

[Recipient Name]
[Address Line 1]
[Address Line 2]
[City], [State] [Zip]

Date: [Notice Date]
Notice ID: [Notice ID]
Notice Name: [Notice Name]
Subscriber Member ID:
[Subscriber ID]
Reference ID: [External ID]

It's time to renew your insurance coverage for [renewal year]. If you want to stay enrolled in your current plan, or a similar plan that we've chosen for you, just pay your monthly premium when you get your bill for January coverage. If you've had any changes to your household since you last updated your account, it's important to let us know about these changes at this time. This is so we can be sure you get the right coverage for next year.

You can choose to shop for a new plan during Open Enrollment. The Open Enrollment period starts November 1. You may be able to save money on your health coverage for next year if you shop and compare your options during Open Enrollment.

What you need to do:

1. Review your information for [renewal year], including your program eligibility, renewal plan, new monthly premium amount, and monthly tax credit for next year.
2. Compare any changes between your current plan and your plan for [renewal year] with our online **Plan Compare** tool at: www.MAhealthconnector.org/compare-plans.
3. Shop and compare your other plan options during Open Enrollment. Make sure the health plan you choose has the providers (such as doctors or hospitals) that you want to use next year.
4. Keep paying your monthly premium bill by the 23rd of every month to stay covered.
5. Send us the documents we need as proof of your information. Please follow the instructions in the letter that we sent you and send in your proof by its due date.

Important Dates:

- **November 1, [current year].** First date to start shopping and comparing plans at MAhealthconnector.org.
- **December 23, [current year].** Pay your premium by this date to enroll in the plan you want for January.
- **January 1, [renewal year].** The first day of your new [renewal year] coverage. If there have been any changes to your program eligibility, January 1 is the date when those changes will start.

Health Insurance Renewal Information						
Household Member	Date of Birth	[Renewal Year] Program Eligibility	Current Health Plan Name	[Renewal Year 20xx] Renewal Health Plan Name	Same plan as [20xx]?	Date Coverage Renews
[Household Member Name]	[DOB]	[Coverage Type]	[current year Carrier/pla n name]	[Carrier/Plan name]	[Yes/ No]	January 1, [Renewal Year]
[Household Member Name]	[DOB]	[Coverage Type]	[current year Carrier/pla n name]	[Carrier/Plan name]	[Yes/ No]	January 1, [Renewal Year]

Your new monthly premium for [renewal year]

[Renewal Year] Renewal Plan Monthly Premium: [contribution amount for QHP] (amount you pay each month)

- This is the amount your household will pay each month if you stay enrolled in the [Renewal Year] health insurance renewal plan listed above.
- There are other ConnectorCare plans available to you for [renewal year]. You can see the names and monthly costs for other ConnectorCare plans in the “Other available ConnectorCare plans” section of this letter.
- Your monthly premium is lower than the actual plan cost because it is reduced by a monthly tax credit.

Tax credit information for [renewal year]

[Renewal Year] Maximum Advance Premium Tax Credit Amount: [Renewal Year MAX APTC] per month

This is the amount of tax credit that will be used to lower your premium each month for [renewal year].

[Renewal Year] Applied Tax Credit Amount: [Renewal year applied APTC] per month

We will continue to lower your [renewal year] monthly premium with the same amount of tax credit as you chose to take for [current year]. You can choose to apply less to your premiums for next year. Or you can apply more, up to your Maximum Advance Premium Tax Credit Amount.

Dental Insurance Renewal Information					
Household Member	Date of Birth	Current Dental Plan Name	[Renewal Year 20xx] Renewal Dental Plan Name	Same plan as [Curren t Year 20xx]?	Date Coverage Renews

[Household Member Name]	[DOB]	[current year Carrier/plan name]	[Carrier/Plan name]	[Yes/No]	[Renewal Date Month, Day, 20XX]
[Household Member Name]	[DOB]	[current year Carrier/plan name]	[Carrier/Plan name]	[Yes/No]	[Renewal Date Month, Day, 20XX]

Your new dental plan monthly premium

When your dental coverage renews, your monthly premium for [Renewal Year] will cost: [contribution amount for QDP] (amount you pay each month)

If your coverage renews later than January 1, [Renewal Year], you will get another letter about renewing your dental coverage, closer to the date when your coverage renews.

This is the amount your household will pay for your dental insurance each month for your next plan year if you stay enrolled in the dental plan listed above. This amount includes any tax credit available to use towards your dental premium.

