

Marketplace Eligibility Notice Example: Eligible to enroll with financial help

When we send this notice: Consumers get a Marketplace Eligibility Notice when they apply for coverage, report a life change, or when the Marketplace processes their application again during the year.

What this notice tells the consumer: The Eligibility Notice provides eligibility results for Marketplace coverage (whether they can get Marketplace coverage and whether they qualify for any financial help) and/or Medicaid and CHIP coverage for each person on the Marketplace application.

It includes an Eligibility Guide to provide additional information about Marketplace coverage and details on how to complete any flagged next steps. In some cases, the notice also tells the consumer of additional actions they need to take to confirm information in their Marketplace application.

Messages in each Eligibility Notice are highly variable and depend on the household's specific circumstances and when they apply (for example, whether it's during Open Enrollment or as part of a Special Enrollment Period). Messages also depend on whether the consumer is getting the notice as a result of the Marketplace processing their application again during the year (e.g. after the deadline for submitting required documentation or for automatic re-enrollment).

This example is for someone who:

- Applied for health coverage for their household through the Marketplace
- Told us they wanted help paying for health coverage
- Lives in a state that delegates determinations about eligibility for Medicaid and the Children's Health Insurance Program (CHIP) to the Marketplace

The example results show that the applicant can enroll in a Marketplace plan now. They're also eligible for advance payments of the premium tax credit (APTC) and cost-sharing reductions (CSR). They're not eligible for Medicaid or the Children's Health Insurance Program (CHIP) in this state where the Marketplace makes the final determination.

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

Primary contact
MemberOne Doe
123 Address
City, STATE ZIP code

2026

Marketplace Eligibility Notice

Remember to update your application during the year with any changes.

Results

Premium tax credit available for this household: [\$amount]/month	Estimated 2026 income used to determine eligibility for financial help: [\$amount]/year
	MemberOne Doe
Applied for coverage.	●
Eligible to enroll in a Marketplace plan until January 15, 2026 .	●
Eligible to use the premium tax credit to pay for a Marketplace plan. Can use up to [\$amount]/month for this household.	●
Eligible for extra savings (cost-sharing reductions). Will pay less for copayments, coinsurance, and deductibles when you're enrolled in a Silver plan.	●

ACTION: Next steps

By December 15, 2025 , choose a Marketplace plan for coverage to start January 1. Go to Eligibility Guide , page 4.	●
Choose a Silver plan to get extra savings. Choosing Silver instead of Bronze may save you thousands of dollars if you use a lot of services.	●
Take steps to make sure you get the right amount of financial help. Go to Eligibility Guide , page 6.	●
You can appeal your eligibility results now. Go to Eligibility Guide , page 8.	●

Go to next pages to learn why you may not have qualified for other programs.

To learn **when and how you can appeal**, go to **Eligibility Guide**, page 8.

Questions about results or next steps? Go to the **Eligibility Guide** included with this notice.

For more help

HealthCare.gov
Marketplace Call Center:
1-800-318-2596
TTY: 1-855-889-4325
For help in your area:
[HealthCare.gov/find-local-help](#)

[State Medicaid Program]:
[phone, TTY]

[State CHIP Program]
[phone, TTY]

Why don't I qualify for other programs?

Your Marketplace application was reviewed to see if you may be eligible for help with the cost of health coverage, including free or low-cost coverage through Medicaid or the Children's Health Insurance Program (CHIP). Your state runs these programs and they may go by different names in your state.

	MemberOne Doe
Not eligible for Medicaid because this month's household income of \$[amount] is too high.	●
You were reviewed for CHIP but don't meet eligibility criteria (age, pregnancy and/or health coverage status).	●

What you can do

Learn more about how you could qualify for Medicaid. Go to Eligibility Guide , page 7.	●
You can appeal your eligibility results now. Go to Eligibility Guide , page 8.	●

To learn **when and how you can appeal**, go to **Eligibility Guide**, page 8.

Questions about results or next steps? Go to the Eligibility Guide included with this notice.

