
[hh_contact_first_name] [hh_contact_last_name] [todays_date]
[hh_contact_street_name_1]
[special_address_2_line]
[hh_contact_city_name], [hh_contact_state_code] [hh_contact_zip_plus_4_code]

Warning: Members of your household may lose financial help for their Marketplace coverage.

Application Date: [application_submission_date]
Application ID: [application_identifier]

Dear [hh_contact_first_name]:

You're getting this notice because our records show that the people listed below may be enrolled in BOTH a Marketplace health plan with financial help AND [State Medicaid Program Name] (Medicaid) or [State CHIP Program Name] (the Children's Health Insurance Program, or CHIP):

- [application_member_names]
- [application_member_names]
- [application_member_names]
- [application_member_names]

IMPORTANT: You should IMMEDIATELY end Marketplace coverage with financial help for each person listed above who's also enrolled in Medicaid or CHIP. When the Marketplace identifies that someone is enrolled in coverage through Medicaid or CHIP, they are not eligible for financial help for their Marketplace coverage. **If you don't take action by [PDM timer date], the Marketplace will end any advance payments of the premium tax credit (APTC) and cost-sharing reductions (CSR) that are being paid for that person.**

When the Marketplace ends the APTC and CSR, Marketplace coverage for this person will continue without financial help. This person may choose to have a Marketplace plan without financial help and pay the full cost for their share of the Marketplace plan premium and covered services, if otherwise eligible. If they choose to remain in full-cost Marketplace coverage, they should notify their state Medicaid or CHIP agency of their Marketplace enrollment since they may no longer be eligible for CHIP. For anyone on the plan who isn't listed above, Marketplace coverage will continue and the Marketplace will redetermine their

eligibility for APTC and CSR, if applicable.

What should I do next?

For each person listed in this notice, you should take action IMMEDIATELY. If you don't take action by [PDM timer date], the Marketplace will end the financial help they're getting to pay for their Marketplace plan premium and covered services. Follow the steps below based on their situation:

If anyone is:	Then take this step before [PDM timer date]:	Here's how:
Enrolled in [State Medicaid Program Name] (Medicaid) OR [State CHIP Program Name] (CHIP), AND a Marketplace plan with APTC/CSR	End this person's Marketplace plan with APTC/CSR	Visit HealthCare.gov, log into your Marketplace account, and select your most recent application. Select "Application Details" on the left side of the screen. Follow the steps under "Marketplace & Medicaid/CHIP coverage." Note: You'll be able to view this notice on the "Application Details" page. To learn more, visit HealthCare.gov/medicaid-chip/cancelling-marketplace-plan. Here, you'll see information on keeping a Marketplace plan without financial help, if anyone wants to keep their Marketplace coverage at full cost.
NOT enrolled in qualifying coverage through [State Medicaid Program Name] (Medicaid) or [State CHIP Program Name] (CHIP) (See Note below about qualifying coverage)	Report a "life change" for this person	Visit HealthCare.gov, log into your Marketplace account and select your most recent application. Select "Application Details" on the left side of the screen. Follow steps under "Marketplace & Medicaid/CHIP coverage". Note: You'll be able to view this notice on the "Application Details" page. To learn more, visit HealthCare.gov/help/life-change-medicad-chip.

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

If you believe that anyone listed above isn't enrolled in Medicaid or CHIP, if you aren't sure if anyone listed above is enrolled in or has been determined eligible for 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), scroll down to “Apply for Medicaid and CHIP 2 Ways,” and select your state from the drop-down menu.
- **CHIP:** Visit insurekidsnow.gov, or call 1-877-543-7669.

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

If you or someone on your application is enrolled in limited-benefit Medicaid coverage that is not considered qualifying coverage, they may still be eligible for APTC/CSR to help pay for their Marketplace plan premium and covered services. **For people with limited-benefit Medicaid coverage, follow instructions in the table above for people who aren’t enrolled in coverage through Medicaid or CHIP.**

For more help

- Visit [HealthCare.gov](https://www.healthcare.gov) or call the Marketplace Call Center at 1-800-318-2596. TTY users can call 1-855-889-4325. You can also make an appointment with an assister who can help you. Information is available at [LocalHelp.HealthCare.gov](https://www.localhelp.healthcare.gov).
- Get help in a language other than English. Information about how to access these services is included with this notice, and available through the Marketplace Call Center.
- Call the Marketplace Call Center to get this information in an accessible format, like large print, Braille, or audio, at no cost to you.

Sincerely,

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

Privacy Disclosure: The Health Insurance Marketplace protects the privacy and security of the personally identifiable information (PII) that you have provided (see [Healthcare.gov/privacy/](https://www.healthcare.gov/privacy/)). This notice was generated by the Marketplace based on 45 CFR 155.230 and other provisions of 45 CFR part 155, subpart D. The PII used to create this notice was collected from information you provided to the Health Insurance Marketplace. The Marketplace may have used data from other federal or state agencies or a consumer reporting agency to determine eligibility for the individuals on your application. If you have questions about this data, contact the Marketplace Call Center at 1-800-318-2596 (TTY: 1-855-889-4325).

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

Nondiscrimination: The Health Insurance Marketplace doesn't exclude, deny benefits to, or otherwise discriminate against any person on the basis of race, color, national origin, disability, sex, or age. If you think you've been discriminated against or treated unfairly for any of these reasons, you can file a complaint with the Department of Health and Human Services, Office for Civil Rights by calling 1-800-368-1019 (TTY: 1-800-537-7697), visiting hhs.gov/ocr/civilrights/complaints, 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.