

james exon  
1224 sw 13 dr  
boca raton, FL 33486

Feb 13, 2015

Application Date: February 13, 2015

Application ID: 1227867228

Dear james:

You recently submitted an application to the Health Insurance Marketplace. We reviewed your application to see if you can get health coverage through the Marketplace and help paying for coverage and health services through:

- A new tax credit that can be used right away to lower your monthly premium costs
- Health plans that lower your out-of-pocket costs
- Medicaid (Medicaid) and Florida Healthy Kids (Children's Health Insurance Program (CHIP)), which are joint federal and state programs that help with medical costs for people with limited income or special health care needs

## What are the results of my application?

Review the table below with your eligibility results.

Family Member(s)	Results	Next Steps
james exon	<ul style="list-style-type: none"><li>• Eligible for a tax credit (\$363.00 each month, which is \$4,356.00 for the year).</li><li>• Eligible to purchase health coverage through the Marketplace</li><li>• Can choose a health plan with lower copayments, coinsurance, and deductibles (06)</li></ul>	<ul style="list-style-type: none"><li>• Choose a health plan and make first month's payment</li></ul>

If you have questions: Go to [HealthCare.gov/marketplace](http://HealthCare.gov/marketplace). Or, call 1-800-318-2596. TTY users should call 1-855-889-4325. The call is free. You can also find out how to talk to someone in person, online or through the help line.

If the table above says that you're eligible for a tax credit or cost sharing reductions, it means that we didn't find you eligible for Medicaid. This could be based on several things, like your income, household size, residency, or immigration status among other things. More information on how to appeal an eligibility decision is described in the section of the notice, "What should I do if I think my eligibility results are wrong?".

## What should I do next?

- James Exon - Compare health plans side by side, choose a health plan, and enroll in coverage. If you don't already have a Marketplace account, you'll need the Application ID that's printed on this notice. You can choose a plan 2 different ways:
  - If you applied through HealthCare.gov, log in again to compare plans and enroll.
  - If you applied a different way, like with a paper application or over the phone, you can:
    - Compare plans and enroll online at HealthCare.gov. You'll need to create a Marketplace account if you don't already have one. Go to HealthCare.gov, click the "Log In" button in the top right of your screen, and then click "Create Account" to create a Marketplace account before choosing your plan.
    - Compare plans and enroll over the phone. Call the Marketplace Call Center for assistance.
- Enroll by February 15, 2015
  - Open enrollment for the Marketplace ends on February 15, so you must enroll in a plan and pay the first month's bill (the "premium") by then.
  - If you miss the deadline, you may not be able to enroll in a health insurance plan through the Marketplace until the next open enrollment period, unless you qualify for a special enrollment period.
  - You and anyone in your household who doesn't have qualifying health coverage for three months or longer out of the year could owe a penalty, unless you qualify for an exemption.
- For more information, go to <https://www.healthcare.gov/enroll-after-applying/>
- If the table above tells you that you or any of your family members are or may be eligible for Medicaid or Florida Healthy Kids, the state agency will contact you with more information about your health benefits, services and how much you pay for them. If you don't hear from them, call them at the phone number listed in the section, "Where can I find more information?"

---

If you have questions: Go to [HealthCare.gov/marketplace](https://www.healthcare.gov/marketplace). Or, call 1-800-318-2596. TTY users should call 1-855-889-4325. The call is free. You can also find out how to talk to someone in person, online or through the help line.

## When will coverage begin?

If you are eligible to purchase health coverage through the Marketplace and you choose a plan by the 15th of the month, your coverage in that plan will start on the first day of the following month. If you choose a plan after the 15th, your coverage will start on the first of the next following month. For example, if you choose a plan on March 16, your coverage in that plan will not start until May 1.

- You have to pay the first month's premium before your coverage starts.
- If you are adding a child to your plan through birth, adoption, or foster placement, the child's coverage will begin on their date of birth, adoption, placement for adoption, or placement in foster care, but no earlier than January 1, 2015.
- If you told us you recently got married or lost other health coverage, your coverage will begin the first day of the month following your plan selection.
- If you told us you are about to lose other health coverage, your Marketplace health coverage will begin the first day of the month following the day you lose other health coverage.

## What if information from my application changes during the year?

Changes to the information you provided on your application can affect your eligibility for coverage through the Marketplace, including tax credits, plan with lower copayments, coinsurance, and deductibles, and coverage through Medicaid or Florida Healthy Kids.

