

Healthy NY Application Instructions

For Small Employers

Individuals and sole proprietors wishing to purchase Healthy NY must complete a different application.

Confidentiality Statement: The information provided on this application will remain confidential and will only be disclosed to the staff at health plans and state agencies operating this program.

SECTION A: Small Employer Information

In this section, we ask how to contact you. Your business must be located in New York State in order to participate.

SECTION B: Coverage Options

1. Benefits

Healthy NY offers a standardized benefit package, with an optional limited prescription benefit. Choose if you want Healthy NY with a limited prescription drug benefit (yearly limit of \$3,000, \$100 deductible) or without a prescription drug benefit. Once you choose the benefit option, you will not be able to change your selection until your annual recertification or at the time of a premium rate change.

2. Deductible

Choose if you want a yearly deductible of \$1,150 for individuals or \$2,300 for families or a plan with no deductible. Once you choose whether or not you would like the deductible option, you will not be able to change your selection until your annual recertification.

The deductible option has a lower premium. Other than preventive care, employees will be responsible for the cost of covered services until they meet the deductible. Employees can access preventive care before meeting the deductible and will have a co-payment for these services.

The deductible option qualifies as a High Deductible Health Plan (HDHP) and is designed to be used with a health savings account (HSA). This is a savings account used to pay for qualified medical expenses. Employee contributions can be on an after-tax basis, making contributions tax-deductible, or pre-tax, through a Section 125 plan. Money in the account can earn interest tax-free. Employees can contribute up to

\$2,850 for individual coverage and \$5,650 for family coverage into the account in 2007.

Your selection will apply for all covered employees. Visit www.HealthyNY.com for more information.

SECTION C: Insurance Information

Healthy NY is available to small employers who have not provided comprehensive health insurance to their employees or a class of their employees during the last 12 months. If you provided health benefits within the last 12 months, your business may still qualify if:

- Your business provided only “limited” health insurance benefits.
- Your business did not contribute more than \$50 per employee per month towards the premium (or \$75 if the business is located in Bronx, Kings, Nassau, New York, Orange, Putnam, Queens, Richmond, Rockland, Suffolk, or Westchester counties).
- Your business has a class of employees that you have not offered health insurance to during the last 12 months but would now like to cover. The class must pertain to geographic location or employees’ earnings, method of payment, hours, or job duties.

SECTION D: Eligibility Requirements

The business must be able to answer “yes” to each question in Section D to be eligible.

SECTION E: Participation Requirements

In order to be eligible, your business must meet the participation rules concerning employees who will purchase Healthy NY.

SECTION F: Employee Information

Please answer the questions in Section E about your employees who will be enrolling in Healthy NY. You do not need to include information about their dependents. If necessary, photocopy the chart and attach additional sheets.

SECTION G: Certification

The certification must be completed by a duly authorized officer of the business.

Submitting Your Application

Send the application directly to the HMO or participating insurer selected by your business. For a list of HMOs and participating insurers, go to www.HealthyNY.com and select the link “HMOs and Rates by County.” Please note that the HMO or participating insurer may require additional paperwork in order to complete the enrollment process. If you have other questions, or to check the status of your application, please call the HMO or participating insurer directly.

Healthy NY Application

For Small Employers

SECTION A: Small Employer Information

Company Name: _____

Telephone: (____) _____ Fax: (____) _____

Street Address of Business:

Street _____

City _____ State _____ ZIP _____ County _____

Contact Person: _____ Title: _____

Telephone: (____) _____ Today's Date: _____

SECTION B: Coverage Options

The employer is responsible for choosing the benefit package, and the benefit package will be the same for all employees. The premiums are different for each benefit package.

Benefits

1. Please indicate whether or not you want prescription drug coverage. The premium for prescription drug coverage is more expensive. There is a \$3,000 per person annual prescription drug benefit maximum.

Yes

No

Deductible

2. Would you like Healthy NY coverage with a deductible? Other than preventive care, employees will be responsible for the cost of covered services until they meet the deductible. Healthy NY with a deductible has a lower premium.

