

DUSTIN TURIN
 248 Preble St
 Apt 3
 South Portland, ME 04106-2290

Dec 03, 2020

Application Date: December 3, 2020
 2021 Application ID: 3654135947

Eligibility notice: Take action to enroll

Household member(s)	Results	Next steps Important: You must submit documents. This notice includes deadlines and details.
DUSTIN TURIN, Miya Chen-Turin	<ul style="list-style-type: none"> Until January 28, 2021, you're eligible to buy a 2021 Marketplace plan through a Special Enrollment Period. 	<ul style="list-style-type: none"> Choose a plan.
DUSTIN TURIN	<ul style="list-style-type: none"> Eligible to buy a 2021 Marketplace plan. 	<ul style="list-style-type: none"> Choose a plan by January 28, 2021 and pay your first month's premium.
Miya Chen-Turin	<ul style="list-style-type: none"> Eligible to buy a 2021 Marketplace plan, including a Catastrophic plan. 	<ul style="list-style-type: none"> Choose a plan by January 28, 2021 and pay your first month's premium. By March 8, 2021, send documents to confirm: <ul style="list-style-type: none"> Miya Chen-Turin's citizenship

If your "Results" say you're eligible for advance payments of the premium tax credit or cost-sharing reductions, it means that you don't appear to be eligible for Medicaid based on your application information. However, you could still be eligible for Medicaid if you have a disability or special health care needs that you didn't report on your application. To learn more, visit [HealthCare.gov/people-with-disabilities](https://www.healthcare.gov/people-with-disabilities) or call your state Medicaid agency to ask about rules for your state.

What should I do next?

If your “Next steps” tell you to send more information, follow instructions for sending it. If you don’t, you could lose what you qualify for now because your information doesn’t match the data we have, or we can’t verify all of the information in your application.

1. Continue to plan selection, and **choose a plan**.
2. **Upload or mail documents as soon as possible.**
See the next section of this notice for a list of documents you can submit and how to submit them.
3. **Pay your premium.**

Send confirmation that you’re a citizen

Miya Chen-Turin—You need to send the Marketplace proof that you’re a citizen. If you don’t send it by the following date, your eligibility for Marketplace health coverage may end: March 8, 2021.

If you’re a citizen, send one document from the first list below to prove U.S. citizenship or nationality:

- U.S. passport
- Certificate of Naturalization (N-550/N-570)
- Certificate of Citizenship (N-560/N-561)
- State-issued enhanced driver’s license (available in Michigan, Minnesota, New York, Vermont and Washington)
- Document from a federally recognized Indian tribe that includes the person’s name, the name of the federally recognized Indian tribe that issued the document, and shows the person’s membership, enrollment or affiliation with the tribe. Documents you can provide include:
 - A tribal enrollment card
 - A Certificate of Degree of Indian Blood
 - A tribal census document
 - Documents on tribal letterhead signed by a tribal official

If you’re a U.S. citizen or national but you don’t have any of the documents listed above, send 2 documents (one from each list below).

Send in one document from this list A:

- U.S. public birth certificate
- Consular Report of Birth Abroad (FS-240, CRBA)
- Certification of Report of Birth (DS-1350)
- Certification of Birth Abroad (FS-545)
- U.S. Citizen Identification Card (I-197 or the prior version I-179)
- Northern Mariana Card (I-873)
- Final adoption decree showing the person’s name and U.S. place of birth
- U.S. Civil Service Employment Record showing employment before June 1, 1976
- Military record showing a U.S. place of birth
- U.S. medical record from a clinic, hospital, physician, midwife or institution showing a U.S. place of birth
- U.S. life, health or other insurance record showing U.S. place of birth
- Religious record showing U.S. place of birth recorded in the U.S.
- School record showing the child’s name and U.S. place of birth
- Documentation of a foreign-born adopted child who received automatic U.S. citizenship (IR3 or IH3)

- American Indian Card (I-872) showing a class code of “KIC”
- U.S. life, health, or other insurance record showing U.S. place of birth