If you're eligible for a tax credit and you don't report a change that may affect your eligibility, you may have to pay back some or all of your tax credit when you file your taxes. If information from your application changes during the year, you should report the change within 30 days. Contact the Marketplace at the phone number below to report changes that may affect your eligibility.

If you're eligible for Medicaid or Florida Healthy Kids, contact the state agency at the phone number listed in the section, "Where can I find more information" to report changes.

## Why Don't I Qualify For Other Programs?

- James Exon – You don't qualify for Medicaid or the Children's Health Insurance Program (CHIP) in your state.

## What should I do if I think my eligibility results are wrong?

If you have received a final determination and you think we made a mistake, in many cases, you can appeal

---

If you have questions: Go to [HealthCare.gov/marketplace](https://HealthCare.gov/marketplace). Or, call 1-800-318-2596. TTY users should call 1-855-889-4325. The call is free. You can also find out how to talk to someone in person, online or through the help line.

our decision about your eligibility for health coverage, including Medicaid, CHIP, purchasing health coverage through the Marketplace, a tax credit, cost-sharing reductions, and enrollment periods.

Below is important information to consider when requesting an appeal:

- You have 90 days to request an appeal with the Marketplace from the date of this notice.
- You can have someone request or participate in your appeal if you want to. That person can be a friend, relative, lawyer, or other individual. Or, you can request and participate in your appeal on your own.
- If you request an appeal, you may be able to keep your eligibility for coverage while your appeal is pending.
- The outcome of an appeal could change the eligibility of other members of your household even if they don't ask for an appeal.
- If we did not find you eligible for Medicaid and you appeal our decision, you will have a choice about whether the Marketplace or your state's Medicaid agency hears your Medicaid appeal. More information about your options is included on the appeals request form. If you write your own letter to appeal a denial of Medicaid eligibility, please specify whether you would like to have your Medicaid appeal heard by the Medicaid agency or the Marketplace.

To request an appeal, you can do one of these things:

- Go to <https://www.healthcare.gov/can-i-appeal-a-marketplace-decision/> to find and complete the appeal request form for your state and mail it to: Health Insurance Marketplace, 465 Industrial Blvd., London, KY 40750-0061. If you are able to do so, please include a copy of this eligibility determination notice with your appeal request form; or
- Mail your own letter requesting an appeal to: Health Insurance Marketplace, 465 Industrial Blvd., London, KY 40750-0061. If you write your own letter, please include your name, address, and the reason you are requesting the appeal. If you are requesting an appeal for someone else (like your child), also include the name of the person for whom you are filing the appeal. If you are able to do so, please include a copy of this eligibility determination notice with your letter requesting an appeal.

When mailing your appeal request to the Health Insurance Marketplace, please include the last four digits of the zip code to ensure efficient processing of your appeal request.

### **Continuing your Medicaid or CHIP Application**

If the table with your eligibility results above tells you that you "May be eligible for Medicaid" or you "May be eligible for Florida Healthy Kids" then this section, "Continuing your Medicaid or CHIP Application" DOESN'T APPLY to you, and you don't need to take any action.

---

If you have questions: Go to [HealthCare.gov/marketplace](https://HealthCare.gov/marketplace). Or, call 1-800-318-2596. TTY users should call 1-855-889-4325. The call is free. You can also find out how to talk to someone in person, online or through the help line.

This Marketplace application looks at whether you qualify for Medicaid based on many reasons, but if your eligibility results tell you that you're eligible for coverage through the Marketplace, we don't think you qualify for Medicaid. Some people may still qualify for Medicaid but only Florida Department of Children and Families can make the final decision.

You can ask the Florida Department of Children and Families to continue to review your application for other ways to qualify for Medicaid. There is more information about this in the "Does Medicaid cover special health care needs?" section below. You should also ask Medicaid to continue your application if you:

- Need a lot of medical services or have high medical bills, or
- Have a family income close to the Medicaid income limit, or you don't agree with the income on your application.

You have 10 days to request that your application be reviewed by your state's Medicaid agency for other ways to qualify for Medicaid. If the table above says "May be eligible for Medicaid," then the Marketplace has already sent your information to Florida Department of Children and Families and they are reviewing your application.

