

MODULE 16: HEALTHY NY

Objective

This module will educate HIICAP counselors about Healthy NY health insurance. Counselors will obtain the tools needed to simplify for their clients the process of choosing a Healthy NY health plan and determining eligibility. At the end of this module are the Study Guide Tests and Answer Key.

What Is Healthy NY?

- Healthy NY is New York State-sponsored health insurance for working individuals, sole proprietors, and small employers. It may be a good option for early retirees who have worked within the last year but are too young for Medicare.
- Each HMO in New York must offer Healthy NY, and other health plans may opt to offer it.
- Healthy NY is not free insurance; members must pay a monthly premium. Healthy NY is able to offer lower premiums through State funding and a streamlined benefit package.
- Healthy NY offers a high deductible health plan with a standardized benefit package and is available throughout New York State.
- There are income and eligibility requirements for the program.

Healthy NY Eligibility for Individuals

- Healthy NY is only available to individuals, sole proprietors, and small employers who meet the eligibility criteria for the program.
- Healthy NY has eligibility criteria so that the program's funding and resources help those with the greatest need.
- This module focuses on eligibility requirements for individuals and sole proprietors. However, Healthy NY is also available to small employers with up to 50 employees. Eligibility requirements for small employers are located on the Healthy NY web site at www.HealthyNY.com.

Standardized Healthy NY Policies

- Currently, all health plans selling Healthy NY must offer the same benefit package and cannot add additional benefits through riders. Although all health plans offer the same benefits, prices vary.
- Enrollment in the Healthy NY program is currently limited to the high deductible health plan. Enrollees must pay for most services out-of-pocket before meeting the deductible. For 2012, the deductible is \$1,200 for individual coverage or \$2,400 for family coverage (more than one person). With family coverage, one family member or a combination of family members included in the health plan must meet the entire family deductible in order for coverage to begin.
- All health plans must offer consumers the choice of prescription coverage or no prescription coverage.

- Healthy NY benefits are comprehensive and include medical and hospitalization benefits. Most services are subject to a co-payment.
- Healthy NY benefits are on an in-network basis, with the exception of emergency care.

Consumer Protections

- Consumers are guaranteed continuous open enrollment.
- All Healthy NY contracts are subject to New York State community rating laws. Members will be charged the same premium in a given county, regardless of age, health status, or claims experience.
- Healthy NY plans are guaranteed renewable unless the member stops paying the premium or fails to meet the eligibility criteria upon recertification.
- Healthy NY contracts are subject to a pre-existing condition limitation.
- Healthy NY members may take advantage of the right to file an external appeal or grievance if they disagree with the HMO's or health plan's decision.

Choosing a Healthy NY Policy

All health plans must offer the same high deductible health plan with a standardized benefit package, so a higher premium does not mean superior coverage. Primary considerations include the health plan's provider network, cost, and the health plan's reputation.

WHAT IS HEALTHY NY?

Healthy NY provides more affordable health insurance to lower-income individuals, sole proprietors, and small employers. The Health Care Reform Act of 2000 created Healthy NY, and Healthy NY had its first enrollees in 2001. Today, over 178,000 New Yorkers have health insurance through Healthy NY.

The New York State Department of Financial Services oversees the Healthy NY program. Every HMO in New York State must offer Healthy NY. Other health plans may elect to offer it. Healthy NY is available in every county in the state. In most counties, people wanting Healthy NY have a choice of HMOs and health plans from which to choose.

Healthy NY benefits include preventive office visits, hospitalization, diagnostic tests, well-child visits, and immunizations. There is a co-payment for most services.

Healthy NY has income and eligibility guidelines so that the program first helps those most in need. Generally speaking, Healthy NY does not allow people to voluntarily drop current insurance for Healthy NY, and an applicant must be uninsured for 12 months prior to applying for Healthy NY. This provision in the law is called a **“crowd out”** provision because it is intended to prevent eligible uninsured individuals from being crowded out of a program. However, there are numerous exceptions to this, which are detailed below.

Healthy NY premiums are lower thanks to State funding and a streamlined benefit package. The State reimburses HMOs and health plans participating in the Healthy NY program for the cost of certain claims. HMOs and health plans must take this money into account when determining premiums. While comprehensive, the Healthy NY benefit package does not include some benefits

that are mandated for other health insurance products. For instance, Healthy NY does not include chiropractic coverage. A streamlined benefit package helps to reduce costs to consumers.

