

Wendy Dahl
W4108 HWY 64
Medford, WI 54451

Jun 08, 2021

Application Date: June 8, 2021
2021 Application ID: 3856399724**Eligibility notice: Important information about health coverage for your household**

Rodney Dahl—If you have special health care needs (like a disability or the need for help with daily living), you may be able to get more health coverage and pay less for care, so we're sending your information to Wisconsin Department of Health Services, Division of Medicaid Services to see if you qualify. You can keep any other health coverage you're eligible for while Wisconsin Department of Health Services, Division of Medicaid Services reviews your information. Wisconsin Department of Health Services, Division of Medicaid Services will contact you.

Household member(s)	Results	Next steps
Wendy Dahl, Rodney Dahl	<ul style="list-style-type: none"> Would be eligible to buy a 2021 Marketplace plan, but you don't qualify for a Special Enrollment Period. 	<ul style="list-style-type: none"> Keep your application up-to-date. The next Open Enrollment Period starts in late 2021.
Garrett Dahl	<ul style="list-style-type: none"> May be eligible for free or low-cost coverage through Badger Care Plus. This result is based on the monthly household income of \$.00 that you provided on your Marketplace application. 	<ul style="list-style-type: none"> You'll get a final decision from the Wisconsin Department of Health Services, Division of Medicaid Services.

If your **"Results"** say you're eligible for advance payments of the premium tax credit or cost-sharing reductions, it means that you don't appear to be eligible for Medicaid based on your application information. However, you could still be eligible for Medicaid if you have a disability or special health care needs that you didn't report on your application. To learn more, visit [HealthCare.gov/people-with-disabilities](https://www.healthcare.gov/people-with-disabilities) or call your state Medicaid agency to ask about rules for your state.

Why don't I qualify for other programs?

Wendy Dahl, Rodney Dahl—You don't qualify for Medicaid because your monthly household income (\$4,401.01) is too high.

What should I do next?

Here's what each person in your household needs to do to take the "Next steps" shown in this notice. If your "Next steps" tell you to send more information, follow instructions for sending it. If you don't, you could lose what you qualify for now because your information doesn't match the data we have, or we can't verify all of the information in your application.

Send household income information

Wendy Dahl—Send documentation by **June 8, 2021**. We need confirmation of your household's annual income, including income earned by every member of your household, even if they're not seeking health coverage. If you don't send it, you may have to pay more for coverage and covered services, because Marketplace financial help will change or end. You may need to submit more than one document depending on your household's situation (for example, you'll submit multiple documents if more than one person has income in the household).

The document you send should reflect the income amount shown on your Marketplace application.

Examples of documents you can send include:

- 1040 tax return (federal or state versions), including Schedule 1 if you file one with your taxes—Must contain first name, last name, income amount, and tax year.
- W2s and/or 1099s (includes 1099 MISC, 1099G, 1099R, 1099SSA, 1099DIV, 1099S, 1099INT)—Must contain first name, last name, income amount, year, and employer name (if applicable)
- Pay stub—Must contain first name, last name, income amount, and pay period or frequency of pay with date of payment. If a pay stub includes overtime, indicate average overtime amount per paycheck.
- Self-employment documentation containing first name, last name, company name, and income amount. This can be 1040 Schedule C, F, or E; Schedule K-1 (Form 1120-S); Schedule K1 (Form 1065); personal tax return (business tax returns are not acceptable); bookkeeping records; receipts for ALL allowable expenses; signed time sheets and receipt of payroll (if you have employees); most recent quarterly or year-to-date profit and loss statement; or self-employment ledger showing dates covered by the ledger, and the net income from profit/loss.
- Social Security Administration statements (Social Security Benefits Letter)—Must contain first name, last name, benefit amount, and frequency of pay
- Unemployment letter or Trade Readjustment benefits letter—Must contain first name, last name, source/agency, benefit amount, and duration (start and end date, if applicable)

How to submit documents to confirm eligibility

Uploading your documents is the fastest way to get them to us. Log into your Marketplace account. Then, select your current application, and click on "Application details." You'll see a button for each item to

resolve. Click the button, then choose a document and start your upload. Or, you can mail copies. Keep the original documents and send copies with your name and Application ID on each page, along with the bar code page included with this notice. Send copies to:

Health Insurance Marketplace
Attn: Coverage Processing
465 Industrial Boulevard
London, Kentucky 40750-0001

For more information about choosing documents and uploading or mailing them to the Marketplace, visit HealthCare.gov/submit-documents. To find in-person help, visit LocalHelp.HealthCare.gov.

