

healthy

Guidebook and Application for

Individuals and Sole Proprietors

A New York State sponsored program offering more
affordable health insurance to small businesses,
sole proprietors and working individuals.



State of New York
David A. Paterson, Governor

New York State Insurance Department
Eric R. Dinallo, Superintendent

1-866-HEALTHY NY (1-866-432-5849) • www.HealthyNY.com

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INTRODUCTION TO HEALTHY NY

Healthy NY offers comprehensive health insurance to sole proprietors, working individuals, and small businesses. The streamlined benefit package, combined with state funding, means more-affordable health insurance for you and your family.

Benefits

Healthy NY's standardized benefit package includes preventive and primary care, emergency room services, and much more. You can also choose an optional prescription drug benefit or high deductible health plan. More information about the benefit packages starts on page 2.

Cost

Healthy NY is reduced-cost health insurance. You can purchase Healthy NY from any of New York's licensed health maintenance organizations (HMOs), as well as some other New York State-licensed health plans. HMOs charge a monthly premium, and rates vary by county and by HMO. For current premium rates for HMOs in your county, call 1-866-HEALTHY NY (1-866-432-5849) or visit www.HealthyNY.com.

Eligibility

To purchase Healthy NY, you must meet eligibility requirements. You can learn more about eligibility for individuals and sole proprietors on page 6.

The eligibility requirements for small employers are very different from the eligibility requirements for individuals and sole proprietors. Small employers who have between 1 and 50 employees should review the guidebook for small employers or visit www.HealthyNY.com.

To Apply

Mail your completed application and documentation directly to the HMO that you have chosen. If the HMO receives your completed application and premium check by the 20th of the month, your coverage should start by the 1st of the next month.

If you have questions about the status of your application, please contact the HMO that you selected.

You can enroll in Healthy NY year-round.

COVERAGE AND BENEFITS

Healthy NY coverage includes important services such as hospital care and regular medical checkups. You also have a choice of coverage with or without a prescription drug benefit.

Benefit Packages

Healthy NY offers four benefit packages:

- Healthy NY
- Healthy NY with a prescription drug benefit
- Healthy NY high deductible health plan
- Healthy NY high deductible health plan with a prescription drug benefit

Network-Based Coverage

Benefits are provided through each HMO's network of medical providers. This means that you must use doctors and health care providers who participate in your HMO's network, except in an emergency or when care is not available through a participating provider. To find out if a health care provider is in your HMO's network, contact the HMO, visit the HMO's Web site, or contact your health care provider. You can also go to the Healthy NY Web site at www.HealthyNY.com to view provider directories.

Each HMO has a different provider network, so it is important to make sure that the doctors and health care providers you like are in your HMO's network.

Coverage for Family Members

You can cover yourself, your spouse, dependent children to age 19, and dependent children who are full-time students to age 23. Sole proprietors may also cover domestic partners. For more information on adding your spouse, domestic partner, or children to your policy, contact your HMO.

Covered Health Care Services

Healthy NY benefits include:

- Physician services including diagnostic, treatment, consultant, and referral services
- Surgical services (including breast reconstruction surgery after a mastectomy) and anesthesia
- Inpatient hospitalization including room and board, general nursing care, special diets, and other hospital services and supplies
- Outpatient hospitalization including diagnostic and treatment services and surgical facility charges
- Pre-admission testing
- Emergency services (ambulance not covered)
- Second opinion for surgery and cancer treatment
- Post-surgery or post-hospitalization home health care, up to 40 visits per calendar year
- Post-surgery or post-hospitalization physical therapy, up to 30 visits per calendar year
- Adult preventive services including mammogram, Pap test, prostate cancer screening, physical examinations no more than once every three years, and adult immunizations
- Prenatal care, well-child visits, and children's immunizations
- Diabetic supplies, equipment, and self-management education
- Diagnostic, X-ray, and laboratory services
- Radiation therapy, chemotherapy, and dialysis
- Blood and blood products provided with surgery or inpatient hospitalization

