

Medicare Periodic Data Matching Initial Notice – Stop Qualified Health Plan

When we send this notice: Occasionally, we re-check eligibility for people who get tax credits to help pay for their Marketplace plan. If someone is enrolled in both a Marketplace plan and another program (like Medicare), they no longer qualify for financial help through the Marketplace. These consumers may have to pay back some or all of the tax credit they used after their Medicare Part A or Part C coverage starts.

When consumers apply for Marketplace coverage, they tell us if they want the Marketplace to end their coverage if we find they're enrolled in another program. We'll mail this notice if we find that a Marketplace consumer is enrolled in both a Marketplace plan and Medicare (Part A or Part C).

What this notice tells the consumer: The consumer will be disenrolled from their Marketplace plan if no action is taken by the date in the notice. It encourages the consumer to end their Marketplace coverage, update their application to stop using the tax credit and stay enrolled, or tell us if they don't have Medicare. The notice also tells consumers:

- The date their Marketplace coverage will end, if no action is taken.
- How to end their Marketplace coverage or update their application.
- Other actions they may need to take to fully enroll in Medicare.

Health Insurance Marketplace

DEPARTMENT OF HEALTH & HUMAN SERVICES
465 INDUSTRIAL BOULEVARD
LONDON, KENTUCKY 40750-0001

[Name 1]
[Address]
[City, State ZIP]

[Date]

Warning: Members of your household may lose Marketplace health plan coverage.

Application Date: [Date]
[Year] Application ID: #####

Dear [Name 1]:

Our records show that the people listed below may have a Marketplace health plan with financial help **and also have** Medicare Part A (Hospital Insurance) or Medicare Advantage (Part C). When you signed up for Marketplace coverage, you chose to have the Marketplace end coverage for anyone enrolled in both Medicare and Marketplace health plan coverage.

- [Name 1]

Take action by March 21, 2025

You need to update your Marketplace application for the people listed above. You can choose to end their Marketplace coverage, keep their Marketplace coverage (and only end their premium tax credit/cost savings), or tell us if they don't have Medicare.

If you don't take action by March 21, 2025, we'll end Marketplace plan coverage for the people listed above.

We'll end coverage for the people listed above because you chose this option when you signed up for Marketplace coverage. In most cases, Marketplace coverage will continue for anyone in the Marketplace health plan who isn't listed above. We'll re-check their eligibility for premium tax credit and other cost savings.

Marketplace coverage doesn't end automatically when Medicare Part A or Part C coverage starts. Most people don't keep Marketplace coverage once they qualify for Medicare because:

- When someone has Part A or Part C, they don't qualify for financial help with the cost of a Marketplace plan. This means that they'll pay the full price for Marketplace coverage.
- If these people keep getting financial help after their Medicare coverage starts, they may have to pay back all or some of the premium tax credit they used when they file their federal income tax return.
- Marketplace coverage duplicates Medicare. It doesn't help lower their share of costs for Medicare-covered services.

What should I do next?

Each person listed in this letter has Marketplace plan coverage. Find their situation below:

If person has:	Do this <u>before</u> March 21, 2025:	Here's how:
Premium-free Medicare Part A but didn't sign up for Medicare Part B (Medical Insurance)	<p>Consider signing up for Medicare Part B as soon as possible, then end their Marketplace plan.</p> <p>Avoid a lifetime penalty: If a person doesn't sign up for Part B when first eligible for Medicare, they may have to wait to sign up and pay a monthly late enrollment penalty for as long as they have Part B coverage. The penalty goes up the longer they wait.</p> <p>Visit Medicare.gov/sign-up to find out when and how to sign up based on your situation.</p>	<p>Visit Medicare.gov/ready-to-sign-up to get forms to fill out and find out how to submit them to Social Security or the Railroad Retirement Board.</p> <p>Then, end their Marketplace plan with premium tax credit/cost savings AFTER their Medicare Part B coverage starts, to make sure there's no gap in coverage. Log into your Marketplace account, and select your current application. Select "Application Details" from the menu. Then select "View Next Steps" under "Marketplace & Medicare Coverage" to end coverage. Complete and submit your updated application.</p>
Both premium-free Medicare Part A and Part B or Medicare Part C	End this person's Marketplace plan with premium tax credit/cost savings as soon as possible to avoid paying back all or some of the premium tax credit you got.	Log into your Marketplace account on HealthCare.gov , and select your current application. Select "Application Details" from the menu. Then select "View Next Steps" under "Marketplace & Medicare coverage" to end coverage. Complete and submit your updated application.

