



Yumiko Mannarelli
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New York, NY 10025-3670

Account Number: **AC0008803400**

Date of Notice: **February 11, 2021**

IMPORTANT NOTICE

ABOUT YOUR MEDICAID MANAGED CARE HEALTH PLAN

ENROLLMENT

When you joined your health plan, you were told that you must stay in this health plan for at least 12 months. You are receiving this notice because you can change your health plan at NY State of Health effective the date listed below. You can choose to stay with your current health plan or switch to a different health plan at any time after this date. **If you choose to stay with your current health plan, you do not need to do anything at this time.**

If you pick a new health plan, you have 90 days from the effective date of your health plan enrollment to change your health plan again for any reason. After the 90-day grace period, you must remain in the new health plan for at least a full 12 months, unless you have a good reason.

Yumiko Mannarelli

Marketplace ID: HX0011114490

CIN: XK53046A

Changing your health plan:

You can stay with **UnitedHealthcare of New York, Inc.** or switch to different health plan starting on February 16, 2021.

If You Want to Change Plans:

- Sign into your NY State of Health account at www.nystateofhealth.ny.gov
- Click on “Plans” tab to select your new plan.
- After you pick a new plan, you will receive confirmation from us by email or mail (depending on what you said you would prefer).
- You will remain enrolled in your current Medicaid Managed Care plan until you select a new plan as long as you remain Medicaid eligible.

- If you pick a health plan on or before the 15th of the month, your new health plan coverage will start on the first day of the next month. If you pick a health plan on or after the 16th of the month, your coverage will start on the first day of the month after next. For example, if you pick a health plan on April 18, your health plan coverage will start on June 1.

If you need help with your plan selection, or don't have internet access and want to pick a plan over the phone, call NY State of Health at 1.855.355.5777 [TTY: 1-800-662-1220].

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

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, 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।

اردو (Urdu)

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, lutemi merrni në telefoni në 1-855-355-5777. Mund t'ju caktojmë një përkthyes pa pagesë, në gjuhën në të cilën ju flisni.

नेपाली (Nepali)

यो एउटा महत्वपूर्ण कागजात हो। यसलाई बुझ्न तपाईंलाई मद्दत चाहिन्छ भने, कृपया 1-855-355-5777 मा फोन गर्नुहोस्। हामीले तपाईंले बोल्ने भाषामा तपाईंलाई निःशुल्क 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 (Tagalog) 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.

אידיש (Yiddish)

דאס איז א וויכטיגער דאקומענט. אויב איר דארפט הילף דאס צו פארשטיין, ביטע רופט 1-855-355-5777. דמיר קענען אייך געבן א דאלמעטשער אומזיסט אינעם שפראך וואס איר רמיר.

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.