HEALTHY NY ELIGIBILITY FOR INDIVIDUALS

Healthy NY is only available to individuals, sole proprietors, and small employers who meet the eligibility criteria for the program. Healthy NY has eligibility criteria so that the program's funding and resources help those with the greatest need.

This module focuses on eligibility requirements for **individuals** and **sole proprietors**. Healthy NY is also available to small employers with up to 50 employees. Eligibility requirements for small employers can be found on the Healthy NY web site at www.HealthyNY.com.

The web site now has an online eligibility screener under the header "Eligibility Screener and Criteria." HIICAP counselors can use the screener when assisting consumers, and consumers can also use this eligibility screener on their own. The screener asks the user to answer a simple series of questions and provides pertinent definitions alongside the questions. While the screener does not provide an official eligibility determination, it does let the user know if it might be worth applying for Healthy NY.

Sole Proprietors

Healthy NY defines a sole proprietor as the only employee and only owner of a business. If a person does not meet this description, then he may not apply as a sole proprietor. The eligibility criteria for individuals and sole proprietors are the same. However, sole proprietors may deduct business expenses from gross income. A sole proprietorship does not have to take any specified business format and could even be a d/b/a. However, please note that by definition, someone with a partnership cannot be a sole proprietor.



Caution: Eligibility criteria are listed below so that HIICAP counselors can assist people in determining whether or not they are eligible for Healthy NY. However, counselors cannot make eligibility determinations.

Eligibility Requirements

In order to be eligible for Healthy NY, an applicant must meet **all** of the following eligibility requirements:

- The applicant must be a resident of New York State.
- The applicant must be **ineligible for Medicare**.
- The applicant or the applicant's spouse must currently work or have worked at some time within the last 12 months. The work can be part-time or full-time. The work does not have to take place in New York State.
- The applicant's employer must not arrange for health insurance **and** contribute to the cost of health insurance. (It is okay if the employer does one but not the other.)
- The applicant's total **gross** (before tax) household income cannot exceed the monthly income limitations, as shown in the table below. Income is based on "**current**" income, which is income over the past 4-6 weeks. Income includes the income of the applicant and the applicant's spouse. Income does not include the income of any other residents of the household. Income includes wages, salary, self-employment income, interest and dividends,

Social Security income, retirement/pension/IRA/401(k) income if drawn upon, alimony received, unemployment income, and workers' compensation. It does not include Supplemental Security Income (SSI), public assistance, capital gains or account withdrawals, profits from the sale of a residence, foster care payments received, and child support payments received.

Healthy NY Income Guidelines*

Family Size	Monthly Household Income
1	Up to \$2,327
2	Up to \$3,152
3	Up to \$3,977
4	Up to \$4,802
5	Up to \$5,627
Each Additional Person	Add \$825

* When calculating family size, include the number of family members in the household whether they will be included on the Healthy NY policy or not. Pregnant women count as two people.

- The applicant must have been uninsured for 12 months prior to applying for Healthy NY **or** have lost coverage due to one of the following “crowd out” exceptions:
 - Loss of employment for any reason (including retirement);
 - Death of a family member;
 - Change to a new employer;
 - Change of residence;
 - Discontinuation of a group health plan;
 - Termination or cancellation of COBRA coverage (Note that a person does not have to exhaust COBRA coverage in order to apply for Healthy NY);
 - Legal separation, divorce, or annulment;
 - Loss of eligibility for group health insurance; or
 - Reaching the maximum age for dependent coverage.

Other Programs

Because Healthy NY requires members to pay a premium and requires people to have worked within the last year, Family Health Plus may be a better option for people with very low incomes who have not worked within the last year.

Healthy NY was designed to work in conjunction with Child Health Plus. Child Health Plus is a public health program for children and is administered by the Department of Health. Because the Child Health Plus program is a more highly subsidized program, it may be to an applicant's financial advantage to enroll children in Child Health Plus while enrolling himself and his spouse in Healthy NY. If a person is eligible for Healthy NY, it is likely that his children will be eligible for Child Health Plus.