Services Not Covered by Healthy NY

Healthy NY offers a streamlined benefit package, which lowers premiums. Because of this, certain services are not covered. Some of these services include:

- Mental health services and prescription drugs related to mental health conditions, including treatment for depression, anxiety, and attention deficit hyperactivity disorder (ADHD)
- Alcohol and substance abuse treatment and prescription drugs related to alcohol and substance abuse treatment
- Chiropractic care
- Physical therapy, unless post-surgery or post-hospitalization
- Home health care, unless post-surgery or post-hospitalization
- Hospice
- Ambulance
- Dental, vision, and hearing aids
- Out-of-state treatment, unless in the case of an emergency

If a service is not covered, then your Healthy NY plan will not pay for it.

Prescription Drug Benefit

You can choose Healthy NY with or without a prescription drug benefit. The prescription drug benefit has a \$3,000 per person per year benefit maximum and a \$100 annual deductible.

Co-Payments and Deductibles

Most services have a co-payment. The co-payment is an amount that you must pay at the time you receive services. Co-payments are the same for each HMO.

A deductible is an amount that you must pay before your HMO will pay for services. There are no deductibles unless you choose the prescription drug plan or the high deductible health plan. More information on the high deductible health plan is on page 4.

Co-payment amounts are:

Covered Service	Applicable Co-Payment
Inpatient hospital services	\$500
Surgical services	Lesser of 20% or \$200
Outpatient/ambulatory surgery center	\$75
Emergency room	\$50 (waived if admitted to the hospital)
Prenatal care	\$10
Well-child visits/immunizations	No charge
All other services, including checkups, specialist visits, preventive care, diagnostic testing, and lab work	\$20
Optional prescription drug benefit	Maximum benefit of \$3,000 per person per year - \$100 deductible per calendar year - \$10 co-payment for generic drugs - \$20 co-payment for brand-name drugs plus the difference in cost between the brand-name drug and generic equivalent (if a generic exists)

Pre-Existing-Condition Limitation

Healthy NY plans are subject to a **pre-existing-condition limitation**. This means that if you have a medical condition that you have been **diagnosed with or treated for in the last 6 months**, services for the **treatment of that condition may be excluded from coverage for up to 12 months**. However, **you will still have coverage for all other covered conditions**. Be aware that **pregnancy is a pre-existing condition for individuals**, and coverage can be excluded for up to 10 months. Pregnancy is not a pre-existing condition for sole proprietors or people with small group policies. The pre-existing-condition waiting period will be reduced or eliminated if you had prior insurance and apply for Healthy NY within 63 days of your prior coverage ending. You should check with your health plan in advance to determine how this waiting period might impact coverage of your existing health conditions.

HIGH DEDUCTIBLE HEALTH PLAN AND HEALTH SAVINGS ACCOUNT OPTION

Healthy NY offers a high deductible health plan that can be used with a health savings account.

What Is a High Deductible Health Plan?

A high deductible health plan (HDHP) is a **type of health insurance coverage**. The HDHP has a **lower premium**, but you must **meet a deductible** before most coverage begins. The HDHP has the **exact same benefits and co-payments** as Healthy NY without a deductible. The 2009 deductible is \$1,150 for individuals and \$2,300 for families (more than one person).

How Does the High Deductible Health Plan Work?

With the HDHP, you are responsible for the cost of most services until you meet the deductible. You should ask your health care provider about the cost of any services you will have to pay for out of pocket. Only expenses for benefits covered under the Healthy NY plan count towards meeting the deductible. Once you meet the deductible, you will only pay a co-payment for services.

You can **get preventive services before meeting the deductible** by paying a co-payment. Preventive services include well-child visits, child immunizations, routine prenatal care, prostate cancer screening, mammograms, Pap tests, and adult checkups and immunizations. Money spent on co-payments for preventive services does not count towards the deductible.

With a family plan, one family member or a combination of family members included in the health plan must meet the \$2,300 family deductible in order for coverage to begin.