- You can't choose or change plans now because Open Enrollment is over and you don't qualify for a Special Enrollment Period.
- You can enroll during the next Open Enrollment. If you have life changes, like your household's income or your family size, you may be eligible to enroll sooner if you qualify for a Special Enrollment Period. To see if you qualify, visit HealthCare.gov/reporting-changes, or see "Understanding Your Eligibility Notice," included with your first eligibility notice each coverage year.

If your "Results" say that you or any of your family members are or may be eligible for free or low-cost coverage through Badger Care Plus or BadgerCare Plus, you'll get a notice from your state agency with more information about your health benefits and how much you pay for them. If you don't hear from them soon, call them at the phone number provided at the end of this notice. When you're eligible for Medicaid or CHIP, you can still buy a Marketplace health plan, but you won't get help paying for it. Medicaid and CHIP are free or low-cost programs, so if you qualify for either of them, you don't qualify for advance payments of the premium tax credit.

What if information from my application changes during the year?

If you have life changes and the information you gave us when you applied is no longer correct, you need to let us know within 30 days of the change. Changes may affect your eligibility for:

- Premium tax credits
- Cost-sharing reductions that lower your copayments, coinsurance, and deductibles
- Coverage through Badger Care Plus or BadgerCare Plus

If you enroll in a Marketplace plan and later become eligible for other qualifying coverage, like Medicaid, CHIP, Medicare, or coverage through a job, you won't be eligible for advance payments of the premium tax credit, although you can keep your Marketplace plan and pay the full premium. If you become eligible for other qualifying coverage, you must contact the Marketplace to end your advance payments of the premium tax credit and let the Marketplace know if you also want to end your health plan. If you don't stop the advance payments of your premium tax credit to your health insurance company, you may need to pay back the payments paid on your behalf.

If someone works for a business that offers help paying for a health plan or health care expenses through a Health Reimbursement Arrangement (HRA), visit HealthCare.gov/job-based-help to learn how this may affect your eligibility for the premium tax credit.

What should I do if I think my “Results” are wrong?

If you think we made a mistake, you can appeal a final determination of eligibility to the Marketplace Appeals Center. This includes your eligibility to buy health coverage through the Marketplace, for premium tax credits, cost-sharing reductions, and enrollment periods. You can also appeal the plan categories available to you, if they're limited during a Special Enrollment Period. See below for more information about appealing your eligibility for Badger Care Plus or BadgerCare Plus. Please note that:

- If you need health services right away and a delay could seriously jeopardize your health, you can ask for a fast (expedited) appeal using the Appeal Request form or by sending a fax or a letter to the address below.
- You can represent yourself or appoint a representative to help you with your appeal. This person can be a friend, relative, lawyer, or someone else.
- You can ask to keep your eligibility during your appeal. If you were previously eligible for Marketplace coverage or financial assistance and your eligibility is changed, you can appeal this change. In this case, you may be able to keep your previous eligibility during your appeal.
- The outcome of an appeal could change the eligibility of other members of your household even if they don't ask for an appeal.

How much time do I have to request an appeal?

Generally, you have 90 days from the date of your eligibility notice to request an appeal. However, if this notice says that someone needs to submit documents, then you must follow instructions for sending them. Until you submit documents and your issue is resolved, your eligibility notice isn't a final determination of eligibility and it can't be appealed.

How do I request an appeal?

- Online: Visit HealthCare.gov/marketplace-appeals/appeal-forms and select your state. You can submit your appeal request online or download/print a form and submit it separately.
- By mail or fax: Send a completed paper form or a letter requesting an appeal. Include your name, address, and the reason for the appeal. If the appeal is for someone else (like your child), also include their name. Submit your paper form or the letter to the Marketplace:

Fax: 1-877-369-0130

Mail: Health Insurance Marketplace

ATTN: Appeals

465 Industrial Blvd.

London, KY 40750-0061

Appealing your eligibility for Medicaid or CHIP

If this notice says that you may be eligible for Medicaid or CHIP, or that your state is reviewing your eligibility for Medicaid or CHIP, your state Medicaid or CHIP agency will send a notice to let you know if you qualify for these free or low-cost programs.

If your state determines that you're not eligible for Medicaid or CHIP:

- Your state will tell you how to ask for a Medicaid fair hearing through the state fair hearing process.
- You may also be able to resubmit your Marketplace application for health coverage through the

Marketplace and help with costs. If you then disagree with your updated **“Results,”** you can request an appeal through the Marketplace Appeals Center.

