



Date: **July 7, 2021**

Case Number: **00000000**

S1 B1 C1*****AUTO**ALL FOR AADC 550
Test Case
123 Nowhere Lane
City, ST 00000-0000

You may be eligible for increased tax credits and cost-sharing reductions

If a taxpayer in your household, including one or both spouses if married and filing jointly, received unemployment income in 2021, you may be eligible for an increase in your advanced payments of the premium tax credit (APTC) and cost-sharing reduction (CSR) benefits that can help lower the cost of health insurance through MNsure (Public Law 117-2, Sec. 9661).

Why am I getting this notice?

Our records show that you reported a taxpayer in your household received unemployment income during 2021. We redetermined your eligibility for APTC and CSR based on the new American Rescue Plan rules and you are eligible for these increased benefits.

What if no taxpayer in my household received unemployment income in 2021?

If **no** taxpayer in your household received unemployment income in 2021 your redetermined benefits will be incorrect. Please call the MNsure Contact Center right away at 651-539-2099 (855-366-7873 outside the Twin Cities) so we can update your household's unemployment income information and make sure you receive the correct benefits. If you do not contact MNsure you may have to pay back benefits to the IRS when you file your 2021 taxes.

What should I do if a taxpayer in my household received unemployment income in 2021?

- To see the updated amount of APTC you are eligible to receive sign in to your MNsure account, click on "Enrollments" on the left-hand side of the screen, and then "View Enrollment History."
- **If you are enrolled in private insurance through MNsure:**
 - Your APTC benefit will be automatically applied to your private insurance starting July 1, 2021. To adjust the amount of APTC applied, sign in to your MNsure account and go to your enrollment dashboard (search "adjust APTC" on MNsure.org for more help).
 - You qualify for a special enrollment period (Code of Federal Regulations, title 45, section 155.420). During your special enrollment period you can change plans. Sign in to your MNsure account and go to your enrollment dashboard to find out when your special enrollment period ends.
 - If you are currently enrolled in a silver plan your increased CSR benefit will be automatically applied to your plan starting July 1, 2021.
 - If you are **not** enrolled in a silver plan but want to receive your CSR benefit you can switch to a silver plan during your special enrollment period.

Cost-sharing reduction benefits are available on silver plans and decrease the amount you have to pay for co-payments, co-insurance and deductibles.

- **If you are not enrolled in private insurance through MNSure:**
 - You qualify for a special enrollment period to enroll in private insurance through MNSure (Code of Federal Regulations, title 45, section 155.420). Sign in to your MNSure account and go to your enrollment dashboard to shop for a plan through MNSure before your special enrollment period ends. Your enrollment dashboard will show when your special enrollment period ends.

Get Help

If you have questions about this notice or need to report a change, call the MNSure Contact Center at 651-539-2099 (855-366-7873 outside the Twin Cities) and say you are calling about the MNSure ARP Unemployment Form.

You can also find free help from a MNSure-certified assister using our Assister Directory on MNSure.org (search for “free help”).

If you believe your eligibility or enrollment is incorrect, you can call MNSure or file an appeal to have your case reviewed. For more details, please see the enclosed Appeals Rights document. If you did not get the Appeals Rights document or have questions about your appeal rights, call 651-539-2099 (855-366-7873 outside the Twin Cities).



Important Appeal Rights

What if I do not agree with MNSure's action?

If you disagree with MNSure's action, you can ask for an escalated review of your case by calling MNSure at 651-539-2099 (855-366-7873 outside the Twin Cities). You can also file an appeal.

How do I appeal?

Do any of the following to start an appeal:

- Log in to your account at MNSure.org to access the Appeal Request Form.
- Call MNSure at 651-539-2099 (855-366-7873 outside the Twin Cities).
- Write to MNSure Legal and Compliance, PO Box 64253, St. Paul, MN 55164-0253.
- Come in person to the Minnesota Department of Human Services Information Desk, 444 Lafayette Road N, St. Paul, MN 55155.
- Visit <https://www.mnsure.org/help/appeals/> and follow the instructions.