For more help	HealthCare.gov	[State Medicaid program]:	[State CHIP Program]:
	Marketplace Call Center: 1-800-318-2596 TTY: 1-855-889-4325 For help in your area: HealthCare.gov/find-local-help	[phone, TTY]	[phone, TTY]

The determinations or assessments in this letter were made based upon 45 CFR 155.305, 155.410, 155.420-430; 42 CFR 435.911, 435.603, 435.403, 435.406; and 42 CFR 457.348, 457.350, 457.315, 457.340.

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](#)). This notice was generated by the Marketplace based on 45 CFR 155.230 and other provisions of 45 CFR part 155, subpart D. The PII used to create this notice was collected from information you provided to the Health Insurance Marketplace®. The Marketplace may have used data from other federal or state agencies or a consumer reporting agency to determine eligibility for the individuals on your application. If you have questions about this data, contact the Marketplace at 1-800-318-2596 (TTY: 1-855-889-4325). You can also call the Marketplace Call Center to get information from this notice in your language, or request a reasonable accommodation if you have a disability. You can ask for information in an accessible format, like large print, braille, or audio at no cost.

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 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/civil-rights/filing-a-complaint/complaint-process](#), 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.



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

MARKETPLACE ELIGIBILITY GUIDE

How to enroll in a Marketplace plan	Compare available health plans online at HealthCare.gov by logging into your Marketplace account and opening your most recent application. Or, call the Marketplace Call Center at 1-800-318-2596 to compare plans and enroll. TTY users can call 1-855-889-4325. If you don't already have a Marketplace account, you'll need the Application ID on your Eligibility Notice. You can find an assister in your local area to help you choose a plan by visiting HealthCare.gov/find-local-help .
What if I miss a deadline?	If you miss a Marketplace deadline to submit documents or enroll in a plan, you may not be able to enroll in a Marketplace plan until the next Open Enrollment Period (unless you qualify for a Special Enrollment Period). You may also lose any financial help you may qualify for.
Open Enrollment	Open Enrollment is the yearly period when people can enroll in a Marketplace plan. Outside of Open Enrollment, you may still be able to enroll in a Marketplace plan if you qualify for a Special Enrollment Period.
Special Enrollment Period	<p>A Special Enrollment Period means you can enroll in Marketplace health coverage outside of the yearly Open Enrollment Period. You may qualify for a Special Enrollment Period if you've had certain life changes, like losing health coverage, moving, getting married, having a baby, or adopting a child. You may also qualify if you get a new offer from an employer for help paying for health coverage. You may need to submit documents to confirm your eligibility for some Special Enrollment Periods.</p> <p>To find out if you qualify for a Special Enrollment Period, you can report a life change on your application. If you qualify, your plan choices may be limited. You generally have up to 60 days following the change you're reporting to enroll in a plan (90 days if you lose Medicaid or CHIP).</p>
Copayments, coinsurance & deductibles	<p>Copayments, coinsurance, and deductibles are the money you pay toward the cost of your health care.</p> <ul style="list-style-type: none">• Copayment: A fixed amount you pay for a covered service, like \$30.• Coinsurance: A percentage of the cost you pay for each service, like 20%.• Deductible: How much you'll pay for certain covered services and items each year before your plan starts to pay (except free preventive services). After you pay your deductible, you may still have to pay copayments or coinsurance when you get services.
Qualifying for extra savings	<p>Qualifying for extra savings (cost-sharing reductions) means you qualify for a discount that lowers the amount you have to pay for deductibles, copayments, and coinsurance. You must enroll in a plan in the Silver category to get the extra savings. Choosing a Silver Marketplace plan with extra savings may save you thousands of dollars if you have a lot of medical expenses.</p> <p>If you're a member of a federally-recognized Tribe or an Alaska Native Claims Settlement Act (ANCSA) shareholder you can get extra savings in any category, not just Silver. You'll get these savings as long as everyone in your enrollment group is also a member of a federally-recognized Tribe. Tribal and non-Tribal members should be in separate groups to get all of the savings they qualify for, but they can still choose the same plan. Go to "Plan groupings," page 2.</p>
How do I qualify for extra savings?	<p>You qualify to enroll in a plan with extra savings based on:</p> <ul style="list-style-type: none">• The household income amount you expect to report on your federal tax return• Your eligibility for the premium tax credit• The number of people in your household (the taxpayer and dependents listed on your federal income tax return)• Membership in a federally-recognized Tribe
Bronze, Silver, Gold & Platinum plan categories	Health plans sold in the Marketplace are divided into 4 main health plan categories: Bronze, Silver, Gold and Platinum. Categories range from Bronze plans with lower premiums and higher out-of-pocket costs to Platinum plans with higher premiums and lower out-of-pocket costs. All plans cover all essential health benefits.