For more information about your Medicaid or CHIP eligibility, including your right to appeal if your state determines you’re not eligible for Medicaid or CHIP, contact your state Medicaid or CHIP agency at the phone number included at the end of this notice.

More about getting Medicaid or CHIP

If your **“Results”** tell you that you’re eligible to buy a Marketplace plan, we don’t think you qualify for Badger Care Plus. Some people may still qualify for Badger Care Plus, but only Wisconsin Department of Health Services, Division of Medicaid Services can make the final decision.

You might want to ask Badger Care Plus to continue your application if you:

- Need a lot of medical services or have medical bills
- Have a family income close to the Badger Care Plus income limit, or you don’t agree with the income amount that was used to determine your eligibility
- Have a disability

You can keep your coverage described in this notice while Wisconsin Department of Health Services, Division of Medicaid Services reviews your application.

Here’s how to continue your application for Badger Care Plus or BadgerCare Plus:

- Visit [HealthCare.gov](https://www.healthcare.gov), log into your Marketplace account and select your most recent application, then select **“Eligibility & Appeals.”** You can also log into your Marketplace account and select your most current application, then go through your application until you reach the **“Eligibility Results”** screen. Check the box for a **“Full Medicaid Determination”** and complete all steps.
- Call the Marketplace Call Center and request that Wisconsin Department of Health Services, Division of Medicaid Services continue to review your Badger Care Plus application.

It’s recommended that you continue your application for Medicaid, even if you aren’t sure that you’re eligible. Because your Medicaid eligibility must ultimately be determined by the Wisconsin Department of Health Services, Division of Medicaid Services—and not the Marketplace—you can only request an appeal once that final determination is made by Wisconsin Department of Health Services, Division of Medicaid Services.

For more help

- Visit [HealthCare.gov](https://www.healthcare.gov) or call the Marketplace Call Center at 1-800-318-2596. TTY users can call 1-855-889-4325. You can also make an appointment with an assister who can help you. Information is available at [LocalHelp.HealthCare.gov](https://www.localhelp.healthcare.gov).
- Contact your state’s Medicaid agency toll-free: 888-798-8077 (TTY: 711) for information about Badger Care Plus. For more information about BadgerCare Plus, contact the Wisconsin Department of Health Services, Division of Medicaid Services toll-free: 888-798-8077 (TTY: 711).
- Get help in a language other than English. Information about how to access these services is included with this notice, and available through the Marketplace Call Center.
- Call the Marketplace Call Center to get this information in an accessible format, like large print, Braille, or audio, at no cost to you.

For information including more about advance payments of the premium tax credit, lower out-of-pocket costs, and Medicaid eligibility, visit HealthCare.gov.

Sincerely,

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

The determinations or assessments in this letter were made based upon 45 CFR 155.305, 155.410, 155.420-430 and 42 CFR 435.603, 435.403, 435.406 and 435.911.

Privacy Disclosure: The Health Insurance Marketplace protects the privacy and security of the personally identifiable information (PII) that you have provided (see HealthCare.gov/privacy/). This notice was generated by the Marketplace based on 45 CFR 155.230 and other provisions of 45 CFR part 155, subpart D. The PII used to create this notice was collected from information you provided to the Health Insurance Marketplace. The Marketplace may have used data from other federal or state agencies or a consumer reporting agency to determine eligibility for the individuals on your application. If you have questions about this data, contact the Marketplace at 1-800-318-2596 (TTY: 1-855-889-4325).

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.

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/ocr/civilrights/complaints, 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.

العربية (Arabic) يحتوي هذا الإشعار على معلومات هامة بخصوص طلبك أو تغطيتك من خلال سوق التأمين الصحي. ابحث عن التواريخ الرئيسية في هذا الإشعار. قد تحتاج الى اتخاذ اجراء في مواعيد معينة للحفاظ على تغطيتك الصحية او للمساعدة في التكاليف. لك الحق في الحصول على هذه المعلومات وعلى المساعدة بلغتك من دون اي تكلفة. اتصل بالرقم 1-800-318-2596 و انتظر عند سماعك الافتتاحية. عندما يجيبك الممثل قم بتحديد اللغة التي تحتاج و سيجري وصلك بالمترجم.

