

Marketplace Model Eligibility Notice for 2016 Coverage – Special Enrollment Verification Process

Special Enrollment Periods provide an important pathway to coverage for consumers who experience qualifying events and need to enroll in or change their enrollment in a Qualified Health Plan through the Health Insurance Marketplace outside the Open Enrollment Period or during Open Enrollment with a coverage effective date earlier than generally provided during Open Enrollment.

In order to both ensure Marketplace integrity and maintain a balanced, and stable risk pool, Special Enrollment Periods must only be granted to those consumers for whom they are intended.

Beginning in mid-June 2016, consumers who qualify for one of five Special Enrollment Periods (below), will receive a Marketplace Eligibility Determination Notice requesting that they submit documentation to prove their eligibility for the type that they were granted. The five Special Enrollment Periods are:

1. Loss of minimum essential coverage
2. Change in primary place of living
3. Birth
4. Adoption, placement for adoption, placement for foster care, or child support or other court order
5. Marriage

Consumers who qualify for the **Special Enrollment Period** will receive a Marketplace Eligibility Determination Notice that includes a list of acceptable documents they may provide to prove their eligibility for the Special Enrollment Period.

The Marketplace produces an Eligibility Determination Notice when consumers apply for coverage or report life changes through the Marketplace. **The following Model Marketplace Eligibility Determination Notice is for a family of two people who appear to be eligible for a Special Enrollment Period because of a change in primary place of living.**

Note: The language contained in Marketplace Eligibility Determination Notices is highly variable and depends on the specific circumstances of the individual(s) applying for health coverage and when they apply (for example, whether it's during Open Enrollment or if they qualify for a Special Enrollment Period).

Susan Griffith
 [address]

[date]

Application Date: [date]
 Application ID: [number]

Important: These are your **Eligibility Results** for Health Insurance Marketplace coverage.

ACTION REQUIRED. You could lose your eligibility for 2016 Marketplace coverage and/or help with costs. See information below under “What should I do next?” for information about sending documents the Marketplace requested.

The following **Eligibility Results** for 2016 coverage are only valid if your household submits documents that resolve the issue we need to verify.

Eligibility Results

Review the table below for the results of your application.

Family member(s)	Results	Next steps
Susan Griffith	<ul style="list-style-type: none"> Eligible for a Special Enrollment Period, but more information is needed. 	<ul style="list-style-type: none"> You need to send the Marketplace documents that prove you're eligible to enroll through a Special Enrollment Period. This notice explains what you need to send and how to send it.
Susan Griffith	<ul style="list-style-type: none"> Eligible to purchase health coverage through the Marketplace 	<ul style="list-style-type: none"> Choose a health plan and make first month's payment

Family member(s)	Results	Next steps
Jack Griffith	<ul style="list-style-type: none"> Eligible for a Special Enrollment Period, but more information is needed. 	<ul style="list-style-type: none"> You need to send the Marketplace documents that prove you're eligible to enroll through a Special Enrollment Period. This notice explains what you need to send and how to send it.
Jack Griffith	<ul style="list-style-type: none"> Eligible to purchase health coverage through the Marketplace 	<ul style="list-style-type: none"> Choose a health plan and make first month's payment

If your **Eligibility Results** say that you're eligible for a premium tax credit or cost sharing reductions, it means that you don't appear to be eligible for Medicaid based on your household income and family size, or your immigration status. However, you could be eligible for Medicaid if you have a disability or special health care needs. To learn more, visit HealthCare.gov/people-with-disabilities, or see "4. Getting help with the cost of special health care needs" in the section titled "Understanding Your Eligibility Results." (This section will only be included with your first eligibility notice each coverage year. Be sure to save it, as it may not come with later notices.)

What should I do next?

If your "Next steps" tell you to send more information, follow instructions for sending it. If you don't, you could lose what you qualify for now because your information doesn't match the data we have, or we can't verify all of the information in your application. This includes information that proves you're eligible to enroll through a Special Enrollment Period.

- **[Susan Griffith, Jack Griffith]** - You're eligible for a Special Enrollment Period because of a change in the primary place where you live. You have 60 days from your move to enroll in or change health plans. If you enroll in or change health plans during this period, you need to send the Marketplace proof of your move on [date of triggering event]. **IMPORTANT:** If you don't send documents to prove your eligibility by **[clock end DATE]**, you could be found ineligible for this Special Enrollment Period. You could also lose your Marketplace coverage and any advance payments of the premium tax credit and cost-sharing reductions (if applicable), possibly going back to the date your Marketplace coverage started.

