



SOUTHERN TIER ENVIRONMENTS FOR LIVING

To: All Staff Members

From: Mark Wasiewicz, Human Resources Director 

Date: October 6, 2011

RE: Premium Assistance Program - Updated

You may be eligible for assistance to pay your employee contribution toward your medical insurance premium, co-pays and deductibles. Read on ...

As employee health insurance contributions increase and some co-pays and deductibles are high on some benefits we want to alert you about a New York State program called **Family Health Plus Premium Assistance Program**. This program provides employees, who normally would qualify for Family Health Plus medical benefits, to keep their employer sponsored medical insurance plan and may reimburse the employee for the employee's contribution toward their premium, co-pays and deductibles.

Attached, please find a brochure entitled "Family Health Plus Premium Assistance Program". This brochure provides some general information about the program. We also enclosed a required document checklist for your review and a list of local county contact phone numbers and other related information.

The chart below was taken from the NYS Family Health Plus website - <http://www.health.state.ny.us/nysdoh/fhplus/index.htm>. The chart outlines the maximum gross income and resource amounts related to this program.

To determine if you qualify for assistance contact the DSS office for your county. A list of contract numbers is attached.

If we can be of assistance please don't hesitate to contact me at (716) 366-7792 x212.

Maximum Gross Annual Income Guide Effective January 1, 2011

Maximum Gross Annual Income Guide Effective January 1, 2011			
Family Size	Yearly Income	Monthly Income	Weekly Income
Single Adult	\$10,890	\$ 908	\$209
Couples with No Children	\$14,710	\$ 1,226	\$282
Parents/Guardians Living with at Least 1 Child Under 21			
Family Size 2	\$22,065	\$1,839	\$424
Family Size 3	\$27,795	\$2,317	\$534
Family Size 4	\$33,525	\$2,794	\$644
Family Size 5	\$39,255	\$3,272	\$755
Family Size 6	\$44,985	\$3,749	\$865
Family Size 7	\$50,715	\$4,227	\$975
For each additional person add:	+\$ 5,730	+\$ 478	+\$ 110

**Premium Assistance Program
County Contact Information**

Chautauqua County

7 North Erie Street
Mayville, New York 14757
(716) 753-4421
(716) 661-7421

335 Central Avenue
Dunkirk, New York 14048
(716) 363-3500

110 East Fourth Street
Jamestown, New York 14701
(716) 661-8200

Cattaraugus County

Cattaraugus County DSS
One Leo Moss Dr.
Olean, NY 14760
Main (716) 373-8065
Medicaid (716) 701-3500

Contact the Cattaraugus County Department of Social Services (DSS) Medicaid Department at 716-701-3500 and state that you would like to apply for the Premium Assistance Program.

The first step in the application process is a telephone interview. Callers do not need anything in particular in their possession at the time of the telephone interview.

Allegany County

Allegany County DSS
7 Court St.
Belmont, NY 14813
Main (585) 268-9622
Fax (585) 268-9479

The first step in the application process is to visit the Allegany County DSS and state that you would like to apply for the Premium Assistance Program. You do not need to call before coming to the office, but the main telephone number for the Allegany County DSS is 585-268-9622.

You would need to bring the following documents with you:

- Photo Identification
- Social Security Card
- Birth Certificate
- Marriage License (if applicable)
- Proof of income (pay stubs)
- Proof of resources (bank statements)
- Health insurance information (cost of health insurance premium, what is covered under your current health insurance carrier).

Erie County

Erie County DSS
Rath County Office Bldg.
95 Franklin St.
8th Floor
Buffalo, NY 14202
Main (716) 858-8000
Medicaid (716) 858-6582

Who is Eligible?

You must be a resident of New York State between 19 and 64 years of age,

A United States citizen, national, Native American or an individual with satisfactory immigration status;

Not eligible for Medicaid based on income;

Eligible for, or enrolled in, employer based insurance;

Employer-based insurance includes standard scope of services and is determined to be qualified and cost effective by the department of social services.

