



Covered California  
PO Box 989725  
West Sacramento, CA 95798-9725



**COVERED**  
**CALIFORNIA**

*Your destination for quality  
healthcare, including Medi-Cal*

{FIRST\_NAME} {LAST\_NAME}  
{ADDRESS\_LINE2}  
{ADDRESS\_LINE1}  
{CITY}, {STATE\_CD (FK)} {ZIPCODE}-{ZIP+4}

**Your financial help has ended. Act now to get it back!**

{CURRENT\_DATE}

Case Number: {CASE\_ID}

Dear {FIRST\_NAME} {LAST\_NAME}{MEMBER\_SUFFIX},

**{007 Letter (do not translate red text):**

Your household is no longer eligible for financial help, also called Advance Premium Tax Credit (APTC), to lower the cost of a Covered California health insurance plan. Our records show your household got APTC in {FTR\_Year} and **did not file a federal tax return**. You must file a federal income tax return with IRS Form 8962 for that tax year to qualify for APTC.}

**{010 Letter (do not translate red text):**

Your household is no longer eligible for financial help, also called Advance Premium Tax Credit (APTC), to lower the cost of a Covered California health insurance plan. Our records show your household got APTC in {FTR\_Year} and filed a federal tax return but **did not include IRS Form 8962**. You must file a federal income tax return **with** IRS Form 8962 for that tax year to qualify for APTC.}

**{009 Letter (do not translate red text):**

Your household is no longer eligible for financial help, also called Advance Premium Tax Credit (APTC), to lower the cost of a Covered California health insurance plan. Our records show your household got APTC in {FTR\_Year}. You asked the IRS for an extension (more time) to file a federal tax return but **have not filed yet.**

**{011 Letter (do not translate red text):**

Your household is no longer eligible for financial help, also called Advance Premium Tax Credit (APTC), to lower the cost of a Covered California health insurance plan. Our records show your household got APTC in both {FTR\_Year minus 1} and {FTR\_Year}. However, for one or more of the reasons below, you do not qualify for APTC:

- You **did not file a federal tax return** with IRS Form 8962 for these years, or

- You may have filed federal tax return for these years but **did not include IRS Form 8962**, or
- You asked the IRS for extension (more time) to file a federal tax return for these years but have not filed yet.}

Without financial help, you will have to **pay the full monthly premium payment** for your health plan. The payment amount and due date will be on the bill from your insurance company. If you have automatic payments with them, they may take the full monthly premium payment from your bank account.

#### To get your financial help back

File your federal tax return with IRS Form 8962 for any year you got APTC.

- You must file taxes even if you do not usually file a tax return or have not filed in the past.
- Use your IRS Form 1095-A that we sent you to fill out IRS Form 8962.
- Send Form 8962 to the IRS with your tax return. If you already filed but did not include Form 8962, you need to amend (correct) your federal tax return for that year.
- Married couples must file a joint tax return to be eligible for financial help.

Once you file, or if you already filed your federal tax return with IRS Form 8962, tell Covered California right away so we can check if you are eligible for financial help again. You can tell us:

Online

- Log in to your account at [CoveredCA.com](http://CoveredCA.com).
- Find and expand the "Account Information" section.
- Select "Tax Filing Attestation" and update the page to tell us you filed your taxes

By phone

- Call Covered California at **1-800-675-2607** (TTY: 1-888-889-4500).

#### Need help with your taxes?

- Talk to your tax advisor or preparer.
- Go to the IRS website at [www.irs.gov/help](http://www.irs.gov/help). The website has tools and resources for taxpayers.
- Get free help from a local taxpayer advocate. To find an advocate, go to [www.irs.gov/advocate/local-taxpayer-advocate#California](http://www.irs.gov/advocate/local-taxpayer-advocate#California). Or call 1-877-777-4778.
- You may also be able to get free tax help at a local Volunteer Income Tax Assistance (VITA) site. VITA generally helps people who make up to \$57,000 a year, people with disabilities, older adults, and taxpayers who speak limited English. The income limit for VITA changes every year. To find the current income limit for VITA or to get help near you, call **1-800-906-9887**. Or go to <http://irs.treasury.gov/freetaxprep/>.

