



# NY STATE OF HEALTH

Frequently Asked Questions



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WHAT CARE FEELS LIKE.



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Under the new health care law, you have new options for getting quality, affordable health care coverage on the NY State of Health marketplace. In this booklet, we answer some of your top questions about the law and the marketplace so you can understand what they mean for you.

If you still have questions, we'd love to hear from you. Contact our customer service team at **1-866-838-9144** or visit our Web site at **[www.emblemhealthreform.com](http://www.emblemhealthreform.com)**. For more information, you can also call NY State of Health at **1-855-355-5777** or visit their Web site at **[www.nystateofhealth.ny.gov](http://www.nystateofhealth.ny.gov)**.

# NY STATE OF HEALTH BASICS

## **What is Obamacare?**

Obamacare is a term used to describe a health care law passed by Congress in 2013 called the Patient Protection and Affordable Care Act. This law makes many changes to the health care system to make insurance more accessible and affordable to people who don't have affordable health insurance coverage today. Most of the law's changes will take place in 2014.

## **How does Obamacare affect me?**

It depends. If you are sick and need insurance, for example, you will no longer be denied coverage by an insurance company. If you don't get insurance from your work and can't afford it, you may be eligible for Medicaid or financial assistance to purchase a plan on the NY State of Health "exchange" marketplace. Once you have insurance, you can get all your preventive care at no out-of-pocket cost. You can also get protections such as a cap on out-of-pocket spending and no more dollar limits on how much an insurance plan will cover.

## **What's an "exchange"?**

It's a marketplace where people and small businesses can shop for health insurance. As of October 1, 2013, individuals could start enrolling for coverage that goes into effect on January 1, 2014. Since the state regulates what insurers can sell on this marketplace, people who purchase a policy can be assured it offers comprehensive benefits and enough doctors in the network.



### **What's the name of the New York Health Benefit Exchange?**

On August 20, 2013, New York State's Health Benefit Exchange announced its new name: NY State of Health: The Official Health Plan Marketplace. Since then, the exchange is more often referred to as a marketplace. As of October 1, 2013, New Yorkers can visit the new marketplace to purchase health care coverage that goes into effect on January 1, 2014.

### **Who oversees NY State of Health?**

In New York, the state government oversees the marketplace. The state makes sure all the health plans sold on NY State of Health cover essential health benefits and have health care providers near your home.

### **What does NY State of Health do?**

NY State of Health is the central enrollment portal for individuals who qualify for any type of subsidized insurance plan, whether it's Medicaid, Child Health Plus or tax credits. But individuals can enroll in a plan on NY State of Health whether or not they qualify for financial assistance.

NY State of Health is also a hub for small businesses to shop for and compare plans, and find out if they qualify for small business tax credits.

### **Why would I buy a plan through NY State of Health?**

If you're uninsured and are not eligible for insurance through your employer or another government program like Medicare, you may want to buy insurance through NY State of Health. If you can't afford insurance now, you may be able to afford it on NY State of Health with financial assistance from the government.



# GOVERNMENT PROGRAMS — MEDICARE, MEDICAID, FAMILY HEALTH PLUS

## **If I have Medicare, do I need to do anything?\***

No. Medicare isn't part of the marketplace, so you don't need to do anything. If you have Medicare, you're considered covered.

The marketplace won't affect your Medicare choices, and your benefits won't change. No matter how you get Medicare, whether through Original Medicare or a Medicare Advantage plan (like an HMO or PPO), you'll still have the same benefits and security you have now. You won't have to make any changes.

**Note:** The marketplace doesn't offer Medicare Supplement Insurance (Medigap) policies or Part D drug plans.

## **Can I get a marketplace plan in addition to Medicare?\***

No. It's against the law for someone who knows that you have Medicare to sell you a marketplace plan. This is true even if you have only Medicare Part A or only Part B.

