

Oct 06, 2013

Application Date: October 6, 2013

Dear [REDACTED]:

You recently submitted an application to the Health Insurance Marketplace. We reviewed your application to see if you can get health coverage through the Marketplace and help paying for coverage and health services through:

- A new tax credit that can be used right away to lower your monthly premium costs
- Health plans that lower your out-of-pocket costs
- New Jersey FamilyCare (Medicaid) and New Jersey FamilyCare (Children's Health Insurance Program (CHIP)), which are joint federal and state programs that help with medical costs for people with limited income or special health care needs

What are the results of my application?

Review the table below with your eligibility results

Family Member(s)	Results	Next Steps
[REDACTED]	<ul style="list-style-type: none">• Eligible for New Jersey FamilyCare	<ul style="list-style-type: none">• You will receive important information about how to access your benefits from the New Jersey FamilyCare

For general information about New Jersey FamilyCare, please see the information included at the end of this letter.

If you have questions: Go to HealthCare.gov/marketplace. Or, call 1-800-318-2596. TTY users should call 1-855-889-4325. The call is free. You can also find out how to talk to someone in person, online or through the help line.

What should I do next?

- If the table above tells you that you are or may be eligible for New Jersey FamilyCare or New Jersey FamilyCare, the state agency will follow up with you with more information about your health benefits and services. If you don't hear from them you can call them at the phone number below.

When Will My Coverage Begin?

If you are eligible to purchase health coverage through the Marketplace and you choose a health plan by December 15, 2013, your coverage will start on January 1, 2014. If you don't choose a plan by December 15, then your coverage start date will depend on when you select a health plan.

- Between December 16, 2013 and March 31, 2014, if you choose a health plan by the 15th of the month, your coverage will start on the first day of the following month. If you choose a health plan after the 15th, your coverage will start on the first of the next following month. For example, if you choose a plan on December 16, coverage will not start until February 1.
- You have to pay the first month's premium before your coverage starts.

If you are eligible for New Jersey FamilyCare or New Jersey FamilyCare, health coverage will begin no earlier than January 1, 2014. If you are eligible and want to see if you may qualify for coverage sooner, contact the state agency directly at the phone numbers listed below.

What if information from my application changes during the year?

Changes can affect your eligibility for coverage through the Marketplace and tax credits. If you are eligible for a tax credit and you don't report a change that may affect your eligibility, you may have to pay back some or all of your tax credit when you file your taxes. If information from your application changes during the year, you should report the change within 30 days.

If you're eligible for coverage through the Marketplace, contact the Marketplace at the phone number below to report changes that may affect your eligibility.

If you're eligible for New Jersey FamilyCare or New Jersey FamilyCare, contact the state agency at the phone number below to report changes.

What should I do if I think my eligibility results are wrong?

If you think we made a mistake, you can appeal our decision about your eligibility for health coverage,

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including Medicaid, CHIP, a tax credit, cost-sharing reductions, purchasing health coverage through the Marketplace, and enrollment periods. If the table above says you are eligible for a tax credit, it means that we didn't find you eligible for Medicaid. This could be based on your income, citizenship, or immigration status. If you are eligible for tax credits or cost-sharing reductions, you can appeal the amount we determined you are eligible for. If you are eligible for Medicaid or CHIP and don't agree with what health services you get and how much you pay for them, you can appeal those decisions. Below is important information to consider when requesting an appeal:

- You can have someone request or participate in your appeal if you want to. That person can be a friend, relative, lawyer, or other individual. Or, you can request and participate in your appeal on your own.
- If you request an appeal, you may be able to keep your eligibility for coverage while your appeal is pending.
- The outcome of an appeal could change the eligibility of other members of your household.

Contact the Marketplace at the below number to find out more about how to appeal.

For anyone who is not listed above as eligible for New Jersey FamilyCare, the Marketplace doesn't think you qualify for New Jersey FamilyCare based on your income. But only New Jersey FamilyCare can decide if you qualify for New Jersey FamilyCare. You can ask the New Jersey FamilyCare to continue to review your New Jersey FamilyCare application. You may qualify to get more health services and pay less for your care. Or you could get help paying for past medical bills. You should ask the New Jersey FamilyCare to continue to review your New Jersey FamilyCare application if you:

- Have a medical, mental health or substance abuse condition that limits the ability to work or go to school;
- Need long term care in your home or live in a long term care facility or nursing home;
- Are terminally ill or need special medical services;
- Need a lot of medical services or have high medical bills; or
- Have a family income close to the New Jersey FamilyCare income limit, or you don't agree with the income on your application.

