nystateofhealth
The Official Health Plan Marketplace
PO BOX 11000 Albany, New York 12211

[redacted]
For official use

Contact us for questions or to find in-person help:
1-855-355-5777 (TTY: 1-800-662-1220)
nystateofhealth.ny.gov

[redacted]

Case Number: MC[redacted]
Date of Notice: December 01, 2025
Submission Date: August 26, 2025

IMPORTANT INFORMATION ABOUT YOUR MEDICAID COVERAGE

[redacted] Member ID: PX[redacted] / CIN: [redacted]

Decision About Your Benefits

You do not qualify for **Medicaid without Long Term Care** after **August 31, 2025**. If the Medicaid Program is paying for health insurance premiums (including Medicare), the payment of these premiums will end on the same date your Medicaid ends.

You do not qualify for **Medicare Savings Program - Qualified Medicare Beneficiary** after **August 31, 2025**. If the Medicaid Program is paying for health insurance premiums (including Medicare), the payment of these premiums will end on the same date your Medicaid ends.

Helpful Information:

- If your circumstances change, you may re-apply for health insurance.
- If you are enrolled in a health plan, you will no longer receive coverage through NY State of Health. You will get a separate notice confirming that your health plan coverage has ended.

How We Made Our Decision

We look at your household size, income, resources and other information listed in the application or a change you submitted on August 26, 2025, and information from state and federal data sources to decide if you qualify.

Note: The Medicare Savings Program does not look at your resources. If you think we made a mistake, contact us right away at **1-855-355-5777 (TTY: 1-800-662-1220).**

[redacted] Member ID: PX[redacted] / CIN: [redacted]

You do not qualify for Medicaid without Long Term Care because:

- You have asked us to end your coverage for Medicaid without Long Term Care.

You do not qualify for Medicare Savings Program - Qualified Medicare Beneficiary because:

- You have asked us to end your coverage for Medicare Savings Program - Qualified Medicare Beneficiary.

Legal Reference

▶ We made our decision for Orson Pennington based on these rules:

- New York Codes, Rules and Regulations: 18 N.Y.C.R.R. § 351.1; § 351.5; § 351.6; § 351.8; § 351.9 and § 360-7.7
- New York Social Services Law: N.Y.S.O.S. § 366(1)(b)(6) and § 366-a(5)(a)

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You Must Report Changes

Over the next year, you must tell NY State of Health about 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:

- Your income changes;
- You get access to or enroll in the New York State Health Insurance Program (NYSHIP);
- Your eligibility for health insurance from a job changes;
- The cost of your health insurance premium from a job changes;
- You become qualified for other health insurance;
- You move;
- There is a change in immigration status;
- Your household changes. For example, you marry/divorce, become pregnant, or have a child; adopt a child, or a child is placed for adoption with you;
- There is a change in full-time student status (if applicable to application members);
- You change how you plan to file your taxes. For example, you will claim new dependents.

If you do not report changes within 30 days and they affect your ability to get government help with insurance costs, you may have to pay back some or all of the assistance subsidies you received.

HOW TO REPORT CHANGES TO 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 us at:
1-855-355-5777
(TTY: 1-800-662-1220)

Mail:
NY State of Health
PO Box 11781
Albany, NY 12211

Log into your account at **nystateofhealth.ny.gov** or contact us to tell us about any changes.

If You Think We Made a Mistake

If you think we made a mistake about your eligibility, you can call us to discuss your concerns. Call NY State of Health at 1-855-355-5777 (TTY: 1-800-662-1220).

You can appeal a decision:

- That you do not meet the rules for coverage under Medicaid;
- That you do not meet the rules for the Medicare Savings Program;
- Delayed by NY State of Health. Example: You did not get a notice telling you if you meet the rules for Medicaid coverage within the required 45 days.

NY State of Health has a coordinated appeals process, which means that its Appeals Unit will hear all the issues listed above.

For appeals of **medical care or services** please contact the NYS Office of Temporary and Disability Assistance (OTDA). You can contact OTDA and request a fair hearing:
https://otda.ny.gov/hearings/request/

By Mail: NYS Office of Temporary and Disability Assistance
Office of Administrative Hearings,
40 North Pearl Street, 15th Floor,
Albany, NY 12243

By Fax: 518-473-6735

By Phone: 1(800)342-3334

How to Request an Appeal and Additional Information

An appeal is your request to NY State of Health to review and change a decision we have made about your eligibility.

How and When to Ask for an Agency Conference

If you think our decision was wrong or if you do not understand our decision, please call us to arrange a meeting. Sometimes this is the fastest way to solve any problems you may have. We encourage you to do this even when you ask for an appeal.
If you only ask for a meeting with us, we will not keep your benefits the same while you appeal. Your benefits will stay the same only if you ask for your coverage to continue.