Health Insurance Marketplace

Choosing a plan category	<p>During Open Enrollment, you can choose a plan from any category. If you qualify for a Special Enrollment Period, you'll find all the plan categories available to you.</p> <ul style="list-style-type: none">• If you're already enrolled in a Marketplace plan, your choices may be limited. For example, if you're enrolled in a Gold plan and have a move that qualifies you for a Special Enrollment Period, you'll generally be able to choose plans from the Gold category only.• You can choose a Silver plan if you're newly eligible for extra savings (cost-sharing reductions).• If you're enrolled in a Silver plan with extra savings and you lose those extra savings, you can enroll in a Bronze, Silver or Gold plan.
Catastrophic plans	<p>A Catastrophic plan has lower monthly premiums and high deductibles. Catastrophic plans may be an affordable way to protect yourself from worst-case scenarios, like getting seriously sick or injured, but you pay most routine medical expenses yourself. People under 30 and people with hardship exemptions can buy a Catastrophic plan through the Marketplace. These plans aren't eligible for the premium tax credit.</p>
Plan groupings	<p>If you apply for health coverage for more than one person in your household, the Marketplace will group your household members for plan enrollment. These groupings will be set up when you continue to enrollment, and you can change them. You may be able to choose one plan for everyone, a separate plan for each person, or some other grouping.</p>
Adding family members to your plan	<p>If you gain a new family member due to marriage, birth, adoption, foster care, or court order, you may be able to add the new family member to your current plan or enroll them in any category.</p> <p>If your plan's rules don't allow you to add new members as part of your Marketplace updates, you can enroll together in a different plan in the same category. If no other plans are available in your current plan category, your family can enroll together in a "neighboring" category. For example, if you're currently enrolled in a Gold plan, you can generally enroll together in a new one from the Silver or Platinum categories.</p> <p>All the plans available to you display when you enroll. However, if you want to enroll your new dependent in their own plan of any category, you may need to "re-group" your household members when you continue to enrollment to find out if other categories become available, or to enroll in a plan that's separate from your family group.</p>
Coverage for immigrant families	<p>Lawfully present immigrants can apply for Marketplace coverage, even if they don't qualify for full Medicaid benefits or for CHIP because of immigration status. Lawfully present immigrants may still be eligible to enroll in Marketplace coverage and get help with costs.</p> <p>Individuals who aren't lawfully present in the U.S. can apply for Marketplace coverage on behalf of family members who may be eligible, like their lawfully present children or spouse. Individuals who aren't lawfully present, or who don't meet requirements for full Medicaid benefits, may be eligible for limited Medicaid coverage for emergency medical treatment, or for pregnancy-related CHIP.</p>
Applying in a different state	<p>You can't enroll in a Marketplace plan in a state that's different from where you live. Return to your application to check that your address is correct and in the state where you want coverage. If someone in your household needs coverage in a different state, they need to start a new application that's separate from yours. For questions about Medicaid and CHIP eligibility, contact the Medicaid or CHIP agency listed on your Eligibility Notice. You may need to apply for Medicaid or CHIP in another state.</p>
Confirming your existing coverage	<p>If you need to confirm your existing Marketplace plan information, update your application to view your current coverage. You can make changes like removing people from your household's Marketplace health plan. Even if you don't qualify for a Special Enrollment Period that allows you to switch to a different plan, you can still make changes to your current plan enrollment.</p>

