

Kenan Hasstedt  
9 Gardenia  
Belleville, IL 62221

Jul 09, 2015

Application Date: July 9, 2015  
Application ID: 1647596542

Dear Kenan:

You recently submitted an application to the Health Insurance Marketplace. We reviewed your application to see if you can get health coverage through the Marketplace and help paying for coverage and health services through:

- A new tax credit that can be used right away to lower your monthly premium costs
- Health plans that lower your out-of-pocket costs
- Illinois Medicaid (Medicaid) and Illinois All Kids (Children's Health Insurance Program (CHIP)), which are joint federal and state programs that help with medical costs for people with limited income or special health care needs

## What are the results of my application?

Review the table below with your eligibility results.

| Family Member(s) | Results  | Next Steps   |
|------------------|--|--|
| Kenan Hasstedt   | <ul style="list-style-type: none"><li>• May be eligible for Illinois Medicaid. This calculation is based on the monthly household income of \$-200.00 that you provided on your Marketplace application.</li></ul> | <ul style="list-style-type: none"><li>• You will receive a final decision from the Illinois Department of Healthcare and Family Services. If you qualify for Illinois Medicaid, you won't qualify for a tax credit and lower copayments, coinsurance, and deductibles for Health Insurance Marketplace coverage.</li></ul> |

If you have questions: Go to [HealthCare.gov/marketplace](http://HealthCare.gov/marketplace). Or, call 1-800-318-2596. TTY users should call 1-855-889-4325. The call is free. You can also find out how to talk to someone in person, online or through the help line.

If the table above says that you're eligible for a tax credit or cost sharing reductions, it means that we didn't find you eligible for Medicaid. This could be based on several things, like your income, household size, residency, or immigration status among other things. More information on how to appeal an eligibility decision is described in the section of the notice, "What should I do if I think my eligibility results are wrong?".

## What should I do next?

- If the table above tells you that you or any of your family members are or may be eligible for Illinois Medicaid or Illinois All Kids, the state agency will contact you with more information about your health benefits, services and how much you pay for them. If you don't hear from them, call them at the phone number listed in the section, "Where can I find more information?"

## When will coverage begin?

If you are eligible to purchase health coverage through the Marketplace and you choose a plan by the 15th of the month, your coverage in that plan will start on the first day of the following month. If you choose a plan after the 15th, your coverage will start on the first of the next following month. For example, if you choose a plan on March 16, your coverage in that plan will not start until May 1.

- You have to pay the first month's premium before your coverage starts.
- If you are adding a child to your plan through birth, adoption, or foster placement, 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, 2015.
- If you told us you recently got married or lost other health coverage, your coverage will begin the first day of the month following your plan selection.
- If you told us you are about to lose other health coverage, your Marketplace health coverage will begin the first day of the month following the day you lose other health coverage.

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

Changes to the information you provided on your application can affect your eligibility for coverage through the Marketplace. Changes may affect your eligibility for:

- premium tax credits
- enrollment in a plan with lower copayments, coinsurance, and deductibles
- coverage through Illinois Medicaid or Illinois All Kids.

If you're eligible for a tax credit and you don't report a change that may affect your eligibility, **you may have to**

---

If you have questions: Go to [HealthCare.gov/marketplace](https://HealthCare.gov/marketplace). Or, call 1-800-318-2596. TTY users should call 1-855-889-4325. The call is free. You can also find out how to talk to someone in person, online or through the help line.

**pay back some or all of your premium tax credits when you file your taxes.** If information from your application changes during the year, you should report the change within 30 days. Contact the Marketplace at the phone number below to report these changes.

If you enroll in Marketplace coverage and later become eligible for minimum essential coverage, like Medicaid, CHIP, or Medicare, you won't be eligible for premium tax credits. **You must contact the Marketplace to end your Marketplace coverage with premium tax credits.** If you don't, the person who files taxes in your household may need to pay back the premium tax credit when they file their federal tax return.

If you're eligible for Illinois Medicaid or Illinois All Kids, contact the state agency at the phone number listed in the section, "Where can I find more information," to report changes.

