

2016 Plan Updates and Individual Marketplace Renewals

October 29, 2015
11:00am – 12:30pm

Participants must dial in to hear the audio portion of the webinar:

Dial In Number: 1-855-897-5763
Conference ID: 63927468

Today's Webinar

- Dial in to the audio portion of the webinar using the telephone number on the Audio tab. Audio is transmitted through the telephone only, not through computer speakers
- All participants will remain muted for the duration of the program
- Questions can be submitted using the Q&A tab on your Webex control panel; we will answer questions at the end of the presentation
- A recording of the webinar and any related materials will be emailed to all registrants within 24 hours

Agenda

- Introductions
- 2016 Plan Updates
- Essential Plan
- QHP Plan Preview
- Individual Open Enrollment & Renewals
- Questions

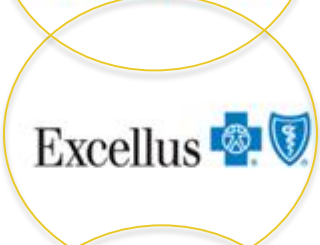
NYSOH Presenters

PJ Weiner – Assistant Director of Plan Management

Amy Grabek – Regional Director, Small Business Marketplace

Joe Muldoon, Director of Small Business Marketplace

2016 QHP Insurers



Participates
in Small
Business
Marketplace



2016 Dental Plans



Participates
in SHOP

2016 QHPs

QHP Updates

- **Expanded Service Area:**
 - MetroPlus – Richmond County
 - Care Connect (NSLIJ) – New York County
- **Leaving Market:** Health Republic

Link to QHP Map: <http://info.nystateofhealth.ny.gov/PlansMap>

Link to QHP by County chart:

<http://info.nystateofhealth.ny.gov/sites/default/files/2016%20Individual%20Marketplace%20Plans%20by%20county.pdf>

Changes to Standard Products in 2016

Metal Level	Deductible	Max Out of Pocket
Platinum	\$0	\$2,000
Gold	\$600	\$4,000
Silver	\$2,000	\$5,500
Silver (>200-≤250 FPL)	\$1,500	\$5,450
Silver (>150-≤200 FPL)*	\$250	\$2,000
Silver (>100-≤150 FPL)*	\$0	\$1,000
Bronze	\$3,500	\$6,850
Catastrophic	\$6,850	\$6,850

Side by Side Comparison

	Standard	Non-Standard
Offering	Offered by all insurers	Offered by most insurers
Provider Network	Marketplace Network	May be the Marketplace, Tiered or Limited Network
Covered Benefits	Essential Health Benefits (EHB)	EHB plus additional benefits
Cost-sharing	Standard across all insurers	Varies from insurer to insurer

Essential Plan Options



Every health plan participating in the Essential Plan will offer the “regular” Essential Plan 1, 2, 3 and 4 (no dental and vision)

Essential Plan 1	Individuals with income greater than 150% of the FPL and less than or equal to 200% of the FPL.
Essential Plan 2	Individuals with income greater than 138% of the FPL and less than or equal to 150% of the FPL.
Essential Plan 3	Individuals with income greater than 100% of the FPL and less than or equal to 138% of the FPL and not eligible for Medicaid due to immigration status.
Essential Plan 4	Individuals with income at or below 100% of the FPL and not eligible for Medicaid due to immigration status.

