

## **SECTION V**

### **Who is Covered**

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

*{Drafting Note: use the paragraph below for Essential Plans 1, 2, and 200-250 (e.g., those whose income is above 138% through 250% FPL)}*

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 250% of the Federal Poverty Level. If You are enrolled in Medicare or Medicaid or affordable Employer Sponsored Health Insurance, 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 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 or affordable Employer Sponsored Health Insurance, are under 21 years old, or greater than 64 years old, You are not eligible to purchase this [Contract; Policy].

*{Drafting Note: Use 21 for lawfully present immigrants not eligible for Medicaid due to immigration status}*

*{Drafting Note: use the paragraph below for all Essential Plans}*

You must report changes that could affect your eligibility throughout the year, including whether You become pregnant. If You become pregnant while covered under this [Contract; Policy], You may remain enrolled in accordance with section 369-ii of the New York Social Service Law. If you remain in Essential Plan, You will have coverage for the duration of the pregnancy, along with one year of postpartum coverage. The 12-month postpartum coverage period will start on the last day of Your pregnancy and end on the last day of the 12th month. You may also become eligible to obtain Medicaid if You have a household income below 223% of the Federal Poverty Level. If You want Medicaid coverage instead of Essential Plan, You should contact NYSOH.

#### **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].

**C. Enrollment.**

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 1<sup>st</sup> of the month following your plan selection. For example, if You select an Essential Plan on February 19<sup>th</sup>, Your coverage would begin March 1<sup>st</sup>.