If you're not sure whether you should ask Florida Department of Children and Families to look at other ways you may qualify, then you should make this request. You can keep your coverage described in this notice while Florida Department of Children and Families reviews your application. If you don't want Medicaid to take another look at your application, then you don't need to take any action. If the table on the first page of this letter said you "May be eligible for Medicaid," you will still receive a final decision from the state about this.

To ask the Florida Department of Children and Families to continue to review your application for other ways you may qualify, log into your Marketplace account at [HealthCare.gov/marketplace](https://HealthCare.gov/marketplace), or call 1-800-318-2596 (TTY: 1-855-889-4325) to let us know. If you don't ask for the Florida Department of Children and Families to take another look at your application, your application will no longer be considered, and you will not be able to appeal the fact that you aren't being enrolled in the Medicaid program without also appealing your eligibility for tax credits and cost-sharing reductions.

### **Does Medicaid cover special health care needs?**

A person may qualify to get coverage for more health services and pay less for care through Medicaid if he or she has special health care needs. For example if a person:

- Has a medical, mental health or substance use condition that limits the ability to work or go to school
- Needs help with daily activities, such as bathing or dressing
- Regularly gets medical care, personal care, or health services at home, an adult day center, or another community setting
- Lives in a long term care facility, group home, or nursing home
- Is blind or

---

If you have questions: Go to [HealthCare.gov/marketplace](https://HealthCare.gov/marketplace). Or, call 1-800-318-2596. TTY users should call 1-855-889-4325. The call is free. You can also find out how to talk to someone in person, online or through the help line.

- Is terminally ill

If a person applying for coverage has special health care needs, and wants to see if he or she qualifies, call us at 1-800-318-2596 (TTY: 1-855-889-4325) or log into your Marketplace account at [HealthCare.gov/marketplace](https://www.healthcare.gov/). If the person already qualified for other health coverage, he or she can keep it while the Medicaid agency decides if he or she qualifies for more coverage through Medicaid.

## Where can I find more information?

Visit us online at [HealthCare.gov](https://www.healthcare.gov/). Or, call the Marketplace at 1-800-318-2596 (TTY: 1-855-889-4325). For more information about Medicaid, contact the Florida Department of Children and Families at Toll-Free: 1-866-762-2237 (TTY: 1-800-955-8771). For more information about Florida Healthy Kids, contact the Florida Healthy Kids Corporation at Toll-Free: 1-866-762-2237 (TTY: 1-877-316-8748).

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 <https://www.healthcare.gov/privacy/>). This notice was generated by the Marketplace based on 45 CFR 155.230. The PII used to create this notice was collected on the application you filled out and from other data sources through the electronic eligibility verification process to get an eligibility determination for enrollment in a qualified health plan through the Marketplace and insurance affordability programs. For more information about the privacy and security of your PII, visit [HealthCare.gov](https://www.healthcare.gov/).

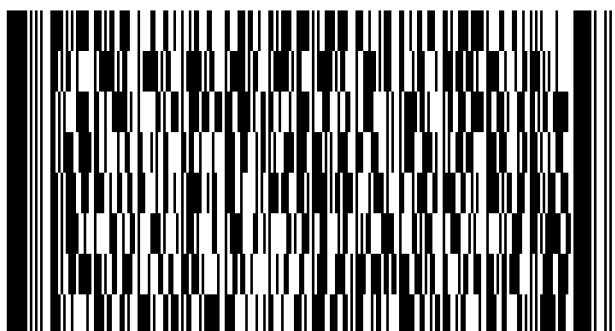
The Marketplace may have used data from a consumer reporting agency to determine eligibility for the individuals on your application. If you have questions about this data, please contact the Marketplace at 1-800-318-2596 (TTY: 1-855-889-4325).

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. The time required for a health insurance Exchange as defined in CFR 155.20 to generate this information collection is estimated to be 100 hours, including the time to draft appropriate notice text, review the notice, conduct user testing, incorporate changes, ensure compliance with plain writing, language access, and readability standards. If you have comments concerning the accuracy of the time estimate(s) or suggestions for improving this form, please write to: CMS, 7500 Security Boulevard, Attn: PRA Reports Clearance Officer, Mail Stop C4-26-05, Baltimore, Maryland 21244-1850

---

If you have questions: Go to [HealthCare.gov/marketplace](https://www.healthcare.gov/marketplace). Or, call 1-800-318-2596. TTY users should call 1-855-889-4325. The call is free. You can also find out how to talk to someone in person, online or through the help line.