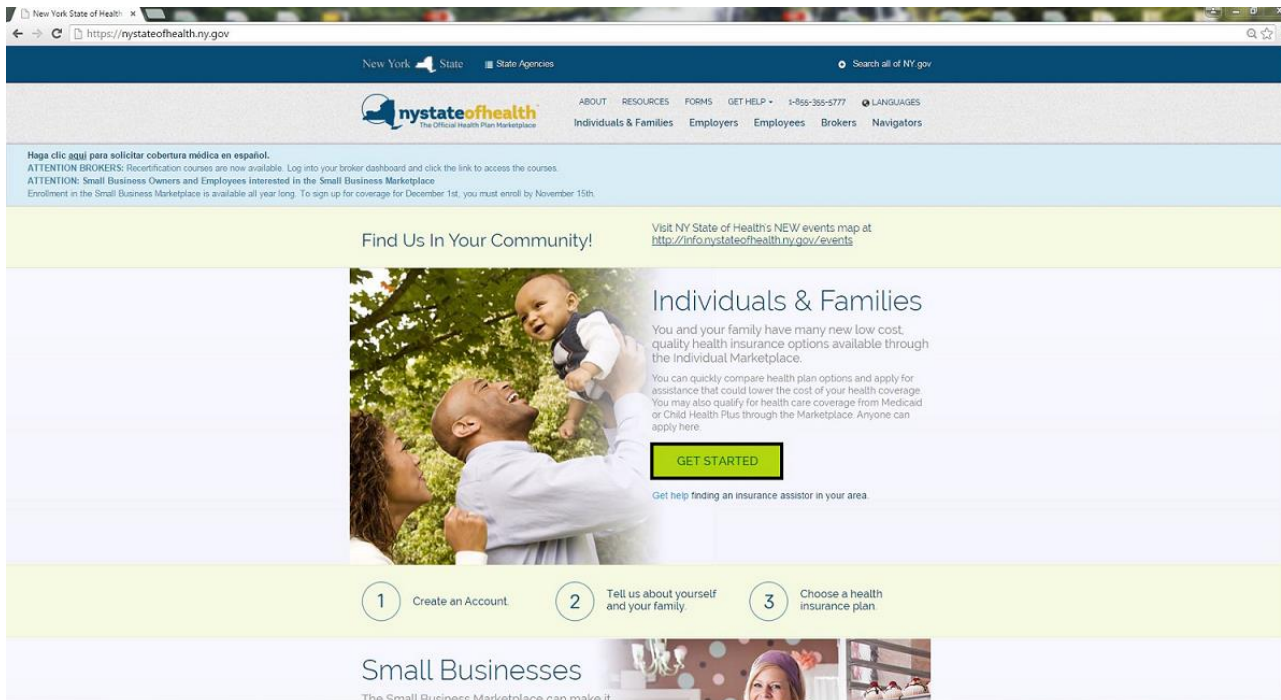
2016 Essential Plan Insurers



Offers
Essential Plan
Plus Vision
and Dental

QHP Plan Preview

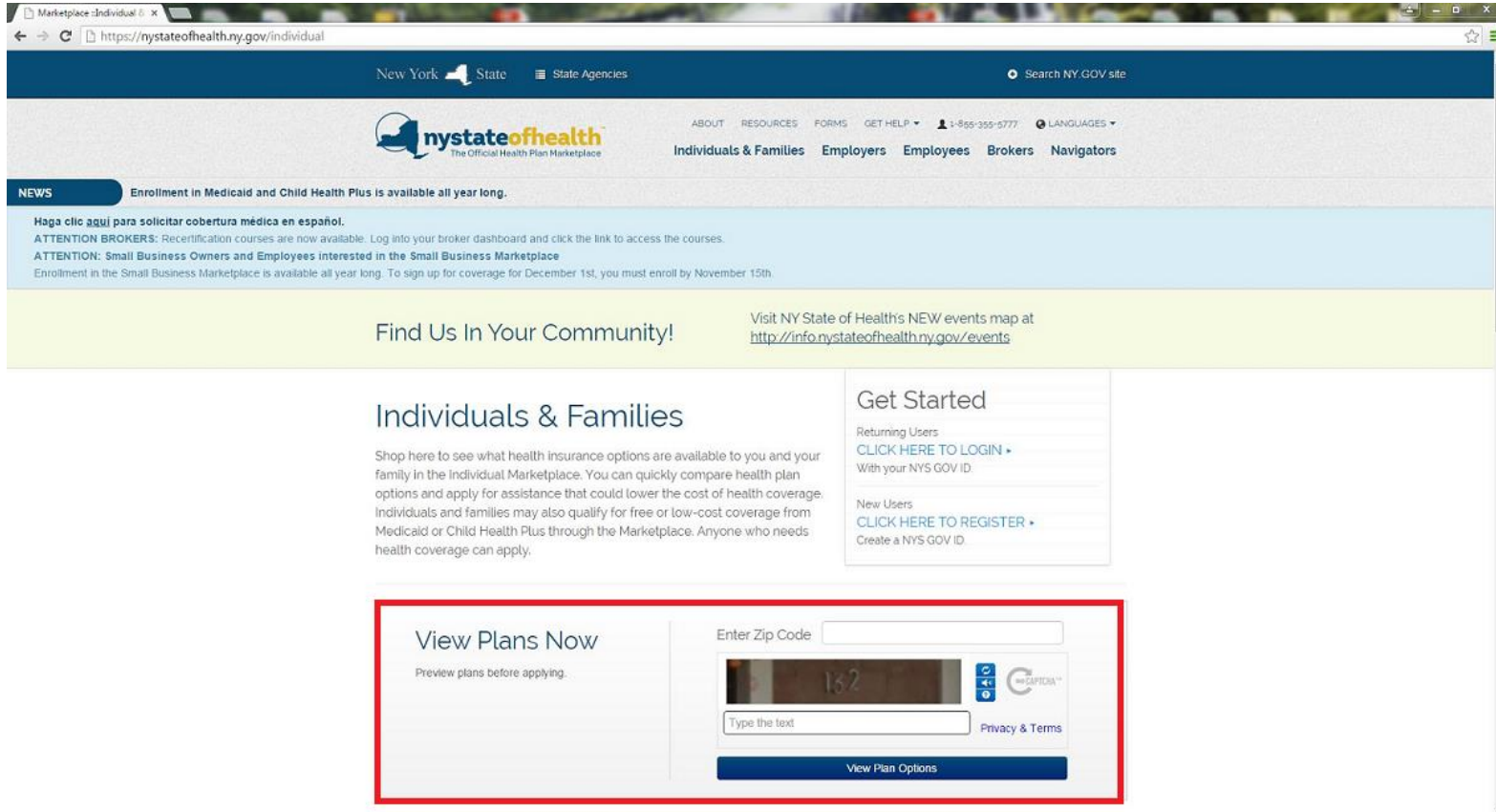
You can preview QHP premiums, benefits and cost sharing on the NY State of Health site using the plan preview



