

Application ID # ##### Application date: November 18, 2022 Primary contact [Name] [Address]	<h2 style="margin: 0;">2023</h2> <h1 style="margin: 0;">Marketplace Eligibility Notice</h1> <p style="margin: 0;">Remember to update your application during the year with any changes.</p>
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Results

Household not eligible for a premium tax credit because you said you're married and plan to file taxes separately	Estimated 2023 income used to determine eligibility for financial help: See below
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	[Name 1]	[Name 2]
Applied for coverage.	●	●
Eligible to enroll in a Marketplace plan until January 15, 2023 .	●	●
Likely not eligible for Medicaid because this month's household income of \$XXXXX is too high.	●	●
You were reviewed for CHIP but likely don't meet eligibility criteria (age, pregnancy and/or health coverage status).	●	●

ACTION: Next steps

By December 15, 2022 , choose a Marketplace plan for coverage to start January 1. See Eligibility Guide , page 4.	●	●
Take steps to make sure you get the right amount of financial help. See Eligibility Guide , page 6.	●	●
Learn more about how you could qualify for Medicaid. See Eligibility Guide , page 7.	●	●
You can appeal your eligibility results now. See Eligibility Guide , page 8.	●	●

To learn when and how you can appeal, see **Eligibility Guide**, page 8.
 Questions about results or next steps? See the **Eligibility Guide** included with this notice.

For more help	HealthCare.gov Marketplace Call Center: 1-800-318-2596 TTY: 1-855-889-4325 LocalHelp.HealthCare.gov (for help in your area)	[Medicaid program name]: [phone numbers]	[CHIP program name]: [phone numbers]
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