**Important:** If you mail in your documentation, please also include this page in the same envelope, which includes a barcode, along with any documents. This page helps the Marketplace make sure your documents can easily be associated with your application.



FL,1227867228

## More information about Tax Credits

### What is a tax credit?

A tax credit lowers the monthly cost (called a “premium”) you pay for health insurance. In some cases, you may pay no premium if your tax credit covers the entire premium amount. Tax credits help people with incomes too high to qualify for Medicaid or the Children's Health Insurance Program (CHIP), but who still may not be able to afford health coverage.

### How do I qualify for a tax credit?

The Marketplace will check your information, such as your income and household size, to see if you qualify for a tax credit. The tax credit is only available if you enroll in coverage through the Marketplace. If you're eligible for Medicare or most other types of health insurance coverage, then you probably don't qualify for a tax credit. If you're eligible for coverage from a job, you can only qualify for a tax credit if your employer doesn't offer affordable health coverage or the coverage doesn't meet a minimum value standard. In addition, your income must be above the limit for Medicaid in your state, but within the limits for a tax credit, which are outlined in the chart below.

### Income Limits for Tax Credits

Household size	Income limit	Household size	Income limit
1	\$45,960 (\$57,400 for Alaska)	2	\$62,040 (\$77,520 for Alaska)
3	\$78,120 (\$97,640 for Alaska)	4	\$94,200 (\$117,760 for Alaska)
5	\$110,280 (\$137,880 for Alaska)	6	\$126,360 (\$158,000 for Alaska)

### How much of a tax credit can I get?

Your tax credit amount is based on:

- The number of people in your household. Your household includes the person who pays taxes and his or her spouse and dependents,
- The income amount that you expect to put on your on your federal income tax return for 2015, and
- The cost of a “silver level” health plan in your area. A silver level health plan is a plan that provides the set of essential health benefits required by the Marketplace and also covers 70% of health care costs for the average person. You can see the health plans available using our plan finder on [HealthCare.gov](http://HealthCare.gov).

### Do I have to wait until I file my federal tax return to get the tax credit?

You do not have to wait until you file your federal income tax return to get your tax credit. You can have some or all of your tax credit paid directly by the Federal government to your health plan to reduce the



premium for the health plan that you select through the Marketplace. You will make this choice when you choose a plan.

You can decide to enroll in a plan without a tax credit or with less than the full amount, and get the full amount, based on your actual income at the end of the year, when you file your taxes. Even if you don't owe any taxes, you may still be eligible for a tax credit. You need to enroll in a plan through the Marketplace in order for the IRS to see if you qualify for a tax credit when you file your taxes. If you don't enroll in a plan through the Marketplace, you won't be eligible for a tax credit when you file your federal tax return with IRS (and you may owe a penalty if you don't have qualifying coverage for three months or longer).

### **I'm not sure what my income for the year will be, so I just guessed on my application. What happens if I'm wrong?**

When it's time to file your federal income tax return, the IRS will compare the income from your application with the income you report on your tax return.

- If your income is lower than what you told us on your application, you may receive a tax refund.
- If your income is higher than what you told us on your application, you may have to pay back some of your tax credit.

If you're worried about owing back any tax credit, you can take a smaller amount of the tax credit to use each month. You can decide how much of the tax credit you want to take when you enroll in a plan through the Marketplace.

### **What kind of changes do I need to report?**

If information from your application changes, you should report the change to us within 30 days of the change occurring. If you don't report changes, you may have to pay back some or all of your tax credit when you file your taxes. Examples of changes you should report include:

- A move
- Household income changes
- Household size changes. For example, someone in your household marries or divorces, becomes pregnant, or has a child
- Becoming qualified for other health coverage
- Changes in immigration status
- Becoming incarcerated, other than pending the disposition of charges
- A change in plan for filing your federal income tax return for 2015; for example, you plan to claim new dependents on your tax return

To report changes, log into your Marketplace account on [HealthCare.gov/marketplace](https://HealthCare.gov/marketplace), or call 1-800-318-2596 (TTY: 1-855-889-4325).