Other available [Renewal Year] ConnectorCare plans

The following ConnectorCare plans will be available to you in [Renewal Year].

Other available [Renewal Year] ConnectorCare plans	
Available for: [Member Names per ShoppingGroup][,] [Member Names per ShoppingGroup]	
ConnectorCare plan name	Your monthly premium
[CARRIER NAME]	[Member Monthly premium]
[CARRIER NAME]	[Member Monthly premium]
[CARRIER NAME]	[Member Monthly premium]

Important things to know about [Renewal Year] ConnectorCare plan options:

- All of your benefits and co-payment costs will be the same, no matter which ConnectorCare plan you choose.
- Some of the ConnectorCare plans offered could have lower monthly premiums than your renewal plan for [Renewal Year]. Make sure to compare premium costs.
- Providers (such as a doctors, hospitals, or health centers) available through your current plan may be changing in [Renewal Year]. Make sure that any providers you want to be able to use are in the provider network of a plan before you enroll.

Your program eligibility has changed for [renewal year]

As of January 1, your eligibility will change and you will no longer be able to get help paying for your health coverage through a ConnectorCare plan or monthly tax credit. Please **take action** right away if you think that your eligibility for [renewal year] is not right. Your eligibility for [renewal year] may have changed because of any of the following reasons:

- Your income changed.** If your income has gone up or down, your eligibility may have changed. If you think that the information we have about your income is not right, please review your account right away and either update or confirm your current income information.

- **You didn't file taxes.** If you didn't file federal income taxes in the right way for each year that you received a monthly tax credit or ConnectorCare plan, you won't be able to get financial help again until you've filed all necessary tax returns. If this applies to you, you should file a federal income tax return or an amended return as soon as possible, then update your account to let us know that you've filed taxes.
- **You have access to health insurance through another source** that meets minimum essential coverage standards. For example, your eligibility could have changed if you now have access to coverage through Medicare or through an employer. If your access to other health insurance has changed, please update your account with this information.
- **We couldn't get any recent information about your income.** If you haven't updated your income in your account recently and we couldn't get information about your income from electronic data sources, you won't be able to get help with lowering the cost of your health insurance. If this applies to you, you will need to review your application for [renewal year] and either change or confirm your information. If you update or confirm your information for [renewal year], you may still be able to get help paying for insurance.

Please take action right away if you think that your eligibility for [renewal year] is not right.

You can review and update your information through your online account at MAhealthconnector.org. If you do not have an online account, you can get help over the phone by calling Customer Service. You can also get free, in-person help at one of our walk in centers or through an Enrollment Assister. You can find more information about getting help in the "If you have questions" section at the end of this letter.

Why can't I stay in the same plan for next year?

If your [Renewal Year] renewal plan is different than the plan you are currently enrolled in is either because:

- Your current plan will not be available in [Renewal Year], or
- You won't qualify for your current plan in [Renewal Year]

If you can't enroll again into your current plan for [Renewal Year], we've chosen a similar plan that you can easily renew into instead. We chose this plan for you because we believe that the benefits will be similar to the plan you're currently enrolled in, with the same insurer (if possible).

However, please make sure to compare the benefits and costs for this plan with your current plan. You can compare these plans with our tool at www.MAhealthconnector.org/compare-plans before you decide if you want to stay in this plan. If you don't want to stay in the plan we've chosen for you, you can enroll in a new plan during Open Enrollment.

What does it mean if my ConnectorCare Plan Type changed?

Your ConnectorCare Plan Type may change if your income goes up or down. If this happens and you now qualify for a different Plan Type, your benefits (the services covered by your plan) will stay the same. If you stay in a ConnectorCare plan with the same insurer, your provider network should also stay the same, unless the insurer has made changes to their network for [renewal year]. However, some things will change, including:

- **Your premium.** If your income went up, your monthly premium may be higher now. If your income went down, your monthly premium may be lower.

- **Your out-of-pocket costs.** If your income went up, you may need to pay more out of pocket for services like doctor visits and prescription medications. If your income went down, those costs may be lower now.

To see all of the details for your [renewal year] ConnectorCare Plan Type, please go to:
www.MAhealthconnector.org/ConnectorCare

We still need more information

We still need more information from you to prove that the people listed on this notice qualify for this coverage. You should have received another letter telling you more about the information that we need and what you can send us for proof. Please make sure to send all of the documents that we need by their due date in order to keep your coverage.