You must meet income/resource and eligibility requirements for the Family Health Plus Program.

Co-payment schedule

Individuals enrolled in Family Health Plus are required to pay part of the cost of some medical care/services. If your employer's health insurance plan's co-payments are higher than those below, your physician can bill Medicaid or you can be reimbursed by your local department of social services.

Physician visits	\$5.00
Brand Name Prescriptions	\$6.00
Generic prescriptions	\$3.00
Radiology services	\$1.00
Lab tests	\$.50
Non-urgent ER visits	\$3.00
Inpatient hospital stay	\$25.00
Covered over-the-counter drugs; lancets, test strips, enteral formula	\$1.00
smoking cessation products	\$.50
Dental visits	\$5.00
(up to a total of \$25.00/year)	



Family Health Plus Premium Assistance Program

For individuals who qualify for Family Health Plus and have health insurance available through their employer

State of New York
Department of Health
Richard F. Daines, M.D., Commissioner
(Revised 05/08)

Is the Premium Assistance Program as good as Family Health Plus?

Comprehensive Health Care Coverage

Inpatient/outpatient health care

Physician services

Radiation therapy, chemotherapy, hemodialysis

Drug, alcohol, mental health services

Emergency ambulance services

Durable medical equipment

Prescription drugs

Lab tests, x-rays

Vision, speech and hearing services

Rehabilitative services

Hospice

Dental

You will get these benefits either through your Employer's Health Insurance or through your Medicaid benefit.

Are there additional benefits?

The Premium Assistance Program also pays for :

Your share of the Premium for your employer based insurance and

Reimburses for;

Deductibles;

Co-insurance;

Co-payments that exceed the Family Health Plus co-payment schedule.

What happens if I have to wait to join my employer's health insurance?

If you are eligible for this program, but are not yet enrolled in your employer's insurance, you may be enrolled in a Family Health Plus Managed Care Plan temporarily until your employer's insurance enrollment period allows you to sign up.

Children 18 years old and younger will also be evaluated for Medicaid or Child Health Plus while waiting to enroll in your employer's health plan.

Where can I apply?

You may apply using the Access NY Health Care application which can be printed from our website at: www.health.state.ny.us/nysdoh/fhplus/index.htm

Or call our toll free hotline at: 1-877-934-7587.

Or visit your local department of social services.

You may also apply through Facilitated Enrollers, which are available near you.

Call 1-877-934-7587 to find a Facilitated Enroller in your County, or visit: www.health.state.ny.us/nysdoh/fhplus/how_can_i_apply.htm

How do I apply?

You will need to complete an application, provide certain information on income and resources, and complete a personal interview before an eligibility determination can be made.

DOCUMENTATION CHECKLIST FOR HEALTH INSURANCE

Applicant Name _____ Application Date _____

Your enrollment cannot be completed until all checked items are received. Please return these items by _____.
If you need help getting any of these items, let us know.

PROOF OF DATE OF BIRTH AND RESIDENCE: You must show ONE of the documents listed in both categories to see if you are eligible for health insurance. Discuss this with the person helping you with your application.

DATE OF BIRTH

(not required for recertification)

- Drivers license/Official Photo identification
- Passport*
- Birth certificate
- Baptismal/other religious certificate
- Official School records
- Adoption records
- Official Hospital/doctor birth records
- Naturalization certificate*
- Marriage records
- Medicaid Card

RESIDENCY/HOME ADDRESS

(this must match the home address in Section A, and the proof must be dated within 6 months of the application signature date)

- Government ID card with address
- Postmarked envelope or postcard
(cannot use if sent to P.O. Box)
- Drivers license issued within past 6 months
- Utility bill (gas, electric, cable, fuel, water, telephone)
or correspondence from a federal, state or local government agency which contains name and street address)
- Letter/lease/rent receipt with home address from landlord
- Property tax records or mortgage statement
- Federal or state income tax refund check

* May also be used to document citizenship and identity.

