

## Healthy NY Application Instructions

Individuals and sole proprietors looking 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 Business 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 benefits package, with an optional prescription benefit. Choose if you want Healthy NY with a prescription drug benefit 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

All plans are subject to an annual deductible. The deductible amount is the amount you must spend out-of-pocket before services are covered. Preventive care can be accessed prior to meeting the deductible. For 2012, the deductible is \$1,200 for individuals and \$2,400 for families. The deductible amount may change annually and we encourage you to visit our website at [www.healthyny.com](http://www.healthyny.com) for more information.

### Section C: Insurance Information

Healthy NY is available to small business 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).
- The coverage was offered through Healthy NY.

- 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 F 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

Detach and send your completed 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](http://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 questions, or to check the status of your application, please call the HMO or participating insurer directly.

### Section A: Small Business Information

Company Name: \_\_\_\_\_

Telephone: (\_\_\_\_) \_\_\_\_\_ Fax: (\_\_\_\_) \_\_\_\_\_

Street Address of Business: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_ County: \_\_\_\_\_

Contact Person: \_\_\_\_\_ Title: \_\_\_\_\_

Telephone: (\_\_\_\_) \_\_\_\_\_ Today's Date: \_\_\_\_\_

### Section B: Coverage Options

Healthy NY is available with or without prescription drug coverage. Premiums are higher for the coverage with the drug benefit. All Healthy NY coverage options have a deductible of \$1,200 for individual coverage (\$2,400 for family coverage) for 2012. Preventive services are covered before meeting the deductible.

Please select your coverage option:

Healthy NY  
with drug coverage

Healthy NY  
without drug coverage

### 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 (other than Healthy NY) 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 be 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 \$40,000\* 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 \$40,000\* or less?  Yes  No

## Section E: Participation Requirements

Please answer these questions 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 be 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 \$40,000\* or less enroll in Healthy NY?  Yes  No

## Section F: Employee Information

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

\* Updated annually



## 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 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 person completing certification

\_\_\_\_\_

Signature

\_\_\_\_\_

Title

\_\_\_\_\_

Date

If a broker assisted you with completing this application, please include:

\_\_\_\_\_

Broker's Name

\_\_\_\_\_

License #

\_\_\_\_\_

Company

\_\_\_\_\_

Address

\_\_\_\_\_

Phone

\_\_\_\_\_

E-mail

**Detach and send your completed application 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](http://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 enrolling in Healthy NY within 63 days of the termination of other health insurance coverage. There are no pre-existing condition exclusions for anyone under 19. 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.