

Essential Plan Expansion From 200% to 250% of the Federal Poverty Level (FPL)

Coming Soon

April 1, 2024

ESSENTIAL PLAN 200 – 250



Starting April 1, 2024, a new variation of Essential Plan will be in place for consumers with income above 200% but less than or equal to 250% of the Federal Poverty Level (FPL).

Essential Plan 200 – 250

Individuals who were previously eligible for a Qualified Health Plan (QHP) with or without a Cost Sharing Reduction (CSR) who are above 200% FPL up to 250% FPL will be re-determined for Essential Plan 200 – 250.

- Approximately 70,000 consumers between 200 – 250% of FPL are expected to transition from QHPs to EP 200 - 250.
- Over 20,000 new consumers who would otherwise be uninsured are expected to now be eligible for premium free coverage under EP 200 – 250.
 - Action is required! New consumers must select and enroll in a plan.

OVERVIEW OF ESSENTIAL PLAN 200 - 250



- No premium
- No deductible
- Free preventive care
- Adult dental and vision included at no cost to the consumer
- Low out-of-pocket costs
 - The [2024 Attachment G](#) shows the out-of-pocket costs for EP 200% - 250%.
 Examples:
 - ❑ \$15 co-pay for a primary care visit
 - ❑ \$25 co-pay for specialist visit
 - ❑ \$6 co-pay for generic or tier one prescription
 - ❑ \$2,000 Maximum-out-of-pocket (MOOP) limit

The [At a Glance Card](#) has been updated and is now available!

ATTACHMENT G EP BENEFITS AND COST SHARING GRID

TYPE OF SERVICE	*Essential 200 - 250	Essential Plan 1	Essential Plan 2	Essential Plan 3	Essential Plan 4
	200 – 250% FPL	150 - 200% FPL	138 - 150% FPL	100 - 138% FPL	Below 100% FPL
DEDUCTIBLE (single)	\$0	\$0	\$0	\$0	\$0
MAXIMUM OUT OF POCKET LIMIT (single) Includes the deductible	\$2,000	**\$360	\$200	\$200	\$0
COST SHARING - MEDICAL SERVICES					
Inpatient Facility/SNF/Hospice	\$150 per admission	\$150 per admission	\$0 per admission	\$0 per admission	\$0 per admission
Outpatient Facility-Surgery, including freestanding surgicenters	\$50	\$50	\$0	\$0	\$0
Surgeon - Inpatient facility, outpatient facility, including freestanding surgicenters	\$50	\$50	\$0	\$0	\$0
	One such copay per surgery and applies only to surgery performed in a hospital inpatient or hospital outpatient				
PCP	\$15	\$15	\$0	\$0	\$0
Specialist	\$25	\$25	\$0	\$0	\$0
PT/OT/ST - rehabilitative & habilitative therapies	\$15	\$15	\$0	\$0	\$0
ER	\$75	\$75	\$0	\$0	\$0
Ambulance	\$75	\$75	\$0	\$0	\$0
Urgent Care	\$25	\$25	\$0	\$0	\$0
DME/Medical supplies	5% cost sharing	5% cost sharing	\$0	\$0	\$0
Hearing aids	5% cost sharing	5% cost sharing	\$0	\$0	\$0
Non-emergency transportation	N/A	N/A	N/A	\$0	\$0
Non-prescription drugs	N/A	N/A	N/A	\$5.50	\$0
Adult dental (Preventive Dental Care; Routine Dental Care and Major Dental Care)	\$0	\$0	\$0	\$0	\$0
Vision care - Exams	\$0	\$0	\$0	\$0	\$0
Vision care - Lenses and Frames	\$0	\$0	\$0	\$0	\$0
Vision care - Contact Lenses	\$0	\$0	\$0	\$0	\$0

ESSENTIAL PLAN VARIATIONS



As of April 1, 2024, there will be five (5) variations of New York State’s Essential Plan!

Modified Adjusted Gross Income (MAGI) and household size will be used to determine eligibility.

Essential Plan 4	<ul style="list-style-type: none"> <100% FPL* <p>Individuals with income below 100% of the FPL and Medicaid with FFP due to immigration status.</p>
Essential Plan 3	<ul style="list-style-type: none"> $\geq 100\% - \leq 138\%$ <p>Individuals with income equal to or greater than 100% of the FPL and less than or equal to 138% of the FPL and *not eligible for Medicaid with FFP due to immigration status.</p>
Essential Plan 2	<ul style="list-style-type: none"> $> 138 - \leq 150\%$ FPL <p>Individuals with income greater than 138% of the FPL and less than or equal to 150% of the FPL.</p>
Essential Plan 1	<ul style="list-style-type: none"> $> 150 - \leq 200\%$ <p>Individuals with income greater than 150% of the FPL and less than or equal to 200% of the FPL.</p>
New: Essential Plan 200 - 250	<ul style="list-style-type: none"> $>200 - \leq 250\%$ <p>Individuals with income greater than 200% of the FPL and less than or equal to 250% of the FPL.</p>

EP 3 and 4 is for:

- Consumers in the Federal 5-Year Bar.
- Consumers who are considered PRUCOL.
- Short-term visa holders who are NYS residents.