#### Need a new copy of your 1095-A?

You can download it from your account on [CoveredCA.com](http://CoveredCA.com). Log in to your account and find "Tax Forms & Other Important Documents" on the home page. Download the IRS Form 1095-A for the years you need to file taxes. If you want us to mail you a copy, call Covered California at **1-800-675-2607** (TTY: 1-888-889-4500).

**Note:** If you got financial help in another state, you may need to contact that state's health insurance marketplace. For states that use the federal marketplace, go to [HealthCare.gov](http://HealthCare.gov).

#### Questions?

- Go to the IRS website to learn more about:
  - Filing your federal tax return: [www.irs.gov/Filing](http://www.irs.gov/Filing)
  - The Affordable Care Act, premium tax credit, and taxes: [www.irs.gov/aca](http://www.irs.gov/aca)

- **Call Covered California**, Monday – Friday 8 a.m. to 6 p.m. at **1-800-675-2607** (TTY: 1-888-889-4500).
- **If you need in-person help**, a Covered California certified enrollment counselor or certified insurance agent can help at no cost to you. To find one near you, go to [CoveredCA.com/find-help](http://CoveredCA.com/find-help).
- **Call the Health Consumer Alliance** at **1-888-804-3536**. You can get free legal help on health care eligibility, enrollment, and service issues.

Thank you,

Covered California

California Code of Regulations, tit. 10, Sections 6474 and 6496; 45 CFR Sections 155.305 and 155.330.

Internal Use Only

### If you think we made a mistake

1. Call Covered California for help at {SERVICE\_CENTER\_NO} (TTY: 1-888-889-4500). We are open Monday – Friday 8 a.m. to 6 p.m.
2. If we cannot solve the problem, you can ask for an appeal. You must ask within **90 days** of the date on your eligibility notice. You can ask for an appeal in one of these ways:
  - **Online** with the State Hearings Division at cdss.ca.gov/Hearing-Requests or through Covered California at [CoveredCA.com/appeals](http://CoveredCA.com/appeals)
  - **Call** the State Hearings Division at {STATE\_HEARINGS\_DIVISION}
  - **Visit** your local county office

You have the right to appeal any eligibility or enrollment decision. This includes, but is not limited to:

- Your eligibility for Covered California or Medi-Cal
- The date your health plan coverage starts
- Your premium assistance amount or cost-sharing reduction level
- You have waited too long for a decision
- Your eligibility for an exemption

### About appeals

You only have **90 days** from the date of your eligibility notice to ask for an appeal. An appeal decision could change eligibility, enrollment, premium (monthly cost) or cost-sharing reduction for you or other household members.

Appeal hearings are by telephone, video conference or in person. You can speak for yourself or be represented (have someone speak for you). For free, local help with your appeal, call the Health Consumer Alliance at {HEALTH\_CONSUMER\_ALLIANCE}.

If you need health services right away and a standard appeal could put your life or health in danger, call {STATE\_HEARINGS\_DIVISION}. Ask for an **expedited** (fast) appeal.

If you have a Covered California plan, you can ask for **continued enrollment**. This will let you keep your health plan and premium assistance amount while you appeal. You must keep paying your premium (monthly cost).

**Commented [JT1]:** We have sent another document with requested changes to the long Babel. In final versions of this notice, please include the updated long babel.

