There is no sound through your computer. You must dial-in on the telephone in order to hear the sound.

Date: October 27, 2021
Time: 10:00am – 11:30am
Dial-In Number: 1-855-897-5763
Conference ID: 4568367
If you see this message when logging into the webinar…

Please find this email:
Subject Line: ‘2021 Recertification Overflow Reminder I NY State of Health Updates and 2022 QHP and EP Line Up’ and click on the second link in order to log in.

Dial-In Number: 1-855-897-5763
Conference ID: 4568367
There is no sound through your computer.

- Dial in to listen to the audio portion of the webinar using the audio instructions on your WebEx control panel.
- All participants will remain muted for the duration of the program.

Dial-In Number: 1-855-897-5763
Conference ID: 4568367
Questions can be submitted using the Q&A function on your WebEx control panel.

• Chat function is disabled, please use Q & A panel to submit questions.

• We will pause two times to take questions.
A recording of the webinar and any related materials will be available online at our Spring Training webpage at:

https://info.nystateofhealth.ny.gov/SpringTraining
WEBINAR FEEDBACK

“OPEN ENROLLMENT AND RENEWALS AND NEW YORK STATE OF HEALTH CARE AT HOME PROGRAM”

Webinar Statistics:

• 97% said the webinar increased your knowledge of the topic!
• 98% said information from the webinar will allow you to better assist consumers with Renewals and during Open Enrollment.

Here’s what you said:

• “I really appreciated this webinar. It was very interesting and informative.”
• “Thank you for all the information reported in this training. It will be helpful to our renewals as well as in the open enrollment period.”
TODAY’S WEBINAR

Director
Gabrielle Armenia  Director, Bureau of Child Health Plus and Marketplace Consumer Assistance

Presenters
Rachel Jeschke  Supervisor, Plan Management, NY State of Health

Panelists
Joe Gagnon  Assistant Director of Plan Management, NY State of Health
Maggie Middleton  Director of Plan Management, NY State of Health
Alicia Neznek  Medical Assistance Specialist 3, Bureau of Child Health Plus and Marketplace Consumer Assistance
Sonia Sekhar  Director, Policy and Evaluation, NY State of Health
NY State of Health Updates

- Reminder on QHP Open Enrollment and Renewals and Public Program Extensions
- Text Messaging Campaign - Helping Consumers “Opt-in”
- Reviewing and Updating Consumers’ Contact Information
- Health Insurance Changes for Unemployed New Yorkers: Under ARP, Benefit Ends 12/31/2021
- #VaxtoSchool Campaign

2022 QHP and EP Plan Line Up

- Qualified Health Plans
- Essential Plan
- Small Business Marketplace
- Dental Plans
- Resources and Tools
NY State of Health is Open for Business!

- Individual and Small Business health and dental insurer options will continue to be robust in every county of the State.
- 2021 Open enrollment has been extended through December 31, 2021.
  - NY State of Health, The Department of Financial Services and New York State health insurers are taking this action due to the exceptional nature of the public health emergency posed by the Coronavirus so that individuals do not avoid seeking testing or medical care for fear of cost.
- Our priority is to ensure that quality, affordable coverage is available.
Extensions Due to COVID-19 Health Emergency

- Each month, NY State of Health will be extending all Medicaid (MA), Child Health Plus (CHPlus), and Essential Plan (EP) consumers for an additional 12 months of coverage.
  - This applies to consumers with a coverage end date through 12/31/2021.

- All households with Qualified Health Plan (QHP) members will get a renewal notice by 11/01/2021.
Open Enrollment – Important Dates

Remember, Open Enrollment is available for all of 2021, through 12/31/2021.

