

KNOW YOUR RIGHTS

FAMILY HEALTH PLUS

1. I am not eligible for Medicaid. Can I get free health insurance?

Yes, you may qualify for Family Health Plus (FHP).

2. What is FHP?

FHP is a NY State health insurance program for low income adults. It covers doctors visits (including specialists), hospital stays, prescription drugs, dental, vision, family planning, mental health and substance abuse services.

You must join a health plan to get FHP services.

3. Can I get FHP?

You are eligible if you are:

- A NY State Resident AND
- Between the ages of 19 and 64 AND
- Within the income limits.

4. Do I have to have a family to get FHP?

No. You can be married or single. You do not need to have children to be eligible for FHP.

5. Do I need to be a US Citizen to get FHP?

You do not need to be a United States Citizen to get FHP. Many immigrants are eligible for FHP. You may be eligible if you are:

- A permanent resident (green card holder);
- A refugee, asylee, or parolee;
- A victim of abuse;
- An individual waiting for a decision on certain immigration applications;
- An individual who has received permission from the federal immigration agency to remain in the United States permanently.

6. What are the income limits for FHP?

To get FHP, you must meet the income limit for your family size. For example, a single adult without children can earn up to \$903 per month and a family of 4 can earn up to \$2,757 per month in 2010.

More information on income limits is available at: http://www.nyc.gov/html/hra/downloads/pdf/income_level.pdf

7. How do I apply?

You can apply by meeting with a facilitated enroller in your community or by going to your local Medicaid Office. The enroller can answer your questions and help you choose the right health plan. A list of enrollment centers is available online at: http://www.nyhealth.gov/nysdoh/fhplus/apply/application_centers.htm

You can also download the application online at http://www.nyhealth.gov/nysdoh/fhplus/how_can_i_apply.htm

If you need help finding an enroller in New York City call 212-788-5788.

In order to apply, you must provide

documentation of:

1. Who you are
2. Your Immigration Status or proof of Citizenship
3. Your date of birth
4. Your Income

When you apply, you MUST choose a health plan. You should choose a plan in your neighborhood that your current doctors accept. Family members do not have to join the same plan.

For more information go to: http://www.health.state.ny.us/nysdoh/fhplus/how_do_i_choose_a_health_plan.htm

8. When will my coverage start?

FHP coverage does not start until you are enrolled in a health plan. It could take up to 90 days to be enrolled after you complete your application. Your health plan will send you a welcome letter with the exact date that you can start using services.

9. How long does my coverage last?

Your coverage will last for 12 months. After you are enrolled, you must tell the Medicaid Office if your income or residence change.

10. Can I switch managed care plans?

You can switch plans for any reason in the first 90 days of enrollment. If you have a good reason, you can switch plans at any time.

11. How do I use my health plan ?

Once enrolled, you will get a plan card and

a NY State Benefit Card. Show your plan card when you see a doctor. Use your NY State benefit card at the pharmacy to get your prescriptions.

You must also choose a primary care doctor. This doctor will provide regular check-ups and give you referrals to see specialists.

12. How much does FHP cost?

You may be asked to pay a co-payment. Your doctor or pharmacist can bill you for the co-payment. But you should still receive services even if you cannot afford to pay. If you are under 21 or pregnant, you never have to pay co-payments.

Some common co-payment amounts are:

- *Hospital care* (\$25 per stay)
- *Clinic visits* (\$3 per visit)
- *Brand name prescription* (\$6)
- *Generic prescription* (\$3)

There are NO co-payments for emergency services, family planning services and supplies, drugs for treating mental illness, mental health clinic visits, or chemical dependence clinic visits.

13. What if my FHP application is denied or my health plan refuses to cover a medical service?

You can request a Fair Hearing. You can also appeal through your plan's internal appeal procedure and/or the state external review procedure if you are denied care. You have a limited amount of time to request a fair hearing or appeal, so remember to make your request right away!

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WHAT YOU SHOULD KNOW ABOUT FAMILY HEALTH PLUS



MAKING THE CASE FOR HUMANITY

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