

Date: September 24, 2025
Time: 10:00am – 11:30am



OPEN ENROLLMENT AND RENEWALS FOR THE 2026 PLAN YEAR

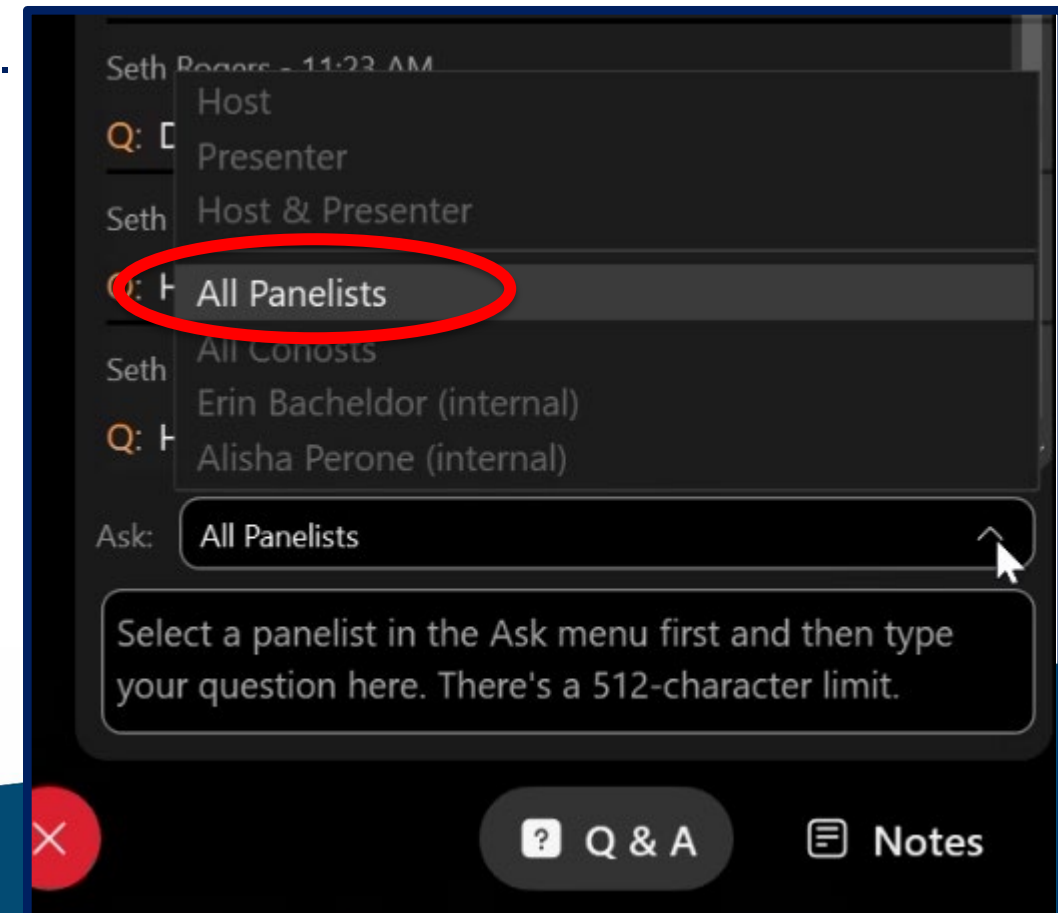
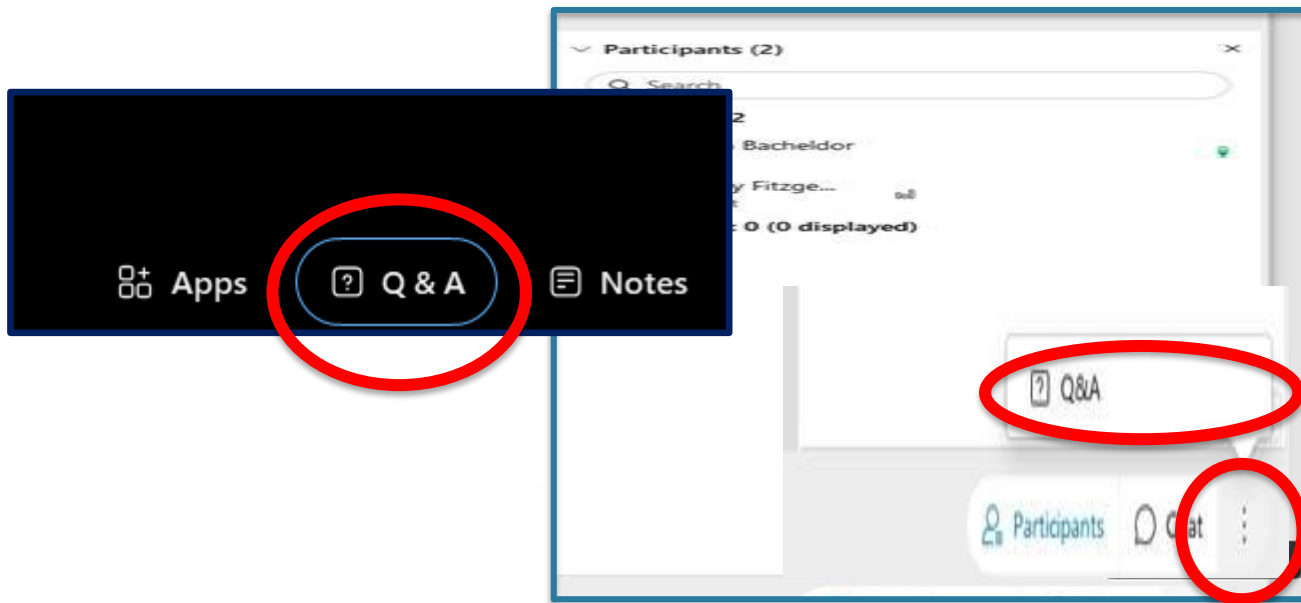
Log into the Webex first: click [HERE](#)

Then, you may connect to audio via computer audio or via telephone audio

QUESTIONS

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'll take questions at the end of today's presentation.



RECORDING AND MATERIALS

A recording of the webinar and any related materials will be available online on our Spring Training webpage. Please visit:

<https://info.nystateofhealth.ny.gov/SpringTraining>



SUPPORT & RESOURCES

Select Language ▼

Individuals & Families Employers Assistors & Brokers Info & Events

2025 Spring Training

July 30, 2025



SESSION	TOPIC	TRAINING MATERIALS
		Presentation Slides
		Video
		Authorized Representatives Training Video
		Authorized Representative Slides
		Identity Proofing Training Video
		Identity Proofing Slides
		Document Linking Checklist
		Privacy Consents and Terms, Rights, and Responsibilities in English and Spanish
1 July 30, 2025	Privacy and Security – Providing a reminder and an update on the Privacy and Security rules and regulations by which all NY State of Health Assistors must comply	

YOUR FEEDBACK: PRIVACY AND SECURITY



Webinar Statistics:

- Right at 98% of respondents said the webinar increased their knowledge of the topic.
- Over 98% said information from the webinar will allow them to better assist consumers in a safe and secure manner.