## Why Don't I Qualify For Other Programs?

- Kenan Hasstedt – Your household's yearly income is too low for a tax credit. Generally, individuals and families whose household income for the year is between 100 percent and 400 percent of the federal poverty line for their family size may be eligible for the tax credit.

## 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:

- You have 90 days to request an appeal with the Marketplace from the date of this notice.
- You can have someone request or participate in your appeal if you want to. 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

---

If you have questions: Go to [HealthCare.gov/marketplace](https://HealthCare.gov/marketplace). Or, call 1-800-318-2596. TTY users should call 1-855-889-4325. The call is free. You can also find out how to talk to someone in person, online or through the help line.

appeal heard by the Medicaid agency or the Marketplace.

To request an appeal, you can do one of these things:

- Go to <https://www.healthcare.gov/can-i-appeal-a-marketplace-decision/> 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 include the last four digits of the zip code to ensure efficient processing of your appeal request.

### **Continuing your Medicaid or CHIP Application**

If the table with your eligibility results above tells you that you “May be eligible for Illinois Medicaid” or you “May be eligible for Illinois All Kids” then this section, “Continuing your Medicaid or CHIP Application” DOESN’T APPLY to you, and you don’t need to take any action.

This Marketplace application looks at whether you qualify for Medicaid based on many reasons, but if your eligibility results tell you that you’re eligible for coverage through the Marketplace, we don’t think you qualify for Illinois Medicaid. Some people may still qualify for Illinois Medicaid but only Illinois Department of Healthcare and Family Services can make the final decision.

You can ask the Illinois Department of Healthcare and Family Services to continue to review your application for other ways to qualify for Illinois Medicaid. There is more information about this in the “Does Medicaid cover special health care needs?” section below. You should also ask Illinois Medicaid to continue your application if you:

- Need a lot of medical services or have high medical bills, or
- Have a family income close to the Illinois Medicaid income limit, or you don’t agree with the income on your application.

You have 10 days to request that your application be reviewed by your state’s Medicaid agency for other ways to qualify for Illinois Medicaid. If the table above says “May be eligible for Illinois Medicaid,” then the Marketplace has already sent your information to Illinois Department of Healthcare and Family Services and they are reviewing your application.

---

If you have questions: Go to [HealthCare.gov/marketplace](https://HealthCare.gov/marketplace). Or, call 1-800-318-2596. TTY users should call 1-855-889-4325. The call is free. You can also find out how to talk to someone in person, online or through the help line.

If you're not sure whether you should ask Illinois Department of Healthcare and Family Services to look at other ways you may qualify, then you should make this request. You can keep your coverage described in this notice while Illinois Department of Healthcare and Family Services reviews your application. If you don't want Illinois Medicaid to take another look at your application, then you don't need to take any action. If the table on the first page of this letter said you "May be eligible for Illinois Medicaid," you will still receive a final decision from the state about this.

To ask the Illinois Department of Healthcare and Family Services to continue to review your application for other ways you may qualify, log into your Marketplace account at [HealthCare.gov/marketplace](https://HealthCare.gov/marketplace), or call 1-800-318-2596 (TTY: 1-855-889-4325) to let us know. If you don't ask for the Illinois Department of Healthcare and Family Services to take another look at your application, your application will no longer be considered, and you will not be able to appeal the fact that you aren't being enrolled in the Illinois Medicaid program without also appealing your eligibility for tax credits and cost-sharing reductions.

### **Does Medicaid cover special health care needs?**

A person may qualify to get coverage for more health services and pay less for care through Illinois Medicaid if he or she has special health care needs. For example if a person:

- Has a medical, mental health or substance use condition that limits the ability to work or go to school
- Needs help with daily activities, such as bathing or dressing
- Regularly gets medical care, personal care, or health services at home, an adult day center, or another community setting
- Lives in a long term care facility, group home, or nursing home
- Is blind or
- Is terminally ill

If a person applying for coverage has special health care needs, and wants to see if he or she qualifies, call us at 1-800-318-2596 (TTY: 1-855-889-4325) or log into your Marketplace account at [HealthCare.gov/marketplace](https://HealthCare.gov/marketplace). If the person already qualified for other health coverage, he or she can keep it while the Medicaid agency decides if he or she qualifies for more coverage through Medicaid.

