

Healthy NY Small Employer Group Application

INSTRUCTIONS

Healthy NY brings affordable comprehensive health insurance coverage to those who need it most. Small employers, sole proprietors and individuals meeting certain eligibility criteria may purchase Healthy NY. Please note that individuals and sole proprietors wishing to purchase Healthy NY must complete a different application.

Please see the Healthy NY Consumer Guide or log on to www.HealthyNY.com for a full description of the Healthy NY eligibility requirements. You may obtain a consumer guide by calling 1-866-HealthyNY (1-866-432-5849).

Confidentiality Statement All of the information provided on this application will remain confidential. Only the health plans and state agencies which need to determine if your business is eligible to purchase Healthy NY will see this information.

SECTION A. SMALL EMPLOYER INFORMATION

List your company's name and street address. Please indicate the desired effective date of the plan and the Federal Tax Identification number of the Company. Please list the rates for all four tiers. (Single, Employee/Spouse, Employee/Child(ren), and Family.) Note that your company's response must be received by or before the 20th of the month for coverage to be effective on the first of the following month.

SECTION B. HEALTH INSURANCE INFORMATION

Healthy NY is a program for uninsured businesses. It is available to small employers that have not provided comprehensive health insurance to their employees during the past 12 months. However, your business may still qualify if:

- Your business provided only "limited" health insurance benefits.
- Your business "arranged for" group health insurance coverage, but did not contribute more than;
 - \$75 per employee per month towards the premium. (If your business is situated in the following counties; Bronx, Kings, Nassau, New York, Orange, Putnam, Queens, Richmond, Rockland, Suffolk) or
 - \$50 per employee per month towards the premium. (If your business is situated in Dutchess, Sullivan or Ulster counties).

Please fully complete the questions in Section B regarding prior health insurance coverage.

SECTION C. ELIGIBILITY REQUIREMENTS

Your business must meet certain eligibility requirements designed to target those most in need of assistance. For example:

- You must have 50 or fewer employees.
- Thirty percent of your employees must earn \$33,000 or less annually.
- Your business must contribute 50% of the Healthy NY full time employee* premium. (*As of 6/1/03 the percentage of your business' contribution for part-time employees is entirely discretionary)

Please note that your business must be able to answer "Yes" to each question in Section C in order to be eligible.

SECTION D. PARTICIPATION REQUIREMENTS

Your business must meet certain participation rules. Please note that your business must be able to answer "Yes" to each question in Section D in order to be eligible.

SECTION E. EMPLOYEE INFORMATION

Please answer the questions in Section E about who will be offered coverage. Please complete the chart in Section E by providing the names and social security numbers of the employees who will be enrolling in Healthy NY. If necessary, please photocopy the chart and attach additional sheets.

SECTION F. BROKER INFORMATION

Please list broker information if applicable.

SECTION G. Healthy New York Plan Election

Please select one of the two available benefit options for your employees. You can choose to have coverage with prescription drug coverage (annual limit of \$3,000) or without prescription drug coverage.

SECTION H. Certification

The certification in Section H must be completed by a duly authorized officer of the business.

SUBMITTING YOUR APPLICATION

Please submit this application directly to: **Oxford Health Plans (NY), Inc. 14 Central Park Drive, Hooksett, NH 03106 Attn: Healthy New York Department.** Additional paperwork will be requested if necessary to complete the enrollment process.



A UnitedHealthcare Company

Healthy NY Small Employer Group Application

Oxford Health Plans (NY), Inc.

Mailing Address: 14 Central Park Drive, Hooksett, NH 03106 Attn: Healthy New York Department

Please see the Healthy NY Consumer Guide, or log onto www.HealthyNY.com for a full description of Healthy NY eligibility requirements. You may obtain a consumer guide by calling 1-866-HealthyNY (1-866-432-5849). Please note that individuals and sole proprietors (someone who is the sole owner and only employee of their business) must complete a different application.

SECTION A. SMALL EMPLOYER INFORMATION

Company Name		Date		
Street Address				
City	State	Zip	County	
Telephone Number ()		Fax Number ()		
Contact Person		Title	Telephone Number ()	
Effective Date		Tax ID Number		
Rates	Single	Employee/Spouse	Employee/Child(ren)	Family

SECTION B. HEALTH INSURANCE INFORMATION

Healthy NY is for small businesses which are currently unable to provide their employees with comprehensive health insurance coverage. Healthy NY is generally not available to employers who are already providing their employees with health insurance coverage.

