

Health Insurance Marketplace

DEPARTMENT OF HEALTH AND HUMAN SERVICES
MARKETPLACE APPEALS CENTER
P.O. BOX 311
PITTSBURGH, PENNSYLVANIA 15260

Notice Number 3322322

[Consumer Name]
[Consumer Address]

Appellant: **[Consumer Name]**

Case ID: **[Federal Number]**

State Case ID: **[State Number]**

CC: **Your Health Idaho**

MARKETPLACE ELIGIBILITY APPEAL FINAL DECISION

Dear **[Consumer Name]**:

The Patient Protection and Affordable Care Act (ACA) gives Marketplace applicants and enrollees the right to appeal certain eligibility determinations. Eligibility appeals are reviewed “de novo,” meaning, without regard to any prior eligibility determinations made in the matter being appealed. Applicants and enrollees may appeal decisions made by a State Exchange appeals entity directly to the Department of Health and Human Services Marketplace Appeals entity. *See* 45 CFR § 155.505(c).

Before we issued this notice, we considered the information used in your State Exchange Eligibility Determination and in your eligibility appeal with the State Exchange, as well as any additional relevant evidence presented during the course of this Federal Marketplace eligibility appeal. *See id.*

This is the final resolution of your Federal Marketplace eligibility appeal.

Procedural History

On December 1, 2025, the appellant, **[Consumer Name]**, submitted a request for an appeal with the State Exchange Your Health Idaho (YHI), because the appellant is seeking the retroactive application of tax credits, effective January 1, 2025.

On December 3, 2025, YHI issued an Informal Resolution notice to the appellant explaining that the appeal was not valid. The notice instructed the appellant to respond to the notice within ten days of receipt.

On December 15, 2025, the YHI Governance Committee Members dismissed the December 1, 2025, appeal because the appellant did not submit a valid appeal, after receiving notice that the appeal was invalid on December 3, 2025.

On December 16, 2025, the appellant requested to YHI to vacate the dismissal of the appeal, because the appellant did not discover that they were not receiving tax credits during the 2025 benefit year until December 1, 2025.

On December 16, 2025, the YHI Governance Committee Members denied the appellant's request to vacate the appeal dismissal and stated that the appellant did not show good cause to vacate the dismissal.

On December 16, 2025, the Federal Marketplace Appeals Center received the appellant's second-tier appeal. The appellant is seeking to vacate the dismissal of the December 1, 2025, appeal.

On March 27, 2026, a Federal Hearing Officer with the Federal Marketplace Appeals Center held a hearing. [Consumer Name] was present for the hearing. [YHI Staff] and [YHI Staff], representatives from YHI, were also present for the hearing.

Legal Basis

The legal basis for this decision is contained in federal regulations in 45 Code of Federal Regulations part 155, subparts D, E, and F, which you can find at [eCFR.gov](https://www.ecfr.gov).

Standard of Review

Federal Marketplace appeals are subject to *de novo* review, which means the appeal was treated as though the Federal Marketplace Appeals Center was the first decision-maker in the matter. The Federal Marketplace Appeals Center considers all the information in the eligibility and appeal records, as applicable, as well as any additional relevant evidence presented before it during the appeal. See 45 CFR § 155.535(f). Accordingly, this Marketplace appeal decision is based on the evidence in the record, including all of the information available from the State Exchange Eligibility Determination, all of the information available from the State Exchange appeal, testimony provided during the Federal Marketplace appeal hearing, and any additional relevant evidence presented during the course of the Federal Marketplace appeal. See 45 CFR § 155.535(e).

Findings of Fact

1. In this appeal, the appellant is [Consumer Name].
2. The record reflects that on November 8, 2024, the appellant completed an application with the State Exchange, YHI, and attested that they intend to file a 2025 federal tax return jointly, with a tax household size of five, and a projected annual household income of \$117,992.40. Additionally, the appellant answered "no" to the question "did you reconcile premium tax credits on your tax return for past years"?
3. The record reflects that on November 9, 2024, YHI issued an eligibility determination notice stating that the appellant was eligible to purchase a qualified health plan (QHP), without financial assistance, because the appellant did not attest to reconciling the tax credits received for the prior year.
4. The record reflects that the appellant enrolled in a Link Platinum plan without financial assistance, effective January 1, 2025, through October 31, 2025.