If you choose the HDHP with a prescription drug benefit, the overall deductible of \$1,150 for individual coverage or \$2,300 for family coverage applies to the drug benefit as well, and there is no separate \$100 prescription drug deductible. You will be covered for prescription drugs once you reach the \$1,150 or \$2,300 deductible. Out-of-pocket costs for prescription drugs count towards the deductible, as long as the drug would be covered under Healthy NY. If you choose the HDHP without a prescription benefit, then out-of-pocket expenses for prescriptions do not count towards the deductible.

You may only choose between the HDHP and the standard plan when first enrolling and during yearly recertification.

What Is a Health Savings Account?

A health savings account (HSA) is a **type of savings account** used to pay for medical expenses such as deductibles and co-payments. You can set up and put money into an HSA at a local or online bank. The health plan that you choose may also have a relationship with a bank that offers HSAs. With an HSA, you can **withdraw money tax-free** for qualified medical expenses.

You can also use your HSA to pay for medical expenses that aren't covered under Healthy NY, such as dental and vision care and over-the-counter medication. For 2009, you can contribute up to \$3,000 for individual coverage and \$5,950 for family coverage. The federal government sets these amounts, and they change yearly. You can deposit money into the account in one lump sum or at any frequency that is convenient. You can also roll over money from an individual retirement account (IRA), flex spending account (FSA), or health reimbursement arrangement (HRA) on a one-time basis. It is very important to save all receipts if you have an HSA.

The Nuts and Bolts of Health Savings Accounts

HSAs have several tax advantages:

- The money that you put into the HSA is generally **tax-deductible** from your income, even if you do not itemize deductions.
- The money in the HSA can **earn interest tax-free**.
- As long as you use the money in the HSA for qualified medical expenses, then you are never taxed on it.

Money that you put in your HSA is portable, and if you do not use all of the money by the end of the year, then it rolls over automatically for use in later years.

If you are a sole proprietor, you may not contribute to an HSA on a pre-tax basis and may not take the amount of your HSA contribution as a deduction for Self-Employment Contributions Act (SECA) purposes. However, you may contribute to an HSA with after-tax dollars and take an above-the-line deduction.

If you open an HSA, then you will be responsible for any account fees that your bank or financial institution may charge. It is important to comparison shop before opening an account. Banks, credit unions, and other approved companies may offer HSAs.

Visit the U.S. Department of the Treasury at www.treas.gov for more information on HSAs.

Is the High Deductible Health Plan with Health Savings Account Right for You?

Before choosing the HDHP option, you should make sure that you will be able to fund your HSA and meet the deductible. **Remember that if you choose the HDHP, full coverage does not start until you meet the deductible.** You should carefully compare the standard plan with the HDHP before making a decision.

ELIGIBILITY REQUIREMENTS FOR INDIVIDUALS AND SOLE PROPRIETORS

Healthy NY is available to individuals and sole proprietors who meet eligibility requirements.

You must meet *all* five eligibility requirements in order to participate in the Healthy NY program for individuals and sole proprietors.

Healthy NY Eligibility Requirements for Individuals and Sole Proprietors

1. You must be a resident of New York State and must *not* be eligible for Medicare.
2. You *or* your spouse must have worked at some time in the past 12 months.
3. You must *not* be eligible for health insurance provided by your employer.
4. You must meet income guidelines.
5. You must be uninsured for the 12 months prior to applying for Healthy NY *or* have lost coverage due to a specific event.

See below for a detailed explanation of each requirement.

1. You must be a resident of New York State and must not be eligible for Medicare.

You do not have to be a United States citizen, but you must be a New York State resident and legal resident of the United States. Those living in New York State part-time may apply if they maintain and claim New York State residency but should keep in mind that Healthy NY has very limited out-of-state benefits.

Medicare is federal health insurance for people of all incomes. It is usually for people age 65 and older and people who are disabled.

2. You or your spouse must have worked at some time in the past 12 months.

You do not have to be employed at this time, as long as you or your spouse have worked within the last 12 months. Work can be full-time or part-time but must be for pay. This requirement applies to students as well.