How to Apply

In order to apply, a person must complete an application and attach the required **proof of New York State residence, proof of employment status, and proof of income.**

- **Proof of residence.** Acceptable proof of New York State residence includes a copy of a driver's license; a copy of a gas, electric, cable, or phone bill; or a copy of postmarked mail with a New York State address. Other acceptable proof of residence includes property tax records or mortgage statements. An applicant may certainly attach other proof as well.
- **Proof of employment status.** An applicant may establish proof of employment through a letter from the employer, documentation sufficient to establish self-employment, or pay stubs.
- **Proof of income.** Healthy NY considers "current" income, which is income over the past 4-6 weeks. Acceptable proof of income includes pay stubs and award letters/benefit checks (such as for unemployment or workers' compensation). W-2s and tax returns are not the preferred proof of income, as they do not reflect "current" income. However, they may be used if the applicant provides an explanation as to current income and no other documentation is available. If a person's current income is too high for Healthy NY but fluctuates, the person could wait and apply for Healthy NY when he meets the income guidelines.

It is always helpful for a person to append an explanation of the documents that are attached to the application, if the documents could be misinterpreted. For example, a person who was recently laid off and does not have a current income should indicate this on a separate sheet of paper.

If a person submits a complete application with all of the required attachments and a check for the first month's premium by the **20th of the month**, coverage should begin the 1st of the next month. Applications should be sent to the HMO or health plan that the applicant has selected. Addresses are listed below in the section called "Addresses and Telephone Numbers of Healthy NY Insurers" and are also listed on the Healthy NY web site at www.HealthyNY.com. Applications should not be sent to the New York State Department of Financial Services.

Annual Recertification

Each year, Healthy NY members must certify that they continue to meet the program's eligibility requirements. HMOs and health plans send recertification paperwork to members in the mail. Mid-year changes in household income and employment status do not serve as a basis for termination from the program. Only at recertification time will an HMO or health plan look at continued eligibility. Note that upon recertification, a member does not have to have worked within the last 12 months. Thus, Healthy NY may be a good option for early retirees. The member must still meet the income guidelines and maintain New York State residence.

Note that becoming Medicare-eligible midyear will not be cause for termination from Healthy NY until recertification. However, members should be aware of the possible effects that keeping Healthy NY once they become eligible for Medicare may subject them to Medicare penalties.

STANDARDIZED HEALTHY NY POLICIES

All health plans selling Healthy NY must offer the high deductible health plan with the exact same benefit package and cannot add or subtract benefits.

The actual insurance policy contract is issued by the HMO or health plan and not the Department of Financial Services. The Department of Financial Services oversees the program but does not keep copies of applications or maintain information on individual members.

Covered Benefits

Benefits included in the Healthy NY benefit package and their copayments include:

Benefit	Copayment
Prostate screening, cervical cytology screening, and mammography	\$20 per test
Home health care for up to 40 post-hospital or post-surgical visits in a calendar year	\$20 per visit
Physical therapy for up to 30 post-hospital or post-surgical visits per calendar year	\$20 per visit
Inpatient hospital services consisting of daily room and board, general nursing care, special diets and miscellaneous hospital services and supplies	\$500 per continuous confinement
Outpatient surgical facility	\$75
Pre-admission testing	\$20
Well-child visits	No charge
Prenatal services	\$10 per visit
Emergency room services (co-payment waived if admitted)	\$50
Preventive and primary care office visits, including immunizations	No charge
Diabetes equipment, supplies, and self-management education	\$20
X-ray, laboratory, and diagnostic services	\$20
Radiological services, chemotherapy, and hemodialysis	\$20
Blood and blood products furnished in connection with surgery or inpatient hospital services	\$20
Surgical services	Lesser of 20% or \$200
Specialist office visits	\$20 per visit
Optional prescription drug benefit	\$10 per generic \$20 per brand name, plus the difference in cost between the brand and generic, if a generic exists

Excluded Coverage

Because Healthy NY has a streamlined benefit package, certain services are not covered. Examples of services that are not covered include:

- Alcohol and substance abuse services and medication;
- Ambulance;

- Chiropractic treatment;
- Dental and vision;
- Durable medical equipment;
- Hospice care; and
- Mental health services and medication, including treatment and medication for anxiety, depression, and ADHD (As a public program, the Legislature excluded Healthy NY from Timothy's Law, which requires mental health parity in certain instances.).

