

SECTION V

Who is Covered

A. Who is Covered Under this [Contract; Policy].

{Drafting Note: use the paragraph below for Essential Plans 1 and 2}

You, the Subscriber to whom this [Contract; Policy] is issued, are covered under this [Contract; Policy]. You must live or reside in Our Service Area to be covered under this [Contract; Policy]. You must have a household income above 138% through 200% of the Federal Poverty Level. If You are enrolled in Medicare or Medicaid, You are not eligible to purchase this [Contract; Policy]. Also, if Your income is above 138% of the Federal Poverty Level, You are not eligible to purchase this [Contract; Policy] if You are under 19 [21] years old, greater than 64 years old, or are pregnant.

{Drafting note: Use the paragraph below for Essential Plans 3 and 4}

[You, the Subscriber to whom this [Contract; Policy] is issued, are covered under this [Contract; Policy]. You must live or reside in Our Service Area to be covered under this [Contract; Policy]. You must have a household income of 138% or below and be a Lawfully Present Immigrant who is not eligible for Medicaid. If you are enrolled in Medicare or Medicaid, are under 21 years old, greater than 64 years old, or You are pregnant, You are not eligible to purchase this [Contract; Policy].

You must report changes that could affect your eligibility throughout the year, including whether You become pregnant. If you become pregnant while enrolled in this product, You become eligible to obtain Medicaid. We strongly encourage pregnant women to enroll in Medicaid to ensure that newborns have continuous coverage from their birth, as newborns are not covered under the Essential Plan. If You transition to Medicaid, Your newborn will automatically be enrolled in Medicaid from their birth without a gap in coverage. *{Drafting Note: Use 21 for lawfully present immigrants not eligible for Medicaid due to immigration status}*

B. Types of Coverage.

The only type of coverage offered under the Essential Plan is Individual coverage, which means only You are covered. If additional members of Your family are also covered under the Essential Plan, they will receive a separate [Contract; Policy] and, if applicable, they will have a separate premium.

C. Enrollment.

{Drafting Note: Use the language below for Essential Plans 1 & 2}

You can enroll in this [Contract; Policy] during any time of the year. If the NYSOH receives Your selection on or before the 15th of any month, Your coverage will begin on

the 1st of the following month, as long as any applicable Premium payment is received by then. If the NYSOH receives Your selection on or after the 16th of the month, Your coverage will begin on the 1st of the next successive month. For example, if You make a selection on January 16, Your coverage will begin on March 1. Your first Premium payment must be received by no later than ten (10) days into the first month of coverage or ten (10) days from the date of receipt of invoice, whichever is later. If the NYSOH receives Your selection on or before December 15, 2016, Your coverage will begin on January 1, 2017, as long as the applicable Premium payment is received no later than January 10, 2017, or 10 days from the date of receipt of invoice, whichever is later.

{Drafting Note: Use the language below for Essential Plans 3 & 4}

You can enroll under this [Contract; Policy] during any time of the year. If You are a new applicant for coverage through the NYSOH, Your coverage will begin on the first of the month that Your plan selection is made. For example, if the NYSOH receives your Essential Plan selection on February 18, coverage under the plan will begin on February 1. Any services you received between February 1 and February 18 will be covered by Us. If you had coverage through the NYSOH under a different program or plan and switch to an Essential Plan, Your coverage will begin on the 1st of the month following your plan selection. For example, if You select an Essential Plan on February 19th, Your coverage would begin March 1st.