## Getting Help in a Language Other than English

**URGENT:** This letter says the financial help that lowers your health plan premium (monthly cost) is ending. This is because your household got premium tax credits in a previous year and did not include IRS tax form 8962 with your tax return. Or you did not file your taxes for that year with the IRS. You can call and ask for this letter to be translated to your language or in another format such as large print: **1-800-300-1506** (TTY 1-888-889-4500). (**English**)

**URGENTE:** Esta carta dice que va a terminar la ayuda financiera que reduce la cuota (costo mensual) de su plan de salud. Esto es porque su hogar recibió créditos fiscales por cuotas en un año anterior y usted no incluyó el formulario fiscal IRS 8962 con su declaración de impuestos. Usted no declaró sus ingresos de ese año ante el IRS. Usted puede llamar y pedir que traduzcan esta carta a su idioma o en otro formato, como letras grandes: **1-800-300-0213** (TTY 1-888-889-4500). (**Spanish**)

緊急：此函告知可降低您醫療計劃保費（每月費用）的財政資助即將結束。這是由於您的家庭已收到上一年度的保險費稅抵免，且您在向 IRS 提交納稅申報表時未提交稅表 8962。或您未向 IRS 申報此年度的納稅。您可致電並要求將此函翻譯為您的語言，或以其他形式提供（如大字版），電話號碼：**1-800-300-1533** (TTY 1-888-889-4500)。(**Chinese**)

**KHẨN CẤP:** Thư này nói rằng khoản hỗ trợ tài chính để giảm phí bảo hiểm chương trình bảo hiểm y tế của quý vị (chi phí hàng tháng) sẽ kết thúc. Điều này là do hộ gia đình của quý vị đã nhận được các khoản tín dụng thuế phí bảo hiểm trong năm trước và quý vị đã không nộp mẫu thuế 8962 của IRS cùng với tờ khai thuế của quý vị. Hoặc quý vị đã không nộp thuế của năm đó cho IRS. Quý vị có thể gọi và yêu cầu dịch thư này sang ngôn ngữ của mình hoặc theo định dạng khác, chẳng hạn như bản in cỡ lớn theo số: **1-800-652-9528** (TTY 1-888-889-4500). (**Vietnamese**)

긴급 : 이 서한은 귀하의 건강 보험료 프리미엄 (월 비용)을 낮추는 재정적 도움이 끝날 것이라고 말합니다. 이는 귀하의 가구가 전년도에 프리미엄 세금 공제를 받았기 때문이고 세금 환급과 함께 IRS 세금 양식 8962가 포함시키지 않았다고 말합니다. 또는 IRS에 해당 연도의 세금을 신고하지 않았습니다. 귀하는 전화와 이 서한을 귀하의 언어 또는 대형 인쇄에 : **1-800-738-9116** (TTY 1-888-889-4500)과 같은 형식으로 번역해 달라고 요청할 수 있습니다. (**Korean**)

**AGARAN:** Sinasabi ng liham na ito na ang tulong pinansiyal na nagpapababa sa iyong premium sa planong pangkalusugan (buwanang gastos) ay matatapos. Ito ay dahil nakanatanggap ang tahanan mo ng mga premium na kredito sa buwis sa nakaraang taon at hindi mo isinama ang IRS na form ng buwis na 8962 sa tax return mo. O hindi mo isinampa ang mga buwis mo sa taong iyon sa IRS. Maaari kang tumawag at ipasaling-wika ang liham na ito sa iyong wika o sa ibang format tulad ng malaking print: **1-800-983-8816** (TTY 1-888-889-4500). (**Tagalog**)

**MAJ RAWM:** Tsab ntawv no hais tias kev pabcuam nyiaj txiag uas tso koj tsoj kev npaj khomob tus nqi them txhua hli (nqi them txhua hli) yuav xaus lawm. Qhov no yeeb vim hais tias koj tsev neeg tao trais cov nyiaj se them txhua hli hauv lub xyoo tag los no thiab koj tsis tau muab daim foos se IRS 8962 nrog koj cov nyiaj ua se rov qab. Los yog koj tsis ua koj cov ntaub ntawv ua se nyob rau xyoo ntawv nrog IRS. Koj tujay yeem hu xov tooj tsaj thiab thov kom muaj daim ntawv no txhais ua koj hom lus lossis ua lwm hom ntawv xws li luam tawm ua tua loj **1-800-771-2156** (TTY 1-888-889-4500). (**Hmong**)