Here's what you said:

- *“The Webinar was exceptional, especially the mini trainings that were sent prior to the training with slides, that we can refer to at a later date.”*
- *“The information on homelessness addresses, domestic violence and Authorized Representatives were very helpful.”*

TODAY'S PRESENTATION



Introductions

Alicia Neznec

Director, Bureau of Consumer Assistance and Training

Panelists

Jason Carey

Chief Marketing Officer, NY State of Health

Andrea Heidelmark

Assistant Director, Bureau of System Quality Assurance and Business Requirements

Kelvin Sapp

Deputy Director, Communications, Outreach & Marketing, NY State of Health

Sonia Sekhar

Deputy Director, NY State of Health

Melanie Warren

Deputy Director of Marketing, NY State of Health

TODAY'S AGENDA

Open Enrollment and Renewals

- Open Enrollment for Qualified Health Plans
- Important Dates
- The Three Standard Types of Renewals
- Individual Eligibility for Those Who are Due to Renew
- NY State of Health Email, Text, and WhatsApp Messages
- NY State of Health Communication Tools
- Using the Assistor Dashboard

Open Enrollment For Qualified Health Plans (QHPs) For the 2026 Plan Year

Annual Open Enrollment – Plan Year 2026
Begins November 1, 2025
Ends January 31, 2026

- NY State of Health expects to renew coverage for over 1 million members and enroll new people into coverage during Open Enrollment.
- Details about 2026 plan options will be released in early October.
- Enrollment in Medicaid, the Essential Plan and Child Health Plus is open all year.

IMPORTANT DATES FOR 2026

OPEN ENROLLMENT AND RENEWALS



Date	Action
October 1, 2025	2026 plans will appear on the Compare Plans and Estimate Costs Tool (Anonymous Plan Search Tool) for browsing.
By November 1, 2025	Renewal Notices will be mailed. These notices are sent to individuals eligible for renewal of their: <ul style="list-style-type: none"> • Qualified Health Plans (QHPs) including subsidized and Full Pay QHPs. • Medicaid, Child Health Plus, and Essential Plan coverage ending on 12/31/2025. <ul style="list-style-type: none"> ○ Annual renewal noticed for Medicaid, Child Health Plus, and Essential Plan will be sent on a rolling schedule.
November 1, 2025	Open Enrollment begins for <u>new</u> applicants.
November 16, 2025	2026 QHP Renewals Begin. <ul style="list-style-type: none"> • Renewing consumers may enroll/renew in a QHP. • Consumers can update their account if needed and enroll in a plan for coverage starting on January 1, 2026.
December 15, 2025	Deadline to enroll for January 1, 2026 coverage.
January 31, 2026	Open Enrollment closes for QHPs.

IMPORTANT DATES FOR 2026

OPEN ENROLLMENT AND RENEWALS



Individuals enrolling in coverage for the first time during Open Enrollment should review their coverage start date carefully.

For	When Enrollment is Completed	Coverage Begins
New Application	November 1 - December 15	January 1, 2026
New Application	December 16 - January 15	February 1, 2026
New Application	January 16 – January 31	March 1, 2026

APTC LEVEL REMINDER

The Inflation Reduction Act is currently providing enhanced tax credits for Qualified Health Plan consumers through the end of 2025.

- As of today 9/24/2025, these expanded tax credits have not yet been extended by Congress. If they are not extended, APTC will no longer be available to consumers over 400% FPL in 2026.
 - If the enhanced tax credits are extended beyond 2025, we will notify Assistors ASAP with updated information and an updated version of the chart below.
- The applicable percentage that determines a consumer's expected contribution towards the cost of their health insurance has increased from last year.

Annual Household Income		Expected Premium Contribution		
% of FPL	Income Amount*	% of Income	Annual Dollar Amount**	Monthly Dollar Amount**
>250% - ≤ 300%	\$39,125 – \$46,950	8.44% - 9.96%	\$3,302 – \$4,676	\$275 - \$390
>300% - ≤ 400%	\$46,950 - \$62,600	9.96%	\$4,676 - \$6,235	\$390 - \$520
>400%	>\$62,600	No Longer Eligible for APTC		

*for a household of one (1) based on 2025 FPLs (Used for 2026 QHP Eligibility)
 **dollar amounts are if consumer purchased the second lowest cost silver plan

Three Types of Renewals

RENEWAL OF COVERAGE QUESTION

Permission to Use Data Sources

Renewal of Coverage

To make it easier to determine my eligibility for help paying for health coverage in future years, I agree to allow NY State of Health to use income data, including information from tax returns, for the next 5 years (the maximum number of years allowed). NY State of Health will let me change my selection or opt out at any time.

Do you agree to allow NY State of Health to use income data for the next 5 years? *

☒ Yes ☐ No

BACK

NEXT

* = Required Field

Permission to Use Data Sources

Renewal of Coverage

To make it easier to determine my eligibility for help paying for health coverage in future years, I agree to allow NY State of Health to use income data, including information from tax returns, for the next 5 years (the maximum number of years allowed). NY State of Health will let me change my selection or opt out at any time.

Do you agree to allow NY State of Health to use income data for the next 5 years? *

☐ Yes ☒ No

I give permission for my eligibility for help paying for health insurance to be renewed for a period of: *

- ☐ 4 years
- ☐ 3 years
- ☐ 2 years
- ☐ 1 year

☒ Don't use tax data to automatically renew my eligibility for help paying for health coverage. I understand that NY State of Health will need to access tax data when I renew on my own.



Selecting this option may impact your ability to get help paying for health coverage at renewal.

BACK

NEXT

* = Required Field

THREE TYPES OF RENEWALS

1. Automatic Renewal With Auto-Enrollment
 - No action required.
2. Automatic Renewal Without Auto-Enrollment
 - **Action required:** Consumer must select and enroll in a plan.
3. Manual Renewal
 - **Action required:** Consumer must update their application.

AUTOMATIC RENEWALS WITH AUTO-ENROLLMENT



- Consumers will have their eligibility renewed using verified income from the consumer, along with state and federal data sources.
 - Consumer-documented income must have been verified by the Marketplace within the past five (5) months.

