



Andrew T Pham
145 West 67 Street
Apt#20H
New York, NY 10023

December 14, 2014
Account ID: AC0000280308

Dear Andrew Thu Pham,

We have redetermined your household's eligibility on December 13, 2014 for enrollment through New York State of Health based on updated information we recently received.

Below are the results of our determination:

Household Member	Eligibility Result	Next Steps
Andrew Thu Pham Marketplace ID: HX0000357573	Newly eligible to purchase a qualified health plan at full cost through New York State of Health. This eligibility is effective as of January 1, 2015.	Using your health coverage – You will continue to receive services through your current health plan. Log into your account and review your enrollment information, your premium amount may have changed.

More information about your eligibility result can be found in the “How we made our decision” section of this letter.

Health Plan Enrollment

Next Steps for Picking a Plan:

- Sign into your NY State of Health account at <http://www.nystateofhealth.ny.gov>
- Check to see if any action is required on your part
- If you need to pick a plan, you can do it online

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: 1-800-662-1220).

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- After you pick a plan, you will receive confirmation from us by email or mail (depending on what you said you would prefer)
- You will get this confirmation even if you pick the same plan for next year
- 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

How We Made Our Decision

Household Member	How we made our decision
Andrew Thu Pham Marketplace ID: HX0000357573	You are eligible to enroll in a qualified health plan at full cost through NY State of Health because you met all of the eligibility requirements.

Reporting Changes during the year

Over the next year, you are obligated to report to New York 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 <http://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 Qualified Health Plans

Next steps for enrollment in a Qualified Health Plan:

- If someone in your family is eligible to enroll in a qualified health plan and has not selected a plan, you need to choose a qualified health plan in order for your coverage to start. You may select a qualified health plan anytime during an open enrollment period or if you qualify for a special enrollment period.
More information on open enrollment periods and special enrollment periods can be found in section "Enrollment in your Qualified Health Plan".
- Once you have chosen a qualified health plan, you will receive an invoice from the health plan if you have a premium responsibility.
- After paying your premium responsibility (if applicable), your qualified health plan will send your insurance ID card and other information about your benefits and available providers in your network to you.

If you have also selected a dental plan, you will receive a separate invoice and information about your benefits and available providers in your network from this dental plan.

Enrollment in your Qualified Health Plan

- If you have a premium responsibility and if you do not make your monthly premium payments on time, you could lose your health insurance. Your health plan will be communicating with you about your premium payments.
- You will be able to change your plan at any time during the open enrollment period. The next annual open enrollment period will begin on November 15, 2014 and will end on February 15, 2015. If you missed the deadline to enroll in a plan for 2014 (ended on March 31, 2014), you may not be able to enroll in a health insurance plan through New York State of Health until the next open enrollment period (November 15, 2014 through February 15, 2015), unless you qualify for a special enrollment period. Should you qualify for a special enrollment period, this will allow you to select a new plan within 60 days of a qualifying event.

Examples of events that may qualify you for a special enrollment period are:

- o Gaining a dependent due to marriage, birth, adoption or placement for adoption;
- o Gaining or losing eligibility for financial assistance to help pay for your health insurance such as tax credits or cost-sharing reductions;
- o Moving and gaining access to new coverage

If you think you qualify for a special enrollment period, please call us for help.

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.

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.

If you think we made a mistake

If you think we've made the wrong decision about your application for insurance, you can call us at 1-855-355-5777 (TTY: 1-800-662-1220) to discuss your concerns. We will do our best to help you. But, whether or not you use this informal process, you can ask us for a formal appeal. You can formally appeal most of the decisions NY State of Health makes, including:

- Your eligibility to enroll in health insurance
- Your eligibility for Medicaid or Child Health Plus
- The amount of financial assistance you will receive toward your monthly health insurance bill
- The amount of financial assistance you will receive toward your out-of-pocket expenses when you use health care services
- Your eligibility for a special enrollment period
- Whether or not we made a decision about your eligibility quickly enough.

For information on how to ask for an appeal, see the attached sheet titled "**Filing an Appeal.**" There are deadlines to appeal so you should act quickly.