Health Insurance Marketplace

Changes can affect your costs & eligibility

If anything you told us on your Marketplace application changes, you should report the change as soon as possible. Report changes like these:

- A move.
- Household income changes, especially if your household income will be different than you estimated on your application.
- Household size changes, like if 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 how you'll file your federal income tax return for the year you're getting Marketplace coverage, like if you plan to claim new dependents.
- Changes in immigration status.
- Becoming qualified for other health coverage, like through a job or Medicare.
- Getting an offer of help from a job to pay for health care costs with a Health Reimbursement Arrangement (HRA). This may also be called an individual coverage HRA or a Qualified Small Employer HRA (QSEHRA).

Visit [HealthCare.gov/reporting-changes](https://www.healthcare.gov/reporting-changes) for a full list of changes to report. Even a small change in your household information can make a difference in your coverage and costs, so make sure your information is still correct. If you get advance payments of the premium tax credit and you don't report a change that may affect your eligibility, you'll have to pay back the premium tax credit when you file your taxes, or you may not get all the financial help you qualify for.

How to report changes on your application

1. Log into your Marketplace account at [HealthCare.gov](https://www.healthcare.gov).
2. Select your current application.
3. Select "Report a Life Change."

Or, call the Marketplace Call Center at **1-800-318-2596**.

Need help reporting changes?

If somebody helped you fill out your application (like an agent, broker, Navigator or Certified Application Counselor), contact them for help reporting changes or uploading required documents.

Health Reimbursement Arrangements (HRAs)

Check the notice you get from your employer about the help they offer paying for health coverage, because your deadlines and coverage start dates might be different. For more information, visit [HealthCare.gov/job-based-help](https://www.healthcare.gov/job-based-help).

If your employer offers an "individual coverage HRA"

You can't use both the premium tax credit and an individual coverage HRA at the same time. People offered an individual coverage HRA qualify for the tax credit only if the employer offer doesn't meet minimum affordability standards and the person opts out of the individual coverage HRA.

If your Eligibility Notice says you're **NOT** eligible for a premium tax credit, it's a good idea to accept the individual coverage HRA offer from your employer. If your Eligibility Notice says you **ARE** eligible for a premium tax credit, you'll need to opt out of the individual coverage HRA if you want to use the tax credit instead.

You'll need to let your employer know if you enroll in a Marketplace plan, and if you plan to opt out of the individual coverage HRA. You'll need to update your Marketplace application with HRA information each plan year.

If you have a Qualified Small Employer HRA (QSEHRA)

Visit [HealthCare.gov/job-based-help/QSEHRA](https://www.healthcare.gov/job-based-help/QSEHRA) to learn about how much tax credit you should consider using. People with a QSEHRA should plan to use their QSEHRA to help pay for health coverage during the year. However, the Marketplace doesn't account for QSEHRA help when calculating tax credit eligibility. For this reason, people with a QSEHRA may not want to use the full amount of tax credit shown in their Eligibility Notice, or they may have to pay back some of this credit when they file taxes.

The IRS will determine final tax credit eligibility at tax time based on how much QSEHRA the employer offered, even if the person didn't use the QSEHRA.

More About

COVERAGE START DATES

General coverage start dates

After you select a Marketplace plan, your coverage will start once you get a bill from your plan and pay your first premium.

For plans selected by December 15 during Open Enrollment, coverage starts January 1. For plans selected from December 16 through the last day of Open Enrollment, coverage starts February 1.

If you enroll during a Special Enrollment Period

Your start date usually depends on when you select a plan. When you enroll during a Special Enrollment Period, your coverage generally starts the 1st of the next month. For example, if you select a plan on April 30, your coverage can start May 1.