The screenshot shows the NY State of Health website interface. At the top, there is a navigation bar with the state logo, 'nystateofhealth' logo, and the tagline 'The Official Health Plan Marketplace'. Below this, there are links for 'ABOUT', 'RESOURCES', 'FORMS', 'GET HELP', and 'LANGUAGES'. A search bar is also present. The main content area features a section titled 'Find Us In Your Community!' with a link to 'Visit NY State of Health's NEW events map at <http://info.nystateofhealth.ny.gov/events>'. Below this is a large image of a family (a man, a woman, and a baby) with the heading 'Individuals & Families'. The text describes low-cost, quality health insurance options available through the Individual Marketplace, and includes a 'GET STARTED' button. At the bottom of the screenshot, there is a 'Small Businesses' section with the text 'The Small Business Marketplace can make it'.

QHP Plan Preview

Enter the zip code and captcha image to proceed to the preview



The screenshot shows the nystateofhealth.gov website. The main navigation bar includes "New York State" and "State Agencies". The header features the nystateofhealth logo and navigation links for "Individuals & Families", "Employers", "Employees", "Brokers", and "Navigators". A "NEWS" section contains several announcements. Below this is a "Find Us In Your Community!" section with a link to events. The "Individuals & Families" section provides information about health insurance options. To the right, the "Get Started" section offers login and registration options. The "View Plans Now" section, highlighted with a red box, contains a form with the following elements:

- View Plans Now**
- Preview plans before applying.
- Enter Zip Code:
- Captcha image showing the number 132.
- Type the text:
- Privacy & Terms link.
- View Plan Options** button.

QHP Plan Preview

SEARCH FOR PLANS

This search tool lets you shop for health plans based on features important to you. Select from the features below. Only county is required.

Estimate 2016 Financial Help

To learn if you can get help paying for your insurance in 2016, and how much help you can get, follow these steps in order. First, select 2016 as the "Plan Year." Second, click the "Search" button. (This will set the 2016 plan year selection.) Third, select the "Estimate Financial Help" button. Enter the information about your County, Household Size, and Household Income. Fourth, click "Calculate". Finally, click the "Search" button a second time to view plans after applying your estimated monthly financial help.

Filter Options

County (Required) Albany	Plan Year 2015	Persons Covered --All--	Quality Rating --All--
Coverage Type --All--	Metal Level --All--	Insurance Company --All--	HIOS Plan ID --All--
Estimated Financial Help <input type="text"/>		<input type="checkbox"/> Dependent Age 29 <input type="checkbox"/> Out Of Network	<input type="button" value="Reset All"/> <input type="button" value="Search"/>