5. The record reflects that on December 1, 2025, the appellant filed an appeal with the YHI Governance Committee Members, requesting the retroactive application of advanced payments of the premium tax credit (APTC), effective January 1, 2025, because a system error prevented the application of APTC.
6. The record reflects that on December 3, 2025, YHI sent an informal resolution notice to the appellant explaining that the appeal was not valid and that the appellant must respond to the notice within ten days of receipt.
7. The record reflects that on December 4, 2025, YHI issued a notice to the appellant, stating that APTC in the amount of \$1,707.87 per month was added to the Link Health plan, effective November 1, 2025.
8. The record reflects that on December 15, 2025, the YHI Governance Committee Members dismissed the appeal, because the appellant did not submit a valid appeal. The December 15, 2025, notice further stated that the appellant must make a written request to YHI to vacate the dismissal, showing good cause, within 30 days.
9. The record reflects that on December 16, 2025, the appellant requested to vacate the YHI December 15, 2025, dismissal of the appellant's appeal, and stated that they did not discover that they were not receiving tax credits until December 1, 2025.
10. The record reflects that on December 16, 2025, the YHI Governance Committee Members denied the appellant's request to vacate the dismissal, because the appellant did not provide good cause for the dismissal to be vacated.
11. The record reflects that on December 16, 2025, the appellant filed an appeal with the Federal Marketplace Appeals Center and requested to vacate the dismissal of the December 1, 2025, appeal.
12. During the Federally Facilitated Marketplace Appeals Center hearing ("federal hearing"), on March 27, 2026, the appellant provided an opening statement and requested to vacate the YHI December 15, 2025, appeal dismissal, and that tax credits be applied to the appellant's policy, retroactive to January 1, 2025.
13. During the federal hearing, the appellant testified that while updating the application on November 8, 2024, they did not understand the question regarding the reconciliation of tax credits, and were not aware that they had to answer the question.
14. During the federal hearing, the appellant testified that on December 1, 2025, they called YHI regarding more affordable options for the 2026 plan year, as the monthly premium increased from \$2,000.00 to \$2,500.00.
15. During the federal hearing, the appellant testified that during the December 1, 2025, call with YHI, a representative of YHI informed the appellant that the appellant was not receiving APTC during the 2025 benefit year, due to the appellant not attesting to filing and reconciling prior years' tax credits. The appellant further testified that the representative was able to apply tax credits to the plan from November 1, 2025, through December 31, 2025.
16. During the federal hearing, [YHI Staff] testified that on December 3, 2025, YHI issued an informal resolution notice to the appellant prior to the dismissal of the appeal.

17. During the federal hearing, [YHI Staff] testified that because YHI did not receive a response from the appellant to the Informal Resolution notice, YHI dismissed the appeal.
18. During the federal hearing, the appellant provided a closing statement that when they learned that they were not receiving APTC, they immediately attempted to resolve the issue.

Conclusions of Law

Federal regulations provide that an applicant or enrollee must have the right to appeal an appeal decision issued by a State Exchange appeals entity (also known as the State Marketplace and State Marketplace appeals entity) to the federal, HHS appeals entity, so long as: 1) the applicant or enrollee disagrees with the written appeal decision issued by the State Exchange appeals entity; and 2) the appeal request is made to the HHS appeals entity within the timely filing period, which is within 30 days of the State Exchange appeals entity's notice of the appeal decision. See 45 CFR 155.505(b)(5), 155.545(b) and 155.520(c). If the appeal request meets these criteria, the HHS appeals entity (also known as the Marketplace Appeals Center) will treat the appeal request as valid.

Regardless of whether an applicant or enrollee appeals to a State Exchange appeals entity or the Marketplace Appeals Center, federal regulations provide that an applicant or enrollee only has a right to appeal certain actions of the Marketplace.