If the Marketplace asks you to “immediately” submit documents to confirm a loss of health coverage, your Marketplace coverage won't start until you submit acceptable documents and get confirmation and premium payment information from us.

Special Enrollment Periods that offer different coverage effective dates

Special Enrollment Periods for some situations may allow your coverage to start on a different date.

Gained a dependent

- If you gained or became a dependent (due to birth, adoption, placement for adoption or foster care, child support, or other court order), your coverage can go back to the day this occurred (with payments for past premiums, if you owe them). If you want coverage to start on a date in the future, call the Marketplace Call Center at **1-800-318-2596**.

Loss of health coverage

- If you lost coverage in the last 60 days (90 days if you lost Medicaid or CHIP), your new plan coverage can start the 1st day of the next month. However, if you're losing health coverage in the next 60 days, your new plan's coverage can start the 1st day of the month after you lose your coverage and select a plan. For example, if your last day of coverage is January 31, you can choose a plan on January 29 for coverage that starts February 1.

Employer offer to help with the cost of coverage

- If you'll newly gain access to an individual coverage HRA or a QSEHRA, you generally need to select a plan before the day this employer's help starts. If the employer's help starts in the next 60 days, your new plan coverage can start the 1st day of the month following your HRA start date and your date of plan selection. If the employer's help starts on the 1st of the month, your new plan coverage can start on that day.

Other situations

The Marketplace Call Center will work with you during your Special Enrollment Period to determine your coverage start date in these situations:

- You couldn't enroll because of a serious medical condition or natural disaster.
 - A Marketplace technical or agent's error interfered with your ability to enroll.
 - You're newly eligible for financial help because you experienced a change in income and/or moved to a different state, and you were previously ineligible for Medicaid coverage because you lived in a state that hasn't expanded Medicaid, and ineligible for help paying for coverage because your household income was below 100% of the Federal Poverty Level (FPL).
 - You successfully appealed a Marketplace decision.
-

If you reported that someone's starting Medicare

Update and confirm Marketplace plan enrollment for your household. If you reported that:

- Medicare coverage already started: This update will end their Marketplace plan enrollment.
- Medicare coverage starts soon: Their updated Marketplace plan enrollment ends the day before their Medicare start date.

Your updated Marketplace plan start date may be different from those shown above, depending on the Medicare start date.

Other types of Special Enrollment Periods

If you qualify for a Special Enrollment Period because someone in your household is a member of a federally-recognized Tribe, you can enroll in or change plans any time. Your most recent plan choice starts the 1st of the next month. **Note:** When changing plans, your deductible may start over.

PREMIUM TAX CREDIT

What are advance payments of the premium tax credit?

The premium tax credit is a “credit” paid in advance toward your Marketplace plan premiums each month. The credit is shown when you choose a plan, and it’s applied toward your premium when you enroll. If you use less than the full amount you qualify for (as determined by the IRS), you may get the difference back at the end of the year when you file your taxes. If you use more than you qualify for (as determined by the IRS), you’ll owe money back when you file your taxes.

When do I get the tax credit?

The Marketplace sends advance payments of the premium tax credit directly to your insurance company, not to you. **You must file a federal income tax return to report the tax credit you used. You must report this tax credit even if you don’t usually have to file taxes.**

How do I qualify for the tax credit?

The Marketplace checks your income, household size, and other information to find out if you qualify. You can only get the premium tax credit if you enroll in coverage through the Marketplace. Visit [HealthCare.gov/lower-costs](https://www.healthcare.gov/lower-costs) for information about how income affects your premium tax credit.

If your results say you’re eligible for the premium tax credit, it means you don’t appear to be eligible for Medicaid or CHIP.

If your job offers health coverage or help with health care expenses through a Health Reimbursement Arrangement (HRA), you can only get the tax credit if that coverage isn’t affordable, or isn’t considered qualifying health coverage. Visit [HealthCare.gov/have-job-based-coverage](https://www.healthcare.gov/have-job-based-coverage) to learn more.