If someone needs coverage for one or more of the above, then the person may want to consider a direct payment policy instead.

Prescription Drug Option

People can purchase Healthy NY with or without a limited prescription drug benefit. The premium for coverage with the prescription drug benefit is more expensive than the premium for coverage without the prescription drug benefit. The member must pay copayments of \$10 per fill for generic drugs. The copayment for brand name drugs is \$20 per fill, plus the difference in cost between the brand drug and its generic equivalent, if a generic equivalent exists.

Note that the prescription drug benefit does not include any drugs for mental health conditions, including depression.

People may choose whether they want prescription coverage when they submit their annual eligibility recertification or any time there is a rate increase.

High Deductible Health Plan

Healthy NY offers a high deductible health plan. Members are subject to an annual deductible. Members must pay for most services out-of-pocket before meeting the deductible. For 2012, the deductible is \$1,200 for individual coverage or \$2,400 for family coverage (more than one person). With family coverage, one family member or a combination of family members included in the health plan must meet the entire family deductible in order for coverage to begin.

Only expenses for benefits in the Healthy NY benefit package count towards the deductible. For example, payments for chiropractic care do not count towards the deductible, as chiropractic care is not a covered Healthy NY benefit. Likewise, people who do not elect prescription drug coverage cannot apply the cost of prescription medication towards fulfillment of the deductible. Out-of-pocket expenses for drugs covered under Healthy NY count towards the deductible as long as the member has selected prescription drug coverage.

Members may access preventive care at no charge prior to meeting the deductible. Preventive care includes cervical cytology screening, prostate cancer screening, mammography screening, periodic adult physical examinations, adult immunizations, routine prenatal care, well-child visits, and child immunizations. As a result of federal health care reform, **evidence-based items or services that have in effect a rating of 'A' or 'B' in the current recommendations of the United States preventive services task force are also included as preventive care.** Those items can be found at <http://www.healthcare.gov/law/resources/regulations/prevention/taskforce.html>.



Caution: Once a member meets the deductible, he must still pay any applicable copayments. This means that if a person meets the deductible and is hospitalized for surgery, he would have to pay the \$500 hospitalization copayment and the surgical

services copayment. Be sure that people realize that there are still out-of-pocket expenses once they meet the deductible.

The HDHP is meant to be used in conjunction with a **health savings account** (“HSA”). A HSA is a special account that a person can open at a bank or other financial institution. By law, a person must have an HDHP in order to open an HSA. However, people do not have to open an HSA if they do not want to. The owner of the HSA can withdraw money from the account tax-free, as long as it is used to pay **qualified medical expenses**. The U.S. Department of the Treasury Web site, www.treas.gov, has a list of qualified medical expenses. Money put in the account is tax-deductible and can grow tax-free. Money in the account that is not used by the end of the year can roll over to the next year without penalty. For specific details and rules regarding HSAs, visit the U.S. Department of the Treasury Web site.



Caution: People often get HDHPs and HSAs confused. Make sure people realize that the HDHP is the health insurance and the HSA is the bank account. Also make sure that people understand that the bank or financial institution may charge fees for the HSA, as with a regular bank account. The Department of Financial Services cannot recommend banks. However, many HMOs and health plans may have special arrangements with local banks.

Network Coverage

Benefits are provided through the HMO or health plan’s provider network. Members must use providers who participate in the HMO or health plan’s network, except in an emergency or where care is not available through a participating provider. Provider directories for each HMO and health plan participating in Healthy NY are located on the Healthy NY Web site at www.HealthyNY.com under “HMO Provider Directories.”

CONSUMER PROTECTIONS

There are several consumer protections that impact Healthy NY insurance.

Open Enrollment and Community Rating

New York State laws and regulations allow individuals to sign up for Healthy NY at any time of the year.

Under New York State Insurance Law, HMOs and participating insurers may not deny coverage based on an applicant’s health status, claims experience, or age. Laws in New York also prohibit HMOs and participating insurers from basing premiums on age and charging a higher premium to older adults. An HMO or participating insurer must charge all Healthy NY buyers in their geographic area the same premiums. The premium for that policy will, however, vary from company to company and from area to area (e.g., a policy will cost more for people living in Manhattan than people living in Corning).