Open Enrollment Timeframe – ONLY for Plan Year 2022

November 16, 2021 – January 31, 2022

<table>
<thead>
<tr>
<th>When Enrollment is Completed</th>
<th>Coverage Begins</th>
</tr>
</thead>
<tbody>
<tr>
<td>Between October 16 and November 15, 2021</td>
<td>December 1, 2021</td>
</tr>
<tr>
<td>Between November 16 and December 15, 2021</td>
<td>January 1, 2022</td>
</tr>
<tr>
<td>Between December 16, 2021, and January 15, 2022</td>
<td>February 1, 2022</td>
</tr>
<tr>
<td>Between January 15, 2022, and January 31, 2022</td>
<td>March 1, 2022</td>
</tr>
</tbody>
</table>
The final version of the American Rescue Plan contains several tax-related provisions. In order to take full advantage of the impact:

- Many consumers amended their 2020 tax returns
- The IRS automatically amended 2020 tax returns for many consumers.

For these consumers, NY State of Health may not have access to their most up-to-date income information so Automatic Renewals may not be possible.

Many individuals and families who have been automatically renewed in the past may need to complete a manual renewal in order to make sure NY State of Health can attain their most current information.
APPLICATION CHANGES
TEXT MESSAGING CAMPAIGN

Toward the end of October 2021, all consumers will have the ability to opt-in to receive text messages from NY State of Health on their application.

Receiving these text messages will alert the consumer when they are nearing enrollment deadlines and with other important NY State of Health updates.

Assistors will be able to help consumer’s opt-in via the consumer’s “Account and Identity Information Page.”
APPLICATION CHANGES
TEXT MESSAGING CAMPAIGN, CONTINUED

To opt-in:

• Type must be “Cell.”

• Check the box consenting to receive text messages from NY State of Health.
After the consumer consents and begins receiving text messages, they will also be able to opt out via text message.

- If they do this, opting back in via the consumer's account will not be possible.
- When this happens, Assistors can review the new messaging (in red) on this screen to direct the consumer to opt back in using their cell phone.
Beginning in December 2021, all consumers will be prompted to review their current information. The pop-up to the right will appear and needs to be responded to when accessing the Overview Page of the consumer’s account.

- This message will display on the consumer’s overview page of their account until it has been responded to.
If the consumer clicks on “I Need to Make Changes,” they will be brought back to the Account and Identity Information page where they can make changes to their:

- Address(es)
- Phone number(s)
- Email Address(es)
- Communication Preferences
- Language Preferences

The Updated information will save after agreeing to the General Privacy Attestation and clicking on “Next.”
Through the American Rescue Plan (ARP), NY State of Health enrollees who received unemployment insurance in 2021 were provided the maximum amount of APTC and CSR for the 2021 plan year.

- Many eligible consumers were able to enroll in a QHP for $1 or less per month.
- The financial assistance that may have been applied to the consumer’s 2021 coverage cannot be carried over to 2022 coverage.
  - This is not because of an error by NY State of Health or by the consumer’s plan. It is because the American Rescue Plan benefit only applied to calendar year 2021.
  - This benefit will expire on December 31, 2021 so it will not apply in 2022.
  - These consumers will likely see an increase in their 2022 plan premium.

Assistors must be aware of this when helping these consumers complete their renewal. Assistors should be able to explain the rule as time-limited under the American Rescue Plan.
#VaxtoSchool Campaign

In September 2021, Governor Kathy Hochul announced the launch of a statewide #VaxtoSchool Campaign.

• The campaign is aimed at increasing the vaccination rate of school-aged children.

• More information can be found at www.ny.gov/vaxtoschool.
  
  o The website includes information, resources and materials to parents and guardians of school-aged children over 12 years of age.

• NY State of Health is asking Assistors to help by sharing #VaxtoSchool fliers (available [here](#) and [here](#)) with the consumers they work with who have children aged 12-17.