PROOF OF CURRENT INCOME: You must provide a letter, written statement, or copy of check or stubs, from the employer, person or agency providing the income. Submit all that apply. Provide the most recent proof of income before taxes and any other deductions. The proof must be dated, include the employee's name and show gross income for the pay period.

Wages and Salary

- Paycheck stubs
(4 consecutive weeks preceeding application/signature date)
- Letter from employer on company letterhead, signed and dated
- Income tax return**
- Business/payroll records

Self-Employment

- Signed and dated income tax return and all Schedules**
- Records of earnings and expenses/business records

Unemployment Benefits

- Award letter/certificate
- Monthly benefit statement from NYS Department of Labor
- Printout of recipient's account information from the NY State Department of Labor's website
- Copy of Direct Payment Card with printout
- Correspondence from the Department of Labor

Private Pensions/Annuities

- Statement from pension/annuity

Social Security

- Award letter/certificate
- Annual benefit statement
- Correspondence from Social Security Administration

Child Support/Alimony

- Letter from person providing support
- Letter from court
- Child support/alimony check stub
- Copy of NY Eppicard with printout
- Copy of child support account information from www.newyorkchildsupport.com

Worker's Compensation

- Award letter
- Check stub

Veteran's Benefits

- Award letter
- Benefit check stub
- Correspondence from Veterans Administration

Military Pay

- Award letter
- Check stub

Interest/Dividends/Royalties

- Recent statement from bank, credit union or financial institution
- Letter from broker
- Letter from agent
- 1099 or tax return (if no other documentation is available).

Income from Rent or Room/Board

- Letter from roomer, boarder, tenant
- Check stub

Support from Other Family Members

- Signed statement or letter from family member

** Income tax returns for other than self-employed may be used for applications prior to April of the following year. If later, you must include another form of documentation.

DOCUMENTATION CHECKLIST FOR HEALTH INSURANCE

DEPENDENT CARE COSTS:

- Written statement from day care center or other child/adult care provider
- Canceled checks or receipts

PROOF OF HEALTH INSURANCE:

- Insurance policy Certificate of Insurance Insurance card Termination Letter Medicare Card
- Other _____

PREGNANT WOMEN ONLY

- Proof of Pregnancy**
 - Presumptive Eligibility Screening Worksheet completed by qualified provider
 - Statement from medical professional with expected date of delivery
 - WIC Medical Referral Form

MEDICAID ONLY

For determination of eligibility for medical expenses from the past three months:

- Proof of income for the month(s) in which the expense was incurred
- Proof of residency/home address for the month(s) in which the expense was incurred

FOR MEDICAID AND FAMILY HEALTH PLUS ONLY

- Resources** (*persons age 19 and over, only if checked by interviewer*)
 - Bank Statement
 - Life Insurance policy
 - Deed or Appraisal for Real Estate
 - Copies of stocks, bonds, securities
 - Motor Vehicles—Estimate from dealer, "blue book" value
 - Burial Agreement
 - Trust Fund

DOCUMENTATION CHECKLIST FOR HEALTH INSURANCE

IDENTITY AND CITIZENSHIP OR IMMIGRATION STATUS FOR THE MEDICAL ASSISTANCE PROGRAM

For the Medical Assistance Program, identity and citizenship or satisfactory immigration status must be documented. For the purposes of qualifying as a United States citizen, the United States includes the 50 states, the District of Columbia, American Samoa, Swain's Island and, if born on or after certain dates, Puerto Rico, Guam, the U.S. Virgin Islands and the Northern Mariana Islands.

DOCUMENTS WHICH ESTABLISH BOTH CITIZENSHIP AND IDENTITY

- U.S. passport; Certificate of Naturalization (N-550 or N-570); or Certificate of U.S. Citizenship (N-560 or N-561).