Yes

No

SECTION C: Insurance Information

You may offer Healthy NY to all of your employees or a class of your employees if you have not offered health insurance to them in the last 12 months. Please answer the following questions to assist us in determining your eligibility to purchase Healthy NY.

1. Within the last 12 months, has your business provided health insurance that included both medical and hospital benefits to the class of employees that you are looking to cover?

Yes

No

2. If the answer to question 1 above is "Yes," did your business contribute more than \$50 per employee per month towards the premium (or \$75 if the business is located in Bronx, Kings, Nassau, New York, Orange, Putnam, Queens, Richmond, Rockland, Suffolk, or Westchester counties)?

Yes

No

If the answer to both questions 1 and 2 above is "Yes," then your business is not eligible for Healthy NY.

SECTION D: Eligibility Requirements

Eligibility requirements were designed to reach those small businesses most in need. Please answer the following questions about your business. *Please note that you must be able to check "Yes" to each question in this section in order to eligible to purchase Healthy NY.*

1. Does your business have 1-50 employees? Yes No
2. Do at least 30% of the employees who will be offered coverage earn annual wages of \$35,500* or less? Yes No
3. Will your business contribute at least 50% of the Healthy NY premium on behalf of full-time employees? Yes No
4. Will your business offer Healthy NY coverage to all employees working 20 hours or more per week who earn annual wages of \$35,500* or less? Yes No

SECTION E: Participation Requirements

Please answer these question about who will be accepting Healthy NY coverage. *Please note that you must be able to check "Yes" to each question in this section in order to eligible to purchase Healthy NY.*

1. Will at least 50% of the class of employees who are offered Healthy NY coverage through your business actually accept enrollment or have health insurance through another source? Yes No
2. Will at least one employee earning annual wages of \$35,500* or less enroll in Healthy NY? Yes No

SECTION F: Employee Information

Healthy NY has certain employee participation requirements. Please answer these questions about who will be accepting coverage in Healthy NY.

1. Employers may offer Healthy NY coverage to their employees' dependents, including spouses, domestic partners, and children. Employers are not required to contribute towards the Healthy NY premium for dependents. Will your business be offering Healthy NY coverage to the dependents of your employees? Yes No
2. Employers may choose to make Healthy NY available to their part-time workers (those who work less than 20 hours weekly). You do not have to contribute towards the premiums for part-time workers. Will your business be offering Healthy NY coverage to part-time workers? Yes No

*Effective July 2006, updated each July.

SECTION G: Certification

By signing this certification of eligibility, I certify under penalty of perjury that all statements contained in this certification are true and accurate to the best of my knowledge. I further certify that I am an officer of the business and duly authorized to execute this certification on behalf of the business.

I understand that any person who knowingly and with the intent to defraud any insurance company or other person files an application for insurance or statement of claim containing any materially false information, or conceals for the purpose of misleading, information concerning any fact material thereto, commits a fraudulent insurance act, which is a crime, and shall also be subject to a civil penalty not to exceed five thousand dollars and the stated value of the claim for each such violation.

Print name of officer completing certification

Signature

Title

Date

This application should be sent directly to the HMO or participating insurer of your choice. For the names and addresses of HMOs and participating insurers in your area, please call 1-866-HEALTHY NY (1-866-432-5849) or visit www.HealthyNY.com.

Important Information About Pre-Existing Conditions

A pre-existing condition is any physical or mental condition for which medical advice, diagnosis, care or treatment was recommended or received within the six-month period ending on the first day of your coverage under a new contract. Pregnancy is not a pre-existing condition in small group contracts. If you have employees with pre-existing conditions at the time they enroll in Healthy NY, the policy will exclude coverage for those conditions for up to 12 months. However, this 12-month period may be reduced or eliminated if those employees are transferring to Healthy NY within 63 days of the termination of other health insurance coverage. Advise your employees to review their Healthy NY certificate or to contact the health plan for a full explanation of what constitutes a pre-existing condition and how this restriction may affect them.

The 12 month exclusion period mentioned above is shorter if you have been determined to be eligible under the Federal Trade Adjustment Act of 2002. Please notify your HMO.