

Healthy New York Application Individuals and Sole Proprietors United HealthCare Insurance Company of New York

INSTRUCTIONS

Healthcore (a Healthy NY Initiative provided through a partnership between the New York State Insurance Department, Benefits Specialists of NY and UnitedHealthcare) provides affordable, comprehensive health insurance coverage to those who need it most in Cayuga, Cortland, Oneida, Onondaga, Oswego, Madison, Herkimer, Lewis, and Jefferson counties. Small employers, sole proprietors and individuals meeting certain eligibility criteria may purchase Healthcore. Please note that small businesses wishing to purchase Healthcore must complete a different application. Please visit the Healthy NY website at www.HealthyNY.com for a full description of the Healthcore product and eligibility requirements. Or you may also contact the designated Healthcore administrator, Benefit Specialists of NY directly at www.benefitspecialistsny.com or by calling 315-470-1930.

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

COVERAGE OPTIONS

Benefits - Healthy NY offers a standardized benefit package, with an optional prescription benefit. Choose if you want Healthy NY with a prescription drug benefit 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 at the time of a premium rate change.

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.

The deductible options have a lower premium. The individual deductible is either \$1,200 or \$1,500 and the family deductible is either \$2,400 or \$3,000. Other than preventive care, employees will be responsible for the cost of covered services until they meet the deductible. You can access preventive care before meeting the deductible. Copayments do not apply towards the deductible. The deductible options qualify as a High Deductible Health Plan (HDHP) and are designed to be used with a health savings account (HSA). This is a savings account used to pay for qualified medical expenses. Employee contributions can be on an after-tax basis, making contributions tax-deductible, or pre-tax, through a Section 125 plan. Money in the account can earn interest tax-free. Employees can contribute up to \$3,050 for individual coverage and \$6,150 for family coverage into the account in 2011.

SECTION A: APPLICANT INFORMATION

In this section, we ask how to contact you. Please list home address and mailing address if different.

SECTION B: EMPLOYMENT INFORMATION

You can qualify for Healthy NY if you worked during the last 12 months. If you have not worked in the last 12 months, you can still qualify if your spouse was employed during the last 12 months. Please answer the questions in Section B about employment.

SECTION C: INSURANCE INFORMATION

Healthy NY is available to those who have been without health insurance for 12 months and those who have lost their health insurance due to qualifying reasons. Some qualifying reasons include loss of health insurance coverage due to job loss, divorce or separation, death of a spouse, and change in residence. Please fully complete the questions in Section C regarding prior health insurance coverage. Please note that cancelling other insurance due to cost is not a qualifying reason.

SECTION D: HOUSEHOLD INCOME

In order to qualify for Healthy NY, your household income must fall within the limits established for the program. Please list your current gross monthly income and the current gross monthly income of your spouse (if residing in your household) in the space provided in Section D. No one else's income is counted. Please include wages, salary, self-employment income, interest and dividends, social security income, retirement income, alimony, unemployment benefits and workers' compensation. Please do not include public assistance, supplemental security income (SSI), foster care payments or child support payments you receive.

SECTION E: HOUSEHOLD MEMBERS

Please fully complete the chart in Section E. Include information regarding yourself, your spouse, your domestic partner (if you are a sole proprietor) and your children. Spouses must reside in your household. Please include information on each of these individuals even if you do not wish to purchase Healthy NY coverage for them. The Healthy NY income limitations vary for households of different sizes. Refer to the chart below to determine if you meet the Healthy NY household income requirements. For those applying for coverage, please provide the name of the primary care physician chosen, if known.

Include accurate gross income amount per requirements of Healthy NY program.

Family Size	Monthly Household Income
1	Up to \$2,269
2	Up to \$3,065
3	Up to \$3,861
4	Up to \$4,657
5	Up to \$5,453
6	Up to \$6,248
Each Additional	Add \$796 per person

Amounts effective 1/1/11. Pregnant women count as two people.

SECTION F: DOCUMENTATION

Please review Section F. Documentation of New York State residence, employment status and household income must be included with your application.

SECTION G: HEALTHY NEW YORK PLAN ELECTION

You may choose to have a yearly deductible or a plan with no deductible. Also, you can choose to have coverage with prescription drug coverage or without prescription drug coverage. Please note the different options under Section G. below. Also, please select option for Dependent Coverage Extension.

SECTION H: CERTIFICATION

Please review and complete the certification set forth in Section H. If you are eligible for the Federal Tax Adjustment Act of 2002, a certificate of eligibility must be included with your application.

SUBMITTING YOUR APPLICATION

Include accurate mailing address.

Your last step in applying for Healthy NY is to submit your application directly to us at:
Benefit Specialists of NY, 572 South Salina Street, Syracuse, NY 13202

Healthy NY Application for Individuals and Sole Proprietors

SECTION A. APPLICANT INFORMATION	
Name (First, MI, Last)	
Address of Person Applying for Coverage	
City, State, Zip and County	
Mailing Address (if different than above)	
City, State, Zip and County	
Telephone Number ()	
Requested Effective Date	_____/01/_____ Month / Day / Year

SECTION B. 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.

- Individual
 Sole Proprietor

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

Currently employed: You Your spouse Neither
Worked in the past year: You Your spouse Neither

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

SECTION C. HEALTH INSURANCE INFORMATION

Healthy NY is available to individuals who have not had comprehensive health insurance coverage in place during the past 12 months OR have lost their insurance due to certain reasons. Please answer the following questions to assist us in determining your eligibility.