Vaccination is the best protection against COVID-19, and it is safe. If your child is 12 or older ensure they get #VaxtoSchool safely. Visit ny.gov/vaxtoschool to learn more.
NY State of Health Updates

- Reminder on QHP Open Enrollment and Renewals and Public Program Extensions
- Text Messaging Campaign - Helping Consumers “Opt-in”
- Reviewing and Updating Consumers’ Contact Information
- Health Insurance Changes for Unemployed New Yorkers: Under ARP, Benefit Ends 12/31/2021
- #VaxtoSchool Campaign
2022 Qualified Health Plans

- The same twelve (12) health insurers will offer Qualified Health Plans (QHPs) in the individual market in 2022.

- Service Area changes in 2022:
  - Healthfirst is expanding into one new county, Westchester.

- HealthNow is now known as Highmark Blue Shield of Northeastern New York and Highmark Blue Cross Blue Shield of Western NY.
2022 QHP Insurers Individual Market

Note: When counting - Highmark of Western NY/Highmark of Northeastern NY, Empire BlueCross/Empire BlueCross BlueShield, and Excellus/Univera are each counted as one.
The number of insurer options varies by county – from two (2) to seven (7).

Most consumers have a choice of at least four (4) insurer options.

County maps of insurers offering Individual/Small Business/Dental Plans are available at: http://info.nystateofhealth.ny.gov/PlansMap

- New counties are identified in the PDF attachments located below the map. New counties are highlighted in yellow and read “New.”
• Every insurer must offer a Standard Product at each metal level and in every county of its Marketplace service area.

• Standard products must include the Essential Health Benefits, except pediatric dental, which is optional if otherwise available.

• Cost sharing (deductibles, copayments) are the same across insurers within a metal tier.
2022 QUALIFIED HEALTH PLANS, CONTINUED

STANDARD PRODUCTS IN 2022

<table>
<thead>
<tr>
<th>Metal Level</th>
<th>Deductible 2021</th>
<th>Deductible 2022</th>
<th>Max Out of Pocket 2021</th>
<th>Max Out of Pocket 2022</th>
</tr>
</thead>
<tbody>
<tr>
<td>Platinum</td>
<td>$0</td>
<td>$0</td>
<td>$2,000</td>
<td>$2,000</td>
</tr>
<tr>
<td>Gold</td>
<td>$600</td>
<td>$600</td>
<td>$4,000</td>
<td>$4,000</td>
</tr>
<tr>
<td>Silver</td>
<td>$1,300</td>
<td>$1,300</td>
<td>$8,500</td>
<td>$8,500</td>
</tr>
<tr>
<td>Silver (&gt;200 -&lt;250 FPL)</td>
<td>$1,100</td>
<td>$1,100</td>
<td>$6,500</td>
<td>$6,500</td>
</tr>
<tr>
<td>Silver (&gt;150 -&lt;200 FPL)</td>
<td>$250</td>
<td>$250</td>
<td>$2,200</td>
<td>$2,200</td>
</tr>
<tr>
<td>Silver (&gt;100 -&lt;150 FPL)</td>
<td>$0</td>
<td>$0</td>
<td>$1,000</td>
<td>$1,000</td>
</tr>
<tr>
<td>Bronze</td>
<td>$4,700</td>
<td>$4,700</td>
<td>$8,550</td>
<td><strong>$8,700</strong></td>
</tr>
<tr>
<td>Catastrophic</td>
<td>$8,550</td>
<td><strong>$8,700</strong></td>
<td>$8,550</td>
<td><strong>$8,700</strong></td>
</tr>
</tbody>
</table>
All Standard Bronze products will include three (3) visits subject to co-payments, but not subject to the deductible.

- The three visits covered in Standard Bronze products can be either primary care OR specialist including mental health and substance use disorder visits.

Standard Silver and Silver CSR (200-250% FPL) products will have:

- Higher co-payment for ER visits, diagnostic, and advanced imaging.
- Higher maximum out-of-pocket (MOOP).

Prescription drugs are covered before the deductible for Standard Gold and Silver products.

Standard Bronze and Catastrophic products will have:

- Higher deductibles and MOOP.

Deductible levels affect most consumers, while few consumers reach their MOOP each year.
Insurers can offer up to three (3) non-standard products in each metal level.

