

## **Medicaid/CHIP Periodic Data Matching Final Notice**

**When we send this notice:** Occasionally, we re-check eligibility for people who get the premium tax credit to help pay for their Marketplace plan. If someone is enrolled in both a Marketplace plan and another program (like Medicaid or the Children's Health Insurance Program (CHIP)), they no longer qualify for financial help through the Marketplace. These consumers may have to pay back some or all the tax credit they used after their Medicaid or CHIP coverage starts. Additionally, people may lose CHIP coverage if they keep their Marketplace coverage.

We send an initial warning notice if we find that a Marketplace consumer is enrolled in both a Marketplace plan and Medicaid or CHIP.

### **We send this final notice if:**

- The consumer doesn't take action to update their application to confirm their Medicaid/CHIP enrollment or end their Marketplace coverage.

**What this notice tells the consumer:** The consumer's financial help (premium tax credit and cost savings) ended. The notice also tells consumers:

- They won't be able to use all their Medicaid or CHIP benefits, and their costs will be higher (if they remain enrolled in a Marketplace plan).

# Health Insurance Marketplace

DEPARTMENT OF HEALTH & HUMAN SERVICES  
465 INDUSTRIAL BOULEVARD  
LONDON, KENTUCKY 40750-0001

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[Name 1]  
[Address]  
[City, State ZIP]

[Date]

[Application Date]  
[Application ID]

## IMPORTANT: Your Health Insurance Marketplace® financial help will end July 31, 2025

Dear [Name 1]:

Marketplace financial help will end for the following household member(s) on **July 31, 2025**:

- Victoria Ellis

Starting on August 1, 2025, you'll pay full price for their share of the Marketplace plan premium and covered services unless you end their Marketplace coverage. **To find out how to end Marketplace coverage, go to "What should I do next?" on the next page.**

### Why am I losing financial help?

Our records show the people listed above have both a Marketplace health plan with financial help and coverage through Delaware Medicaid (Medicaid) or Delaware Healthy Children Program (the Children's Health Insurance Program or CHIP). In most cases, people who have Medicaid or CHIP don't qualify for Marketplace financial help.

We sent you a letter asking you to end Marketplace coverage with financial help for these people or tell us they don't have Medicaid or CHIP by February 2, 2022. Since you didn't take action by this deadline, we're ending their financial help.

The people listed above may choose to keep their Marketplace coverage without financial help. **If they do, they should tell their state Medicaid or CHIP office they have Marketplace coverage because it could impact their eligibility, coverage, or out-of-pocket costs.** They might also have to pay back all or some of the premium tax credit they used after their Medicaid or CHIP coverage started when they file their federal income tax return next year.

Most people don't keep Marketplace coverage once they qualify for Medicaid or CHIP because they:

- Will pay full price for their Marketplace plan premium and covered services.
- Won't be able to use all their Medicaid or CHIP benefits and their out-of-pocket costs (like co-pays and deductibles) will be higher because they still have Marketplace coverage.
- May have to pay back all or some of the premium tax credit they used when they file their federal income tax return next year.
- May no longer be eligible for CHIP coverage.

## What if there are more people in my Marketplace plan than the ones listed above?

We re-checked eligibility for financial help for anyone in your Marketplace health plan who isn't listed above. Based on your application information, your household is now eligible for a tax credit of \$270.00 each month, which is \$3240.00 for the year. The following household member(s) can use this tax credit to help pay for Marketplace coverage:

- Robert Ellis

You'll get an updated eligibility notice with more information about using financial help for your Marketplace coverage.

## What should I do next?

Follow the steps below, based on your household's situation:

If:	You can:	Here's how:
Everyone in your household has Marketplace coverage with financial help and Medicaid or CHIP.	End all Marketplace coverage.	Log into your Marketplace account and select your current application. Select "My Plans and Programs" and then "End All Coverage."
Someone listed above has Marketplace coverage with financial help and Medicaid or CHIP.	Choose to end their Marketplace coverage.	For step-by-step instructions, visit <a href="https://www.healthcare.gov/medicaid-chip/cancelling-marketplace-plan">HealthCare.gov/medicaid-chip/cancelling-marketplace-plan</a> . Or, call the Marketplace Call Center at 1-800-318-2596. TTY users can call 1-855-889-4325.