Specifically, applicants and enrollees have the right to appeal the following:

1. An eligibility determination, including an initial eligibility determination and a redetermination of eligibility;
2. A determination of eligibility for an enrollment period;
3. An eligibility determination for an exemption;
4. A failure of the Exchange to provide timely notice of an eligibility determination;
5. A denial by a State Exchange appeals entity of a request to vacate a dismissal of an appeal filed with the State Exchange appeals entity; and
6. An appeal decision by a State Exchange appeals entity upon exhaustion of the State Exchange entity's appeal process. See 45 CFR §155.505 (b) and (c).

An appeal must be about one of these things; otherwise, neither the State Exchange appeals entity nor the Marketplace Appeals Center has jurisdiction to hear the appeal. This means that the State Exchange appeals entity and the Marketplace Appeals Center don't have the authority to hear an appeal about something that doesn't fall into one of these categories. If an appeal is about something else, it must be dismissed.

Federal regulations require that the Exchange must allow an enrollee to request an appeal within 90 days of the date of eligibility determinations, or within a timeframe consistent with the state Medicaid agency's requirement for submitting fair hearing requests, provided that timeframe is no less than 30 days, measured from the date of the notice of eligibility determination. See 45 CFR § 155.520 (b). Where an appeal to the Federal Marketplace Appeals Center is filed in response to a State Exchange appeal decision, it must be filed within 30 days of the State Exchange appeals entity's notice of appeal decision or notice of denial of a request to vacate a dismissal. See 45 CFR § 155.520 (c).

If an appeals entity dismisses a case, the notice of dismissal to an appellant must be in writing and, among other requirements, must provide the appellant with an explanation of how the appellant can show good cause as to why the dismissal should be vacated. See 45 CFR §155.530 (b)(3). A request to vacate a dismissal must be in

writing, and, if denied, the appeals entity must provide a timely written notice explaining why the request was denied. See 45 CFR §155.530 (d).

The primary issue in this matter is whether the YHI Governance Committee Members properly denied the appellant's request to vacate the dismissal of the December 1, 2025, appeal.

The record reflects that on November 8, 2024, the appellant completed an application with the State Exchange, YHI and attested to a projected annual household income of \$117,992.40 and a tax household size of 5. Additionally, the appellant answered "no" to the question "did you reconcile premium tax credits on your tax return for past years".

On November 9, 2024, YHI issued an eligibility determination notice stating that the appellant was eligible to purchase a QHP without financial assistance, because the appellant did not attest to reconciling the tax credits received in the prior year. The record reflects that the appellant enrolled in a Link Platinum plan without financial assistance, effective January 1, 2025, through October 31, 2025.

On December 1, 2025, the appellant filed an appeal with the YHI Governance Committee Members, requesting retroactive application of APTC for the entirety of 2025, stating that a system error prevented the appellant from receiving APTC. On December 3, 2025, YHI issued an Informal Resolution notice to the appellant, explaining that the appeal was not valid and that the appellant must respond to the notice within ten days of receipt. On December 15, 2025, the YHI Governance Committee Members dismissed the appeal, because the appellant did not submit a timely response to the December 3, 2025, notice. The December 15 notice further stated that the appellant must make a written request to vacate the dismissal within 30 days.

On December 16, 2025, the appellant requested to vacate the dismissal of the December 1, 2025, appeal, because they did not discover that there was an error regarding the November 8, 2024, application until December 1, 2025. On December 16, 2025, the YHI Governance Committee Members denied the appellant's request to vacate the dismissal, because the appellant did not show good cause for the dismissal to be vacated.

During the federal hearing, the appellant testified that while updating the application on November 8, 2024, they did not understand the question regarding the reconciliation of tax credits, and therefore, did not answer the question correctly. The appellant testified that on December 1, 2025, they called YHI regarding more affordable plan options because the monthly premium increased from \$2,000.00 to \$2,500.00. The appellant testified that during the call, a representative of YHI informed the appellant that they were not receiving APTC due to the appellant not attesting to filing and reconciling the prior years' tax credits. The appellant testified that they were unaware that they were not receiving APTC until December 1, 2025.

During the federal hearing, [YHI Staff], a representative of YHI, testified that on December 3, 2025, YHI issued an Informal Resolution notice to the appellant prior to the dismissal of the appeal. The representative testified that because YHI did not receive a response to the Informal Resolution notice on December 15, 2025, they dismissed the appeal.

