questo avviso contiene importanti informazioni riguardo la sua richiesta o copertura assicurativa tramite l'Health Insurance Marketplace. Controlli le date più importanti di questo avviso. Potrebbe avere la necessità di compiere alcune azioni al fine di conservare la sua copertura medica o per ridurne i costi. Ha il diritto di ricevere queste informazioni ed assistenza nella sua lingua senza costi aggiuntivi. Chiami all'1-800-318-2596 e resti in attesa del primo operatore disponibile. Quando un nostro operatore risponderà, comunichi la lingua di cui ha bisogno e sarà collegato/a con un interprete.

日本語(Japanese) この通知には重要な情報が含まれています。この通知には、Health Insurance Marketplace 経由のアプリケーションまたは補償範囲に関する重要な情報が含まれます。この通知では、重要な期日について確認してください。補償範囲や費用サポートを維持するには、指定の期日までにご対応いただく必要がある場合があります。これらの情報を無料で取得する権利および希望の言語でサポートを受ける権利があります。1-800-318-2596 にお問い合わせいただき、つながるまでお待ちください。エージェントにつながりましたら、必要とする言語をお伝え下さい。通訳者とつながります。



**한국어 (Korean)** 이 통지서에는 건강 보험 시장을 통한 귀하의 신청이나 보험 커버리지에 관한 중요한 정보가 포함되어 있습니다. 이 통지서에 나타난 중요한 날짜들을 잘 찾아 보십시오. 귀하는 귀하의 보험 커버리지를 계속 유지시키거나 경비를 절감하는 도움을 얻기 위해서 일정한 마감일 까지 필요한 조치를 취해야 할 수도 있습니다. 귀하는 귀하의 언어로 이 정보와 도움을 무료로 받을 수 있는 권리가 있습니다. 1-800-318-2596 로 전화하시고 시작하기 전에 기다리십시오. 직원이 전화를 받으면 귀하가 필요한 언어를 말씀하십시오. 그러면 통역사와 연결될 것입니다.

**Polski (Polish)** To ogłoszenie zawiera ważne informacje odnośnie Państwa wniosku o ubezpieczenie lub polisy zdrowotnej zakupionej przez Rynek Ubezpieczeń Zdrowotnych. Prosimy zwrócić uwagę na kluczowe daty zawarte w tym ogłoszeniu aby przy podejmowaniu ewentualnych decyzji dotyczących odnowienia polisy lub pomocy związanej z kosztami, nie przekroczyć terminów. Macie Państwo prawo do bezpłatnej informacji we własnym języku. W tym celu prosimy o telefon pod numer 1 800 318 2596, następnie proszę poczekać na zgłoszenie się operatora i wypowiedzenie preferowanego języka a rozmowa zostanie przekazana do tłumacza.

**Português (Portuguese)** Este aviso contém informações importantes sobre sua aplicação ou cobertura ao longo do Mercado de Planos de Saúde (Health Insurance Marketplace). Observe as datas importantes nesse aviso. Você poderá precisar tomar medidas, até determinados prazos, para manter sua cobertura médica ou ajuda de custo. Você tem o direito de obter tais informações e auxílio em seu idioma, sem custo algum. Ligue para 1-800-318-2596 e espere através da introdução. Quando o agente atende, afirme o idioma que precisa e você será transferido para um intérprete.

**Русский (Russian)** В настоящем уведомлении содержится важная информация о вашей страховке через рынок медицинского страхования. Вы можете найти важные даты в данном уведомлении. Возможно, вам придется предпринять некоторые действия к конкретным срокам, с тем, чтобы сохранить вашу медицинскую страховку или финансовую помощь на медицинские расходы. Вы имеете право на получение этой информации и помощи на родном языке бесплатно. Позвоните по номеру 1-800-318-2596 и прослушайте вступительную информацию до конца. Когда ответит агент, укажите необходимый язык, и вас соединят с переводчиком.

**Español (Spanish)** Este aviso contiene información importante sobre su solicitud o la cobertura que tiene a través del Mercado de Seguros Médicos. Consulte las fechas importantes que figuran aquí. Es probable que deba tomar medidas antes de algunas fechas clave para mantener su cobertura de salud o seguir recibiendo ayuda para pagar los costos. Usted tiene derecho a recibir esta información y asistencia en su idioma en forma gratuita. Llame al 1-800-318-2596 y espere a través de la introducción. Cuando el agente atiende, indique el idioma que necesita y lo pondrán en comunicación con un intérprete.

**Tagalog (Tagalog)** Ang paunawa na ito ay may nilalamang mahalagang impormasyon tungkol sa iyong aplikasyon o kaseguruhan sa pamamagitan ng Health Insurance Marketplace. Tingnan ang mga mahalagang petsa sa paunawang ito. Maaring mangailangang gumawa ka ng hakbang sa loob ng mga itinakdang petsa upang mapanatili ang iyong kaseguruhan pangkalusugan o makatanggap ng tulong sa mga gastos. Mayroon kang karapatang makuha ang impormasyon na ito at tulong sa iyong wika ng walang gastos. Tumawag sa 1-800-318-2596 at maghintay ng pagkakataong mabuksan ang linya. Kapag sumagot ang isang ahente, sabihin ang kailangan mong wika at ikaw ay iuugnay sa isang tagapagsalin sa Tagalog.

**Tiếng Việt (Vietnamese)** Thông báo này có thông tin quan trọng bàn về đơn nộp hoặc hợp đồng bảo hiểm của chương trình Thị trường bảo hiểm sức khỏe Marketplace. Xin xem ngày then chốt trong thông báo này. Quý vị có thể phải thực hiện theo thông báo đúng trong thời hạn để duy trì bảo hiểm sức khỏe hoặc được trợ giúp thêm về chi phí. Quý vị có quyền được biết thông tin này và được trợ giúp bằng ngôn ngữ của mình miễn phí. Xin gọi 1-800-318-2596 và đợi nghe hết lời mở đầu do máy nói. Cho tới khi gặp một nhân viên trả lời, xin nói ngôn ngữ của mình là gì và quý vị sẽ được kết nối với một thông dịch viên.