To ask the New Jersey FamilyCare to continue to review your application and make a decision about whether or not you qualify for New Jersey FamilyCare, log into your Marketplace account at HealthCare.gov/marketplace, or call 1-800-318-2596 (TTY: 1-855-889-4325) to let us know. If you do not ask for the New Jersey FamilyCare to review your application and make a formal decision about whether you qualify for New Jersey FamilyCare, you will not be able to appeal the fact that you are not being enrolled in the New Jersey FamilyCare program without also appealing your eligibility for tax credits and cost-sharing reductions.

You have 10 days to request to have New Jersey FamilyCare continue to review your application for New Jersey FamilyCare coverage. After that time, your application for New Jersey FamilyCare coverage will no

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longer be considered. If you are not sure whether you should ask New Jersey FamilyCare to make a formal decision, then you should make this request. You can keep your coverage described in this notice while New Jersey FamilyCare continues to review your application.

Where can I find more information?

Visit us online at HealthCare.gov or call the Marketplace at 1-800-318-2596 (TTY: 1-855-889-4325). For more information about New Jersey FamilyCare, contact the New Jersey FamilyCare at Toll-Free: 1-800-701-0710 (TTY:1-800-701-0720). For more information about New Jersey FamilyCare, contact the New Jersey FamilyCare at Toll-Free:1-800-701-0710 (TTY:1-800-701-0720).

Sincerely,

Health Insurance Marketplace
Department of Health and Human Services
465 Industrial Boulevard
London, KY 40750-0001

Privacy Disclosure: The Health Insurance Marketplace protects the privacy and security of the personally identifiable information (PII) that you have provided (see <https://www.healthcare.gov/privacy/>). This notice was generated by the Marketplace based on 45 CFR 155.230. The PII used to create this notice was collected on the application you filled out 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 PII, visit HealthCare.gov.

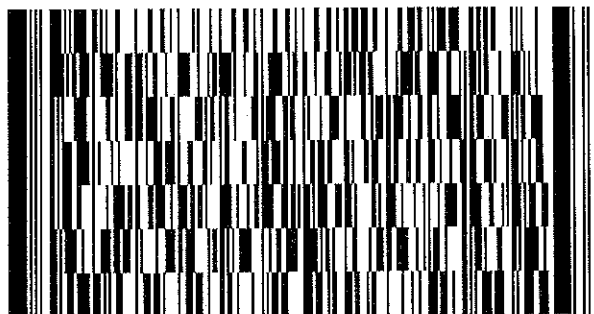
The Marketplace may have used data from a consumer reporting agency to determine eligibility for the individuals on your application. If you have questions about this data, please contact the Marketplace at 1-800-318-2596 (TTY: 1-855-889-4325).

The determinations in this letter were made based upon 45 CFR 155.305-430 and 42 CFR 435.603.

According to the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it displays a valid OMB control number. The valid OMB control number for this information collection is 0938-1207. The time required for a health insurance Exchange as defined in CFR 155.20 to generate this information collection is estimated to be 100 hours, including the time to draft appropriate notice text, review the notice, conduct user testing, incorporate changes, ensure compliance with plain writing, language access, and readability standards. If you have comments concerning the accuracy of the time estimate(s) or suggestions for improving this form, please write to: CMS, 7500 Security Boulevard, Attn: PRA Reports Clearance Officer, Mail Stop C4-26-05, Baltimore, Maryland 21244-1850

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Important: If you mail in your documentation, please also include this page in the same envelope, which includes a barcode, along with any documents. This page helps the Marketplace make sure your documents can easily be associated with your application.



If you have questions: Go to [HealthCare.gov/marketplace](https://www.healthcare.gov/marketplace). Or, call 1-800-318-2596. TTY users should call 1-855-889-4325. The call is free. You can also find out how to talk to someone in person, online or through the help line.

More information about Tax Credits

What is a tax credit?