**ВАЖНАЯ ИНФОРМАЦИЯ:** В этом письме говорится, что предоставление финансовой помощи, которая снижает сумму страхового взноса Вашего плана медицинского страхования (ежемесячная стоимость), заканчивается. Это связано с тем, что Ваша семья получила налоговую субсидию для оплаты страховых взносов в предыдущем году, и Вы не подали налоговую форму 8962 IRS с Вашей налоговой декларацией. Или Вы не подали налоговую декларацию в IRS за тот год. Вы можете позвонить и обратиться с просьбой, чтобы это письмо перевели на Ваш родной язык или предоставили его в другом формате, например, крупным шрифтом: **1-800-778-7695** (TTY 1-888-889-4500). (**Russian**)

**ՃԱՆԱԿ:** Այս նամակում ասվում է, որ Ձեր առողջապահական ծրագրի ապահովագիր (ամսական վճարումների) չափը նվազեցնող ֆինանսական օգնությունը դադարեցվելու է: Պատճառն այն է, որ նախորդ տարիներից մեկում Ձեր ընտանիքը ապահովագիր վճարման նպատակով վարկային հարկ է ստացել, և Դուք IRS-ին ուղարկած Ձեր հարկագրին շեք կցել IRS-ի 8962 ձևը: Կամ Դուք այդ տարվա համար հարկագրի շեք ներկայացրել IRS-ին: Դուք կարող եք զանգահարել և խնդրել որ այս նամակը թարգմանվի Ձեր լեզվով կամ Ձեզ տրվի մեկ այլ ձևաշակով, օրինակ՝ խոշորատառ՝ **1-800-996-1009** (TTY 1-888-889-4500): (**Armenian**)

فروزی: طبق این نامه کمک مالی که حق بیمه طرح بهداشتی تان را کاهش می دهد (هزینه ماهانه) به پایان خواهد رسید. به این دلیل که خانواده شما در سال پیش اعتبار های مالیاتی حق بیمه دریافت کرده است و شما فرم 8962 مالیات IRS را به همراه اظهارنامه مالیاتی تان به IRS ارسال نکردید. یا اینکه اظهارنامه مالیاتی سال مربوطه را به IRS ارسال نکردید. می توانید تماس بگیرید و درخواست کنید که این نامه به زبان خودتان ترجیحه شود یا به فرمت دیگری مانند چاپ درست آنرا دریافت نمایید:

**اعاجل:** ينص هذا الخطاب على أن المساعدة المالية التي تخفض قسط الخطة الصجية الخاص بك (التكلفة الشهرية) على وشك الانتهاء، ويرجع ذلك إلى أن أسرتك قد حصلت على اعتمادات ضريبية متميزة في عام سابق وأنك لم تواكب IRS بالاستماراة الضريبية 8962 مع الإقرار الضريبي الخاص بك، أو أنك لم تقدم ضرائبك إلى IRS لهذا العام. يمكنك الاتصال بالرقم التالي وطلب ترجمة هذا الخطاب إلى لغتك أو أن يكون بتنسيق آخر، كان يكون بخط طباعة كبيرة: (4500-1-800-826-6317 (TTY 1-888-889-1 (Arabic).

अरंत महत्वपूर्ण: इस पत के अनुसार आपके हेल्प प्लान प्रीमियम (मासिक मूल्य)को कम करने वाली सहायता समाप्त होने जा रहा है। इसका कारण है कि आपके परिवार को पिछले वर्ष पर प्रीमियम कर जमा प्राप्त हुआ है और IRS को भेजे गए टैक्स रिटर्न में अपने IRS एक टैक्स फॉर्म 8962 शामिल नहीं किया है। या आपने उस वर्ष के लिए IRS के साथ अपना टैक्स फाइल नहीं किया है। आप इस नंबर पर कॉल करके इस पत का अनुवाद अपनी भाषा में अन्य प्रारूपों जैसे लार्ज प्रिंट के तौर पर करवा सकते हैं: **1-800-300-1506** (TTY 1-888-889-4500). (Hindi)

