



Alana J Bonilla
1022 Broadway Apt 1
Brooklyn, NY 11221-2483



March 19, 2024
Account ID: AC0013088121

IMPORTANT NOTICE ABOUT YOUR PLAN ENROLLMENT

Dear Alana J Bonilla,

This notice concerns your health insurance through NY State of Health as of March 18, 2024.

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

**ENROLLED IN AN ESSENTIAL
PLAN:**

Plan Name: Essential Plan 1
Insurance Company: Healthfirst
Plan Type: Medical with Dental and Vision

Member(s)

Alana Jordan Bonilla
Marketplace ID: HX0015127170

Coverage Information

Your Premium: \$0 (free) per month
Enrollment Start Date: March 01, 2024

For questions about what services and health care providers are covered, please call your insurance company at:

Insurance Company / Plan Name

Healthfirst / Essential Plan 1

Phone:

1-888-250-2220 TTY: 1-888-542-3821

Call NY State of Health at 1-855-355-5777 (TTY: 1-800-662-1220) to get help in other languages or for help reading this notice. This notice is also available in other formats. Call for more information. To find a navigator or certified application assistor near you, visit <https://www.nystateofhealth.ny.gov> or call us.

Information About Ending or Changing Your Coverage through NY State of Health

Ending Your Coverage

You can end your coverage through NY State of Health at any time. You can end coverage through NY State of Health for yourself, for everybody in your household or just for some household members. Call NY State of Health at 1-855-355-5777 to learn more about ending your coverage.

Important Things to Consider When Ending Your Coverage:

- o Ending Your Qualified Health Plan: If you end coverage for you or another person, you may not re-enroll until the next annual Open Enrollment period. This rule does not apply if you qualify for a Special Enrollment period (SEP). Life events that open an SEP include getting married or having a baby. For more information about SEPs, visit <http://info.nystateofhealth.ny.gov/SpecialEnrollmentPeriods>.

IMPORTANT: When you end coverage with one plan and start a new one in the same year, all of your cost-sharing responsibilities start over. For example, any payments that went toward the annual deductible for your old plan will not apply to the new plan. This is true even if the new plan is with the same company.

- o Ending Your Medicaid, Child Health Plus, Essential Plan, or Qualified Health Plan: You will no longer be able to access services after your coverage ends.

Please Note: Changing your coverage is different than ending your coverage. If you want to switch plans and do not want to make any other changes to your account, call NY State of Health to find out if you are eligible to switch plans and to pick a different plan. Enrollment in Child Health Plus and the Essential Plan can be changed at any time during the year.

If anything has changed in your life that might affect how you are covered and what you pay for health insurance, you must go to <http://www.nystateofhealth.ny.gov>. Log into your account to update your application with any changes about you or your household members. The types of changes that may affect your eligibility can be found in section, "Reporting changes during the year," of this notice.

Reporting Changes during the year

Over the next year, you are obligated to report to NY State of Health any changes that would affect your eligibility for enrollment in health insurance within 30 days of such a change. You need to tell us if:

- You move;
- Your income changes (only if you are receiving financial assistance);
- Your eligibility for health insurance from a job changes;
- Your household changes, for example, you marry/divorce, become pregnant, or have a child(ren); adopt a child(ren) or if a child(ren) is placed for adoption with you;
- You become qualified for other insurance;
- Change in full-time student status (if applicable to application members);

- Change in immigration status;
- Change how you plan to file your taxes, for example, if you will claim new dependents (only if you are receiving financial assistance).

To report changes you may go to your My Account at www.nystateofhealth.ny.gov or contact us. If you do not report changes, and the changes affect your eligibility for advance premium tax credits, you may have to pay back some or all of the subsidies you received.

Additional Plan Enrollment Information for Essential Plan

What Benefits are included?

You will receive a benefit package from your health plan. The benefit package will cover a wide range of services, including doctor's visits, inpatient hospital care, lab tests, prescription and non-prescription drugs and much more.

For any questions about what services your benefit plan covers, please call your health plan directly.

Next steps for enrollment in an Essential Plan:

- If you or someone in your family is eligible to enroll in an Essential Plan and has not selected or has not been enrolled in an Essential Plan offered by your current health insurance company, you need to choose a plan in order for your coverage to start. If you do not choose a plan, one will be chosen for you.
- Your Essential Plan will send your insurance ID card and other information about your benefits and available providers in your network to you.
- You should contact your new health plan to select your Primary Care Provider (PCP). If you are choosing a new doctor, call the doctor's office first to make sure that the medical practice is accepting new patients and is participating in the health plan you have selected.

Enrollment in your Essential Plan

- You have the right to change plans. For more information about when you can change plans, or to change plans, please call us right away.
- You have the right to terminate your health insurance and enroll into another health plan if you cancel your policy within 10 days of enrolling.
- Your eligibility for Essential Plan must be renewed every year. We will contact you if we need information to complete the renewal.

Information about Long-Term Care Services:

Individuals who qualify for Essential Plan and need long term care services should contact NY State of Health at 1-855-355-5777. Individuals needing long-term care services may qualify for Medicaid if they meet all other eligibility criteria.