Submit proof of BOTH where you lived before and where you live now. For example, you can send a copy of 1 document that shows both the old and new addresses. Or, you can send copies of 2 different documents, with one showing the old address and one showing the new address. If you live in a rural area, you may provide a rural route mail delivery address. **Examples of documents you may send include:**

- Lease or rental agreement
- Insurance documents, like homeowner's, renter's, or life insurance policy or statement
- Mortgage deed, if it states that the owner uses the property as the primary residence
- Mortgage or rental payment receipt
- Mail from the Department of Motor Vehicles, like a driver's license, vehicle registration, or change of address card

- State ID
- Official school documents, including school enrollment, ID cards, report cards, or housing documentation
- Internet, cable, or other utility bill (including any public utility like a gas or water bill) or other confirmation of service (including a utility hook up or work order)
- Telephone bill showing your address (cell phone or wireless bills are acceptable)
- Mail from a government agency to your address, like a Social Security statement, or a notice from TANF or SNAP agency
- Mail from a financial institution, like a bank statement
- U.S. Postal Service change of address confirmation letter
- Pay stub showing your address
- Letter from a current or future employer showing you relocated for work
- Voter registration card showing your name and address
- Moving company contract or receipt showing your address
- If you're living in the home of another person, like a family member, friend, or roommate, you may send a letter/statement from that person stating that you live with them and aren't just temporarily visiting. This person must prove their own residency by including one of the documents listed above.
- Document from the Department of Corrections, jail, or prison indicating recent release or parole, including an order of parole, order of release, or an address certification
- If you're homeless or in transitional housing, you may submit a letter or statement from another resident of the same state, stating that they know where you live and can verify that you live in the area and aren't just temporarily visiting. This person must prove their own residency by including one of the documents listed above.
- Letter from a local non-profit social services provider or government entity (including a shelter) that can verify that you live in the area and aren't just visiting.
- Naturalization Papers signed and dated within the last 60 days or Green Card, Education Certificate, or VISA (if you moved to the U.S. from another country)
- Letter of explanation providing the date of your move, your old and new address (or where you're staying), and the reason you can't provide any other documents proving you're eligible for a Special Enrollment Period. The Marketplace will take your letter into consideration.

After you enroll in coverage and send proof to the Marketplace for your Special Enrollment Period, you don't need to take any further action. Your coverage is confirmed unless we contact you.

How to send documents to prove 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 to us. 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, see "2. How to send more information" in the section titled "Understanding Your Eligibility Results." (This section will only be included with your first eligibility notice each coverage year. Be sure to save it, as it may not come with later notices.) You can also visit HealthCare.gov/tips-and-troubleshooting/uploading-documents. To find in-person help when submitting documents, visit LocalHelp.HealthCare.gov.

- **Enroll in coverage now.** If your **Eligibility Results** say you're eligible for a Special Enrollment Period, [Special Enrollment Period end date] is the last day to choose a Marketplace plan. Visit 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 enroll in a Marketplace plan until the next Open Enrollment Period, unless you qualify for another Special Enrollment Period.
- If your **Eligibility Results** say you need to send more information, your eligibility may end if you don't send documents to resolve the issue.
- 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-exemptions.

When will Marketplace coverage begin?

Since you told us you recently gained or became a dependent through birth, adoption, placement for adoption, placement in foster care, or through a child support or other court order, your plan's coverage will start the day you gained or became a dependent but no earlier than January 1, 2016. You can contact the Marketplace Call Center if you would like to choose a later coverage effective date.

- You must pay the first month's premium before your coverage starts.
- You must select your plan by [Special Enrollment Period end date].

What if information from my application changes during the year?

If your circumstances change 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
- Enrollment in a plan with lower copayments, coinsurance, and deductibles
- Coverage through Medicaid or FAMIS

If you're eligible for and choose to use advance payments of the premium tax credit to help pay for your Marketplace coverage and you don't report a change that may affect your eligibility, you may have to payback some or all of your premium tax credits when you file your taxes. Some changes may make you eligible for a larger tax credit or new help with costs. For a list of changes you must report, visit [HealthCare.gov/reporting-changes/](https://www.healthcare.gov/reporting-changes/), or see "1. Reporting changes" in the section titled "Understanding Your Eligibility Results." (This section will only be included with your first eligibility notice each coverage year. Be sure to save it, as it may not come with later notices.)