Someone has Marketplace coverage with financial help but <b>DOESN'T</b> have Medicaid or CHIP.	Update your application to keep their Marketplace coverage with financial help, then confirm their enrollment.	<p>Update your application to report a life change. Under the question about current health coverage, select "Marketplace Coverage" for these members.</p> <p>Sign and submit the application. Review your Eligibility Notice, which will show the change in coverage and let you know if they can get financial help for Marketplace coverage. It also states if you need to submit documents to confirm information.</p> <p>Then continue through enrollment next steps to confirm plan enrollment and any financial help for each person keeping Marketplace coverage.</p>
Someone finds out they're losing Medicaid or CHIP soon.	Keep their Marketplace coverage with financial help.	<p>Update your Marketplace application to report a life change and tell us when their Medicaid or CHIP coverage ends. They may qualify for a Special Enrollment Period to switch plans.</p> <p>Update any other information in the application as needed, then sign and submit it. Review your Eligibility Notice, which will show the change in coverage.</p> <p>Then continue through enrollment next steps to confirm plan enrollment for each person keeping Marketplace coverage.</p>

## What 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 financial help. Your updated Eligibility Notice will tell you how you can appeal if you think this decision is wrong.

**If you aren't sure if someone listed at the beginning of this letter has Medicaid or CHIP, or if you have other questions about Medicaid or CHIP coverage, contact your state Medicaid or CHIP office:**

- **Medicaid:** Visit [HealthCare.gov/medicaid-chip](https://www.healthcare.gov/medicaid-chip) and select your state from the drop-down menu.
- **CHIP:** Visit [InsureKidsNow.gov](https://www.insurekidsnow.gov), or call 1-877-543-7669.

## 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.

- Make an appointment with someone in your area who can help you. Information is available at [HealthCare.gov/find-local-help](http://HealthCare.gov/find-local-help).
- 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](http://HealthCare.gov/privacy)). This notice was generated by the Marketplace based on 45 CFR 155.230, 45 CFR 155.335, 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](http://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.

Health Insurance Marketplace® is a registered service mark of the U.S. Department of Health and Human Services.

**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) يحوي هذا الإشعار على معلومات مهمة.** يحوي هذا الإشعار على معلومات مهمة بخصوص طلبك أو تغطيتك عبر سوق التأمين الصحي (Health Insurance Marketplace®). إبحث عن التواريخ المهمة في هذا الإشعار. قد تحتاج إلى إتخاذ إجراء بحلول تواريخ معينة للحفاظ على تغطيتك الصحية أو للمساعدة بخصوص التكاليف. يحق لك الحصول على هذه المعلومات و على المساعدة بلغتك من دون أي تكلفة. إتصل بالرقم 1-800-318-2596 وانتظر حتى تنتهي الافتتاحية. اذكر اللغة التي تحتاجها عندما يرد عليك العميل و سيتم وصلك بمترجم فوري.

**中文 (Chinese) 本通知含有重要的訊息。**本通知含有關於通過健康保險市場 (Health Insurance Marketplace®) 申請或獲得承保的重要訊息。請在本通知中查看重要的日期。您可能要在特定的截止日期之前採取行動，以保留您的健康保險或有助於省錢。您有權利免費以您的母語得到幫助和訊息。請致電 1-800-318-2596 並等待接聽。告訴服務代表要用的語言後，便會接通口譯員。

**Français (French) Cet avis contient des informations importantes.** Cet avis comporte des informations importantes relatives à votre demande ou à votre couverture par le marché de l'assurance maladie (Health Insurance Marketplace®). Prêtez attention aux dates importantes figurant dans cet avis. Il se peut que vous deviez prendre des mesures avant certaines dates limites pour conserver votre couverture médicale ou bénéficier d'une aide financière. Vous êtes en droit d'obtenir ces informations et cette aide dans votre langue, et ce gratuitement. Appelez le 1-800-318-2596 et patientez. Dès qu'un agent décroche, indiquez la langue dont vous avez besoin et vous serez mis en rapport avec un interprète.