3. You must not be eligible for health insurance provided by your employer.

If you currently work for an employer that provides comprehensive (medical and hospital) health insurance *and* contributes any amount to the cost, then you are not eligible for Healthy NY. If you have employer-sponsored insurance but it does not provide hospital *and* medical benefits, then it is not comprehensive and you might still qualify. If your employer offers coverage to some employees but you are not eligible because of hours or job duties, then you may still be eligible for Healthy NY.

4. You must meet income guidelines.

2009 Healthy NY Monthly Income Guidelines	
PERSONS IN FAMILY	GROSS INCOME
1	Up to \$2,257
2	Up to \$3,036
3	Up to \$3,815
4	Up to \$4,594
5	Up to \$5,373
6	Up to \$6,153
Each Additional Person	Add \$780
Income levels are updated annually. Pregnant women count as two people for the purpose of determining family size.	

What Is Income?

Income includes:

- Salary, wages, commissions, and royalties
- Alimony received
- Self-employment and rental income
- Interest and dividends from investments and accounts
- Government, civilian, and military retirement or pension
- Social Security income
- Unemployment and workers' compensation benefits

Income does not include:

- Public assistance
- Supplemental Security Income (SSI)
- Child support or foster care payments made to you
- Profits from the sale of your residence
- Account withdrawals or capital gains

Your total *gross* (before taxes are taken out) household income must not go above the program's household income limitations. **Income guidelines are based on your *current* income, which is your income over the past 4-6 weeks.** You will be asked to submit proof of income with your application.

Sole proprietors may deduct documented business expenses from income. Please see page 9 for more information for sole proprietors.

When listing household income, you are only required to **list your income and that of your spouse**, if your spouse lives in the household.

College students do not have to list their parents' or roommates' income. See page 9 for more information for students, recent graduates, and young adults.

For purposes of calculating your household size, count yourself, your spouse if your spouse lives with you, and dependent children, whether they live with you or not. Count all of these people, even if you are not going to include them on your Healthy NY policy. Do not count parents, roommates, or those not dependent on you for support.

5. You must be uninsured for the 12 months prior to applying for Healthy NY or have lost coverage due to a specific event.

If you lost your health insurance coverage due to a specific event, you may still be eligible for Healthy NY if you meet all of the other eligibility requirements. Specific events include the following:

- Losing employment, changing to a new employer, leaving the workforce, or retiring
- Death of a family member
- Changing residence
- Discontinuing a group health plan
- Terminating or canceling COBRA coverage
- Legal separation, divorce, or annulment
- Losing eligibility for group health insurance coverage
- Reaching the maximum age for dependent coverage

Please note that being unable to afford current health insurance premiums is not a specific event.

If you are eligible for COBRA coverage or currently have COBRA or other continuation-type coverage, then you may apply for Healthy NY. **You are *not* required to apply for COBRA coverage. If you are currently enrolled in COBRA coverage, you are *not* required to keep it.**

If you have had coverage through a public program such as Family Health Plus, Child Health Plus, or Medicaid, you may still apply for Healthy NY, even if it was within the last 12 months.

Changing HMOs

You may **change HMOs at any time** by submitting a new application to a new HMO. However, payments towards any deductibles will not carry over to the new HMO, and you will have to meet all of the Healthy NY eligibility requirements at the time of your new application.

Eligibility Recertification and Mid-Year Changes in Eligibility Requirements

Healthy NY understands that your household size, income, and other factors may change after you enroll in Healthy NY. **Mid-year changes will not cause you to lose coverage immediately.** Healthy NY has a yearly recertification process, at which time the HMO will review your eligibility.

Each year you must complete a recertification form that shows you are still eligible for Healthy NY. Your HMO will send you this form and will tell you when it is due. If you do not meet the eligibility requirements at the time of recertification, then you will be unable to continue to participate in the program. You do not have to be working when you recertify your eligibility.

SPECIAL INFORMATION FOR SOLE PROPRIETORS

Healthy NY defines a sole proprietor as the sole owner and only employee of a business. The structure of the business does not matter. For example, the business could be a corporation, LLC, or D/B/A. However, if you own a business with your spouse or anyone else, then you are not eligible to apply as a sole proprietor. If you have any employees, then you are not eligible to apply as a sole proprietor.