### **Where can I find more information?**

Visit us online at [HealthCare.gov](https://HealthCare.gov). Or, call the Marketplace at 1-800-318-2596 (TTY: 1-855-889-4325). For more information about Illinois Medicaid, contact the Illinois Department of Healthcare and Family Services at Toll-Free: 1-800-843-6154 (TTY: 1-800-447-6404). For more information about Illinois All Kids, contact the Illinois Department of Healthcare and Family Services at Toll-Free: 1-800-843-6154 (TTY: 1-800-447-6404).

Sincerely,

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

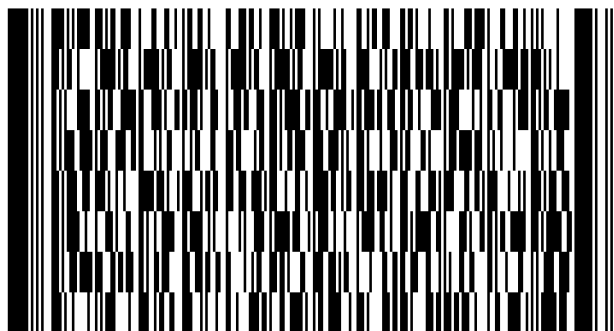
The determinations or assessments in this letter were made based upon 45 CFR 155.305, 155.410, 155.420-430 and 42 CFR 435.603, 435.403, 435.406 and 435.911.

*Privacy Disclosure:* The Health Insurance Marketplace protects the privacy and security of the personally identifiable information (PII) that you have provided (see <https://www.healthcare.gov/privacy/>). This notice was generated by the Marketplace based on 45 CFR 155.230. The PII used to create this notice was collected on the application you filled out and from other data sources through the electronic eligibility verification process to get an eligibility determination for enrollment in a qualified health plan through the Marketplace and insurance affordability programs. For more information about the privacy and security of your PII, visit [HealthCare.gov](https://www.healthcare.gov).

The Marketplace may have used data from a consumer reporting agency to determine eligibility for the individuals on your application. If you have questions about this data, please 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. The time required for a health insurance Exchange as defined in CFR 155.20 to generate this information collection is estimated to be 100 hours, including the time to draft appropriate notice text, review the notice, conduct user testing, incorporate changes, ensure compliance with plain writing, language access, and readability standards. If you have comments concerning the accuracy of the time estimate(s) or suggestions for improving this form, please write to: CMS, 7500 Security Boulevard, Attn: PRA Reports Clearance Officer, Mail Stop C4-26-05, Baltimore, Maryland 21244-1850

**Important:** If you mail in your documentation, please also include this page in the same envelope, which includes a barcode, along with any documents. This page helps the Marketplace make sure your documents can easily be associated with your application.



IL,1647596542

## More information about Tax Credits

### What is a tax credit?

A tax credit lowers the monthly cost (called a “premium”) you pay for health insurance. In some cases, you may pay no premium if your tax credit covers the entire premium amount. Tax credits help people with incomes too high to qualify for Medicaid or the Children's Health Insurance Program (CHIP), but who still may not be able to afford health coverage.

### How do I qualify for a tax credit?

The Marketplace will check your information, such as your income and household size, to see if you qualify for a tax credit. The tax credit is only available if you enroll in coverage through the Marketplace. If you're eligible for Medicare or most other types of health insurance coverage, then you probably don't qualify for a tax credit. If you're eligible for coverage from a job, you can only qualify for a 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 must be above the limit for Medicaid in your state, but within the limits for a tax credit, which are outlined in the chart below.