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

To report life changes, visit [HealthCare.gov](https://www.healthcare.gov), select your most current application, and select "Report a life change." You can also contact the Marketplace Call Center. If this notice says you're eligible for Medicaid or FAMIS, contact the state agency at the phone number provided at the end of this notice.

If you use advance payments of the premium tax credit to help pay for your Marketplace premium, you must file a tax return to report these payments even if you don't usually file taxes.

What should I do if I think my Eligibility Results are wrong?

If you think we made a mistake, you can appeal a final determination of eligibility to the Marketplace Appeals Center. This includes your eligibility to purchase health coverage through the Marketplace, and for premium tax credits, cost-sharing reductions, and enrollment periods. See below for more information about appealing your eligibility for [state Medicaid name] or [state CHIP name]. 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 and your eligibility is changed, you may appeal this change. In this case, you may be able to keep your previous eligibility during your appeal.
- The outcome of an appeal could change the eligibility of other members of your household even if they don't ask for an appeal.

How much time do I have to request an appeal?

Generally you have 90 days from the date of your eligibility notice to request an appeal. However, if this notice says that someone needs to “send the Marketplace more information,” then you must follow the steps described in the “What should I do next?” section of this notice. Until you upload or mail documents and your data matching issue is resolved, your eligibility notice isn't a final determination of eligibility and it can't be appealed.

How do I request an appeal?

- Visit [HealthCare.gov/marketplace-appeals](https://www.healthcare.gov/marketplace-appeals) to get the Appeal Request form for your state; or
- Write a letter requesting an appeal. Include your name, address, and the reason you're requesting the appeal. If you're requesting an appeal for someone else (like your child), also include their name.

Then, fax your appeal request to a secure fax line: 1-877-369-0130, or mail it to:

Health Insurance Marketplace
ATTN: Appeals
465 Industrial Blvd.
London, KY 40750-0061

Appealing your eligibility for Medicaid or CHIP

If this notice says you may be eligible for Medicaid or CHIP, or that your state is reviewing your eligibility for Medicaid or CHIP, your state Medicaid or CHIP agency will send a notice to let you know if you qualify for these free or low-cost programs.

If your state determines that you're not eligible for Medicaid or CHIP:

- Your state will tell you how to ask for a Medicaid fair hearing through the state fair hearing process.
- You may also be able to resubmit your Marketplace application for health coverage through the Marketplace and help with costs. If you then disagree with your updated **Eligibility Results**, you can request an appeal through the Marketplace Appeals Center.

For more information about your Medicaid or CHIP eligibility, including your right to appeal if your state determines you're not eligible for Medicaid or CHIP, contact your state Medicaid or CHIP agency at the phone number included at the end of this notice.

More about getting Medicaid or CHIP

If your Eligibility Results tell you that you're eligible to purchase health coverage through the Marketplace, we don't think you qualify for [state Medicaid name]. Some people may still qualify for [state Medicaid name], but only [state Medicaid agency name] can make the final decision.

You might want to ask [state Medicaid name] to continue your application if you:

- Need a lot of medical services or have medical bills
- Have a family income close to the [state Medicaid name] income limit, or you don't agree with the income amount that was used to assess your eligibility
- Have a disability

You can keep your coverage described in this notice while [state Medicaid agency name] reviews your application.

Here's how to continue your application for [state Medicaid name] or [state CHIP name]:

- Visit HealthCare.gov, log into your Marketplace account and select your most recent application, then select "Eligibility & Appeals." You can also log into your Marketplace account and select your most current application, then go through your application until you reach the "Eligibility Results" screen. Check the box for a "Full Medicaid Determination" and complete all steps.
- Call the Marketplace Call Center and request that [state Medicaid agency name] continue to review your [state Medicaid program] application.

It's recommended that you continue your application for Medicaid, even if you aren't sure that you're eligible. Because your Medicaid eligibility must ultimately be determined by the [state Medicaid agency name] - and not the Marketplace - you can only request an appeal once that final determination is made by [state Medicaid agency name].

