

Application ID # <b>4389927905</b> Application date: November 18, 2022  Primary contact <b>[Name]</b> [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

Premium tax credit available for this household: <b>\$XXX/month</b>	Estimated 2023 income used to determine eligibility for financial help: <b>\$XXXXXX/year</b>
	[Name]
Applied for coverage.	●
Eligible to enroll in a Marketplace plan until <b>January 15, 2023</b> .	●
Eligible to use the premium tax credit to pay for a Marketplace plan. Can use up to <b>\$XXX/month</b> for this household.	●
Eligible for cost-sharing reductions: Will pay less for copayments, coinsurance, and deductibles when you're enrolled in a Silver plan.	●
Not eligible for Medicaid because this month's household income of <b>\$XXXX</b> is too high.	●
You were reviewed for CHIP but don't meet eligibility criteria (age, pregnancy and/or health coverage status).	●

## ACTION: Next steps

By <b>December 15, 2022</b> , choose a Marketplace plan for coverage to start January 1. See <b>Eligibility Guide</b> , page 4.	●
Choose a Silver plan to get cost-sharing reductions. Choosing Silver instead of Bronze may save you thousands of dollars if you use a lot of services.	●
Learn more about how you could qualify for Medicaid. See <b>Eligibility Guide</b> , page 7.	●
You can appeal your eligibility results now. See <b>Eligibility Guide</b> , 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.

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