The state argues that the appellant did not timely file the appeal with YHI. Federal regulations provide that the Exchange and the appeals entity must allow an applicant or enrollee to request an appeal within –

- (1) 90 days of the date of the notice of eligibility determination; or

(2) A timeframe consistent with the state Medicaid agency's requirement for submitting fair hearing requests, provided that timeframe is no less than 30 days, measured from the date of the notice of eligibility determination. See 45 CFR §155.520 (b)(2).

Additionally, the YHI Governance Committee Members must vacate the dismissal of an appeal if an appellant makes a written request within 30 days of the date of the notice of dismissal showing good cause why the dismissal should be vacated. See 45 CFR §155.530(d)(1).

The record reflects that the appellant is appealing the November 9, 2024, eligibility determination notice, which denied the appellant's request for financial assistance, effective January 1, 2025. The record reflects that the appellant filed an appeal on December 1, 2025. In order for the appeal to be timely, the appellant needed to submit an appeal to the YHI Governance Committee Members by February 7, 2025, which was within 90 days of the November 9, 2024, eligibility determination; however, the record reflects that the appellant did not file an appeal until December 1, 2025, which is 387 days after the contested eligibility determination. See 45 CFR § 155.520 (b).

The appellant argues that they contacted YHI on December 1, 2025, regarding plan options for the 2026 benefit year, at which time they learned that they were not receiving tax credits during the 2025 benefit year. The appellant testified that they first learned that they were not receiving tax credits during the 2025 benefit year, on December 1, 2025, and filed an appeal on that day.

Because the YHI Governance Committee Members did not receive the appeal until December 1, 2025, which is measured from the date of the November 9, 2024, eligibility determination notice, the YHI Governance Committee Members properly determined that the appeal was filed in an untimely manner.

Based on the evidence in the record, the YHI Governance Committee Members properly dismissed the appeal based upon untimeliness. Additionally, the appellant did not provide good cause as to why the dismissal should be vacated. See 45 CFR § 155.530 (b)(3).

Accordingly, we affirm the YHI refusal to vacate the appeal dismissal, and this appeal is dismissed, since the appeal request was not made to the State Exchange appeals entity within the timely filing period. See 45 CFR § 155.520(b)(1) and (2) and 45 CFR § 155.545(b).

Order

Upon review of the findings of facts and law, the December 16, 2025, decision denying your request to vacate (reopen) your dismissed appeal made by YHI Governance Committee Members was determined correctly and is unchanged.

You have the right to request review of this decision by the Administrator of the Centers for Medicare & Medicaid Services (CMS). For more information or to request Administrator review, call the Marketplace Appeals Center at 1-855-788-7817. (TTY users can call 711.) Please note that there is no guaranteed right of review by the CMS Administrator, who may decline to review the appeal. If you want to request Administrator review, you must do so by **May 7, 2026. After May 7, 2026, this decision is final and binding.**

SO ORDERED,

Laurice Tisdell
Federal Hearing Officer

April 23, 2026

Next Steps for Appellant

We have sent a copy of this decision to Your Health Idaho instructing them to take further action consistent with this appeal decision.

For more information about how this decision affects you, you may contact Your Health Idaho at YourHealthIdaho.org or 1-855-944-3246.

For More Help

If you have questions about your appeal, call the Marketplace Appeals Center at 1-855-231-1751. TTY users can call 711. Hours of operation are Monday through Friday, 7:00 a.m. to 8:30 p.m. Eastern Time (ET).

Language Assistance Services

If you need help with your appeal in a language other than English, you have the right to get information in your language at no cost. Call the Marketplace Appeals Center at 1-855-231-1751. Hours of operation are Monday through Friday, 7:00 a.m. to 8:30 p.m. Eastern Time (ET).

Accessibility

To request appeal forms and notices in an alternate format like Braille, large print, data CD, audio CD, or to request a qualified reader, you can call the Marketplace Appeals Center at 1-855-231-1751. TTY users can call 711. Hours of operation are Monday through Friday, 7:00 a.m. to 8:30 p.m. Eastern Time (ET). You can also make a request in writing by fax (1-877-369-0130) or mail (Marketplace Appeals Center, P.O. Box 311, Pittston, PA 18640). Accommodations are provided at no cost to you.