Preexisting Condition Limitation

Healthy NY policies all contain preexisting condition limitations. However, a preexisting condition limitation does not apply to insureds under the age of 19. The law defines a preexisting condition as any condition for which medical advice, diagnosis, care, or treatment was recommended by a health professional or received within six months before the effective date of coverage. In individual contracts, the effective date is the date the health plan receives an individual’s substantially

complete application for coverage. Genetic information, in the absence of a diagnosis, is not a preexisting condition. Pregnancy is a preexisting condition in individual contracts.

If a person has a preexisting condition, treatment **for that condition** may be excluded for **up to 12 months**. This means that a person subject to a preexisting condition limitation can still receive services for all other conditions that are not preexisting. Additionally, under New York State law, the waiting period may be either **reduced** or **waived entirely**, depending upon whether an individual has “creditable coverage” that can be applied to the waiting period. Healthy NY insurers are required to reduce the pre-existing condition waiting period by the number of days an individual was covered under some form of “creditable” coverage, so long as there were no breaks in coverage of more than **63 calendar days**. Coverage is considered “creditable” if it is one of the following types of coverage:

- A group health plan;
- Health insurance coverage;
- Part A or B of Medicare;
- Medicaid;
- CHAMPUS and TRICARE health care programs for the uniformed military services;
- A medical care program of the Indian Health Service or of a tribal organization;
- A State health benefits risk pool;
- Federal Employees Health Benefits Program;
- A public health plan;
- A health benefit plan issued under the Peace Corps Act; and
- Medicare supplement insurance, Medicare select coverage or Medicare Advantage (Medicare HMO, PPO or PFFS plan).

Free Look Provision

Once a Healthy NY policy is purchased, buyers have 30 days from the day the policy is received to review it. If the purchaser decides the policy does not meet his needs, he may return the policy to the insurer for a full refund during this free look period.

Guaranteed Renewability

Federal law and New York State law mandates that Healthy NY policies be **guaranteed renewable**. The policy cannot be canceled unless a person stops paying the premium or fails to meet the eligibility requirements of the program upon recertification. The policy will never be cancelled due to claims experience.

Right to External Appeal

If an HMO or health plan participating in Healthy NY decides that care is not medically necessary, the member has the right to have the denial reviewed by an impartial clinical reviewer under New York State’s external appeal laws. External appeals must be requested within 45 days of the adverse determination from the HMO or health plan’s first level of appeal, and the HMO or health plan must provide the member with information on how to appeal. More information about the external appeal process can be found on the Department of Financial Services’ Web site at www.dfs.ny.gov.

Right to File a Complaint

HMOs and health plans participating in Healthy NY must have a grievance procedure for any determination other than one involving denials due to lack of medical necessity. Members can also file a complaint with the Department of Financial Service's Consumer Services Bureau. Contact information for this Bureau is listed in the section below, entitled "Sources of Assistance." Information can also be found on the Department of Financial Services' Web site at www.dfs.ny.gov.

CHOOSING A HEALTHY NY POLICY



Caution: The Healthy NY benefit package is standardized, and all HMOs and health plans offer the same benefits. Therefore, a more expensive plan does not mean added benefits.

Choosing a Healthy NY policy requires a three-part study:

1. The cost;
2. The health plan's network; and
3. The health plan's reputation.

The cost of Healthy NY varies by geographic location. For instance, premiums downstate are generally more expensive than premiums upstate. The cost also varies based on the HMO or health plan selected. Some plans have higher premiums than others for a variety of reasons. As noted previously, low cost does not mean low quality, nor does high cost mean high quality. All HMOs and health plans offer the same benefits, regardless of the price.

Each HMO or health plan has a different network of physicians, laboratories, hospitals, and other providers that it uses. Except in the case of an emergency, all Healthy NY coverage is in-network only. Thus, it is important for a prospective Healthy NY member to make sure that the network meets his needs. Some HMOs and health plans have bigger networks than others. Some people have favorite doctors that they want to be able to continue to see. A prospective member should make sure that these doctors are in the HMO or health plan's Healthy NY network.

