

Application ID # 4389585742 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	Estimated 2023 income used to determine eligibility for financial help: \$XXXXXX/year
	Susan Griffith
Applied for coverage.	●
May be eligible for Medicaid based on this month's household income of \$XXXXX. We're sending this information to your state agency.	●
You were reviewed for CHIP but likely don't meet eligibility criteria (age, pregnancy and/or health coverage status).	●

ACTION: Next steps

Wait for a final determination from your state agency about Medicaid coverage. You may need to provide more information to the state. See Eligibility Guide , page 7.	●
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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)	Michigan Department of Health and Human Services (Medicaid): 1-800-642-3195 TTY: 1-866-501-5656	Michigan MICHild (CHIP): 1-888-988-6300 TTY: 1-888-263-5897
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