How to Pick a Plan

Sign into your NY State of Health account to:

- Find out if you have to pick a plan
- Compare health plans
- See what you qualify for
- See available plans
- If you don't have internet access and want to pick a plan over the phone, call NY State of Health at 1-855-355-5777.

Remember: You must pick a plan by the 15th of the month for coverage to begin on the first of the next/following month. Most people must enroll during Open Enrollment (late fall each year).

How to Contact NY State of Health

Contact us if you have any questions about this Notice. Let us know if you need help applying for or accessing your health insurance coverage.

- **Call:** 1-855-355-5777 (TTY: 1-800-662-1220)
- **Mail:** NY State of Health
PO Box 11727
Albany, New York 12211

Sincerely,

NY State of Health, The Official Health Plan Marketplace

Legal Reference:

Listed below are the specific laws and government regulations which give NY State of Health the authority and which set the rules under which we can offer affordable health insurance to New York State residents.

- Eligibility standards for enrollment through NY State of Health may be found at 45 CFR §155.305.

This decision is based on Section 369-ii of the Social Services Law.

Go Paperless

Make managing your account easier by going paperless. By going paperless, all of your important notices will be in one secure place and you can read your notices online at any time. We will send you an email alert when a new notice is available to read on your NY State of Health account. You must log into your account to view your notices. We will not include any private or confidential information in the email.

If you want to go paperless, log into your account and click on “Edit Account Information.” Under “Communication Preferences”, choose “Paperless” to get email alerts when new notices are posted to your NY State of Health account. You have the option to change this selection at any time.

It is important your address is correct in your account. Make sure that NY State of Health has your current mailing and residential address. Coverage for you or your family may be impacted if we do not have your current address.

Health Insurance Portability and Accountability Act (HIPAA)

New York State is committed to protecting your privacy. To learn more about NY State of Health's privacy practices go to www.nystateofhealth.ny.gov or call customer service at **1-855-355-5777 (TTY: 1-800-662-1220)**.

Notice of Nondiscrimination Policy

NY State of Health complies with applicable Federal civil rights laws and state laws and does not discriminate on the basis of race, color, national origin, creed/religion, sex, age, marital/family status, disability, pregnancy-related conditions, arrest record, criminal conviction(s), gender identity, sexual orientation, predisposing genetic characteristics, military status, domestic violence victim status and/or retaliation.

If you believe that NY State of Health has discriminated against you, you may file a complaint by going to: www.health.ny.gov/regulations/discrimination_complaints/ or by emailing the Diversity Management Office at DMO@health.ny.gov.

You may also file a civil rights complaint with the U.S. Department of Health and Human Services, Office for Civil Rights electronically at <https://ocrportal.hhs.gov/ocr/smartscreen/main.jsf> or by mail or phone at U.S. Department of Health and Human Services, 200 Independence Avenue, SW, Room 509F, HHH Building, Washington, D.C. 20201; 1-800-368-1019 (TTY: 1-800-537-7697). Complaint forms are available at www.hhs.gov/ocr/office/file/index.html.

Accommodations

NY State of Health provides free aids and services to people with disabilities to communicate effectively with us, such as:

- TTY through New York Relay Service
- If you are blind or seriously visually impaired and need notices or other written materials in an alternative format (large print, audio or data CD, or Braille), contact 1-855-355-5777 (TTY: 1-800-662-1220).

NY State of Health also provides free language assistance services to people whose primary language is not English, such as:

- Qualified interpreters
- Written information in other languages

If you need these services or for more information on Reasonable Accommodations, please call 1-855-355-5777 (TTY: 1-800-662-1220).

Getting Help in a Language Other than English

This is an important document. If you need help to understand it, please call 1-855-355-5777. We can give you an interpreter for free in the language you speak.

Español (Spanish)

Este es un documento importante. Si necesita ayuda para entenderlo, llame al 1-855-355-5777. Podemos proporcionarle gratuitamente un intérprete en el idioma que habla.

繁體中文 (Traditional Chinese)

這是一份重要文件。如果您在理解這份文件上需要幫助，請撥打電話：1-855-355-5777。我們可為您免費提供一名會講您的語言的口譯人員。

简体中文 (Simplified Chinese)

這是一份重要文件。如果您在理解這份文件上需要幫助，請撥打電話：1-855-355-5777。我們可為您免費提供一名會講您的語言的口譯人員。

Русский (Russian)

Это важный документ. Если вам нужна помощь, чтобы понять его, позвоните по телефону 1-855-355-5777. Мы можем бесплатно предоставить вам переводчика на ваш родной язык.

Kreyòl Ayisyen (Haitian Creole)

Sa a se yon dokiman enpòtan. Si ou bezwen èd pou w konprann li, tanpri rele 1-855-355-5777. Nou ka ba ou yon entèprèt gratis nan lang ou pale a.

