

HEALTHY NEW YORK INSURANCE

INFORMATIONAL GUIDE

Provided by



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Overview of Healthy New York

- Healthy New York is a state sponsored health insurance program introduced by the Health Care Reform Act of 2000
- It offers a standardized, streamlined but comprehensive health benefit package for small businesses, sole proprietors and individuals
*** some state mandated benefits excluded
- Lower premium rates than other small group and individual products
- Offered through all HMO plan carriers all over New York State
- Choice between plans with or without prescription coverage
- Unlimited lifetime benefit

Eligibility Requirements for Small Businesses

- Business must be located in New York State
- Must have 2-50 employees
- 30% of the total number of employees must not earn more than \$40,000 annually (this figure is adjusted every year)
- The company should not have provided health insurance to its employees in the past 12 months. A company is considered to have provided health insurance to employees if it arranged for and contributed at least \$50 towards each employee's health insurance monthly premium (or \$75 if the business is in Bronx, Kings, Nassau, New York, Orange, Putnam, Queens, Richmond, Rockland, Suffolk and Westchester counties)

- 50% of the total number of employees must be covered either through the program or through other health insurance plans

Eligibility Requirements for Individuals and Sole Proprietors

- Must be a resident of New York State
- Applicant or spouse must have been employed sometime within the past 12 months prior to application
- Applicant’s employer should not be providing health insurance coverage OR applicant is not eligible for health insurance offered by employer
- Must not be eligible for Medicare
- Must be uninsured in the past 12 months or have lost coverage due to specific events such as losing employment, therefore, losing employer coverage; discontinuation of COBRA coverage, divorce or death of a primary policy holder in which one is a dependent; transitioning from a group plan to an individual policy; etc.
- Income should be within the income limit

2012 Income Guidelines for Individuals and Sole Proprietors

Family Size (pregnant women count as 2)	Monthly Household Income	Annual Household Income
1	\$2,327	\$27,924
2	\$3,152	\$37,824

Family Size (pregnant women count as 2)	Monthly Household Income	Annual Household Income
3	\$3,977	\$47,724
Each additional person	Add \$825	Add \$9,900

* Income levels are updated annually

How to Calculate Income

- To determine household size, count yourself, your spouse (if you are married), and your dependent children, even if they don't live with you. Count all of these people even if they are not enrolling in the plan. Do not count parents, friends or relatives NOT dependent on you for support
- To calculate household income, count your and your spouse's (or domestic partner's) wages, salary, commissions, royalties, rental income, interests and dividends, alimony, pension, social security income, retirement income, unemployment benefits and worker's compensation including severance received.
- Do not count public assistance, Supplemental Security Income, child support, your parents' or roommates' income
- Mid-year fluctuations in household income and employment status will not result in termination of your Healthy NY coverage. Proof of income will be required annually when an enrollee recertifies.

Standardized benefit Package

- Diagnostic screening for prostate cancer for men
- Coverage for home health care for up to 40 post-hospital or post-surgical visits in a calendar year
- Coverage for 30 post-hospital or post-surgical visits per calendar year for physical therapy
- Inpatient hospital services consisting of daily room and board, general nursing care, special diets and miscellaneous hospital services and supplies
- Outpatient hospital services consisting of diagnostic and treatment services
- Physician services consisting of diagnostic and treatment services, consultant and referral services, surgical services (including breast reconstruction surgery after a mastectomy), anesthesia services, second surgical opinion, and a second opinion for cancer treatment
- Outpatient surgical facility charges related to a covered surgical procedure
- Pre-admission testing
- Maternity care
- Adult preventive services consisting of mammography screening, cervical cytology screening, periodic physical examinations no more than once every three years, and adult immunizations
- Preventive and primary health care services for dependent children including routine well-child visits and necessary immunizations
- Equipment, supplies and self-management education for the treatment of diabetes
- Diagnostic, x-ray, and laboratory services
- Emergency services
- Therapeutic services consisting of radiological services, chemotherapy and hemodialysis
- Blood and blood products furnished in connection with surgery or inpatient hospital services

Services Not Covered by Healthy New York

- Mental health services, including treatment and medication for ADHD, depression, and anxiety
- Alcohol and substance abuse treatment
- Chiropractic coverage, and other alternative medicine services
- Hospice care
- Ambulance, dental care, vision care, durable medical equipment
- Fertility treatment

Pre-existing Condition Limitation

- Pre-existing conditions are medical conditions which were diagnosed and/or treated for in the last 6 months prior to the policy start date
- Treatment, services and medications for pre-existing conditions will not be covered for up to 1 year (this is called “waiting period”)
- If the applicant has had a creditable coverage in the past 12 months that covered the said pre-existing condition and has not had a break in coverage of more than 63 days, the waiting period will be reduced or waived
- Creditable coverage is defined as a health insurance plan that covers medical services, procedures and hospitalization. Catastrophic or hospitalization only plans are not counted as creditable coverage.
- Pregnancy is considered a pre-existing condition in individual plans but not for small groups.

