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First Name Last Name
1 Main Street
City, NY 1000-1244

Account Number: AC0XXXXXX

Date of Notice: April 1, 2026

IMPORTANT NOTICE ABOUT YOUR ELIGIBILITY THROUGH NY STATE OF HEALTH

► Take the important step to managing your account online.

Your NY State of Health online account holds important information about you and your household members. By setting up your online account, you can update your application on your own at any time. You can keep track of your information, including your notices, whenever you want.

To set up your online account, go to www.nystateofhealth.ny.gov, click on **APPLY TODAY**. Then, click **SIGN IN** if you already have a NY.gov ID, or **REGISTER ACCOUNT** if you are a new user. After you log in, enter this invitation code — **1XXXXXXXX** — to confirm your personal information and finish setting up your account.

► Changes Coming to Your Essential Plan Health Insurance on July 1, 2026.

► First Name Last Name

Marketplace ID: HX00xxxxxxx / CIN: XXXXX

Federal rules are changing, and this will affect your Essential Plan coverage starting July 1, 2026, if you meet any of these conditions:

- Your household income is over 200% of the federal poverty level.
- You are not a U.S. citizen, U.S. national, or lawfully present in the U.S.
- You are pregnant or have been pregnant within the last 12 months.

► First Name Last Name

Marketplace ID: HX00xxxxxxx / CIN: XXXXX

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What This Means for You

NY State of Health will look for other programs you might qualify for, using the information you provided and data from federal and state sources. You'll get a letter **45 days** before your coverage changes, explaining your new eligibility. **You don't need to do anything unless your personal situation has changed.**

- **If you are pregnant or your pregnancy recently ended (within 12 months) AND are a U.S. citizen/U.S. national/lawfully present:**
 - If your baby is due within 6 months from July 1, 2026, or your pregnancy ended less than a year ago, you can keep your Essential Plan. No action needed unless your situation changed.
 - If your baby is due more than 6 months from July 1, 2026, your Essential Plan ends June 30, 2026. You'll be moved to Medicaid. No action needed unless your situation changed.
- **If you are pregnant or recently gave birth (within 12 months) AND are NOT a U.S. citizen/U.S. national/lawfully present:** Your Essential Plan ends June 30, 2026. You'll be moved to Medicaid. No action needed unless your situation changed.
- **If your family income is over 200% of the federal poverty level AND you are a U.S. citizen/ U.S. national/lawfully present (and not pregnant):** Your Essential Plan ends June 30, 2026. You may be eligible to enroll in a Qualified Health Plan, with financial assistance. NY State of Health will check for other programs you are eligible for. No action needed unless your situation changed.
- **If your family income is over 138% of the federal poverty level AND you are NOT a U.S. citizen/U.S. national/ lawfully present (and not pregnant):** Your Essential Plan ends June 30, 2026. You won't qualify for any NY State of Health programs. No action needed unless your situation changed.

Need to Update Your Information?

1. Sign in to your NY State of Health account at www.nystateofhealth.ny.gov.
2. Click "**Update Application.**"
3. Click through the pages in the application and update details for your household.
4. Review and submit your application.

Get Help with Your Transition:

We're here to help you find new coverage options.

- An assistor can explain your options and help you with this transition. Use our website's "**Find Local Help**" search tool to find free help at <https://info.nystateofhealth.ny.gov/findassistor>.
- **Contact Customer Service:** 1-855-355-5777 (TTY: 1-800-662-1220)

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.

We made our decisions based on these rules:

- Code of Federal Regulations: 42 CFR § 600.140(b)(3)
- New York Social Services Law: § 369-gg

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OTHER IMPORTANT INFORMATION

The Special Supplemental Nutrition Program for Women, Infants and Children (WIC)

Are you pregnant? A new mother? Have a baby or young children (up to age 5)?

WIC can help you help your family. WIC provides healthy foods, nutrition and health education, breastfeeding support and referrals to health and social services to New York families at no cost.

For the location of the nearest WIC clinic, call 1-800-522-5006. Additional WIC program information is available at: www.health.ny.gov/prevention/nutrition/wic/.

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。

簡體中文 (Simplified Chinese)

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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)

এট একটি গুরুত্বপূর্ণ নিখা। যিদি এটি বুঝতে আপনার সাহায্যের প্রয়োজন হয় তেব অনুগ্রহ কের 1-855-355-5777 এ কল করুন। আপনি যি ভাষায় কথা বলেন আমরা আপনাকে িবনামূলে স ভাষায় দাভাষী প্রদান করেত পা়ি।

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 فوراً باللغة التي تتحدثها مجاناً.

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.

हिंदी (Hindi)

यह एक महत्वपूर्ण दस्तावेज है। यदि आपको इसे समझने के लिए सहायता की आवश्यकता है तो कृपया 1-855-355-5777 पर कॉल करें। हम आपको आपकी भाषा (हिंदी) बोलते हुए समझने में मदद 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 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 बुझ्न मद्दत आवश्यक छ भने 1-855-355-5777 मा फोन गर्नुहोस्। हामी तपाईंले बोल्ने भाषामा तपाईंलाई नि:शुल्क रूपमा दोभाषे उपलब्ध गराउन सक्छ।

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.

יידיש (Yiddish)

דאס איז א וויכטיקער דאקומענט. אויב איר דארפט הילף דאס צו פארשטיין, ביטע רופט 1-855-355-5777. מיר קענען איך צולייגן 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 ye nhomaa eho sombo. Se wobe hia mboa de ateasie a, ye sre fre 1-855-355-5777. Ye be tumi ama wo nkyerkyeremuni a yen gye ho hwee wo kasa wo ka mu.