বাংলা (Bengali)

এটি একটি গুরুত্বপূর্ণ নথি। যদি এটি বুঝতে আপনার সাহায্যের প্রয়োজন হয় তবে অনুগ্রহ করে 1-855-355-5777 এ কল করুন। আপনি যে ভাষায় কথা বলেন আমরা আপনাকে বিনামূল্যে সে ভাষায় দোভাষী প্রদান করতে পারি।

اللغة العربية (Arabic)

هذه الوثيقة مهمة. وإذا كنت بحاجة إلى مساعدة لفهم الوثيقة، يُرجى الاتصال على الرقم 1-855-355-5777. ويمكننا أن نوفر لك مترجمًا فورًا باللغة التي تتحدثها مجانًا.

한국어 (Korean)

중요 문서입니다. 이해하는 데 도움이 필요하시면, 1-855-355-5777번으로 전화하십시오. 귀하가 사용하는 언어의 무료 통역사를 제공해드릴 수 있습니다.

Français (French)

Ceci est un document important. Si vous avez besoin d'aide pour le comprendre, appelez le 1-855-355-5777. Nous pouvons vous offrir gratuitement les services d'un interprète qui parle votre langue.

Polski (Polish)

Ten dokument jest ważny. Jeśli potrzebuje Pan(i) pomocy w jego zrozumieniu, proszę zadzwonić pod numer 1-855-355-5777. Możemy zapewnić bezpłatne usługi tłumacza w Pana(i) języku.

हिन्दी (Hindi)

यह एक महत्वपूर्ण दस्तावेज है। यदि आपको इसे समझने के लिए सहायता की आवश्यकता हो, तो कृपया 1-855-355-5777 पर कॉल करें। हम आपको आप जो भाषा (हिंदी) बोलते हैं उसमें निःशुल्क दुभाषिया सेवा प्रदान कर सकते हैं।

(Urdu) اردو

یہ اہم دستاویز ہے۔ اگر آپ کو اسے سمجھنے میں مدد درکار ہے، تو براہ کرم 1-855-355-5777 پر کال کریں۔ ہم آپ کو آپ کی زبان میں مفت ترجمان فراہم کر سکتے ہیں۔

shqip (Albanian)

Ky është një dokument i rëndësishëm. Nëse ju nevojitet ndihmë për ta kuptuar, ju lutemi të telefononi në 1-855-355-5777. Mund t'ju caktojme një përkthyes pa pagesë, në gjuhën tuaj.

नेपाली (Nepali)

यो एउटा महत्वपूर्ण कागजात हो। यदि तपाईंलाई यसलाई बुझ्नमा मद्दत आवश्यक पर्छ भने कृपया 1-855-355-5777 मा फोन गर्नुहोस्। हामी तपाईंले बोले भाषामा तपाईंलाई निःशुल्क रूपमा दोभाषे उपलब्ध गराउन सक्छौं।

Tiếng Việt (Vietnamese)

Đây là tài liệu quan trọng. Nếu quý vị cần trợ giúp để hiểu tài liệu này, vui lòng gọi 1-855-355-5777. Chúng tôi có thể cung cấp thông dịch viên miễn phí nói ngôn ngữ của quý vị.

Italiano (Italian)

Questo è un documento importante. Se ha bisogno di assistenza per capirlo, chiami il numero 1-855-355-5777. Possiamo fornirle gratuitamente un interprete per la lingua da lei parlata.

日本語 (Japanese)

これは重要な書類です。理解するのにアシスタンスが必要な場合は1-855-355-5777までお電話下さい。お客様の話しになる言語の通訳を無料でお付け致します。

Ελληνικά (Greek)

Αυτό είναι ένα σημαντικό έγγραφο. Αν χρειάζεστε βοήθεια με την κατανόησή του, καλέστε στο 1-855-355-5777. Μπορούμε να σας παρέχουμε δωρεάν διερμηνέα στη γλώσσα που μιλάτε.

Tagalog (Tagalog)

Ito ay isang mahalagang dokumento. Kung kailangan mo ng tulong upang maunawaan ito, mangyaring tawagan ang 1-855-355-5777. Maaari ka naming bigyan ng isang interpreter ng libre sa wika na sinasalita mo.

Soomaali (Somali)

Kani waa dokumenti muhiim ah. Haddi aad caawimaad ugu baahantahay fahamkiisa, fadlan wac 1-855-355-5777. Waxaan si bilaash ah kuugu siin karnaa adeeg turjumaan luuqadda aad ku hadasha ah.

(Yiddish) ייִדיש

דאס איז א וויכטיקער דאקומענט. אויב איר דארפט הילף דאס צו פארשטיין, ביטע רופט 1-855-355-5777. מיר קענען אייך צולייגן א טייטשער אומזיסט אינעם שפראך וואס איר רעדט.

Kiswahili (Swahili)

Hii ni hati muhimu. Ikiwa unahitaji msaada wa kuelewa, tafadhali piga simu kwa 1-855-355-5777. Tunaweza kukupa mkalimani bila malipo kwa lugha unayozungumza.

Akan kasa (Twi)

Wei ye nhomaa eho sombo. Se wobe hia mboa de ateasie a, ye sre fre 1-855-355-5777. Ye be tumi ama wo nkyerekyeremuni a yen gye ho hwee wo kasa wo ka mu.