



# Health Insurance for Low-Income Workers: Family Health Plus

## WHAT IS FAMILY HEALTH PLUS?

Family Health Plus is a public health insurance program that provides comprehensive healthcare coverage to adults, with or without children, who have income or resources too high to qualify for Medicaid. Typically this includes individuals who work in low paying jobs and are not insured by their employers.

## WHO IS ELIGIBLE FOR THE PROGRAM?

Family Health Plus is available to single adults, couples without children, and parents with limited income who are residents of New York and United States citizens or lawful permanent residents (including those permanently residing under color of law (PRUCOL)). A person must be between the ages of 19 – 64 and neither eligible for Medicaid, nor in receipt of equivalent healthcare coverage or insurance. Below is a chart illustrating the maximum gross income and resource levels allowed for varying family sizes.

<b><u>FAMILY HEALTH PLUS</u> MAXIMUM GROSS INCOME AND RESOURCE LEVELS</b>									
<b>(Effective January 1, 2007)</b>									
Family Size	Single Adult	Childless Couple	2 (incl. 1 Child)	3	4	5	6	7	For each add'l
Yearly Income	\$10,110	\$13,590	\$20,385	\$25,605	\$30,825	\$36,045	\$41,265	\$46,485	+5,220
Monthly Income	\$843	\$1,133	\$1,699	\$2,134	\$2,569	\$3,004	\$3,439	\$3,874	+435
Weekly Income	\$195	\$261	\$392	\$492	\$593	\$693	\$794	\$894	+98
Resources	\$12,600	\$16,200	\$16,200	\$19,800	\$19,950	\$20,100	\$20,400	\$22,950	+2,550

**\*Note:** Income and Resource levels change annually. Also, persons on SSI or receiving Temporary Cash Assistance do not count as household members or toward income **totals**.

## WHAT SERVICES WILL BE COVERED?

- Physician Services
- Inpatient and Outpatient Hospital Care
- Prescription Drugs & Smoking Cessation products
- Second Medical/Surgical Opinion
- Nurse Practitioner Services
- Lab Tests and X-rays
- Vision, Speech and Hearing services
- Rehabilitative Services (some limits apply)
- Durable Medical Equipment
- Emergency Room and Emergency Ambulance Services
- Mental Health Treatment (some limits apply)
- Chemical Dependence Services (some limits apply)
- Diabetic Supplies and Equipment
- Hospice Care
- Radiation Therapy, Chemotherapy and Hemodialysis
- Dental Services (if offered by health plan)
- Family Planning and Reproductive Health Services
- Foot Care Services

## **IS THERE A COST?**

**NO.** Family Health Plus covers the healthcare costs of its beneficiaries through managed care plans. That means when you apply for health coverage, you must select a health plan. It is best to contact the individual plans to insure that your current physician is listed in the health plan's network of providers. For NYC plans See [http://www.health.state.ny.us/nysdoh/fhplus/how\\_do\\_i\\_choose\\_a\\_health\\_plan.htm](http://www.health.state.ny.us/nysdoh/fhplus/how_do_i_choose_a_health_plan.htm).

There are no deductibles or monthly premiums for health coverage; however, certain medical care/ services include a co-payment.

**NOTE:** Family Health Plus providers may not refuse services to enrollees who are unable to pay the co-payment; they may bill the enrollee for the amount. Those individuals under the age of 21, pregnant, in a nursing home or OMH/OMRDD facility are exempt from co-payments.

## **HOW DO I APPLY?**

To apply for Family Health Plus, you will need to have a personal interview with a facilitated enroller.

To locate a Facilitated Enroller call:      Family Health Plus Info Line  
(877) 934-7587; or visit this website:  
<http://www.health.state.ny.us/nysdoh/fhplus/where.htm>

Once your application is complete, your enrollment facilitator will let you know if you and/or your family appear to be eligible for Family Health Plus. The facilitator will forward the completed application to your local social services district office where it will be reviewed and a final eligibility determination made. The local social services district office will send a letter confirming eligibility for Family Health Plus and verifying the selected health plan. The health plan, in turn, will send a welcome letter to the eligible applicant which includes the effective date of services and the member ID card.

It could take two months or more from the time you sign the application to when services from the managed care health plan begins. There is no retroactive coverage in the Family Health Plus Program.