AUTOMATIC RENEWALS WITH AUTO-ENROLLMENT, CONTINUED

For members renewing a QHP:

- Consumers will receive a notice by November 1st with 2026 premium information, including the APTC applied (if applicable).
 - No action is needed if the consumer agrees with the information in their notice.
 - The notice will list the income used which determines the amount of APTC the consumer is eligible for, in the section titled “How We Made Our Decision.”
 - If the consumer does not agree with the automatic renewal determination, they may update their application.
 - ❑ Updates can be made starting 11/16/2025 and must be completed by 12/15/2025 to ensure no interruption of coverage for 1/1/2026.
- Enrollment into the plan (if the same plan is available in 2026) will be automatically completed by the Marketplace.

AUTOMATIC RENEWALS WITH AUTO-ENROLLMENT, CONTINUED



It is renewal time and NO ACTION is required for the following individuals:

Sam Smith

Marketplace ID: HX0012365859

CHANGE IN ELIGIBILITY:

You qualify for premium tax credit to help pay for your health insurance coverage, effective **January 01, 2026**. Your tax credit amount for **2026** is **\$430.00** per month.

You can apply all or part or none of this credit to your monthly bill.

Product: Ambetter from Fidelis Care Silver Enhanced, Silver, NS, INN, Fidelis Care HBX Network, Dep 25, Family Vision, Free Telemedicine Program, Family Dental

Start Date: January 01, 2026

NO ACTION REQUIRED:

Your health insurance coverage has not changed. We re-enrolled you into the same product that you had before. Contact your insurance company if you have questions about covered services or providers.

If you want to make a change, you must do so between **November 16, 2025** and **December 15, 2025**. See the section of this notice, "*How and When to Make Changes to Your Account or Coverage.*"

AUTOMATIC RENEWALS WITH AUTO-ENROLLMENT, CONTINUED



How and When to Make Changes to Your Account or Coverage

Follow the steps below –

IF ... NY State of Health has requested that you complete the renewal process by updating some information (for example, pick a health plan or update information in your application);

IF ... Anything has changed in your life that may affect your health insurance coverage or financial assistance;

IF ... You are enrolled in a plan and want to see if you have other coverage options.

Step 1. Go to www.nystateofhealth.ny.gov and log into your account.

OR

Contact a Navigator or Certified Application Counselor. These individuals, located at a community-based organizations and health plans, are trained to help you understand your health insurance coverage options and enroll in coverage. If you already are enrolled in a plan, you can also call your health plan for assistance.

Step 2. Make changes for you and/or your household members. You need to make the changes between **November 16, 2025** and **December 15, 2025** to see what you qualify for on **January 01, 2026**.

Below are some events in your life or a household member's life that could affect what health insurance coverage you are re-enrolled in, who is covered, or how much you pay. Tell us if:

- You move
- Your income changes (only if you are receiving financial assistance)
- You get access to or enroll in the New York State Health Insurance Program (NYSHIP)
- Your eligibility for health insurance from a job changes
- The cost of your health insurance premium from a job changes
- Your household changes. For example, you marry/divorce, become pregnant, or have a child; adopt a child, or a child is placed for adoption with you
- You become qualified for other health insurance
- There is a change in full-time student status (if applicable to application members)
- There is a change in immigration status
- You change how you plan to file your taxes. For example, you will claim new dependents (only if you are receiving financial assistance)

If you do not report changes within 30 days and they affect your ability to get government help with insurance costs, you may have to pay back some or all of the subsidies you received.

AUTOMATIC RENEWALS WITH AUTO-ENROLLMENT, CONTINUED



Individuals who were automatically renewed and enrolled in a subsidized QHP for 2026 should read their notice carefully. This information may include their APTC amount and their Full QHP premium which *both* could have changed from last year.

APTC Amount Changes for the Next Coverage Year:

- If a consumer is automatically renewed and the amount of APTC that they are eligible for is **more** than they were eligible for in the previous year, the same amount of APTC will be applied.
 - If the consumer would like to apply that higher APTC amount, help them to access their Plans Tab to do this.
- If the consumer is automatically renewed and eligible for **less** APTC in the upcoming coverage year (and they applied 100% of the amount to their premium last year), then 100% of the revised APTC will be applied in 2026.

Sam Smith

Marketplace ID: HX0012365859

CHANGE IN ELIGIBILITY:

You qualify for premium tax credit to help pay for your health insurance coverage, effective **January 01, 2026**. Your tax credit amount for 2026 is **\$430.00** per month.

You can apply all or part or none of this credit to your monthly bill.

APTC Amount

How to Estimate the Cost of Your Health Insurance Coverage

The cost of Ambetter from Fidelis Care Silver Enhanced, Silver, NS, INN, Fidelis Care HBX Network, Dep 25, Family Vision, Free Telemedicine Program, Family Dental is **\$671.87** per month. It was set by your plan and approved by the New York State Department of Financial Services for 2026. This is the cost of the plan before any of the Premium Tax Credit has been applied. The full cost of the plan is:

Full QHP Monthly Premium in 2026

AUTOMATIC RENEWALS WITH AUTO-ENROLLMENT, CONTINUED

Assistors helping consumers who were automatically renewed with auto-enrollment must take extra steps to help the consumer understand their premium responsibility, if any, in 2026.

- On the Consumer's "Plans" tab, review their monthly premium total, minus their APTC amount (being applied monthly) to show their premium responsibility for January.
- The premium and the APTC amounts may have changed from the previous year's amounts. Please make sure the consumer sees this.

Overview Account Application Eligibility Verification **Plans** Inbox Appeals Address History

Manage Plans

[Print This Page](#)

Information about the plans that you have chosen for you and your household is below. You can print out this page for your records by clicking on [Print This Page](#).

If you want to cancel a plan chosen for a date in the future OR end someone's Marketplace enrollment completely, click on [Cancel Enrollment in Plans](#).

You can search for and enroll in a health and/or dental plan during open enrollment and at other times during the year, depending on your circumstances. To pick a new plan for everyone enrolled in health coverage, click on [Pick a New Plan](#).

DO NOT use the [Cancel Enrollment in Plans](#) button to transfer to a new plan.

If you qualify for an advanced premium tax credit (APTC), you can change the amount applied to the monthly health plan premiums at any time during the coverage year. To increase or decrease the amount of tax credit applied, click on [Change APTC Amount](#).

