Health Insurance Marketplace

Application ID # ######### Application date: November 17, 2022

Primary contact

[Name 1]

[Address]

Results

Premium tax credit available for this household: \$XXX/month

Marketplace Eligibility Notice

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

Estimated 2023 income used to determine eligibility for financial help: \$XXXXXX/year

	[Name 1]	[Name 2]
Applied for coverage.	•	•
Eligible to enroll in a Marketplace plan until January 15, 2023.	•	•
Eligible to buy a Catastrophic plan, if available.		•
Eligible to use the premium tax credit to pay for a Marketplace plan. Can use up to \$xxx/ month for this household.	•	•
Eligible for cost-sharing reductions: Will pay less for copayments, coinsurance, and deductibles when you're enrolled in a Silver plan.	•	•
The Marketplace needs documents that confirm information in your application. (Details below.)	•	•
Likely not eligible for Medicaid because this month's household income of \$XXXX is too high.	•	•
You were reviewed for CHIP but likely don't meet eligibility criteria (age, pregnancy and/or health coverage status).	•	•

2023

ACTION: Next steps		
By December 15, 2022, choose a Marketplace plan for coverage to start January 1. See Eligibility Guide, page 4.	•	•
By February 20, 2023, submit documents to confirm citizenship. See Submitting Documents, attached.	•	•
By February 15, 2023, submit documents to confirm household income. See Submitting Documents, attached.	•	
Choose a Silver plan to get cost-sharing reductions.	•	•
Learn more about how you could qualify for Medicaid. See Eligibility Guide, page 7.	•	•

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 For help F	[Medicaid program name]: [phone numbers]	[CHIP program name]: [phone numbers]	
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