

HEALTHY NEW YORK INSURANCE

INFORMATIONAL GUIDE

Provided by



Table of Contents

Overview of Healthy New York	3
Eligibility Requirements for Small Businesses	3
Eligibility Requirements for Individuals and Sole Proprietors	4
2007 Income Guidelines for Individuals and Sole Proprietors	4
Notes on How to Handle Income	5
Standardized Benefit Package.....	5
Services Not Covered by Healthy New York	6
Pre-existing Condition Limitation.....	6
New High Deductible Option	7
2007 High Deductible \$ Amounts.....	7
How to Apply	10
FAQs – Small Businesses.....	11
FAQs - Sole Proprietors & Individuals.....	12

Overview of Healthy New York

- State sponsored health insurance program begun in 2001
- All HMOs in New York State must participate
 - 9 HMO and 1 EPO offering in NYC
- Standardized benefit package for small businesses, sole proprietors, and individuals
 - Some state mandated benefits excluded
- Lower premium rates than other small group and individual products
 - Identical premium rates for all 3 coverage categories Important changes in 2007:
 - Introduction of HSA-compatible high deductible option -Expanded benefit package

Eligibility Requirements for Small Businesses

- Must be located within New York State
- Employ 2-50 workers
- Have 30% of employees earning \$35,500 or less (adjusted annually)
 - At least 1 employee making this amount must participate
- Not have provided health insurance coverage to employees for the previous 12 months
 - For businesses in NYC, Long Island, and Orange, Putnam, Rockland, and Westchester Counties, this means contributing less than \$75 per month per covered employee
- Pay at least 50% of the premium
- Offer coverage to all employees working 20 hours per week or more and earning \$35,500 or less

- Class carve-outs allowed, may offer managers a more robust plan
- Enroll at least 50% of eligible employees
 - May count employees who have coverage through another source, such as a partner or another public program

Eligibility Requirements for Individuals and Sole Proprietors

- Must reside in New York State
- Individual or partner must either be currently employed or must have been employed within the past 12 months
- Employer does not currently provide health insurance coverage
- May not be eligible for Medicare
- Have not had health insurance in effect for the 12 month period preceding application or have lost coverage due to a qualifying event, such as:
- Meet the income eligibility guidelines of the program

2007 Income Guidelines for Individuals and Sole Proprietors

Family Size (pregnant women count as 2)	Annual Household Income	Monthly Household Income
1	Up to \$25,275	Up to \$2,107
2	Up to \$33,975	Up to \$2,832
3	Up to \$42,675	Up to \$3,557
4	Up to \$42,675	Up to \$4,282
5	Up to \$60,075	Up to \$5,007
Each Additional Person	Add \$8,700	Add \$725

Notes on How to Handle Income

- Include wages, salary, self-employment income, interest and dividends, social security income, retirement income, alimony, unemployment benefits and workers compensation
 - Do not include public assistance, SSI, foster care payments or child support payments
- For family size, include the number of family members in your household whether they will be included on the HNY policy or not
- Students aging off their parents' policy are not required to include the income of their parents or roommates or anyone else in their household except a spouse/domestic partner (if applicable)
- Mid-year fluctuations in household income and employment status will not result in immediate termination of coverage
 - Proof of income required annually when an enrollee recertifies

Standardized Benefit Package

- Inpatient and outpatient hospital services
- Outpatient surgical facility charges
- Blood and blood products in connection with surgery or inpatient hospital services
- Physical therapy and home health care following surgery and/or a hospitalization
- Physician services
- Maternity care

- Well-child visits and necessary immunizations
- Adult preventative health services and immunizations
 - Physical examinations no more than once every 3 years
- Pre-admission testing
- Diagnostic x-ray and laboratory services Equipment, supplies and self-management education for diabetes treatment
- Therapeutic services, consisting of radiological, chemotherapy and hemodialysis
- Emergency services
- Optional prescription drug benefit (\$3,000 maximum per person, per year)

Services Not Covered by Healthy New York

- Mental health services
- Alcohol and substance abuse treatment
- Chiropractic coverage care

Pre-existing Condition Limitation

- Pre-existing conditions not covered if they have been either diagnosed with or treated for within the last 6 months
 - Services may be excluded from coverage for up to 1 year
- If applicant had prior coverage and has not had a break in coverage lasting longer than 63 days, the waiting period will be reduced or waived

HNY Provider Network for NYC

New High Deductible Option

Network (HMO Network unless otherwise noted)	Number of Hospitals	Number of PCPS	Number of Specialists
Aetna	56	5,433	16,725
Atlantis	33	3,603	8,117
Cigna	48	5,529	12,257
Empire	50	6,713	21,813
GHI (EPO)	61	8,715	26,013
Health Net	47	4,937	10,327
HealthFirst	23	5,592	13,344
HIP	62	5,704	15,463
Oxford	54	6,424	18,248

High deductible option available Current HNY subscribers may change to the high deductible option through 2/28/07 and thereafter during annual open enrollment period.