### **Will my employer know that I am getting a tax credit?**

We're required to notify your employer if you're getting a tax credit or cost-sharing reductions because your employer may need to make a shared responsibility payment. Your employer is not allowed to treat you differently based on your eligibility for a tax credit or cost-sharing reductions. The law prohibits your employer from firing or discriminating against you because you or someone in your household has been determined eligible for a tax credit or cost-sharing reductions. If you believe that you were fired or otherwise discriminated against because you or someone in your household was determined eligible for a tax credit or cost-sharing reductions, you can file a complaint with the U.S. Occupational Safety and Health Administration (OSHA). Visit [www.whistleblowers.gov](http://www.whistleblowers.gov) for more information.

### **Do I need to apply for a new tax credit every year?**

You must renew your tax credit every year. Watch for a letter from us in August or September with information about next year.

## **More information about Lower Out-of-Pocket Costs**

### **What are copayments, coinsurance, and deductibles?**

Copayments, coinsurance, and deductibles are the money you pay toward your share of the cost of your health care. They are also called "cost sharing." Your insurance company pays the rest.

- A copayment is an amount you may be required to pay each time you receive a service, like going to the doctor or getting a prescription. It is usually a set dollar amount, like \$20.
- Coinsurance is your share of the costs of a covered health service calculated as a percent of the allowed amount for the service. You pay coinsurance plus any deductibles you owe.
- A deductible is the amount of money you must spend every year on health care before the plan starts paying. Even after you pay your deductible, you may still be required to pay copayments or coinsurance when you receive services.

### **How do I qualify for lower copayments, coinsurance, and deductibles?**

Your income must be within certain limits in order to also qualify for a Marketplace plan with discounted copayments, coinsurance, and deductibles. Once you qualify, most people must enroll in a "silver level plan" to get lower copayments, copayments, and deductibles.

### **How does the Marketplace decide what my cost sharing is?**

You qualify to enroll in a plan with lower copayments, coinsurance, and deductibles based on:

- Whether you are eligible for a tax credit
- The number of people in your household (the taxpayer and dependents listed on your federal income tax return)
- The income amount that you expect to put on your federal income tax return for 2015
- Whether you are American Indian or Alaska Native and a member of a federally-recognized tribe

## **More information about Medicaid**

---

If you have questions: Go to [HealthCare.gov/marketplace](http://HealthCare.gov/marketplace). Or, call 1-800-318-2596. TTY users should call 1-855-889-4325. The call is free. You can also find out how to talk to someone in person, online or through the help line.

Medicaid is health coverage for people with limited income or special health care needs. Medicaid covers services such as doctor visits, laboratory tests and hospital care. Medicaid also covers additional services for children up to a certain age.

**Do you have past medical bills?**

Medicaid may pay medical bills from the past three months. If you want to see if Medicaid will pay recent medical bills, contact the Medicaid at the number included above in this notice. You may then need to send the Medicaid copies of your unpaid medical bills from the last three months.

**How long can I keep my Medicaid health coverage?**

You must renew your Medicaid health coverage every year. Watch for a letter in the mail telling you if you need to send Medicaid more information at renewal time.

**What if information from my application changes during the year?**

Over the next year, you must report any changes that might affect whether you qualify for Medicaid, like if you move, your income changes, or the size of your family changes (for example, if you marry, divorce, become pregnant, or have a child.) To report changes, call the Medicaid agency in your state.

**Does Medicaid cover special health care needs?**

Yes. A person may qualify to get coverage for more health services and pay less for care if he or she has special health care needs, such as:

- Has a medical, mental health or substance abuse condition that limits the ability to work or go to school
- Needs help with daily activities, such as bathing or dressing
- Regularly gets medical care, personal care, or health services at home, an adult day center, or another community setting
- Lives in a long term care facility, group home, or nursing home
- Is blind
- Is terminally ill

If a person has special health care needs, and wants to see if he or she qualifies, let us know. Call the state Medicaid agency or log into your Marketplace account at [HealthCare.gov/marketplace](https://HealthCare.gov/marketplace). If the person qualified for other health coverage, he or she can keep it while the Medicaid agency decides if he or she qualifies for Medicaid.

## Getting Help in a Language Other than English

If you, or someone you're helping, has questions about the Health Insurance Marketplace, you have the right to get help and information in your language at no cost. To talk to an interpreter, call 1-800-318-2596.