Submitted Enrollment

Advance Premium Tax Credit	
Household Member(s)	Sam Smith (30) HX ID : HX0012365859
Health Plan Information	View Plan Benefits
Plan Name	Ambetter from Fidelis Care Silver Enhanced, Silver, NS, INN, Fidelis Care HBX Network, Dep 25, Family Vision, Free Telemedicine Program, Family Dental
Insurance Company	Fidelis Care
Plan Type	Medical
Level of Coverage	Silver
Monthly Premium	APTC: Monthly Premium:
	\$ 671.87 -\$ 430.00 \$ 241.87
Coverage Period	01/01/2026 – 12/31/2026


[Cancel Enrollment in Plans](#) [Pick a New Plan](#)

AUTOMATIC RENEWALS WITH AUTO-ENROLLMENT, CONTINUED


Assistors can help the consumer access and review their enrollment notice which includes their “Coverage Information”.

Here, the consumer is given the:

- Plan Premium – Full Cost of the QHP
- Tax Credit – APTC being applied to the premium
- Consumer Premium Contribution Responsibility Amount

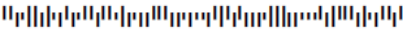


The Official Health Plan Marketplace



1 2 XX 0.060 ##

Sam Smith
3 Second Street
Albany NY 1221



November 19, 2025
Account ID: AC0012121212

**IMPORTANT NOTICE
ABOUT YOUR PLAN ENROLLMENT**

Dear Sam Smith,

This notice concerns your health insurance through NY State of Health as of November 18, 2025.

If any of the enrollment information listed below is not correct, please call us right away.

**ENROLLED IN A INDIVIDUAL
PLAN WITH PREMIUM TAX
CREDITS:**

Plan Name: Ambetter from Fidelis Care Silver Enhanced, Silver,
NS, INN, Fidelis Care HBX Network, Dep 25, Family Vision,
Free Telemedicine Program, Family Dental
Insurance Company: Fidelis Care
Level of Coverage: Silver
Plan Type: Medical with Dental

Member(s)	Coverage Information
Sam Smith Marketplace ID: HX0012365859	Plan Premium: \$671.87 per month Your Tax Credit: \$430.00 per month Your Premium: \$241.87 per month Annual Deductible: \$350 Enrollment Start Date: January 01, 2026

Your advance premium tax credit will be applied to your monthly premium starting on January 01, 2026.

AUTOMATIC RENEWALS WITH AUTO-ENROLLMENT, CONTINUED

Assistors helping consumers who were automatically renewed with auto-enrollment must take extra steps to help the consumer understand their premium responsibility in 2026.

- If the consumer wants to change their plan, you can help them do this by clicking on “Pick a New Plan”.
- This button will be available through the end of Open Enrollment.

OverviewAccountApplicationEligibilityVerificationPlansInboxAppealsAddress History

Manage Plans

Print This Page

Information about the plans that you have chosen for you and your household is below. You can print out this page for your records by clicking on [Print This Page](#).

If you want to cancel a plan chosen for a date in the future OR end someone's Marketplace enrollment completely, click on [Cancel Enrollment in Plans](#).

You can search for and enroll in a health and/or dental plan during open enrollment and at other times during the year, depending on your circumstances. To pick a new plan for everyone enrolled in health coverage, click on [Pick a New Plan](#).

DO NOT use the [Cancel Enrollment in Plans](#) button to transfer to a new plan.

If you qualify for an advanced premium tax credit (APTC), you can change the amount applied to the monthly health plan premiums at any time during the coverage year. To increase or decrease the amount of tax credit applied, click on [Change APTC Amount](#).

Submitted Enrollment

Advance Premium Tax Credit

Household Member(s)	JEREMIAH DOE (30) HX ID : HX0123456789 JENNIFER DOE (30) HX ID : HX0012345678
Health Plan Information	View Plan Benefits
Plan Name	Star Health Care Premier Plus Gold 2, Expanded Gold, NS, INN, NY Individual On Exchange HMO, Dep25, 3 PCP, Acupuncture, Preferred Facilities, Telemedicine, Wellness
Insurance Company	Star Health Care
Plan Type	Medical
Level of Coverage	Gold
Monthly Premium	<div><div>\$1,701.20</div><div>APTC: Monthly Premium:</div><div>-\$481.00 \$1,220.20</div></div>
Coverage Period	01/01/2026 – 12/31/2026

Cancel Enrollment in Plans

Pick a New Plan

AUTOMATIC RENEWALS WITH AUTO-ENROLLMENT, CONTINUED

<https://info.nystateofhealth.ny.gov/arpavideo>

Select the “Plans” tab from the Account Dashboard. Click the “Change APTC Amount” button under “Submitted Enrollment”



On the Plan Selection Introduction Page, click “Next”



On the “Plan Selection Dashboard” click the “Review Plan Selections” button



To change the amount of APTC applied, check and edit the box at the bottom of the page, and click the “Confirm Plan Selections” button



Receive confirmation of the change

Jo Bernat –Advanced Premium Tax Credit
Up to \$144.40/Month or \$1732.80/Year may be applied to qualifying plan purchases.
**If your employer helps you pay for health coverage through the Marketplace, you should subtract the amount you get from your employer from your tax credits. Learn more:
<https://HealthCare.gov/help/qsehra>

\$0 \$100.28

AUTOMATIC RENEWALS WITHOUT AUTO-ENROLLMENT


Action Required:
Consumer must select and enroll in a plan.

This could happen because:

- The consumer became newly eligible for a QHP.
- The consumer's program eligibility changed, and the current plan does not offer a plan in the new program.
- The consumer's current plan will no longer be offered in NY State of Health for the upcoming year.

AUTOMATIC RENEWALS WITHOUT AUTO-ENROLLMENT, CONTINUED





1 2 XX 0.06 ##

Peter Smith
First Street
Albany NY 12211

|||||

All decisions described in this notice are based on information about you from state and federal data sources obtained as of October 16, 2025.

October 17, 2025
Account ID: AC0000012345

Stay Covered!

Complete the Renewal for Health Coverage Today!

It's time for you and/or members of your household to renew your health insurance coverage through NY State of Health, The Official Health Plan Marketplace. This letter contains important information about renewing your health insurance coverage.

It is important that you take the steps for each person listed in this notice. To **renew coverage** for members you must **update your NY State of Health application between November 16, 2025 and December 15, 2025**. You may lose your coverage if you do not finish your renewal **ON TIME**. If you miss the deadline to pick a new health plan, you are at risk of not having health insurance coverage for the upcoming year.

Log in at www.nystateofhealth.ny.gov to complete your renewal before your current health insurance coverage ends.

ACTION REQUIRED:

Please choose a health plan between **November 16, 2025 and December 15, 2025** for the next coverage year. Your coverage will not begin until you choose a plan.