SECONDARY DOCUMENTS WHICH ESTABLISH CITIZENSHIP BUT ALSO REQUIRE ONE IDENTITY DOCUMENT FROM THE IDENTITY DOCUMENTATION LIST

- U.S. Birth Certificate showing birth in one of the 50 U.S. States, District of Columbia, American Samoa, Swain's Island, Puerto Rico (if born on or after 1/13/1941), Virgin Islands of the U.S. (on or after 1/17/1917), Northern Mariana Islands (after 11/4/1986 [NMI local time]), or Guam (on or after 4/10/1899);
- Certification of Report of Birth issued by the Department of State (DS-1350);
- Report of Birth Abroad of a U.S. Citizen (FS-240);
- Certification of birth issued by Department of State (Forms FS-545 or DS-1350);
- U.S. Citizen Identification Card (I-197 or I-179);
- Northern Mariana Identification Card (I-873);
- American Indian Card with classification code of "KIC" (I-872);
- Final adoption decree showing U.S. place of birth;
- Evidence of U.S. civil service employment before 6/1/1976;
- Military record of service showing U.S. place of birth (i.e., DD-214); or
- Evidence of qualifying for U.S. citizenship under the Child Citizenship Act of 2000.

THIRD LEVEL DOCUMENTS WHICH ESTABLISH CITIZENSHIP BUT ARE LESS RELIABLE THAN SECONDARY DOCUMENTS (ALSO REQUIRES AN IDENTITY DOCUMENT)

- Extract of hospital record on hospital letterhead. The record must have been established at the time of birth and the extract must have been created at least 5 years before the Medicaid application date (or, for children younger than 16, near the time of birth) and must show a U.S. place of birth;
- Life, health or other insurance record, if it shows a U.S. place of birth and was created at least 5 years prior to the application date (or, for children younger than 16, near the time of birth);
- Religious record recorded in the U.S. within 3 months of birth showing a U.S. place of birth and either the date of birth or the individual's age at the time the record was made; or
- Early school record showing date of admission, a U.S. place and date of birth and names and places of birth of the applicant's parents.

FOURTH LEVEL DOCUMENTS WHICH ESTABLISH CITIZENSHIP BUT ARE THE LEAST RELIABLE AND SHOULD ONLY BE USED IN RAREST OF CIRCUMSTANCES (ALSO REQUIRES AN IDENTITY DOCUMENT)

- Federal or State census record showing U.S. citizenship or a U.S. place of birth; or
- The following other documents are acceptable if they indicate a U.S. place of birth and were created at least 5 years prior to the application date (or, for children younger than 16, near the time of birth):
 - Medical (clinic, doctor, or hospital) record;
 - Seneca Indian tribal census;
 - Bureau of Indian Affairs tribal census records of the Navajo Indians;
 - U.S. State Vital Statistics official notification of birth registration;
 - Delayed U.S. public birth record that is recorded more than 5 years after the person's birth;
 - Statement signed by the physician/midwife who was in attendance at the time of birth; or
 - Bureau of Indian Affairs Roll of Alaska Natives;
- Institutional admission papers from a nursing facility, skilled care facility or other institution (created at least 5 years before the application date) showing a U.S. place of birth; or
- Written affidavit (to be used only in rare instances).

DOCUMENTS WHICH ESTABLISH IDENTITY

- A driver's license issued by State or Territory either with a photograph of the individual or other identifying information of the individual such as name, age, sex, race, height, weight or eye color. Canadian driver's licenses may not be used;
- School identification card with a photograph of the individual;
- U.S. military card or draft record;

