

## **Marketplace Model Open Enrollment and Annual Redetermination Notice – Enrolled, but not getting a tax credit or help with costs in 2016, may be eligible for Medicaid in 2017**

Consumers enrolled in a Marketplace health plan get advance notice of the upcoming Open Enrollment period. Even if they're still eligible for coverage, most need to take action during Open Enrollment. The "Marketplace Open Enrollment and Annual Redetermination Notice" informs them about enrollment and coverage dates, the benefits of updating their application information, and the proper steps for taking action.

In this scenario, the federally-facilitated Marketplace sends the notice to individuals currently enrolled in a Marketplace plan, and who meet one of the following criteria:

- They don't currently get financial assistance like advance payments of the premium tax credit (APTC) or income-based cost-sharing reductions (CSRs). This includes consumers who didn't apply for help with costs, were determined not to be eligible for help with costs, or were determined eligible for help with costs, but chose not to use it when enrolling, and
- They attested to having household income between 0-100% of the Federal Poverty Level (FPL), and
- They aren't determined to be APTC-eligible due to immigrant status.

In this example, the household is in a state that recently expanded Medicaid, and at least one person may now be eligible for Medicaid.

This notice isn't a determination of eligibility. Instead, it informs the consumer about their current status and explains why it's important to update Marketplace application information during Open Enrollment to get accurate eligibility results, to enroll in the right coverage for 2017, and to keep all information up to date.

[First Name Last Name of Primary Contact]  
[Address of Primary Contact]

[Date of notice]

2016 Application ID: [Application ID]

**It's time to review your Health Insurance Marketplace coverage and make sure you're getting the right coverage and costs in the year ahead.** The following people are currently enrolled in coverage through the Marketplace:

[First Name Last Name]

The Marketplace Open Enrollment Period is from November 1, 2016 - January 31, 2017. During this time you can shop for new Marketplace coverage or decide to stay in the same type of plan, if it's still right for you.

**Louisiana expanded its Medicaid program. Our records show that someone on your application may now be eligible for free or low-cost health coverage through Healthy Louisiana (Medicaid).** Visit [HealthCare.gov](http://HealthCare.gov) to update and submit your application for 2017 coverage to find out if someone on your application is now eligible for Healthy Louisiana, even if your information hasn't changed.

**For 2017 coverage, update your Marketplace application by December 15, 2016**

It's important for you to come to the Marketplace and provide updated information during Open Enrollment. Every year, insurance companies can make changes to the plans and coverage options they offer, including changes in the monthly premium. When you update your Marketplace application, you can review these changes and enroll in the coverage that's right for you. **You may also now qualify for free or low-cost coverage through your state's Medicaid or CHIP programs.**

**Understanding Marketplace coverage options for 2017**

Your health insurance company will send you a letter by November 1, 2016 to let you know if your plan's still being offered in your area and how the plan may change. Keep the letter, since it includes important information about your plan.

**If your health insurance company will offer the same or a similar plan in your area for 2017**

The letter you get from your health insurance company will tell you the new monthly premium amount and any changes to the plan. It will also include an updated plan ID number. In most cases, your health insurance company will automatically enroll you in the plan you currently have. If your plan's no longer available, you'll be automatically enrolled in the plan most similar to it that your health insurance company offers.

Check if the plan's still right for you. If you have questions about plan benefits, which providers are in network, or how to pay your premiums, call your health insurance company directly.

**If your health insurance company **won't** offer the same or a similar plan in your area for 2017**

Your health insurance company may decide to stop offering certain Marketplace plans next year. If your health insurance company won't offer the same or a similar plan in your area for 2017, we strongly encourage you to update your Marketplace application during Open Enrollment and review all available plans to find one with the coverage and doctors that are best for you by December 15. When updating your 2017 Marketplace application be sure to indicate that you're losing health coverage as of December 31, 2016.

When reviewing plans, you may see an alternate plan offered by a different insurance company displayed at the top as "Current or Alternate" plan. This alternate plan may have different coverage, costs or benefits. In order to protect you from a gap in coverage, if you don't choose a plan by December 15, the Marketplace may enroll you in the alternate plan. You're under no obligation to activate this new plan, but for your coverage to take effect for January, you must pay your first bill. If you have questions about whether your plan's still available in your area, call your health insurance company.

**How do I update my Marketplace application or change plans for 2017 coverage?**

Visit [HealthCare.gov](http://HealthCare.gov), log into your Marketplace account, select your current application and then select "Report a life change" from the menu on the left. To learn more about making updates, visit [HealthCare.gov/keep-or-change-plan](http://HealthCare.gov/keep-or-change-plan). You can also call the Marketplace Call Center.

You can also ask us not to automatically enroll you in a plan for 2017 coverage. Remember, you may owe a fee if you don't have health coverage for 3 or more months out of the year.

