nystateofhealth™
The Official Health Plan Marketplace

BIENVENIDOS AL SEMINARIO VIRTUAL DE INSCRIPCIÓN

SEMINARIO VIRTUAL DEL NY STATE OF HEALTH

COMENZARÁ EN BREVE.

OPCIONES DE PLANES MÉDICOS DEL NY STATE OF HEALTH

PLAN DE SALUD CALIFICADO

MEDICAID

CHILD HEALTH PLUS

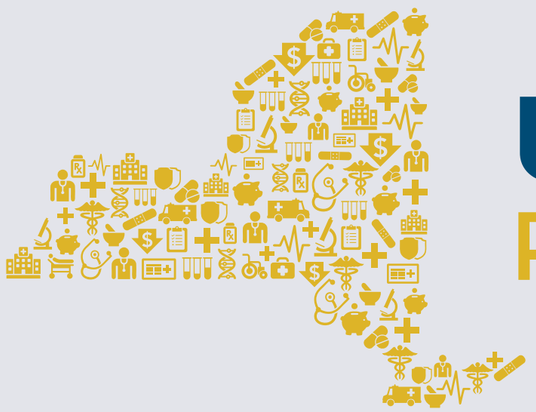
EL PLAN ESENCIAL

FECHAS CLAVE

15 DE DICIEMBRE, FECHA LÍMITE PARA
COBERTURA A PARTIR DEL **1 DE ENERO**

EL PERIODO DE INSCRIPCIÓN
ABIERTA TERMINA EL **31 DE ENERO**

nystateofhealth™
The Official Health Plan Marketplace



UNA MIRADA AL PLAN ESSENTIAL

¿QUIÉN ES ELEGIBLE?

PERSONAS QUE:

- son residentes del estado de Nueva York
- pueden cumplir con los requisitos de ingresos del Plan Essential
- están de forma legal en los EE. UU.
- tienen entre 19 y 64 años de edad
- no son elegibles para recibir Medicaid o Child Health Plus
- no son elegibles para tener cobertura de parte del empleador

NY State of Health cumple con las leyes federales de derechos civiles y las leyes estatales pertinentes y no discrimina por motivo de raza, color, nacionalidad, credo/religión, sexo, edad, estado civil/familiar, antecedentes de detenciones, condenas por delitos, identidad de género, orientación sexual, características de predisposición genética, condición de militar, condición de víctima de violencia doméstica o represalia.

WHAT'S COVERED?

- Atención preventiva sin costo
- Atención para pacientes hospitalizados
- Servicios para pacientes ambulatorios
- Maternidad y atención para el recién nacido
- Servicios de emergencia
- Análisis de laboratorio y diagnóstico por imágenes
- Medicamentos con receta médica
- Servicios de habilitación y rehabilitación
- Servicios para el trastorno por el uso de sustancias y de salud mental
- Servicios de bienestar y manejo de enfermedades crónicas

COMUNÍQUESE CON NOSOTROS: NYSTATEOFHEALTH.NY.GOV | 1.855.355.5777 O TTY 1.800.662.1220

¿CUÁNTO CUESTA EL PLAN ESSENTIAL?

PRIMAS: La prima mensual es de $20 por persona o de $0, dependiendo de los ingresos.

GASTOS COMPARTIDOS: *No hay* ***NINGÚN DEDUCIBLE.*** A continuación se presentan algunos ejemplos de los niveles de gastos compartidos del Plan Essential:

GASTOS COMPARTIDOS PARA SERVICIOS DE ATENCIÓN MÉDICA	Ingresos anuales individuales: inferiores a $12,140-$18,210	Ingresos anuales individuales: $18,211-$24,280
Prima mensual	$0	$20
Deducible anual	Ninguno	Ninguno
Atención preventiva	Gratis	Gratis
Consulta con un médico de atención primaria	$0	$15
Consulta con un especialista	$0	$25
Estancia en el hospital como paciente hospitalizado por admisión	$0	$150
Consulta de salud conductual para paciente ambulatorio	$0	$15
Consulta de salud conductual para paciente hospitalizado por admisión	$0	$150
Sala de emergencias	$0	$75
Atención de urgencia	$0	$25
Fisioterapia, terapia del habla, terapia ocupacional	$0	$15

GASTOS COMPARTIDOS PARA MEDICAMENTOS RECETADOS	Ingresos anuales individuales: inferiores a $12,140-$18,210*	Ingresos anuales individuales: $18,211-$24,280
Genéricos	$1	$6
Marca preferida	$3	$15
Marca no preferida	$3	$30