中文 (Chinese) 本通知包含您通过健康保险市场的中请或保险范围方面的重要信息。查阅本通知中的重要日期。您可能需要在某些截止日期前采取行动以续保或有助于节省某些费用。您有权免费获取本信息以及您所使用语种的帮助。请致电 1-800-318-2596 并聽完全部錄音。當有代表接聽時，請說明您所需的语种，屆時將有译員与您联系。

Français (French) Cet avis contient des informations importantes concernant votre demande ou votre couverture à travers le Marché d'assurance maladie. Recherchez les dates clés dans le présent avis. Vous pourrez avoir besoin de prendre des mesures avant certaines dates limites afin de garder votre couverture santé ou de vous aider avec les coûts. Vous avez le droit d'obtenir ces informations et de l'aide dans votre langue sans frais. Appelez le 1-800-318-2596 et appuyez sur « 0 » à deux reprises attendre à travers l'ouverture. Quandre l'agent répond indiquez la langue dont vous avez besoin et vous serez mis en relation avec un interprète.

Kreyòl (French Creole) Avi sa a gen enfòmasyon enpòtan sou aplikasyon w lan oswa pwoteksyon atravè Health Insurance Marketplace la. Gade pou datkle nan avi sa a. Ou ka bezwen pran aksyon pa yon sèten dat limit pou ou kenbe asirans sante ou oswa èd ak depans yo. Ou gen dwa pou ou jwenn enfòmasyon sa a akèd nan lang ou sanpa sa pa koute ou anyen. Rele 1-800-318-2596 epi rete tann ouvèti an. Lè yon ajan reponn, di lang ou bezwen an epi ou pral konekte ak yon entèprèt.

Deutsch (German) Diese Benachrichtigung enthält wichtige Informationen zu Ihrem Antrag oder Versicherung durch den Health Insurance Marketplace. Suchen Sie nach wichtigen Terminen in dieser Benachrichtigung. Sie müssen möglicherweise bis zu bestimmten Stichtagen handeln, um Ihre Krankenversicherung aufrechtzuerhalten oder Hilfe mit Kosten zu erhalten. Sie haben das Recht, diese Informationen und Hilfe in Ihrer Sprache kostenlos zu erhalten. Rufen Sie 1-800-318-2596 an und warten Sie die Ansage ab. Wenn sich ein Mitarbeiter meldet, wählen Sie die Sprache aus, die Sie benötigen und Sie werden mit einem Dolmetscher verbunden.

ગુજરાતી (Gujarati) આ સૂચનામાં આરોગ્ય વીમા માર્કેટસ્થળ સમારકતેતમારી અરજી અથવા સર્વગ્રાહી વીમો વિશેની મહત્વની માહિતી છે. આ સૂચનામાં મહત્વની તારીખો માટે જુઓ. તમે તમારા આરોગ્ય આવી લેવા અથવા ખર્ચમાં મદદ કરવા માટે અમુક ચોક્કસ નિશ્ચિત સમય ને હદમાં ધ્યાનમાં રાખીને પગલાં લેવાની જરૂર પડે છે. મને કોઇ પણ ખર્ચ વિના તમારી ભાષામાં આજણકારી અને મદદ મેળવવાનો અધિકાર છે. 1-800-318-2596 અને શરૂઆતના મારકેટ રાહ જુઓ. એક એજન્ટ જવાબ આપે, ત્યારે તેમને તમે જરૂરી ભાષા જણાવો અને તમને દુભાષિયો સાથે જોડવામાં આવશે.

Italiano (Italian) Questo avviso contiene importanti informazioni. Questo avviso contiene importanti informazioni riguardo la sua richiesta o copertura assicurativa tramite l'Health Insurance Marketplace. Controlli le date più importanti di questo avviso. Potrebbe avere la necessità di compiere alcune azioni al fine di conservare la sua copertura medica o per ridurre i costi. Ha il diritto di ricevere queste informazioni ed assistenza nella sua lingua senza costi aggiuntivi. Chiama all'1-800-318-2596 e resti in attesa del primo operatore disponibile. Quando un nostro operatore risponderà, comunichi la lingua di cui ha bisogno e sarà collegato/a con 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、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) 이 통지서에는 건강 보험 시장을 통한 귀하의 신청이나 보험 커버리지에 관한 중요한 정보가 포함되어 있습니다. 이 통지서에 나타난 중요한 날짜들을 잘 찾아 보십시오. 귀하는 귀하의 보험 커버리지를 계속 유지시키거나 경비를 절감하는 도움을 얻기 위해서 일정한 마감일 까지 필요한 조치를 취해야 할 수도 있습니다. 귀하는 귀하의 언어로 이 정보와 도움을 무료로 받을 수 있는 권리가 있습니다. 1-800-318-2596 로 전화하시고 시작하기 전에 기다리십시오. 직원이 전화를 받으면 귀하가 필요한 언어를 말씀하십시오. 그러면 통역사와 연결될 것입니다.