From November 1, 2016 - January 31, 2017, you can:

- Update your application information. You'll still need to choose a plan after you do this. If your health insurance company continues to offer the same plan for next year, you can re-enroll in it.
- Review your updated Eligibility Results.
- See if you qualify for new or different help paying for coverage or health services.
- Compare available plans.
- Enroll in coverage that meets your needs (even if you want to keep the same plan).

You must enroll by December 15, 2016 for your plan's coverage to start on January 1, 2017.

Your 2017 Marketplace coverage will start according to the date you select a plan:

Date of plan selection for 2017 coverage	Coverage effective date
November 1 – December 15	January 1
December 16 – January 15	February 1
January 16 – January 31	March 1

You must continue to pay your premiums for the new coverage year. After January 31, 2017, Open Enrollment ends and most people won't be able to enroll or choose a different plan unless they experience a life event that qualifies them for a Special Enrollment Period. Otherwise, the next Open Enrollment will start in late 2017, for coverage beginning as early as January 1, 2018.

### **When and what changes do I report on my Marketplace application?**

If your circumstances change, you must report the change to us within 30 days. This will help to make sure that you get the right amount of help with costs for health coverage and don't owe money on your tax return because you got the wrong amount. You may be eligible for new or different help with costs, or free or low-cost coverage through Medicaid or the Children's Health Insurance Program (CHIP). If you didn't report a change within 30 days of the change, you should still report the change immediately.

Examples of changes you should report include:

- A move
- Household income changes, especially if your household will make a different amount of money than you estimated on your application
- Family 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
- Becoming qualified for other health coverage, like coverage through a job
- Changes in immigration status, like if a visa expires and isn't renewed
- Enrolling in Medicare that counts as qualifying coverage, like Medicare Part A (Hospital Insurance) or Part C (Medicare Advantage).
- Becoming incarcerated (jailed), other than pending the disposition of charges
- 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, or you'll no longer claim a dependent

### **Special message for American Indians and Alaska Natives:**

If you're a member of a federally recognized tribe or a shareholder in an Alaska Native Claims Settlement Act Corporation (regional or village), you can enroll in or change plans even outside of the Open Enrollment Period. For more information on tribal members in the Marketplace, visit [HealthCare.gov/american-indians-alaska-natives](http://HealthCare.gov/american-indians-alaska-natives).

**For more help**

- Visit [HealthCare.gov](https://www.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](https://www.localhelp.healthcare.gov).
- 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.

Sincerely,

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

*Privacy Disclosure:* The Health Insurance Marketplace protects the privacy and security of the personally identifiable information (PII) that you have provided (see [Healthcare.gov/privacy/](https://www.healthcare.gov/privacy/)). This notice was generated by the Marketplace based on 45 CFR 155.230, 45 CFR 155.335, 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.

**This Notice has Important Information.** This notice has important information about your application or coverage through the Health Insurance Marketplace. Look for key dates in this notice. You may need to take action by certain deadlines to keep your health coverage or help with costs. You have the right to get this information and help in your language at no cost. Call 1-800-318-2596 and wait through the opening. When an agent answers, state the language you need and you'll be connected with an interpreter.

**العربية (Arabic)** يحتوي هذا الإشعار على معلومات هامة بخصوص طلبك أو تغطيتك من خلال سوق التأمين الصحي. ابحث عن التواريخ الرئيسية في هذا الإشعار. قد تحتاج إلى اتخاذ إجراء في مواعيد معينة للحفاظ على تغطيتك الصحية أو للمساعدة في التكاليف. لك الحق في الحصول على هذه المعلومات وعلى المساعدة بلغتك من دون أي تكلفة. اتصل برقم 1-800-318-2596 و انتظر عدد سماعات الهاتف. 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，屆時將有譯員與您聯系。

**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 payon sèten dat limit pou ou kenbe asirans sante ou oswa ed 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 આરોગ્યવિમાના કોવરેજ સમારકામે તમારી અરજી અથવા સર્વિસી વીમો વિશેની મહત્વની માહિતી છે. આ સૂચનામાં મહત્વની તારીખો માટે જુઓ. તમે તમારા આરોગ્ય આ વરીલેવા અથવા ખર્ચમાં મદદ કરવા માટે અમુક ચોક્કસ નિશ્ચિત સમય ને હદમાં ધ્યાનમાં રાખીને પગલાં લેવાની જરૂર પડે છે. મને કોઈપણ ખર્ચ વિના તમારી ભાષામાં આ જાણ કરી અને મદદ મેળવવાનો અધિકાર છે. 1-800-318-2596 અને શરૂઆતના મારફતે રાહ જુઓ. એક એજન્ટ જવાબ આપે, ત્યારે તેમને તમે જરૂરી ભાષા જણાવો અને તમને દુભાચિયો 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. Chiami al 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ต์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.