A tax credit lowers the monthly cost (called a “premium”) you pay for health insurance. In some cases, you may pay no premium if your tax credit covers the entire premium amount. Tax credits help people with incomes too high to qualify for Medicaid or the Children's Health Insurance Program (CHIP), but who still may not be able to afford health coverage.

How do I qualify for a tax credit?

The Marketplace will check your information, such as your income and household size, to see if you qualify for a tax credit. The tax credit is only available if you enroll in coverage through the Marketplace. If you're eligible for Medicare or most other types of health insurance coverage, then you probably don't qualify for a tax credit. If you're eligible for coverage from a job, you can only qualify for a tax credit if your employer doesn't offer affordable health coverage or the coverage doesn't meet a minimum value standard. In addition, your income must be above the limit for Medicaid in your state, but within the limits for a tax credit, which are outlined in the chart below.

Household size	Income limit	Household size	Income limit
1	\$45,960 (\$57,400 for Alaska)	4	\$94,200 (\$117,760 for Alaska)
2	\$62,040 (\$77,520 for Alaska)	5	\$110,280 (\$137,880 for Alaska)
3	\$78,120 (\$97,640 for Alaska)	6	\$126,360 (\$158,000 for Alaska)

How much of a tax credit can I get?

Your tax credit amount is based on:

- The number of people in your household. Your household includes the person who pays taxes and his or her spouse and dependents,
- The income amount that you expect to put on your on your federal income tax return for 2014, and
- The cost of a “silver level” health plan in your area. A silver level health plan is a plan that provides the set of essential health benefits required by the Marketplace and also covers 70% of health care costs for the average person. You can see the health plans available using our plan finder on Healthcare.gov.

Do I have to wait until I file my federal tax return to get the tax credit?

You do not have to wait until you file your federal income tax return to get your tax credit. You can have some or all of your tax credit paid directly by the Federal government to your health plan to reduce the premium for the health plan that you select through the Marketplace. You will make this choice when you choose a plan.

If you have questions: Go to HealthCare.gov/marketplace. Or, call 1-800-318-2596. TTY users should call 1-855-889-4325. The call is free. You can also find out how to talk to someone in person, online or through the help line.

You can decide to enroll in a plan without a tax credit or with less than the full amount, and get the full amount, based on your actual income at the end of the year, when you file your taxes. Even if you don't owe any taxes, you may still be eligible for a tax credit. You need to enroll in a plan through the Marketplace in order for the IRS to see if you qualify for a tax credit when you file your taxes. If you don't enroll in a plan through the Marketplace, you won't be eligible for a tax credit when you file your federal tax return with IRS (and you may owe a penalty if you don't have qualifying coverage for three months or longer).

I'm not sure what my income for the year will be, so I just guessed on my application. What happens if I'm wrong?

When it's time to file your federal income tax return, the IRS will compare the income from your application with the income you report on your tax return.

- If your income is lower than what you told us on your application, you may receive a tax refund.
- If your income is higher than what you told us on your application, you may have to pay back some of your tax credit.

If you're worried about owing back any tax credit, you can take a smaller amount of the tax credit to use each month. You can decide how much of the tax credit you want to take when you enroll in a plan through the Marketplace.

What kind of changes do I need to report?

If information from your application changes, you should report the change to us within 30 days of the change occurring. If you don't report changes, you may have to pay back some or all of your tax credit when you file your taxes. Examples of changes you should report include:

- A move
- Household income changes
- Household size changes. For example, someone in your household marries or divorces, becomes pregnant, or has a child
- Becoming qualified for other health coverage
- Changes in immigration status
- Becoming incarcerated, other than pending the disposition of charges
- A change in plan for filing your federal income tax return for 2014; for example, you plan to claim new dependents on your tax return

To report changes, log into your Marketplace account on HealthCare.gov/marketplace, or call 1-800-318-2596 (TTY: 1-855-889-4325).

Will my employer know that I am getting a tax credit?

We're required to notify your employer if you're getting a tax credit or cost-sharing reductions because your employer may need to make a shared responsibility payment. Your employer is not allowed to treat

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you differently based on your eligibility for a tax credit or cost-sharing reductions. The law prohibits your employer from firing or discriminating against you because you or someone in your household has been determined eligible for a tax credit or cost-sharing reductions. If you believe that you were fired or otherwise discriminated against because you or someone in your household was determined eligible for a tax credit or cost-sharing reductions, you can file a complaint with the U.S. Occupational Safety and Health Administration (OSHA). Visit www.whistleblowers.gov for more information.