**Kreyòl (French Creole) Avi sa a gen enfòmasyon Enpòtan.** Avi sa a gen enfòmasyon enpòtan konsènan aplikasyon w lan ak pwoteksyon ou an atravè Health Insurance Marketplace®. Chèche dat kle yo nan avi sa a. Li posib pou pran desizyon avan sèten dat limit pou konsève pwoteksyon medikal ou oswa pou ede ak pri yo. Ou gen dwa pou jwenn enfòmasyon sa a ak èd nan lang ou gratis. Rele 1-800-318-2596 epi tann sou liy nan. Lè yon ajan reponn, di lang ou bezwen an epi y ap mete w an koneksyon avèk yon entèprèt.

**Deutsch (German) Diese Mitteilung enthält wichtige Informationen.** Diese Mitteilung enthält wichtige Informationen zu Ihrem Antrag oder Ihrer Versicherung über den Health Insurance Marketplace®. Achten Sie auf die Eckdaten in dieser Mitteilung. Möglicherweise müssen Sie innerhalb bestimmter Fristen Maßnahmen ergreifen, um Ihren Krankenversicherungsschutz zu behalten oder sich an den Kosten zu beteiligen. Sie haben das Recht, die Informationen und Hilfen kostenlos in Ihrer Sprache zu erhalten. Rufen Sie die Nummer 1-800-318-2596 an und warten Sie, bis das Gespräch angenommen wird. Wenn sich ein Mitarbeiter meldet, geben Sie die Sprache an, die Sie benötigen, und Sie werden mit einem Dolmetscher verbunden.

**ગુજરાતી (Gujarati) આ સૂચનામાં અગત્યની માહિતી છે.** આ સૂચનામાં તમારી આરોગ્ય વીમા બજાર (Health Insurance Marketplace®) દ્વારા કરવામાં આવેલ અરજી અથવા તેના દ્વારા આવરી લીધેલ જોખમ વિશે અગત્યની માહિતી છે. આ સૂચનામાં મુખ્ય તારીખો જુઓ. તમારા વીમા દ્વારા આવરી લીધેલ આરોગ્ય જોખમ અથવા ખર્ચમાં મદદને જાળવી રાખવા માટે તમારે ચોક્કસ સમયમર્યાદામાં પગલાં લેવાની જરૂર પડી શકે છે. તમને કોઈપણ ખર્ચ વિના તમારી ભાષામાં આ માહિતી અને મદદ મેળવવાનો અધિકાર છે. 1-800-318-2596 પર કૉલ કરો અને શરૂઆતમાં રાહ જુઓ. જ્યારે કોઈ પ્રતિનિધિ જવાબ આપે, ત્યારે તમને જોઈતી ભાષા જણાવો અને તમને અનુવાદક સાથે જોડવામાં આવશે.

**Italiano (Italian) Questo avviso contiene importanti informazioni.** Questo avviso contiene importanti informazioni sulla tua richiesta o copertura assicurativa attraverso il mercato delle assicurazioni sanitarie (Health Insurance Marketplace®). Questo avviso include date importanti. Potrebbe essere necessario un tuo intervento entro certe scadenze per mantenere l'assicurazione sanitaria o assistenza con i costi. Hai diritto ad ottenere queste informazioni e assistenza nella tua lingua a titolo gratuito. Chiama il 1-800-318-2596 e attendi la fine dell'introduzione. Quando un agente risponde, indica la lingua di cui hai bisogno e sarai collegato a 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、健康保険マーケットプレイス(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ています。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) 본 통지는 중요한 정보를 담고 있습니다.** 본 통지는 건강보험 마켓플레이스(Health Insurance Marketplace®)를 이용한 신청 또는 보장에 대한 중요한 정보를 담고 있습니다. 본 통지에서 주요 날짜를 확인하십시오. 건강보험을 유지하거나 비용에 도움을 받기 위해 특정 마감일까지 조치를 취해야 할 수도 있습니다. 귀하에게는 이러한 정보를 받고 무료로 귀하의 언어로 도움을 받을 권리가 있습니다. 1-800-318-2596으로 전화하여 연결을 기다리십시오. 담당자가 연결될 때, 원하시는 언어를 알려주시면 통역자에게 연결됩니다.