How to Contact New York State of Health

Contact us if you have any questions about this letter. Let us know if you need help applying for or accessing your health insurance. You can contact us in any of the following ways:

- Online at <http://www.nystateofhealth.ny.gov>
- By calling 1-855-355-5777 (TTY: 1-800-662-1220)
- By mail at:

NY State of Health
PO Box 11727
Albany, New York 12211

Sincerely,

New York State of Health, The Official Health Plan Marketplace

Legal Reference:

This decision is based on Section 366(1)(b) of the Social Services Law.

Eligibility standards for enrollment through the Marketplace may be found at 45 CFR §155.305.

Applicant has the right to appeal an eligibility determination pursuant to 45 CFR §155.355 and 155.505(b).

Pursuant to 45 CFR §155.330, the Marketplace must redetermine the eligibility of an enrollee through the Marketplace during the benefit year if it verifies new information.

PHL 2511(6)(a) is broad authority for the Commissioner to establish standards for individual enrollment including mechanisms for presumptive eligibility and annual recertification.

How to Request an Appeal and Additional Information

Filing an Appeal

An appeal is a chance for you to explain why you disagree with our decision. There are several ways to ask for one. You can:

- Call 1-855-355-5777 (TTY: 1-800-662-1220)
- Mail your request to: New York State of Health PO Box 11729, Albany, NY 12211.
- If you want to ask for an appeal another way, please call us and speak with a customer service representative.

You have 60 days from the date on your eligibility notice to ask for an appeal.

After you request an appeal, you will receive a letter from us letting you know that we received your request. You will then receive a second letter telling you when your appeals hearing will be held.

The hearing is a formal meeting where you will have the opportunity to explain why you disagree with the eligibility decision we have made. Your hearing will be conducted by an impartial hearing officer. During the hearing you can talk with him or her about why you think we made a mistake.

We will conduct your hearing by telephone. To prepare for the hearing:

- You can have someone with you at the hearing if you want to. That person can be a friend, a relative or a lawyer. You can also represent yourself.
- Before the hearing you can look at and review the documents we used to make our decision.
- We will not ask you to resubmit documents or information you have already provided. You may, however, provide any information or documents you need to help us understand your concerns.

While you are waiting for the hearing, we may again try to resolve the issue informally. You can also provide new information or documents that will help us understand your concerns during the informal process.

Keeping your health insurance while you appeal a change in eligibility

If you are already enrolled in a Qualified Health Plan, Medicaid or Child Health Plus through New York State of Health, you or your household members may keep health coverage while you appeal. If you want to keep your coverage, ask for aid to continue when you make your appeals request.

- Under some circumstances, you may keep your coverage until we decide your appeal. If you have Medicaid coverage, you have ten (10) days from the date on this notice to ask us to have your Medicaid continued.
- For Child Health Plus and advance premium tax credits in a Qualified Health Plan, you will keep the level of coverage or the amount of the assistance you had before asking for an appeal.

Some important things to note:

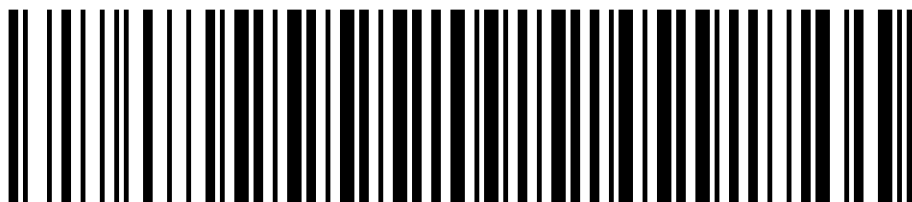
- The result of your appeal could change what health coverage you qualify for. It could also change what others in your household qualify for.
- Additionally, if you requested aid to continue for advance premium tax credits, Medicaid or Child Health Plus and you lose your appeal, you could have to pay back some or all of the assistance you received during the appeals process.

If you have any questions, first call 1-855-355-5777 (TTY: 1-800-662-1220)

HIPAA Privacy Notice

New York State is committed to protecting your privacy. To learn more about New York 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).

You must include this bar code page when you fax or mail any documents to New York State of Health. The bar code is needed to link the documents you send to your New York State of Health account and to process your application. Without the bar code, your application and/or documents may take longer to process.



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