Sole proprietors must meet the same eligibility requirements as individuals. Keep in mind that sole proprietors may deduct documented monthly business expenses when determining current income.

HEALTHY NY – A WISE CHOICE FOR STUDENTS, RECENT GRADUATES, AND YOUNG ADULTS

If you are a high school or college student aging off of a parent's policy, you may be eligible for Healthy NY, even if you have had coverage within the past 12 months. You must meet all other eligibility requirements, including the work requirement. Part-time work, summer work, and work-study count towards the employment requirement, as long as it was within the last 12 months and you received monetary compensation. Unpaid internships do not count towards the work requirement.

Only include your income and that of your spouse, if applicable. Do not count your roommates' or parents' income, even if you live with them.

When calculating family size, include yourself and your spouse and children, if applicable, even if you do not want Healthy NY coverage for them. Do not include parents or roommates.

EARLY RETIREES MAY BENEFIT FROM HEALTHY NY

Application Tips for Early Retirees

If you are an early retiree who is not yet Medicare-eligible, then Healthy NY might be the answer to your interim health insurance needs. Early retirees may apply for Healthy NY as long as they meet the eligibility requirements, including working at some point within the last 12 months. **You do not need to accept or exhaust COBRA coverage** in order to apply for Healthy NY. Keep in mind that if you wait until you exhaust COBRA coverage to apply for Healthy NY, you will still need to show that you have had some type of employment within the last 12 months in order to qualify.

Continuing with Healthy NY Through Recertification

Once you are enrolled in Healthy NY, you must annually recertify that you are eligible to continue in the program. The requirements at recertification are different from the requirements when you first apply for Healthy NY. At recertification, as long as you attest that you are a New York State resident and meet Healthy NY's income guidelines, you can continue in the program. **At this point, you do not need to have worked within the last 12 months.** For more information about recertification, please see page 8.

IS HEALTHY NY RIGHT FOR YOU AND YOUR FAMILY? INFORMATION ON NEW YORK STATE PUBLIC HEALTH PROGRAMS

Before enrolling in Healthy NY, you may want to consider these free or reduced-cost public health programs for you and your family:

Child Health Plus

Child Health Plus offers **free or low-cost coverage to children up to age 19**. If you are eligible for Healthy NY, then your children may be eligible for Child Health Plus. It may be less expensive for you and your spouse to have coverage through Healthy NY and for your children to have Child Health Plus coverage. Child Health Plus benefits are especially designed to meet the needs of children and are more complete than Healthy NY. You should find out if your children are eligible for Child Health Plus before enrolling them in Healthy NY. For more information about Child Health Plus, call New York's toll free hotline at 1-800-698-4543 or visit the Department of Health's Web site at www.health.state.ny.us.

Medicaid

Medicaid provides **free health insurance to very-low-income children and adults**. Medicaid may cover you if you meet certain income, asset, age, or disability requirements or if you receive Supplemental Security Income or have high medical bills. You do not have to have a job to receive Medicaid.

Apply for Medicaid in writing, by phone, or by going to your local department of social services. In New York City, contact the Human Resources Administration at 1-718-557-1399. Residents of the five boroughs of New York City may call toll free at 1-877-472-8411. Pregnant women and children can apply at many clinics, hospitals, and Prenatal Care Assistance Program (PCAP) offices. Call your local department of social services to find out where you can apply.

Family Health Plus

Family Health Plus is a **free program for adults** between the ages of 19 and 64 who do not have health insurance but make too much money to qualify for Medicaid. Family Health Plus is available to low-income single adults, couples without children, and parents. If your income is greater than Family Health Plus income guidelines, then you are not eligible. There are no premiums, co-payments, deductibles, or other fees. For more information, call 1-877-9FHPLUS (1-877-934-7587) or visit the Department of Health's Web site at www.health.state.ny.us.

