Your Health Coverage Benefit Details

Based on information we have on file, or information we have received from you, or an outside source, effective 08/15/2026, there has been a change to your eligibility for Health Coverage. See details below.

Individual Name:	Xayhojvsf Gijapdbjv AMRPSFPZH	**Date of Birth:** 02/1980

Effective Period / Effective Date(s)	**Type of Assistance or Coverage**	**Decision and additional information**
10/01/2026 to ONGOING	Qualified Health Plan	Approved
10/01/2026 to ONGOING	Advance Premium Tax Credit	Denied Your household income is below the limit for this program. **Legal Basis:** 45 CFR 155.305
10/01/2026 to ONGOING	Cost Sharing Reduction	Denied Your household income is below the limit for this program. **Legal Basis:** 45 CFR 155.305
10/01/2026 to ONGOING	Medicaid: Adult Expansion	Closed You do not meet the immigration requirements for Medicaid. You have not been lawfully present in the United States for five years. Therefore, your application for Medicaid has been denied. **Legal Basis:** 210-RICR-10-00-3, 210-RICR-10-00-3.7