What is the new health coverage?
The new insurance offers a more comprehensive benefit package for this population. Previously, this population only qualified for Emergency Medicaid. The new insurance adds preventive and primary care benefits, including routine doctor visits, recommended screenings, lab tests, wellness services, prescription drugs and supplies, and more.

- The new insurance is through Medicaid Managed Care plans, with a carved-out Fee-for-Service pharmacy benefit.

Who is eligible?
Consumers must have an income and resources below the Medicaid income threshold, or within 138 percent of the Federal Poverty Line (FPL):

- For a household of one: $20,121, with resources up to $30,182
- For a household of two: $27,214, with resources up to $40,821

How will it be implemented?
Consumers who already have Emergency Medicaid will be automatically transitioned into the new insurance.

- NY State of Health will send them a letter in December, detailing the new insurance with instructions to choose a Medicaid Managed Care plan by the deadline provided.
- After the consumer has chosen a plan, they will receive a second notice from NY State of Health with their start date for the new coverage. Consumers will also receive materials from their plans.

Consumers who are uninsured, and do not already have Emergency Medicaid, must apply through their Local Department of Social Service, or New York City Human Resources Administration. They cannot apply for this new coverage through NY State of Health.

- When it is time to renew their coverage, consumers will renew through NY State of Health.

Can consumers opt out?
Consumers can choose not to take the new insurance by calling NY State of Health at 1-855-355-5777 and requesting Emergency Medicaid only.