If you want coverage designed to supplement Medicare, you can visit [medicare.gov](https://www.medicare.gov) to learn more about Medigap policies. You can also visit [medicare.gov](https://www.medicare.gov) to learn more about other Medicare options, like Medicare Advantage plans.

## **Can I choose marketplace coverage instead of Medicare?\***

Generally, no. As noted above, it's against the law for someone who knows you have Medicare to sell you a marketplace plan.

But, you can choose marketplace coverage if you're eligible for Medicare but haven't enrolled in it (because you would have to pay a premium, or because you're not collecting Social Security benefits).

Before making this choice, there are 2 important points to consider:

- 1) If you enroll in Medicare after your initial enrollment period ends, you may have to pay a late enrollment penalty for as long as you have Medicare.
- 2) Generally, you can enroll in Medicare only during the Medicare general enrollment period (from January 1 through March 31). Your coverage won't begin until July of that year.

\*September 2013. "Medicare & the Health Insurance Marketplace." US Department of Health & Human Services.

## **What if I become eligible for Medicare after I join a marketplace plan?\***

You can get a marketplace plan to cover you before your Medicare begins. You can then cancel the marketplace plan once your Medicare coverage starts.

Once you're eligible for Medicare, you'll have an initial enrollment period to sign up. For most people, the initial enrollment period for Medicare starts 3 months before their 65th birthday and ends 3 months after their 65th birthday.

In most cases it's to your advantage to sign up when you're first eligible because:

- Once you're eligible for Medicare, you won't be able to get lower costs for a marketplace plan based on your income.
- If you enroll in Medicare after your initial enrollment period ends, you may have to pay a late enrollment penalty for as long as you have Medicare.

## **Will Medicare Advantage plans still be available after the marketplace starts?\***

Yes. The Medicare Advantage program isn't changing as a result of the health care law.

## **Where can I get more information?\***

- To learn more about Medicare enrollment, coverage and plan choices, visit [medicare.gov](http://medicare.gov) or call **1-800-MEDICARE** (1-800-633-4227). TTY users should call **1-877-486-2048**.
- If you have family and friends who don't have health insurance, or if they want to explore new health plan options, tell them to visit [healthcare.gov](http://healthcare.gov).

## **Will Medicare change because of Obamacare?**

Yes — in several ways. First, the law allows seniors to access key preventive services at no out-of-pocket cost so they don't have to skip important health screenings.

Second, it expands discounts to brand-name drugs for some beneficiaries.

Third, the law provides a historic boost to efforts to crack down on Medicare fraud. In 2013, those efforts recovered a record \$4 billion. The law gives law enforcement even more tools to go after those who steal from Medicare.

Fourth, the law contains many demonstration programs and voluntary payment models that encourage disease prevention and care coordination for patients.

## **I have Medicaid right now. Will NY State of Health affect me?**

Yes, but not immediately. In the spring NY State will notify you that you need to renew your coverage through NY State of Health. Contact your Medicaid carrier for more information.

## **I have Family Health Plus. What will happen to my coverage?**

Family Health Plus coverage ends December 31, 2013. If you are a parent with an income of up to \$17,235, NY State will cover your premium if you enroll in the Silver level of coverage on the NY State of Health marketplace. For more information, contact NY State of Health at **1-855-355-5777**.

\*September 2013. "Medicare & the Health Insurance Marketplace." US Department of Health & Human Services.





# HEALTHY NY

## **I have Healthy NY. What will happen to my coverage?**

Individual Healthy NY coverage will end December 31, 2013. But, since most insurance carriers that now participate in Healthy NY also offer plans on NY State of Health, you may be able to choose to stay with your current carrier. You should explore your options for affordable coverage on NY State of Health for 2014.

## **Will my coverage change?**

Yes — but for the better. The new plans on the marketplace cover all the essential health benefits now covered by Healthy NY, plus additional services such as prescription drugs. For a complete list of benefits, visit [www.dfs.ny.gov/insurance/health/model\\_lang\\_idx.htm](http://www.dfs.ny.gov/insurance/health/model_lang_idx.htm).