To pick a health plan, see the section of this notice, *"How and When to Make Changes to Your Account or Coverage."*

You must update the information in your application for members in your household prior to picking a plan.

It is renewal time for the following individuals and ACTION IS REQUIRED:

Pam Smith

Marketplace ID: HX222222222

CHANGE IN ELIGIBILITY:


You qualify for a **premium tax credit** to help pay for your health insurance coverage, effective **January 01, 2026**. Your tax credit amount for **2026** is **\$216.00** per month.

MANUAL RENEWALS


- Consumers need to be manually renewed when NY State of Health is unable to automatically renew them based on data sources.
- Consumers due to renew for January coverage MUST update information on or before 12/15/2025 in order to remain enrolled for 1/1/2026.
- Consumers who do not update their information may have a gap in their QHP coverage.
 - MA/CHPlus/EP-eligible consumers may still complete a late renewal after 12/15/2025.

MANUAL RENEWALS, CONTINUED

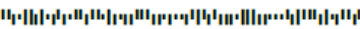




Contact us for questions or to find in-person help:
1-855-355-5777 (TTY: 1-800-662-1220)
nystateofhealth.ny.gov



1 2 XX 0.06 ##
Peter Smith
First Street
Albany NY 12211



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October 17, 2025
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It is important that you take the steps for each person listed in this notice. To **renew coverage** for members you must **update your NY State of Health application between November 16, 2025 and December 15, 2025**. You may lose your coverage if you do not finish your renewal **ON TIME**. If you miss the deadline to pick a new health plan, you are at risk of not having health insurance coverage for the upcoming year.

Log in at www.nystateofhealth.ny.gov to complete your renewal before your current health insurance coverage ends.

ACTION IS REQUIRED for the following individuals to renew their health coverage:

Individual	Marketplace ID
Peter Smith	HX0000000000

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

Please update the information on your NY State of Health account by **December 15, 2025** so we can make an appropriate decision.

NOTE: If you miss this deadline, you are at risk of losing your health insurance coverage and if applicable, any financial assistance.

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 Coverage."

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

Please update the information on your NY State of Health account by **December 15, 2025** so we can make an appropriate decision.

NOTE: If you miss this deadline, you are at risk of losing your health insurance coverage and if applicable, any financial assistance.

How We Made Our Decision

Peter Smith

Marketplace ID: HX0000000000

We need more information to complete your renewal for health insurance through NY State of Health. Log in at www.nystateofhealth.ny.gov or call us to get started to update the information in your account.

The last day to renew your health insurance coverage is **December 15, 2025**. You may lose health insurance coverage for you or your household members if you do not complete your renewal.

Individual Eligibility For Those Who Are Due to Renew

INDIVIDUAL RENEWAL PROCESSING



If any household member needs to be manually renewed, NY State of Health will automatically renew the remaining household members (who can be automatically renewed).

- Accounts that have some household members able to be automatically renewed (with or without auto-enrollment) and others that need to be manually renewed will be labeled as "Admin & Manual" renewals on the Assistor Dashboard.
 - Doing this will increase the number of household members who can be automatically renewed and prevent loss of coverage or gaps in coverage, while still requiring action from household members, as needed.
 - A renewal notice will be sent that gives the renewed household member their updated eligibility, and it will also specify who in the household still needs to take action, and by when.
 - **Please note:** In an account where one (1) or more household members are able to be automatically renewed without auto-enrollment and another household member needs to be manually renewed, the household members who need to pick a plan will not be able to do so until the manual renewal has been completed.



1 2 XX 0.06 ##

Peter Smith
First Street
Albany NY 12211



All decisions described in this notice are based on information about you from state and federal data sources obtained as of October 16, 2025.

October 17, 2025
Account ID: AC0000012345

Stay Covered! Complete the Renewal for Health Coverage Today!

It's time for you and/or members of your household to renew your health insurance coverage through NY State of Health, The Official Health Plan Marketplace. This letter contains important information about renewing your health insurance coverage.

It is important that you take the steps for each person listed in this notice. To **renew coverage** for members you must **update your NY State of Health application between November 16, 2025 and December 15, 2025**. You may lose your coverage if you do not finish your renewal **ON TIME**. If you miss the deadline to pick a new health plan, you are at risk of not having health insurance coverage for the upcoming year.

Log in at www.nystateofhealth.ny.gov to complete your renewal before your current health insurance coverage ends.

ACTION IS REQUIRED for the following individuals to renew their health coverage:

Peter Smith

Marketplace ID: HX0000000000

Based on the information from federal and state sources, we cannot make a decision about whether you qualify for financial help paying for your health insurance coverage. Please update the information on your NY State of Health account by **December 15, 2025** so we can make an appropriate decision.

NOTE: If you miss this deadline, you are at risk of losing your health insurance coverage and if applicable, any financial assistance.

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 Coverage."

It is renewal time for the following individuals and **ACTION IS REQUIRED**

Pam Smith

Marketplace ID: HX2222222222

CHANGE IN ELIGIBILITY:

You qualify for a **premium tax credit** to help pay for your health insurance coverage, effective **January 01, 2026**. Your tax credit amount for 2026 is **\$216.00** per month.

This tax credit is shared with the following household member(s): Peter Smith and Pam Smith.

You can apply all or part or none of this credit to your monthly bill.

You can also get help paying your share of out-of-pocket costs like the deductible - what you must pay before your health plan begins to help pay - or copayments due at the time of service. You must enroll in a Silver Level health plan to get this benefit.

ACTION REQUIRED:

Please choose a health plan between **November 16, 2025 and December 15, 2025** for the next coverage year. Your coverage will not begin until you choose a plan.

To pick a health plan, see the section of this notice, "How and When to Make Changes to Your Account or Coverage."

You must update the information in your application for members in your household prior to picking a plan.

It is NOT time for the following individuals to renew:

Baby Smith

Marketplace ID: HX1111111111

NO CHANGE IN ELIGIBILITY:

You qualify for **Child Health Plus** at a cost of **\$60.00** per month, per child, effective **January 01, 2026**.

INSURANCE DETAILS:

Insurance Company: Fidelis Care
Program: Child Health Plus

NO ACTION REQUIRED:

You will get a notice before your coverage ends letting you know that it's time to renew your coverage.

RULES ON APTC

Consumers who are found ineligible for tax credits in 2026 due to missing information about their federal taxes should refer to their notice for more information on what to do next to see if they may qualify for APTC. Missing federal tax information could be for one of the following reasons:

- The consumer reported that they do not plan to file a federal tax return.
- The consumer is married and reported that they will file taxes separately from their spouse.
- Advance payments of the premium tax credit were made to their health insurance company to reduce their premium costs within the past year. However, NY State of Health cannot confirm that the APTC was reconciled for that year.

