

# Healthy NY Program



## “Health Insurance for the Uninsured”

Healthy NY Toll Free Phone No: 1-866-HEALTHY NY (1-866-432-5849)

## Healthy NY Program Guidance

1. New Income Limits Announced for 2004
2. Enrollment News
3. Reminder -- Address to Direct Consumers / Complaints
4. Some of the Questions You Have Asked

---

### 1. New Income Limits Announced for 2004

The federal poverty levels have been adjusted for 2004. This impacts the amount of allowable household income for the Healthy NY program for individuals and sole proprietors. Please start using these as soon as possible, but no later than 1/1/04.

The new income limits are as follows:

Jan. 2004	250%	
	FPL	
Family Size	ANNUAL	MONTHLY
1	23,275	1,940
2	31,225	2,603
3	39,175	3,265
4	47,125	3,928
5	55,075	4,590
Each add'l person	7,950	663

## 2. Enrollment News

Thanks to your hard work, Healthy NY has provided insurance to more than 55,000 people since the program began.

Each month the health plans enroll 3500 people into the program.

## 3. Reminder

This is a reminder that consumers should no longer be directed to the Insurance Department's Health Bureau. In your health plan letters to consumers denying them Healthy NY eligibility, please include the following address for consumers to direct their complaints. Thank you.

NYS Insurance Department  
Consumer Services -- Healthy NY  
One Commerce Plaza, 20<sup>th</sup> Floor  
Albany, NY 12257

## 4. Some of the Questions You Have Asked

- ◆ A person voluntarily leaves employment to return to school - The HNY information phone line directed us to provide coverage. Yet I view the case as one to deny because the "return to school" and loss of coverage is purely voluntary. I thought a person couldn't voluntarily drop coverage..... Does that matter? Which "exception" / qualifying event applies here?

A loss of coverage as a result of voluntarily leaving employment won't disqualify someone from Healthy NY. They are not penalized for this change in circumstance... they can apply to Healthy NY without waiting for 12 months of no insurance – the exception of "loss of eligibility for group insurance" will apply.

- ◆ I understand that individuals who've had insurance need to meet a qualifying event in order to enroll. When someone cancels insurance voluntarily because they feel the premium they are paying is too high (EX: a non group policy or a group policy where they pay a premium.) does this exclude them from being eligible for Healthy NY?

Especially at this time of the year, we hear often from individuals who learn that their premiums are increasing, or who find they can no longer afford the coverage they have. Unfortunately, dropping coverage because it is too expensive is not a qualifying event for Healthy NY. Unless they have lost their insurance due to one of the qualifying events (loss of employment, divorce/death/separation, loss of eligibility, etc.,) they will not be eligible for Healthy NY. The "crowd-out" rules of the program are designed to deter people from dropping existing coverage in favor of less expensive coverage through Healthy NY.

- ◆ I received a call from one of our Healthy NY members whose husband found a job that will be providing insurance. They will be dis-enrolling from Healthy NY. However, the new insurance is not effective until five days after the start of the month. They would like to pay a prorated amount but I am not sure we can do this.

If your plan is unable to prorate premiums, that is fine. You are not required to do so. The member can either decide to go without coverage for 5 days, or they can keep their HNY coverage and have overlapping coverage for the rest of the month. Either is fine. During any periods of dual coverage, rules concerning coordination of benefits will apply (as per your subscriber contracts).

- ◆ In regards to an individual applicant, she has a spouse who is covered by Medicare -- I know he can not be covered as her dependent. But do we include him as part of the household and use his income?

Yes, you do count the spouse's income. You always count the income of the applicant, and the applicant's spouse (if residing in the household) – even when the spouse is not applying for coverage.