## **Which plan will be best for me if I have Healthy NY now?**

For most people with Healthy NY, the Silver tier may be the best option because you may get both tax credits to help pay your premiums and subsidies to help pay your out-of-pocket costs. Other plans will be available to you as well.

## **Will the cost of my coverage go up because of this change?**

No. For many Healthy NY enrollees, the cost of coverage will go down. This is because most individuals and sole proprietors enrolled in Healthy NY will qualify for financial assistance to help pay for their coverage.

## **Is someone available to explain my options and help me choose the right plan?**

Yes. You can contact EmblemHealth or your Healthy NY plan. You can also find in-person support in your community through NY State of Health — just call **1-855-355-5777**.

## **Will I need to reapply for coverage?**

Yes. To receive financial assistance, you will need to apply through NY State of Health online, by phone or in person. Your current Healthy NY carrier can also help you apply. Read more at [www.nystateofhealth.ny.gov](http://www.nystateofhealth.ny.gov).



# WHO CAN ENROLL

## Who will get coverage on NY State of Health?

The law allows individuals who don't already have insurance, as well as small businesses (up to 50 full-time employees), to purchase insurance through the new marketplaces. The marketplace is also where people go to enroll in Medicaid and Child Health Plus.

## Who cannot buy insurance on NY State of Health?

Undocumented immigrants are not eligible to purchase coverage for themselves on the marketplace. Generally, individuals who have access to coverage through their employer or another government program such as Medicare are unable to get financial assistance to buy insurance on NY State of Health. However, there are two exceptions:

- If the employer's coverage exceeds 9.5 percent of your household income, you and your family may be able to get coverage on the marketplace and receive financial assistance to do so.
- If the employer's coverage is inadequate, meaning it pays less than 60 percent of the cost of covered benefits, you and your family may be able to get coverage on the marketplace and receive financial assistance to do so.

Talk to your employer about whether or not you are eligible for coverage, or call NY State of Health at **1-855-355-5777** for assistance.

## I have coverage through my work. Can I buy a plan on the marketplace?

Generally, individuals who are eligible for coverage through their employer are unable to get financial assistance to buy insurance on NY State of Health. The only way you could receive financial assistance is if your employer coverage does not meet certain standards for affordability. For more information, talk to your employer or call NY State of Health at **1-855-355-5777**.

## Can I cover my kids on my NY State of Health plan until they're 26? What happens once they turn 26?

Under the federal health reform law, adult children may stay on or be added to their parents' policy until the first month following their 26th birthday. This applies even if they are eligible to enroll in their employer's plan. In New York State, dependents may now stay on their parents' plan up to age 29 for an added cost.

## Will large employers buy through NY State of Health?

No. The Small Business Health Options Program (SHOP) is only available to employers with fewer than 50 full-time employees. However, beginning in 2017, states will have the option to allow businesses with more than 100 employees to purchase coverage on the SHOP marketplace.

**I am an immigrant to the US. Can I apply for health insurance under the new health care law?**

All documented immigrants can buy insurance through NY State of Health. Children of undocumented parents can apply for health insurance for their child or children through Child Health Plus — a program offered through NY State of Health. If you don't have any immigration documents, you still may qualify for Medicaid to cover you in an emergency.

**Can I buy insurance through NY State of Health if I already have a serious health problem?**

Yes. What you pay monthly, your premium, will not be affected by your health status, and you will not have to wait to get the coverage you need for your health problem.

**I work in New York, but live in another state. Can I shop on NY State of Health?**

No. People must live in New York State to shop on NY State of Health.





# HOW TO ENROLL

## **How do I enroll in a plan on NY State of Health?**

You can enroll in plans on NY State of Health in three ways: online, by phone and in person. Online enrollment is done through the NYSOH portal, or by phone with NYSOH Customer Service at **1-855-355-5777**.

