

**Overview**

This paper notice is sent to the household contact for an application when an applicant who's 65 or older is found to be enrolled in both Medicare that qualifies as minimum essential coverage (MEC) and Health Insurance Marketplace coverage with or without advance payments of the premium tax credit (APTC). The notice explains that insurance companies are not supposed to enroll them in Marketplace coverage because it duplicates benefits already received through Medicare and that those who are dually enrolled aren't eligible to receive APTC or cost-sharing reductions (CSR) to help pay for Marketplace coverage. Consumers are being asked to return to the Marketplace and follow listed instructions regarding their dual enrollment status. Taglines in multiple languages are located at the end of the notice for those who may need help in another language.

(hh\_contact\_first\_name) (hh\_contact\_last\_name)  
(hh\_contact\_street\_name\_1)  
(special\_address\_2\_line)  
(hh\_contact\_city\_name), (hh\_contact\_state\_code) (hh\_contact\_zip\_plus\_4\_code)

(todays\_date)

Application date: (application\_submission\_date)  
Application ID: (application\_identifier)

Dear (hh\_contact\_first\_name):

**You're getting this notice because our records show that the people in your household listed below are enrolled in both Medicare and a Marketplace health plan:**

- (application\_member\_names)
- (application\_member\_names)
- (application\_member\_names)
- (application\_member\_names)

**IMPORTANT: If you have Medicare Part A (Hospital Insurance) or are in Medicare Part C (Medicare Advantage)<sup>1</sup>, insurance companies are not supposed to enroll you in Marketplace coverage because it duplicates the benefits you already get through Medicare. Your Marketplace coverage doesn't automatically end if you enroll in Medicare. You should return to the Marketplace to end your Marketplace coverage.**

You aren't eligible for premium tax credits or other savings for a Marketplace plan after you become eligible for premium-free Medicare Part A or enroll in Medicare Part C coverage. You may have to pay back all or some of the advance payments of the premium tax credit (APTC) paid on your behalf for months you had both Marketplace coverage with APTC and Medicare Part A or Part C, when you file your federal income tax return.

#### **What should I do next?**

You can call 1-800-MEDICARE (1-800-633-4227) to confirm what Medicare coverage you (or the people listed above) have. TTY users can call 1-877-486-2048.

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<sup>1</sup> In order to enroll in a Medicare Part C (Medicare Advantage) plan, you must be enrolled in Medicare Part A *and* Part B and pay the premiums, if any, for both Medicare Part A and B as well as any separate premium for Medicare Part C. In the rest of this notice, reference to enrollment in Medicare Part A includes enrollment in Medicare Part C.

**Be sure to keep this notice.** If you (or the people listed above) have Medicare, you should take action immediately depending on your Medicare coverage situation:

- **If you have premium-free Medicare Part A (Hospital Insurance), but don't have Medicare Part B (Medical Insurance):**

You should enroll in Medicare Part B. Once you get notice of having Part B, you should return to the Marketplace to end your Marketplace coverage. Your Marketplace coverage duplicates your Medicare Part A coverage, and in most cases, your Medicare Part B premiums will be less than your Marketplace plan premium (without APTC). We encourage you to enroll in Medicare Part B as soon as possible. You may have to pay back all or some of the APTC paid on your behalf for months you had both Marketplace coverage with APTC and were eligible for or enrolled in premium-free Medicare Part A, when you file your federal income tax return.

If you turned age 65 on or after July 1, 2013, you may have a special opportunity to sign up for Medicare Part B. You will have until September 30, 2017 to visit your local Social Security office to request enrollment in Medicare Part B. You'll need to show this notice to your local Social Security office when you make the request. To make sure you don't have a gap in coverage, you should end your Marketplace coverage after you get notice that your Medicare Part B coverage started.

- **If you have Medicare Part A AND Medicare Part B OR you have Medicare Part C:**

You should return to the Marketplace to end your Marketplace coverage because having Marketplace coverage duplicates the benefits you already get through Medicare. If APTC helped pay your Marketplace plan premium after your Medicare started, you might have to pay back all or some of the APTC paid on your behalf for months you had both Marketplace coverage with APTC and Medicare Part A or Part C when you file your federal income tax return.