Privacy Act Statement

The Marketplace protects the privacy and security of information about you that you have provided. To view the Privacy Act Statement, go to [HealthCare.gov/individual-privacy-act-statement/](https://www.healthcare.gov/individual-privacy-act-statement/). This notice was generated by the Marketplace based on 45 CFR part 155, subpart F. The information used to create this notice was collected from the application you filled out, from your appeal request and other associated materials you may have submitted, and from other data sources through the electronic eligibility verification process to get an eligibility determination for enrollment in a qualified health plan through the Marketplace and insurance affordability programs. For more information about the privacy and security of your information, visit [HealthCare.gov/privacy/](https://www.healthcare.gov/privacy/).

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/civil-rights/filing-a-complaint/complaint-process](https://www.hhs.gov/civil-rights/filing-a-complaint/complaint-process), 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.

This Notice has Important Information. This notice has important information about your application or coverage through the Health Insurance Marketplace®. Look for key dates in this notice. You may need to take action by certain deadlines to keep your health coverage or help with costs. You have the right to get this information and help in your language at no cost. Call 1-800-318-2596 and wait through the opening. When an agent answers, state the language you need and you'll be connected with an interpreter.

عربية (Arabic) يحوي هذا الإشعار على معلومات مهمة. يحوي هذا الإشعار على معلومات مهمة بخصوص طلبك أو تغطيتك عبر سوق التأمين الصحي (Health Insurance Marketplace®). إبحث عن التواريخ المهمة في هذا الإشعار. قد تحتاج إلى اتخاذ إجراء بحلول تواريخ معينة للحفاظ على تغطيتك الصحية أو للمساعدة بخصوص التكاليف. يحق لك الحصول على هذه المعلومات و على المساعدة بلغتك من دون أي تكلفة. إتصل بالرقم 1-800-318-2596 وانتظر حتى تنتهي الإفتتاحية. اذكر اللغة التي تحتاجها عندما يرد عليك العميل و سيتم وصلك بمترجم فوري.

中文 (Chinese) 本通知含有重要的訊息。本通知含有關於通過健康保險市場 (Health Insurance Marketplace®) 申請或獲得承保的重要訊息。請在本通知中查看重要的日期。您可能要在特定的截止日期之前採取行動，以保留您的健康保險或有助於省錢。您有權利免費以您的母語得到幫助和訊息。請致電 1-800-318-2596 並等待接聽。告訴服務代表要用的語言後，便會接通口譯員。

Français (French) Cet avis contient des informations importantes. Cet avis comporte des informations importantes relatives à votre demande ou à votre couverture par le marché de l'assurance maladie (Health Insurance Marketplace®). Prêtez attention aux dates importantes figurant dans cet avis. Il se peut que vous deviez prendre des mesures avant certaines dates limites pour conserver votre couverture médicale ou bénéficier d'une aide financière. Vous êtes en droit d'obtenir ces informations et cette aide dans votre langue, et ce gratuitement. Appelez le 1-800-318-2596 et patientez. Dès qu'un agent décroche, indiquez la langue dont vous avez besoin et vous serez mis en rapport avec un interprète.

Kreyòl (French Creole) Avi sa a gen Enfòmasyon Enpòtan. Avi sa a gen enfòmasyon enpòtan konsènan aplikasyon w lan ak pwoteksyon ou an atravè Health Insurance Marketplace®. Chèche dat kle yo nan avi sa a. Li posib pou pran desizyon avan sèten dat limit pou konsève pwoteksyon medikal ou oswa pou ede ak pri yo. Ou gen dwa pou jwenn enfòmasyon sa a ak èd nan lang ou gratis. Rele 1-800-318-2596 epi tann sou liy nan. Lè yon ajan reponn, di lang ou bezwen an epi y ap mete w an koneksyon avèk yon entèprèt.