As a reminder, the undocumented individuals listed below are not eligible for any variation of Essential Plan and should have their immigration status marked as “Other” in the NY State of Health application.

- An individual who entered this country on a valid visa who has now overstayed the departure date listed on their I-94 Arrival/Departure record and has no application pending with a federal immigration agency.
- An individual who entered this country without inspection and has no application pending with a federal immigration agency.
- An individual who is in (or scheduled for) removal/deportation proceedings and has not applied for or received any other updated immigration status.
- An individual who has been ordered removed/deported and does not have a stay.
- An individual who has been ordered removed/deported and is not under an order of supervision.

ESSENTIAL PLAN 200 - 250



Different from a subsidized QHP, EP 200 – 250 has:

- Continuous Open Enrollment.
 - Consumers may enroll all year long and change their plan at any time throughout the year.
- Twelve (12) months of continuous coverage for consumers who are fully-eligible for Essential Plan (no outstanding requests for documentation).
- Coverage which will begin retroactively back to the first of the current month in which a plan is selected or auto-assigned.

Who is eligible for Essential Plan?

- Ages 19 through 64
- Lawfully Present
- New York State Resident
- Not eligible for Medicaid, Child Health Plus, or Advance Premium Tax Credits (APTC)
- Not eligible for affordable Minimum Essential Coverage (MEC)
- Not incarcerated

As a reminder, undocumented individuals are not eligible for Essential Plan.

ESSENTIAL PLAN 200 - 250



Newly-Eligible Consumers

Starting on 4/1/2024, *new* enrollees who are eligible may apply in NY State of Health and receive an eligibility determination for EP 200 – 250, with coverage beginning on 4/1/2024.

If a new consumer applies **before 4/1/2024** and they are between 200% – 250% FPL, they will initially get eligibility for a QHP with APTC/CSR.

- If they enroll in a QHP that offers a corresponding EP in the individual's county, their coverage will automatically switch to EP 200 – 250 on 4/1/2024.
- If they enroll in a QHP that does not offer an EP in the individual's county, then they must select and enroll in a new EP 200 – 250 or they will be auto-assigned within 10 days.
 - If the consumer pays their QHP premium for April ahead of time and they are switched to EP 200 – 250 for April 1, 2024 coverage, they should contact their QHP issuer for a refund of their premium payment.
 - If they did not make a payment by the time they are transitioned, they do not need to make a payment.
- If they do not enroll in a QHP, they will be notified of their eligibility in EP 200 – 250 and given instructions to opt in/enroll in early April, if they so choose.

Newly-Eligible Consumers

When *new* enrollees become eligible for EP 200 – 250, they need to select and enroll in a plan.

Once plan selection is completed, the start date will be retroactive back to the first day of the current month (but no earlier than April 1, 2024) in which the plan enrollment is completed.

- If no plan is selected within ten (10) days from eligibility being determined, the consumer will be auto-assigned to a plan. Coverage will start on the first of the month that auto-assignment or plan selection occurs.

Example: Mary applies for health insurance coverage on May 27, 2024. Mary is determined eligible for EP 200 - 250 and eligibility is effective May 1, 2024.

- If Mary selects an EP plan on 5/27/2024, coverage would start on 5/1/2024.
- If Mary selects an EP plan or is auto-assigned a plan on 6/6/2024, coverage would start on 6/1/2024.

ESSENTIAL PLAN 200 - 250



Existing QHP Enrolled Consumers who are in households with income between 200% and 250% FPL

In early March of 2024, NY State of Health will mail notices to eligible consumers who are currently enrolled in a QHP (> 200% – 250%). The notice will notify them of their enrollment into Essential Plan 200 – 250 beginning on April 1, 2024.

- Current QHP enrollees will be auto-enrolled to an Essential Plan with their same issuer.
- A small number of enrollees will need to select a new plan or be auto-assigned to an EP 200 - 250 plan if their QHP issuer does not offer an Essential Plan product.
- Consumers can decide to switch plans if they choose.

In order to see the new eligibility in their NY State of Health account, existing QHP enrollees between 200 – 250% FPL may run a Life Status Change (LSC) **starting on 3/5/2024**.

- **If no LSC is run, then the account will be systematically re-determined on 3/16/2024** for 4/1/2024 coverage.

Existing Applications between 200% – 250% FPL with No Current Enrollment

Consumers who have existing accounts which have been updated in 2024 and who are in households with income between 200% – 250% of the FPL but who have no current enrollment in NY State of Health, will also be notified of their potential eligibility for EP 200 - 250.

- These consumers will be sent a notice and given instructions on how to opt in, if they haven't already updated their application, in the beginning of April.

