



STATE OF NEW YORK  
DEPARTMENT OF HEALTH  
P.O. Box 11729  
Albany, NY 12211

## NOTICE OF DISMISSAL – FAILURE TO APPEAR

Notice Date: May 28, 2015

NY State of Health Number: [REDACTED]  
Appeal Identification Number: AP000000001991

[REDACTED]  
[REDACTED]  
[REDACTED]

Dear [REDACTED],

On February 14, 2015, the Marketplace issued a letter confirming your enrollment as of February 13, 2015 in Fidelis Care Bronze ST INN Pediatric Dental Dep25 with a monthly premium responsibility of \$228.26 after your monthly advance premium tax credit of \$382.00 was applied. The letter informed you that health insurance coverage will begin after you have paid your first month's premium and it could start as early as March 1, 2015.

On March 10, 2015, you appealed the start date of March 1, 2015 for your health coverage and, instead wanted it to start April 1, 2015.

The Marketplace scheduled a telephone hearing and sent you notice on March 26, 2015, telling you that a Hearing Officer would call you on April 21, 2015 at about 1:00 p.m.

Between 1:00 p.m. and 1:30 p.m. on April 21, 2015, the Hearing Officer attempted to contact you three times at the primary telephone number you gave the Marketplace but was unable to reach you. Since you did not appear for your hearing as scheduled, we are dismissing your appeal.

### How does this Dismissal Affect Your Eligibility?

This dismissal does not affect your eligibility for advance premium tax credit. You remain eligible for up to \$382.00 per month in advance premium tax credit.

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

Your health insurance coverage can begin as early as March 1, 2015, or as soon as you pay your first month's premium if you have not already done so.

## **If You Think Your Appeal Should Not Be Dismissed**

If you think your appeal should not be dismissed, you can ask us to vacate (cancel) this dismissal. You must ask us in writing within 30 days after the date on this notice. In that writing, explain why you did not appear for your hearing as scheduled.

The Marketplace's Appeals Unit will review your request. If your request is approved, another hearing will be scheduled for you. If your request is denied, the Marketplace will tell you in writing.

If you do not respond to this notice within 30 days, your appeal will remain dismissed. No further action will be taken on it by the Marketplace.

## **Appeal Identification Number**

When communicating with the Marketplace about this appeal, please refer to the Appeal Identification Number at the top of this notice.

## **How to Contact the Marketplace**

You can contact us in any of the following ways:

- By calling the Customer Service Center at 1-855-355-5777
- By mail at:  
NY State of Health Appeals  
P.O. Box 11729  
Albany, NY 12211
- By fax: 1-855-900-5557

## **Legal Authority**

We are sending you this notice in accordance with Federal regulation 45 CFR § 155.530.

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**A Copy of this Notice of Dismissal Has Been Provided To**

[REDACTED]  
[REDACTED]  
[REDACTED]

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