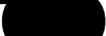




STATE OF COLORADO




 PO BOX 
 DENVER CO 80212-0345

Onuoha Nwaeze
 Den-Main/FER
 CNTY
 1200 FEDERAL BLVD
 DENVER CO 80204-3221

Client ID: 

(720) 956-2654
 Connect for Health Colorado
 Customer Support
 P.O. Box 35681
 Colorado Springs, CO 80935

Medical Assistance Contact: Onuoha Nwaeze (720) 956-2654

Date and time of eligibility determination: 02/07/2015 09:04 AM

Authorization Number: 352368370

	Approval: Your application has been approved for the following individual(s).			
Benefit Category	Individual Name and Medical Assistance ID	Application Date	Coverage Start Date	Tax Credits/ Cost Sharing Reductions
Medicaid + Additional Long-Term Care Services		02/07/2015	02/07/2015	Not Applicable
Additional Information:				
Supporting Rule: 10 CCR 2505-10, Volume 8 at Section 8.100.7.				

	Denial: Your application has been denied for the following individual(s).	
Benefit Category	Individual Name and Medical Assistance ID	Application Date
Medicaid + Additional Long-Term Care Services		02/07/2015
Reason: You do not meet the age requirement of this program.		
Supporting Rule: 10 CCR 2505-10, Volume 8 at Section 8.100.7.2.a.		

	Denial: Your application has been denied for the following individual(s).	
Monthly Premium Discount	[REDACTED]	02/07/2015
Reduced Cost Sharing	[REDACTED]	02/07/2015
Reason: Since you qualify for Medicaid coverage, you do not qualify for tax credits or cost sharing reductions.		
Supporting Rule:		



STATE OF COLORADO



[Redacted]

Linda L Gioso
Adams - HSB

[Redacted]
Denver CO 80221

7190 COLORADO BLVD
COMMERCE CITY CO 80022-1812

Client ID: [Redacted]

(303) 227-2346
Connect for Health Colorado
Customer Support
P.O. Box 35681
Colorado Springs, CO 80935

Medical Assistance Contact: Linda L Gioso (303) 227-2346

Date and time of eligibility determination: 02/09/2015 04:07 PM

Authorization Number: 352368727

 Approval: Your application has been approved for the following individual(s).				
Benefit Category	Individual Name and Medical Assistance ID	Application Date	Coverage Start Date	Tax Credits/ Cost Sharing Reductions
Medicaid - No Premium required	[Redacted]	02/09/2015	02/01/2015	Not Applicable
Additional Information:				
Supporting Rule: 10 CCR 2505-10, Volume 8 at Section 8.100.4.G.				
Colorado Young Adult Plan	[Redacted]	02/09/2015		Not Applicable
Additional Information: Connect for Health Colorado is a marketplace for individuals and families in Colorado to shop for health insurance plans and to access new federal tax credits that can lower your costs. Visit the Connect for Health Colorado website, www.ConnectforHealthCO.com or call 855-PLANS-4-YOU (855-752-6749) or TTY: 855-346-3432.				

 **Approval: Your application has been approved for the following individual(s).**

Supporting Rule:
 26 U.S.C. 36B and its implementing regulations in accordance with Sections 1402, 1411, and 1412 of the Affordable Care Act including 45 CFR §155.305
 Connect for Health Colorado promises to keep your information private and confidential.

Qualified Health Plan	[REDACTED]	02/09/2015		Not Applicable
Colorado Young Adult Plan	[REDACTED]	02/09/2015		Not Applicable

Additional Information:
 Connect for Health Colorado is a marketplace for individuals and families in Colorado to shop for health insurance plans and to access new federal tax credits that can lower your costs. Visit the Connect for Health Colorado website, www.ConnectforHealthCO.com or call 855-PLANS-4-YOU (855-752-6749) or TTY: 855-346-3432.

Supporting Rule:
 26 U.S.C. 36B and its implementing regulations in accordance with Sections 1402, 1411, and 1412 of the Affordable Care Act including 45 CFR §155.305
 Connect for Health Colorado promises to keep your information private and confidential.