Polski (Polish) To ogłoszenie zawiera ważne informacje odnośnie Państwa wniosku o ubezpieczenie lub polisy zdrowotnej zakupionej przez Rynek Ubezpieczeń Zdrowotnych. Prosimy zwrócić uwagę na kluczowe daty zawarte w tym ogłoszeniu aby przy podejmowaniu ewentualnych decyzji dotyczących odnowienia polisy lub pomocy związanej z kosztami, nie przekroczyć terminów. Macie Państwo prawo do bezpłatnej informacji we własnym języku. W tym celu prosimy o telefon pod numer 1 800 318 2596, następnie proszę poczekać na zgłoszenie się operatora i wypowiedzenie preferowanego języka a rozmowa zostanie przełączona do tłumacza.

Português (Portuguese) Este aviso contém informações importantes sobre sua aplicação ou cobertura ao longo do Mercado de Planos de Saúde (Health Insurance Marketplace). Observe as datas importantes nesse aviso. Você poderá precisar tomar medidas, até determinados prazos, para manter sua cobertura médica ou ajuda de custo. Você tem o direito de obter tais informações e auxílio em seu idioma, sem custo algum. Ligue para 1-800-318-2596 e espere através da introdução. Quando o agente atende, afirme o idioma que precisa e você será transferido para um intérprete.

Русский (Russian) В настоящем уведомлении содержится важная информация о вашей страховке через рынок медицинского страхования. Вы можете найти важные даты в данном уведомлении. Возможно, вам придется предпринять некоторые действия к конкретным срокам, с тем, чтобы сохранить вашу медицинскую страховку или финансовую помощь на медицинские расходы. Вы имеете право на получение этой информации и помощи на родном языке бесплатно. Позвоните по номеру 1-800-318-2596 и прослушайте вступительную информацию до конца. Когда ответит агент, укажите необходимый язык, и вас соединят с переводчиком.

Español (Spanish) Este aviso contiene información importante sobre su solicitud o la cobertura que tiene a través del Mercado de Seguros Médicos. Consulte las fechas importantes que figuran aquí. Es probable que deba tomar medidas antes de algunas fechas clave para mantener su cobertura de salud o seguir recibiendo ayuda para pagar los costos. Usted tiene derecho a recibir esta información y asistencia en su idioma en forma gratuita. Llame al 1-800-318-2596 y espere a través de la introducción. Cuando el agente atiende, indique el idioma que necesita y lo pondrán en comunicación con un intérprete.

Tagalog (Tagalog) Ang paunawa na ito ay may nilalamang mahalagang impormasyon tungkol sa iyong aplikasyon o kaseguruhan sa pamamagitan ng Health Insurance Marketplace. Tingnan ang mga mahalagang petsa sa paunawang ito. Maaring mangailangang gumawa ka ng hakbang sa loob ng mga itinakdang petsa upang mapanatili ang iyong kaseguruhang pangkalusugan o makatanggap ng tulong sa mga gastos. Mayroon kang karapatang makuha ang impormasyon na ito at tulong sa iyong wika ng walang gastos. Tumawag sa 1-800-318-2596 at maghintay ng pagkakataong mabuksan ang linya. Kapag sumagot ang isang ahente, sabihin ang kailangan mong wika at ikaw ay iuugnay sa isang tagapagsalin sa Tagalog.

Tiếng Việt (Vietnamese) Thông báo này có thông tin quan trọng về đơn xin của quý vị hoặc hợp đồng bảo hiểm của chương trình Thị trường bảo hiểm sức khỏe Marketplace. Xin xem những ngày then chốt trong thông báo này. Quý vị có thể phải thực hiện theo thông báo đúng thời hạn để duy trì bảo hiểm sức khỏe hoặc được trợ giúp thêm về chi phí. Quý vị có quyền được biết thông tin này và được trợ giúp bằng ngôn ngữ của mình hoàn toàn miễn phí. Xin gọi 1-800-318-2596 và đợi nghe hết lời mở đầu. Khi nghe một nhân viên trả lời, hãy nói ngôn ngữ của mình là gì và quý vị sẽ được kết nối với một thông dịch viên.