### Income Limits for Tax Credits

| Household size | Income limit                     | Household size | Income limit                     |
|----------------|----------------------------------|----------------|----------------------------------|
| 1              | \$45,960 (\$57,400 for Alaska)   | 2              | \$62,040 (\$77,520 for Alaska)   |
| 3              | \$78,120 (\$97,640 for Alaska)   | 4              | \$94,200 (\$117,760 for Alaska)  |
| 5              | \$110,280 (\$137,880 for Alaska) | 6              | \$126,360 (\$158,000 for Alaska) |

### How much of a tax credit can I get?

Your tax credit amount is based on:

- The number of people in your household. Your household includes the person who pays taxes and his or her spouse and dependents,
- The income amount that you expect to put on your on your federal income tax return for 2015, and
- The cost of a “silver level” health plan in your area. A silver level health plan is a plan that provides the set of essential health benefits required by the Marketplace and also covers 70% of health care costs for the average person. You can see the health plans available using our plan finder on [HealthCare.gov](http://HealthCare.gov).

### Do I have to wait until I file my federal tax return to get the tax credit?

You do not have to wait until you file your federal income tax return to get your tax credit. You can have some or all of your tax credit paid directly by the Federal government to your health plan to reduce the



premium for the health plan that you select through the Marketplace. You will make this choice when you choose a plan.

You can decide to enroll in a plan without a tax credit or with less than the full amount, and get the full amount, based on your actual income at the end of the year, when you file your taxes. Even if you don't owe any taxes, you may still be eligible for a tax credit. You need to enroll in a plan through the Marketplace in order for the IRS to see if you qualify for a tax credit when you file your taxes. If you don't enroll in a plan through the Marketplace, you won't be eligible for a tax credit when you file your federal tax return with IRS (and you may owe a penalty if you don't have qualifying coverage for three months or longer).

### **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 income from your application with the income you report on your tax return.

- If your income is lower than what you told us on your application, you may receive a tax refund.
- If your income is higher than what you told us on your application, you may have to pay back some of your tax credit.

If you're worried about owing back any tax credit, you can take a smaller amount of the tax credit to use each month. You can decide how much of the tax credit you want to take when you enroll in a plan through the Marketplace.

### **What kind of changes do I need to report?**

If information from your application changes, you should report the change to us within 30 days of the change occurring. If you don't report changes, you may have to pay back some or all of your tax credit when you file your taxes. Examples of changes you should report include:

- A move
- Household income changes
- Household size changes. For example, someone in your household marries or divorces, becomes pregnant, or has a child
- Becoming qualified for other health coverage
- Changes in immigration status
- Becoming incarcerated, other than pending the disposition of charges
- A change in plan for filing your federal income tax return for 2015; for example, you plan to claim new dependents on your tax return

To report changes, log into your Marketplace account on [HealthCare.gov/marketplace](https://HealthCare.gov/marketplace), or call 1-800-318-2596 (TTY: 1-855-889-4325).

### **Will my employer know that I am getting a tax credit?**

We're required to notify your employer if you're getting a tax credit or cost-sharing reductions because your employer may need to make a shared responsibility payment. Your employer is not allowed to treat you differently based on your eligibility for a tax credit or cost-sharing reductions. The law prohibits your employer from firing or discriminating against you because you or someone in your household has been determined eligible for a tax credit or cost-sharing reductions. If you believe that you were fired or otherwise discriminated against because you or someone in your household was determined eligible for a tax credit or cost-sharing reductions, you can file a complaint with the U.S. Occupational Safety and Health Administration (OSHA). Visit [www.whistleblowers.gov](http://www.whistleblowers.gov) for more information.

### **Do I need to apply for a new tax credit every year?**

You must renew your tax credit every year. Watch for a letter from us in August or September with information about next year.

## **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. They are also called "cost sharing." Your insurance company pays the rest.

- A copayment is an amount you may be required to pay each time you receive a service, like going to the doctor or getting a prescription. It is usually a set dollar amount, like \$20.
- Coinsurance is your share of the costs of a covered health service calculated as a percent of the allowed amount for the service. You pay coinsurance plus any deductibles you owe.
- A deductible is the amount of money you must spend every year on health care before the plan starts paying. Even after you pay your deductible, you may still be required to pay copayments or coinsurance when you receive services.

