

---

[hh\_contact\_first\_name] [hh\_contact\_last\_name] [todays\_date]  
[hh\_contact\_street\_name\_1]  
[special\_address\_2\_line]  
[hh\_contact\_city\_name], [hh\_contact\_state\_code] [hh\_contact\_zip\_plus\_4\_code]

## **IMPORTANT: Members of your household are still enrolled in a Marketplace plan but will no longer get financial help for it.**

Application Date:[application\_submission\_date]  
Application ID: [application\_identifier]

Dear [hh\_contact\_first\_name]:

You're getting this notice because the people listed below will no longer get financial help to help pay for their coverage through a Marketplace health plan. They'll still have a Marketplace health plan, but they won't get advance payments of the premium tax credit (APTC) and income-based cost-sharing reductions (CSR), if applicable, for their share of the Marketplace plan premium and covered services. **This change will be effective on [effective date].**

- [application\_member\_names]
- [application\_member\_names]
- [application\_member\_names]
- [application\_member\_names]

**If these people don't want to pay full cost for their share of the Marketplace plan premium and covered services, you'll need to end their Marketplace coverage immediately.** Note: Consumers who are enrolled in the Children's Health Insurance Program (CHIP) and choose to remain in full-cost Marketplace coverage may no longer be eligible for CHIP. To learn how to end Marketplace coverage, see the "What should I do next?" section below.

For anyone on the Marketplace plan who isn't listed above, their Marketplace plan will continue and their eligibility for APTC and CSR will be redetermined. Based on the information you submitted on your application, your household is now eligible for a tax credit of \$[maxAPTC] each month, which is \$[maxAPTC x 12] for the year. You'll get an updated eligibility notice for the household that will tell you how much APTC/CSR your household can use to help pay for Marketplace coverage, if applicable. Contact your plan to find out your share of the total premium amount, after this change.

## **Why is financial help for Marketplace coverage ending?**

People enrolled in Medicaid or CHIP that counts as qualifying coverage are ineligible for APTC and CSR. The Marketplace previously received information from your state's Medicaid or CHIP program saying that the people listed above are enrolled in one of those programs. The Marketplace found that they are also enrolled in Marketplace coverage with financial help.

The Marketplace sent you a notice asking you to either end the Marketplace coverage with APTC/CSR for the people listed above or update your Marketplace application by [PDM timer end date] to show that those people weren't enrolled in Medicaid or CHIP. Since you didn't take action by your deadline, changes have been made to your household's eligibility for financial help.

The people listed above may choose to continue Marketplace coverage without financial help. **If they choose to remain in full-cost Marketplace coverage, they should notify their state Medicaid or CHIP agency of their Marketplace enrollment; they may no longer be eligible for CHIP.**

## **What should I do next?**

**For each person listed on this notice, if he or she is enrolled in [State Medicaid Program Name] (Medicaid) or [State CHIP Program Name] (CHIP) and wants to end Marketplace coverage, there are two ways to do this:**

- Visit [HealthCare.gov/medicaid-chip/cancelling-marketplace-plan](https://www.healthcare.gov/medicaid-chip/cancelling-marketplace-plan) for instructions to end Marketplace coverage online, OR
- Call the Marketplace Call Center at 1-800-318-2596. TTY users can call 1-855-889-4325.

**If you believe anyone listed above isn't enrolled in Medicaid or CHIP, or you aren't sure if anyone listed above is enrolled in or has been determined eligible for these programs, you may wish to confirm that information with your state Medicaid or CHIP office. You may also refer to instructions below under "What should I do if I disagree with the Marketplace's decision?"**

- **To find your state Medicaid office:** Visit [HealthCare.gov/medicaid-chip](https://www.healthcare.gov/medicaid-chip), scroll down to "Apply for Medicaid and CHIP 2 Ways" and select your state from the drop-down menu.
- **To find your state CHIP office:** Visit [insurekidsnow.gov](https://www.insurekidsnow.gov), or call 1-877-543-7669.

**Note:** Most Medicaid coverage counts as qualifying health coverage (also called “minimum essential coverage”), but some forms of Medicaid cover limited benefits (like Medicaid that only covers emergency care, family planning or pregnancy-related services) and aren’t considered qualifying coverage. (For more information on which Medicaid programs are considered qualifying coverage, visit [HealthCare.gov/medicaid-limited-benefits.](https://www.healthcare.gov/medicaid-limited-benefits/)) Most CHIP coverage is considered qualifying coverage.

If you or someone on your application is enrolled in limited-benefit Medicaid coverage that is not considered qualifying coverage, they may still be eligible for APTC/CSR to help pay for their Marketplace plan premium and covered services.

### **What should I do if I disagree with the Marketplace’s decision?**

In many cases, you can appeal the Marketplace’s decision about your household’s eligibility for health coverage, including eligibility for APTC and CSR. You have been sent a final eligibility determination notice containing information about how you may appeal if you think this decision is wrong.

### **For more help**

- Visit [HealthCare.gov](https://www.healthcare.gov) or call the Marketplace Call Center at 1-800-318-2596. TTY users can 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).
- Get help in a language other than English. Information about how to access these services is included with this notice, and available through the Marketplace Call Center.
- Call the Marketplace Call Center to get this information in an accessible format, like large print, Braille, or audio, at no cost to you.

Sincerely,

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

*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 Call Center 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.

**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 przełączona 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 mangailang 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.