1. Have you had health insurance coverage which included both medical and hospital benefits during the past twelve months? (Note: Answer "No" if your coverage was through Medicaid, Child Health Plus, Family Health Plus or another public program or if you had COBRA coverage.)

- Yes
 No

2. If you have had comprehensive health insurance coverage during the past twelve months, did it terminate for one of the following reasons? (Please check all that apply.)

- Loss of employment
- Change to a new employer
- Change of residence
- Death of a family member
- Legal separation, divorce or annulment
- Reached the maximum age under your policy
- Loss of eligibility for group health insurance coverage
- Discontinuation of a group health insurance plan
- Termination or cancellation of COBRA/continuation coverage

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

4. What kind of coverage do you want?

- Single
- Family
- Two Adult
- Parent and Child(ren)

5. Are you eligible for Medicare? Please note, if you are eligible for Medicare, you are not eligible for Healthy NY.

- Yes
- No

SECTION D. HOUSEHOLD INCOME

Please list your current monthly gross income and the current monthly gross income of your spouse (if residing in your household). Please include wages, salary, interest and dividends, self-employment income, social security income, retirement income, alimony, unemployment benefits and workers' compensation. Please **do not** include public assistance, supplemental security income (SSI), foster care payments or child support received.

Applicant's Current Monthly Gross Income	\$
Spouse's Current Monthly Gross Income	\$
Total	\$

(Please Note: Sole Proprietors should deduct their monthly business expenses in calculating their monthly income.)

SECTION E. HOUSEHOLD MEMBERS

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

	Male or Female	Applying for Coverage? (Yes or No)	Social Security Number	Eligible for Medicare (Yes or No)
Applicant's Name (First, MI, Last)				
Spouse's Name (First, MI, Last)				
Child's Name (First, MI, Last)				
Child's Name (First, MI, Last)				
Child's Name (First, MI, Last)				
Child's Name (First, MI, Last)				

Pregnant women count as two people for determining household size.
 Are any of the household members listed above pregnant? Yes No

SECTION F. DOCUMENTATION

IMPORTANT! You **must** attach documentation of **New York State residence**, your **employment status** and your **household income**. Please include at least one from each category. If this information is not available or not representative of your typical income, please submit your tax return or business documentation and explanation of the documents. The following are examples of acceptable documentation:

New York State Residence	Employment Status	Income
<input type="checkbox"/> New York State driver's license <input type="checkbox"/> Utility bill (gas, electric, cable) or postmarked mail with address <input type="checkbox"/> Letter/lease/rent receipt with home address from landlord <input type="checkbox"/> Property Tax Records or Mortgage Statement <input type="checkbox"/> Other (please 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 (please explain):	<input type="checkbox"/> Letter from employer <input type="checkbox"/> Pay stubs <input type="checkbox"/> Business records <input type="checkbox"/> Award letters/benefit checks <input type="checkbox"/> Other (please explain):

Note: Individuals who are transferring from New York's Voucher Insurance Program or the New York State Health Insurance Partnership Program should attach proof of participation in these programs in lieu of the documentation listed above.

Important Information Regarding Producer Compensation:

We pay brokers and agents (referred to collectively as “producers”) compensation for their services in connection with the sale of our insured products in compliance with applicable law. We pay “base commissions” based on factors such as product type, amount of premium, group size and number of employees. These commissions are reflected in the premium rate.

Note: All commissions will be uniformly paid among all cases. In addition, we may pay bonuses pursuant to bonus programs established from time to time which are designed to provide incentives to achieve production targets, persistency levels, growth goals or other objectives. Bonuses are not reflected in the premium rate but are paid from our general administrative expenses. It is our policy not to pay commissions to producers with respect to a product for which the customer is also paying the producer a commission or other fee. Please note we also may make payments from time to time to producers for services other than those relating to the sale of policies (for example, compensation for services as a general agent or as a consultant). Producer compensation is subject to disclosure of Schedule A of the ERISA Form 5500 for customers governed by ERISA and subject to form 5500 filing requirements. We have also taken steps to ensure that producers properly disclose their compensation arrangements to their customers, but we cannot guarantee the producer’s compliance. For general information on our producer payment arrangements, please go to www.unitedhealthcare.com.com. For specific information about the compensation payable with respect to your particular policy, please contact your producer.

SECTION G. HEALTHY NY PLAN ELECTION

Please select one of the available Healthy NY plans:

Options	Copayment(s)*	Single Deductible	Family Deductible	Hospital Inpatient	Coinsurance	Preventative Care
Healthcore Enhanced (NY-2/ SP) (NY-7/Ind)	\$20 Physician	N/A	N/A	\$500 copayment	N/A	Well Child Visits and Child Immunizations covered at 100% Adult physical examinations and immunizations covered at 100%
Healthcore Advantage (HN-6/SP) (HN-7/Ind)	\$20 Physician after deductible	\$1,200	\$2,400	Deductible then \$500 copayment	100%	
Healthcore Encompass (NY-1/SP) (NY-6/Ind)	\$20 Physician	N/A	N/A	\$200 per continuous confinement (\$600 annual maximum)	N/A	
Healthcore Essential (NY-3/SP) (NY-8/Ind)	\$30 Primary Care Physician/ \$50 Specialist	N/A	N/A	\$750 copayment	N/A	
Healthcore Access (NY-5/SP) (HN-5/Ind)	Deductible and Coinsurance	\$1,500	\$3,000	Deductible and Coinsurance	80%	

***Please Note:** Each benefit package has multiple copayment amounts. The amounts listed here are intended for identification purposes only and are not meant to be an exhaustive list of required Copayments. Your Schedule of Benefits will identify all required Copayments.