Deutsch (German) Diese Mitteilung enthält wichtige Informationen. Diese Mitteilung enthält wichtige Informationen zu Ihrem Antrag oder Ihrer Versicherung über den Health Insurance Marketplace®. Achten Sie auf die Eckdaten in dieser Mitteilung. Möglicherweise müssen Sie innerhalb bestimmter Fristen Maßnahmen ergreifen, um Ihren Krankenversicherungsschutz zu behalten oder sich an den Kosten zu beteiligen. Sie haben das Recht, die Informationen und Hilfen kostenlos in Ihrer Sprache zu erhalten. Rufen Sie die Nummer 1-800-318-2596 an und warten Sie, bis das Gespräch angenommen wird. Wenn sich ein Mitarbeiter meldet, geben Sie die Sprache an, die Sie benötigen, und Sie werden mit einem Dolmetscher verbunden.

ગુજરાતી (Gujarati) આ સૂચનામાં અગત્યની માહિતી છે. આ સૂચનામાં તમારી આરોગ્ય વીમા બજાર (Health Insurance Marketplace®) દ્વારા કરવામાં આવેલ અરજી અથવા તેના દ્વારા આવરી લીધેલ જોખમ વિશે અગત્યની માહિતી છે. આ સૂચનામાં મુખ્ય તારીખો જુઓ. તમારા વીમા દ્વારા આવરી લીધેલ આરોગ્ય જોખમ અથવા ખર્ચમાં મદદને જાળવી રાખવા માટે તમારે ચોક્કસ સમયમર્યાદામાં પગલાં લેવાની જરૂર પડી શકે છે. તમને કોઈપણ ખર્ચ વિના તમારી ભાષામાં આ માહિતી અને મદદ મેળવવાનો અધિકાર છે. 1-800-318-2596 પર કૉલ કરો અને શરૂઆતમાં રાહ જુઓ. જ્યારે કોઈ પ્રતિનિધિ જવાબ આપે, ત્યારે તમને જોઈતી ભાષા જણાવો અને તમને અનુવાદક સાથે જોડવામાં આવશે.

Italiano (Italian) Questo avviso contiene importanti informazioni. Questo avviso contiene importanti informazioni sulla tua richiesta o copertura assicurativa attraverso il mercato delle assicurazioni sanitarie (Health Insurance Marketplace®). Questo avviso include date importanti. Potrebbe essere necessario un tuo intervento entro certe scadenze per mantenere l'assicurazione sanitaria o assistenza con i costi. Hai diritto ad ottenere queste informazioni e assistenza nella tua lingua a titolo gratuito. Chiama il 1-800-318-2596 e attendi la fine dell'introduzione. Quando un agente risponde, indica la linua di cui hai bisogno e sarai collegato a un interprete.

日本語 (Japanese) この通知には重要な情報が含まれています。この通知には、健康保険マーケットプレイス (Health Insurance Marketplace®) 経由のアプリケーションまたは補償範囲に関する重要な情報が含まれています。この通知では、重要な期日について確認してください。補償範囲や費用サポートを維持するには、指定の期日までにご対応いただく必要がある場合があります。これらの情報を無料で取得する権利および希望の言語でサポートを受ける権利があります。1-800-318-2596 にお問い合わせいただき、つながるまでお待ちください。エージェントにつながりましたら、必要とする言語をお伝え下さい。通訳者とつながります。



한국어 (Korean) 본 통지는 중요한 정보를 담고 있습니다. 본 통지는 건강보험 마켓플레이스(Health Insurance Marketplace®)를 이용한 신청 또는 보장에 대한 중요한 정보를 담고 있습니다. 본 통지에서 주요 날짜를 확인하십시오. 건강보험을 유지하거나 비용에 도움을 받기 위해 특정 마감일까지 조치를 취해야 할 수도 있습니다. 귀하에게는 이러한 정보를 받고 무료로 귀하의 언어로 도움을 받을 권리가 있습니다. 1-800-318-2596으로 전화하여 연결을 기다리십시오. 담당자가 연결될 때, 원하시는 언어를 알려주시면 통역자에게 연결됩니다.