Unlike standard products, non-standard products:
- Do not have to be offered at all four metal levels.
- Must be offered at a minimum of two metal levels of the insurer’s choosing, and the number of non-standard Bronze products is limited.

Eleven (11) QHP insurers will offer non-standard products in 2022.

Non-standard products are available in all counties.

The most commonly offered non-standard benefits include Adult/Family Dental, Adult/Family Vision, Telemedicine, and Acupuncture.
## Side by Side Comparison

<table>
<thead>
<tr>
<th>Offering</th>
<th>Standard</th>
<th>Non-Standard</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>Offered by <strong>all</strong> insurers</td>
<td>Offered by <strong>most</strong> insurers</td>
</tr>
<tr>
<td>Provider Network</td>
<td>QHP Standard Network</td>
<td>May be the QHP Standard Network, Tiered or Limited Network</td>
</tr>
<tr>
<td>Covered Benefits</td>
<td>Essential Health Benefits (EHB)</td>
<td>EHB plus additional benefits (e.g., adult dental, adult vision, acupuncture)</td>
</tr>
<tr>
<td>Cost-sharing</td>
<td>Standard across all insurers</td>
<td>Varies from insurer to insurer</td>
</tr>
<tr>
<td>Field Name</td>
<td>Values</td>
<td>Meaning</td>
</tr>
<tr>
<td>----------------------------</td>
<td>------------------------------------------------------------------------</td>
<td>-----------------------------------------------------------------------------------------------------------------------------------------</td>
</tr>
<tr>
<td>Product Name</td>
<td>To be assigned by Insurer</td>
<td></td>
</tr>
<tr>
<td>Metal Tier</td>
<td>Bronze, Silver, Gold, Platinum, Child Only, Catastrophic</td>
<td>Identifies Metal Level and whether Child Only or Catastrophic Product</td>
</tr>
<tr>
<td>Standard/ Non-standard</td>
<td>ST or NS</td>
<td>Identifies Standard (ST) or Non-Standard (NS) Product</td>
</tr>
<tr>
<td>Network Coverage</td>
<td>INN or OON</td>
<td>Identifies in-network coverage (INN) or out-of-network coverage (OON)</td>
</tr>
<tr>
<td>Network Name</td>
<td>To be assigned by the Insurer</td>
<td>Indicates the network name associated with each product</td>
</tr>
<tr>
<td>Dental Coverage</td>
<td>Pediatric Dental, Adult/ Family Dental</td>
<td>Identifies type of dental coverage included, if any, in QHP</td>
</tr>
<tr>
<td>Dependent Age Coverage</td>
<td>Dep25, Dep29</td>
<td>Identifies the maximum age of covered dependents</td>
</tr>
<tr>
<td>Non-Standard Details</td>
<td>Adult Vision, Family Dental, Family Vision, Wellness, Other</td>
<td>Identifies additional covered benefits</td>
</tr>
</tbody>
</table>
• Twelve (12) insurers will offer Essential Plans in 2022.

• Molina Healthcare acquired Affinity Health Plan during 2021.
  o Molina has expanded into the same ten counties that Affinity was in.
  o These will now be offered under the Issuer name: Affinity by Molina Healthcare.

**New as of June 1, 2021:**

• All Essential Plans now have a $0 premium.
• All Essential Plans now include vision and dental coverage at no cost.
• No Copay for vision and dental services.
Note: When counting Insurers, Excellus/Univera is counted as one. Affinity by Molina Healthcare and Molina Healthcare are also counted as one.
The number of insurer options varies by county – from two (2) to seven (7).

Most consumers have a choice of at least four (4) insurer options.