Here's a listing of the available languages and the same message provided above in those languages:

### العربية (Arabic)

لك الحق في الحصول على المساعدة والمعلومات في اللغة الخاصة بك مجاناً. وللتحدث مع مترجم في اللغة العربية حول سوق التأمين الصحي، يرجى الاتصال على 1-800-318-2596.

### 中文 (Chinese)

你有權利免費用您的語言獲得幫助和資訊。要用中文與傳譯員探討健康保險市場，請致電 1-800-318-2596。

### Français (French)

Vous avez le droit d'obtenir de l'aide et des renseignements dans votre langue sans aucun coût. Pour consulter un interprète en français quant au Marché d'assurance santé, composez le 1-800-318-2596.

### Kreyòl (French Creole)

Ou gen tout dwa pou resevwa èd ak enfòmasyon nan lang ou pou gratis. Pou pale avèk yon entèpretè an Kreyòl konsènan Mache Asirans Medikal (Health Insurance Marketplace), rele 1-800-318-2596.

### Deutsch (German)

Sie haben das Recht, Hilfe und Informationen kostenlos in Ihrer eigenen Sprache in Anspruch zu nehmen. Um mit einem Dolmetscher für die deutsche Sprache über den „Health Insurance Marketplace“ zu sprechen, rufen Sie bitte diese Nummer an: 1-800-318-2596.

### ગુજરાતી (Gujarati)

તમને વિના મૂલ્યે તમારી ભાષામાં મદદ અને માહિતી મેળવવાનો અધિકાર છે. આરોગ્ય વીમા વ્યાપારબજાર વિશે દુભાષિયા સાથે ગુજરાતીમાં વાતચીત કરવા, કોલ કરો 1-800-318-2596

### हिन्दी (Hindi)

आपके पास अपनी भाषा में सहायता व सूचना निःशुल्क प्राप्त करने का अधिकार है। हेल्थ इंश्योरेंस मार्केटप्लेस (स्वास्थ्य बीमा बाजारस्थल) के बारे में हिन्दी में दुभाषिए से बात करने के लिए 1-800-318-2596 पर फोन करें।

### 한국어 (Korean)

귀하는 귀하의 언어로 도움과 정보를 무료로 받을 수 있는 권리가 있습니다. 한국어로 건강 보험 시장(Health Insurance Marketplace)에 대하여 통역사에게 이야기하려면, 1-800-318-2596 번으로 전화하십시오.

## **Polski (Polish)**

Każdy ma prawo uzyskać bezpłatnie pomoc i informacje we własnym języku. Aby porozmawiać z tłumaczem po polsku na temat Rynku Ubezpieczeń Zdrowotnych (Health, Insurance Marketplace), należy zadzwonić pod numer 1-800-318-2596.

## **Português (Portuguese)**

Você tem o direito de obter ajuda e informação em seu idioma e sem nenhum custo adicional. Para falar com um intérprete de [Português] sobre o Mercado de Seguros de Saúde, ligue para 1-800-318-2596.

## **Русский (Russian)**

Вы имеете право бесплатно получить помощь и информацию на родном языке. Чтобы поговорить с переводчиком на русском о платформе Health Insurance Marketplace (рынок медицинского страхования), позвоните по телефону 1-800-318-2596.

## **Español (Spanish)**

Usted tiene el derecho a recibir ayuda e información en su idioma sin costo alguno. Para comunicarse con un intérprete en español relacionado con el Mercado de seguros médicos, llame al 1-800-318-2596.

## **Tagalog (Tagalog)**

Mayroon kang karapatan makakuha ng tulong at impormasyon sa iyong wika na walang gastos. Upang makipag-usap sa isang tagapagsalin sa Tagalog tungkol sa Health Insurance Marketplace, tumawag sa 1-800-318-2596.

## **اردو (Urdu)**

آپ کو اپنی زبان میں مفت مدد اور معلومات حاصل کرنے کا حق ہے۔ ہیلتھ انشورنس مارکیٹ پلیس کے بارے میں کسی مترجم سے اردو میں بات کرنے کے لئے 1-800-318-2596 پر رابطہ کریں۔

## **tiếng Việt (Vietnamese)**

Quý vị có quyền nhận sự giúp đỡ và thông tin bằng ngôn ngữ của mình miễn phí. Để nói chuyện với một thông dịch viên bằng tiếng Việt về Thị Trường Bảo Hiểm Sức Khỏe, xin gọi số 1-800-318-2596.



June 2013