Insert Agency Letterhead

Date

**UCOR**

First Name Last Name  
Address  
City, State Zip

Case #: Case Number

Dear First Name Last Name:

You recently asked us to determine if you might be eligible for Wisconsin Medicaid or BadgerCare Plus based on your annual income. Based on the information you provided about your annual income, 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 health insurance through the federal Health Insurance Marketplace.

* If you still need insurance and have **not yet** applied for health insurance through the Marketplace, you can apply at [www.healthcare.gov/](https://www.healthcare.gov/) or by calling 1-800-318-2596 (TTY 711). You may also apply in person and get 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://www.enrollwi.org/get-help-to-enroll) or by calling 211.
* If you still need insurance and have **already** applied for health insurance through the Marketplace, you can do one of the following:
  + Appeal the Marketplace decision within 90 days of the date you got 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.
  + Reapply for health insurance through the Marketplace using the tips below.

**Tips for Applying Through the Marketplace**

When applying or reapplying for health insurance through the Marketplace, 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, call us at the phone number below.

Sincerely,

Agency/Consortia Name  
Phone Number