緊急：今回、以下を通知します。あなたの健康保険料(月々の費用)を引き下げるという財政的援助が終了します。これは、あなたの家庭が前年度に特別税金還付を受け取っており、あなたの納税申告書にIRS納税申告書8692が含まれなかつたためです。また、あなたがIRSに該当年度の税金を申告しなかつたためです。ご希望の言語で電話サポートを受ける、本通知の翻訳または大文字などその他の形式を希望する場合、1-800-300-1506 (TTY 1-888-889-4500)までお電話ください。(Japanese)

**ਜ਼ਰੂਰੀ:** ਇਹ ਪੱਤਰ ਕਹਿੰਦਾ ਹੈ ਕਿ ਉਹ ਇੱਤੀ ਸਮਾਇਦਾ ਜਿਸ ਨਾਲ ਕਿ ਤੁਹਾਡਾ ਸਿਹਤ ਯੋਨਨ ਪ੍ਰੀਨਿਆਮ (ਪ੍ਰੀਨਿਆਮ ਲਾਗਰ) ਪੱਤ ਹੋ ਜਾਂਦੀ ਹੈ, ਖਤ ਹੋਣ ਜਾਂ ਰਿਹਾ ਹੈ। ਅਸਿਥਾਂ ਇਸ ਕਾਰਨ ਹੋ ਰਿਹਾ ਹੈ ਕਿਵੀਂਤੀ ਤੁਹਾਡੇ ਘਰ ਲੋ ਪਿਛੇ ਸਾਲ ਵਿਚ ਪ੍ਰੀਨਿਆਮ ਕਰ ਕਰੋਂਦਿਤ ਗਾਲ ਕੀਤਾ ਸੀ ਅਤੇ ਤੁਸੀਂ ਆਪਣੇ ਕਰ ਰਿਟਾਰਨ ਨਾਲ IRS ਕਰ ਫਾਰਮ 8962 ਸ਼ਾਮਲ ਨਹੀਂ ਕੀਤਾ ਸੀ। ਜਾਂ ਇਹ ਤੁਸੀਂ ਉਸ ਸਾਲ ਲਈ IRS ਨਾਲ ਕਹਾਂ ਕੀਤੇ ਹੋਣੇ ਵਾਲੇ ਨਹੀਂ ਕੀਤਾ ਸੀ; ਤੁਸੀਂ ਕਾਲ ਕਰ ਸਕਦੇ ਹੋ ਅਤੇ ਇਸ ਪੱਤਰ ਨੂੰ ਆਪਣੀ ਕਾਸ਼ ਵਿਚ ਅਨੁਵਾਦ ਕਰਨ ਤੋਂ ਜਿਸ ਹੋਰ ਤੂਪ ਵਿਚ ਜਿਵੇਂ ਕਿ ਵੱਡੇ ਪਰਿੰਦ ਵਿਚ ਦੇਣੀ ਆਖ ਸਕਦੇ ਹੋ: 1-800-300-1506 (ਟ੍ਰਿ 1-888-889-4500) (Punjabi).

ด่วน จดหมายฉบับนี้แจ้งว่าการซื้อขายการเงินซึ่งก่อให้เป็นประภัยแก่สุขภาพของคุณลุงลง (ค่าใช้จ่ายรายเดือน) ก้าวส์ จะสิ้นสุด เนื่องจากครัวเรือนของคุณได้รับเครื่องประดับภาระก้อนในปีก่อน และคุณไม่ได้แนบเอกสารแบบฟอร์มภาษี 8962 ของ IRS มาพร้อมกับแบบขอคืนภาษี หรือคุณไม่ได้ยื่นภาษีให้ IRS ในปีนี้ คุณสามารถโทรศัพท์เพื่อขอให้แปล หนังสือฉบับนี้เป็นภาษาของคุณหรือเปลี่ยนเป็นรูปแบบอื่น ๆ เช่นพิมพ์อักษรตัวใหญ่ได้ที่หมายเลข 1-800-300-1506 (TTY 1-888-889-4500). (Thal)