

# Healthy New York

## HIP HEALTH PLAN OF NEW YORK

### WHAT IS HEALTHY NEW YORK?

Healthy New York is a state-sponsored health maintenance organization (HMO) plan that covers “basic” health care services, such as regular medical checkups, inpatient and outpatient hospital care, diagnostic X-ray and laboratory services and limited prescription drug coverage (optional).

### WHO IS ELIGIBLE?

Healthy New York is available to:

- Eligible small businesses with 50 or fewer employees;
- Eligible sole proprietors; and
- Eligible working individuals who do not have health insurance.

See the enclosed Instructions for Healthy New York Small Employer Program Application or Instructions for Healthy New York Application for Individuals and Sole Proprietors for details about eligibility.

### HOW DOES HEALTHY NEW YORK COVERAGE WORK?

Under HIP’s Healthy New York HMO Plan, members receive care for covered services from providers who have agreed to HIP’s standards. Members will be asked to select a Primary Care Physician (PCP) from HIP’s wide provider network. Visit [hipusa.com](http://hipusa.com) for an up-to-date listing. Their PCP provides care, including preventive care, and arranges referrals when they need to see a specialist. In most cases, members will not be covered for specialist care without a referral from their PCP.

### HEALTHY NEW YORK STANDARD HMO PLAN

When members receive care from their PCP or receive a referral for specialty care, the following will occur:

- No deductible for medical services, except prescription drugs.
- 100% coverage after copayment for PCP or specialist visits.
- Coverage for preventive care. There will be no out-of-pocket costs for selected preventive care services obtained in network. There are separate guidelines for infants, children and adults.
- Optional: Prescription drug coverage up to \$3,000 per person per year (after \$100 annual deductible per person).
- Benefits include physical therapy\*, home health care\*\* and prostate cancer diagnostic screening.

### HEALTHY NEW YORK HIGH DEDUCTIBLE HMO PLAN

This plan requires members to pay for most medical expenses up to a certain dollar amount out-of-pocket before the plan provides coverage. Members should establish a tax-deductible health savings account (HSA) pay for certain medical expenses.

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# Healthy New York

When members receive care from their PCP or receive a referral for specialty care, the following will occur:

- 100% coverage after copayment once deductible is met for PCP or specialist visits.
- Coverage for preventive care (certain preventive services are not subject to the deductible and are covered at 100%). There will be no out-of-pocket costs for selected preventive care services obtained in network. There are separate guidelines for infants, children and adults.
- Optional: Prescription drug coverage up to \$3,000 per person per year (also subject to the combined medical & pharmacy deductible).
- Benefits include physical therapy\*, home health care\*\* and prostate cancer diagnostic screening.

## FREQUENTLY ASKED QUESTIONS ABOUT THE HEALTHY NEW YORK HIGH DEDUCTIBLE OPTION

Do I need a PCP or a referral to specialists? **Yes.**

How is preventive care covered? **There will be no out-of-pocket costs for selected preventive care services obtained in network. There are separate guidelines for infants, children and adults.**

Is there out-of-network coverage? **No.**

What is the annual deductible? **\$1,200 for Individuals; \$2,400 for Families (combined medical/pharmacy).**

Where can I find information about a Health Savings Account? **Upon enrollment, members must indicate the intent to open an HSA. Visit [www.hsainsider.com](http://www.hsainsider.com) for information and participating banks or [www.treas.gov](http://www.treas.gov).**

Are the plan benefits the same as the Healthy New York Standard HMO Plan? **Yes.**

If I select pharmacy coverage, is there a limit to benefits? **Yes, members are limited to \$3,000 in pharmacy coverage per member, per calendar year.**

**See the enclosed Benefit Summary for detailed information about coverage under Healthy New York.**

## HOW TO ENROLL

Here's what you need to do to enroll in HIP's Healthy New York HMO coverage:

### **If you are an eligible small business:**

Fill out the enclosed Healthy New York Small Employer Application and have each of your eligible employees who would like to enroll in Healthy New York fill out an enrollment form. Return the completed application with enrollment forms and a company check for the first month's premium to: Health Insurance Plan of Greater New York, Attn: **Healthy New York, P.O. Box 2806, New York, NY 10016-2806**. If your group meets Healthy New York's eligibility requirements, HIP will send you a letter of confirmation.

### **If you are an eligible sole proprietor or individual:**

Fill out the enclosed Healthy New York Application for Individuals and Sole Proprietors, including selecting a PCP, and return the application with required documentation and a check for the first month's premium in the enclosed envelope.

If you meet Healthy New York's eligibility requirements, HIP will send you an ID card.

## WHEN WILL COVERAGE BEGIN?

All required paperwork must be received by HIP by the 20th of the month in order for your coverage to go into effect on the first of the following month. If paperwork is received after the 20th, your coverage will go into effect on the first of the month following the next month.

If you need more information about Healthy New York, please call HIP's Healthy New York Hotline at **1-888-215-8306**, Monday through Friday, 8 am to 7 pm (EST).

\* Physical Therapy: Up to 30 post-hospital or post-surgical visits per calendar year.

\*\* Home Health Care: Up to 40 post-hospital or post-surgical visits per calendar year.