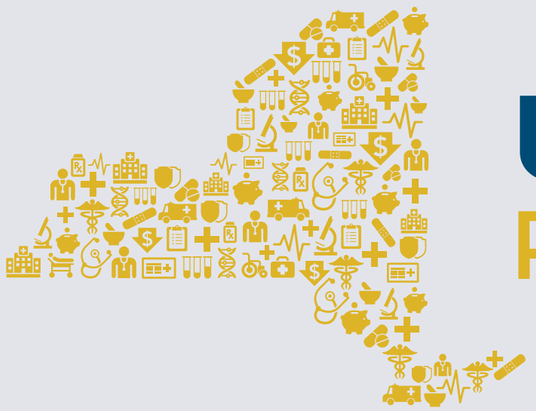
*$0 para personas con ingresos inferiores a $12,140

GASTOS COMPARTIDOS PARA LOS BENEFICIOS DENTALES Y DE LA VISTA	Ingresos anuales individuales: inferiores a $12,140-$18,210	Ingresos anuales individuales: $18,211-$24,280
Dental y de la vista	$0 (afiliados con ingresos más bajos) Se puede adquirir con una prima adicional (afiliados con ingresos más altos)	Se puede adquirir con una prima adicional

2019 Essential Plan Insurers

nystateofhealth
The Official Health Plan Marketplace

Standard Plans



UNA MIRADA AL PLAN ESSENTIAL

¿QUIÉN ES ELEGIBLE?

PERSONAS QUE:

- son residentes del estado de Nueva York
- están de forma legal en los EE. UU.
- no son elegibles para recibir Medicaid, Plan Essential o Child Health Plus

NY State of Health cumple con las leyes federales de derechos civiles y las leyes estatales pertinentes y no discrimina por motivo de raza, color, nacionalidad, credo/religión, sexo, edad, estado civil/familiar, antecedentes de detenciones, condenas por delitos, identidad de género, orientación sexual, características de predisposición genética, condición de militar, condición de víctima de violencia doméstica o represalia.

WHAT'S COVERED?

- Atención preventiva sin costo
- Atención para pacientes hospitalizados
- Servicios para pacientes ambulatorios
- Maternidad y atención para el recién nacido
- Servicios de emergencia
- Análisis de laboratorio y diagnóstico por imágenes
- Medicamentos con receta médica
- Servicios de habilitación y rehabilitación
- Servicios para el trastorno por el uso de sustancias y de salud mental
- Servicios de bienestar y manejo de enfermedades crónicas
- Dental y de la vista para niños

Algunos planes también podrían cubrir beneficios dentales para adultos y algunos otros beneficios.

¿CUÁNTO CUESTA EL PLAN DE SALUD CALIFICADO (QHP)?

PRIMAS MENSUALES: El precio que usted paga al mes dependerá del plan que elija. Muchas personas son elegibles para recibir créditos fiscales que disminuyen sus costos mensuales. Los límites de ingresos deben ser de $48,560 para una persona y $100,400 para una familia de cuatro.

GASTOS COMPARTIDOS: Gasto compartido es la cantidad que usted paga cuando recibe un servicio de atención médica. Algunas personas también son elegibles para recibir ayuda para pagar estos costos, según sus ingresos. A continuación se presentan ejemplos de los niveles de gastos compartidos de QHP para los planes estándar que se ofrecen en cuatro niveles. Hay otros planes disponibles con diferentes gastos compartidos y otros servicios cubiertos.

GASTOS COMPARTIDOS PARA SERVICIOS DE ATENCIÓN MÉDICA	PLATINO	ORO	PLATA	BRONCE
Deducible anual	$0	$600	$1,700	$4,000
Atención preventiva	Gratis	Gratis	Gratis	Gratis
Consulta con un médico de atención primaria	$15	$25	$30	Gastos compartidos 50 %
Consulta con un especialista	$35	$40	$50	Gastos compartidos 50 %
Estancia en el hospital como paciente hospitalizado por admisión	$500	$1,000	$1,500	Gastos compartidos 50 %
Consulta de salud conductual para paciente ambulatorio	$15	$25	$30	Gastos compartidos 50 %
Consulta de salud conductual para paciente hospitalizado por admisión	$500	$1,000	$1,500	Gastos compartidos 50 %
Sala de emergencias	$100	$150	$250	Gastos compartidos 50 %
Atención de urgencia	$55	$60	$70	Gastos compartidos 50 %
Fisioterapia, terapia del habla, terapia ocupacional	$25	$30	$30	Gastos compartidos 50 %

GASTOS COMPARTIDOS PARA MEDICAMENTOS RECETADOS	PLATINO	ORO	PLATA	BRONCE
Genéricos	$10	$10	$10	$10
Marca preferida	$30	$35	$35	$35
Marca no preferida	$60	$70	$70	$70

2019 QHP Insurers
Individual Market

nystateofhealth
The Official Health Plan Marketplace

BlueCross BlueShield of Western New York

BlueShield of Northeastern New York

CDPHP

EmblemHealth

Empire BlueCross An Anthem Company

Empire BlueCross BlueShield An Anthem Company

Excellus

Fidelis Care

healthfirst

Independent Health

MetroPlus Health Plan plan ahead.

