



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

NOTICE OF DISMISSAL – TELEPHONE WITHDRAWAL

Notice Date: July 10, 2015

NY State of Health Account ID: [REDACTED]
Appeal Identification Number: AP000000002901

[REDACTED]
[REDACTED]
[REDACTED]

Dear [REDACTED],

On January 29, 2015, the Marketplace issued a notice confirming enrollment in a silver-level health plan for you and your spouse, effective March 1, 2015.

On May 13, 2015, you spoke with the Marketplace's Account Review Unit and appealed you and your spouse's (1) enrollment in individual silver-level plans, as opposed to a gold-level couple's plan and (2) denial of a special enrollment period to change your plan selection outside the open enrollment period.

On June 19, 2015, your spouse, on your behalf, had a telephone hearing with a Hearing Officer from the Marketplace's Appeals Unit.

During the hearing, through sworn testimony, your spouse stated that she wished to withdraw the appeal of the two individual silver-level plans and the denial of a special enrollment period because she had already reached the plan deductible as a result of multiple physician visits and to switch plans at this point was no longer practicable since it might result in the deductible being reset.

You therefore withdrew your appeal on the record.

Accordingly, we are dismissing your appeal, pursuant to 45 CFR § 155.530(a)(1).

How does this Dismissal Affect Your Eligibility?

Your eligibility has not changed. You and your spouse continue to remain enrolled in your individual silver-level plans.

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.

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, and the Marketplace will take no further action on your appeal.

Appeal Identification Number

When communicating with the Marketplace about this appeal, please reference 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.

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).

A Copy of this Notice of Dismissal Has Been Provided To

[REDACTED]
[REDACTED]
[REDACTED]

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