Note that Healthy NY partnered with Benefit Specialists of NY, a subsidiary of the Greater Syracuse Chamber of Commerce, to offer *Healthcore*, a Healthy NY pilot project. This pilot project serves **Cayuga, Cortland, Herkimer, Jefferson, Lewis, Madison, Onondaga, Oneida and Oswego counties, located in Central New York**. United Healthcare offers *Healthcore* for the pilot project enrollees. Enrollees receive a 15% premium subsidy, with an additional 5% subsidy for completing a confidential health risk assessment. If you are assisting a resident of Central New York, please contact Benefit Specialists of NY for more information about the Healthy NY Upstate Pilot Project. Please visit the *Healthcore* Web site at www.hnyhealthcore.com or call 800-427-6901 or (315) 470-1930.

Finally, a health plan's reputation is important. Sometimes a prospective member will have had a good experience with a certain HMO or health plan and will want to obtain Healthy NY coverage with that plan. Word-of-mouth and the recommendations of family or friends may also be important to people. Health plans are also ranked by the New York State Department of Financial Services and other entities. The Department of Financial Services publishes its Consumer Guide to HMOs annually. This guide, available on the Department of Financial Service's Web site at www.dfs.ny.gov, ranks health plans based on various considerations including the number of complaints filed.

If They Apply...

If people you are counseling decide to apply for Healthy NY, the following actions should be taken to prevent problems before they occur.

- **Complete the application form carefully.** Omitting information or providing incorrect information can result in delay. Make sure that the applicant has sufficient proof of income, employment status, and New York State residence. Failure to attach the required information or attaching vague information will result in delays or denial of the application. Make a copy of the application and attachments. Remember that if the health plan receives the application, supporting documentation, and check for the first month's premium by the 20th of the month, coverage can start the 1st of the following month.
- **Understand what is and is not covered under the policy.** Make sure that Healthy NY is going to meet the applicant's needs. Be sure that the applicant understands what is and is not covered and how the pre-existing condition limitation works. The applicant should also understand any applicable co-payments and deductibles. Make sure that the applicant understands that care is provided on an in-network basis.
- **Never pay cash.** Pay by check or money order made payable to the insurance company.
- **Use the free look provision.** The law gives an applicant 30 days from the day he receives the policy to examine it and return the policy for a full refund if it does not meet his needs.
- **Expect prompt delivery of the policy or a refund.** If the applicant has not heard timely from the HMO or health plan, first contact the HMO or health plan directly to check the status of the application. If the HMO or health plan is unresponsive, then contact the New York State Department of Financial Services' Consumer Assistance Unit at 1-800-342-3736. Please note that because coverage is provided by HMOs and health plans and not New York State, the Department of Financial Services and Healthy NY hotline cannot check application status.

Sources of Assistance

Healthy NY Hotline

(sends applications and answers very general questions)

1-866-HEALTHY NY

Healthy NY Web Site

(explains all eligibility criteria, has downloadable applications and online eligibility screening tool, contains links to provider directories, and lists updated health plan rates)

www.HealthyNY.com

Healthy NY Inbox

(can answer general questions, technical questions, and assist with questions that are not answered on the Web site)

askhealthyny@dfs.ny.gov

NYS OFA HIICAP Hotline

1-800-701-0501

United States Department of the Treasury

(contains a section for consumers about health savings accounts)

www.treas.gov/offices/public-affairs/hsa/

Insurance Questions, Problems, and Complaints

NYS Department of Financial Services

Consumer Assistance Unit
1 Commerce Plaza
Albany, NY 12257

1-800-342-3736

1-518-474-6600

NYS Department of Financial Services

Consumer Assistance Unit
25 Beaver Street
New York, NY 10004

1-212-480-6400

Healthy NY Rates

(as of January 1, 2012)

HMOs and Rates by County (Lists all of the health plans available in each county and the premium rates.) <http://www.dfs.ny.gov/website2/hny/english/hnyr.htm>.

ADDRESSES AND TELEPHONE NUMBERS OF HEALTHY NY INSURERS (AS OF MARCH 29, 2012)

Aetna Health, Inc.

Healthy New York Program
3 Independence Way, 4th Floor
Princeton, NJ 08540

1-866-386-1371

www.aetna.com

Atlantis Health Plan, Inc.