Prenatal Care Assistance Program (PCAP)

Pregnant women and teens who meet income requirements can get complete medical care during pregnancy and delivery and for at least two months after delivery. **PCAP does not have a pre-existing-condition limitation because of pregnancy**. Babies can get care for at least one year after birth. To get more information, call 1-800-522-5006 or visit the Department of Health's Web site at www.health.state.ny.us.

SIGNING UP AND SELECTING A HEALTH PLAN

All HMOs in New York State and some other health plans offer Healthy NY. The Healthy NY benefit packages are the same, regardless of which HMO or health plan you choose.

Premium rates vary by region and health plan. Health status, age, and gender do not affect premiums. For current premium rates and a list of HMOs in your county, call the Healthy NY toll-free hotline at 1-866-HEALTHY NY (1-866-432-5849) or visit the Healthy NY Web site at www.HealthyNY.com.

To see if your health care providers are in an HMO's network, view provider directories at www.HealthyNY.com or contact the HMO.

You can select a plan with or without a high deductible and with or without a prescription drug benefit.

Mail your completed application and documentation directly to the HMO that you have chosen. If the HMO receives your completed application and premium check by the 20th of the month, your coverage should start by the 1st of the next month.

If you have questions about the status of your application, please contact the HMO that you selected.

For other questions, please e-mail the Healthy NY program at askHealthyNY@ins.state.ny.us.

HEALTHY NY APPLICATION INSTRUCTIONS

Confidentiality Statement: 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:

Applicant Information

In this section, we ask how to contact you.

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 whether or not you want prescription drug coverage, you will not be able to change your selection until your annual recertification or if your premium rate changes.

2. Deductible

Choose if you want a yearly deductible or a plan with no deductible. Once you choose whether or not you would like a deductible, you will not be able to change your selection until your annual recertification. For 2009, the deductible is \$1,150 for individuals and \$2,300 for families.

You should carefully consider all options and read the information on page 4 before making a decision.
Visit www.HealthyNY.com for more information.

SECTION C:

Employment Information

To be eligible for Healthy NY, either you or your spouse must have worked at some point within the past 12 months. Please answer the employment questions.

SECTION D:

Health Insurance Information

Healthy NY is for people who have been without comprehensive health insurance for 12 months or who have lost their health insurance due to certain specific events. Please answer the questions in Section D regarding prior health insurance coverage. Canceling other insurance due to cost does not entitle you to coverage.

SECTION E:

Household Income

In order to qualify for Healthy NY, your household income must fall within the limits set by law. Please list your current gross (before taxes) monthly income and the current gross monthly income of your spouse (if residing in your household). No one else's income is counted. See page 7 for a list of what is and what is not considered income.

2009 Healthy NY Monthly Income Guidelines	
PERSONS IN FAMILY	GROSS INCOME
1	Up to \$2,257
2	Up to \$3,036
3	Up to \$3,815
4	Up to \$4,594
5	Up to \$5,373
6	Up to \$6,153
Each Additional Person	Add \$780
Pregnant women count as two people. Income levels are updated annually.	

SECTION F:

Household Members

Please complete the chart in Section F. Include information for yourself, your spouse and your children. If you are a sole proprietor, you may include information about your domestic partner, if applicable. Spouses and domestic partners must reside in your household. Do not count other people residing in your household, such as parents, roommates, etc.

SECTION G:

Documentation

Documentation of NYS residence, employment status, and household income must be included with your application. Submit documentation of current income such as your most recent pay stubs. You must include documentation that shows your income for the last month. If this information is not available or not representative of your normal income, submit your tax return or business documentation and provide an explanation of the documentation.

SECTION H:

Certification

Please carefully review and complete the certification set forth in Section H.

SUBMITTING YOUR APPLICATION Detach and send your completed application directly to the HMO or participating insurer that you choose. For a list of HMOs and participating insurers and their addresses and rates, go to www.HealthyNY.com and select the link "HMOs and Rates by County." Applicants whose completed applications are received by the 20th of the month may be enrolled by the 1st of the following month. For faster processing, include a check for the first month's premium, made payable to the HMO or participating insurer. If you have other questions, or to check the status of your application, please call your chosen HMO or participating insurer directly.