 **Denial: Your application has been denied for the following individual(s).**

Benefit Category	Individual Name and Medical Assistance ID	Application Date
Medicaid - No Premium required	[REDACTED]	02/09/2015

Reason:
 You do not meet rules about citizenship or alien status. If you have a life or limb threatening medical emergency we may cover you. In that case, please reapply.

Supporting Rule:
 10 CCR 2505-10, Volume 8 at Section 8.100.3.G.1.g.



Denial: Your application has been denied for the following individual(s).

Medicaid - No Premium required	[REDACTED]	02/09/2015
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Reason:
You do not meet rules about citizenship or alien status. If you have a life or limb threatening medical emergency we may cover you. In that case, please reapply.

Supporting Rule:
10 CCR 2505-10, Volume 8 at Section 8.100.3.G.1.g.

Monthly Premium Discount	[REDACTED]	02/09/2015
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Reduced Cost Sharing	[REDACTED]	02/09/2015
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Reason:

- You do not qualify for a tax credit based on your income. If you have questions, call the Marketplace at 855-PLANS-4-YOU.
- You are not eligible for tax credits or cost sharing reductions because you are not a citizen or lawfully present.

Supporting Rule:
26 U.S.C. 36B and its implementing regulations in accordance with Sections 1402, 1411, and 1412 of the Affordable Care Act including 45 CFR §155.305
Connect for Health Colorado promises to keep your information private and confidential.
45 CFR 155.305(a)(1)

Monthly Premium Discount	Mario Lopez - O825699	02/09/2015
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Reduced Cost Sharing	Mario Lopez - O825699	02/09/2015
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Reason:

- You do not qualify for a tax credit based on your income. If you have questions, call the Marketplace at 855-PLANS-4-YOU.
- You are not eligible for tax credits or cost sharing reductions because you are not a citizen or lawfully present.



Denial: Your application has been denied for the following individual(s).

Supporting Rule:

26 U.S.C. 36B and its implementing regulations in accordance with Sections 1402, 1411, and 1412 of the Affordable Care Act including 45 CFR §155.305
Connect for Health Colorado promises to keep your information private and confidential.
45 CFR 155.305(a)(1)

Monthly Premium Discount	[REDACTED]	02/09/2015
Reduced Cost Sharing	[REDACTED]	02/09/2015

Reason:

- You do not qualify for a tax credit based on your income. If you have questions, call the Marketplace at 855-PLANS-4-YOU.
- Since you qualify for Medicaid coverage, you do not qualify for tax credits or cost sharing reductions.

Supporting Rule:

26 U.S.C. 36B and its implementing regulations in accordance with Sections 1402, 1411, and 1412 of the Affordable Care Act including 45 CFR §155.305
Connect for Health Colorado promises to keep your information private and confidential.



STATE OF COLORADO



[Redacted]

Lydia M Velo-Reyes
Jeffco Main

[Redacted]
ARVADA CO 80002-1317

900 JEFFERSON COUNTY PKWY
GOLDEN CO 80401-6001

Client ID: [Redacted]

(303) 271-4568
Connect for Health Colorado
Customer Support
P.O. Box 35681
Colorado Springs, CO 80935

Medical Assistance Contact: Lydia M Velo-Reyes (303) 271-4568

Date and time of eligibility determination: 12/03/2014 03:46 AM

Authorization Number: 352361472

 Approval: Your application has been approved for the following individual(s).				
Benefit Category	Individual Name and Medical Assistance ID	Application Date	Coverage Start Date	Tax Credits/ Cost Sharing Reductions
Qualified Health Plan	[Redacted]	12/03/2014		Not Applicable
Additional Information: Connect for Health Colorado is a marketplace for individuals and families in Colorado to shop for health insurance plans and to access new federal tax credits that can lower your costs. Visit the Connect for Health Colorado website, www.ConnectforHealthCO.com or call 855-PLANS-4-YOU (855-752-6749) or TTY: 855-346-3432.				
Supporting Rule: 26 U.S.C. 36B and its implementing regulations in accordance with Sections 1402, 1411, and 1412 of the Affordable Care Act including 45 CFR §155.305 Connect for Health Colorado promises to keep your information private and confidential.				