In-person enrollment is handled by certified In-Person Assistors/Navigators and Certified Application Counselors in the community. In addition, Brokers/Agents will provide in-person assistance.

## **What do I need in order to apply for coverage on NY State of Health?**

You'll need your proof of identify (Social Security Number, Tax Identification Number, or legal immigration documents), any employer information you have (W-2, payment stubs) and, if you have insurance now, the policy number for your plan.

## **I have to enter in personal information about my immigration status. What will NY State of Health do with this?**

All your information is confidential. It will not be used for any other purpose. Even if you don't have documents to prove your immigration status, NY State of Health will try to help you.

## **How long will it take me to apply for coverage?**

NY State of Health expects the application process to take about 45 minutes to complete, on average.

## **If I start my application but do not finish it, will NY State of Health save it?**

Yes, the Web site lets you fill out part of the form and come back later to complete it.

## **Will the marketplace offer application assistance in different languages?**

Yes. NY State of Health customer service representatives speak 13 languages combined and can contact translators in additional languages. Navigators speak the languages most used in the communities they serve. In addition, the application and other written materials are available in Chinese, Spanish, French, Haitian Creole, Italian, Korean and Russian.

## **What if the information I enter during enrollment changes during the year?**

If anything changes about your income, family size or eligibility for other types of coverage (such as through your employer), you must notify NY State of Health immediately. These changes may affect your eligibility for tax credits and subsidies. If you fail to do so, the IRS may reconcile any tax credits that you should not have received during the year.

### **When can I get coverage?**

The soonest your coverage will start is January 1, 2014. You must enroll through NY State of Health by December 15, 2013 in order for your coverage to start on this date.

### **Will I be able to enroll in an individual plan on NY State of Health once the open enrollment period ends?**

No. You will only be able to enroll outside the enrollment period if you have a qualifying event, listed below.

1. Loss of minimum essential coverage
2. Marriage, birth or placement for adoption
3. Gain of citizenship or qualifying immigration status
4. Enrollment errors by NY State of Health
5. Qualified Health Plan (QHP) violates its contract (materials provision)
6. Change in eligibility for tax credits or cost-sharing reductions
7. Gain of access to new plans as a result of a move
8. Native Americans may enroll in or change QHPs one time per month
9. Exceptional circumstances
10. Enrollment in non-qualifying employer coverage

### **I purchased a plan that covers me in 2014. When will I have to renew my plan?**

Your plan will cover you through the remainder of 2014. But you must renew your plan during the next open enrollment period, which starts November 15, 2014 and ends January 15, 2015, for coverage that begins in 2015.

### **Will the premium rates on NY State of Health stay the same every year?**

No. Insurance companies participating on NY State of Health will have to file new rates in April 2014 for the 2015 plan year. New premiums will be reflected when consumers go to shop or reenroll during the 2014 open enrollment period.



# HELP WITH COSTS

## **Insurance is expensive. Can I get financial assistance to buy coverage through NY State of Health?**

Yes. Depending on your income, you may qualify for tax credits, subsidies or both. Tax credits will help lower your monthly payments for health insurance, and subsidies will help lower your out-of-pocket costs when you go to the doctor.

## **What is a premium tax credit on NY State of Health?**

A premium tax credit is federal financial assistance available to qualifying individuals to help them purchase coverage on the NY State of Health marketplace. The tax credit can be used to purchase most plans on the marketplace. It can either be applied during the enrollment process to lower individuals' monthly premiums or provided as a refund when they file their taxes.

## **What is a subsidy on NY State of Health?**

A subsidy is federal financial assistance available to qualifying individuals to lower their out-of-pocket costs. The subsidy can only be applied to a Silver plan.