Search plans for 2015

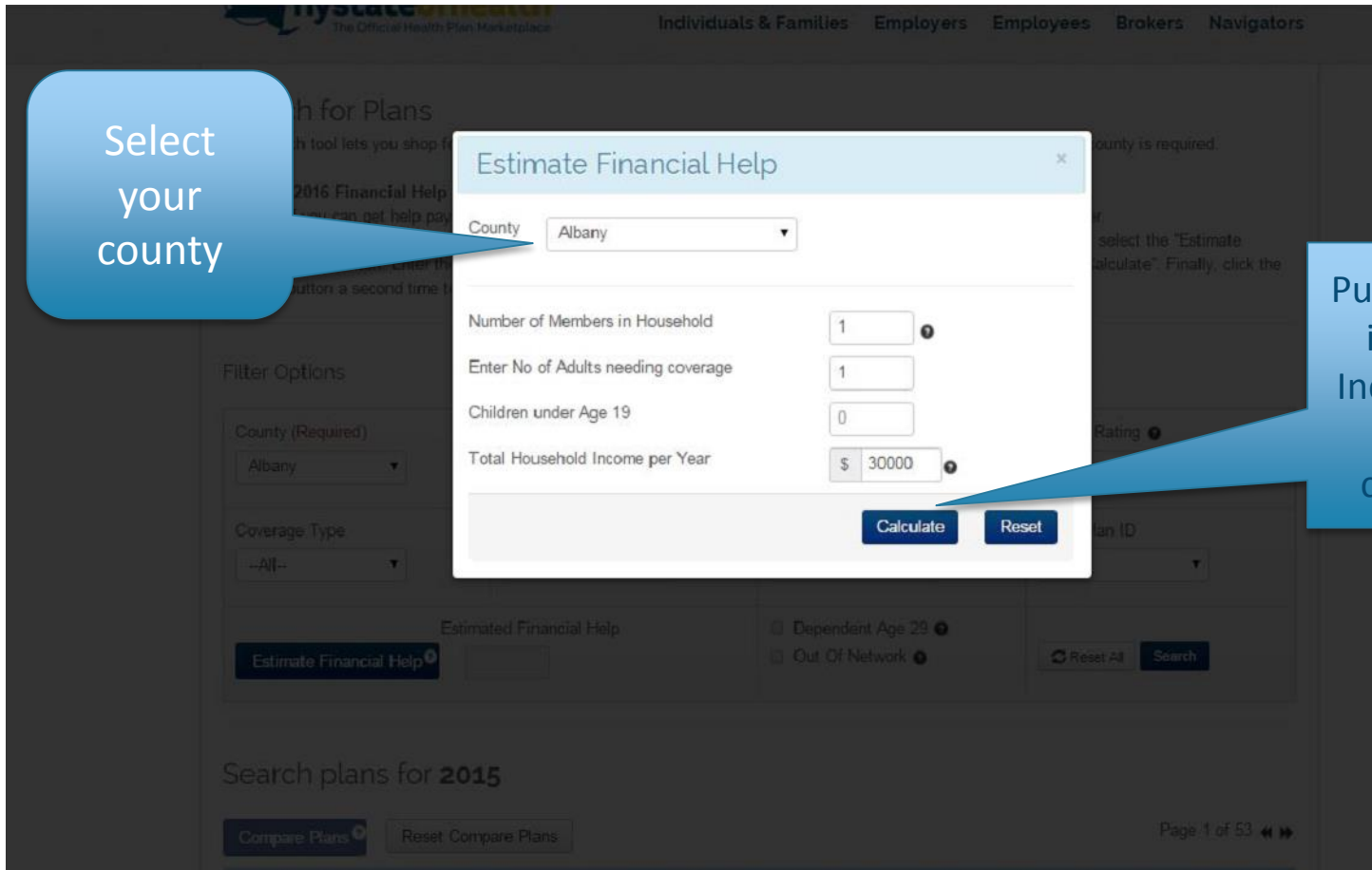
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Insurance Company	Plan Name	Metal Level	Coverage Type	County	Persons Covered	Price Per Month	Details
	Fidelis Care Bronze ST INN Pediatric Dental Dep25	Bronze	Medical Plus Child Dental	Albany	Individual	\$286.74	<input type="button" value="View Details"/>
	Fidelis Care Bronze ST INN Pediatric Dental Dep29	Bronze	Medical Plus Child Dental	Albany	Individual	\$301.07	<input type="button" value="View Details"/>
	MVP Premier Plus HDHP	Bronze	Medical	Albany	Individual	\$329.19	<input type="button" value="View"/>

Filter by county, year, coverage type metal level, plan etc...

Click here to estimate financial assistance

QHP Plan Preview



The screenshot shows the 'Estimate Financial Help' modal form on the NYS State of Health website. The form is titled 'Estimate Financial Help' and includes the following fields and options:

- County: Albany (selected from a dropdown menu)
- Number of Members in Household: 1
- Enter No of Adults needing coverage: 1
- Children under Age 19: 0
- Total Household Income per Year: \$ 30000

At the bottom of the modal, there are two buttons: 'Calculate' and 'Reset'. The background of the website shows filter options for County (Required) set to Albany, Coverage Type set to --All--, and a search bar for 2015 plans.

Select your county

Put in family info and Income and select calculate

QHP Plan Preview

County (Required) Albany	Plan Year 2015	Persons Covered --All--	Quality Rating --All--
Coverage Type --All--	Metal Level --All--	Insurance Company --All--	HIOS Plan ID --All--
<input type="button" value="Estimate Financial Help"/> 123.99		<input type="checkbox"/> Dependent Age 29 <input type="checkbox"/> Out Of Network	<input type="button" value="Reset All"/> <input type="button" value="Search"/>