 Denial: Your application has been denied for the following individual(s).		
Benefit Category	Individual Name and Medical Assistance ID	Application Date

 Denial: Your application has been denied for the following individual(s).		
Medicaid - Premium may be required	[REDACTED]	12/03/2014
Reason: You are not employed.		
Supporting Rule: 10 CCR 2505-10, Volume 8 at Section 8.100.6.P.1.e and 8.100.5.B.1.c		
Payment of Medicare Part A &/or B Premium	[REDACTED]	12/03/2014
Reason: Your income is more than the limit for the program.		
Supporting Rule:		
Payment of Medicare Part A &/or B Premium + Co-Pays/Deductibles	[REDACTED]	12/03/2014
Reason: You did not apply for medical assistance.		
Supporting Rule: 10 CCR 2505-10, Volume 8 at Section 8.100.3.A		
Monthly Premium Discount	[REDACTED]	12/03/2014
Reduced Cost Sharing	[REDACTED]	12/03/2014
Reason: <ul style="list-style-type: none"> You do not qualify for a tax credit based on your income. If you have questions, call the Marketplace at 855-PLANS-4-YOU. Due to the type of Medicare you qualify for or receive, you do not qualify for tax credits or cost sharing reductions. 		
Supporting Rule: 26 U.S.C. 36B and its implementing regulations in accordance with Sections 1402, 1411, and 1412 of the Affordable Care Act including 45 CFR §155.305 Connect for Health Colorado promises to keep your information private and confidential.		



STATE OF COLORADO



[Redacted]
 [Redacted]
 PO BOX [Redacted]
 DENVER CO 80212-0345

Onuoha Nwaeze
 Den-Main/FER
 CNTY
 1200 FEDERAL BLVD
 DENVER CO 80204-3221

Client ID [Redacted]

(720) 956-2654
 Connect for Health Colorado
 Customer Support
 P.O. Box 35681
 Colorado Springs, CO 80935

Medical Assistance Contact: Onuoha Nwaeze (720) 956-2654

Date and time of eligibility determination: 02/03/2015 03:43 PM

Authorization Number: 352366770

Approval: Your application has been approved for the following individual(s).				
Benefit Category	Individual Name and Medical Assistance ID	Application Date	Coverage Start Date	Tax Credits/ Cost Sharing Reductions
Medicaid - No Premium required	[Redacted]	01/29/2015	01/01/2015	Not Applicable
Additional Information:				
Supporting Rule: 10 CCR 2505-10, Volume 8 at Section 8.100.4.G.				
Medicaid - Premium may be required	[Redacted]	01/29/2015	03/01/2015	Not Applicable
Additional Information: You have been enrolled in the Medicaid Buy-In program that may require you to pay a monthly premium. You may choose to no longer be enrolled in the program by calling your eligibility worker or logging on to the PEAK website at www.Colorado.gov/PEAK .				

	Approval: Your application has been approved for the following individual(s).
Supporting Rule: 10 CCR 2505-10, Volume 8 at Section 8.100.6.Q.1.f 10 CCR 2505-10, Volume 8 at Section 8.100.6.Q.4	

	Denial: Your application has been denied for the following individual(s).	
Benefit Category	Individual Name and Medical Assistance ID	Application Date
Monthly Premium Discount	[REDACTED]	01/29/2015
Reduced Cost Sharing	[REDACTED]	01/29/2015
Reason: Since you qualify for Medicaid coverage, you do not qualify for tax credits or cost sharing reductions.		
Supporting Rule:		

	Termination: Benefits will end for the following individual(s).	
Benefit Category	Individual Name and Medical Assistance ID	Coverage End Date
Medicaid + Additional Long-Term Care Services	[REDACTED]	02/28/2015
Reason: You did not meet the level of care requirement long term services and supports.		
Supporting Rule: 10 CCR 2505-10, Volume 8 at Section 8.1007.B.1.c and 8.401.		