ESSENTIAL PLAN OPTIONS

• Consumers eligible for Essential Plan 1 (150 – 200% FPL):
  • New as of 2021:
    o $0 premium
    o Includes vision and dental coverage

• Consumers eligible for Essential Plan 2 (138 – 150% FPL):
  • New as of 2021:
    o $0 premium
    o Includes vision and dental coverage

• Consumers eligible for Essential Plan 3 and 4 (up to 138% FPL):
  o $0 premium
  o Additional benefits included (dental, vision, non-emergency transportation, non-prescription drugs, orthotic services, orthotic footwear)
• Nine (9) Insurers will offer coverage in the Small Business Marketplace (SBM).

• There are many insurers for employers to choose from through New York’s SBM in 2022. Currently, these nine (9) insurers offer over 2,400 policies.

• The number of insurer options varies by county – from two (2) to six (6).

• Healthy NY will be offered in every county across the state in 2022:
  - EmblemHealth, Independent Health, MVP Health Care and Excellus/Univera will continue offering Healthy NY in 2022.
  - Small employers can benefit from both Healthy NY and federal small business tax credits.

• SBM “Direct Enrollment” option makes it easier for New York’s small businesses to access the Federal Small Business Health Care Tax Credit.
  - There are now higher eligibility levels for Small Business tax credits. As of 2020 any qualified small business with employees who on average make less than $56,000 per year may qualify.
Note: When counting Insurers, Empire BlueCross/Empire BlueCross BlueShield, and Excellus/Univera are each counted as one.
STAND ALONE DENTAL PLANS (SADPs)
2022 Individual Stand Alone Dental Plans
New for 2022:

- The permitted pediatric out of pocket maximums increased to $375/$750.
- The actual MOOP is determined by the plan but cannot be more than $375/$750 for pediatric dental.
2022 SMALL BUSINESS MARKETPLACE
STAND ALONE DENTAL PLANS

Empire BlueCross
An Anthem Company

Empire BlueCross BlueShield
An Anthem Company
2022 INDIVIDUAL STAND ALONE DENTAL PLANS

- When consumers sign up for a SADP, they get basic adult dental coverage upon enrollment.
- Under some SADPs, there may be a waiting period for a specific benefit.
  - Plan names listed will include “WP” if there is a waiting period associated with any covered dental services.
Click on the benefit categories below to learn more about this plan’s covered benefits and services. To see a full list of the benefits and services, visit the "Summary of Benefits" link under "Plan Documents" at the bottom of this page.

<table>
<thead>
<tr>
<th>Benefit</th>
<th>In Network Cost Share</th>
<th>Description</th>
</tr>
</thead>
<tbody>
<tr>
<td>Basic Dental Care - Adult</td>
<td>$48.00</td>
<td>Cleanings and Exams</td>
</tr>
<tr>
<td>Routine Dental Services (Adult)</td>
<td>$48.00</td>
<td>X-rays, Fillings and Simple Extractions. Full mouth X-rays or panoramic X-rays at 36 month intervals and bitewing X-rays at 6 month intervals.</td>
</tr>
<tr>
<td>Major Dental Care - Adult</td>
<td>$48.00</td>
<td>Pre-Authorization Required - Endodontics*, Periodontics, Prosthodontics and Oral Surgery. *Adult molar root canals have very limited coverage.</td>
</tr>
</tbody>
</table>

Plain language display of basic vs major services
DENTAL PLAN COMPARISON TOOL ENHANCEMENTS

• The Dental Plan Comparison Tool helps to compare Pediatric Dental Plans, Family Dental Plans and Qualified Health Plans with Dental benefits that are offered in a specific county.

• The Dental Plan Comparison Tool can be found at www.info.nystateofhealth.ny.gov in the “Resources” drop down.
**Beginning in November, the dental Plan Comparison Tool will have an updated format, making it easier to navigate and compare plans and benefits.**
## Dental Plan Comparison Tool Enhancements, Continued

### Dental Tool

Please select the Dental Plan Type along with a corresponding county in order to compare each plan (up to three allowed).