SECTION A: Applicant Information

☐ Mr. ☐ Mrs. ☐ Ms. ☐ Miss

Male ☐ Female ☐

Name: First _____ Middle Initial _____ Last _____

Telephone: Home (____) _____ Work (____) _____

Street address of person applying for coverage:

Street _____

City _____ State _____ ZIP _____ County _____

Mailing address if different than street address:

Street _____

City _____ State _____ ZIP _____ County _____

SECTION B: Coverage Options

Healthy NY is available with or without prescription drug coverage. The drug benefit has a \$3,000 per person annual limit. Premiums are higher for coverage with a drug benefit.

You may also select coverage with an annual deductible. Although this option is less expensive, you are responsible for \$1,150 (\$2,300 for family coverage) of the cost of services before services are covered. Preventive services are covered before meeting the deductible.

Please select your coverage option:

☐ Healthy NY
with drug option

☐ Healthy NY
without drug option

☐ HDHP with
drug option

☐ HDHP without
drug option

SECTION C: Employment Information

1. Please indicate whether you are applying as an individual or as a sole proprietor.

A sole proprietor is someone who is the sole owner and only employee of a business, regardless of the business's format.

☐ Individual

☐ Sole proprietor – You will be asked to submit proof of self-employment

2. You can qualify for Healthy NY if either you or your spouse worked during the past 12 months. Please answer the following questions about employment:

Who is currently employed?

☐ You

☐ Spouse

☐ Neither

Who has worked in the past 12 months?

☐ You

☐ Spouse

☐ Neither

If both questions above are answered "Neither," then you will not qualify for Healthy NY.

SECTION D: Health Insurance Information

Healthy NY is available to individuals who have not had comprehensive (medical **and** hospital) health insurance coverage in place during the past 12 months or have lost their insurance due to certain reasons. Please answer the following questions:

1. Have you had health insurance coverage that included both medical and hospital benefits during the past 12 months? Note: Answer "Public Program" if your coverage was through Medicaid, Child Health Plus, Family Health Plus, Healthy NY, or another public health program.

☐ Yes

☐ No

☐ Public Program

Name of Public Program _____

2. If you have had comprehensive health insurance coverage during the past 12 months, please indicate the reason(s) for termination. Please check all that apply.

☐ Losing employment

☐ Changing to a new employer, leaving the workforce, or retiring

☐ Changing residence

☐ Death of a family member

☐ Legal separation, divorce, or annulment

☐ Reaching the maximum age under your policy

☐ Losing eligibility for group health insurance coverage

☐ Discontinuing a group health insurance plan

☐ Terminating or canceling COBRA/continuation coverage

3. Date coverage terminated or will terminate due to reason noted in 2.

_____/_____/_____

SECTION E: Household Income

Income limitations are set by law. Please list your current monthly **gross** income and the current monthly **gross** income of your spouse (if residing in your household). Gross income is before taxes. Income includes salary, wages, commissions, royalties, alimony received, self-employment income, rental income, interest and dividends from investments and accounts, public or private retirement or pension benefits, Social Security Income, and unemployment and workers' compensation benefits. Income **does not** include public assistance, Supplemental Security Income (SSI), child support or foster care payments made to you, profits from the sale of your residence, and account withdrawals or capital gains.

Applicant's current monthly gross income \$_____

Spouse's current monthly gross income \$_____

TOTAL \$_____

Note: Sole proprietors may deduct their documented monthly business expenses in calculating monthly income.

SECTION F: Household Members

The household income limitation depends on the number of household members that you have. Household members include yourself, your spouse (if residing in the household), and dependent children. For each person listed, please indicate whether that person is applying for coverage. Sole proprietors may include a domestic partner, if they want coverage for the domestic partner under the policy. Fill in the name of the primary care physician chosen by each person to be covered, if known.

