

# Healthy NY Small Employer Group Application

## Instructions

Healthy NY brings affordable comprehensive health insurance coverage to those who need it most. Small employers meeting certain eligibility criteria may purchase Healthy NY. 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.

## Coverage options

### Benefit Options

Healthy NY offers a standardized benefit package with a prescription benefit.

### Deductible

All plans are subject to an annual deductible. The deductible amount is the amount you must spend out-of-pocket before services are covered. Preventive care can be accessed prior to meeting the deductible.

For 2024, the deductible is \$600 for individuals and \$1,200 for family coverage into the account in 2024.

## 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 if applicable to your company. For example: Single, Employee/Spouse, Employee/Children, 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. Premium rates will be supplied to the group at the time of enrollment.

## 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 toward the premium (if your business is situated in the following counties: Bronx, Dutchess, Kings, Nassau, New York, Orange, Putnam, Queens, Richmond, Rockland, Suffolk, Sullivan, Ulster, Westchester).

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 \$51,570 or less annually.
- Your business must contribute 50% of the Healthy NY full-time employee\* premium.

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.

## Instructions (continued)

### Section F. Broker information

Please list broker information if applicable.

### Section G. Additional benefit options

Please select option for Dependent Coverage Extension.

### 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: **Healthy NY Department, 4 Research Drive, Shelton, CT 06484.**

Additional paperwork will be requested if necessary to complete the enrollment process.



# Healthy NY Small Employer Group Application

Oxford Health Insurance (NY), Inc.

**Mailing Address:** Healthy NY Department, 4 Research Drive, Shelton, CT 06484

Please see the Healthy NY Consumer Guide, or log onto [www.HealthyNY.com](http://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.

Enter your company name here		Date		
Enter your company's street address here				
Enter the city, state, ZIP and county				
Telephone number (      )		Fax number (      )		
Contact person (for your company)		Title	Telephone number (      )	
Effective date		Tax ID number		
SIC Code	Nature of business			
Rates	Single	Employee/spouse	Employee/child(ren)	Family

## Information

Healthy NY is for small businesses that 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 12 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, Dutchess, Kings, Nassau, New York, Orange, Putnam, Queens, Richmond, Rockland, Suffolk, Sullivan, Ulster or Westchester counties) toward the cost of the health insurance?  
☐ 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 \$51,570 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 \$51,570 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 \$51,570 or less enroll in Healthy NY? ☐ Yes ☐ No

## Section E: Employee information

1. Employers may offer Healthy NY coverage to their employees’ dependents. Employers are not required to contribute toward 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 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
3. 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 for part-time workers? ☐ Yes ☐ No

## Section E: Employee information (continued)

Complete the following by printing or typing the requested information for each employee who is applying for coverage. Please photocopy and attach additional sheets, as needed.

[illegible]

## Section F: Broker/agent information

	Broker	Co-Broker	General Agent
1. Name of Payee:			
2. Payee's Oxford Broker Code (Required):			
3. Payee's Social Security # or Federal Tax ID # :			
4. Name of Writing Agent (Required if Payee is a company):			
5. Writing Agent's Oxford Broker Code (Required if Payee is a company):			
6. Commission Split % :			
7. Sales Representative:			
Comments:			

### 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 small group 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.oxfordhealth.com](http://www.oxfordhealth.com). For specific information about the compensation payable with **respect to your particular policy, please contact your producer.**

## Section G. Additional coverage options

### Additional Coverage Options:

- ☐ None
- ☐ Dependent Coverage Extension through age 29

## 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.**

**This application should be forwarded directly to Oxford. To submit this application directly, please mail it to Healthy NY Department, 4 Research Drive, Shelton, CT 06484.**

---

Print name of officer completing certification

---

Signature

---

Title

---

Date

---