**Polski (Polish) Niniejsze zawiadomienie zawiera ważne informacje.** Niniejsze zawiadomienie zawiera ważne informacje na temat Twojego wniosku lub zakresu ubezpieczenia za pośrednictwem rynku ubezpieczeń zdrowotnych (Health Insurance Marketplace®). Szukaj kluczowych dat w tym ogłoszeniu. Być może będziesz musiał/a podjąć działania w określonych terminach, aby utrzymać ubezpieczenie zdrowotne lub pomóc w pokryciu kosztów. Masz prawo do uzyskania tych informacji i pomocy w swoim języku bez żadnych kosztów. Zadzwoń pod numer 1-800-318-2596 i czekaj, aż skończy się wstępna informacja. Gdy włączy się agent, podaj język, który jest Ci potrzebny, a zostaniesz połączony z tłumaczem.

**Português (Portuguese) Este aviso tem informações importantes.** Este aviso tem informações importantes sobre sua solicitação ou cobertura por meio do mercado de seguros de saúde (Health Insurance Marketplace®). Procure as datas importantes neste aviso. Você pode precisar agir dentro de certos prazos para manter sua cobertura de saúde ou obter ajuda com os custos. Você tem o direito de obter essas informações e ajuda gratuitamente no seu idioma. Ligue para 1-800-318-2596 e espere o fim da gravação de abertura. Quando o agente responder, diga o idioma que você precisa e você será conectado(a) a um intérprete.

**Русский (Russian) В этом уведомлении содержится важная информация.** В этом уведомлении содержится важная информация о вашей заявке или страховом покрытии на портале Рынка медицинского страхования Marketplace (Health Insurance Marketplace®). Это уведомление содержит ключевые даты. Возможно, вам потребуется принять меры к определенным срокам, чтобы сохранить свою медицинскую страховку или помочь в покрытии расходов. У вас есть право получить эту информацию и помощь на вашем языке бесплатно. Позвоните по телефону 1-800-318-2596 и переждите вступительное сообщение. Когда агент ответит, укажите нужный вам язык, и вас соединят с переводчиком.

**Español (Spanish) Este Aviso contiene Información Importante.** Este aviso contiene información importante sobre su solicitud o su cobertura del Mercado de Seguros Médicos (Health Insurance Marketplace®). Preste atención a las fechas claves en este aviso. Usted podría tener que actuar dentro de ciertos plazos para mantener su cobertura médica u obtener ayuda con los costos. Tiene derecho a recibir esta información y ayuda en su idioma sin costo. Llame al 1-800-318-2596 y espere hasta el fin del mensaje inicial. Cuando un agente contesta, indique el idioma que usted necesita y será conectado con un intérprete.

**Tagalog (Tagalog) Ang Paunawang ito ay mayroong mahalagang impormasyon.** Ang paunawang ito ay mayroong mahalagang impormasyon tungkol sa iyong aplikasyon o pagsakop sa pamamagitan ng Pamilihan ng Segurong Pangkalusugan (Health Insurance Marketplace®). Tingnan ang mga pangunahing petsa sa paunawang ito. Maaaring kailangan mong gumawa ng aksyon sa tiyak na mga huling araw upang mapanatili mo ang sakop sa kalusugan o makatulong sa mga gastos. Mayroon kang karapatan na makakuha ng ganitong impormasyon at ng tulong sa iyong wika ng walang gastos. Tumawag sa 1-800-318-2596 at maghintay hanggang magbukas. Kapag sumagot ang isang ahente, sabihin mo ang wika na kailangan mo at iugnay ka sa isang tagasalin ng wika.

**Tiếng Việt (Vietnamese) Thông báo này có Thông tin Quan trọng.** Thông báo này có thông tin quan trọng về đơn đăng ký hoặc bảo hiểm của quý vị thông qua Thị trường Bảo hiểm Sức khỏe (Health Insurance Marketplace®). Tìm xem các ngày quan trọng trong thông báo này. Quý vị có thể cần phải hành động theo một số thời hạn nhất định để duy trì bảo hiểm sức khỏe của mình hoặc được giúp đỡ về phần chi phí. Quý vị có quyền nhận thông tin này và được giúp đỡ bằng ngôn ngữ của quý vị miễn phí. Hãy gọi 1-800-318-2596 và đợi đến khi mở cửa. Khi người đại diện trả lời, hãy nói với họ ngôn ngữ mà quý vị cần sử dụng và quý vị sẽ được kết nối với một thông dịch viên.