Also send one document from this list B:

- Driver’s license issued by a state or territory or identification card issued by the federal, state, or local government
- School identification card
- U.S. military card or draft record or military dependent’s identification card
- U.S. Coast Guard Merchant Mariner card
- Voter Registration Card
- For children under 19, a clinic, doctor, hospital, or school record, including preschool or day care records

Or you can send one document from list A and:

- 2 documents containing consistent information about at this person’s identity, like employer IDs, high school and college diplomas, marriage certificates, divorce decrees, property deeds or titles

How to submit documents to confirm eligibility

Uploading your documents is the fastest way to get them to us. Log into your Marketplace account. Then, select your current application, and click on “Application details.” You’ll see a button for each item to resolve. Click the button, then choose a document and start your upload. Or, you can mail copies. Keep the original documents and send copies with your name and Application ID on each page, along with the bar code page included with this notice. Send copies to:

Health Insurance Marketplace
Attn: Coverage Processing
465 Industrial Boulevard
London, Kentucky 40750-0001

For more information about choosing documents and uploading or mailing them to the Marketplace, visit HealthCare.gov/submit-documents. To find in-person help, visit LocalHelp.HealthCare.gov.

Enroll in coverage

- **Enroll in coverage now.** If your “Results” say you’re eligible to buy a Marketplace plan, January 28, 2021 is the last day to choose one. Visit HealthCare.gov to compare plans side-by-side, or call the Marketplace Call Center.
- If you miss the deadline, you won’t be able to buy a Marketplace plan until the next Open Enrollment Period, unless you have another life change that makes you eligible to buy a Marketplace plan outside Open Enrollment.
- If your “Results” say you need to submit documents, your eligibility may end if you don’t submit the documents we need.

When will Marketplace coverage begin?

Your Marketplace plan’s effective date depends on the date you select your plan.

- If you select a plan on or before the 15th of the month, your coverage will be effective the first day of the next month. (Example: select plan February 4, coverage begins March 1)
- If you select a plan on or after the 16th of the month, your coverage will be effective the first day of the next following month. (Example: select plan February 18, coverage begins April 1)
- You have to pay the first month's premium before your coverage starts.
- You must select your plan by January 28, 2021.

What if information from my application changes during the year?

If you have life changes and the information you gave us when you applied is no longer correct, you need to let us know within 30 days of the change. Changes may affect your eligibility for:

- Premium tax credits
- Cost-sharing reductions that lower your copayments, coinsurance, and deductibles
- Coverage through MaineCare or CubCare

You're allowed to switch plans after you report certain changes, but your plan choice may be limited.

If you enroll in a Marketplace plan and later become eligible for other qualifying coverage, like Medicaid, CHIP, Medicare, or coverage through a job, you won't be eligible for advance payments of the premium tax credit, although you can keep your Marketplace plan and pay the full premium. If you become eligible for other qualifying coverage, you must contact the Marketplace to end your advance payments of the premium tax credit and let the Marketplace know if you also want to end your health plan. If you don't stop the advance payments of your premium tax credit to your health insurance company, you may need to pay back the payments paid on your behalf.

If someone works for a business that offers help paying for a health plan or health care expenses through a Health Reimbursement Arrangement (HRA), visit [HealthCare.gov/job-based-help](https://www.healthcare.gov/job-based-help) to learn how this may affect your eligibility for the premium tax credit.

What should I do if I think my "Results" are wrong?

If you think we made a mistake, you can appeal a final determination of eligibility to the Marketplace Appeals Center. This includes your eligibility to buy health coverage through the Marketplace and for enrollment periods. You can also appeal the plan categories available to you, if they're limited during a Special Enrollment Period. Please note that:

- If you need health services right away and a delay could seriously jeopardize your health, you can ask for a fast (expedited) appeal using the Appeal Request form or by sending a fax or a letter to the address below.
- You can represent yourself or appoint a representative to help you with your appeal. This person can be a friend, relative, lawyer, or someone else.
- You can ask to keep your eligibility during your appeal. If you were previously eligible for Marketplace coverage and your eligibility is changed, you may appeal this change. In this case, you may be able to keep your previous eligibility during your appeal.
- The outcome of an appeal could change the eligibility of other members of your household even if they

don't ask for an appeal.