MVP Health Care

oscar

UnitedHealthcare

univera HEALTHCARE

nystateofhealth
The Official Health Plan Marketplace

Financial Assistance: Examples

Number of People in Household	Annual Income	Monthly Premium
1	$16,754	Eligible for Medicaid: $0
1	$18,210	Eligible for Essential Plan: $0
1	$24,280	Eligible for Essential Plan: $20
1	$48,560	Eligible for Tax Credits

Financial Assistance: Examples

Number of People in Household	Annual Income	Monthly Premium
4	$34,638	Eligible for Medicaid: $0
4	$36,900	Eligible for Essential Plan: $0
4	$50,200	Eligible for Essential Plan: $20
4	$100,400	Eligible for Tax Credits

nystateofhealth
The Official Health Plan Marketplace

ABOUT RESOURCES FORMS GET HELP 1-855-355-5777 ESPANOL LANGUAGES

Individuals & Families Employers Employees Brokers Navigators

NEWS Open Enrollment for a 2019 Qualified Health plan is underway.

YOU DESERVE AFFORDABLE HEALTHCARE.
Find the right health plan and financial assistance you need today.

nystateofhealth The Official Health Plan Marketplace

Enroll Today

Individuals & Families

You and your family have many low cost, quality health insurance options available through the Individual Marketplace.

You can quickly compare health plan options and apply for assistance that could lower the cost of your health coverage. You may also qualify for health care coverage from Medicaid or Child Health Plus through the Marketplace. Anyone can apply here.

GET STARTED

View Plans and Estimate Your Cost

Get help finding an insurance assistor in your area.

Search by Health Plan

Search by Provider or Facility

1 Create an Account.

2 Tell us about yourself and your family.

3 Choose a health insurance plan.

Small Businesses

The Small Business Marketplace can make it simple and easy for you to offer high quality,

NEWS Open Enrollment for a 2019 Qualified Health plan is underway.

Individuals & Families

Shop here to see what health insurance options are available to you and your family in the Individual Marketplace. You can quickly compare health plan options and apply for assistance that could lower the cost of health coverage. Individuals and families may also qualify for free or low-cost coverage from Medicaid, Child Health Plus, or the Essential Plan through the Marketplace. Anyone who needs health coverage can apply.

Get Started

Returning Users
CLICK HERE TO LOGIN ▸
With your NYS GOV ID.

New Users
CLICK HERE TO REGISTER ▸
Create a NYS GOV ID.

View Plans and Estimate Your Cost

Preview before applying.

Enter Zip Code

I'm not a robot
reCAPTCHA
Privacy - Terms

Get Started

1 Create an Account

You can create an account online though the NY.GOV site. Once you provide an email address and some information about yourself, you'll get an email invitation to the Marketplace site and can get started! You can also call the Marketplace or get help in your community to set up an account.

2 Tell us about you and your family.

When you apply, you will need to provide information about each member of your family, including demographics, any health insurance you or your family already has, and your income, if you want help paying for health coverage.

3 Choose a health insurance plan.

You will choose a health plan for yourself and your family members. The Marketplace will show you the health plans available to you, the benefits covered by the plans, the doctors and facilities that participate in the plan network, and the cost of enrolling in the plan. You can pick plans for yourself and all of your eligible family