For more help

- Visit 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.
- Contact your state's Medicaid agency at toll-free: 1-855-242-8282 (TTY: [state Medicaid TTY]) for information about Medicaid. For more information about your state's CHIP program, contact the [state CHIP agency] at toll free: [state CHIP phone] (TTY: [state CHIP TTY]).

- Get language assistance services. If you need language assistance in a language other than English, you have the right to get help and information in your language at no cost. Information about how to access these language assistance services is included with this notice, as a separate page. 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 available and provided at no cost to you.

For information including more about the premium tax credit, lower out-of-pocket costs, and Medicaid eligibility, visit [HealthCare.gov](https://www.healthcare.gov), or see "Understanding Your Eligibility Results." (This section will only be included with your first eligibility notice each coverage year.)

Sincerely,

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

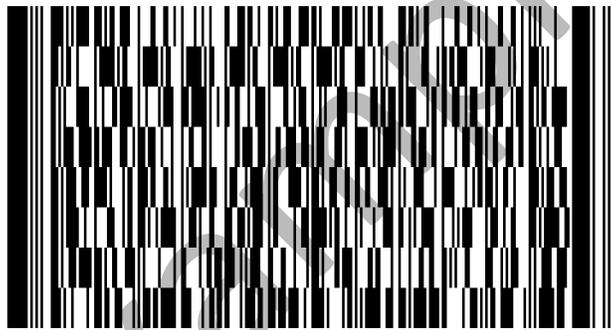
The determinations or assessments in this letter were made based upon 45 CFR 155.305, 155.410, 155.420-430 and 42 CFR 435.603, 435.403, 435.406 and 435.911.

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

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

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

Need to send documentation? If your **Eligibility Results** say that you need to send more information, please also include a copy of this bar code page. This page helps the Marketplace make sure your documents can be easily associated with your application. For more information about choosing documents and uploading or mailing them to the Marketplace, visit [HealthCare.gov/verify-information](https://www.healthcare.gov/verify-information), or see "2. How to send more information" in the section titled "Understanding Your Eligibility Results." (This section will only be included with your first eligibility notice each coverage year.)



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Understanding Your Eligibility Results

These pages include important information about:

1. Reporting changes
2. How to send more information
3. Appeals
4. Getting help with the cost of special health care needs
5. Coverage for immigrant families

1. Reporting changes

If you're enrolled in a health plan through the Marketplace and information you told us on your application changes, report the change to us within 30 days. If you don't report changes, you may not get all of the savings you're eligible for. If you're getting a premium tax credit, you may also have to pay back some or all of the advance payments of the premium tax credit when you file taxes. Examples of changes you should report include:

- A move.
- Household income changes, especially if your household will make more money than you estimated on your application. The **Eligibility Results** table will show the amount of income that was used to determine your help with costs, if you're eligible for this help.
- Household size changes. For example, someone in your household marries or divorces, becomes pregnant, or has a child; or your child moves out or won't be claimed as a dependent.
- A change in plan for filing your federal income tax return for the year you're getting Marketplace coverage, like if you plan to claim new dependents on your tax return.
- Becoming qualified for other health coverage.
- Changes in immigration status, like if your visa expires and isn't renewed.
- Becoming incarcerated (jailed), other than pending the disposition of charges.

To report changes, visit [HealthCare.gov](https://www.healthcare.gov), select your current application, then select "Report a life change." You can also call the Marketplace Call Center.

If you enroll in your state's Medicaid or CHIP program

You must report any changes that might affect your health coverage, like those listed above. You'll get instructions for how to report changes in the enrollment letter that the state will send you. You can also call your state's Medicaid agency at the phone number included with this notice.

2. How to send more information

There may be times when you need to send documents to verify something that you put on your application. Or we might just need more information before we can process your application.

If this notice says that you need to send more information, visit [HealthCare.gov](https://www.healthcare.gov) and log into your Marketplace account, then follow steps to upload documents. This is the fastest way to get your documents processed. You can also mail copies.

Here's what you'll need:

- Your Marketplace account. The main household contact for your Marketplace application can visit HealthCare.gov and log in to upload documents.
- An electronic file of the document you need to upload.
 - It must be a .pdf, .jpeg, .jpg, .gif, .xml, .png, .tiff, or .bmp.
 - It can't be bigger than 10 MB.
 - The file name can't include a colon, semicolon, asterisk, or any other special character. Here are a few examples of special characters that can't be in the file name: / \ : * ? " < >.