How much time do I have to request an appeal?

Generally, you have 90 days from the date of your eligibility notice to request an appeal. However, if this notice says that someone needs to submit documents, then you must follow instructions for sending them. Until you submit documents and your issue is resolved, your eligibility notice isn't a final determination of eligibility and it can't be appealed.

How do I request an appeal?

- Online: Visit [HealthCare.gov/marketplace-appeals/appeal-forms](https://www.healthcare.gov/marketplace-appeals/appeal-forms) and select your state. You can submit your appeal request online or download/print a form and submit it separately.
- By mail or fax: Send a completed paper form or a letter requesting an appeal. Include your name, address, and the reason for the appeal. If the appeal is for someone else (like your child), also include their name. Submit your paper form or the letter to the Marketplace:
 - Fax: 1-877-369-0130
 - Mail: Health Insurance Marketplace
 - ATTN: Appeals
 - 465 Industrial Blvd.
 - London, KY 40750-0061

For more help

- Visit [HealthCare.gov](https://www.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 an assister who can help you. Information is available at [LocalHelp.HealthCare.gov](https://www.healthcare.gov/localhelp).
- Contact your state's Medicaid agency toll-free: 1-855-797-4357 (TTY: 711) for information about MaineCare. For more information about CubCare, contact the Maine Department of Health and Human Services toll-free: 1-855-797-4357 (TTY: 711).
- 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.

For information including more about advance payments of the premium tax credit, lower out-of-pocket costs, and Medicaid eligibility, visit [HealthCare.gov](https://www.healthcare.gov).

Sincerely,

Health Insurance Marketplace
Department of Health and Human Services
465 Industrial Boulevard
London, Kentucky 40750-0001

The determinations or assessments in this letter were made based upon 45 CFR 155.305, 155.410, 155.420-430 and 42 CFR 435.603, 435.403, 435.406 and 435.911.

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 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](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.

How to submit documents

If your notice tells you that you need to submit more information, you can upload **OR** mail copies of your documents. Uploading is faster.

Include a copy of this bar code page to be sure your documents can be associated with your application.

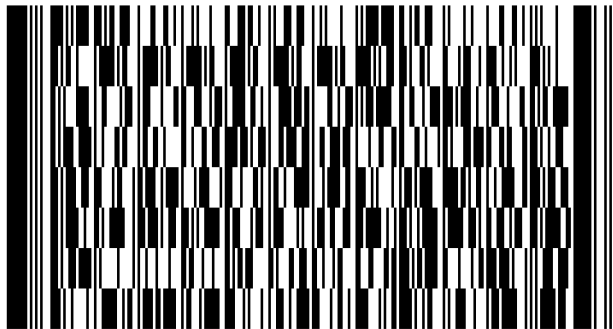
How to upload:

1. Log into your Marketplace account.
2. Select your current application, and click on "Application details."
3. You'll see a button for each item to resolve.
4. Click the button, then choose a document & start your upload.

How to mail:

1. Send copies only (not originals).
2. Write your name and Application ID on each page. Your Application ID is on the first page of your notice, under your address.
3. Mail to:

Health Insurance Marketplace
Attn: Coverage Processing
465 Industrial Boulevard
London, Kentucky 40750-0001



ME,3654135947

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 وصلك بالمترجم.

中文 (Chinese) 本通知包含您通过健康保险市场的中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. Quandre 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 સમારકતેતમારી અરજી 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 કોઇ પણ ખર્ચ વિના તમારી ભાષામાં આજણકારી અને મદદ મેળવવાનો અધિકાર છે. 1-800-318-2596 અને શરૂઆતના મારકેટ 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. Chiama 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 kaseguruhang 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.