American Indian/Alaska Native

According to our records, you are an American Indian or Alaska Native. You will not have to pay any out-of-pocket costs when you get services directly from an Indian Health Service (IHS) Center, tribal or Urban Indian organization, or through the Contract Health Service program. See the law at 45 C.F.R. §155.350.

If your income is below 300% of the federal poverty level (FPL), you won't have to pay out-of-pocket costs like deductibles and co-payments when you get care. You can find your household's FPL in your online account under My Eligibility. If you don't have an online account, you can call Customer Service or go to one of our walk in center locations to find out this information. For a list of places where you can get help, go to:
www.MAhealthconnector.org/help-center

How did we make this decision about your eligibility?

The people listed on this notice qualify for coverage for the following reasons:

- [Household Member Name] Member ID: [Member ID]
- [Household Member Name] Member ID: [Member ID]
 - You are a resident of Massachusetts. 45 C.F.R. §155.305(a)(3)
 - You are a United States citizen or non-citizen who is lawfully present. 45 C.F.R. §155.305(a)(1)
 - Our records indicate that you are not serving a prison sentence. 45 C.F.R. §155.305(a)(2)
 - You do not have access to health insurance through another source that meets affordability and minimum essential coverage standards. 45 C.F.R. §155.305(f)(2)
 - Our records indicate that your annual household income in [Renewal Year] is [Renewal Year Tax HouseHold Annual FPL]% of the Federal Poverty Level. 45 C.F.R. §155.305(f)(2)(B)

However, the people listed below do not qualify for help paying for coverage through a tax credit or ConnectorCare plan.

- [Household Member Name] Member ID: [Member ID]
- [Household Member Name] Member ID: [Member ID]

Does not qualify because of any of the following reasons:

- Your annual income is too high. 45 C.F.R. §155.305(f)(i)

- You have access to health insurance through another source that meets affordability and minimum essential coverage standards. 45 C.F.R. §155.305(f)(1)(ii)(B) & 26 C.F.R. 1.36B-2(a)(2)
- You have told us you don't plan to file a tax return; You're married and you told us you'll file taxes separately from your spouse; or advance payments of the premium tax credit were made to your health insurance company to reduce your premium costs in a prior year and we can't tell if a tax return was filed for that year. 45 C.F.R. 155.305(f)(4) & 26 C.F.R. 1.36B-2(b)

If you do not agree with our decision

You may appeal to the Health Connector if you do not agree with our decision about your eligibility for [renewal year]. Please use the *Hearing Request Form* that came with this letter.

Please note: you don't need to file an appeal in order to change the information that we have about you. You can make changes to your information through your online account, or by calling Customer Service.

You don't need to file an appeal if you want to change plans for [renewal year]. To change your enrollment, you will need to shop for a new plan during Open Enrollment. Choose a new plan and pay your first premium by December 23 to enroll for January 1.

If your information changes

Please update your information **within 30 days of any changes**. These include changes such as your address or family size. It is important that you let us know right away if you have a change of address, because we send important notices affecting coverage. If you do not receive those notices because we have an old address, you could risk losing your health or dental coverage.

You must also update your information with any changes to your income or health insurance access. If you don't let us know if this information changes, you could end up owing the IRS money when you file your federal income tax return.

You can update your information through your online account at MAhealthconnector.org, or by calling Customer Service.

If you have questions

If you have questions, you can get help in any of the following ways:

- **Online.** Go to our website at MAhealthconnector.org to find more information about renewing your coverage.
 - Log into your online account to make changes to your enrollment for next year.
Your username is: [user name]
- **In person.** There are many places where you can get free, in-person help. You can go to any of the following walk in centers, which are open all year.

Boston
133 Portland Street
Boston, MA 02114

Springfield

88 Industry Avenue, Suite D
Springfield, MA 01104

Worcester

146 Main Street
Worcester, MA 01608

You can find a list of more locations and their hours at: www.MAhealthconnector.org/help-center

- **By phone.** Call Health Connector Customer Service at 1-877-MA ENROLL (1-877-623-6765) or TTY: 1-877-623-7773.

Thank you,

Massachusetts Health Connector

Frequently Asked Questions

What if I want to change plans?

The [Renewal Year] Open Enrollment period is from November 1, 2018, through January 23, 2019. If you want to change plans for [Renewal Year], you will need to make this change during Open Enrollment. For coverage that starts January 1, [Renewal Year], you must change your enrollment and pay your first premium by December 23. If you don't want to shop through the Health Connector, you could look at health plans directly from a health insurer. However, if you qualify for help paying for costs, you can only get these savings if you enroll through the Health Connector.