STATE OF COLORADO



[REDACTED]
[REDACTED]
UNIT [REDACTED]
[REDACTED]
DENVER CO 80236-2776

Family Team Castro
Denver/FAD/Division
BLDG
1200 FEDERAL BLVD
DENVER CO 80204-3221

Client ID [REDACTED] (720) 944-3666

Medical Assistance Contact: Family Team Castro (720) 944-3666

Food Assistance Contact: Family Team Castro (720) 944-3666

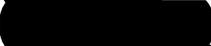
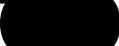
Date and time of eligibility determination: 02/03/2015 08:55 PM

 Termination: Benefits will end for the following individual(s).		
Benefit Category	Individual Name and Medical Assistance ID	Coverage End Date
Medicaid - No Premium required	[REDACTED]	02/28/2015
Reason: Your income is more than the limit for the program.		
Supporting Rule: 10 CCR 2505-10, Volume 8 at Section 8.100.4.C		



STATE OF COLORADO





 PO BOX 
 DENVER CO 80212-0345

Onuoha Nwaeze
 Den-Main/FER
 CNTY
 1200 FEDERAL BLVD
 DENVER CO 80204-3221

Client ID: 

(720) 956-2654
 Connect for Health Colorado
 Customer Support
 P.O. Box 35681
 Colorado Springs, CO 80935

Medical Assistance Contact: Onuoha Nwaeze (720) 956-2654

Date and time of eligibility determination: 02/03/2015 08:01 AM

Authorization Number: 352367215

 Approval: Your application has been approved for the following individual(s).				
Benefit Category	Individual Name and Medical Assistance ID	Application Date	Coverage Start Date	Tax Credits/ Cost Sharing Reductions
Medicaid - Premium may be required		01/15/2015	01/01/2015	Not Applicable
Additional Information: <p style="background-color: yellow;">You have been enrolled in the Medicaid Buy-In program</p> that may require you to pay a monthly premium. You may choose to no longer be enrolled in the program by calling your eligibility worker or logging on to the PEAK website at www.Colorado.gov/PEAK .				
Supporting Rule: 10 CCR 2505-10, Volume 8 at Section 8.100.7. 10 CCR 2505-10, Volume 8 at Section 8.100.7.F.2				

 Denial: Your application has been denied for the following individual(s).		
Benefit Category	Individual Name and Medical Assistance ID	Application Date

	Denial: Your application has been denied for the following individual(s).	
Monthly Premium Discount	[REDACTED]	01/15/2015
Reduced Cost Sharing	[REDACTED]	01/15/2015
Reason: Since you qualify for Medicaid coverage, you do not qualify for tax credits or cost sharing reductions.		
Supporting Rule:		

	Termination: Benefits will end for the following individual(s).	
Benefit Category	Individual Name and Medical Assistance ID	Coverage End Date
Medicaid - Premium may be required	[REDACTED]	02/28/2015
Reason: Your income is more than the limit for the program.		
Supporting Rule: 10 CCR 2505-10, Volume 8 at Section 8.100.6.Q. 1.b.		

STATE OF COLORADO



[REDACTED]
[REDACTED]

BOCO Ongoing
Boulder-Longmont
STE 3F
1921 CORPORATE CENTER CIR
LONGMONT CO 80501-6773

[REDACTED]
Longmont CO 80501

Client ID: [REDACTED] (303) 441-1000

Medical Assistance Contact: BOCO Ongoing (303) 441-1000

Date and time of eligibility determination: 11/25/2014 01:52 PM

 Denial: Your application has been denied for the following individual(s).		
Benefit Category	Individual Name and Medical Assistance ID	Application Date
Medicaid - No Premium required	[REDACTED]	01/29/2010
Reason: You did not apply for medical assistance.		
Supporting Rule: 10 CCR 2505-10, Volume 8 at Section 8.100.3.A		