Compare Plans | Reset Compare Plans

Page 1 of 7

	Insurance Company	Plan Name	Metal Level	Coverage Type	County	Persons Covered	Price Per Month	You Pay	Details
☐	FIDELIS CARE® ★★★★☆ Quality Details	Fidelis Care Bronze ST INN Pediatric Dental Dep25	Bronze	Medical Plus Child Dental	Kings	Individual	$420.55	$51.62	View Details
☐	healthfirst ★★★★☆ Quality Details	Healthfirst Bronze Leaf, ST, INN, Pediatric Dental, Dep25, Fitness & Wellness Rewards	Bronze	Medical Plus Child Dental	Kings	Individual	$435.10	$66.17	View Details
☐	MetroPlus Health Plan plan ahead. ★★★★☆ Quality Details	BronzePlus-B1, ST, INN, Pediatric Dental, Dep25, Healthy Living Rewards	Bronze	Medical Plus Child Dental	Kings	Individual	$447.21	$78.28	View Details
☐	healthfirst ★★★★☆ Quality Details	Healthfirst Bronze Leaf Premier, NS, INN, Dep25, Family Dental, Family Vision, Free Telemedicine, Fitness & Wellness Rewards	Bronze	Medical Plus Dental	Kings	Individual	$450.24	$81.31	View Details
☐	MetroPlus Health Plan plan ahead. ★★★★☆ Quality Details	BronzePlus-B2, NS, INN, Family Dental, Family Vision, Dep25, Healthy Living Rewards	Bronze	Medical Plus Dental	Kings	Individual	$451.48	$82.55	View Details
☐	MetroPlus Health Plan plan ahead. ★★★★☆ Quality Details	BronzePlus-B2 HSA, NS Bronze, INN, Pediatric Dental, Dep25, Family Dental, Family Vision, Healthy Living	Bronze	Medical Plus Dental	Kings	Individual	$451.63	$82.70	View Details

Benefit Design Description

nystateofhealth
The Official Health Plan Marketplace

Plan Details

You can see information about premiums, co-pays, deductibles, covered services and quality details for each plan. To see more information, click on the plus sign before the 'Benefit' in column one or click on 'Plan Documents' at the end of the list.

Back to Plan List

Print this Page

FIDELIS CARE

Fidelis Care Bronze ST INN Pediatric Dental Dep25

Price Per Month	$384.26	**Metal**	Bronze	**Overall Quality Rating**	**New Plan** Quality data not yet available
Maximum Out of Pocket	$7,600 / $7600 per person | $15200 per group	**Out-of-Network Coverage**	No	**Allows Health Savings Account**	No
Plan Id	25303NY0010001	**Persons Covered**	Individual	**Deductible**	$4,000 / $4000 per person | $8000 per group

Design Fidelis Care members have direct access to a large network of quality providers throughout New York State. No referrals or paperwork are required to access Fidelis Care providers. Benefits include comprehensive coverage for hospitalization, surgery, prescription drugs, and 100% coverage for some preventive care services such as annual check-ups & flu shots. Coverage for your child's dental and vision care is also covered, as well as a gym reimbursement program to help you reach your fitness goals.

CÓMO EMPEZAR EN LA RED:

CONSULTE **NYSTATEOFHEALTH.NY.GOV**

CLICK **GET STARTED**

CREATE A **LOGIN** & FIND THE PLAN THAT'S RIGHT FOR YOU!

Identifying Information

NY State of Health includes protected systems that contain United States ("US") and New York State government information. User actions are monitored and audited under strict US and New York State Government regulations. Authorized users agree to perform only authorized functions regarding the application for and enrollment in health insurance coverage and agree to take responsibility for all actions performed from their accounts.

Unauthorized use of these systems is prohibited and subject to criminal and civil sanctions, including but not limited to those outlined in Title 26 of the United States Code, Sections 7213 7213A and 7431; Title 18 NYCRR; NYS Penal Law Section 156; NYS Social Services Law and NYS Public Health Law. Penalties for misuse of Federal Tax Information or Medicaid recipient data may include, but are not limited to, fines of up to $5000 and/or imprisonment for up to 5 years.

Tell us some additional information about yourself. We use this information to confirm your identity before the Marketplace can check any federal or state data, or release information regarding your health insurance coverage. Confirming your identity helps us protect your personal information and privacy.

Personal Details

Tell us about the adult who will be the contact person for this application. Tell us your gender, date of birth, and Social Security Number (SSN).

First Name * | Middle Name | Last Name * | Suffix

Sarah | | | --Select-

Gender *

Male Female

Date of Birth *

05 - 05 - 1980

Social Security Number *

The Marketplace needs a Social Security number (SSN) if you want health coverage and have a SSN or can get one. You may not qualify for health coverage if you do not tell us your SSN, if you have one. We use SSNs to check income and other information to see who is eligible for help paying for health coverage.

••• - •• - 3302

Confirm Social Security Number *

••• - •• - 3302

I Don't Have One

Personal Identifying Information

Please answer the following questions to allow verification of your identity.

According to your credit profile, you may have opened an auto loan in or around April 1998. Please select the lender for this account. If you do not have such an auto loan, select 'NONE OF THE ABOVE/DOES NOT APPLY'.