When you're ready to upload your electronic document:

- Visit HealthCare.gov and log in to your Marketplace account.
- Select the green button "Start a new application or update an existing one."
- Click on your name in the top right of the screen and select "My applications & coverage" from the dropdown.
- Select your application under "Your existing applications." Then use the menu on the left side of your screen to click on "Application details."
- Select the green "Upload documents" or "Upload more documents" button to the right of each issue that you need to resolve. If there's more than one, work on them one at a time.
- Follow the instructions on your screen to upload your document.
 1. Click "Select file to upload" to choose your document type. If you have more than one issue to resolve, you can expand or close each one as you work on them.
 2. Locate the document on your computer, select the document, and click "Upload." When the upload is successful, a checkmark appears next to the file name.
 3. After the document is uploaded successfully, "Submitted" appears next to the issue on the "Application details" tab.
 4. Move on to the next issue. Repeat steps 1 – 3 to upload documents for each one.

If you're having trouble uploading a document, you should mail copies. Don't mail original documents. If your **Eligibility Results** notice includes a printed bar code page, include a copy of it. You can also include your printed name and the Application ID from your **Eligibility Results** when you send your documents.

Keep all originals. Mail copies of your documents to:

Health Insurance Marketplace
Attn: Coverage Processing
465 Industrial Boulevard
London, Kentucky 40750-0001

You can also call the Marketplace Call Center at 1-800-318-2596. TTY users should call 1-855-889-4325. The call is free.

3. Important information about appeals

If you think your **Eligibility Results** are wrong, in many cases you can appeal your eligibility through the Marketplace Appeals Center for Marketplace health coverage or help paying for coverage. This includes your eligibility for premium tax credits, cost-sharing reductions, and enrollment periods. You can also request an appeal through the Marketplace or through your state if you're determined not eligible for Medicaid or CHIP and you think you should be.

See your **Eligibility Results** section "What should I do if I think my Eligibility Results are wrong?" For more information,

visit [HealthCare.gov/marketplace-appeals](https://www.healthcare.gov/marketplace-appeals).

4. Getting help with the cost of special health care needs

Does Medicaid cover special health care needs?

Yes. You may qualify to get coverage for more health services and pay less for care if you have special health care needs, like 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's Medicaid agency. You can also update your Marketplace application with this information. Visit [HealthCare.gov](https://www.healthcare.gov), log into your Marketplace account, and select your existing application. Then select "Report a life change," continue through your application to answer questions about your special health care needs, and get new **Eligibility Results**. If you qualified for other health coverage, you can keep it while the Medicaid agency decides if you qualify for Medicaid.

5. Coverage for immigrant families

Individuals who aren't lawfully present may apply on behalf of family members who may be eligible, like their lawfully present children or spouse. Individuals who aren't lawfully present may complete a Marketplace application to find out if they're eligible for Medicaid payment for emergency medical treatment. Lawfully present immigrants who aren't eligible for Medicaid because of their immigration status may be eligible for Marketplace coverage and help with costs. Information provided to the Marketplace will be used for determining eligibility for health coverage options only, and won't be used for immigration enforcement purposes. If you, or someone you're helping, have questions about the Marketplace, you have the right to get help and information in your language at no cost. If you need help in another language, call the Marketplace Call Center.

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 الى اتخاذ اجراء في مواعيد معينة للحفاظ على تغطيتك الصحية او للمساعدة في التكاليف. لك الحق في الحصول على هذه المعلومات وعلى المساعدة بلغتك من دون اي 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 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 સમારફતેતમારીઅરજીઅથવા સર્વગ્રાહી વીમો વિશેનીમહત્વનીમાહિતીછે. આ સૂચનામાંમહત્વનીતારીખોમાટેજુઓ. તમેતમારોઆરોગ્યઆવરીલેવાઅથવાખર્ચમાંમદદકરવામાટેઅમુકચોક્કસ નિશ્ચિત સમય ને હદમાં ધ્યાનમાંરાખીનેપગલાંલેવાનીજરૂરપડેછે. મનેકોઇપણખર્ચવિનાતમારીભાષામાંઆજાણકારીઅનેમદદમેળવવાનોઅધિકારછે. 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 ridurre i costi. Ha il diritto di ricevere queste informazioni ed assistenza nella sua lingua senza costi aggiuntivi. Chiama 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 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 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.

