Insert Agency Letterhead

**UCOR**

Date

First Name Last Name  
Address  
City, State Zip

Case #: Case Number

Dear First Name Last Name:

You recently applied for health insurance through the federal Health Insurance Marketplace. The Marketplace determined that you were not eligible for lower costs on health insurance through the Marketplace, so it sent your application to the State of Wisconsin to determine if you might be eligible for Wisconsin Medicaid or BadgerCare Plus. Based on your income information, you were not found eligible for Wisconsin Medicaid or BadgerCare Plus. You should have received a denial letter in the mail.

You are getting this letter because we think you may still be eligible for lower costs on health insurance through the Marketplace. You may not have reported all of your income correctly on the original application.

If you still need health insurance, you can do one of the following:

* **Appeal the Marketplace decision within 90 days** **of the date you received your notice from the Marketplace.** Go to [www.healthcare.gov/marketplace-appeals](https://www.healthcare.gov/marketplace-appeals) to find out how you can appeal your decision from the Marketplace.
* **Reapply for health insurance through the Marketplace** **using the tips below.** You can reapply at [www.healthcare.gov](https://www.healthcare.gov) or by calling 1-800-318-2596 (TTY 711). You may also apply in person and receive help from a certified navigator, certified application counselor, agent, broker, or other public benefits assister. A list of individuals who can provide in-person help can be found on the Enroll Wisconsin website at [www.enrollwi.org/get-help-to-enroll](http://enrollwi.org/get-help-to-enroll/) or by calling 211.

**Tips for Reapplying Through the Marketplace**

When reapplying for health insurance through the Marketplace, please make sure to:

* Report all sources of income, including:
* Social Security benefits, except Supplemental Security Income (SSI).
* Retirement benefits.
* Unemployment income.
* Other.
* Report the start date and end date of all jobs.

If you have questions about this letter or need help understanding the application process, please contact us at the phone number below.

Sincerely,

Agency/Consortia Name  
Phone Number