- ○ TOYOTA MOTOR CRED
- ◉ MITSUBISHI MOTORS CRED OF AMERICA
- ○ FIRST UNION
- ○ BANK ONE
- ○ NONE OF THE ABOVE/DOES NOT APPLY

Please select the number of bedrooms in your home from the following choices. If the number of bedrooms in your home is not one of the choices please select 'NONE OF THE ABOVE'.

- ○ 2
- ◉ 3
- ○ 4
- ○ 5
- ○ NONE OF THE ABOVE

Using your date of birth, please select your astrological sun sign of the zodiac from the following choices.

- ○ AQUARIUS
- ◉ PISCES
- ○ SCORPIO
- ○ TAURUS
- ○ NONE OF THE ABOVE

Please select the number of dogs in your home from the following choices. If the number of dogs in your home is not one of the choices please select 'NONE OF THE ABOVE'.

- ○ 2
- ◉ 3
- ○ 4
- ○ 5
- ○ NONE OF THE ABOVE

Next

Build Your Household

Coming Up in this Section

Tell us about everyone in your family, even if they do not file taxes or are not looking for health care coverage. Everyone does not have to live at the same address to apply on the same application. Be sure to tell us about parents, step-parents, spouses and any children you may be caring for. We will use this information to find a program you and your family may qualify for.

Some questions have a ❓ next to the question. Hold your cursor over the ❓ to get more information about that question.

Be sure to answer all of the questions with a (*) next to them. These questions are required.

What you need to know

- Social Security numbers (or document numbers for legal immigrants who need health insurance)
- Birth dates

Next

Build your household

Your income and family size help us decide what programs you qualify for. Include these people on this application: 1) yourself; 2) your spouse, if you're married; 3) any children you are caring for who live with you; 4) your partner who lives with you ; 5) anyone you include on your federal income tax return.

Anyone else who lives with you will need to file their own application if they want insurance. Not everyone has to be living at the same address to apply on the same application.

Click on **Add Another Person** to include someone in your household or to add someone who will be included on your federal tax return. Click **Remove** to delete this person from your application. Click **Edit** to change the information about this person.

If you are returning to your application to make an update or change, you can click **Remove** if someone has moved out of your household and will no longer be claimed as a dependent on your federal taxes. If you are not planning to file taxes, then click **Remove** if this person is no longer part of your household. You can click **Add Another Person** if there is a person who is now in your household or who you will include in your federal tax return.

Write in everyone's full legal name. Also tell us each person's gender and whether they are looking for health care coverage.

Introduction to Income Section

Coming Up in this Section

Tell us about everyone in your family who files federal income taxes and their dependents. We need to know about them regardless of whether they are looking for health care coverage.

If you do not file taxes or are not a dependent on someone's taxes, tell us about everyone in your family even if they are not applying for coverage.

Be sure to tell us about parents, step-parents, and spouses as well as any children you may be caring for. This information is used to determine which program you and your family may qualify for. Not everyone has to be living at the same address in order to apply on the same application.

What You Need to Know

Employer and income information for you and your family. It may help to look at:

- Paystubs and wage information
- Most recent business income and expenses
- W-2 Forms and/or most recent federal tax returns
- Benefits statements (for example, Social Security or Unemployment Insurance)

Back

Next

Application Summary

Please review the information below from everyone on the application by clicking on the different tabs to review the information in the different sections. You can make any changes by clicking on Make Changes. When you are done with the review, click Next to finish the application.

Sarah (38)

Make Changes

Demographic Information | Other Coverage | Income Information | Other Information | TRR and Post Eligibility

Identifying Information | Immigration Information | Additional Information | Relationships | Address Information

Date of Birth	05/05/1980
Is Person Living	Yes
Gender	F
Need Health Insurance?	No
Marital Status	Single
Social Security Number	***-**-3302

Zoe (3)

Make Changes

Demographic Information | Other Coverage | Income Information | Other Information | TRR and Post Eligibility

Identifying Information | Immigration Information | Additional Information | Relationships | Address Information

Date of Birth	01/31/2015
Is Person Living	Yes
Gender	F
Need Health Insurance?	Yes
Marital Status	Single
Social Security Number	***-**-3301
Citizenship/Immigration Status	US Citizen

Back

Next

Eligibility Determination

Below are the eligibility results for health coverage for everyone on the application. This tells you what program each person qualifies for and the amount of help paying for health coverage the person can receive, if any.

Please call NY State of Health at 1-855-355-5777 (TTY 1-800-662-1220) if

- Your circumstances change
- The information we have about you is not correct or
- If you have questions about how your eligibility was determined

Joe [redacted] Advance Premium Tax Credit CSR

Marketplace ID: HX0000054852

Congratulations! You are temporarily eligible to enroll in a qualified health plan through the Marketplace and receive tax credits to help pay for your insurance.

