

Small Employer Program

INSTRUCTIONS FOR HEALTHY NEW YORK APPLICATION

Please read these instructions when completing the Healthy New York Small Employer Program Application. Upon completing the application, return it to: HIP Health Plan of New York, Healthy New York Program, P.O. Box 2806, New York, NY 10116-2806

SECTION A. SMALL EMPLOYER APPLICANT INFORMATION

Name – Fill in the full name of the business.

Address – Fill in the street address of the business. The street address is where the business is physically located. If the mailing address is different (such as a post office box), please also provide the mailing address.

Company Officer – Please identify the name and title of the company officer that shall serve as a contact person for questions regarding the Healthy New York application. Please provide a phone number and fax number (if available) where the company officer can be reached if additional information is needed to process the application.

Benefit Package – Please indicate if you are applying for the benefit package without prescription drug coverage, the benefit package with prescription drug coverage (maximum of \$3,000 per person annually), the benefit package with High Deductible Health Plan coverage (HDHP) without prescription drug coverage, or the benefit package with High Deductible Health Plan coverage (HDHP) with prescription drug coverage. The premiums are different for each benefit package.

Deductible (HDHP) – Choose if you want a yearly deductible of \$1,200 for individuals or \$2,400 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 copayment 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 \$3,050 for individual coverage and \$6,150 for family coverage into the account in 2010.

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

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SECTION B. HEALTH INSURANCE INFORMATION

Please read these instructions carefully before answering the questions on the accompanying application.

Question 1 – If within the past 12 months your business has provided (by both arranging for and contributing to the cost of the premium) for health insurance which includes **both** hospital and medical benefits, check “Yes.” If your business has not provided for any health insurance during the past 12 months, check “No.” If your business has arranged for employee coverage but has not contributed toward the cost of the premium during the past 12 months, check “No.” If your business has provided only limited health insurance coverage during the past twelve months (for example, coverage which provides only hospital or only medical benefits, but not both), check “No.”

Question 2 – If the answer to question 1 is “Yes”, check “Yes” if your business contributed more than \$50 (or \$75 if the business is located in the Bronx, Kings, Nassau, New York, Orange, Putnam, Queens, Richmond, Rockland, Suffolk, and Westchester counties) per employee per month toward the cost of health insurance. If the answer to question 1 is “No” then skip this question.

SECTION C. ELIGIBILITY REQUIREMENTS

Question 1 – Please identify the total number of workers to be offered coverage. Please follow these guidelines:

- You **must** include all employees earning \$40,000 or less if they work 20 or more hours weekly because all such employees **must** be offered coverage through the Healthy New York program.
- If your business intends to offer coverage to part-time workers working less than 20 hours weekly, this figure should also include all part-time workers earning \$40,000 or less annually.
- Please note that businesses with fewer than 20 total employees should not count employees who are eligible for Medicare, because those employees are not eligible for Healthy New York coverage.
- Please note that businesses with 20 or more total employees should include Medicare-eligible employees in this count, because those employees are eligible for Healthy New York coverage.
- If your business is not offering coverage to all persons employed by the business, classes of eligible employees may be established according to conditions pertaining to employment. Permissible classifications include classifications according to method of compensation, level of earnings, geographic situs of employment, number of work hours and occupational duties.

Please check “Yes” if there are 50 or fewer employees. Otherwise, check “No”.

If “No” is checked, please identify on the line following Question 1 the number of employees.

Question 2 – Please check “Yes” if at least 30% of the employees offered coverage earn \$36,500 or less in annual wages. Otherwise, check “No”.

Question 3 – If you agree to contribute 50% of the premium on behalf of your full time employees, check “Yes”. Otherwise, check “No.”

If you answered “No” to Question 3, please identify on the line provided following Question 3 the percentage of the premium your business will be contributing.

Question 4 – Please check “Yes” if you intend to **offer** coverage to all employees, working 20 hours or more, of your business who earn \$40,000 or less annually. Otherwise, check “No.”

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SECTION D. PARTICIPATION REQUIREMENTS

Question 1 – Please check “Yes” if at least 50% of the employees who are offered Healthy NY coverage through your business will actually accept enrollment. (Note: You may count eligible employees who have health insurance coverage through another source towards the 50%.) Otherwise, check “No”.

Question 2 – Please check “Yes” if at least one employee earning annual wages of \$36,500 or less will enroll in Healthy NY. Otherwise, check “No”.

SECTION E. EMPLOYEE INFORMATION

Question 1 – Please check “Yes” if your business intends to offer dependent coverage to your employees. If the business will not be offering dependent coverage, please check “No.”

Question 2 – Please check “Yes” if your business will be offering Healthy NY coverage to part-time workers who work less than 20 hours weekly. Otherwise, check “No”.

This section should be completed by printing or typing the requested information for EACH EMPLOYEE applying for coverage. Please clearly identify the employee’s name, sex, and social security number. Please indicate whether the employee is eligible for Medicare.

SECTION F. EMPLOYER CERTIFICATION

Read the certification carefully. An officer of the company must certify that the statements made in the application are true to the best of his or her knowledge. Also included in this section is a fraud warning statement. Please sign and date where indicated.

Please note that you may be asked to submit additional documentation in support of your business’ application.



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