How was my tax credit calculated?

Your premium tax credit amount is based on these factors:

- The number of people in your household. This includes the person who files taxes, their spouse, and any dependents claimed on the tax return.
- How much income your household expects to report on your federal income tax return for the year you want coverage. This is the amount that you put on your application, or that came from other recent information sources.
- The amount you’re expected to pay for premiums.
- The cost of the second-lowest cost Silver category Marketplace health plan in your area. This is also known as the “benchmark” cost.

The Marketplace determines your premium tax credit based on your *estimated* household income, but the final amount of tax credit you get will be based on your actual year-end tax filing.

Why is my tax credit amount \$0?

You may get a tax credit amount of \$0 if you qualify to get the tax credit, but the cost of the second-lowest cost Silver category Marketplace health plan in your area (the benchmark cost) is less than the amount you’d pay for monthly plan premiums. A \$0 tax credit means you won’t get a reduction in the amount you pay for your premiums.

Estimating your income

If you checked for savings when you applied, the Marketplace asked you to estimate your income. Enter any income that you include on your federal income tax return, like money from a job or self-employment. For a full list of income sources to include on your application, visit [HealthCare.gov/income-and-household-information/income](https://www.healthcare.gov/income-and-household-information/income).

When you file your tax return, the IRS will compare the information from your application to your tax return. If your income is higher than what you entered on your Marketplace application, or your household size decreases, you may have to pay back some or all of the advance payments of the premium tax credit. So, it’s important to make your best guess when estimating your income and keep this information up to date in your Marketplace application.

What if I file a separate tax return from my spouse?

If you’re married, you must file a joint federal income tax return with your spouse for the year you want the premium tax credit. There are some exceptions, like if you claim “head of household” status on your tax return, you’re a victim of domestic violence, or you’re an abandoned spouse. Call the Marketplace Call Center at **1-800-318-2596** for more information.

Health Insurance Marketplace

What if I made a mistake or my income changes?

If you made a mistake when you estimated your income or your income changed, be sure to update your application with the right amount. If you use more than you qualify for (as determined by the IRS), you'll owe money back when you file taxes. Go to "How to report changes on your application" on page 3 for more information. Or, call the Marketplace Call Center at **1-800-318-2596**.

Reporting the premium tax credit on your tax return

Every year that your household has Marketplace coverage and uses advance payments of the premium tax credit, you must file federal income taxes **and** reconcile the premium tax credit you qualified for with the amount you used. You must use the information from your Form 1095-A "Health Insurance Marketplace® Statement" to complete IRS Form 8962 "Premium Tax Credit (PTC)" **and** include it with your return, even if you don't usually have to file taxes.

- To get Form 1095-A, visit [HealthCare.gov](https://www.healthcare.gov) and log into your Marketplace account. Open your application from the tax year you're filing for, then go to "Tax Forms." You can also call the Marketplace Call Center at **1-800-318-2596**.
- For more information on filing a tax return using IRS Form 8962, visit [HealthCare.gov/taxes](https://www.healthcare.gov/taxes) or [IRS.gov/aca](https://www.irs.gov/aca).

Filing electronically can help avoid mistakes and find credits and deductions that may be available. In many cases filing electronically is free. For information about Free File and e-file, visit [IRS.gov/file-your-taxes-for-free](https://www.irs.gov/file-your-taxes-for-free). If you have questions about your household's tax filing status for past years, visit [IRS.gov/ITA](https://www.irs.gov/ITA) to use the Interactive Tax Assistant or call IRS at 1-866-682-7451, ext. 568.

If you filed the tax return but didn't include IRS Form 8962, you may need to file an amended federal income tax return (Form 1040X). To learn more, call the IRS at 1-800-829-1040. TTY users can call 1-800-829-4059.

Do I need to apply for a new premium tax credit each year?