 Termination: Benefits will end for the following individual(s).		
Benefit Category	Individual Name and Medical Assistance ID	Coverage End Date
Payment of Medicare Part A &/or B Premium + Co-Pays/Deductibles	[REDACTED]	07/31/2014
Reason: You no longer want medical assistance.		
Supporting Rule: 10 CCR 2505-10, Volume 8 at Section 8.100.3.A		



STATE OF COLORADO



[Redacted]
[Redacted]
UNIT [Redacted]

Red A Team
Jeffco Main

[Redacted]
LITTLETON CO 80128-5082

900 JEFFERSON COUNTY PKWY
GOLDEN CO 80401-6001

Client ID: [Redacted]

(303) 271-1388
Connect for Health Colorado
Customer Support
P.O. Box 35681
Colorado Springs, CO 80935

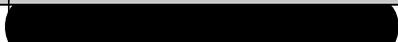
Medical Assistance Contact: Red A Team (303) 271-1388

Date and time of eligibility determination: 12/02/2014 09:05 PM

Authorization Number: 352360884

 Approval: Your application has been approved for the following individual(s).				
Benefit Category	Individual Name and Medical Assistance ID	Application Date	Coverage Start Date	Tax Credits/ Cost Sharing Reductions
Qualified Health Plan	[Redacted]	12/27/2012		Not Applicable
Additional Information: Connect for Health Colorado is a marketplace for individuals and families in Colorado to shop for health insurance plans and to access new federal tax credits that can lower your costs. Visit the Connect for Health Colorado website, www.ConnectforHealthCO.com or call 855-PLANS-4-YOU (855-752-6749) or TTY: 855-346-3432.				
Supporting Rule: 26 U.S.C. 36B and its implementing regulations in accordance with Sections 1402, 1411, and 1412 of the Affordable Care Act including 45 CFR §155.305 Connect for Health Colorado promises to keep your information private and confidential.				
Qualified Health Plan	[Redacted]	12/27/2012		Not Applicable

 Approval: Your application has been approved for the following individual(s).				
Additional Information: Connect for Health Colorado is a marketplace for individuals and families in Colorado to shop for health insurance plans and to access new federal tax credits that can lower your costs. Visit the Connect for Health Colorado website, www.ConnectforHealthCO.com or call 855-PLANS-4-YOU (855-752-6749) or TTY: 855-346-3432.				
Supporting Rule: 26 U.S.C. 36B and its implementing regulations in accordance with Sections 1402, 1411, and 1412 of the Affordable Care Act including 45 CFR §155.305 Connect for Health Colorado promises to keep your information private and confidential.				
Colorado Young Adult Plan		12/27/2012		Not Applicable
Additional Information: Connect for Health Colorado is a marketplace for individuals and families in Colorado to shop for health insurance plans and to access new federal tax credits that can lower your costs. Visit the Connect for Health Colorado website, www.ConnectforHealthCO.com or call 855-PLANS-4-YOU (855-752-6749) or TTY: 855-346-3432.				
Supporting Rule: 26 U.S.C. 36B and its implementing regulations in accordance with Sections 1402, 1411, and 1412 of the Affordable Care Act including 45 CFR §155.305 Connect for Health Colorado promises to keep your information private and confidential.				

 Denial: Your application has been denied for the following individual(s).		
Benefit Category	Individual Name and Medical Assistance ID	Application Date
Medicaid - Premium may be required		12/27/2012
Reason: You are not employed.		
Supporting Rule: 10 CCR 2505-10, Volume 8 at Section 8.100.6.P.1.e and 8.100.5.B.1.c		

 Termination: Benefits will end for the following individual(s).		
Benefit Category	Individual Name and Medical Assistance ID	Coverage End Date



Termination: Benefits will end for the following individual(s).

