

Sample Member
999 Street Name
Quincy, MA 02169

November 05, 2020
27909

Notice Name: Final Renewal Notice
Notice ID: AUTO_REN
Member ID: XXXXXXXXXXXXX
Ref ID: RefID_XXXXXXXXXXXX

It's time to renew your insurance coverage for 2021. 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.

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 2021.** Please look at your program eligibility, renewal plan information, and the amount of any monthly tax credit you will receive next year. If any of this information doesn't look right to you, please let us know as soon as possible
2. **Compare any plan changes** for 2021 with our online Plan Compare tool at:
www.MAhealthconnector.org/compare-plans
3. **Shop during Open Enrollment.** You may be able to save on the cost of your health plan for next year by comparing your available options for 2021
4. **Keep paying your monthly premium bill** by the 23rd of every month

Important Dates:

- **November 1, 2020.** First date to start shopping and comparing plans at MAhealthconnector.org.
- **December 23, 2020.** Pay your premium by this date to enroll in the plan you want for January.
- **January 1, 2021.** The first day of your new 2021 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	2021 Program Eligibility	Current Health Plan Name	2021 Renewal Health Plan Name	Same plan as 2020?	Date Coverage Renews
Member Name 1	June 22, 1970	Health Connector Plan (No financial help)	Tufts Health Direct ConnectorCare 3	Standard Silver: Tufts Health Direct Silver 2000 II	No	January 1, 2021
Member Name 2	June 23, 1971	Health Connector Plan (No financial help)	Tufts Health Direct ConnectorCare 3	Standard Silver: Tufts Health Direct Silver 2000 II	No	January 1, 2021

Monthly health plan details for 2021

2021 Monthly Health Plan Cost: \$800.87 (amount you will pay each month)

- This is the amount your household will pay each month if you stay enrolled in the 2021 health insurance renewal plan listed above.

2021 applied tax credit amount: \$0 per month

- This is the amount of tax credit that you chose to apply towards your monthly payment in 2020. We will continue to lower your monthly premium in 2021 by the same amount of tax credit unless you make a change to your account.

Your program eligibility will change for 2021

As of January 1, your program 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 make sure your information is up to date, or get help with checking your information as soon as possible if you think that your eligibility for 2021 is not right. Your eligibility for 2021 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 2021 and either change or confirm your information. If you update or confirm your information for 2021, you may still be able to get help paying for insurance.

Please update your information right away if you think that your eligibility for 2021 is not right. You can review and update your information through your online account at MAhealthconnector.org.

You can get help with updating your information 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. Learn more about getting

help at: www.MAhealthconnector.org/here-to-help

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

If your 2021 renewal plan is different than the plan you are currently enrolled in is either because:

- Your current plan will not be available in 2021, or
- You won't qualify for your current plan in 2021

If you can't enroll again into your current plan for 2021, 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.

How did we make this decision about your eligibility?

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

- **Member Name 1 Member ID:** 300001352540
- **Member Name 2 Member ID:** 300001352541
 - 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)

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 2021. 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 2021. 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 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.
- **By phone.** Call Health Connector Customer Service at 1-877-MA ENROLL (1-877-623-6765) or TTY: 1-877-623-7773.
- **In person.** There are many places where you can get free, in-person help, including the following walk-in centers. You can find a list of more locations and their hours at MAhealthconnector.org.

Boston

133 Portland Street

Brockton

63 Main Street

Springfield

88 Industry Ave

Worcester

146 Main Street

Thank you,

Massachusetts Health Connector

Frequently Asked Questions

What if I want to change plans?

The 2021 Open Enrollment period is from November 1, 2020, through January 23, 2021. If you want to change plans for 2021, you will need to make this change during Open Enrollment. For coverage that starts January 1, 2021, 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.

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, 2021. You will stay enrolled in your current type of coverage through the end of 2020 unless you let us know that your information for 2020 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 2021 and either change or submit your information in order to get help paying for insurance in 2021

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.

Can I register to vote?

You may submit an application to register to vote in Massachusetts if:

- You are a citizen of the United States; and
- You are 16 years old; and
- You are not currently incarcerated for a felony conviction.

If you meet these requirements, you may apply by mail using the form that came with this letter, or by accessing the voter registration form online at: <http://www.sec.state.ma.us/ele/elepdf/Voter-reg-mail-in.pdf>

Filing a Health Connector appeal



You have the right to file an appeal if you disagree with the action taken by the Massachusetts Health Connector. Filing an appeal is a way to ask us for a “hearing” (a formal legal review) about a decision or action we took that affected your Health Connector insurance. If you are scheduled for a hearing, you will have a chance to share information about what happened with an impartial hearing officer. The hearing officer can decide whether the Health Connector needs to change the original action or take a new action.

- ⇒ If you need help with a decision that was made by **MassHealth**, you will need file an appeal with MassHealth, not the Health Connector. To get help with a MassHealth issue, call 1-888-665-9993 (TTY: 1-888-665-9997).

What kinds of decisions can you appeal?

You can appeal decisions we made about:

- The Health Connector program you qualified for
- The amount of financial help you qualified for
- The timing of when you were able to enroll in a Health Connector plan

You **don't** need to file an appeal if you only need to change your application information. You can get help with updating your account information by calling Health Connector Customer Service at 1-877-MA-ENROLL (1-877-623-6765), or TTY 1-877-623-7773.

When to appeal

If you got a notice (letter) about the action or decision that you want to appeal, you will need to send us your Appeal Request form within **30 days** of the date you received that notice.