To make sure you stay eligible for the tax credit, keep your income and other information updated in your Marketplace application. When you completed your application, you had an option to let the Marketplace use income data (including tax return information) to help with your eligibility renewal. If you chose not to allow this, make sure to update your information each year during Open Enrollment. You can change this agreement in your Marketplace account by selecting your most recent application and choosing "Report a life change." Step through your application, review the statement allowing the Marketplace to use income data to help with your renewal in future years, and choose your response.

Steps to make sure you get the right amount of financial help

Your household won't be eligible for financial help with Marketplace plan costs if we don't have complete and current information about your taxes. If your results say you don't qualify for help with costs, take these steps so the Marketplace can check your eligibility:

1. File a tax return with IRS Form 8962 if you got the premium tax credit in a past year.

If you don't take this step, you won't continue to be eligible for the premium tax credit. Go to "**Reporting the premium tax credit on your tax return**" above for information about this requirement. The IRS may send a notice to let you (or your household's tax filer) know that you received advance payments of the premium tax credit but haven't filed a tax return.

2. If you told us you don't plan to file a tax return, or you're married but planning to file separately, update your application to find out if you can get help with costs.

Visit [HealthCare.gov](https://www.healthcare.gov), log into your Marketplace account, and select your most recent application. Then select "Report a life change" and update your household and income information. You can also call the Marketplace Call Center.

3. If you chose not to allow the Marketplace to use information from tax returns to help renew your eligibility, you can change this for future renewals.

You can update your application and review or change your agreement. Call the Marketplace Call Center if you need help.

4. Did you qualify for the premium tax credit last year and already complete the steps above?

Visit [HealthCare.gov](https://www.healthcare.gov) to update your application with your most current information to find out if you might qualify. You may be asked if you reconciled all tax credits you received in the past. If so, be sure to check the application box asking if you've done this.

Health Insurance Marketplace

More About

MEDICAID/CHIP

How does the Marketplace relate to Medicaid/CHIP?

If you checked for savings when you applied for Marketplace coverage, your application was reviewed automatically to find out if you may be eligible for free or low-cost coverage through Medicaid or the Children's Health Insurance Program (CHIP). Your state runs these programs and they may go by different names in your state.

About Medicaid & CHIP

Medicaid and CHIP are joint federal and state programs that help with medical costs for people with limited income, families and children, pregnant women, the elderly, and people with disabilities. You may qualify for these programs based on your household size, income, and other factors, like age and special health care needs.

If you have qualifying health coverage through Medicaid or CHIP, you'll pay little or nothing for health services and **probably don't need a Marketplace health plan**. You can still buy a Marketplace health plan, but you generally won't qualify for the premium tax credit or extra savings (cost-sharing reductions). To learn more about when and how to end your Marketplace plan, visit [HealthCare.gov/medicaid-chip/cancelling-marketplace-plan](https://www.healthcare.gov/medicaid-chip/cancelling-marketplace-plan).

What if I'm eligible for Medicaid/CHIP?

If your Eligibility Notice says that someone is (or may be) eligible for Medicaid or CHIP, you'll get another notice from your state agency telling you about these programs and any next steps, including when coverage can start.

Your Medicaid or CHIP benefits may be delayed if your state agency needs you to send documents to confirm information. If your state says you're not eligible for Medicaid or CHIP, it will tell you how you can appeal your Medicaid or CHIP decision. You can also come back to the Marketplace to find out if you can enroll in a Marketplace plan with financial help. You should "report a life change" to let the Marketplace know you were recently denied Medicaid/CHIP.

What if I'm not eligible for Medicaid/CHIP?

If you're found to be not eligible or "likely not eligible" for Medicaid/CHIP, your Eligibility Notice will let you know the reason why. You may still qualify for Medicaid if you have a disability or special health care needs, like if you:

- Have a medical, mental health, or substance abuse condition that limits your 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

Visit [HealthCare.gov/people-with-disabilities](https://www.healthcare.gov/people-with-disabilities) or call your state Medicaid agency to ask about rules for your state.

