

**PLAN WORKSHEET
TO DETERMINE SMALL EMPLOYER ELIGIBILITY
FOR THE HEALTHY NEW YORK PROGRAM
HIP SMALL EMPLOYER PROGRAM APPLICATION**

I. A. DETERMINE WHETHER THE EMPLOYER'S PLACE OF BUSINESS IS LOCATED IN NEW YORK STATE (See Address in Section A)

_____ Yes

_____ No

If yes, go to B. below.
If no, STOP. The employer is INELIGIBLE
for the Healthy New York program.

B. Has the Employer selected a Benefit Package (Selection in Section A)?

_____ Yes

_____ No

If yes, go to II.
If no, contact the employer.

II. DETERMINE IF THE EMPLOYER SATISFIES THE HEALTHY NEW YORK "CROWD OUT" STATUTORY REQUIREMENT.

A. Has the employer certified that they have provided their employees with group health insurance coverage within the twelve month period preceding application? (See Section B, Question #1)

_____ Yes

_____ No

If yes, go to B.
If no, go to III.

B. Did the employer contribute more than \$50 (or \$75 if the business is located in the Bronx, Kings, Nassau, New York, Orange, Putnam, Queens, Richmond, Rockland, Suffolk, and Westchester counties) per employee per month toward the cost of health insurance? (See Section B, Question #2)

Yes

No

If yes, STOP. The employer is INELIGIBLE for the Healthy New York program.
If no, go to III.

III. DETERMINE WHETHER EMPLOYER HAS 50 OR FEWER EMPLOYEES.

Does the employer have 50 or fewer employees? (See Section C, Question #1)

Yes

No

If yes, go to IV.
If no, STOP. The employer is INELIGIBLE for the Healthy New York program.

IV. DETERMINE WHETHER EMPLOYER SATISFIES THE HEALTHY NY STATUTORY REQUIREMENT THAT 30% OF ELIGIBLE EMPLOYEES MUST MAKE \$36,500 OR LESS.

Do at least 30% of the employees who will be offered coverage earn annual wages of \$36,500 or less? (See Section C, Question #2)

Yes

No

If yes, go to V.
If no, STOP. The employer is INELIGIBLE for the Healthy New York program.

V. DETERMINE WHETHER THE EMPLOYER WILL SATISFY THE STATUTORY REQUIREMENT THAT THE EMPLOYER MUST CONTRIBUTE 50% OF THE HEALTHY NEW YORK PREMIUM FOR FULL TIME EMPLOYEES.

Has the employer certified that they will be contributing at least 50% of the Healthy New York premium on behalf of each full time employee covered?
(See Section C, Question #3)

____ Yes

____ No

If yes, go to VI.

If no, STOP. The employer is INELIGIBLE for the Healthy New York program.

VI. DETERMINE WHETHER THE EMPLOYER SATISFIES THE STATUTORY REQUIREMENT THAT ALL EMPLOYEES WORKING 20 HOURS OR MORE WHO EARN ANNUAL WAGES OF \$36,500 OR LESS WILL BE OFFERED COVERAGE.

Has the employer certified that they will offer coverage to all employees working 20 hours or more who earn annual wages of \$36,500 or less?
(See Section C, Question #4)

____ Yes

____ No

If yes, go to VII.

If no, STOP. The employer is INELIGIBLE for the Healthy New York program.

VII. DETERMINE THE NUMBER OF WORKERS WHO MUST ELECT TO PARTICIPATE IN THE HEALTHY NEW YORK PROGRAM IN ORDER TO SATISFY THE STATUTORY PARTICIPATION REQUIREMENTS.
(See Section D, Questions #1 & #2)

1. Will at least 50% of the employees who are offered Healthy NY coverage actually accept enrollment? (Note: They may count eligible employees who have health insurance coverage through another source towards the 50%.)

____ Yes

____ No

If yes, go to #2 below.

If no, STOP. The employer is INELIGIBLE for the Healthy New York program.

2. Will at least one employee earning annual wages of \$36,500 or less enroll in Healthy NY?

____ Yes

____ No

If yes, the employer is ELIGIBLE. Review Sections E & F for completeness.

If no, STOP. The employer is INELIGIBLE for the Healthy New York program.