Deductibles and Copayments

Annual Deductible - this is the dollar amount that you are responsible of, beside your monthly premium, before the coverage starts	
Single	\$1,200*
Family	\$2,400*
Maximum Out-of-Pocket - this is the maximum dollar amount that you will spend out-of-pocket for the whole year which includes your deductible plus your copayments	
Single	\$6,050*
Family	\$12,100*

* Annual plan deductible is adjusted every July of each year

Services and Corresponding Copayments after deductible	
Inpatient hospital services	\$500 (includes physician services, room and board, Rx medications)
Surgical services	20% coinsurance or \$200 copayment whichever is less
Outpatient surgical facility	\$75
Prenatal visit	\$10 copayment (deductible waived)
Well-child visits	No charge (deductible waived)
Doctor visits (PCP or Specialist)	\$20 (deductible waived for preventive care services)
Optional prescription coverage	\$10 Generic \$20 Brand plus the difference between brand and generic equivalent

Health Savings Account (HSA) Option

- Healthy New York High Deductible Health Plans (HDHP) were designed to be paired with a Health Savings Account (HSA)
- An HSA is a tax-advantaged savings account used to pay for qualified medical expenses such as deductibles and co-payments. You can contribute up to \$3,050 into the account each year if you have single coverage or up to \$6,150 into the account each year if you have family coverage. These amounts are set annually by the Federal Government. You can put money into the account in one lump sum or at any frequency that is convenient for you.
- An adult with coverage under an HSA-qualified high deductible health plan who does not have other medical coverage (other than specified disease insurance, disability, accident, dental or vision care or long-term care insurance) can contribute to an HSA. To be eligible to contribute to an HSA, the adult cannot be Medicare-eligible or be declared as a dependent on someone else's tax return.
- The money that you put into the HSA is tax-deductible, and it can earn tax-free interest. As long as the money in the HSA is used for qualified medical expenses, it will never be taxed.
- An HSA must be opened with a bank or other financial institution, and there may be fees associated with it. Your health plan may have some information on establishing an HSA.
- For additional information on health savings accounts, please visit the [U.S. Department of the Treasury web site](#).

Healthy New York Participating Providers Directory

Aetna Health, Inc.

<http://www.aetna.com/docfind/index.html>

EasyChoice

http://www.atlantishp.com/search/provider_search.asp

CDPHP, Inc.

<http://www.cdphp.com/FindADoc/provSearch.asp?Product=HealthyNY>

Empire BC/BS, Inc.

http://www.empireblue.com/wps/portal/ehpvisitor?content_path=member/noapplication/f3/s2/t4/pw_ad067434.htm&label=Healthy%20New%20York

Select "Healthy New York" from the select your health plan drop-down box.

Excellus Health Plan, Inc.

https://www.excellusbcbcs.com/members/find_a_doctor_or_hospital/find_a_doctor.shtml#

GHI HMO Select, Inc.

<http://psearch.ghi.com/ProviderSearch/SearchLocationPublic.aspx>

HealthFirst, Inc. (Managed Health, Inc.)

<http://www.healthfirstny.org/>

Select

"Member Services" on the left side of the page, then
"Find a Provider"

HealthNow New York, Inc.

<http://www.bcbswny.com/> (Buffalo)

<http://www.bsneny.com/> (Capital Area)

<http://www.healthnowny.com/> (Central New York)

Select

"Where to Find a...Doctor or other healthcare provider," then

"Local Provider Search," then

Choose "Healthy NY" from the "Select a Network" dropdown box

HIP Health Plan of New York

<http://www.hipusa.com>

Select

"Provider search," then

Fill in the dot for "Non-Member" and select the type of provider,
then

Under "Select Plan," choose "Healthy NY"; the network will
automatically be listed as "premium"

Independent Health, Inc.

<http://www.independenthealth.com>

Select

The tab marked "Visitors," then

"I'm a Guest," then

At the dropdown menu called "Plan Details," select "Provider
Directory"

MVP Health Plan, Inc.

<http://www.mvphealthcare.com>

Select

"Doctor Search," then

"Physicians," then

Choose "Healthy NY" in the dropdown box

Oxford Health Plans, Inc.

Provider search page:

https://www.oxhp.com/secure/providerSearch/content_doctor.html

Facility search page:

https://www.oxhp.com/secure/providerSearch/content_facility.html

Preferred Care (now MVP Health Plan, Inc.)