**SELECT
SEARCH**

Search plans for 2015

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Insurance Company	Plan Name	Metal Level	Coverage Type	County	Persons Covered	Price Per Month	You Pay	Details
	Fidelis Care Bronze ST INN Pediatric Dental Dep25	Bronze	Medical Plus Child Dental	Albany	Individual	\$286.74	\$162.75	<input type="button" value="View Details"/>
	Fidelis Care Bronze ST INN Pediatric Dental Dep29	Bronze	Medical Plus Child Dental	Albany	Individual	\$301.07	\$177.08	<input type="button" value="View Details"/>
	MVP Premier Plus HDHP Bronze 3 Bronze NS INN Dep25 Acupuncture Home Health Care Wellness Drugs Wellness	Bronze	Medical	Albany	Individual	\$329.19	\$205.20	<input type="button" value="View Details"/>
	MVP Premier Plus Bronze 1 Bronze NS INN Dep25 Acupuncture Home Health Care Wellness	Bronze	Medical	Albany	Individual	\$332.36	\$208.37	<input type="button" value="View Details"/>

Plans display with tax credit deducted

QHP Plan Preview

PLAN DOCUMENTS

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

[Back to Plan List](#)

[Print it](#)



Fidelis Care Silver ST INN Pediatric Dental Dep25

You Pay	\$188.34				
Price Per Month	\$374.89	Metal	Silver	Quality Rating	★★★★★
Maximum Out of Pocket	\$5,500 / \$5500 per person per group not applicable	Out-of-Network Coverage	No	Allows Health Savings Account	No
Plan Id	25303NY0020001	Persons Covered	Individual	Deductible	\$2,000 / \$2000 per perso group not applicable

Design Fidelis Care utilizes a non-gatekeeper model which does not require referrals for members to see an in-network provider. Fidelis members have access to a robust network of providers who participate with Fidelis Care plans offered on the NY State of Health Marketplace. Fidelis Care offers plans with per member (embedded deductibles).

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 serv the "Summary of Benefits" link under "Plan Documents" at the bottom of this page.

Rehabilitative and Habilitative Services and Devices

Benefit	In Network Cost Share Tier1	Description
Inpatient Rehabilitation Services	\$1500 Copay after deductible	60 consecutive days per condition per lifetime
Outpatient Rehabilitation Services	\$30 Copay after deductible	60 vists per condition per lifetime combined. Speech & physical therapy are only covered following a stay or surgery.

Services		
Durable Medical Equipment	30% Coinsurance after deductible	Equipment and supplies ordered by a health care provider for everyday or extended use. Coverage for DME may include: oxygen equipment, wheelchairs, crutches or blood testing strips for diabetics.
Chiropractic Care	\$50 Copay after deductible	Care performed by a Doctor of Chiropractic (Chiropractor).
Prosthetic Devices	30% Coinsurance after deductible	1 external prosthetic device per limb per lifetime with coverage for repairs and replacements (limit does not apply to internal devices)

Other Services

Laboratory Outpatient and Professional Services

Preventive and Wellness Services and Chronic Disease Management

Pediatric Vision

Hospitalization

Pediatric Dental Care

Emergency Services

Prescription Drugs

Outpatient Services

Mental Health and Substance Abuse Services

Plan Documents

Company Website	www.fideliscare.org
Summary of Benefits and Coverage	http://www.fideliscare.org/products/nystateofhealth/metal-levelproducts.aspx
Prescription Drug List	http://www.fideliscare.org/Portals/0/DocumentLibrary/Providers/Pharmacy%20Services/FidelisHBXFormularyFull.pdf
Provider Network	http://www.fideliscare.org/apps/providersearch/
Plan Brochure	
Payment Information	http://www.fideliscare.org/payment/initialpayment.aspx

QHP Plan Preview



Eligibility for the Essential Plan, Medicaid or Child Health Plus is indicated with this message below

Search for Plans

This search tool lets you shop for health plans based on features important to you. Select from the features below. Only county is required.

Estimate 2016 Financial Help

To learn if you can get help paying for your insurance in 2016, and how much help you can get, follow these steps in order. First, select 2016 as the "Plan Year." Second, click the "Search" button. (This will set the 2016 plan year selection.) Third, select the "Estimate Financial Help" button. Enter the information about your County, Household Size, and Household Income. Fourth, click "Calculate". Finally, click the "Search" button a second time to view plans after applying your estimated monthly financial help.

Filter Options

County (Required) Albany	Plan Year 2016	Persons Covered INDIVIDUAL	Quality Rating --All--
Coverage Type --All--	Metal Level Silver	Insurance Company --All--	HIOS Plan ID --All--
Estimated Financial Help Estimate Financial Help 0.0		<input type="checkbox"/> Dependent Age 29 <input type="checkbox"/> Out Of Network	Reset All Search

Based on your yearly household income, you and/or your children may qualify for low-to-no cost insurance. Contact Customer Service at 855-355-5777 to learn more.

