



JOHN SMITH
123 Main Street
Example, NY 12345

January 23, 2018
Account ID: AC0001234567

It's Time to Renew Your Health Insurance Coverage

The Way to Renew is Changing This Year

Eligibility for health insurance coverage for you and/or members of your household **must now be determined through NY State of Health**, The Official Health Plan Marketplace. Health insurance coverage for individuals listed below cannot be renewed through the Albany County Department of Social Services.

Please follow the directions below. This will tell you what steps you need to take before your Medicaid coverage ends with your local department of social services.

If you do not act, you will not have health insurance coverage after your Medicaid ends.

ACTION IS REQUIRED for the following individuals:

JOHN SMITH
JANE SMITH
JOSEPH SMITH

**CASE
STATUS:**

You were sent a notice earlier that told you that **your Medicaid coverage will end on February 28, 2018**. Our records show that you have a NY State of Health account. The account number is **AC0001234567**.

ACTION REQUIRED: **The account holder must log into the account by February 15, 2018** to make sure that the information in the account is up-to-date.

Make sure to tell us about everyone in your family, even if they do not need health coverage. Everyone does not have to live at the same address to renew their health insurance coverage through NY State of Health. Follow the directions below to complete the renewal process.

JOANNE SMITH

CASE STATUS: You were sent a notice earlier that told you that your **Medicaid coverage will end on February 28, 2018**. Our records show that you are a part of more than one NY State of Health account.

ACTION REQUIRED: **Call us** at 1-855-355-5777 (TTY: 1-800-662-1220) **by February 15, 2018** to make sure that your information is up-to-date.

How to Complete the Renewal Process

1. Go to www.nystateofhealth.ny.gov and click on "Get Started."

Note: You will need a NY.Gov ID to log in. If you do not have a NY.Gov ID, go to www.my.ny.gov to create a username and password.

Your NY State of Health account is a place where important information about your application for health insurance coverage is stored. Keep your username and password in a safe place.

2. Tell us about everyone in your household, even if they do not need health insurance coverage. Be ready to answer questions about:
 - Your address
 - Income
 - How / if you plan to file your taxes
 - Access to or enrollment in NY State Health Insurance Program (the insurance program for some public employees)
 - Enrollment in other health insurance or eligibility for health insurance from a job
 - Health insurance premium from a job

- Changes in household size (for example, you are adding someone to your account or you got married or divorced)
- Changes in full-time student status (if applicable to application members)
- Changes in immigration status

Other Ways to Complete Your Renewal or Get Help

In addition to completing an application online applicants can:

- Call NY State of Health's Customer Service Center at 1-855-355-5777 (TTY: 1-800-662-1220).
- Meet with an in-person application assistor. These individuals, located at community-based organizations, are trained to help you understand your health insurance coverage options and enroll in coverage. The Customer Service Center can provide you with a list of assistors.
- If you already are enrolled in a health insurance plan, you can also call your health plan.

What Happens...

... If You Do Not Update Your Account

If you do not update your information in your NY State of Health account, you and/or your household members will lose your health insurance coverage.

If the Medicaid program is paying or reimbursing you the cost of your health insurance premiums (including Medicare), the payment of these premiums will end on the same date that your Medicaid ends.

... After You Make Changes to Your Account

NY State of Health will send you a notice with your new eligibility determination and any financial assistance you may receive. This notice will include information about getting reimbursed for Medicare premiums that you pay directly to the Social Security Administration or what is needed to continue to receive reimbursement of your employer sponsored health insurance.

About NY State of Health

NY State of Health is a marketplace designed to help people enroll in health insurance coverage. Through a single application, individuals can apply for eligibility for health insurance programs, like Medicaid, Child Health Plus, and the Essential Plan, and enroll in these plans if eligible. The marketplace offers a broad choice of health plan options, as well as information about—and access to—financial assistance if eligible. To learn more, visit www.nystateofhealth.ny.gov.

To find helpful information about health insurance, including how it works, how to use it, how to find a doctor, and the meaning of insurance terms, go to: <http://info.nystateofhealth.ny.gov/UsingYourInsurance>.

How to Contact NY State of Health

Contact us if you have any questions about this Notice. Let us know if you need help applying for or accessing your health insurance coverage.

- **Call:** 1-855-355-5777 (TTY: 1-800-662-1220)
- **Mail:** NY State of Health

PO Box 11727
Albany, New York 12211

HIPAA Privacy Notice

New York State is committed to protecting your privacy. To learn more about NY State of Health's privacy practices go to www.nystateofhealth.ny.gov or call customer service at 1-855-355-5777 (TTY: 1-800-662-1220).

Notice of Nondiscrimination Policy

NY State of Health complies with applicable Federal civil rights laws and does not discriminate on the basis of race, color, national origin, sex, age or disability in its health program and activities.

NY State of Health also complies with applicable state laws and does not discriminate on the basis of race, color, national origin, creed/religion, sex, marital/family status, disability, arrest record, criminal conviction(s), gender identity, sexual orientation, predisposing genetic characteristics, military status, domestic violence victim status and/or retaliation.

NY State of Health:

Provides free aids and services to people with disabilities to communicate effectively with us, such as:

- TTY through NY Relay Service
- Written information in other formats such as large print, audio, accessible electronic formats and other formats

Provides free language assistance services to people whose primary language is not English, such as:

- Qualified interpreters
- Written information in other languages

If you need these services or for more information, contact 1-855-355-5777 (TTY 1-800-662-1220).

