MNsure
Where you choose health coverage

MNsure
PO Box 64253
St. Paul, MN 55164-0253

[redacted]

Your Agent:
[redacted]

Date: October 27, 2026

Re: MNsure Health Care Eligibility Notice
Household ID: [redacted]

Dear [redacted],

Eligibility Summary:

It's important that we have accurate information. When you log in to your MNsure account:

- Review your application.
- Confirm all the member details are accurate.

Household member	Eligibility
[redacted]	• Eligible to enroll in a health plan through MNsure • Eligible for financial help to lower premium costs, called advanced premium tax credit or APTC. • Eligible for financial help to lower out-of-pocket costs, called cost-sharing reductions or CSRs.
[redacted]	• Eligible to enroll in a health plan through MNsure • Eligible for financial help to lower premium costs, called advanced premium tax credit or APTC. • Eligible for financial help to lower out-of-pocket costs, called cost-sharing reductions or CSRs.

Eligibility information for household members who qualify to enroll in a health plan through MNsure

The household members listed below are eligible to buy health insurance through MNsure.

- [redacted]
- [redacted]

The household members who are eligible for a monthly advanced premium tax credit (APTC) qualify for an amount of up to $[redacted] to lower the monthly premium payment.

The household members who are eligible for cost-sharing reductions (CSR) qualify for lower out-of-pocket costs for healthcare services.

Agreement for Accepting Payment of the Advanced Premium Tax Credit (APTC) on Your Behalf:

By allowing APTC to be paid on your behalf to your health insurance company, the taxpayer is agreeing to the following statements:

- I understand that an advanced payment of premium tax credit will be paid on my behalf to reduce the cost of health coverage for myself and my dependents.
- I will file a federal income tax return for the coverage year in which APTC is paid on my behalf.
- If I am married at the end of the coverage year, I will file a joint income tax return with my spouse, unless I qualify for an exception to the joint filing requirement.
- I also expect that:
  - No one else will be able to claim me as a dependent on their federal income tax return filed for the coverage year.
  - Individuals listed as tax dependents on my application who are enrolled in coverage through MNsure, and whose premium coverage is paid in whole or in part through advanced payment of the premium tax credit will be included as dependents on my federal income tax return for the coverage year.
- If any of the above changes, I understand that it may impact my ability to get an advanced payment of premium tax credit.
- I understand that when I file my federal income tax return for the coverage year, the Internal Revenue Service (IRS) will compare the income on my tax return with the income on my application.
- I understand that if the income on my tax return is higher than the amount of income on my application, I may owe additional federal income tax.
- I understand that if the income on my tax return is lower than the amount of income on my application, I may be eligible to get an additional tax credit amount.

Next steps

1. If you haven’t enrolled in a health plan through MNsure, enroll now at https://enroll.mnsure.org/hix.
2. If you qualify for cost-sharing reductions, you must choose a silver plan to get those cost savings.
3. Pay the first month’s premium to your insurance company.

Eligibility Information for Medical Assistance or MinnesotaCare

MNsure did not assess the members below for Medical Assistance because the Department of Human Services or their county or tribal agency denied eligibility in the last 90 days. This person can request another review directly from the Department of Human Services or their county or tribal agency.

- [redacted]
- [redacted]

Next steps

Your household is eligible to enroll in a health plan through https://enroll.mnsure.org/hix during MNsure's open enrollment period (November 01, 2026 - January 15, 2027). Outside of open enrollment, you must qualify for a special enrollment period to enroll in a health plan.

Make sure you update your MNsure application during the year if information changes. Changes in income, residence or family and household size can affect your eligibility.

If you have questions about this notice, call the MNsure Contact Center at 1-855-366-7873.

If you have hearing or speech disabilities, contact us using your preferred telecommunications relay service.

Thank you,
MNsure

Important Appeal Rights

What if I do not agree with the action taken on my application?

You will get a health care notice that lets you know whether you qualify to get coverage through MNsure. 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:

- Call MNsure at 651-539-2099 (855-366-7873 outside the Twin Cities).
- Complete an appeal form: https://edocs.dhs.state.mn.us/lfserver/Public/DHS-0033-ENG.
- 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 logging in to your account at MNsure.org and update your application.

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.

Important: *If you lose your appeal, you may have to pay back the benefits you got while your appeal was pending.*

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:

Centralized Case Management Operations
U.S. Department of Health and Human Services
200 Independence Avenue SW, Room 509F
HHH Building Washington, DC 20201
800-368-1019 (voice), 800-537-7697 (TDD)
OCRComplaint@hhs.gov (email)
https://ocrportal.hhs.gov

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
540 Fairview Ave North, Suite 201
St. Paul, MN 55104
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)

MNsure

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.

MNsure 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 **MNsure** directly to file a discrimination complaint:

MNsure 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@MNsure.org (email)

651-539-2099 / 855-366-7873

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.

ဟ်သူဉ်ဟ်သးဘဉ်တက့်. ဖဲနမ့်လိဉ်ဘဉ်တ်မၤစၢၤကလီလၢတ်ကကျိးထံဝဲဒဉ်လ်ာ် တီလ်ာ်မီတခါအံၤန္ဉ်,ကိးဘဉ်လီတဲစိနိ်ဂ််လၢထးအံၤန္ဉ်တက့်.

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

ໂປຣດຊາບ. ຖ້າຫາກ ທ່ານຕ້ອງການການຊ່ວຍເຫຼືອໃນການແປເອກະສານນີ້ຟຣີ, ຈົ່ງໂທຣໄປທີ່ໝາຍເລກຂ້າງເທິງນີ້.

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)

Reference number: 8733739