Office of Public Assistance PO BOX 202925

Helena, Montana 59620-2959

## DEPARTMENT OF PUBLIC HEALTH AND HUMAN SERVICES



## About Your Case

Dear [NAME]

The first part of this letter is a summary of your benefits. Please read this entire letter.

## Health Coverage

Your Medicaid/Healthy Montana Kids health coverage information is listed below.

Effective Date	Action	Person(s)	Explanation
[DATE]	Closed		Your coverage will end because you didn't complete and return the renewal documents we sent to you.

It's not too late to renew your coverage. If you have questions or want to renew your health coverage, call the Montana Public Assistance Helpline at 1-888-706-1535 before [DATE].

## Marketplace Health Insurance

If you believe you are no longer eligible for Medicaid/Healthy Montana Kids, you might be able to get health coverage – and help paying for it – through the Health Insurance Marketplace (Marketplace). Marketplace plans cover services like doctor visits, prescriptions, and more. You can go to www.HealthCare.gov or call 1-800-318-2596 (TTY: 1-855-889-4325) to apply. If you are interested in accessing healthcare coverage through the Marketplace, you should complete your application as soon as possible.

**If you need help understanding your coverage options, local assistance is available.** Cover Montana can help explain your coverage options if your Medicaid coverage is ending, help you apply for health insurance through the Health Insurance Marketplace, and answer any health insurance questions. Their help is free and confidential. Visit <u>www.covermt.org</u> or call 1 (844) 682-6837.