If you want to appeal an action that we did not take, you will need send us a Hearing Request form within **120 days** of the date when you believe we should have acted. An example of not acting could be: failing to send you a letter about what program you qualified for, or failing to act on your application.

- ⇒ **Let us know right away if you have urgent health care needs.** If you need your appeal to be decided faster because you have serious health needs and your ability to get care depends on your appeal decision, please call the Health Connector Appeals Unit at 617-933-3096 (TTY: 1-877-623-7773).

How to appeal

1. Fill out the Hearing Request form that came with this letter.
 - ⇒ If you would like to file your request online, log in to your account at MAhealthconnector.org and complete the form in the Appeals section of your account.
 - ⇒ If you would like to complete your form over the phone, call Health Connector Customer Service 1-877-MA-ENROLL (1-877-623-6765), or TTY 1-877-623-7773.
2. Make a copy of the form to keep for your records. If you have other documents that you want to submit with your form to help support your appeal, please make copies of those as well.
3. Send us your completed form and any supporting documents in one of the following ways:

Mail to:

Massachusetts Health Connector Appeals Unit
P.O. Box 960189
Boston, MA 02196

Fax to: 617-933-3099

What happens next

You may be able to keep your Health Connector plan while your appeal is being decided. If you qualify for this, we will let you know after we get your form. Please note that an appeal decision for one household member may change eligibility for other household members.

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 held over the phone unless we've approved your request for an in-person hearing.

Your rights

- **You have a right to be helped at the hearing.** You may have a lawyer or other person represent you. However, the Health Connector will not pay for a representative. If you can't afford legal help, you may want to contact a local legal aid service or community agency to see if you can receive help or representation at no cost. If someone other than a lawyer is acting on your behalf, please attach a copy of the document authorizing that person (for example, a Power of Attorney, Guardian, or Authorized Representative document) to your Hearing Request form.
- **You have a right to have an interpreter, assistive device, or other needed accommodation at your hearing.** Tell us about the type of help or accommodation you will need for your hearing in the "Other Information" section of your Hearing Request form.
- **You have a right to review your case file.** If you or your representative want to review your case file before the hearing, please call the Health Connector Appeals Unit at 617-933-3096 (TTY: 1-877-623-7773).
- **You have a right to ask to subpoena witnesses and ask questions of witnesses.** You or your representative may write to ask that witnesses or documents be subpoenaed (ordered to appear) to the hearing. You or your representative may share evidence and ask witnesses questions at the hearing. The hearing officer will then make a decision based on all evidence presented.

11.15.19

Hearing Request Form



Step 1. Tell us about the person who is asking for a hearing

If you are appealing a decision that affects more than one person in your household, please choose one adult to be the contact person for the hearing.

First Name	Middle Name	Last Name	Date of Birth
Mailing address		City	State
Phone number		Email	

Step 2. Tell us who is appealing

List the names of the people who should be included in your appeal

Step 3. Tell us why you are appealing

Circle any reasons below that may apply to your appeal:

Access to other insurance	Income
Citizenship or immigration status	Premium waiver or reduction
Failure to process reinstatement	Qualifying event to enroll
Family size	Residency
Incarceration	Other:_____

Please give us a short description of the action or decision that you would like to appeal. You can send in a longer description by including it with this form. If you have documents that you'd like to send us in addition to your description, please make copies of them and include with this form when you send it to us.

Step 4. Tell us if you need help during your hearing

Please check the box next to any accommodations that you need for help during your hearing.

<input type="checkbox"/>	I need a language interpreter. My language is_____
<input type="checkbox"/>	I need an assistive device to communicate at a hearing. Tell us the type of device that you need:_____
<input type="checkbox"/>	I need another accommodation for a disability. Tell us the type of accommodation that you need:_____

Step 5. Tell us if someone will be representing you during your hearing

If another person, such as a lawyer or Authorized Representative, will speak on your behalf during your hearing, please fill in their contact information here.

First Name	Last Name	Title	
Mailing address	City	State	Zip Code
Phone number	Email		

Step 6. Tell us how to get in contact with you

We will be able to more quickly get in touch with you about your appeal if we are able to contact you by phone or email. Please check the box below to tell us if it's ok to contact you by phone, email, or both. Please note that If we contact you by phone and can't reach you, we may leave a voicemail that could include personal information about your household. If we send you email, it might include personal information and it may be unsecure, meaning that there is some risk that someone who is not part of your household could read or access the email.

- ☐ It's ok to contact me by email
- ☐ It's ok to contact me by phone and leave a voicemail if I'm unavailable

If you change your mind at any point about receiving messages by email or voicemail, please call the Health Connector Appeals Unit at 617-933-3096 (TTY: 1-877-623-7773) to let us know.

Step 7. Sign the form

Please sign below if you agree with the following statement:

The information on this form is true and accurate to my knowledge. For this appeal, I give the Health Connector permission to give me and my representative or translator my personal information, including federal and state tax information used to determine my eligibility.

Signature (Sign)	Date	First and Last Name (Print)
------------------	------	-----------------------------

If you are filing this request on someone else's behalf, please include a copy of a document that shows your authority to file the appeal. For example, a copy of your authorized representative form, power of attorney document, or evidence of court appointment as a personal representative.

Step 8: Send the form and any documents to the Health Connector

Send us your completed form and any supporting documents in one of the following ways:

Mail to:

Massachusetts Health Connector Appeals Unit
P.O. Box 960189
Boston, MA 02196

Fax to: 617-933-3099

Member Name 1 | RefID: RefID_XXXXXXXXXXXX

Notice Name: Hearing Request Form | Notice Date: November 05, 2020