NOTICES

IMPORTANT NOTICE ABOUT YOUR HEALTH INSURANCE COVERAGE

Why you are getting this notice:

The individual(s) listed below **may now qualify for Essential Plan 200-250 at \$0 per month, effective April 1, 2024**. The Essential Plan will cover all essential health benefits with low co-pays for certain services and no annual deductible.

You will no longer qualify for the premium tax credit as of March 31, 2024. You do have the option to stay enrolled in your Qualified Health Plan but at full cost. Contact NY State of Health for more information.

Name	Marketplace ID: HX0000000000
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How We Made Our Decision

NY State of Health looked at your household size, income and other information listed in your application, and information from state and federal data sources to decide your eligibility.

We based this decision on income information from federal or state data sources. Your household income is between \$39,442.00 and \$49,300.00. This is the income range for Essential Plan 200-250 for your household size.

If you are a qualified member of a federally-recognized tribe or an Alaska Native, your co-pays will be waived.

You do not qualify for other programs because:

- Your income is above the allowable income limit for Medicaid through NY State of Health.
- Individuals who have coverage through the Essential Plan do not qualify for the premium tax credit.

Example of a notice for a consumer who will transition from a QHP with APTC and/or CSR to EP 200 – 250.

Next steps for enrollment in an Essential Plan:

- If you or someone in your family is eligible to enroll in an Essential Plan and has not selected or has not been enrolled in an Essential Plan offered by your current health insurance company, you will need to choose a plan in order for your coverage to start. If you do not choose a plan, one will be chosen for you.
- Your Essential Plan will send your insurance ID card and other information about your benefits and available providers in your network to you.
- You should contact your new health plan to select your Primary Care Provider (PCP). If you are choosing a new doctor, call the doctor's office first to make sure that he or she is accepting new patients and is participating in the health plan you have selected.

Enrollment in your Essential Plan:

- You have the right to change plans. For more information about when you can change plans, or to change plans, please call us right away.
- You have the right to terminate your health insurance and enroll into another health plan if you cancel your policy within 10 days of enrolling.
- Your eligibility for Essential Plan must be renewed every year.

Information about Long-Term Care Services:

Individuals who qualify for Essential Plan and need long term care services should contact NY State of Health at 1-855-355-5777. Individuals needing long-term care services may qualify for Medicaid if they meet all other eligibility criteria.

NOTICES



Example of a notice for a consumer who renews mid-year and is redetermined to be eligible for EP 200 – 250.

Important Notice About Your Health Insurance Coverage

It's time for you and/or members of your household to renew your health insurance coverage through NY State of Health, The Official Health Plan Marketplace. This letter contains important information about renewing your health insurance coverage.

It is renewal time and NO ACTION is required for the following individuals:

Ilyas Mueller

Marketplace ID: HX0000062392

CHANGE IN ELIGIBILITY:

You qualify for **Essential Plan 200-250**, at **\$0** per month, effective **April 01, 2024**.

You **no longer qualify** for Medicaid as of **March 31, 2024**.

INSURANCE DETAILS:

Insurance Company: Fidelis Care

Product: EP 200-250

Start Date: April 01, 2024

We enrolled you into this product to keep you with the insurance company you had before. Contact your insurance company if you have questions about covered services or providers.

If you want to make a change, you must do so between **February 16, 2024** and **March 15, 2024**. See the section of this notice, *“How and When to Make Changes to Your Account or Coverage.”*

New:

Essential Plan Coverage for Pregnant Consumers

Essential Plan 1, 2, 3, 4, 200 – 250

Starting in early April 2024, consumers who are currently enrolled in EP and then report a pregnancy, will be able to remain enrolled in their current EP plan (rather than being re-evaluated for Medicaid) to maintain continuity of care as much as possible for the pregnant consumer.

- Pregnant consumers who remain in EP should ensure their NY State of Health application is updated once the baby is born so that the baby can be added to the application and evaluated for coverage as the baby will not be automatically enrolled.
 - Assistors should remind pregnant consumers they assist that they need to update their application once the baby is born. Assistors should also reach out to pregnant consumers they helped to update the application.
- Pregnant consumers with income at or below under 223% FPL who wish to move to Medicaid instead of remaining in their EP plan may do so by calling the Call Center and requesting to be evaluated for Medicaid.

Newly-applying pregnant consumers, with no coverage, will be evaluated for Medicaid up to 223% FPL.

QUESTIONS?

This is a pre-recorded training.

- If you have questions about this specific training, please send them to: Eligibility.Training.Support@health.ny.gov.
- If you have a case-specific question that you have already discussed with your supervisor or program manager, the issue should be submitted on an encrypted Account Review Spreadsheet to: Assistor.Cases@health.ny.gov.
- If you are a Broker and have questions about this specific training, please send them to NYSOHBrokerSupport@health.ny.gov.



THANK YOU FOR JOINING US!