Polski (Polish) Niniejsze zawiadomienie zawiera ważne informacje. Niniejsze zawiadomienie zawiera ważne informacje na temat Twojego wniosku lub zakresu ubezpieczenia za pośrednictwem rynku ubezpieczeń zdrowotnych (Health Insurance Marketplace®). Szukaj kluczowych dat w tym ogłoszeniu. Być może będziesz musiał/a podjąć działania w określonych terminach, aby utrzymać ubezpieczenie zdrowotne lub pomóc w pokryciu kosztów. Masz prawo do uzyskania tych informacji i pomocy w swoim języku bez żadnych kosztów. Zadzwoń pod numer 1-800-318-2596 i czekaj, aż skończy się wstępna informacja. Gdy włączy się agent, podaj język, który jest Ci potrzebny, a zostaniesz połączony z tłumaczem.

Português (Portuguese) Este aviso tem informações importantes. Este aviso tem informações importantes sobre sua solicitação ou cobertura por meio do mercado de seguros de saúde (Health Insurance Marketplace®). Procure as datas importantes neste aviso. Você pode precisar agir dentro de certos prazos para manter sua cobertura de saúde ou obter ajuda com os custos. Você tem o direito de obter essas informações e ajuda gratuitamente no seu idioma. Ligue para 1-800-318-2596 e espere o fim da gravação de abertura. Quando o agente responder, diga o idioma que você precisa e você será conectado(a) a um intérprete.

Русский (Russian) В этом уведомлении содержится важная информация. В этом уведомлении содержится важная информация о вашей заявке или страховом покрытии на портале Рынка медицинского страхования Marketplace (Health Insurance Marketplace®). Это уведомление содержит ключевые даты. Возможно, вам потребуется принять меры к определенным срокам, чтобы сохранить свою медицинскую страховку или помочь в покрытии расходов. У вас есть право получить эту информацию и помощь на вашем языке бесплатно. Позвоните по телефону 1-800-318-2596 и переждите вступительное сообщение. Когда агент ответит, укажите нужный вам язык, и вас соединят с переводчиком.

Español (Spanish) Este Aviso contiene Información Importante. Este aviso contiene información importante sobre su solicitud o su cobertura del Mercado de Seguros Médicos (Health Insurance Marketplace®). Preste atención a las fechas claves en este aviso. Usted podría tener que actuar dentro de ciertos plazos para mantener su cobertura médica u obtener ayuda con los costos. Tiene derecho a recibir esta información y ayuda en su idioma sin costo. Llame al 1-800-318-2596 y espere hasta el fin del mensaje inicial. Cuando un agente contesta, indique el idioma que usted necesita y será conectado con un intérprete.

Tagalog (Tagalog) Ang Paunawang ito ay mayroong mahalagang impormasyon. Ang paunawang ito ay mayroong mahalagang impormasyon tungkol sa iyong aplikasyon o pagsakop sa pamamagitan ng Pamilihan ng Segurong Pangkalusugan (Health Insurance Marketplace®). Tingnan ang mga pangunahing petsa sa paunawang ito. Maaaring kailangan mong gumawa ng aksyon sa tiyak na mga huling araw upang mapanatili mo ang sakop sa kalusugan o makatulong sa mga gastos. Mayroon kang karapatan na makakuha ng ganitong impormasyon at ng tulong sa iyong wika ng walang gastos. Tumawag sa 1-800-318-2596 at maghintay hanggang magbukas. Kapag sumagot ang isang ahente, sabihin mo ang wika na kailangan mo at iuugnay ka sa isang tagasalin ng wika.

Tiếng Việt (Vietnamese) Thông báo này có Thông tin Quan trọng. Thông báo này có thông tin quan trọng về đơn đăng ký hoặc bảo hiểm của quý vị thông qua Thị trường Bảo hiểm Sức khỏe (Health Insurance Marketplace®). Tìm xem các ngày quan trọng trong thông báo này. Quý vị có thể cần phải hành động theo một số thời hạn nhất định để duy trì bảo hiểm sức khỏe của mình hoặc được giúp đỡ về phần chi phí. Quý vị có quyền nhận thông tin này và được giúp đỡ bằng ngôn ngữ của quý vị miễn phí. Hãy gọi 1-800-318-2596 và đợi đến khi mở cửa. Khi người đại diện trả lời, hãy nói với họ ngôn ngữ mà quý vị cần sử dụng và quý vị sẽ được kết nối với một thông dịch viên.