Do I need to apply for a new tax credit every year?

You must renew your tax credit every year. Watch for a letter from us in August or September with information about next year.

More information about Lower Out-of-Pocket Costs

What are copayments, coinsurance, and deductibles?

Copayments, coinsurance, and deductibles are the money you pay toward your share of the cost of your health care. They are also called “cost sharing.” Your insurance company pays the rest.

- A copayment is an amount you may be required to pay each time you receive a service, like going to the doctor or getting a prescription. It is usually a set dollar amount, like \$20.
- Coinsurance is your share of the costs of a covered health service calculated as a percent of the allowed amount for the service. You pay coinsurance plus any deductibles you owe.
- A deductible is the amount of money you must spend every year on health care before the plan starts paying. Even after you pay your deductible, you may still be required to pay copayments or coinsurance when you receive services.

How do I qualify for lower copayments, coinsurance, and deductibles?

Your income must be within certain limits in order to also qualify for a Marketplace plan with discounted copayments, coinsurance, and deductibles. Once you qualify, most people must enroll in a “silver level plan” to get lower copayments, copayments, and deductibles.

How does the Marketplace decide what my cost sharing is?

You qualify to enroll in a plan with lower copayments, coinsurance, and deductibles based on:

- Whether you are eligible for a tax credit
- The number of people in your household (the taxpayer and dependents listed on your federal income tax return)
- The income amount that you expect to put on your federal income tax return for 2014
- Whether you are American Indian or Alaska Native and a member of a federally-recognized tribe

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More information about Medicaid

Medicaid is health coverage for people with limited income or special health care needs. Medicaid covers services such as doctor visits, laboratory tests and hospital care. Medicaid also covers additional services for children up to a certain age.

Do you have past medical bills?

Medicaid may pay medical bills from the past three months. If you want to see if Medicaid will pay recent medical bills, contact the Medicaid at the number included above in this notice. You may then need to send the Medicaid copies of your unpaid medical bills from the last three months.

How long can I keep my Medicaid health coverage?

You must renew your Medicaid health coverage every year. Watch for a letter in the mail telling you if you need to send Medicaid more information at renewal time.

What if information from my application changes during the year?

Over the next year, you must report any changes that might affect whether you qualify for Medicaid, like if you move, your income changes, or the size of your family changes (for example, if you marry, divorce, become pregnant, or have a child.) To report changes, call the Medicaid agency in your state.

Does Medicaid cover special health care needs?

Yes. A person may qualify to get coverage for more health services and pay less for care if he or she has special health care needs, such as:

- Has a medical, mental health or substance abuse condition that limits the ability to work or go to school
- Needs help with daily activities, such as bathing or dressing
- Regularly gets medical care, personal care, or health services at home, an adult day center, or another community setting
- Lives in a long term care facility, group home, or nursing home
- Is blind
- Is terminally ill

If a person has special health care needs, and wants to see if he or she qualifies, let us know. Call the state Medicaid agency or log into your Marketplace account at [HealthCare.gov/marketplace](https://www.healthcare.gov/marketplace). If the person qualified for other health coverage, he or she can keep it while the Medicaid agency decides if he or she qualifies for Medicaid.

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Getting Help in a Language Other than English

If you, or someone you're helping, has questions about the Health Insurance Marketplace, you have the right to get help and information in your language at no cost. To talk to an interpreter, call 1-800-318-2596.

Here's a listing of the available languages and the same message provided above in those languages:

العربية (Arabic)

لك الحق في الحصول على المساعدة والمعلومات في اللغة الخاصة بك مجانًا. وللتحدث مع مترجم في اللغة العربية حول سوق التأمين الصحي، يرجى الاتصال على 1-800-318-2596.

中文 (Chinese)

你有權利免費用您的語言獲得幫助和資訊。要用中文與傳譯員探討健康保險市場，請致電 1-800-318-2596。

Français (French)

Vous avez le droit d'obtenir de l'aide et des renseignements dans votre langue sans aucun coût. Pour consulter un interprète en français quant au Marché d'assurance santé, composez le 1-800-318-2596.