How can I get help paying for coverage?

You may be able to qualify for programs that help you pay for health insurance and out-of-pocket costs. You can apply at any time to find out if you qualify. To find out if you can qualify, go to **MAhealthconnector.org** and fill out an application online. Answer "yes" when asked whether you want to see if you can get help paying for insurance.

Can I get coverage through MassHealth?

MassHealth will check to see if the people listed on this notice qualify for health coverage through MassHealth, the Health Safety Net (HSN), or Children's Medical Security Plan (CMSP).

MassHealth will send another letter, letting them know if they qualify for any of these programs, and will contact them if they need more information to make a decision. If you have any questions about MassHealth, call MassHealth Customer Service at 1-800-841-2900 (TTY: 1-800-497-4648 for people who are deaf, hard of hearing, or speech disabled).

When does my new program eligibility start?

If there are any changes to the type of coverage that you qualify for, those changes will start as of January 1, [Renewal Year]. You will stay enrolled in your current type of coverage through the end of [current year] unless you let us know that your information for [current year] has changed. If you or anyone in your household now qualifies for MassHealth, those benefits may start sooner.

Why can't I get a tax credit or ConnectorCare this year?

If you no longer qualify for a tax credit, it could be because of any of the following reasons:

- **You didn't file taxes correctly.** You need to file a federal income tax return for each year that you get an Advance Premium Tax Credit to help pay for your premium, and include information with an *IRS Form 8962*. If you are married and you received this tax credit, you must file taxes jointly.
- **You now have access to other health insurance coverage** that is affordable and meets minimum essential coverage (MEC). This could be coverage that you're offered through a job, or a program like Medicare.
- **Your household size or income changed.**
- **We couldn't get any recent information about your income.** If you haven't updated your income with us recently and we couldn't get information about your income from electronic data sources, you won't be able to get help with lowering the cost of your health insurance next year unless you update your account. If this applies to you, you will

need to review your application for [renewal year] and either change or submit your information in order to get help paying for insurance in [renewal year].

What should I do if I didn't file my tax return with *IRS Form 8962*?

For every year that you receive an Advance Premium Tax Credit, you'll need to file your taxes and include *IRS Form 8962* when you file.

If you received an Advance Premium Tax Credit in the past but didn't file a federal income tax return with *Form 8962*, you should take the following steps:

- File a tax return as soon as possible, including a completed *IRS Form 8962*. You should have received a *Form 1095-A – Health Insurance Marketplace Statement* to help fill out *Form 8962* and file your federal income tax return.
 - If you don't have a copy of this form, contact the Health Connector.
 - If you have questions about your household's tax filing status, use Interactive Tax Assistant [www.irs.gov/uac/Interactive-Tax-Assistant-\(ITA\)-1](http://www.irs.gov/uac/Interactive-Tax-Assistant-(ITA)-1) or call IRS Telephone Assistance for Individuals at 1-800-829-1040.
 - For more information on filing a federal tax return using *Form 8962*, visit www.MAhealthconnector.org/taxes or IRS.gov/aca.

If you filed a tax return but didn't include *Form 8962*, you may need to file an amendment to your tax return (*Form 1040X*). To learn more, call the IRS Telephone Assistance for Individuals at 1-800-829-1040.

Why is my tax credit \$0.00?

If your tax credit amount is \$0.00, it is because there are good, high-quality plans that are available to you through the Health Connector at an affordable premium, without any extra help. You can learn more about how tax credits are calculated at MAhealthconnector.org.

How can I prevent owing some of my tax credit back to the IRS?

If your income for the year ends up being higher than you estimated on your application, you could end up owing some or all of your tax credit back to the IRS at tax time. The best way to prevent this is to keep your income information in your account as up to date as possible throughout the year.

If your income changes often, you may want to lower the amount of tax credit that is applied to your monthly premiums. By taking less than the full amount that you qualify for, you may help to prevent owing money at tax time. However, this will mean that your monthly premiums will be higher.

You can update your information and change your tax credit amount through your online account at MAhealthconnector.org. If you don't have an online account, please call Customer Service.

You may use this **Hearing Request Form** to appeal the Health Connector's decision.