Find out if you qualify for Medicaid anytime

Anyone who checked for savings on their Marketplace application can ask for a full Medicaid determination at any time. To ask for a full determination: on the "Eligibility Results" screen of your Marketplace application, select the person's name, then select "Send to Medicaid" and complete all steps. If your Marketplace Eligibility Notice says your state agency will review your application again, you can be enrolled in other Marketplace coverage (if available) while you wait for the agency's answer. Visit [HealthCare.gov/medicaid-chip/getting-medicare-chip](https://www.healthcare.gov/medicaid-chip/getting-medicare-chip) to learn more about Medicaid and CHIP eligibility. Or, call your state Medicaid agency to ask about rules for your state.

How long can I keep Medicaid coverage?

If you're eligible for Medicaid, you must renew your eligibility each year. Your state agency will contact you when it's time to renew. If you have Medicaid or CHIP but lose this coverage, you have 90 days from the day it ends to submit or update your Marketplace application and report the loss. You may qualify for a Special Enrollment Period to get Marketplace coverage.

Reporting changes

Your state will send you an enrollment letter with instructions on how to report changes and what changes to report, like changes in income, household size or health coverage. You can also call your state's Medicaid agency.

HOW TO APPEAL

What if there's a mistake in my eligibility results?

If you think there's a mistake in your final Eligibility Notice, you can file an appeal. You generally have 90 days from the date of your Eligibility Notice to ask for an appeal.

You can appeal decisions on your eligibility for Marketplace coverage, plan category availability, premium tax credit, extra savings (cost-sharing reductions), and enrollment periods.

Can I appeal now?

The "Next Steps" section of your Eligibility Notice will tell you if you can appeal your results with the Marketplace Appeals Center now. You can't file an appeal with the Marketplace until a final eligibility decision is made. Your eligibility determination isn't final if the "Next Steps" section of your notice says that someone needs to submit documents.

Your state agency will tell you if you can appeal your Medicaid or CHIP eligibility with the state.

How to file an appeal

File an appeal online

Log into your Marketplace account. Choose the application you want to appeal, then select "Eligibility & appeals." Follow the instructions to file your appeal.

File an appeal by mail or fax

Visit [HealthCare.gov/marketplace-appeals/appeal-forms](https://www.healthcare.gov/marketplace-appeals/appeal-forms) and answer a few questions to get the form you need. Send your completed paper form or a letter requesting an appeal. Include your name, address, and the reason for the appeal. If the appeal is for someone else (like your child), also include their name. Submit your paper form or letter to the Marketplace:

Fax: 1-877-369-0130

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

If you live in Alabama, Alaska, Montana, North Carolina, West Virginia or Wyoming, you can appeal a denial of Medicaid or CHIP eligibility through the Marketplace Appeals Center or with your state. Follow the instructions above to file an appeal with the Marketplace Appeals Center, or contact your state agency for instructions about how to file an appeal with your state.

Income still being processed?

If the "Results" section of your Eligibility Notice says "income information is still being processed," you may get another message from the Marketplace. Log into your Marketplace account after 24 hours to check this status. If you're required to submit documents, your eligibility results aren't final and can't be appealed until you submit all required documents and your eligibility is confirmed.

More on appeals

- You can ask for a faster appeal if your health is at risk (like you're currently in the hospital or urgently need medication). Ask for this in your appeal request or in your letter.
- You can represent yourself or appoint a representative to help you with your appeal. This person can be a friend, relative, lawyer, or other person.
- If eligible, enroll in a plan and pay your premiums during your appeal. If you don't or lose your coverage, you might have to wait to re-enroll (even if your appeal is successful).
- If you were eligible for Marketplace coverage and your eligibility is changed, you can appeal this change. In this case, you can ask to keep your 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.
- For more information about the state Medicaid appeals process (including expedited appeals), contact your state agency.
- Visit [HealthCare.gov/marketplace-appeals](https://www.healthcare.gov/marketplace-appeals) for more details on when and how to file appeals.

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 اتخاذ 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 الإفتتاحية. 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 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.



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