



Notice Date: 03/30/2015

Application Date: 11/20/2014

Phone Cisco  
121 Main Street  
Columbia, MD 21045

Application ID: 28021

La présente section vous indique la personne éligible à une aide pour souscription à une assurance maladie au sein de votre maisonnée. Elle vous indique également la date de début de votre assurance et vous rappelle d'effectuer un paiement mensuel à la compagnie d'assurance, si vous disposez d'un régime d'assurance maladie admissible.

**Subject – Decision About Your Health Coverage**

Dear Phone Cisco,

This notice is to let you know the results of your application for health coverage on Maryland Health Connection.

**Approved Individuals:**

Based on the information provided in your application, the following household members are eligible for certain health coverage programs and have selected a program.

**Qualified Health Plan with Financial Assistance**

Phone Cisco

Based on a household size of 1, and the income you provided on your application of \$22000, you are eligible for a cost-sharing reduction benefit that will reduce your out-of-pocket insurance costs. You must select a "Silver" level QHP in order to access these cost-sharing benefits.

If you select your QHP between November 15 and December 18, 2014, your coverage will begin on January 1, 2015. If you select your QHP between December 19, 2014 and January 18, 2015, your coverage will begin on February 1, 2015. If you select your QHP between January 19 and February 15, 2015, your coverage will begin on March 1, 2015. After open enrollment ends on February 15, 2015, you will only be able to select a plan if you have a life event that qualifies you for a special enrollment period. If you do qualify for a special enrollment period, your coverage effective date will depend on your qualifying life event.

Your QHP requires a monthly payment (premium). The carrier you select will send you a monthly bill with payment instructions. Please note that your coverage is effective as long as you pay your monthly premium and you continue to qualify for the health plan.



**Denied Individuals:**

The following household members are not eligible for certain health coverage programs. Please see the decision(s) below:

Name	Program	Reason	House hold Size	Income Standard	Household Income confirmed by applicant
Phone Cisco	Medicaid	Individual had not been lawfully present in the United States for 5 years (42 CFR 435.406(a)(2)(i))			
	Qualified Health Plan with Financial Assistance(Special Enrollment)	Individual is not qualified for QHP.			
	Qualified Health Plan without Financial Assistance(Special Enrollment)	Individual is not eligible to enroll in a QHP during a Special Enrollment Period (45 CFR 155.420)			

← Esta sección enumera los programas que los miembros de su familia no pueden obtener y explica cómo se tomó la decisión. No se preocupe por esta sección a menos que crea que se cometió un error. Si cree que se cometió un error, puede apelar la decisión.

**How we made our decision**

We counted your household size and income based on what you provided on your application and information from other data sources.

You may be asked to give us more information in order to continue your eligibility for longer than ninety (90) days. You will be told in another notice (“Additional Verification Required”) if you need to give us more information.

If you receive the Additional Verification Required notice, you must respond to keep your eligibility. If you do not respond, or if you cannot verify the information you provided during the application process, your coverage may change or your coverage may end.

If you have selected a program and your application does not require additional verifications, or if you have successfully verified any outstanding details, this is the last notice you will receive about your eligibility.

**If you think we made a mistake, you have the right to appeal. For information on how to appeal, see the Appeal Rights and Deadlines section of this notice.**



### You must report changes

While receiving health coverage through Maryland Health Connection, you must report any changes that might affect you and your household's health coverage, such as, if:

- You move;
- Your income changes;
- Your household size changes. For example, you marry or divorce, become pregnant, or have a child;
- Your immigration status changes;
- Your health insurance changes

To report any changes, you can contact the Maryland Health Connection.

### You must renew your health coverage

To keep your health coverage, you will have to renew it on an annual basis. Watch for a reminder.

### If you have special health care needs

If you require nursing home care, have high or recurring medical bills, or have special health care needs, you may be eligible for Medicaid on a different basis. To apply for Medicaid based on these needs, call 1-800-332-6347 or go to [www.marylandsail.org](http://www.marylandsail.org).

### If you are an American Indian/Alaska Native

If you are an American Indian/Alaska Native you may not have to pay certain health care costs. Please contact 1-855-642-8572 TTY: 1-855-642-8573 for more information.