Under federal regulation, consumers may be found ineligible for tax credits in 2026 if they have failed to file or reconcile their APTC that they have received in the past.

APTC RECONCILIATION



The amount of APTC a consumer receives each month in 2026 is based on their estimated 2026 income that they entered into their application.

The actual amount of Premium Tax Credits (PTC) a consumer is eligible for, is determined when the consumer files their 2026 taxes in early 2027. It is based on their actual 2026 income.

Beginning in Tax Year 2026, all individuals who receive excess APTC (meaning their total PTC from IRS Form 8962 is LESS than their advance PTC that they already received) they will be required to repay **all** of the excess tax credits in the form of higher taxes or a smaller refund.

- Previously, there was a repayment cap that varied based on household income (up to 400% FPL).
- Starting in tax year 2026, there will no longer be a repayment cap.

No APTC Repayment Cap under 400% FPL in Tax Year 2026

While this will apply to plan year 2026 enrollments, consumers will not feel the effect of this change until early 2027 when they file their 2026 taxes. Assistors should make consumers aware of this now, during this year's Open Enrollment period and during all of 2026.

When consumers are reporting their estimated income for PTC purposes:

- Assistors must remind consumers eligible for APTC to report changes in their income (especially if the consumer's income goes up) in their application ASAP. Doing this will adjust the amount of APTC they are eligible for the following month, and they will be less likely to owe money back at tax time.

AFFORDABLE COVERAGE IN 2026



Employer Health Insurance Affordability Calculator | NY State of Health

*This tool will be updated for 2026 by the start of Open Enrollment (11/1/2026).

- In 2026, if the employee has an offer of employee-only coverage that is considered affordable (costs them less than 9.96% percent of household income), the employee will not qualify for financial help, **but their family members may still be eligible for financial help.**
- If the employee must pay more than 9.96% of household income towards the premium for a family plan, the plan is considered unaffordable, and the employee's family members may qualify for financial assistance.

If you as an Assistor, help the consumer to use this calculator and if it shows that they or their family members may qualify for financial help, you may assist them in one of two ways:

1. Assist them in calling customer service (1-855-355-5777) to be evaluated further for financial help.
2. Assistors can also send the case on an encrypted account review spreadsheet to:
Assistor.Cases@health.ny.gov.

NY State of Health Open Enrollment and Renewal Email Messages

OEP & RENEWAL EMAIL MESSAGES



**IT'S TIME TO RENEW YOUR
HEALTH INSURANCE**



**Es momento de renovar su
seguro médico**

A **“Today’s the Day to Renew”** email will be sent on November 16:

- To QHP consumers who need to manually renew, for their coverage to continue as of January 1, 2026.
- To inform consumers that the renewal period has started and to encourage them to act between November 16, and December 15, 2025.
- Will be sent in both English and Spanish.

OEP & RENEWAL EMAIL MESSAGES



**TAKE THE NEXT STEP -
ENROLL TODAY**



**Dé el siguiente paso:
inscríbese hoy**

A “**Reminder to Pick a Plan**” email message will be sent throughout Open Enrollment beginning in mid-November:

- During Open Enrollment to new or renewing consumers who have a **QHP determination for 2026** but have yet to pick a plan.
 - Renewing consumers who are receiving these emails have already received their renewal notice and have yet to enroll in a plan.
- Will be sent in both English and Spanish.

OEP & RENEWAL EMAIL MESSAGES



A “Reminder to Renew” email message will be sent in early December:

- To QHP consumers who need to manually renew for January 1, 2026 coverage, but have yet to complete their renewal.
- Encourages consumers to review the renewal notice that they have already received and to take action by December 15, 2025.
- Will be sent in both English and Spanish.

OEP & RENEWAL EMAIL MESSAGES



“Deadline Reminder” email messages will be sent in mid-December, mid-January, and late January:

- To QHP consumers who need to manually renew for 2026 coverage but have yet to complete their renewal, as well as new applicants who have been determined eligible but have not yet enrolled.
- Encourages consumers to take action by December 15 (in the mid-December message), January 15 (in the mid-January message), or January 31 (in the late January message).
- Will be sent in both English and Spanish.

TEXT MESSAGES

Assistors should also encourage consumers to watch for text alerts so they can receive updates and enrollment reminders.



WHATSAPP MESSAGES

Assistors should be aware that NY State of Health uses WhatsApp for messaging to consumers.



- WhatsApp is a free messenger app for smartphones and tablets that lets consumers make video, voice calls, and send messages through the app directly.
- WhatsApp uses Wi-Fi and doesn't require a cellular network.

Assistors should let consumers know that NY State of Health can send messages via WhatsApp and encourage them to download the App if they would like to begin receiving messages through this channel!

NY State of Health Communication Tools

OUTREACH TOOL KIT

<https://info.nystateofhealth.ny.gov/OutreachToolKit>

The Outreach Tool Kit features:

- NY State of Health Educational Materials
 - Materials You Can Distribute
 - Rack Cards, Posters, Fact Sheets, At-a-Glance Cards
 - Ordering, Printing, Co-Branding
 - <https://info.nystateofhealth.ny.gov/ordermaterials>
 - Enrollment Tools to Help Consumers
 - How-to Videos, Plan Comparisons, Cost Estimator, Provider Look-Up Tool

Outreach Tool Kit

Welcome to the NY State of Health Outreach Tool Kit. This page includes resources for certified enrollment assistors who enroll New Yorkers into health coverage, as well as partner organizations that share information about NY State of Health and encourage New Yorkers to enroll.

This page will be updated each year to reflect key changes and the need to know about new information or updates of Health outreach materials. [NYSOH Outreach](#)



Educational Materials

Share these through email, link to them on your website, or [order printed versions](#) to distribute.

[NY State of Health Programs At a Glance](#)

**includes program details and income eligibility guidelines for Medicaid, Child Health Plus, Essential Plan, and Qualified Health Plans*

[Rack Cards](#)

[Posters](#)

[Mail Inserts](#)

[Fact Sheets Explaining New Financial Assistance from the American Rescue Plan](#)

OUTREACH TOOL KIT, CONTINUED

<https://info.nystateofhealth.ny.gov/OutreachToolKit>

- NY State of Health Promotional Resources
 - Social Media Posts with Images
 - Advertising Campaign Videos
 - Email Messages
- Stay Informed with the Latest News
 - Important Reminders
 - Press Releases
 - Enrollment Data

Social Media Resources


Pre-written posts with photos

- [Posts for Certified Enrollment Assistors to use](#)
- [Posts for Outreach Partners to use](#)

Tips for Social Media

- [Recommended Times to Post](#)
- [Helpful Tools & Resources](#)

Follow NY State of Health and share what we post:



Sample Language for Email and Websites

- [Email message you can send](#)
- [Short informative description you can add to your website](#)
- [Want to create something new to promote NY State of Health? Instructions on how to co-brand m](#)

Videos

Share these videos on social media, embed them on your website, or play them in your waiting room.