**NOTE:** If you pay a premium for Medicare Part A (because you are not entitled to premium-free Medicare Part A) you should compare your benefits and total premiums under Medicare coverage (Medicare Part A, Medicare Part B, and, if applicable, Medicare Part C) with your Marketplace plan to see which one best meets your needs and fits your budget. Because you pay a premium for Medicare Part A, you have the option to stop all Medicare coverage and continue your Marketplace coverage with APTC, if applicable. However, you may have to pay back all or some of the APTC paid on your behalf for the months you were also enrolled in Medicare Part A, when you file your federal income tax return. Contact your local State Health Insurance Assistance Program (SHIP) to learn more about Medicare. You can find your local SHIP by calling 1-877-839-2675 or by going to [shiptacenter.org](http://shiptacenter.org).

**How do I end my Marketplace coverage?**

To end or change your Marketplace coverage:

- Visit [HealthCare.gov/medicare/changing-from-marketplace-to-medicare](https://www.healthcare.gov/medicare/changing-from-marketplace-to-medicare) and follow the instructions for “Changing from the Marketplace to Medicare.”

OR

- Call the Marketplace Call Center at 1-800-318-2596 (TTY: 1-855-889-4325) and tell the call center representative you want to end Marketplace coverage for someone who’s enrolled in Medicare.

**For more help:**

- For questions or assistance with Marketplace plan questions, visit [HealthCare.gov](https://www.healthcare.gov), or call the Marketplace Call Center at 1-800-318-2596 (TTY: 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).
- For questions or help with Medicare, call 1-800-MEDICARE (1-800-633-4227). TTY users can call 1-877-486-2048. Or you can contact your local SHIP at 1-877-839-2675 or by going to [shiptacenter.org](https://www.shiptacenter.org).
- If you have questions regarding your Medicare enrollment or want to apply for Medicare Parts A or B, you should contact Social Security directly at 1-800-772-1213 (TTY: 1-800-325-0778), or visit [www.socialsecurity.gov](https://www.socialsecurity.gov) or visit your local Social Security office.
- If you need help paying for your Medicare premiums, you may qualify for help through a Medicare Savings Program. To find out if you qualify, contact your state Medicaid office by visiting [www.Medicaid.gov](https://www.Medicaid.gov).
- Get language assistance services. If you need language assistance in a language other than English, you have the right to get help and information in your language at no cost. Information about how to access these language assistance services is included with this notice, as a separate page. You can also call the Marketplace Call Center to get information on these services.
- To request a reasonable accommodation if you have a disability, call the Marketplace Call Center at 1-800-318-2596 (TTY: 1-855-889-4325). These accommodations are available and provided at no cost to you.

Sincerely,

Health Insurance Marketplace  
Department of Health and Human Services

465 Industrial Boulevard  
London, Kentucky 40750-0001

*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/](https://www.healthcare.gov/privacy/)). This notice was generated by the Marketplace based on 45 CFR 155.230 and 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](https://www.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 و صلك بالمرجع.

**中文 (Chinese)** 本通知包含您通过健康保险市场的申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，请说明您所需的语种，届时将有译员与您联系。

**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. Quand 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 સમારકુતેત મારીઅરજી 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 કોઈ પણ ખર્ચ વિના તમારી ભાષામાં આજણકારી અને મદદ મેળવવાનો અધિકાર છે. 1-800-318-2596 અને શરૂઆતના મારફતે 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. Chiami 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 kaseguruhan 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 bàn về đơn nộp hoặc hợp đồng bảo hiểm của chương trình Thị trường bảo hiểm sức khỏe Marketplace. Xin xem ngày then chốt trong thông báo này. Quý vị có thể phải thực hiện theo thông báo đúng trong 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 miễn phí. Xin gọi 1-800-318-2596 và đợi nghe hết lời mở đầu do máy nói. Cho tới khi gặp một nhân viên trả lời, xin nói ngôn ngữ của mình là gì và quý vị sẽ được kết nối với một thông dịch viên.