Payment of Medicare Part
A &/or B Premium

[REDACTED]

12/31/2014

Reason:

Your income is more than the limit for the program.

Supporting Rule:

STATE OF COLORADO



[REDACTED]
[REDACTED]
[REDACTED]
AURORA CO 80013-7915

Mary D Worth
03 01 CentrePoint
14980 E ALAMEDA DR, STE 007
AURORA CO 80012-1542
(303) 636-1170

Medical Assistance Contact: Mary D Worth

Date and time of eligibility determination: 09/29/2014 06:49 PM

 Termination: Benefits will end for the following individual(s).		
Benefit Category	Individual Name and Medical Assistance ID	Coverage End Date
Limited State Only Medical Assistance	[REDACTED]	10/31/2014
Reason: Your income is more than the limit for the program.		
Supporting Rule:		

STATE OF COLORADO



[REDACTED]

Cynthia Day
Fremont-DHS

[REDACTED]
CANON CITY CO 81212-8565

172 JUSTICE CENTER RD
CANON CITY CO 81212-9354

Client ID: [REDACTED]

(719) 269-2021

Medical Assistance Contact: Cynthia Day (719) 269-2021

Date and time of eligibility determination: 11/21/2014 06:54 PM

 Denial: Your application has been denied for the following individual(s).		
Benefit Category	Individual Name and Medical Assistance ID	Application Date
Medicaid - No Premium required	[REDACTED]	04/01/2014
Reason: You did not apply for medical assistance.		
Supporting Rule: 10 CCR 2505-10, Volume 8 at Section 8.100.3.A		

 Termination: Benefits will end for the following individual(s).		
Benefit Category	Individual Name and Medical Assistance ID	Coverage End Date
Payment of Medicare Part D Premium + Co-Pays/ Deductibles	[REDACTED]	07/31/2014
Reason: You no longer want medical assistance.		
Supporting Rule: The basis for this decision is listed in the Code of Federal Regulations at 42 CFR - 423.771-800		



STATE OF COLORADO



[Redacted]
[Redacted]
PO BOX [Redacted]
BRECKENRIDGE CO 80424-9009

Laura L Cisco
Summit County DSS
PO BOX 869
FRISCO CO 80443-0869

Client ID: [Redacted]

Connect for Health Colorado
Customer Support
P.O. Box 35681
Colorado Springs, CO 80935

Medical Assistance Contact: Laura L Cisco

Date and time of eligibility determination: 02/05/2015 05:22 PM

Authorization Number: 352211372

 Approval: Your application has been approved for the following individual(s).				
Benefit Category	Individual Name and Medical Assistance ID	Application Date	Coverage Start Date	Tax Credits/ Cost Sharing Reductions
CHP+ Assistance	[Redacted]	01/03/2014	12/01/2014	Not Applicable
Additional Information: Your CHP+ medical and dental cards will be in a separate letter. If you need to see a doctor before you get your card in the mail, call (800) 414-6198 or visit www.chplusplusproviders.com . You will still need to pick an HMO. If you know which HMO you want, call (800)359-1991 and select option #5. THE DENTAL BENEFIT IS NOT EFFECTIVE UNTIL YOU RECEIVE THE CARD. If you do not receive a dental packet within 6 weeks contact Delta Dental of Colorado at 303-741-9305 or 800-610-0201.				
Supporting Rule: 10 CCR 2505-3 Section 430.1				
Qualified Health Plan	[Redacted]	01/03/2014		Not Applicable



Approval: Your application has been approved for the following individual(s).

Additional Information:

Connect for Health Colorado is a marketplace for individuals and families in Colorado to shop for health insurance plans and to access new federal tax credits that can lower your costs. Visit the Connect for Health Colorado website, www.ConnectforHealthCO.com or call 855-PLANS-4-YOU (855-752-6749) or TTY: 855-346-3432.

Supporting Rule:

26 U.S.C. 36B and its implementing regulations in accordance with Sections 1402, 1411, and 1412 of the Affordable Care Act including 45 CFR §155.305
Connect for Health Colorado promises to keep your information private and confidential.