- [Ad Campaign Videos](#)
 - [English](#)
 - [Spanish](#)
 - [Mandarin](#)
- [An instructional video](#) that explains how enrollees can update their Advance Premium Tax Credit amount

Latest News

NY State of Health News:

- [Press Releases](#)
- [Enrollment Data](#)
- [NY State of Health webpage with American Rescue Plan information](#)
- [NY State of Health webpage about Important Changes Coming to New York Medicaid, Child Health Plus and the Essential Plan](#)

Coronavirus (COVID-19) Information:

- [Coronavirus \(COVID-19\) Pandemic Enrollment Resources](#)
- [NYS Department of Health Coronavirus \(COVID-19\) Updates](#)

Plan Selection Resources

Share these on your website, by email, or on social media.

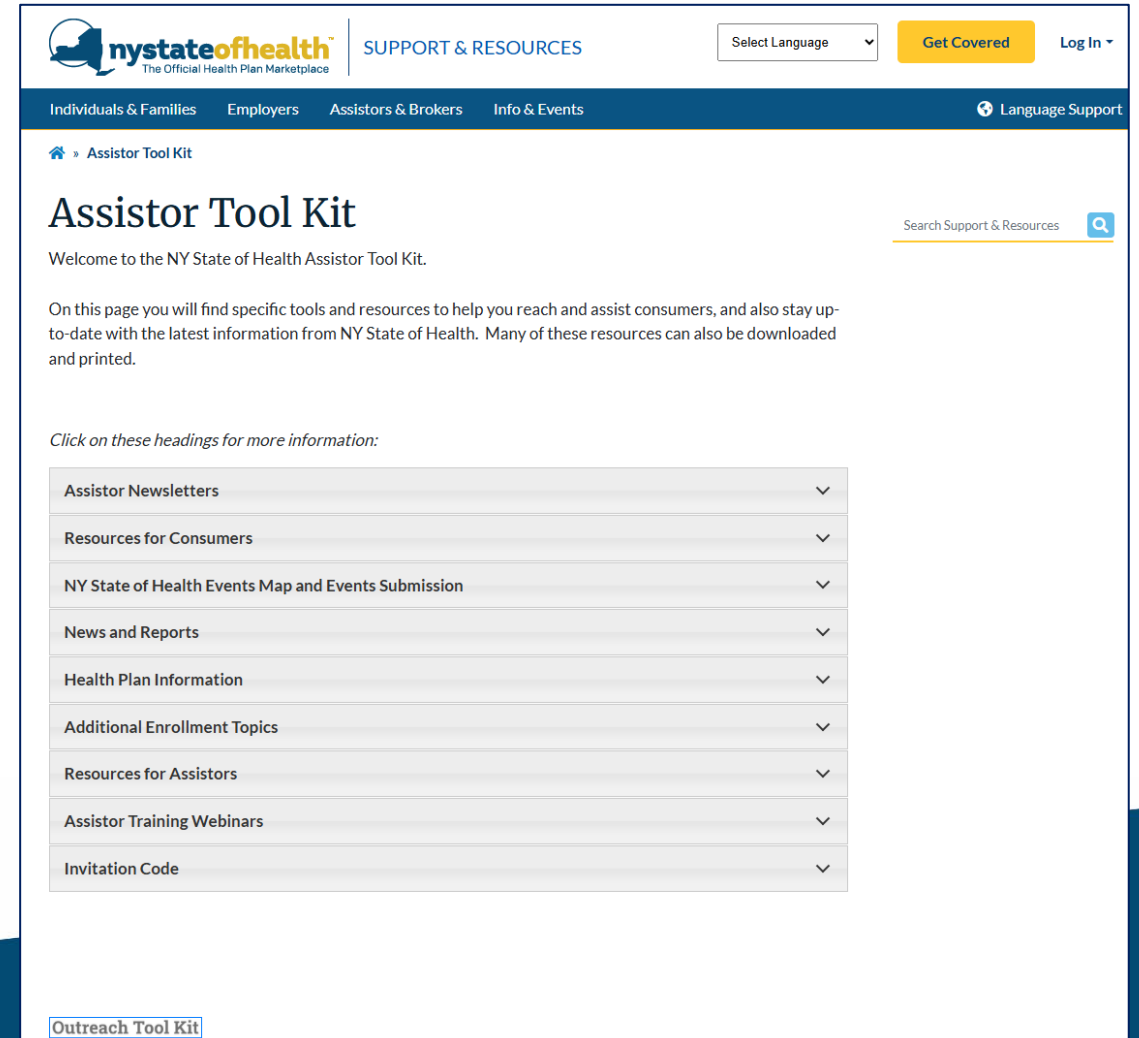
- [Premium Estimator Tool: compare plans and estimate financial help](#)
- [Contact information for Enrollment Assistors, who provide free enrollment help:](#)
 - [Find a Navigator here](#)
 - [Find other Enrollment Assistors here](#)
- [How to Find Doctors or Hospitals Working with Health Plans](#)
- [Dental Plan Comparison Tool](#)
- [Videos on How to Compare Plans](#)
- [Training Webinars for Consumers](#)

ASSISTOR TOOL KIT

<https://info.nystateofhealth.ny.gov/AssistorToolKit>

The Assistor Tool Kit features:

- Specific tools and resources to help you reach and assist consumers (e.g., Plans by County tool, videos, health plan customer service phone numbers)
- Links to stay up-to-date with the latest information from NY State of Health (e.g., press releases and published reports)



The screenshot shows the 'Assistor Tool Kit' page on the NY State of Health website. The header includes the 'nystateofhealth' logo, 'SUPPORT & RESOURCES' text, a language selection dropdown, and 'Get Covered' and 'Log In' buttons. A navigation bar lists 'Individuals & Families', 'Employers', 'Assistors & Brokers', and 'Info & Events', with a 'Language Support' link on the right. The main content area is titled 'Assistor Tool Kit' and includes a search bar. Below the title, a welcome message is followed by a paragraph about the page's purpose. A section titled 'Click on these headings for more information:' contains a list of expandable menu items: 'Assistor Newsletters', 'Resources for Consumers', 'NY State of Health Events Map and Events Submission', 'News and Reports', 'Health Plan Information', 'Additional Enrollment Topics', 'Resources for Assistors', 'Assistor Training Webinars', and 'Invitation Code'. At the bottom, there is a link to the 'Outreach Tool Kit'.