How and When to Ask for an Appeal

You have 60 calendar days from the date on this notice to ask for an appeal. You will receive a letter from NY State of Health saying that we received your request. We will send you a letter telling you the date and

Asking for Your Coverage to Continue

If you have coverage, you can ask to keep it while you go through the appeals process. You must ask for this when you ask for an appeal. This means that your current insurance program will continue until a decision is made about your appeal. If you have Medicaid coverage, we will continue your coverage if you request it within 10 days from the date of this notice OR before the eligibility effective date listed in this notice, whichever is later.

The Appeal Hearing

The hearing is your chance to explain why you disagree with the NY State of Health's decision. A hearing officer will make a decision about your appeal. The hearing officer will not take sides and will not favor you or NY State of Health. The officer will conduct the hearing by phone. Here is what you need to do before, during, and after the hearing.

Before the hearing

Look at the documents NY State of Health used to make a decision about your eligibility. You can send us information that might help us understand your appeal.

You can request specific policy materials necessary to help you decide whether to ask for an appeal or to help you prepare for your appeal hearing. We may try to resolve your issues through an informal dispute resolution process.

HOW TO REQUEST AN APPEAL OR REQUEST MORE INFORMATION

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 us at:
1-855-355-5777
(TTY: 1-800-662-1220)

Fax your response to:
1-855-900-5557

Mail request to:
NY State of Health
PO Box 11782
Albany, NY 12211

During the hearing

You can have someone with you during your telephone hearing if you want to. That person can be a friend, relative, lawyer, or other individual. Or you can participate in your hearing on your own.
If you think you need a lawyer to help you with this problem, you may be able to obtain a lawyer at no cost to you by contacting:
New York State of Health
1-855-355-5777
(TTY: 1-800-662-1220)

NY State of Health
PO Box 11782
Albany, NY 12211

After the hearing

The outcome of an appeal could change the eligibility of other people on your account even if they do not ask for an appeal.

If the appeal is not resolved in your favor, you may be responsible for the cost of the health coverage that you used while your appeal was being processed. Here are some examples of what you may have to do when the appeal is not resolved in your favor:

- If you received coverage through Medicaid while your appeal is being determined, you may have to pay back the cost of Medicaid benefits you received.

Important! You must take steps to set up your online account.

Your NY State of Health online account has important information about your household. You can view and update your application at any time by accessing your online account. This means you can keep track of your health insurance information, including your notices.

To set up your online account, go to **nystateofhealth.ny.gov**. Click on **GET STARTED.** Then, Click **LOGIN** if you already have a NY.gov ID, or Click on **REGISTER** if you are a new user.

After you log in, enter this **invitation code- MC307238472253440-** to confirm your personal information and finish setting up your account.

OTHER IMPORTANT INFORMATION

Go Paperless

Make managing your account easier by going paperless. All your important notices will be in one secure place. You can read your notices online at any time. We will send you an email alert when a new notice is available 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 select "Manage Case Profile" in the left navigation panel of the dashboard. Under "Communication Preferences," choose "Send me an email" to get email alerts when new notices are posted to your NY State of Health account. You can change this selection at any time.

It is important your address is correct in your account. Make sure that we have 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 **nystateofhealth.ny.gov** or call customer service at **1-855-355-5777 (TTY:**

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: **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 **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)
这是一份重要文件。如果您在理解这份文件上需要帮助，请拨打电话：1-855-355-5777。 我们可为您免费提供一名会讲您的语言的口译人员。

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 فوريًا 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 ocument 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।

وِدرا (Urdu)
یہ اہم دستاویز ہے- اگر آپ کو اسے سمجھنے میں مدد درکار ہے، تو براہِ کرم1-855-355-5777 پر کال کریں- ہم آپ کو آپ کی زبان میں مُفت 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 caktojmë një përkthyes pa pagesë, në gjuhën tuaj.

नेपाली (Nepali)
यो एउटा महत्त्वपूर्ण कागजात हो। यदि तपाईंलाई यसलाई बुझ्नमा मद्दत आवश्यक पर्छ भने कृपया 1-855-355-5777 मा फोन गर्नुहोस्। हामी तपाईंले बोल्ने भाषामा तपाईंलाई नि:शुल्क 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 cho quý vị một thông dịch viên miễn phí bằng ngôn ngữ quý vị nói.

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。お客様のお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.

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

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

Akan kasa (Twi)
Wei yɛ nhomaa ɛho sombo. Sɛ wobɛ hia mboa de ateasie a, yɛ srɛ frɛ 1-855-355-5777. Yɛ bɛ tumi ama wo nkyerɛkyerɛmuni a yɛn gye ho hwee wɔ kasa wo ka mu.