<http://www.preferredcare.org/findadoc/>

Univera

https://www.univerahealthcare.com/guests/find_a_doctor_or_hospital/index.shtml#

How To Apply

- Choose a carrier, select a plan and complete the online application at www.nyhealthinsurer.com
- Wait for the email that contains the application paperwork
- Print the application form from your email, it will be filled out with the information you have provided on the online application process, but you need to make sure that ALL information needed is completely supplied.
- Sign and date the forms
- Send it back with the required supporting documents. In order to avoid delays in processing your application, be sure that the documents you send are complete and updated
- Some carriers may require you to send a check for the first month premium in order for your application to be processed.

Documentation Requirements

For Individuals and Sole Proprietors

Proof of Residence	Proof of Employment	Proof of Household Income NOTE: If your spouse is earning, you will also need to send a proof of his/her income
<ul style="list-style-type: none"> • NYS Drivers License • Utility Bill (gas or electricity) • Post-marked mail not older than 90 days • Mortgage statement • Lease contract 	<ul style="list-style-type: none"> • Pay stubs from the most recent month • Letter from employer, or previous employer if currently unemployed <p>SOLE PROPRIETORS:</p> <ul style="list-style-type: none"> • Schedule C attachment to your 1040 tax form • Business certificate, DBA, Certificate of Incorporation (if business is new) 	<ul style="list-style-type: none"> • Pay stubs from the past 4 weeks • Letter from employer indicating gross monthly income • Benefits statement (if currently unemployed) <p>SOLE PROPRIETORS:</p> <ul style="list-style-type: none"> • 1040 Tax Forms • Letter from Certified Public Accountant to state gross monthly income (if business is new)

For Small Businesses

- Tax documents (Forms 1065, 1120 or 1120S whichever applies to your business)
- Attached schedules (mostly K1)
- NYS45
- Business certificates, DBA, Certificate of Incorporation if the business is new
- W4 of each employee if the business is new

FAQs

- ❖ When do I need to send my application forms and documents by so I can be enrolled in the beginning of next month?
 - Deadline of application is the 16th of each month to qualify for the following month.
- ❖ Am I guaranteed approval for next month if you receive my application before the 16th?
 - No. The application goes through underwriting and although there is guaranteed issue policy in the state of New York, the information on the application form needs to be validated by the carrier.
- ❖ How long does it take to process an application?
 - The carrier can process applications between 7 days up to 4 weeks depending on the bulk of applications and the applicant's compliance
- ❖ Should I terminate my COBRA insurance once I submit my application?
 - We DO NOT ADVISE applicants to cancel any existing coverage until a written approval is received from the carrier.

FAQ – Individuals and Sole Proprietors

❖ I just moved to New York and I was covered in the previous state where I resided. Can I qualify for Healthy NY?

➤ Yes, you may qualify for Healthy NY if your previous coverage cannot cover you in the state of New York anymore. But you will also need to satisfy the other eligibility requirements, that is, income and employment.

❖ Can I apply for Healthy NY if I was employed in another state but not in New York within the past 12 months?

➤ Yes, as long as you can provide the proof of employment and you meet the other eligibility requirements.

❖ I'm 20 weeks pregnant. My last health insurance coverage ended 3 months ago. Will Healthy NY cover my pregnancy?

➤ No, it will not be covered because it is considered a pre-existing condition and you have already lapsed 63 days without coverage.

❖ I just got a new job after two weeks of being unemployed. But I earn more than the income limit for Healthy NY with my previous job. Can I still qualify?

➤ Yes you may, if your income in the past 4 weeks is less than the income limit set for Healthy NY, and you have satisfied the other eligibility requirements.

❖ My husband just retired and is going to Medicare, but I'm not Medicare eligible yet. Can I apply?

➤ Yes. As long as you and/or your spouse had been employed within the last 12 months and your household income is within the limit.

❖ I used to have a small business that covered me and my family but the business was dissolved. Can we still qualify for Healthy NY?

➤ Yes, you can. You are transitioning from a small group plan to an individual policy.

FAQ - Small Businesses

- ❖ I have 5 employees. One is enrolled in Medicare and two others receive health insurance through a spouse. The remaining two employees wish to enroll in Healthy New York. Is my business eligible?
 - Your business would be eligible because the three employees who have other coverage count towards satisfying the minimum 50% participation requirement..

- ❖ Why is this program available only to small employers who did not provide insurance during the twelve months preceding application? Doesn't this penalize the "good guys" who struggled to maintain coverage for their employees over the past few years?
 - Healthy NY was designed to target those individuals who were completely uninsured. These so called "crowd out" provisions of the legislation are also designed to ensure that employers and individuals do not drop existing coverage in favor of this new product.

- ❖ Can my business offer Healthy NY coverage to my employees' families?
 - Yes, the employer may choose to offer coverage for dependents through the Healthy NY program but they are not required to contribute towards the premium. Employers are only required to contribute at least 50% toward the employee's monthly premium.