<table>
<thead>
<tr>
<th>Dental Plan Type</th>
<th>Person(s) Covered</th>
<th>County</th>
<th>Premium</th>
<th>Insurance Company</th>
<th>Out-of-Network Coverage</th>
<th>Metal Level</th>
<th>HIOS Product Number</th>
<th>Dependent Age</th>
<th>Deductible Adult Individual</th>
<th>Annual Benefit Maximum</th>
<th>Waiting Periods</th>
<th>View Details</th>
</tr>
</thead>
<tbody>
<tr>
<td>Pediatric Dental</td>
<td>Individual</td>
<td>Albany</td>
<td>$16.03</td>
<td>Delta Dental of New York, Inc.</td>
<td>Y</td>
<td>Low</td>
<td>10345NY0010001</td>
<td>Age 19</td>
<td>N/A</td>
<td>None</td>
<td>None</td>
<td>View Details</td>
</tr>
<tr>
<td>Pediatric Dental</td>
<td>Individual</td>
<td>Albany</td>
<td>$20.65</td>
<td>DentCare Delivery Systems Inc</td>
<td>N</td>
<td>Low</td>
<td>30798NY0010003</td>
<td>Age 19</td>
<td>None</td>
<td>None</td>
<td>None</td>
<td>View Details</td>
</tr>
<tr>
<td>Pediatric Dental</td>
<td>Individual</td>
<td>Albany</td>
<td>$31.67</td>
<td>BlueShield of Northeastern New York</td>
<td>Y</td>
<td>Low</td>
<td>36346NY0490001</td>
<td>Age 19</td>
<td>N/A</td>
<td>None</td>
<td>None</td>
<td>View Details</td>
</tr>
</tbody>
</table>
DENTAL PLAN COMPARISON TOOL ENHANCEMENTS, CONTINUED

Compare Plans

Delta Dental of New York, Inc

- Plan
  - Plan Name: Delta Dental PPO Pediatric Basic Plan ST OON Pediatric Dental Dep 19
  - Issuer Name: Delta Dental of New York, Inc
  - HIOS ID: 10345NY0010001
  - Annual Benefit Maximum: N/A
  - Plan Brochure Link: View
  - Out of Network Coverage: Y

- Dental Plan Type
- New (Plan Information)
- In-Network Cost-Sharing (Pediatric Dental)
- Out-of-Network Cost-Sharing (Pediatric Dental)
- Network Information (Pediatric Dental)
- Family Dental Plan

Premium: $16.03

DentCare Delivery Systems Inc

- Plan
  - Plan Name: ST, INN, DP, Pediatric Dental, Healthplex Network
  - Issuer Name: DentCare Delivery Systems Inc
  - HIOS ID: 30798NY0010003
  - Annual Benefit Maximum: None
  - Plan Brochure Link: View
  - Out of Network Coverage: N

- Dental Plan Type
- New (Plan Information)
- In-Network Cost-Sharing (Pediatric Dental)
- Out-of-Network Cost-Sharing (Pediatric Dental)
- Network Information (Pediatric Dental)
- Family Dental Plan

Premium: $20.85
REMINDER

NYS PROVIDER & HEALTH PLAN LOOK-UP TOOL

• Networks can change throughout the year. It is important to check the NYS Provider & Health Plan Look-Up tool to verify providers and facilities and their participation with plans.
• This is an online tool to research provider networks and health plans.
  – Search by provider, including doctors and hospitals to see which health plans they participate in.
  – Search by health plan to see a list of providers and/or facilities that participate with that plan.
  – Search by facility to find a health plan.
• The NYS Provider & Health Plan Look-Up currently includes:

<table>
<thead>
<tr>
<th>Qualified Health Plans</th>
<th>Health and Recovery Plans</th>
</tr>
</thead>
<tbody>
<tr>
<td>Essential Plans</td>
<td>Fully Integrated Duals Advantage</td>
</tr>
<tr>
<td>Child Health Plus</td>
<td>Managed Long Term Care</td>
</tr>
<tr>
<td>Medicaid Managed Care</td>
<td>HIV/SNP Plans</td>
</tr>
<tr>
<td>Medicaid Advantage</td>
<td>PACE</td>
</tr>
</tbody>
</table>

