

ACCOUNT INFORMATION

BUILD HOUSEHOLD

INCOME INFORMATION

OTHER INFORMATION

APPLICATION SUMMARY

FIND A PLAN

Introduction

Plan Selection Dashboard

Select A Plan for :

- o Andres Bolivar
- o Alisa Selman

Confirm Plan Selections

Confirmation Acknowledgment

Plan Selections Confirmed

Congratulations! Information about the plans you have chosen for you and your family is below. You can print out this page for your records.

Advance Premium Tax Credit (COUPLE)

Policy Start Date: 10/01/2022

Andres M. Bolivar (37)

Member Start Date: 10/01/2022

Alisa M. Selman (36)

Member Start Date: 10/01/2022

Health Plan	Monthly Premium	Advance Premium Tax Credit	Amount you Would Owe
New Plan Name: Fidelis Care Bronze HSA, Bronze, ST, INN, Fidelis Care HBX Network, Pediatric Dental, Dep25, Free Telemedicine Metal Level: Bronze	\$804.53	\$411.00	\$393.53

Your confirmation number is ET002297159080.

You must pay the monthly premium for this coverage to begin on the 1st day of the coverage month. Your insurer will follow up with you regarding payment of your premium.

For more information on this plan, you can call them at 1-888-343-3547 or visit www.fideliscare.org.

Print This Page

About This Site

This is the official Website of NY State of Health The Official Health Plan Marketplace



Search by
Health Plan,
Provider, or Facility

Call our help line

1.855.355.5777

TTY: 1.800.662.1220

Monday - Friday, 8 a.m. - 8 p.m.

Saturday, 9 a.m. - 1 p.m.

Follow us


 Facebook
Twitter


YouTube



Instagram



Pinterest



LinkedIn

Voter Registration

If you have a driver's license or ID issued by NYS DMV

Register to Vote

or

 Download Registration
Form