What can I appeal?

- If MNSure did not act on your request about health care coverage or processed your request too slowly.
- If you do not agree with the action taken.

Important: You must file your appeal within 90 days of the date of your health care notice. Also, an appeal decision for one household member may affect the eligibility of other household members.

What do I do after I file my appeal?

- Gather information related to the action that you think will prove or explain your case.
- Attend your appeal hearing. You will get a letter telling you the date and time of your hearing. Many hearings are done over the phone.
- Continue to report changes to your household within 30 days by calling MNSure at the number listed above.

What if it's an emergency?

You have a right to request an expedited (sped-up) appeal for an emergency. An emergency happens when a person's life or health or ability to get, keep, or regain maximum function is in serious danger. If this applies to you, check "yes" on the Appeal Request Form when asked whether the appeal involves a medical emergency and tell us the reason. Or call MNSure at the number listed above.

What happens to my benefits during my appeal?

If you are appealing a change in your benefits, you can continue to get the level of benefits you received before the change by checking, "I want to keep getting benefits at the same rate as before" on the Appeal Request Form. If you lose your appeal and requested to continue benefits, you may have to pay back the benefits you got while your appeal was pending.

Note: The term "benefits" has meanings that change with the appeal type. If you appeal an advanced premium tax credit and/or cost-sharing reductions, "benefits" means the amount of the tax credits and/or reductions. If you appeal the eligibility to purchase a qualified health plan (QHP) through MNSure, "benefits" means the eligibility to purchase a QHP through MNSure.

Can I get help with my appeal?

You may speak for yourself at the appeal hearing or you may have someone else speak for you. You must let us know in writing who the person is that you want to speak for you. You can do that on the Appeal Request Form. If your income is below a certain limit, you may be able to get legal advice or help from your local legal aid office.

Your Civil Rights

Discrimination is against the law. MNSure does not discriminate on the basis of any of the following: race, color, national origin, creed, religion, sexual orientation, public assistance status, marital status, age, disability, sex (including sex stereotypes and gender identity).

Free Services

Auxiliary aids: If you have a disability and need aids and services to have an equal opportunity to participate in our health care programs, MNSure will provide them timely and free of charge. These aids and services include qualified interpreters and information in accessible formats.

Language assistance: If you have difficulty understanding English and need language help to access information and services, MNSure will provide language assistance services timely and free of charge. These services include translated documents and interpreting spoken language.

To request these free services from MNSure, contact the MNSure Accessibility and Equal Opportunity (AEO) Office at AEO@MNSure.org or 651-539-2099 or 855-366-7873 (toll free).

Civil Rights Complaints

You have the right to file a discrimination complaint if you believe you were treated in a discriminatory way by a human services agency.

You may contact any of the following three agencies directly to file a discrimination complaint.

U.S. Department of Health and Human Services' Office for Civil Rights (OCR)

You have a right to file a complaint with the OCR, a federal agency, if you believe you have been discriminated against because of any of the following: race, color, national origin, age, disability, or sex (including stereotypes and gender identity).

Contact the **OCR** directly to file a complaint:

Director, U.S. Department of Health and Human Services' Office for Civil Rights
200 Independence Avenue SW, Room 509F
HHH Building
Washington, DC 20201
800-368-1019 (voice), 800-537-7697 (TDD)
<http://www.hhs.gov/ocr/office/file/index.html>

Minnesota Department of Human Rights (MDHR)

In Minnesota, you have the right to file a complaint with the MDHR if you believe you have been discriminated against because of any of the following: race, color, national origin, religion, creed, sex, sexual orientation, marital status, public assistance status, or disability.

Contact the **MDHR** directly to file a complaint:

Minnesota Department of Human Rights
Freeman Building, 625 North Robert Street
St. Paul, MN 55155
651-539-1100 (voice) or 800-657-3704 (toll free)
711 or 800-627-3529 (MN Relay), 651-296-9042 (fax)
Info.MDHR@state.mn.us (email)

MNsurre

You have a right to file a complaint with MNsure if you believe you have been discriminated against in our health care programs because of any of the following: race, color, national origin, creed, religion, sexual orientation, public assistance status, marital status, age, disability, sex (including sex stereotypes and gender identity).