QHP Open Enrollment for 2016

- Open enrollment for QHPs and Essential Plans begins November 1 for people new to the marketplace
- QHPs and Essential Plans selected November 1 – December 15 will begin January 1, 2016
- People renewing coverage that want to select new plans can do so beginning November 16
- Medicaid, Child Health Plus, Essential Plan (starting in 2016) have open enrollment all year round

Timeline for Renewals

MID OCTOBER 2015

Renewal notices sent to:

- QHPs (includes Full Pay QHP, APTC, APTC CSR, and APTC PP)
- Medicaid and Child Health Plus coverage ending on 12/31/15

** Annual renewal notices for Medicaid and Child Health Plus will be sent on a rolling schedule*

NOVEMBER 16, 2015 – DECEMBER 15, 2015

- No action needed if consumer agrees with eligibility and plan

Action needed if consumer wants to:

- Select a new plan
- Update application

JANUARY 1, 2016

COVERAGE CONTINUES!

Marketplace Renewals

- Full Administrative Renewal
 - Eligibility renewed
 - Enrollment into plan automatically completed
- Partial Administrative Renewal
 - Eligibility renewed
 - Plan selection required
- Manual Renewal
 - Information required for eligibility determination
 - Plan selection required

Full Administrative Renewal

- Renewal To-Do List tells consumers that their renewal is complete
- If a consumer wants to select a different plan, they can change their plan without going through application
- Information in the “Application”, “Eligibility”, and “Plans” tabs are for the upcoming year
- Any changes made to application will affect coverage for upcoming year

Logged in as rgardinia_demo Account Sign Out

Rosie Gardinia
[Edit Account Information](#)

Mailing Address:
 90 Church
 New York NY
 10007
Primary Phone:
 (212) 444-5855

OPTIONS

[Update Application](#) 0

[Manage Broker/Navigator](#)

Overview Application Account Eligibility Plans Inbox Documents Appeals

Overview

It is important that you tell us about any changes so that the Marketplace can make sure that you and your family are getting the best coverage available. You should tell us about changes such as a pregnancy, death in family, marriage or divorce, a move, recent unemployment, change in job, loss of health coverage. You are required to report any changes that may affect your health insurance. If you are enrolled in Medicaid, Child Health Plus, or are receiving tax credits, you also need to report income changes. Some changes may affect what levels of financial assistance you qualify for.

Status of Your Renewal

Congratulations! We've enrolled everyone in their health plan for another year and you don't have to do anything more.

If anything has changed in your life that would affect how you are covered and what you pay for health insurance next year, click [Update Application](#). If you would like to pick a different plan than the one that you are enrolled in for next year, click [Pick a New Plan](#).

Your eligibility is effective starting on the date listed in the table below.

To make changes to your current coverage, call NY State of Health at 1-855-355-5777.

[Update Application](#) [Pick a New Plan](#)

Renewal To-Do List

Click on a household member to see what still must be done to renew that person's coverage.

Rosie Gardinia		Renewal Completed
Program Eligibility	Eligibility Effective Date	Marketplace ID
Advance Premium Tax Credit	01/01/2016	HXD000015491
Rosie's renewal is complete. She does not need to do anything at this time.		
Avitus Bluebell		Renewal Completed
Program Eligibility	Eligibility Effective Date	Marketplace ID
Advance Premium Tax Credit	01/01/2016	HXD000001284
Avitus's renewal is complete. He does not need to do anything at this time.		

Partial Administrative Renewal

- Renewal To-Do List tells consumers that their renewal is not complete
 - Consumer needs to pick a plan
 - Consumer can select a plan without going through application
- Information in the “Application” and “Eligibility” tabs are for the upcoming year
- Any changes to the application will affect coverage for upcoming year

Logged in as DuringEmma · Account · Sign Out

Emma During
Edit Account Information

Mailing Address:
22 River rd
Glenmont NY
12077
Primary Phone:
(555) 555-5555

OPTIONS
Update Application
Manage Broker/Navigator

Overview Application Account Eligibility Plans Inbox Documents Appeals

Overview

It is important that you tell us about any changes so that the Marketplace can make sure that you and your family are getting the best coverage available. You should tell us about changes such as a pregnancy, death in family, marriage or divorce, a move, recent unemployment, change in job, loss of health coverage. You are required to report any changes that may affect your health insurance. If you are enrolled in Medicaid, Child Health Plus, or are receiving tax credits, you also need to report income changes. Some changes may affect what levels of financial assistance you qualify for.

Status of Your Renewal

Congratulations! You or members of you household can still get help paying for you health coverage through NY State of Health. You need to pick a plan for coverage to continue next year.

To pick a plan for next year, click **Pick a New Plan**. If anything has changed in your life that would affect how you are covered and what you pay for health insurance next year, Click **Update Application**.