Your Right to Appeal

If you disagree with the action taken by the Massachusetts Health Connector, you have the right to appeal and ask for a hearing before an impartial hearing officer. You can also request a hearing if no one acted on your request in a reasonable time.

How to Appeal

To ask for a hearing, fill out this form and send it to the **Massachusetts Health Connector Appeals Unit, P.O. Box 960189 Boston, MA 02196** or fax it to **1-617-933-3099**. Please keep a copy of this form for your information. We must receive your appeal request 30 days from the date you received the notice of our action. If you did not receive notice of the action, or the Health Connector did not act on your application, we must receive the request 120 days from the date of the intended action.

Health Coverage During Your Appeal

You may be able to keep your Health Connector plan while your appeal is being decided. If you qualify for this, the Health Connector will notify you. Please note that if you were in Commonwealth Care, Medical Security Plan, or temporary Medicaid, those programs have been discontinued and you will not have the option of keeping that coverage.

Date of Hearing

At least 15 days before the hearing, we will send you a notice telling you the date and time of the hearing. Your hearing will be conducted by phone, but you may request an in-person hearing for good cause by calling the Health Connector Appeals Unit at 1-617-933-3096 (TTY: 1-877-623-7773).

Your Right to Be Helped at the Hearing

At the hearing, you may have a lawyer or other person represent you, or you may represent yourself. We will not pay for anyone to represent you. You may contact a local legal aid service or community agency to see if you can receive advice or representation at no cost. A hearing request can be filed on your behalf by someone authorized to act on your behalf. If someone other than a lawyer is acting on your behalf, please attach a copy of the document authorizing that person (such as Power of Attorney, Guardian, or Authorized Representative).

If You Need an Interpreter, Assistive Device, or Other Accommodation

If you do not understand English or if you are hearing or sight impaired, we will provide an interpreter or assistive device at the hearing at no cost to you. We will also make other reasonable accommodations a person with a disability may need to participate in the hearing. Please tell us what you need in the "Other Information" section of the form.

Your Right to Review Your Case File

You or your representative can review your case file before the hearing. If you wish to review your case file, please call the Health Connector Appeals Unit at 1-617-933-3096 (TTY: 1-877-623-7773).

Your Right to Ask to Subpoena Witnesses and Your Right to Question

You or your representative may write to ask that witnesses or documents be subpoenaed to the hearing. You or your representative may present evidence and ask questions of witnesses at the hearing. The hearing officer will make a decision based on all evidence presented at the hearing.

Impact on Other Household Members

An appeal decision for one household member may change eligibility for other household members.

Requesting an Expedited Appeal

If you need an expedited appeal in order to avoid serious harm to your health, please call the Health Connector Appeals Unit at 1-617-933-3096 (TTY: 1-877-623-7773).

Hearing Request Form



[Primary Recipient Name]

Notice ID: [Notice ID]

Notice Date: [Notice Date]

First Name	Middle Initial	Last Name	
Mailing address	City [Member ID]	State	Zip
Phone number	Member ID	Date of Birth	

Who is appealing? Please list the household members that are appealing:

Reason for your appeal (Circle any reason(s) that may apply)

Income	Citizenship/Immigration status	Residency	Family size
Premium Waiver/Reduction	Access to other insurance	Incarceration	
Qualifying Event to Enroll	Other: _____		

Please explain why you are appealing. Attach any documents that support your reason.

Other information Please check all that may apply. If you need an interpreter, assistive device, or other accommodation, we will provide one for you at the hearing. Please describe your needs below.

I need an interpreter. My language is _____

I need an assistive device to communicate at a hearing. (Describe device _____)

I need another accommodation for a disability (Describe accommodation) _____

Appeal Representative, if any

First Name	Last Name	Title		
Mailing Address	City	State	Zip code	Phone Number

Signature The information on this form is true and accurate to the best of my knowledge. I authorize the Health Connector to provide me and my representative or translator with my individual information, including federal and state tax information used to determine my eligibility, for this appeal.

Signature (Sign)	Date	First and Last Name (Print)
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If this is signed by someone other than an appellant 18 years of age or older who has authority to file, please attach a copy of your authority to file the appeal on behalf of the appellant (for example, a copy of your authorized representative form, power of attorney document, or evidence of court appointment as a personal representative).

[Renewal Year FPL]%

To get this information in English **large print** or **Braille**, call 1-877-623-6765. TTY: 1-877-623-7773.

¡Importante! Esto tiene información importante sobre su seguro de salud. Si usted quiere la información traducida a su propio idioma, llame al **1-877-623-6765**.