Qualified Health Plan	[REDACTED]	01/03/2014		Not Applicable
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Additional Information:

Connect for Health Colorado is a marketplace for individuals and families in Colorado to shop for health insurance plans and to access new federal tax credits that can lower your costs. Visit the Connect for Health Colorado website, www.ConnectforHealthCO.com or call 855-PLANS-4-YOU (855-752-6749) or TTY: 855-346-3432.

Supporting Rule:

26 U.S.C. 36B and its implementing regulations in accordance with Sections 1402, 1411, and 1412 of the Affordable Care Act including 45 CFR §155.305
Connect for Health Colorado promises to keep your information private and confidential.

Qualified Health Plan	[REDACTED]	01/03/2014		Not Applicable
Colorado Young Adult Plan	[REDACTED]	01/03/2014		Not Applicable

Additional Information:

Connect for Health Colorado is a marketplace for individuals and families in Colorado to shop for health insurance plans and to access new federal tax credits that can lower your costs. Visit the Connect for Health Colorado website, www.ConnectforHealthCO.com or call 855-PLANS-4-YOU (855-752-6749) or TTY: 855-346-3432.

Supporting Rule:

26 U.S.C. 36B and its implementing regulations in accordance with Sections 1402, 1411, and 1412 of the Affordable Care Act including 45 CFR §155.305
Connect for Health Colorado promises to keep your information private and confidential.

 Denial: Your application has been denied for the following individual(s).		
Benefit Category	Individual Name and Medical Assistance ID	Application Date
CHP+ Assistance	[REDACTED]	01/03/2014
Reason: The enrollment fee was not paid.		
Supporting Rule: 10 CCR 2505-3, Section 310.3.		
Medicaid - No Premium required	[REDACTED]	01/03/2014
Reason: You did not apply for medical assistance.		
Supporting Rule: 10 CCR 2505-10, Volume 8 at Section 8.100.3.A		
Monthly Premium Discount	[REDACTED]	01/03/2014
Reduced Cost Sharing	[REDACTED]	01/03/2014
Reason: <ul style="list-style-type: none"> You do not qualify for a tax credit based on your income. If you have questions, call the Marketplace at 855-PLANS-4-YOU. You did not select a tax filing status of Married Filing Jointly 		
Supporting Rule: 26 U.S.C. 36B and its implementing regulations in accordance with Sections 1402, 1411, and 1412 of the Affordable Care Act including 45 CFR §155.305 Connect for Health Colorado promises to keep your information private and confidential.		
Monthly Premium Discount	[REDACTED]	01/03/2014
Reduced Cost Sharing	[REDACTED]	01/03/2014
Reason: <ul style="list-style-type: none"> You do not qualify for a tax credit based on your income. If you have questions, call the Marketplace at 855-PLANS-4-YOU. You did not select a tax filing status of Married Filing Jointly 		
Supporting Rule: 26 U.S.C. 36B and its implementing regulations in accordance with Sections 1402, 1411, and 1412 of the Affordable Care Act including 45 CFR §155.305 Connect for Health Colorado promises to keep your information private and confidential.		
Monthly Premium Discount	[REDACTED]	01/03/2014
Reduced Cost Sharing	[REDACTED]	01/03/2014



Denial: Your application has been denied for the following individual(s).

Reason:

You do not qualify for a tax credit based on your income. If you have questions, call the Marketplace at 855-PLANS-4-YOU.

Supporting Rule:

26 U.S.C. 36B and its implementing regulations in accordance with Sections 1402, 1411, and 1412 of the Affordable Care Act including 45 CFR §155.305
Connect for Health Colorado promises to keep your information private and confidential.



Termination: Benefits will end for the following individual(s).

Benefit Category	Individual Name and Medical Assistance ID	Coverage End Date
CHP+ Assistance	[REDACTED]	06/30/2014

Reason:

You no longer want medical assistance.

Supporting Rule:

10 CCR 2505-3, Section 110