Your eligibility is effective starting on the date listed in the table below.

To make changes to your current coverage, call customer service at 1-855-355-5777.

[Update Application](#) [Pick a New Plan](#)

Renewal To-Do List

Click on a household member to see what still must be done to renew that person's coverage.

Program Eligibility	Eligibility Effective Date	Marketplace ID
Advance Premium Tax Credit with cost-sharing reductions	01/01/2015	HX0000029925

Emma must enroll in a plan by 12/15/2015 to have coverage on 01/01/2015. Click **Pick a Plan** to shop for coverage.

Manual Renewal

- Renewal To-Do List tells consumers that their renewal is not complete
 - Consumer cannot select a plan without updating application
- Consumer must update their application in order to have eligibility determined for the upcoming year
- Information in the “Plans” and “Application” tab are for the current year

Rosie Gardinia

[Edit Account Information](#)

Mailing Address:
90 Church
New York NY
10007

Primary Phone:
(212) 444-5855

OPTIONS

[Update Application](#) ⓘ

[Manage Broker/Navigator](#)

Overview Application Account Eligibility Plans Inbox Documents Appeals

Overview

It is important that you tell us about any changes so that the Marketplace can make sure that you and your family are getting the best coverage available. You should tell us about changes such as a pregnancy, death in family, marriage or divorce, a move, recent unemployment, change in job, loss of health coverage. You are required to report any changes that may affect your health insurance. If you are enrolled in Medicaid, Child Health Plus, or are receiving tax credits, you also need to report income changes. Some changes may affect what levels of financial assistance you qualify for.

Status of Your Renewal

NY State of Health did not have enough information from state and federal data sources to determine if you can get help paying for your insurance or what coverage you can have next year.

You must provide more information on your application by 12/15/2014 so you will be covered in the upcoming year. To continue from where you left off in the application, click **Update Application**.

To make changes to your current coverage, call NY State of Health at 1-855-355-5777.

[Update Application](#)

Renewal To-Do List

Click on a household member to see what still must be done to renew that person's coverage.

<input checked="" type="radio"/> Rosie Gardinia	<input checked="" type="radio"/> Renewal Not Completed
To renew Rosie's coverage, you must update the application by 12/15/2014. Click Update Application to start.	
<input checked="" type="radio"/> Avitus Bluebell	<input checked="" type="radio"/> Renewal Not Completed
To renew Avitus's coverage, you must update the application by 12/15/2014. Click Update Application to start.	

Communication from NY State of Health [Go to Inbox](#)

You have 9 new messages waiting for you in your inbox.

Manual Notices



NOTICE

IT'S TIME TO RENEW YOUR NY STATE OF HEALTH COVERAGE

NY State of Health did not have enough information from state and federal data sources to determine if you can get help paying for your insurance or what coverage you can have next year. You must return to your account at www.nystateofhealth.ny.gov and provide more information so you will be covered in the upcoming year.

IT'S IMPORTANT FOR YOU TO KNOW...

...How we made our decision.

Member Name

Marketplace ID: HX ID (HX0000000000)

Based on the information from federal and state sources, we cannot make a decision about whether or not you qualify for financial help paying for your health coverage.

Please update the information on your NY State of Health account by December 15, 2015 so we can make an appropriate decision. If you miss this deadline, the financial assistance you are getting now may end. Be aware that you may be able to buy a health plan at NY State of Health at full cost. See the section of this notice titled *"How and when to make changes to your account or plan"*.

Manual Notices

- Consumers MUST update information prior to 12/15 in order to remain enrolled in financial assistance program for 1/1/2016
- Consumers that do not update their information may
 - lose their tax credit
 - Not be enrolled in child health plus as of 1/1/2016
 - Not be enrolled in the Essential Plan as of 1/1/2016
- Not updating information may lead to gaps in coverage or months where FULL premium is due instead of having tax credits applied

Manual Notices

Enrollees will also get a manual renewal notice if they select that they do NOT want the marketplace to renew eligibility automatically when completing the application for financial assistance.

Renewal of coverage

To make it easier to see if I qualify for help paying for health coverage in future years, I agree to allow the Marketplace to use income data, including information from federal tax returns. The Marketplace will send me a notice and let me make any changes, and I can opt out at any time.

Yes, renew my eligibility automatically for the next:

- 5 years (the maximum number of years allowed), or for a shorter number of years
- 4 years
- 3 years
- 2 years
- 1 year
- No, do not renew my eligibility automatically.

