

Healthy New York

Brief History of Healthy New York

Created in 2001, Healthy New York was the brainchild of the Pataki administration who advocated for the need for affordable coverage to address skyrocketing health insurance premiums in the 1990's. A commission was formed and one of the first things they did was carve out specific mandated benefits required of commercial plans. That helped reduce premiums by about 12 percent. The second thing they did was instill a reinsurance program with the carriers that minimized their risk exposure. In other words, the state picks up 90 percent of the tab for individual claims that fall between \$5,000 and \$75,000 and the carriers pick up the balance for the so called nuisance claims (under \$5000) and the catastrophic (over \$75,000) claims. At the end of each fiscal year, the claims data is analyzed and a settlement with the carriers reached and hopefully the premiums remain the same or less which has happened on a few rare occasions.

After 10 years of experience, Healthy New York remains one of the most affordable HMO group health plans and has assisted nearly 200,000 New Yorkers who otherwise would not have coverage. It's been recognized and applauded by the Federal government as an efficient model of health care delivery and has been replicated by several other states.

Another reason for the plan's success and popularity is it offers a rich array of preventive and major care services coupled with low out of pocket cost sharing allowing members' peace of mind and affordable access to their hometown providers and facilities of their choice.

Benefit Package for Standard HNY

The Healthy NY benefit packages, which are streamlined, consist of health benefits that cover essential health needs including: inpatient and outpatient hospital services, physician services, maternity care, preventive health services, diagnostic and x-ray services, and emergency services. Applicants may choose a benefit package with or without a limited prescription benefit.

Covered Services Include the Following:

- Diagnostic screening for prostate cancer for men
- Coverage for home health care for up to 40 post-hospital or post-surgical visits in a calendar year
- Coverage for 30 post-hospital or post-surgical visits per calendar year for physical therapy
- Inpatient hospital services consisting of daily room and board, general nursing care, special diets and miscellaneous hospital services and supplies
- Outpatient hospital services consisting of diagnostic and treatment services
- Physician services consisting of diagnostic and treatment services, consultant and referral services, surgical services (including breast reconstruction surgery after a mastectomy), anesthesia services, second surgical opinion, and a second opinion for cancer treatment
- Outpatient surgical facility charges related to a covered surgical procedure
- Pre-admission testing

- Maternity care
- Adult preventive services consisting of mammography screening, cervical cytology screening, periodic physical examinations no more than once every three years, and adult immunizations
- Preventive and primary health care services for dependent children including routine well-child visits and necessary immunizations
- Equipment, supplies and self-management education for the treatment of diabetes
- Diagnostic, x-ray, and laboratory services
- Emergency services
- Therapeutic services consisting of radiological services, chemotherapy and hemodialysis
- Blood and blood products furnished in connection with surgery or inpatient hospital services

If the prescription drug benefit is selected:

- Prescription drugs obtained at a participating pharmacy (\$3,000 maximum per person, per year)

Services Not Covered by Healthy NY

Because Healthy NY has a streamlined benefit package, certain services are not covered. Examples of those services include:

- Mental health services, including treatment and medication for ADHD, depression, and anxiety
- Alcohol and substance abuse treatment
- Chiropractic coverage
- Hospice care
- Ambulance, dental care, vision care, durable medical equipment

Copayments and Deductibles

Covered services are subject to a copayment. The copayment is an amount that you must pay at the time you receive services. Copayment amounts are the same for each health plan.

If you choose the benefit that includes prescription drug coverage, there is a \$100 annual deductible for prescription drugs. This deductible amount is the same for each health plan.

If you enroll in the Healthy NY High Deductible Health Plan Option, any money that you spend on copayments for preventive services cannot be applied towards your plan deductible. If you enroll in the Healthy NY High Deductible Health Plan Option and you choose the prescription drug benefit, then the \$100 prescription drug deductible does not apply.

The applicable copayments are:

<u>Services</u>	<u>Copayments</u>
Inpatient hospital services	\$500 co pay
Surgical services	20% or \$200 co pay
Outpatient surgical facility	\$75 co pay
Emergency services (waived if admitted to the hospital)	\$50 co pay
Prenatal services	\$10 co pay
Well-child visits/ Immunizations	\$0
All other services	\$20 co pay
Optional prescription drug benefit	Maximum benefit of \$3,000 per individual per year; \$100 deductible per calendar year (this \$100 deductible does not apply to the Healthy NY High Deductible Health Plan Option); generic drugs have a \$10 co pay; brand name drugs have a \$20 co pay plus the difference in cost between the brand name drug and generic equivalent

High Deductible Health Plan Option

Healthy NY offers a high deductible health plan for less money. (HDHP) requires the enrollee to pay for most medical expenses up to a certain dollar amount before the insurance policy begins to cover them. The 2010 deductible amounts are \$1,200 for single coverage and \$2,400 for family coverage. These amounts are adjusted annually for inflation.

You can access certain preventive services before you have met the deductible. In the Healthy NY program, these benefits include well-child and routine prenatal care, prostate cancer screening, mammography, cervical cytology, and adult physicals and immunizations. Copayments will still apply to these services. Money spent on copayments for preventive services do not count towards the deductible.

Money spent on medical expenses that are not covered by the HDHP will not be counted towards the plan deductible.

Small employers must choose the same option, either the high deductible plan or standard plan, for all employees covered under Healthy NY.

What is a Health Savings Account (HSA)?

The HDHP was designed to work with a health savings account (HSA). An HSA is a savings account used to pay for medical expenses such as deductibles, co-payments and over-the-counter medication. Under Federal law, you can contribute up to \$3,050 into the account each year if you have single coverage or up to \$6,150 into the account each year if you have family coverage.

These amounts are set annually by the Federal Government. You can take advantage of the full contribution amount, regardless of what month you opened the account. However, there may be a tax penalty if you end your HDHP coverage too soon. Please see the [U.S. Department of the Treasury Web site](#) for more information. You can put money into the account in one lump sum or at any frequency that is convenient for you.

Pre-Existing Condition Limitation

Coverage under the Healthy NY program is subject to a pre-existing condition waiting period. This means that if the applicant has a medical condition that they have been either diagnosed with or treated for in the last six months, services for the treatment of that condition may be excluded from coverage for up to a year.

However:

- If an applicant has had prior health insurance coverage and has not had a break in coverage that is longer than 63 days, the pre-existing condition limitation waiting period will be reduced or waived.
- Coverage for other services will still be available for all other covered conditions.

Pregnancy is a pre-existing condition in individual contracts. It is not a pre-existing condition in contracts issued to sole proprietors or small employers.

Applicants should check with their health plan in advance to determine how this waiting period would impact the initial coverage of any existing health conditions they may have.

Rates:

You can visit Healthy New York's official website for by clicking the following link at the end of this paragraph. Once there, scroll to the county the member resides in and it will list the carriers in alphabetical order. Note: The state does an admirable job updating it's HNY website but you may want to check with the Merriam Agency for a confirmation of the latest available rates.

HMOs and Rates by County

<http://www.ins.state.ny.us/website2/hny/english/hnyr.htm>

How to Apply:

Contact Chris Mason at the Merriam Agency for carrier specific applications, enrollment forms, and instructions by dialing 1-(877)MERRIAM (637-7426) or e-mailing at Christopher@merriaminsurance.com