Please answer the following questions to assist us in determining your eligibility to purchase Healthy NY.

1. Within the last twelve months, has your business provided comprehensive group health insurance for your employees?
(Answer "Yes" only if the coverage included both medical and hospital coverage)
 Yes No
2. If the answer to question 1 is "Yes", did your business contribute more than \$75 per employee per month (for businesses situated in the Bronx, Kings, Nassau, New York, Orange, Putnam, Queens, Richmond, Rockland or Suffolk counties) or \$50 per employee per month (for businesses situated in Dutchess, Sullivan or Ulster counties) toward the cost of the health insurance?
 Yes No
3. If your business has been enrolled in the New York State Health Insurance Partnership Program (NYSHIP) during the past 90 days, your business is automatically eligible for Healthy NY. Please check the box below, complete sections E and H and attach proof of your enrollment in NYSHIP.
 Yes No

SECTION C. ELIGIBILITY REQUIREMENTS

Healthy NY includes certain eligibility requirements designed to reach those small businesses most in need. Please answer the following questions about your business.

Please note that you must be able to check “Yes” to each question in this section in order to be eligible to purchase Healthy NY.

1. Does your business have 50 or fewer employees? Yes No
2. Do at least 30% of the employees who will be offered coverage earn annual wages of \$33,000 or less? Yes No
 - a. Will your business contribute at least 50% of the Healthy NY premium on behalf of your full time employees? Yes No
 - b. Will your business offer Healthy NY coverage to all employees working 20 hours or more who earn annual wages of \$33,000 or less? Yes No

SECTION D. PARTICIPATION REQUIREMENTS

Healthy NY has certain employee participation requirements. Please answer these questions about who will be accepting coverage in Healthy NY.

Please note that you must be able to check “Yes” to each question in this section in order to be eligible to purchase Healthy NY.

1. Will at least 50% of the employees who are offered Healthy NY coverage through your business actually accept enrollment or have health insurance coverage through another source? Yes No
2. Will at least one employee earning annual wages of \$33,000 or less enroll in Healthy NY? Yes No

SECTION E. EMPLOYEE INFORMATION

1. Employers may offer Healthy NY coverage to their employee’s dependents. Employers are not required to contribute towards the Healthy NY premium for dependents. Will your business be offering Healthy NY coverage to the dependents of your employees? Yes No
2. Participating employers may choose to offer Healthy NY coverage to part-time workers (those who work less than 20 hours weekly). You do not have to contribute toward the premium for part-time workers. Will your business be offering Healthy NY coverage to part-time workers? Yes No
3. Employers may offer Healthy NY coverage to their employees’ domestic partners. Will your business be offering Healthy NY coverage to the domestic partners of your employees? Yes No

SECTION F. BROKER / AGENT INFORMATION

	Broker	General Agent
1. Full legal name of Broker/Agent:		
2. Oxford Broker ID Code- <i>Required</i>		
3. Social Security # or Fed. Tax ID:		
4. Address:		
5. Telephone Number:		
6. Fax Number:		

SECTION G. HEALTHY NY PLAN ELECTION

Please elect one of the two (2) available Healthy NY benefit packages

- A. Healthy NY plans - with prescription drug coverage (\$3,000 max annual limit per person) Yes
- B. Healthy NY plans - without prescription drug coverage Yes

Important: The benefit package is chosen by the employer and shall apply to all the employees enrolled in the group. The premiums are different for each benefit package. Your election may only be changed upon annual renewal/recertification.

SECTION H. CERTIFICATION

By signing this certification of eligibility, I certify under penalty of perjury that all statements contained in this application are true and accurate to the best of my knowledge. I further certify that I am an officer of the business and duly authorized to execute this certification on behalf of the business.

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.

Print name of officer completing certification

Signature

Title

Date

IMPORTANT!

Please Note:

If you have an employee with a “pre-existing condition” at the time they enroll in Healthy NY, your Healthy NY policy will exclude coverage for that condition for up to 12 months. However, this 12 month period may be reduced or eliminated if that employee is transferring to Healthy NY within 63 days of the termination of other health insurance coverage.

Advise your employees to review their Healthy NY certificate or to contact **Oxford** for a full explanation of what constitutes a “pre-existing condition” and how this restriction may affect them.

This application should be forwarded directly to Oxford Health Plans (NY), Inc. To submit this application directly to Oxford please mail it to Oxford Health Plans (NY), Inc., 14 Central Park Drive, Hooksett, NH 03106 Attn: Healthy New York Department.

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**PLEASE TURN THIS PAGE
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