DOCUMENTATION CHECKLIST FOR HEALTH INSURANCE

- Identification card issued by Federal, State, or local government with the same information included on the driver's license;
- Military dependent's identification card;
- Certificate of Degree of Indian Blood, or other U.S. Native American/Alaska native tribal document with photo or other identifying information;
- U.S. Coast Guard Merchant Mariner card;
- A cross-match with a Federal or State governmental, public assistance, law enforcement, or corrections agency's data system;
- If **none** of the above identity documents is available, a combination of three or more corroborating documents such as marriage certificates, divorce decrees, high school or college diplomas, employer ID cards or property deeds/titles. Voter registration cards are not acceptable;
- Disabled individuals in residential care facilities may have identity attested to by the facility director or administrator, on behalf of the individual in the facility, when the individual does not have or cannot get any document listed above. This affidavit must be signed under penalty of perjury, but need not be notarized.
- Children under age 16 may have their identity documented using other means:
 - Clinic, doctor or hospital record;
 - School records including report card, day care or nursery school record. Records must be verified with the issuing school;
 - If no other documents are available, an affidavit signed under penalty of perjury by a parent, guardian or caretaker relative may be used. An identity affidavit should not be used if a citizenship affidavit was used. Affidavits need not be notarized. Identity affidavits may be used for children under 18 when a school ID card or driver's license is not available to the child until he or she is 18 years of age.

EVIDENCE THAT ESTABLISHES U.S. CITIZENSHIP FOR COLLECTIVELY NATURALIZED INDIVIDUALS

Puerto Rico

- Evidence of birth in Puerto Rico on or after 4/11/1899 and the applicant's or recipient's (A/R's) statement that he or she was residing in the U.S., a U.S. possession or Puerto Rico on 1/13/1941; or
- Evidence that the A/R was a Puerto Rican citizen and the A/R's statement that he or she was residing in Puerto Rico on 3/1/1917 and that he or she did not take an oath of allegiance to Spain.

U.S. Virgin Islands

- Evidence of birth in the U.S. Virgin Islands, and the A/R's statement of residence in the U.S., a U.S. possession or the U.S. Virgin Islands on 2/25/1927; or
- The A/R's statement indicating residence in the U.S. Virgin Islands as a Danish citizen on 1/17/1917 and residence in the U.S., a U.S. possession or the U.S. Virgin Islands on 2/25/1927, and that he or she did not make a declaration to maintain Danish citizenship; or
- Evidence of birth in the U.S. Virgin Islands and the A/R's statement indicating residence in the U.S., a U.S. possession or territory or the Canal Zone on 6/28/1932.

Northern Mariana Islands (NMI) (formerly part of the Trust Territory of the Pacific Islands [TTPI])

- Evidence of birth in the NMI, TTPI citizenship and residence in the NMI, the U.S., or a U.S. territory or possession on 11/3/1986 (NMI local time) and the A/R's statement that he or she did not owe allegiance to a foreign State on 11/4/1986 (NMI local time); or
- Evidence of TTPI citizenship, continuous residence in the NMI since before 11/3/1981 (NMI local time), voter registration prior to 1/1/1975 and the A/R's statement that he or she did not owe allegiance to a foreign State on 11/4/1986 (NMI local time); or
- Evidence of continuous domicile in the NMI since before 1/1/1974 and the A/R's statement that he or she did not owe allegiance to a foreign State on 11/4/1986 (NMI local time). If a person entered the NMI as a nonimmigrant and lived in the NMI since 1/1/1974, this does not constitute continuous domicile and the individual is not a U.S. citizen.

IMMIGRANT STATUS

- The following are the most common United States Citizenship and Immigration Services (USCIS) Forms:
 - I-551 Permanent Resident Card;
 - I-94 Arrival/Departure Record;
 - I-688B or I-766 Employment Authorization Card;
- United States Citizenship and Immigration Services (USCIS) Form I-797-Notice of Action; or
- Evidence of continuous United States residence prior to 1972.

NOTE: If you are applying only for Medical Assistance, you do not have to tell us about your citizenship or immigration status if you are:

- pregnant; or
- an undocumented alien applying for Medical Assistance coverage because of an emergency medical condition. (See Medical Assistance section of Book 2, LOCAL DEPARTMENT OF SOCIAL SERVICES-4148B for more information on citizenship or immigration status.)