### **How do I qualify for lower copayments, coinsurance, and deductibles?**

Your income must be within certain limits in order to also qualify for a Marketplace plan with discounted copayments, coinsurance, and deductibles. Once you qualify, most people must enroll in a "silver level plan" to get lower copayments, copayments, and deductibles.

### **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:

- Whether you are eligible for a tax credit
- The number of people in your household (the taxpayer and dependents listed on your federal income tax return)
- The income amount that you expect to put on your federal income tax return for 2015
- Whether you are American Indian or Alaska Native and a member of a federally-recognized tribe

## **More information about Medicaid**

---

If you have questions: Go to [HealthCare.gov/marketplace](http://HealthCare.gov/marketplace). Or, call 1-800-318-2596. TTY users should call 1-855-889-4325. The call is free. You can also find out how to talk to someone in person, online or through the help line.

Medicaid is health coverage for people with limited income or special health care needs. Medicaid covers services such as doctor visits, laboratory tests and hospital care. Medicaid also covers additional services for children up to a certain age.

**Do you have past medical bills?**

Medicaid may pay medical bills from the past three months. If you want to see if Medicaid will pay recent medical bills, contact the Medicaid at the number included above in this notice. You may then need to send the Medicaid copies of your unpaid medical bills from the last three months.

**How long can I keep my Medicaid health coverage?**

You must renew your Medicaid health coverage every year. Watch for a letter in the mail telling you if you need to send Medicaid more information at renewal time.

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

Over the next year, you must report any changes that might affect whether you qualify for Medicaid, like if you move, your income changes, or the size of your family changes (for example, if you marry, divorce, become pregnant, or have a child.) To report changes, call the Medicaid agency in your state.

**Does Medicaid cover special health care needs?**

Yes. A person may qualify to get coverage for more health services and pay less for care if he or she has special health care needs, such as:

- Has a medical, mental health or substance abuse condition that limits the ability to work or go to school
- Needs help with daily activities, such as bathing or dressing
- Regularly gets medical care, personal care, or health services at home, an adult day center, or another community setting
- Lives in a long term care facility, group home, or nursing home
- Is blind
- Is terminally ill

If a person has special health care needs, and wants to see if he or she qualifies, let us know. Call the state Medicaid agency or log into your Marketplace account at [HealthCare.gov/marketplace](https://HealthCare.gov/marketplace). If the person qualified for other health coverage, he or she can keep it while the Medicaid agency decides if he or she qualifies for Medicaid.

**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 gen enfòmasyon 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 oswaèd akdepansyo. 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 વીમા માટે સ્થળ સમારકામ માટેની અરજી અથવા સર્વગ્રાહી વીમો વિશેની મહત્વની માહિતી છે. આ સૂચનામાં મહત્વની તારીખો માટે જુઓ. તમે તમારા આરોગ્ય અવરીલેવા અથવા ખર્ચમાં મદદ કરવા માટે અમુક ચોક્કસ નિશ્ચિત સમય ને હદમાં ધ્યાનમાં રાખીને પગલાં લેવાની જરૂર પડે છે. મને કોઈપણ ખર્ચ વિના તમારી ભાષામાં આજ્ઞાકારી અને મદદ મેળવવાનો અધિકાર છે. 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 कार्रवाई करने की आवश्यकता हो सकती है। आपको 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

If you have questions: Go to [HealthCare.gov/marketplace](http://HealthCare.gov/marketplace). Or, call 1-800-318-2596. TTY users should call 1-855-889-4325. The call is free. You can also find out how to talk to someone in person, online or through the help line.

**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 لاگتوں میں مدد کے لیے مخصوص ختمی تاریخوں تک کارروائی کرنے کی ضرورت ہو سکتی ہے۔ آپ کو یہ معلومات اور مدد بغیر 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

If you have questions: Go to [HealthCare.gov/marketplace](http://HealthCare.gov/marketplace). Or, call 1-800-318-2596. TTY users should call 1-855-889-4325. The call is free. You can also find out how to talk to someone in person, online or through the help line.