Healthy NY Application Instructions

Confidentiality Statement: The 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: Small Business Information

In this section, we ask how to contact you. Your business must be located in New York State in order to participate.

Section B: Employer Size Requirements

The business must have employed 50 or fewer Full-Time Equivalent (FTE) employees over the previous calendar year, as explained in Section C, and be able to answer "Yes" to each question in Section D, to be eligible.

Section C: Insurance Information

Healthy NY is available to small business employers who have not provided comprehensive health insurance to their employees during the last 12 months. If you provided health benefits within the last 12 months, your business may still qualify if:

- Your business provided only "limited" health insurance benefits. (not comprehensive coverage)
- Your business did not contribute more than $50 per employee per month towards the premium (or $75 if the business is located in Bronx, Kings, Nassau, New York, Orange, Putnam, Queens, Richmond, Rockland, Suffolk, or Westchester counties).
- The coverage was offered through Healthy NY.
- Your business has a class of employees that you have not offered health insurance to during the last 12 months but would now like to cover. The class must pertain to geographic location or employees' earnings, method of payment, hours, or job duties.

Sections D and E: Eligibility and Participation Requirements

In order to be eligible, your business must meet the eligibility and participation rules concerning employees who will purchase Healthy NY.

Section F: Employee Information

Please answer the questions in Section F about your employees who will be enrolling in Healthy NY.
You do not need to include information about their dependents. If necessary, photocopy the chart and attach additional sheets.

Section G: Certification

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

Submitting Your Application

Send your completed application to:
EmblemHealth Broker Services –
brokerservices@emblemhealth.com

Please note that EmblemHealth may require additional paperwork in order to complete the enrollment process. Once you have submitted your application, should you wish to check its status, please call 1-866-614-6040, Monday to Friday, 9 am to 5 pm.

The EmblemHealth Healthy NY Plan is an HMO plan underwritten by Health Insurance Plan of Greater New York (HIP).

Health Insurance Plan of Greater New York (HIP), EmblemHealth Insurance Company, EmblemHealth Plan, Inc. and EmblemHealth Services Company, LLC are EmblemHealth companies. EmblemHealth Services Company, LLC provides administrative services to the EmblemHealth companies.

Healthy NY Application for Small Businesses

Section A: Small Business Information

Company Name: _____

Telephone: (_____)_____-_____ Fax: (_____)_____-_____ SIC CODE _____

Street Address of Business:

City: _____ State:_____ Zip: _____ County: _____

Contact Person:_____ Title: _____

Telephone: (_____)_____ Today's Date: _____

Section B: Employer Size Requirements

To be eligible for Healthy NY coverage, the business must have had a total of 50 or fewer FTE (full-time equivalent) employees over the previous calendar year. The business may offer Healthy NY to a limited class of its employees, but the business cannot have more than 50 FTE employees overall. For more information on how to determine the number of FTE employees your business has, please see the Frequently Asked Questions at http://www.dfs.ny.gov/insurance/health/faqs_sm_grp_expansion_1to100.htm.

How many total FTE employees does your business employ?

☐50 or fewer total FTE employees ☐More than 50 total FTE employees (not eligible)

Section C: Insurance Information

You may offer Healthy NY to all of your employees or a class of your employees if you have not offered health insurance to them in the last 12 months. Please answer the following questions to assist us in determining your eligibility to purchase Healthy NY.

1. Within the last 12 months, has your business provided health insurance that included both medical and hospital benefits (other than Healthy NY) to the class of employees that you are looking to cover? ☐ Yes ☐ No

2. If the answer to question 1 above is "Yes," did your business contribute more than $50 per employee per month towards the premium (or $75 if the business is located in Bronx, Kings, Nassau, New York, Orange, Putnam, Queens, Richmond, Rockland, Suffolk, or Westchester counties? ☐ Yes ☐ No

If the answers to both questions 1 and 2 above are "Yes," then your business is not eligible for Healthy NY.

Section D: Eligibility Requirements

Eligibility requirements were 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. Do at least 30% of the employees who will be offered coverage earn annual wages of $56,720 or less? ☐ Yes ☐ No
2. Will your business contribute at least 50% of the Healthy NY premium on behalf of covered employees? ☐ Yes ☐ No
3. Will your business offer Healthy NY coverage to all employees working 20 hours or more per week who earn annual wages of $56,720 or less? ☐ Yes ☐ No

Section E: Participation Requirements

Please answer these questions about who will be accepting Healthy NY coverage. 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 class of employees who are offered Healthy NY coverage through your business actually accept enrollment or have health Insurance through another source? ☐ Yes ☐ No
2. Will at least one employee earning annual wages of $56,720 or less enroll in Healthy NY? ☐ Yes ☐ No

Section F: Employee Information

1. Employers may offer Healthy NY coverage to their employees' dependents, including spouses, domestic partners, and children. 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. Employers may choose to make Healthy NY available to their part-time workers (those who work less than 20 hours weekly). You do not have to contribute towards the premiums for part-time workers. Will your business be offering Healthy NY coverage to part-time workers? ☐ Yes ☐ No

Section G: SHOP Certification

You may qualify for tax credits if:

- You are a business with less than 25 full-time equivalent employees with an average annual salary of $62,000 or less.
- Contribute at least 50% toward the cost of employee-only coverage.
- Offer coverage to all full-time equivalent employees.

Is this Health NY group SHOP Certified? ☐ Yes ☐ No

Small businesses can only have their eligibility determined through the NY State of Health. All small business plans are eligible for SHOP certification and tax credit.

For more information visit **nystateofhealth.ny.gov/employer** or call NY State of Health Customer Service at **855-355-5777**.

Complete the following information for each employee who is applying for coverage. Please photocopy and attach additional sheets, if needed

Employee Name (First, MI, Last)	**Is this employee eligible for Medicare? (Yes or No)**

Section H: Certification

By signing this certification of eligibility, I certify under penalty of perjury that all statements contained in this certification are true and accurate to the best of my knowledge. I further certify that I am 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 person completing certification	Signature
Title (must be owner or officer of business)	Date

If a broker assisted you with completing this application, he or she may be eligible for a commission paid by the HMO or insurer. Please complete the information below:

Broker's Name	License #	Company

Address	Phone	E-mail

Send your completed application to:
EmblemHealth
Broker Services – Healthy New York
brokerservices@emblemhealth.com

Should you have any questions about how to apply for this plan, please call an EmblemHealth representative at 1-866-614-6040, Monday to Friday, 9 am to 5 pm.

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