Spanish

សំខាន់! ក្នុងនេះមានព័ត៌មានសំខាន់អំពីធានារ៉ាប់រងសុខភាពរបស់អ្នក។ ប្រសិនបើអ្នកចង់បានព័ត៌មាននេះបកប្រែជាភាសារបស់អ្នក សូមទូរស័ព្ទមកលេខ**1-877-623-6765**។
Cambodian

重要提示：該文件載有關於您的醫療保險的重要資訊。如果您想要將相關資訊翻譯為您的母語，請致電 **1-877-623-6765**。

Traditional Chinese

重要提示：该文件载有关于您的医疗保险的重要信息。如果您想要将相关信息翻译为您的母语，请致电**1-877-623-6765**。

Simplified Chinese

Enpòtan! Sa a gen enfòmasyon enpòtan ou asirans sante ou. Si w vle nou tradwi enfòmasyon an nan pwòp lang ou rele **1-877-623-6765**.

Haitian Creole

ສິ່ງສໍາຄັນ!
ນີ້ ມີ ຂໍ້ ມູ ນທສໍາຄັນກ່ຽວກັບການປະກັນໄພສຸຂະພາບຂອງທ່ານ.
ຖ້າຫາກທ່ານຕ້ອງການ
ນຂໍ້ມູນຂ່າວສານເຂົ້າໃນການແປພາສາໂທຫາ **1-877-623-6765**
ຂອງຕົນເອງຂອງທ່ານ.

Laotian

Importante! Neste pacote há informações importantes sobre o seu seguro-saúde. Se quiser que as informações sejam traduzidas para o seu idioma, ligue para **1-877-623-6765**.

Brazilian Portuguese

Importante! Contém informações importantes sobre o seu seguro de saúde. Se desejar a tradução das informações para a sua língua, contacte-nos pelo telefone **1-877-623-6765**.

European Portuguese

Важная информация! Здесь содержится важная информация о Вашем медицинском страховании. Если Вы хотите, чтобы информация была переведена на Ваш родной язык, позвоните по номеру: **1-877-623-6765**.

Russian

Lưu ý quan trọng! Đây là thông tin quan trọng về bảo hiểm y tế của quý vị. Nếu quý vị muốn có bản dịch thông tin này bằng ngôn ngữ của quý vị, hãy gọi số **1-877-623-6765**.
Vietnamese

هام! يتضمن هذا معلومات مهمة عن تأمينك الصحي. إذا كنت تريد ترجمة المعلومات إلى لغتك فأتصل برقم **1-877-623-6765**.
Arabic

Important! Ceci contient des informations importantes au sujet de votre assurance santé. Si vous désirez une traduction de ces informations dans votre langue, appelez le : **1-877-623-6765**.
French

Σημαντικό! Το παρόν περιέχει σημαντικές πληροφορίες σχετικά με την ασφάλεια ζωής σας.
Εάν επιθυμείτε να μεταφραστούν οι πληροφορίες αυτές στη γλώσσα σας, καλέστε στο **1-877-623-6765**.
Greek

મહત્વપૂર્ણ! આમાં તમારી આરોગ્ય વીમા વિશેની મહત્વપૂર્ણ જાણકારી છે. જો તમારે તમારી ભાષામાં આ જાણકારીનો અનુવાદ જોઈએ તો, **1-877-623-6765** પર કોલ કરો.
Gujarati

महत्वपूर्ण! इसमें आपके स्वास्थ्य बीमा के बारे में महत्वपूर्ण जानकारी है। यदि आप अपनी भाषा में इस जानकारी का अनुवाद चाहते हैं, तो **1-877-623-6765** पर कॉल करें।
Hindi

Importante! Questo documento contiene informazioni importanti sulla sua assicurazione sanitaria. Se desidera averne la traduzione nella sua lingua, chiami il numero **1-877-623-6765**.
Italian

중요! 귀하의 건강 보험에 관한 중요한 내용입니다. 해당 내용을 귀하가 사용하는 언어로 번역을 원하시면 **1-877-623-6765**로 연락하십시오.
Korean

Ważne! Tutaj zawarte są ważne informacje na temat Państwa ubezpieczenia zdrowotnego. Jeśli chcą Państwo, aby te informacje zostały przetłumaczone na Państwa język, proszę zadzwonić na numer **1-877-623-6765**.
Polish

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7/20/16