Applicant's Name (First, MI, Last)	DOB	Applying for Coverage? <input type="checkbox"/> Yes <input type="checkbox"/> No	Social Security Number
	Name of Primary Care Physician (If Known):		
Spouse's or Domestic Partner's Name (First, MI, Last)	DOB	Applying for Coverage? <input type="checkbox"/> Yes <input type="checkbox"/> No	Social Security Number
	Name of Primary Care Physician (If Known):		
Child's Name (First, MI, Last)	DOB	Applying for Coverage? <input type="checkbox"/> Yes <input type="checkbox"/> No	Social Security Number
	Name of Primary Care Physician (If Known):		
Child's Name (First, MI, Last)	DOB	Applying for Coverage? <input type="checkbox"/> Yes <input type="checkbox"/> No	Social Security Number
	Name of Primary Care Physician (If Known):		
Child's Name (First, MI, Last)	DOB	Applying for Coverage? <input type="checkbox"/> Yes <input type="checkbox"/> No	Social Security Number
	Name of Primary Care Physician (If Known):		
Child's Name (First, MI, Last)	DOB	Applying for Coverage? <input type="checkbox"/> Yes <input type="checkbox"/> No	Social Security Number
	Name of Primary Care Physician (If Known):		
Child's Name (First, MI, Last)	DOB	Applying for Coverage? <input type="checkbox"/> Yes <input type="checkbox"/> No	Social Security Number
	Name of Primary Care Physician (If Known):		

Pregnant women count as two people for determining household size. Are any of the household members listed above pregnant?

☐ No ☐ Yes (Name _____)

Are any of the household members eligible for Medicare? Medicare is federal health insurance for people of all incomes. It is usually for people age 65 and older, and people who are disabled.

☐ No ☐ Yes (Name _____)

SECTION G: Documentation

You must attach documentation of NYS residence, employment within the past 12 months for you or your spouse, and your household income. Documentation should match your statements in earlier sections of the application. You must include documentation that shows your entire current monthly income, such as pay stubs for an entire month. Note that one document can fulfill more than one category. Please check the boxes below that show which types of documentation you are submitting.

NYS Residence (should match Section A)	Employment (should match Section C)	Household Income (should match Section E)
<input type="checkbox"/> NYS driver license <input type="checkbox"/> Utility bill (gas, electric, cable, etc.) or postmarked mail with address <input type="checkbox"/> Letter/lease/rent receipt from landlord <input type="checkbox"/> Property tax records or mortgage statement <input type="checkbox"/> Other (explain):	<input type="checkbox"/> Pay stubs <input type="checkbox"/> Letter from employer <input type="checkbox"/> Documentation sufficient to demonstrate self-employment <input type="checkbox"/> Other (explain):	<input type="checkbox"/> Pay stubs <input type="checkbox"/> Award letters/benefit checks <input type="checkbox"/> Business records <input type="checkbox"/> Letter from employer <input type="checkbox"/> Other (explain):

SECTION H: Certification

By signing this certification of eligibility, I certify under penalty of perjury that all statements contained in this certification are true to the best of my knowledge. I further certify that I am ineligible for health insurance provided by my employer and all individuals to be covered are ineligible for Medicare.

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.

Applicant's Signature

Date

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

Broker's Name

License #

Company

Address

Phone

E-mail

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 last six months. Your Healthy NY policy will exclude coverage for that condition for up to 12 months. Pregnancy is a pre-existing condition in individual contracts, and coverage may be excluded for up to 10 months. Pregnancy is not a pre-existing condition for sole proprietors. This period may be reduced or eliminated if you are transferring from other health insurance coverage, which terminated no more than 63 days prior to the date that you submit your Healthy NY application. Please review your Healthy NY health insurance policy or contact your HMO for a full explanation of what is considered a pre-existing condition and how this restriction may affect you.

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.

Detach and send your completed application directly to the HMO or participating insurer that you choose. For a list of HMOs and participating insurers and their addresses and rates, go to www.HealthyNY.com and select the link "HMOs and Rates by County."

www.HealthyNY.com • 1-866-HEALTHYNY (1-866-432-5849)

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