The amount of your tax credit is calculated based on the number of people in your household and the income information you provided to us. Everyone who qualifies for a tax credit will share the total tax credit amount to purchase a plan that is right for your family. You told us your household income is $25,000.00.

In order for your application to be approved you must submit documents to confirm that the information you provided in your application is accurate. If you do not submit documentation within the required time frame, the Marketplace will determine your eligibility based on our available records.

You are also eligible to get help paying for your out of pocket costs. This means you will pay less when you go to the doctor or get a prescription, and your yearly deductible is smaller. But you must pick a silver-level health insurance plan if you want to get this benefit.

Annual Household Income	Federal Poverty Level	Maximum Tax Credit	Approximate Maximum Out of Pocket Costs
$25,000.00	205.93%	$485.00 per month	$5,700.00/year for Single $11,400.00 for Couple or Family

Choose a Plan

Plan Selection Introduction

Coming Up in this Section

In this section, you will select a health insurance plan for yourself and your family members. It will show you the plans that are available to you, the benefits that the plans cover, the doctors and facilities that participate in the plan network, and the cost of enrolling in the plan.

In this section, you can pick plans for yourself and all of your eligible family members whether they qualify for Medicaid, Child Health Plus, Essential Plan, or a qualified health plan through NY State of Health.

Here are some things to think about as you select a plan:

- Does it provide the benefits you need?
- What are the plan's deductible and other cost-sharing charges?
- Does it include your doctors, hospitals and other facilities "in network"?
- Does it cover the prescription drugs you need?
- Is it highly rated on the things that are important to you?
- Can you afford the premium for enrolling in the plan?

Sometimes, the plans that your provider accepts, or the "network" they are in, will change. It is always best to check with your provider and the health plan first. We strongly encourage you to call your doctors, hospitals, other facilities, and the health plans directly before completing the plan selection process.

If you think you cannot afford to purchase health insurance, you can also learn more about exemptions in this section.

We will now look at the plans that are available to you and your family.

What You Need to Know

- List of your current doctors
- Names of nearby hospitals and facilities

Next

You can sort the plans by clicking on any of the columns below. Click on the **View Detail** button to learn what benefits a plan covers or more information about the plan. If you want to compare multiple plans, check the box on the left side of the plan name and click on **Compare Plans.**

Compare 0 Plans

1-10 of 46

	Plan name	Amount you would pay	Metal	Type	Quality	Out of Network	Annual Deductible	
☐	Fidelis Care *Fidelis Care Silver ST INN Pediatric Dental Dep25*	$ 513[08]	Silver	Medical w/Child Dental	Overall Quality Rating ★★★☆☆ Quality Details	No	$1,650 / Person $1650 per person | $3300 per group / Family	View Detail Select Plan
☐	CDPHP *HDHMO Qualified 33, Silver, HSA, NS, INN, Dep25, Adult Vision, Lasik, Wellness*	$ 625[82]	Silver	Medical	Overall Quality Rating ★★★★★ Quality Details	No	$2,250 / Person $2250 per person | $4500 per group / Family	View Detail Select Plan
☐	MVP Health Plan, Inc. *MVP Premier Silver ST INN Dep25 Telemedicine Wellness*	$ 663[69]	Silver	Medical	Overall Quality Rating ★★★☆☆ Quality Details	No	$1,650 / Person $1650 per person | $3300 per group / Family	View Detail Select Plan
☐	MVP Health Plan, Inc. *MVP Premier Plus Silver 2 NS INN Dep25 Acupuncture Telemedicine Wellness◆3PCP*	$ 679[67]	Silver	Medical	Overall Quality Rating ★★★☆☆ Quality Details	No	$1,900 / Person $1900 per person | $3800 per group / Family	View Detail Select Plan
☐	BlueShield of Northeastern New York *Silver, ST, OON, Dep25*	$ 684[05]	Silver	Medical	Overall Quality Rating ☆New Plan☆ Quality data not yet available	Yes	$1,650 / Person $1650 per person | $3300 per group /	View Detail Select Plan

Find Broker/ Navigator

A Broker or Navigator can assist you or your employees to get health insurance through NY Health Exchange. You can authorize a Broker/ Navigator to work on your behalf. Please use following filters to search a Broker/ Navigator