## **How does NY State of Health determine if I'm eligible for tax credits or subsidies?**

NY State of Health determines your eligibility based on the information you provide about your income, family size, any insurance you have now and whether your employer offers coverage. Your information may be verified with government data sources. If it can't be verified through these sources, NY State of Health may request additional documentation from you or contact your employer to make sure you are not eligible for affordable coverage through your work.



# HEALTH PLANS

## **What kinds of insurance benefits does NY State of Health offer?**

Plans on NY State of Health offer standard sets of insurance benefits to choose from. The plans are offered by many carriers, but all have the same benefits and out-of-pocket costs. You can choose what type of plan you have based on how much you go to the doctor, how much you are willing to pay per month (premium) and how much you are willing to pay when you see the doctor (copayment). The plans offer different networks of doctors to choose from, and are priced differently.

## **What's a "Qualified Health Plan"?**

A Qualified Health Plan is a plan that has been certified by the state to be sold on the NY State of Health marketplace. These plans have to meet certain quality and benefit standards set by the federal and state governments.

## **Will I be covered if I need emergency care outside of my network service area?**

Yes. All plans on NY State of Health must cover out-of-network emergency care. Cost-sharing may apply. Talk to a representative at your insurance company for more information.

## **What "essential health benefits" do the new plans cover?**

The law requires that all health plans provide quality coverage for 10 categories of essential health benefits, which address some of the most common health needs. This includes doctor visits, hospital care, laboratory tests and prescription drugs, among other health services.

These 10 categories of essential health benefits are listed below. The benefits you get in any plan on NY State of Health include:

1. Routine doctor visits
2. Visits to the emergency room
3. Hospital care
4. Maternity and newborn care
5. Mental health and substance-abuse treatment
6. Prescription drugs
7. Habilitative and rehabilitative services
8. Laboratory tests
9. Preventive and wellness services and chronic-disease management
10. Pediatric services, including vision care



## NEW HAVEN LINE DEPARTURES

K	DESTINATION	REMARKS
19	NEW HAVEN	GREENWICH - 1ST STOP
28	NEW HAVEN-STATE 5	MOUNT VERNON - 1ST STOP
04	NEW CANAAN	RYE - 1ST STOP
19	HARRISON	MOUNT VERNON - 1ST STOP
16	NEW HAVEN	CONN. TO SHORE LINE EAST

Information

Status  
Good Service  
Days Service  
Good Service

### **What does the law say about preventive-care services?**

The law lists the preventive care services that all plans must now offer to adults, children and infants at no out-of-pocket cost. Additional preventive care services will be available to women at no out-of-pocket cost.

### **I'm young and don't go to the doctor very much. Is there a plan for me on NY State of Health?**

Yes. Catastrophic plans are available to individuals up to age 30 or those exempt from the mandate to purchase coverage. With this plan, you get prevention benefits and three primary care visits per year without paying anything out of pocket. Any other care you receive during the year is subject to the deductible.



# THE PENALTY

## What will happen if I choose not to buy health insurance in 2014?

You may have to pay a penalty when you file your taxes. For 2014, the penalty is \$95 per adult and \$47.50 per child, **or** 1 percent of household taxable income — whichever is higher. The penalty will go up each year until 2016, when it will be \$695 per adult and \$347.50 per child, **or** 2.5 percent of household taxable income — whichever is higher. After 2016, the penalty will continue to go up along with the cost of living.

It's important to think about more than just cost when considering your options. Health insurance is essential to protecting both your physical and financial health — in case something happens.

## Who enforces the individual mandate to purchase insurance?

The IRS will enforce the mandate by requiring individuals to report their health insurance coverage on their annual tax return.

## CONTACT US

If you still have questions, we'd love to hear from you. Contact our customer service team at **1-866-838-9144** or visit our Web site at **[www.emblemhealthreform.com](http://www.emblemhealthreform.com)**. For more information, you can also call NY State of Health at **1-855-355-5777** or visit their Web site at **[www.nystateofhealth.ny.gov](http://www.nystateofhealth.ny.gov)**.

















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