

---

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

Date: [Notice Date]  
Notice ID: [Notice ID] Notice Name: [Notice Name]  
Member ID: [Member ID]

---

## **Important [Renewal Year] Eligibility Information**

Dear [Primary Recipient Name],

We are sending you this notice because you are the Authorized Representative (ARD) designated for the member(s) listed on this notice. Please be sure that the member(s) understand the important information about their eligibility that is included in this notice.

**We need to make sure all of the information we have about you is right for next year.**

It will be time to renew your Health Connector health insurance coverage for [Renewal Year] soon. Before we can renew your coverage, we need to make sure we have the right information about your household.

**Please read this information carefully and follow all steps in this letter, so that you can get the right health coverage for [renewal year].**

### **Step 1**

#### **Check your household income range to see if it looks right**

For privacy reasons, we can't show the exact dollar amount for your income. Instead, we show your expected income as a range, and as a percentage of the Federal Poverty Level (FPL). Compare the Expected **[Renewal year]**Income Range and Federal Poverty Level (FPL) listed below.

<b>Household Member</b>	<b>Date of Birth</b>	<b>Current Program Eligibility</b>	<b>Expected [Renewal year] Program Eligibility</b>	<b>Current Income Range and FPL</b>	<b>Expected [Renewal year] Income Range and FPL</b>
Jane Sample	June 10, 1984	ConnectorCare Plan Type 2A with Advance Premium Tax Credit	ConnectorCare Plan Type 2A with Advance Premium Tax Credit	Between \$16,022 and \$24,030  (133.1% of the FPL)	Between \$16,146 and \$18,209  (133.1% of the FPL)

- If the range shown doesn't look right based on your income, please update your information in your account as soon as possible.
- If your income range looks right but your eligibility has changed, you may need to update other information in your account. Or you may need to review your application and confirm that your income is still correct.
- Even if your Expected Eligibility for [renewal year] listed above includes a tax credit or ConnectorCare plan, you won't qualify for this financial help next year if you didn't file taxes in the right way. You need to have filed a federal income tax return for each year that you received a tax credit or ConnectorCare plan. If this applies to you, you should file a federal income tax return or an amended return as soon as possible. You can learn more about the right way to file taxes in the Frequently Asked Questions section of this letter.
- If you think that any member(s) of your household for [renewal year] are missing or shouldn't be included in the chart above, you should call Health Connector Customer Service as soon as possible to update your account.
- We've shown your Expected Income Range and FPL as "Unknown." This is because we couldn't get any recent information about your income through electronic data sources. Without this information, you won't be able to qualify for programs that help to lower your coverage costs (like the Advance Premium Tax Credit or ConnectorCare).
  - Please update or confirm your income information in your online account or by calling Customer Service.
  - If you now have a Social Security Number (SSN) but did not have one when you applied, you should also update your application with your new SSN.

## **Important information about your Medicare eligibility**

Based on the information we have, it looks like the following member(s) of your household can get health insurance coverage through Medicare in [renewal year].

**Member Name:** [Medicare eligible Member name] **Date of Birth:** [Date of Birth]

Because of their Medicare eligibility, the member(s) listed above will not qualify for health insurance coverage through the Health Connector next year. They can remain in their current plan through the end of this year. They may also be able to renew their coverage with their current health insurance company if they contact them directly. However, **they should enroll in Medicare coverage as soon as possible if they have not already.**

If you do not enroll during your Initial Enrollment Period for Medicare, you may end up paying a late enrollment penalty later on. This penalty will continue for the rest of your lifetime.

To get help with understanding your Medicare options, please contact the SHINE Program (Serving the Health Insurance Needs of Everyone). To make an appointment with a SHINE counselor call: 1-800-AGE-INFO (1-800-243-4636) and press 3.

For more information about next steps for members who qualify for Medicare, please go to: [www.MAhealthconnector.org/Medicare](http://www.MAhealthconnector.org/Medicare) or call Health Connector Customer Service.

## **Health Safety Net or Children's Medical Security Plan**

For members of your household listed below who are eligible for Children's Medical Security Plan (CMSP) or Health Safety Net (HSN), we need you to complete the annual eligibility renewal by updating the information in your account online or by phone **within 30 days of this letter** to make sure you are receiving the right type of coverage. We reviewed their information to see if we could automatically renew health coverage. **However, we are not able to renew the current HSN or CMSP with the information we have.** If you do not contact us, the benefits for the following member(s) **may decrease or end.**

**Household member:** [Household Member] **Date of Birth:** [DOB]

Please update your information in your online account to be sure that you or your family members get the right health coverage. You can find step-by-step instructions for how to update your information on our website at [MAhealthconnector.org](http://MAhealthconnector.org), and in the Frequently Asked Questions section at the end of this letter, under "How do I update my information? If you don't have an online account, you can update your information by calling Customer Service, or by visiting one of our walk in centers. You can find a list of our walk in centers at the end of this letter.

### **Step 2**

**Update or confirm your information in the next 30 days:**

**It looks like your eligibility will change for [renewal year] and your health insurance costs may go up.** You may still be able to get help paying for coverage in [renewal year] if you take action. Use the checklist below to find your next steps.

**Has your income changed?**

If your income has changed since you last updated your application, you will need to give us your most up-to-date income information.

Please update your information in your online account. You can find step-by-step instructions for how to update your income on our website at [MAhealthconnector.org](http://MAhealthconnector.org), and in the Frequently Asked Questions section at the end of this letter, under “How do I update my information?”