If you believe that NY State of Health has discriminated you may file a complaint by going to: http://www.health.ny.gov/regulations/discrimination_complaints/ or, by calling 518-473-1703 or 518-473-7883.

You may also file a civil rights complaint with the U.S. Department of Health and Human Services, Office for Civil Rights electronically at <https://ocrportal.hhs.gov/ocr/portal/lobby.jsf> or by mail or phone at U.S. Department of Health and Human Services, 200 Independence Avenue, SW, Room 509F, HHH Building, Washington, D.C. 20201; 800-368-1019 (TTY 800-537-7697). Complaint forms are available at <https://hhs.gov/ocr/office/file/index.html>.

Getting Help in a Language Other than English

This is an important document. If you need help to understand it, please call 1-855-355-5777. We can give you an interpreter for free in the language you speak.

Español (Spanish)

Este es un documento importante. Si necesita ayuda para entenderlo, llame al 1-855-355-5777. Le proporcionaremos un intérprete sin ningún costo.

中文 (Traditional Chinese)

這是重要的文件。如果您需要獲得關於瞭解文件內容方面的協助，請致電 1-855-355-5777。我們可以為您免費提供您所使用語言的翻譯人員。

Kreyòl Ayisyen (Haitian Creole)

Sa a se yon dokiman ki enpòtan. Si ou bezwen èd pou konprann li, tanpri rele nimewo 1-855-355-5777. Nou kapab ba ou yon entèprèt gratis nan lang ou pale a.

中文 (Simplified Chinese)

这是一份重要的文件。如果您需要帮助理解此文件，请打电话至 1-855-355-5777。我们可以为您提供相应语种的口译服务。

Italiano (Italian)

Questo è un documento importante. Per qualsiasi chiarimento può chiamare il numero 1-855-355-5777. Possiamo metterle a disposizione un interprete nella sua lingua.

한국어 (Korean)

중요한 서류입니다. 이해하는 데 도움이 필요하시면 1-855-355-5777 번으로 연락해 주십시오. 귀하의 언어에 대한 무료 통역 서비스가 제공됩니다.

Русский (Russian)

Это важный документ. Если Вам нужна помощь для понимания этого документа, позвоните по телефону 1-855-355-5777. Мы можем бесплатно предоставить Вам переводчика Вашего языка.

العربية (Arabic)

هذه وثيقة مهمة. إذا كنت بحاجة إلى مساعدة لفهم محتواها، يُرجى الاتصال بالرقم 1-855-355-5777. يُمكننا توفير مترجم فوري لك باللغة التي تتحدثها مجاناً.

বাংলা (Bengali)

এটি এক গুরুত্বপূর্ণ নথি। এটি বুঝতে আপনার যদি সাহায্যের প্রয়োজন হয় তাহলে, অনুগ্রহ করে 1-855-355-5777 নম্বরে কল করুন। আপনি যে ভাষায় কথা বলেন বিনামূল্যে আমরা আপনাকে একজন দোভাষী দিতে পারি।

Français (French)

Ceci est un document important. Si vous avez besoin d'aide pour en comprendre le contenu, appelez le 1-855-355-5777. Nous pouvons mettre gratuitement à votre disposition un interprète dans votre langue.

हिंदी (Hindi)

यह एक महत्वपूर्ण दस्तावेज़ है। अगर आपको इसे समझने में सहायता चाहिए, तो कृपया 1-855-355-5777 पर कॉल करें। हम आपकी भाषा बोलने वाला एक दुभाषिया निःशुल्क उपलब्ध करवा सकते हैं।

日本語 (Japanese)

これは重要な書類です。理解するために支援が必要な場合は、1-855-355-5777 にお電話ください。通訳を無料で提供いたします。

नेपाली (Nepali)

यो एउटा महत्वपूर्ण कागजात हो। यसलाई बुझ्न तपाईंलाई मद्दत चाहिन्छ भने, कृपया 1-855-355-5777 मा फोन गर्नुहोस्। हामीले तपाईंले बोल्ने भाषामा तपाईंलाई निःशुल्क दोभाषे उपलब्ध गराउन सक्छौं।

Polski (Polish)

To jest ważny dokument. W przypadku konieczności skorzystania z pomocy w celu zrozumienia jego treści należy zadzwonić pod numer 1-855-355-5777. Istnieje możliwość uzyskania bezpłatnej usługi tłumacza języka, którym się posługujesz.

Twi (Twi)

Krataa yi ye tow krataa a ho hia. Se wo hia eho nkyerekyeremu a, ye sre wo, fre 1-855-355-5777. yeb&ctumi ama wo obi a okyer& kasa a woka no ase ama wo kwa a wontua hwee.

اردو (Urdu)

یہ ایک اہم دستاویز ہے۔ اگر آپ کو اسے سمجھنے کے لیے مدد کی ضرورت ہے تو براہ کرم 1-855-355-5777 پر کال کریں۔ ہم آپ کو آپ کی مادری زبان میں ایک مفت مترجم فراہم کر سکتے ہیں۔

Tiếng Việt (Vietnamese)

Đây là tài liệu quan trọng. Nếu quý vị cần trợ giúp để hiểu tài liệu này, vui lòng gọi 1-855-355-5777. Chúng tôi có thể cung cấp thông dịch viên miễn phí nói ngôn ngữ của quý vị.

אידיש (Yiddish)

דאס איז א וויכטיגער דאקומענט. אויב איר דארפט הילף עס צו פארשטיין, ביטע רופט 1-855-355-5777. מיר קענען אייך געבן א דאלמעטשער פריי פון אפצאל אין די שפראך וואס איר רעדט.