Filter Options

First Name

Last Name

Agency Name

--Select--

Zip Code

Issuer Affiliations

--Select--

Counties Served

--Select--

Languages Supported

--Select--

Group Size

--Select--

Type of Agent*

--Select--

Reset All Search

Search Result

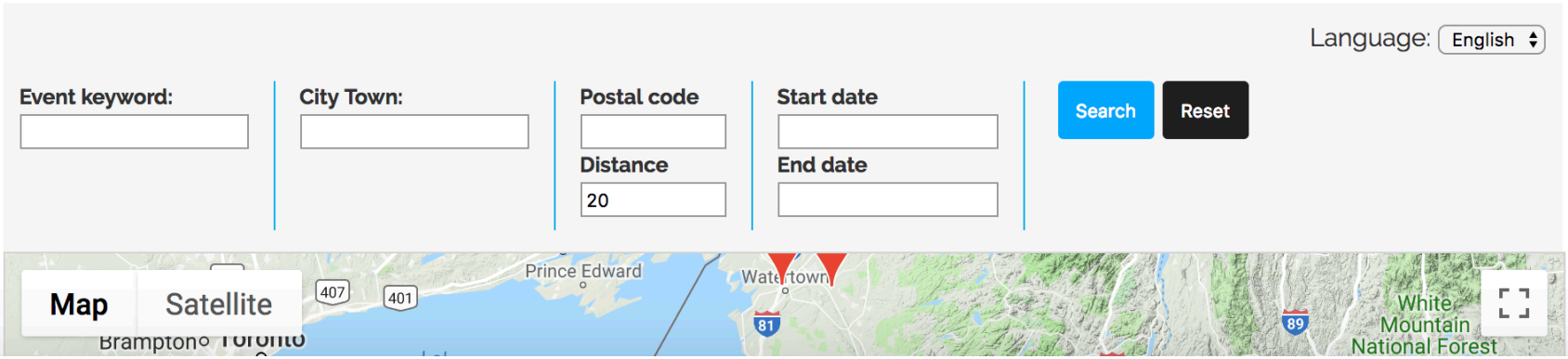
Name [Last First]	Type	Email Address	Phone Number	Affiliated Agency

Events (Events)

Want to know more about NY State of Health? Visit one of our representatives at the next event in your community. Click on the flags on the map to find an event near you. Or, you can search in the list below. If you have already enrolled in a plan through NY State of Health and have specific questions regarding your account or coverage, please call the Customer Service Center at 1-855-355-5777 or make an appointment with an **in-person counselor** .

(Want to know more about NY State of Health? Visit one of our representatives at an upcoming event in your community.) Click on the location marks on the map to find an event near you. below. If you are already enrolled in a plan through NY State of Health and have specific questions about your account or coverage, please call customer service center at 1-855-355-5777 or make an appointment with an **insurance assistant** *in person.)*

Search for Events



Search for Events (Búsqueda de eventos)

Language: English

Event keyword:

City/Town:

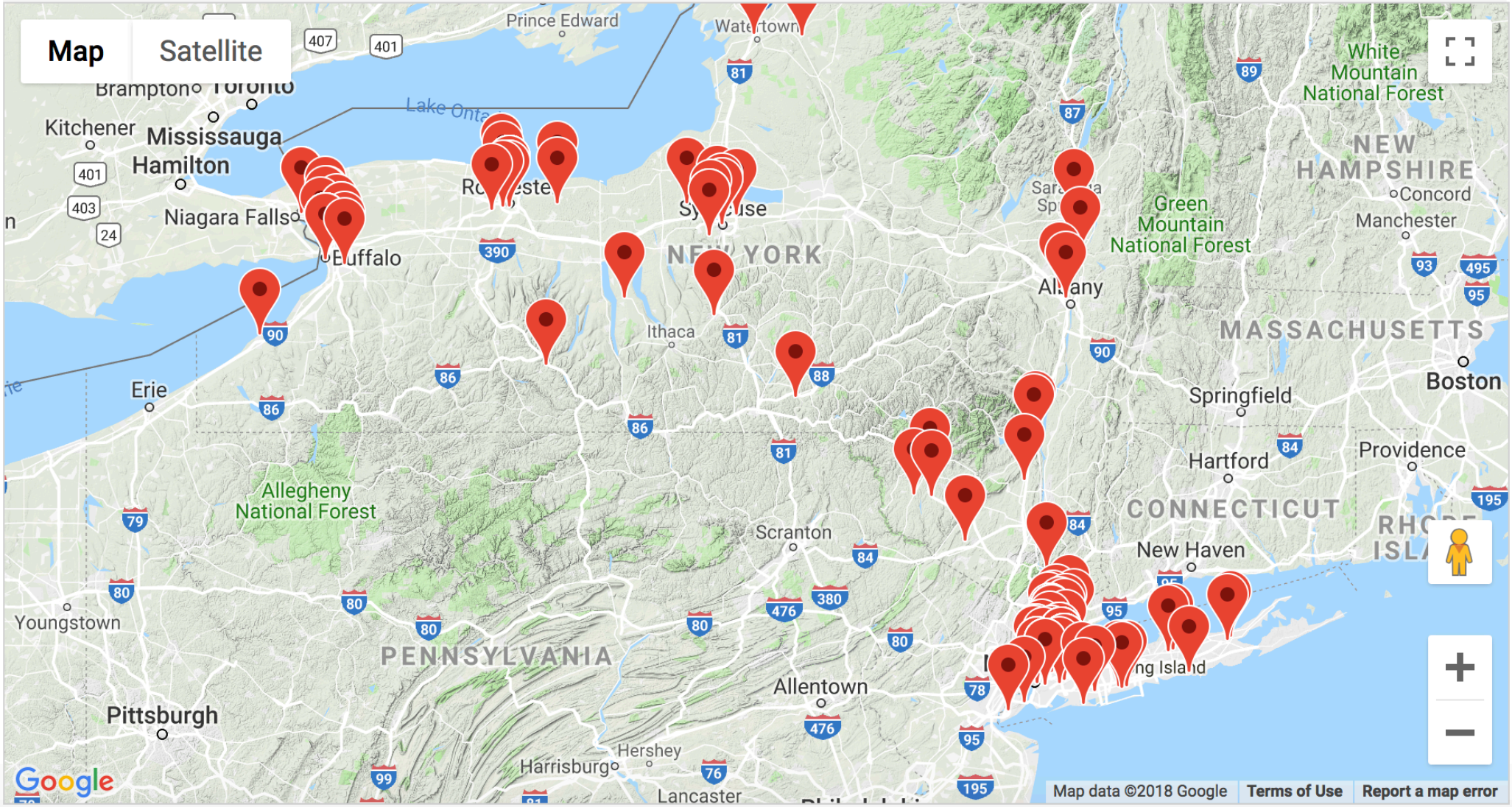
Postal code

Distance
20

Start date

End date

Search Reset



Event (Evento)	Location (Lugar)	City/Town (Ciudad/Localidad)	Month/Day/Year (Mes/Día/Año)	Time (Hora)	Description (Descripción)
NY State of Health Informational Enrollment Event at SUNY Suffolk Community College of Selden	SUNY Suffolk County Community College 533 College Rd Ammerman Campus	Selden	12/11/2018	10:00am - 2:00pm	NY State of Health Marketplace representatives will be on hand to answer questions regarding enrolling or re-enrolling in the Marketplace. This event is open to the public.Los representantes del Mercado de NY State of Health estarán disponibles para responder preguntas relacionadas con la inscripción y reinscripción en el Mercado de Seguros. Este evento está abierto para el público.
NY State of Health Informational Enrollment Event at SUNY Suffolk Community College of Riverhead	SUNY Suffolk Community College East Campus Health Services Office	Riverhead	12/11/2018	10:00am - 2:00pm	NY State of Health Marketplace representatives will be on hand to answer questions regarding enrolling or re-enrolling in the Marketplace. This event is open to the public.Los representantes del Mercado de NY State of Health estarán disponibles para responder preguntas relacionadas con la inscripción y reinscripción en el Mercado de Seguros. Este evento está abierto para el público.
NY State of Health Information Session at Bronx Workforce 1 Career Center	Bronx Workforce 1 Career Center 400 East Fordham Road	Bronx	12/11/2018	8:30am- 4:45pm	NY State of Health Marketplace representatives will be on hand to answer questions regarding enrolling or re-enrolling in the Marketplace. This event is open to the public. Los representantes del Mercado de NY State of Health estarán disponibles para responder preguntas relacionadas con la inscripción y reinscripción en el Mercado de Seguros. Este evento está abierto para el público.

nystateofhealth
The Official Health Plan Marketplace

NYSTATEOFHEALTH.NY.GOV | 1.855.355.5777

SE MERECE ATENCIÓN MÉDICA ECONÓMICA.

CONSULTE **NYSTATEOFHEALTH.NY.GOV** O LLAME AL **1.855.355.5777**
PARA INFORMARSE MEJOR O PARA INSCRIBIRSE HOY MISMO.

INSCRÍBASE EL 15 DE DICIEMBRE PARA COBERTURA A PARTIR DEL 1 DE ENERO

nystateofhealth™
The Official Health Plan Marketplace