45 Broadway, Suite 300
New York, NY 10006

1-212-747-0877

www.atlantishp.com

Capital District Physicians' Health Plan, Inc. ("CDPHP")

500 Patroon Creek Corporate Center
Albany, NY 12206

Individuals:

1-800-777-2273

Small groups and sole proprietors:

1-800-993-7299

www.cdphp.com

ConnectiCare of New York, Inc.

175 Scott Swamp Road
P.O. Box 4058
Farmington, CT 06034-4058

1-800-846-8578

www.connecticare.com

Empire BlueCross BlueShield

HMO Member Services
P.O. Box 1407
Church Street Station
New York, NY 10008

1-800-261-5962

www.empireblue.com

Excellus Health Plan, Inc.

205 Park Club Lane
Buffalo, NY 14221

Individuals and sole proprietors:

1-800-336-2014

Small groups:

1-800-427-8490

CNY, Utica/Watertown, and Rochester

Individuals/Sole Proprietors:

P.O. Box 22999

Rochester, NY 14692

1-800-462-0108

Small Groups:

165 Court Street

Rochester, NY 14647

1-877-872-9308

www.excellusbcbcs.com

Group Health Incorporated (GHI)

55 Water Street – 8th Floor
New York, NY 10041

1-800-444-2333

www.ghi.com

Healthcore, Benefit Specialists of NY

572 S. Salina Street
Syracuse, NY 13202

1-877-427-6901

1-315-470-1930

www.hnyhealthcore.com

HealthFirst New York (Managed Health, Inc.)

P.O. Box 5193
New York, NY 10274

1-888-260-1010

www.healthfirstny.com

HealthNow New York, Inc.
(BlueCross BlueShield of Western New York)

1701 North Street
Endicott, NY 13760

1-716-887-7520

1-800-888-5407

www.healthnowny.com

www.bcbswny.com

HealthNow New York, Inc.
(BlueShield of Northeastern New York)

30 Century Hill Drive
Latham, NY 12110

1-877-672-2242

1-518-220-5630

www.bsneny.com

HIP Health Plan of New York

Individuals and sole proprietors:

P.O. Box 2793

New York, NY 10116

1-888-215-8306

Small groups:

P.O. Box 2806

New York, NY 10116

1-888-215-8306

www.hipusa.com

Independent Health, Inc.

Attn: Sales Department
511 Farber Lakes Drive
Buffalo, NY 14221

1-800-453-1910

1-716-631-5392

www.independenthealth.com

MVP Health Plan, Inc.

625 State Street
Schenectady, NY 12305

1-888-MVP-MBRS

1-518-370-4793

www.mvphealthcare.com

Oxford Health Plans, Inc.

14 Central Park Drive
Hooksett, NH 03106

1-800-216-0778

www.oxhp.com

Univera

205 Park Club Lane
Buffalo, NY 14221

Individuals and sole proprietors:

1-800-336-2014

Small groups:

1-800-427-8490

www.univerahealthcare.com

STUDY GUIDE MODULE 16: HEALTHY NY

HEALTHY NY HEALTH INSURANCE

Healthy NY is State-sponsored health insurance that provides comprehensive benefits at affordable rates. It is meant for people who are working or have worked at some time within the last 12 months.

Use the information from your *HIICAP Notebook* for the following lessons regarding Healthy NY.

**1. HEALTHY NY BASICS**

Choose a partner and explain to each other how you might show an older adult the following Healthy NY basics:

- a. Healthy NY eligibility criteria
- b. Adults who meet the Healthy NY eligibility requirements might want to enroll their children in Child Health Plus
- c. Healthy NY members must pay a monthly premium, co-payments and an annual deductible
- d. Healthy NY applicants must decide if they want prescription drug coverage
- e. The Department of Financial Services oversees Healthy NY, but HMOs and health plans provide the coverage and customer service

**2. HEALTHY NY HAS ELIGIBILITY CRITERIA**

Explain why Healthy NY has eligibility criteria.