If person has:	Do this <u>before</u> March 21, 2025:	Here's how:
Medicare Part A but still wants to keep their Marketplace plan at full cost	<p>Update your application and change your response at the end to not allow the Marketplace to automatically end coverage for anyone who has Medicare Part A.</p> <p>Note that Marketplace coverage duplicates Medicare. It doesn't help lower your share of costs for Medicare-covered services.</p>	Log into your Marketplace account, and select your current application. Select "Application Details" from the menu. Then select "View Next Steps" under "Marketplace & Medicare coverage" to update your application to tell us you have Medicare. At the end of the application, select the option to not allow the Marketplace to end coverage if you have Medicare. Complete and submit your updated application.
No Medicare coverage	Update your application to tell us that the person doesn't have Medicare.	Log into your Marketplace account, and select your current application. Select "Application Details" from the menu. Then select "View Next Steps" under "Marketplace & Medicare coverage" to update your application and tell us the person listed above doesn't have Medicare. Complete and submit your updated application.

If the person listed above has to pay a premium for Medicare Part A, in most cases the Medicare Part A premium will cost less than the Marketplace premium without the premium tax credit. Compare this person's Marketplace plan costs with their Medicare benefits and total premiums (including Medicare Part A and Medicare Part B, or Medicare Part C, if you choose). If the premiums for Medicare coverage are lower, consider ending this person's Marketplace plan enrollment using the steps listed above.

Visit [HealthCare.gov/help/marketplace-and-medicare](https://www.healthcare.gov/help/marketplace-and-medicare) for more details about this letter. Or, contact the Marketplace Call Center at 1-800-318-2596. TTY users can call 1-855-889-4325.

If you aren't sure if anyone listed above has or is eligible for Medicare, or if you have other questions about Medicare coverage, contact:

- **Social Security:** Visit [SSA.gov](https://www.ssa.gov), contact your local Social Security office, or call Social Security directly at 1-800-772-1213 (TTY: 1-800-325-0778) for questions about your Medicare enrollment or if you want to apply for Medicare Part A or Part B.
- **Medicare:** Visit [Medicare.gov](https://www.medicare.gov) or call 1-800-MEDICARE (1-800-633-4227). TTY users can call 1-877-486-2048.
- **State Health Insurance Assistance Program (SHIP):** Visit [shiphelp.org](https://www.shiphelp.org) or call 1-877-839-2675 to find your local SHIP to learn more about Medicare.

For more help

- Visit [HealthCare.gov/medicare/changing-from-marketplace-to-medicare](https://www.healthcare.gov/medicare/changing-from-marketplace-to-medicare) to learn more about ending your Marketplace plan.

- For questions about Marketplace coverage, visit 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 someone in your area who can help you. Information is available at LocalHelp.HealthCare.gov.
- If you need help paying for your Medicare premiums, you may qualify for help through a Medicare Savings Program. Visit Medicare.gov/basics/costs/help to learn more about help with Medicare costs and to find out how to contact your state Medicaid office to check if you qualify.
- 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.

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). 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.

Health Insurance Marketplace® is a registered service mark of the U.S. Department of Health and Human Services.

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 إلى اتخاذ إجراء في مواعيد معينة للحفاظ على تغطيتك الصحية أو للمساعدة في التكاليف. لك الحق في الحصول على هذه المعلومات وعلى المساعدة بلغتك من دون أي 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，請說明您所需的语种，屆時將有譯員與您联系。

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 આરોગ્યવીમામાર્કેટસ્થળ સમારકતેતમારીઅરજીઅથવા સર્વગ્રાહી વીમો વિશેનીમહત્વનીમાહિતીછે. આ સૂચનામાંમહત્વનીતારીખોમાટેજુઓ. તમેતમારાઆરોગ્યઆવરીલેવાઅથવાખર્ચમાંમદદકરવામાટેઅમુકચોક્કસ નિશ્ચિત સમય ને હદમાં ધ્યાનમાંરાખીનેપગલાંલેવાનીજરૂરપડેછે. મનેકોઇપણખર્ચવિનાતમારીભાષામાંઆજાણકારીઅનેમદદમેળવવાનોઅધિકારછે. 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 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.