• The tool is updated approximately every 30 days using data submitted by the health plans.
How to access the NYS Provider & Health Plan Look-Up Tool:
- [https://pndslookup.health.ny.gov](https://pndslookup.health.ny.gov)
- NYSOH Website
REMINDER
NYSOH ANONYMOUS PLAN SEARCH TOOL

2022 PLAN OPTIONS NOW AVAILABLE TO VIEW
How to use the tool:

Use the Anonymous Plan Search tool to determine the consumer’s estimated premium after tax credits. [https://nystateofhealth.ny.gov/individual](https://nystateofhealth.ny.gov/individual)
NYSOH ANONYMOUS PLAN SEARCH TOOL
ESTIMATING FINANCIAL ASSISTANCE, CONTINUED

<table>
<thead>
<tr>
<th>Insurance Company</th>
<th>Plan Name</th>
<th>Metal Level</th>
<th>Coverage Type</th>
<th>County</th>
<th>Persons Covered</th>
<th>Price Per Month</th>
<th>You Pay</th>
<th>Details</th>
</tr>
</thead>
<tbody>
<tr>
<td>Fidelis Care</td>
<td>Bronze</td>
<td>Medical Plus</td>
<td>Parent</td>
<td>Fulton</td>
<td>Individual</td>
<td>$401.70</td>
<td>$0.00</td>
<td></td>
</tr>
<tr>
<td></td>
<td>HSA, Bronze, ST, INN, Fidelis Care HBX Network, Pediatric Dental, Dep25, Free Telemedicine</td>
<td>Child Dental</td>
<td>Parent</td>
<td>Fulton</td>
<td>Individual</td>
<td>$406.17</td>
<td>$0.00</td>
<td></td>
</tr>
</tbody>
</table>

Plans display with tax credit deducted.
QHP Out-of-Pocket Cost Estimator

- Compares estimated consumer premium and out-of-pocket costs in different standard and non-standard plans.

- Consumers input household information and estimated annual medical costs.

- Generates the estimated total cost for the year as well as the largest possible amount an individual may pay.

- **Disclaimer**: No tool can provide an exact estimate or perfectly predict costs.
QUESTIONS?

2022 QHP and EP Plan Line Up

• Qualified Health Plans
• Essential Plan
• Small Business Marketplace
• Dental Plans
• Resources and Tools
**Email Contacts**

**All Assistors**

- If you have general Assistor training questions, or 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 need help with your Assistor account or Oversight Manager account, or if your agency needs to report staff changes, please send an email to: Assistor.Admin@health.ny.gov.

**Navigators Only**

- When Navigator Agencies are submitting contract documents (vouchers, annual packet documents, progress reports, site schedules, etc.) and related questions to the New York State Department of Health, please send them to: Navigator.Admin@health.ny.gov.
  - CC your Navigator Contract Manager

- When Navigator Agencies are submitting media approval requests, educational and marketing material approval requests, and consumer story submissions to the New York State Department of Health, please send them to: Navigator.Media@health.ny.gov.
  - CC your Navigator Contract Manager
All Assistors who are registered or completed the in-person or online Assistor Certification training by **10/31/2021** will be required to view the recertification webinars.

- Keep track of the date you watched the live webinar or the recording.
- Mid-November, supervisors will be emailed a Recertification Report or spreadsheet and must attest to the accuracy of each date the Assistor said they viewed the webinar.
- The webinars that are required for 2021 will be posted at:

  [https://info.nystateofhealth.ny.gov/SpringTraining](https://info.nystateofhealth.ny.gov/SpringTraining)
THANK YOU FOR JOINING US!

• Please complete the Survey Monkey Evaluation of the Webinar:
  o NY State of Health Updates and 2022 QHP & EP Plan Lineup

• As always, watch for the video and materials to be posted to: http://info.nystateofhealth.ny.gov/SpringTraining