Complaints must be in writing and filed within one year of the date you discovered the alleged discrimination.

The complaint must contain your name and address and describe the discrimination you are complaining about. After we get your complaint, we will review it and notify you in writing about whether we have authority to investigate. If we do, we will investigate the complaint.

MNsurre will notify you in writing of the investigation's outcome. You have the right to appeal the outcome if you disagree with the decision. To appeal, you must send a written request to have MNsure review the investigation outcome. Be brief and state why you disagree with the decision. Include additional information you think is important.

If you file a complaint in this way, the people who work for the agency named in the complaint cannot retaliate against you. This means they cannot punish you in any way for filing a complaint. Filing a complaint in this way does not stop you from seeking out other legal or administrative remedies.

Contact **MNsurre** directly to file a discrimination complaint:

MNsurre Accessibility and Equal Opportunity (AEO) Office
PO Box 64253
St. Paul, MN 55164-0253
651-539-2099 or 855-366-7873 (voice) or use your preferred relay service
AEO@MNsurre.org (email)

Attention. If you need free help interpreting this document, call the above number.

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ملاحظة: إذا أردت مساعدة مجانية لترجمة هذه الوثيقة، اتصل على الرقم أعلاه.

သတိ။ ဤစာရွက်စာတမ်းအားအခမဲ့ဘာသာပြန်ပေးခြင်း အကူအညီလိုအပ်ပါက၊ အထက်ပါဖုန်းနံပါတ်ကိုခေါ်ဆိုပါ။

កំណត់សំគាល់ ។ បើអ្នកត្រូវការជំនួយក្នុងការបកប្រែឯកសារនេះដោយឥតគិតថ្លៃ សូមហៅទូរស័ព្ទតាមលេខខាងលើ ។

請注意，如果您需要免費協助傳譯這份文件，請撥打上面的電話號碼。

Attention. Si vous avez besoin d'une aide gratuite pour interpréter le présent document, veuillez appeler au numéro ci-dessus.

Thov ua twb zoo nyeem. Yog hais tias koj xav tau kev pab txhais lus rau tsab ntaub ntawv no pub dawb, ces hu rau tus najnpawb xov tooj saum toj no.

ဟ်သုဉ်ဟ်သးဘဉ်တက့ၢ်. ဝဲန့ၢ်လိဉ်ဘဉ်တၢ်မၤစၢၤကလိလၢတၢ်ကကျိးထံဝဲဒဉ်လၢ် တီလၢ်မိတခါအံၤန့ၢ်,ကိးဘဉ်လိတဲစီၣ်ဂံၢ်လၢထးအံၤန့ၢ်တက့ၢ်.

알려드립니다. 이 문서에 대한 이해를 돕기 위해 무료로 제공되는 도움을 받으시려면 위의 전화번호로 연락하십시오.

ໂປຣດຊາບ. ຖ້າຫາກ ທ່ານຕ້ອງການການຊ່ວຍເຫຼືອໃນການແປເອກະສານນີ້ພຣີ, ຈົ່ງໂທໄປທີ່ໝາຍເລກຂ້າງເທິງນີ້.

Hubachiisa. Dokumentiin kun tola akka siif hiikamu gargaarsa hoo feete, lakkoobsa gubbatti kenname bilbili.

Внимание: если вам нужна бесплатная помощь в устном переводе данного документа, позвоните по указанному выше телефону.

Digniin. Haddii aad u baahantahay caawimaad lacag-la'aan ah ee tarjumaadda qoraalkan, lambarka kore wac.

Atención. Si desea recibir asistencia gratuita para interpretar este documento, llame al número indicado arriba.

Chú ý. Nếu quý vị cần được giúp đỡ dịch tài liệu này miễn phí, xin gọi số bên trên.

LB2 (8-16)