➤ Your online account username is: [user name]

If you don't have an online account, you can update your information by calling Customer Service, or by visiting one of our walk in centers. You can find a list of our walk in centers at the end of this letter.

**If your income is the same and you are not eligible for Medicare or other coverage**

Your program eligibility for [renewal year] may have changed because we couldn't verify (prove) your income information. Because of this, you will need to review and confirm your information and re-submit your application, even if your income is still the same.

You can update your information in your online account. You can find step-by-step instructions for how to review and confirm your income on our website at [MAhealthconnector.org](http://MAhealthconnector.org). You can also find steps in the Frequently Asked Questions section at the end of this letter, under “How do I update my information?”

If you don't have an online account, you can update your information by calling Customer Service, or by visiting one of our walk in centers. You can find a list of our walk in centers at the end of this letter.

Reviewing your application information is the best way to make sure that you're getting the right amount of help paying for your coverage and not paying more than you need to each month. You can update your information online at [MAhealthconnector.org](http://MAhealthconnector.org), or by calling Customer Service.

➤ Your online account username is: [user name]

## **Step 3**

### **Send us proof of your information**

We've asked you to send us proof of some of your information. If you haven't sent it yet, please make sure to send in your documents by their due date. If you don't send in your proof, your coverage could change or end. If you are not sure which documents you need to send, please look at the My Eligibility section of your online account, or call Customer Service for help.

### **What happens next?**

#### **Unless you now qualify for MassHealth, your eligibility won't change until January 1, [renewal year]**

Any changes to your eligibility and enrollment will not start until January 1, [renewal year]. You will stay in your current coverage through December 31 as long as you continue to pay your monthly bill. However if your expected eligibility for [renewal year] is MassHealth, those benefits may start sooner.

#### **We will send you more information about renewing or changing plans for next year**

**The next Health Connector Open Enrollment period is November 1, 2018 to January 23, 2019.** During Open Enrollment, you can shop for a new plan or make changes to your health insurance coverage for any reason.

We'll send you another packet of information in October or November with information about renewing your coverage for next year. If we think anyone in your household will now qualify for MassHealth, MassHealth will send you more information in the mail.

If you update your account, we may also send you a letter that asks for proof of some of the new information you gave us. Please send in your proof documents by their due date or your coverage could change or end.

#### **MassHealth will send more eligibility information**

Based on your current information, it looks like one or more household members may qualify for MassHealth. MassHealth will send another letter with more information about the programs these member(s) qualify for. 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).

# Frequently Asked Questions

## Why would my program eligibility change for next year?

If you have a change in your eligibility for [renewal year], it could be for 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 have access to health insurance through another source** that meets affordability and 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 next year unless you update your application. If this applies to you, you will need to review your application and either change or confirm your information in order to get help paying for insurance in [renewal year].

## What is the right way to file my taxes?

For every year that you get an Advance Premium Tax Credit or ConnectorCare plan to lower your monthly health insurance premium, you will need to make sure you take the following steps:

- File a federal income tax return.
- Include information with an *IRS Form 8962* when you file your taxes.
- File taxes jointly, if you are married. The only exception is if you are the victim of domestic abuse or if you are abandoned by a spouse.

By following these steps the IRS will be able to “reconcile” your tax credit. This means that they will make sure that you got the right amount of tax credit during the year—not too little and not too much.

If you didn't follow all of these steps for filing your taxes, please either file a return right away, or file an amendment to your return to fix any mistakes that you made. You won't be able to get a tax credit for your coverage or re-enroll in a ConnectorCare plan in [renewal year] until you've reconciled with the IRS.

## How do I update my information?

Making changes online is the fastest and easiest way to update your information.

1. Log into your account at MAhealthconnector.org.
  - Your online account username is: [user name]
2. Go to **My Eligibility**, then **Year [renewal year]** to make changes to your information for next year.
3. Make sure to submit your changes on the **Rights and Responsibilities** page at the end of your [renewal year] application.

**If you do not have an online account**, please call Health Connector Customer Service at 1-877-MA ENROLL (1-877-623-6765) or TTY: 1-877-623-7773. Or you can get help in person at one of our walk in center locations. Go to MAhealthconnector.org for a list of places where you can get help with changing your information.

When you are updating your information for [renewal year], it is also important to update any information that has changed in [current year], if you haven't done so already. If you have had any changes to your current information that you haven't reported yet, please update and submit your information in your [current year] application. If the changes that you've had in [current year] will also apply for next year (for example, if your income went up this year and you expect it to stay the same for next year), please apply your [current year] changes to your [renewal year] application and submit them as well.

## Where can I get help?

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

- **Online.** Go to our website at [MAhealthconnector.org](http://MAhealthconnector.org) to find more information.
- **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](http://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

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 ມີຂໍ້ມູນທຳອິດ ທີ່ຈຳເປັນ ວ່າດ້ວຍການປະກັນໄພສຸຂະພາບຂອງທ່ານ. ຖ້າຫາກທ່ານຕ້ອງການຂໍ້ມູນຂ່າວສານເຂົ້າໃນການແປພາສາໂທຫາ **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 فاتصل 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

*The Massachusetts Health Connector complies with applicable federal and state civil rights laws and does not discriminate on the basis of race, color, national origin, age, disability, or sex.*

7/20/16