Using the Assistor Dashboard

How can an Assistor tell if a consumer on their Dashboard needs to be renewed?



MY PROFILE TAB AND RENEWAL REMINDER NOTICES

Account Preferences

- ☐ Hide Profile from All Searches
- ☐ Hide Profile from Public Search
- ☒ Send me Client Renewal Reminder Notice

If you have questions about this notice, please contact:
Assistor.Cases@health.ny.gov.



Erin Test
1 Main Street
Albany NY 12205

November 16, 2025
Account ID: AC0000000000

Dear Erin Test,

Thank you for enrolling individual clients on NY State of Health. You are receiving this notice to alert you of individuals, on your dashboard, that are due to renew their health coverage. **Note that most individuals must update their application by the 15th of month to renew their coverage.** Included in this notice, please find a listing of Account IDs for households with one or more members due to renew within the next 45 days through NY State of Health.

The information included in this notice is believed to be accurate and is for general information purposes only. While every effort has been made to ensure an accurate report, NY State of Health provides no guarantee regarding the accuracy of this report, therefore accepts no liability what so ever for any information subsequently proved incorrect.

If you have questions or need assistance, please contact NY State of Health at 1-855-355-5777 or <https://www.nystateofhealth.ny.gov>. There is no charge for these services.

If you need this information in a language other than English, or you need assistance reading this letter we can help you. Call 1-855-355-5777 (TTY - English: 1-800-662-1220; TTY - Spanish: 1-877-662-4886).

Sincerely,
NY State of Health

Account ID	Coverage End Date	Renewal Status
AC0000000000	12/31/2025	Manual
AC0000000001	12/31/2025	Admin & Manual
AC0000000002	12/31/2025	Admin & Manual
AC0000000003	12/31/2025	Admin
AC0000000004	12/31/2025	Admin

OVERVIEW AND MANUAL RENEWAL TAB

AC0000000000 - Nick Johnston
Certification #: DOH-000264

Overview

My Profile
My Clients
My Inbox
Documents
Address History
Useful Links

Welcome to your NY State of Health Assistor Overview tab. This screen provides an overview of any accounts which may need your attention. To manage all of your accounts, please navigate to the "My Clients" tab. You may click on the tabs above to move around your dashboard. Please be sure to review each tab for important information.

Messages & Notices
1 of 1 messages
view all
collapse

Notice Id	Subject	Type	Date
Notice1025	Welcome	Notice	04/29/2019

Individual Marketplace Overview

Manual Renewal

Verification
Eligibility In-Progress
Plan Selection Needed
Communication Events

Renewal end date range
-- Select --

Show 10 entries per page

Individual Account ID
Account Holder Name
Email Address

JANE DOUGH
HOTMAIL@HOTMAIL.COM

AC0000000000

Individual Account ID
Account Holder Name
Email Address

John Deux
nomail@gmail.com

AC0000000000

Phone Number

777-777-7777

Phone Number

444-944-4444

Renewal LSC
End Date

12/16/2025

Renewal LSC
End Date

12/16/2025

Must complete renewal before the date listed here (by 12/15).

- On 12/16, the consumer has missed their on-time renewal period and may have a gap in coverage.

RENEWAL REMINDERS



Items for Assistors to remember:

- Only consumers that you are currently authorized to help (consumers on your Dashboard) who are due to renew, will appear on these lists.
- Assistors should check all tabs of the “Individual Marketplace Overview” section of their Dashboard regularly, or even daily, to take action on the accounts as they appear.
- Once the renewal has been completed, the consumer’s account will disappear from the “Manual Renewal” tab of your Dashboard but will continue to be accessible on the “My Clients” tab while you are authorized to assist them.
- Don’t assume: Anytime an Assistor is helping a consumer update or renew their application they should review every single question that has been previously answered and make sure the consumer’s previously listed answer hasn’t changed. If it has, they must update the account with the new information.

MY CLIENTS TAB AND ENROLLMENT END DATE

AC0000000000 - Example Assistor

License #: 222222 Certification #: SI000000 [View](#) Expiration: 2025-01-17 Status: Approved

[Overview](#) [My Profile](#) [My Clients](#) [My Inbox](#) [Broker Authorizations](#) [Address History](#) [Useful Links](#)

Manage Clients

collapse

Employer

Individual

Search Individual

Select your Agency or Direct Clients from the drop down below to view your clients or click Add New Individual to start a new Individual application. If you need to add a new BOR select the BOR Change Request button after selecting your agency. You can search your client list by entering text in the filter or sorting by column name.

Select Associated Agency *

Sample LLC

Add New Individual

BOR Change Request

Filter:

Search

Clear Filter

Show 10 entries

Results: 1 to 3 of 3

Previous 1 Next

Individual Name	AccountID SSN Phone Number	Address	Eligibility End Date	Enrollment End Date	Enrollments Status	Renewal Type	Action
Dash Dasher	AC0000000000 ***.-**-2222 444-444-4444	32 N 56 st New York NY, 10018	12/31/2024	12/31/2025		ADMIN	manage invite delete
Marc Marcus	AC0000011111 ***.-**-5555 555-555-5455	777 West Ave Albany NY, 12203	12/31/2024	12/31/2025	SUBMITTED	MANUAL	manage invite delete
Phillip Phillips	AC0000022222 ***.-**-7777 333-333-4533	222 New York Ave Albany NY, 12206	12/31/2024	12/31/2025		ADMIN & MANUAL	manage invite delete

Export CSV

Previous 1 Next

QUESTIONS?



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, consumer story submissions, 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, and educational and marketing material approval requests to the New York State Department of Health, please send them to: Navigator.Media@health.ny.gov.
 - CC your Navigator Contract Manager

RECERTIFICATION PROCESS

- All Assistors and Assistor Oversight Managers who are registered or completed the online Assistor Certification Training by **10/31/2025** will be required to view the recertification webinars. The material included in each webinar is a supplement to what was provided during the in-person and online courses.
 - <https://info.nystateofhealth.ny.gov/SpringTraining>.
- Keep track of the date you watched the live webinar or the video for each of this year's recertification webinars.
- Provide your dates to your supervisor so they can complete the Recertification Report.

THANK YOU FOR JOINING US!

- Please complete the survey:
 - Evaluation of Webinar: 2025 Open Enrollment and Renewals
- As always, watch for the video and materials to be posted to:
<http://info.nystateofhealth.ny.gov/SpringTraining>.

Next Recertification Training:

Stay tuned and watch your emails!