**3. STANDARDIZED BENEFIT PACKAGE**

- a. Check off the covered benefits.
 - Diabetes self-education
 - Radiology
 - Ambulance
 - Mammography
 - Therapy for depression
 - Chiropractic care
 - Annual teeth cleaning
 - Surgery
 - Specialist office visits
 - Preventive care
- b. Where can a person find information on an HMO's or health plan's network?

- c. Do purchases of a prescription antidepressant count towards the annual deductible? Can the person use the health savings account to purchase antidepressants?



4. HEALTHY NY CONSUMER PROTECTIONS

How will these consumer protections benefit seniors buying Healthy NY?

- a. Open-enrollment period
- b. Maximum 12-month waiting period for pre-existing conditions
- c. Credit towards pre-existing conditions
- d. Guaranteed renewability



5. NEW YORK STATE'S DEPARTMENT OF FINANCIAL SERVICES

Check the statements that are *true* about Healthy NY:

- The New York State Department of Financial Services processes all applications
- Healthy NY premiums are on a sliding scale
- People can switch from prescription coverage to no prescription coverage whenever they want
- The high deductible plan does not require members to have a health savings account
- Pricing for Healthy NY is based on the applicant's age and location
- The Department of Financial Services publishes health insurance company complaints rankings
- HMOs and health plans have different provider networks
- The Department of Financial Services investigates consumer complaints



In Summary: Review these basic concepts of Healthy NY.

- Older adults who are too young for Medicare and have worked within the last year may be interested in Healthy NY
- People must meet eligibility and income requirements in order to have Healthy NY
- A person does not have to exhaust COBRA coverage in order to have Healthy NY
- Healthy NY is a high deductible health plan with a standardized benefit package and an optional prescription drug benefit
- Coverage is provided by HMOs and health plans, and the Department of Financial Services oversees the program
- Coverage is on an in-network basis
- Healthy NY is not free insurance but has a reduced premium

ANSWER KEY MODULE 16: HEALTHY NY

HEALTHY NY HEALTH INSURANCE

Healthy NY is State-sponsored health insurance that provides comprehensive benefits at affordable rates. It is meant for people who are working or have worked at some time within the last 12 months.

Use the information from your *HIICAP Notebook* for the following lessons regarding Healthy NY.

**1. HEALTHY NY BASICS**

Choose a partner and explain to each other how you might show an older adult the following Healthy NY basics:

- a. Healthy NY eligibility criteria
- b. Adults who meet the Healthy NY eligibility requirements might want to enroll their children in Child Health Plus
- c. Healthy NY members must pay a monthly premium, co-payments and an annual deductible
- d. Healthy NY applicants must decide if they want prescription drug coverage
- e. The Department of Financial Services oversees Healthy NY, but HMOs and health plans provide the coverage and customer service

**2. HEALTHY NY HAS ELIGIBILITY CRITERIA**

Explain why Healthy NY has eligibility criteria.

**3. STANDARDIZED BENEFIT PACKAGE**

- a. Check off the covered benefits.
 - Diabetes self-education
 - Radiology
 - Ambulance
 - Mammography
 - Therapy for depression
 - Chiropractic care
 - Annual teeth cleaning
 - Surgery
 - Specialist office visits
 - Preventive care
- b. Where can a person find information on an HMO's or health plan's network?
The Healthy NY web site, www.HealthyNY.com, contains links to each provider directory.

- c. Do purchases of a prescription antidepressant count towards the annual deductible? Can the person use the health savings account to purchase antidepressants?

Money spent for services that are not part of the Healthy NY benefit package do not count towards the deductible. Examples are antidepressants, chiropractic care, and durable medical equipment.

A health savings account can be used to pay for antidepressants, as long as they are qualified medical expenses according to the IRS. It does not matter that antidepressants are not covered under the Healthy NY benefit package.



4. HEALTHY NY CONSUMER PROTECTIONS

How will these consumer protections benefit seniors buying Healthy NY?

- Open-enrollment period – *enables seniors to buy a policy sold in New York State at any time, regardless of health status or age.*
- Maximum 12-month waiting period for pre-existing conditions – *guarantees coverage of a pre-existing condition within a short (12-month or less) time period.*
- Credit towards pre-existing conditions – *reduces or eliminates any new pre-existing condition waiting period for those with creditable coverage.*
- Guaranteed renewability - *protects people from having a policy cancelled due to health factors or utilization.*



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