Kreyòl (French Creole)

Ou gen tout dwa pou resevwa èd ak enfòmasyon nan lang ou pou gratis. Pou pale avèk yon entèpretè an Kreyòl konsènan Mache Asirans Medikal (Health Insurance Marketplace), rele 1-800-318-2596.

Deutsch (German)

Sie haben das Recht, Hilfe und Informationen kostenlos in Ihrer eigenen Sprache in Anspruch zu nehmen. Um mit einem Dolmetscher für die deutsche Sprache über den „Health Insurance Marketplace“ zu sprechen, rufen Sie bitte diese Nummer an: 1-800-318-2596.

ગુજરાતી (Gujarati)

તમને વિના મૂલ્યે તમારી ભાષામાં મદદ અને માહિતી મેળવવાનો અધિકાર છે. આરોગ્ય વીમા વ્યાપારબજાર વિશે દુભાષિયા સાથે ગુજરાતીમાં વાતચીત કરવા, કોલ કરો 1-800-318-2596

हिन्दी (Hindi)

आपके पास अपनी भाषा में सहायता व सूचना निःशुल्क प्राप्त करने का अधिकार है। हेल्थ इंश्योरेंस मार्केटप्लेस (स्वास्थ्य बीमा बाजारस्थल) के बारे में हिन्दी में दुभाषिए से बात करने के लिए 1-800-318-2596 पर फोन करें।

한국어 (Korean)

귀하는 귀하의 언어로 도움과 정보를 무료로 받을 수 있는 권리가 있습니다. 한국어로 건강 보험 시장(Health Insurance Marketplace)에 대하여 통역사에게 이야기하려면, 1-800-318-2596 번으로 전화하십시오.

If you have questions: Go to [HealthCare.gov/marketplace](https://www.healthcare.gov/marketplace). Or, call 1-800-318-2596. TTY users should call 1-855-889-4325. The call is free. You can also find out how to talk to someone in person, online or through the help line.

Polski (Polish)

Każdy ma prawo uzyskać bezpłatnie pomoc i informacje we własnym języku. Aby porozmawiać z tłumaczem po polsku na temat Rynku Ubezpieczeń Zdrowotnych (Health Insurance Marketplace), należy zadzwonić pod numer 1-800-318-2596.

Português (Portuguese)

Você tem o direito de obter ajuda e informação em seu idioma e sem nenhum custo adicional. Para falar com um intérprete de [Português] sobre o Mercado de Seguros de Saúde, ligue para 1-800-318-2596.

Русский (Russian)

Вы имеете право бесплатно получить помощь и информацию на родном языке. Чтобы поговорить с переводчиком на русском о платформе Health Insurance Marketplace (рынок медицинского страхования), позвоните по телефону 1-800-318-2596.

Español (Spanish)

Usted tiene el derecho a recibir ayuda e información en su idioma sin costo alguno. Para comunicarse con un intérprete en español relacionado con el Mercado de seguros médicos, llame al 1-800-318-2596.

Tagalog (Tagalog)

Mayroon kang karapatan makakuha ng tulong at impormasyon sa iyong wika na walang gastos. Upang makipag-usap sa isang tagapagsalin sa Tagalog tungkol sa Health Insurance Marketplace, tumawag sa 1-800-318-2596.

اردو (Urdu)

آپ کو اپنی زبان میں مفت مدد اور معلومات حاصل کرنے کا حق ہے۔ ہیلتھ انشورنس مارکیٹ پلیس کے بارے میں کسی مترجم سے اردو میں بات کرنے کے لئے 1-800-318-2596 پر رابطہ کریں۔

tiếng Việt (Vietnamese)

Quý vị có quyền nhận sự giúp đỡ và thông tin bằng ngôn ngữ của mình miễn phí. Để nói chuyện với một thông dịch viên bằng tiếng Việt về Thị Trường Bảo Hiểm Sức Khỏe, xin gọi số 1-800-318-2596.



June 2013

If you have questions: Go to HealthCare.gov/marketplace. Or, call 1-800-318-2596. TTY users should call 1-855-889-4325. The call is free. You can also find out how to talk to someone in person, online or through the help line.