2007 High Deductible \$ Amounts

	Deductible Amount	Maximum Annual Out of Pocket Expenses (including deductibles and co pays)	Maximum Annual Amount May to Contribute to HAS
Individual	\$1,150	\$5,250	\$1,150
Family	\$2,300	\$10,500	\$2,300

- May be paired with a tax-deductible health savings account to pay for certain medical expenses, such as dental and vision care, deductibles, co-payments, and over-the-counter medications
- Certain HNY preventive services are not affected by the annual deductible:
 - Well-child and routine prenatal care, prostate cancer screening, mammography, cervical cytology, and adult physicals and immunizations
 - Co-payments still apply for these services

Monthly Premiums for Small Businesses, Sole Proprietors and Individuals

Region	Number of Insurers	Low/High Standard Plan (Individual)	Low/High Standard Plan (Family)	Low/High Deductible Plan (Individual)	Low/High Deductible Plan (Family)
New York City	9	\$209/271	\$627/803	\$165/199	\$495/610
Long Island	9	\$221/271	\$656/803	\$160/199	\$482/610
Hudson Valley	7-10	\$212/314	\$637/945	\$178/237	\$525/721

Co-payments and Deductibles

Service	Co-Payment/Deductible Amount
Inpatient hospital services	\$500 co-pay
Surgical services	20% or \$200 co-pay
Outpatient surgical facility	\$75 co-pay
Emergency services (waived if admitted to hospital)	\$50 co-pay
Prenatal services	\$10 co-pay
Well-child visits/immunizations	NONE
All other services	\$20 co-pay
Optional prescription drug benefit (Maximum benefit of \$3,000 per individual per year)	<ul style="list-style-type: none"> • \$1.00 deductible per calendar year (does not apply to high deductible option) • \$10 co-Pay for generic drugs • \$20 co-pay for brand name drugs plus the difference in cost between the brand name drug and generic equivalent

How to Apply

- Complete an online application at www.nyhealthinsurer.com.
- Applicants who submit a complete application by the 20th of the month may be enrolled by the 1st of the following month

Documentation Requirements

Employment Status	New York State Residency	Current Income (most recent 4-6 weeks)
<ul style="list-style-type: none">• Pay stub• Letter from employer• Documentation sufficient to demonstrate self-employment	<ul style="list-style-type: none">• Utility bill• Postmarked mail with address• Letter/lease/rent receipt with home address from landlord• Property tax records or mortgage statement	<ul style="list-style-type: none">• Pay stubs• Letter from employer• Award letters/benefit checks• Business documents

FAQs – Small Businesses

- Can businesses offer HNY coverage to employee dependents?
 - Yes
 - Qualifying dependents include spouses, domestic partners, and children up to the age of 19 and full time students up to age 23
 - Child Health Plus is also an option for covering dependent children
- Do businesses have to contribute to dependent coverage?
 - No
- Can businesses offer coverage to seasonal workers and those working less than 20 hours per week?
 - Yes, but they are not required to contribute to premiums
 - If coverage is offered to these workers, may include their wages when determining eligibility
- Is there a recertification process?
 - Yes, there is an annual recertification process
 - Mid-year fluctuations in group size, wage levels and employee participation will not result in immediate termination of HNY coverage

FAQs - Sole Proprietors & Individuals

- Are individuals and sole proprietors with limited health insurance benefits eligible for HNY?
 - Individuals without comprehensive coverage, i.e., those with only
 - medical benefits or hospital benefits but not both may still be
 - eligible for HNY
- Can individuals and sole proprietors enroll their children in Child Health Plus if they have HNY coverage?
 - Yes
 - The income limits for individuals and sole proprietors were designed to be similar to those for Child Health Plus
- Thus, it may be financially beneficial to enroll adult family members in HNY while enrolling children in Child Health Plus
- Is there an annual recertification process?
 - Yes, there is an annual recertification process
 - Mid-year fluctuations in household income and employment status will not result in immediate termination of HNY coverage