### How to Contact Maryland Health Connection

Contact Maryland Health Connection if you need to ask questions about this notice. Let us know if you need help applying for coverage. You can contact Maryland Health Connection:

- Online at [www.marylandhealthconnection.gov](http://www.marylandhealthconnection.gov)
- By calling 1-855-642-8572 and TTY: 1-855-642-8573
- In person at your local Health Department, local Department of Social Services or regional Connector Entity

If you have a disability, you may request and receive a reasonable accommodation or special help from Maryland Health Connection when it is necessary to allow you to apply for and receive services through Maryland Health Connection.

Sincerely,  
Maryland Health Connection

Esta información explica que debe comunicarle a Maryland Health Connection y a su compañía de seguros acerca de los cambios que pueden afectar su cobertura de salud; por ejemplo, si se produjeron cambios en su familia, su condición migratoria o sus ingresos.

Si tiene alguna pregunta, puede ponerse en contacto con Maryland Health Connection llamando al 1-855-642-8572 y TTY: 1-855-642-8573 o visitando [www.MarylandHealthConnection.gov](http://www.MarylandHealthConnection.gov)



## Appeal Rights and Deadlines

### If You Think We Made A Mistake

You can appeal any decision you receive from the Maryland Health Connection. You or your authorized representative has **90 days** from the date of this notice to ask for a hearing. An Authorized Representative is someone who you choose to act on your behalf with the Maryland Health Connection, like a family member or other trusted person. Some Authorized Representatives may have legal authority to act on your behalf.

### To ask for a hearing:

- **By Mail** : Complete the included Request for Hearing form or write a request to:

Maryland Health Connection

P.O. Box 857

Lanham, MD 20703

or:

Office of Administrative Hearings

11101 Gilroy Road

Hunt Valley, MD 21031

- **By Email**: Complete and scan included Request for Hearing form or write an email to :  
MHBE.Appeals@Maryland.gov
- **By Phone**: Call the Maryland Health Connection at 1-855-642-8572 (TTY: 1-855-642-8573).

**\*Please include your Person ID listed at the top of this notice on all requests.**



Si cree que se cometió un error, tiene 90 días para apelar la decisión mediante la solicitud de una audiencia. Usted o alguien que elija para actuar en su nombre debe enviar el formulario de Solicitud de audiencia de Maryland Health Connection por correo o por correo electrónico a las direcciones arriba indicadas. La apelación se debe realizar en inglés. Si tiene a una persona autorizada a actuar en su nombre, también se debe incluir un formulario diferente. Todos los formularios estaban en el sobre con la carta 1301.



If you disagree with our decision and want to speak to someone about it, or if you need help asking for a hearing, call 1-855-642-8572 (TTY: 1-855-642-8573) or visit a local Health Department, local Department of Social Services, or regional Connector Entity .

If you appeal our decision, you will have a hearing. A hearing is a meeting between you, someone from Maryland Health Connection, and a hearing officer. You can talk to them about why you think we made a mistake.

**To prepare for your hearing:**

- You can bring a friend, relative, witness or lawyer to the hearing if you want.
- You should bring any documents or information you need to help us understand your concerns.
- You may review our documents regarding your eligibility at any time.

**For Medicaid or MCHP Premium Eligibility:**

If you have Medicaid or MCHP Premium, you might be eligible to keep your current health coverage if you appeal within 10 days of this notice. Contact 1-855-642-8572 (TTY: 1-855-642-8573) to learn more. If you continue to receive benefits and you lose your appeal, you may have to pay back the benefits you received. The result of your appeal could change what health coverage you or others in your household qualify for.

**For Qualified Health Plan Eligibility:**

If you have been determined eligible to enroll in a qualified health plan and you appeal within 90 days of this notice, you can proceed with the eligibility process. This includes enrolling in a qualified health plan and receiving any applicable financial assistance that you are currently eligible for. The result of your appeal could change what health coverage you or others in your household qualify for. For assistance with preparing an appeal of your denial of enrollment in a qualified health plan or eligibility for an advanced premium tax credit or cost-sharing reductions, you can contact the Office of the Attorney General's Health Education and Advocacy Unit online at [www.MarylandCares.org](http://www.MarylandCares.org) or at 410-528-1840 or toll free at 1-877-261-8807. The HEAU can assist you but cannot represent you at the hearing.