This question appears towards the end of the application for financial assistance

Essential Plan, Renewals, and Enrollment



- If a current Marketplace enrollee is determined eligible for the Essential Plan at renewal they will be enrolled into the Essential Plan offered by their current Health Insurance company
- If a QHP enrollee has coverage with adult dental and vision and their Essential Plan insurer is offering the Essential Plan Plus vision and dental, s/he will be enrolled in the Essential Plan with Vision and Dental at renewal
- Enrollees can switch to a different type of Essential Plan (with or without dental and vision) OR to Essential Plan offered by a different health insurer OR at any time throughout the year
- Enrollees should check with their providers AND their health plan to make sure their doctors are in the network

New Notice Messages

Enrollees that are eligible for the Essential Plan will see new messages in their renewal notices.

Jane's income is below 138% FPL and her current insurer is **NOT** offering the Essential Plan

Jack's income is above 150% FPL and he is currently in a QHP with NO dental and vision

Sam's income is between 138-150% FPL and he is currently enrolled in a QHP with adult dental and vision

September 4, 2015
Account ID: AC0000064345

about you from state and federal data sources obtained as of September 1, 2015.

Help at: 1-855-355-5777
TTY: 1-800-662-1220

NOTICE

IT'S TIME TO RENEW YOUR NY STATE OF HEALTH COVERAGE

Congratulations! You or members of your household can get health coverage through NY State of Health. **Please read this notice carefully as some household members may need to take an action to continue their coverage for another year.** Come back to our website, www.nystateofhealth.ny.gov to pick a plan.

Your Insurance Details

Jane Corington	Action Required: We cannot enroll you in your current health plan for the next coverage year. You must select a different health plan between November 16, 2015 and December 15, 2015 to continue your coverage.
Jack Corington	Insurance Provider: Essential Plan 1 We have enrolled you into this plan because it is similar to the coverage you had before with this insurance company. Start Date: January 1, 2016
Sam Corington	Insurance Provider: Essential Plan 2 We have enrolled you into this plan because it is similar to the coverage you had before with this insurance company. Start Date: January 1, 2016

To get help in another language or with reading this Notice, call 1-855-355-5777 (TTY: 1-800-662-1220) or go to <http://www.nystateofhealth.ny.gov> for assistance. You can also find a navigator or certified application counselor near you.

T089-EL000000090382

New Notice Messages

Each household member will see their eligibility explained

[www.nystateofhealth.ny.gov](#) explaining how it works, how to set up, how to find a doctor, and the meaning of insurance terms you will hear a lot.

IT'S IMPORTANT FOR YOU TO KNOW...
...How we made our decision.

Jane Corington
Marketplace ID: HX0000080017

You now qualify for health care coverage under the Essential Plan. The Essential Plan covers all essential health benefits with no copays for health services and no annual deductible

You also qualify for additional benefits through Medicaid.

This eligibility is effective as of January 1, 2016.

You qualify to enroll in the Essential plan with **no monthly premium** for the following reasons:

- because you are in the first five years of your qualified immigration status OR are living in the United States under the color of law (PRUCOL) and
- federal and state data sources show your income is between \$0 and \$27,725.00 This is the income range for Essential Plan (with no monthly premiums) based on your household size.

Individuals who qualify for the Essential Plan are:

- New York State residents
- Not eligible to enroll in other coverage
- Under 65 years of age
- U.S. citizens or have a satisfactory immigration status
- Not incarcerated

Individuals do not qualify for Essential Plan if they are 19 years of age or younger (or younger than 21 years of age if living with a parent), pregnant, or in need of long-term care services. These individuals may be eligible for other coverage through NY State of Health.

2 of 15

Jane's eligibility status is explained. Jack and Sam's eligibility determination will follow below Jane's in the notice.

New Notice Messages

Each household member's premium will follow their eligibility

IT'S IMPORTANT FOR YOU TO KNOW...

...How to estimate the cost of your health coverage.

The monthly premium for the Essential Plan that each person is enrolled in for the next coverage year is listed below. You can change your Essential Plan at any time.

Jane Corington
Marketplace ID: HX0000080017

Your Premium: No monthly premium

Jane has \$0 premium because her income is below 138% FPL.

Jack Corington
Marketplace ID: HX0000080018

Your Premium: \$20.00 per month

The plan you are enrolled in does not include dental or vision benefit. You can chose a plan with these benefits for an additional premium.

You will have co-pays for certain services.

Jack's income is above 150% FPL and he is currently in a QHP with NO dental and vision so he was enrolled in a plan with no dental and vision for \$20

Sam Corington
Marketplace ID: HX0000080019

Your Premium: \$30.55 per month

You can lower your monthly premium by selecting a different plan that does not include dental and vision services.

You will have co-pays for certain services.

Sam's income is between 138-150% FPL and he is currently enrolled in a QHP with adult dental and vision. He is enrolled in the Essential Plan Plus Dental and Vision and owes the premium for dental and vision.

Questions?

- Thank you for your time today.
- Webinar recording and slides will be emailed within 24 hours