



# **Healthy NY Program Guidance**

### **Updated Small Employer Wage Level**

The Healthy NY wage level for small employers is being updated commensurate with increases in the Federal Poverty Guidelines. The wage level for small employer eligibility criteria is being increased to \$53,650. This means that at least 30% of the small employer's eligible employees must earn \$53,650 or less in annual wages and that small employers must offer Healthy NY to all employees who work 20 or more hours per week and earn \$53,650 or less in annual wages.

Health plans may start using this amount immediately and should begin applying it for coverage effective on or after March 1, 2025. The Healthy NY website will be updated with this adjustment soon. In addition, an updated model recertification form is attached for your use.

### Healthy NY Annual Re-Certification for Small Employers

This is your annual re-certification form for Healthy NY. To maintain your health insurance through the Healthy NY program, you must complete and return this form, showing that your business meets the program's guidelines. If you do not meet the eligibility requirements for the program, ask your HMO / insurer about other options for health insurance coverage or contact the NY State of Health Small Business Marketplace at 1-855-355-5777.

Please read this form carefully. Please complete the requested information, and return it to the HMO or insurer your business is enrolled with. Please provide the most current information.

## 1. Small Employer Information

Please print or type the requested business information in the spaces provided.

te Zip	County
Fax	or Email
Title	Telephone No.
	( )
	Fax

#### 2. Employer Size Requirements

□ 50 or fewer total FTE employees

In order to renew your Healthy NY coverage, the business must have had a total of 50 or fewer FTE
(full-time equivalent) employees over the previous calendar year. The business may offer Healthy
NY to a limited class of its employees, but the business cannot have more than 50 FTE employees overall. For information on how to determine FTE employees the business has, please see the Frequently Asked Questions at www.dfs.ny.gov/insurance/health/faqs_sm_grp_expansion_1to100.htm.
How many total FTE employees does your business employ?

☐ More than 50 total FTE employees (not eligible)

If your business has more than a **total** of 50 FTE employees, the business is no longer eligible for Healthy NY.

# 3. Employer Premium Contribution

The business must continue to con covered employees. Will the busin	tribute at least 50% of the Healthy NY premium on behalf of the ness continue to do so?
☐ Yes	□ No
4. Percentage of Lower Wage Emp	ployees
At least 30% of the employees of wages.	fered Healthy NY coverage must earn \$53,650 or less in annual
☐ The business meets this red	quirement.
☐ The business does NOT m	eet this requirement.
If the business does not meet each of participate in the Healthy NY program	the requirements (#2, #3 and #4), it is not eligible to continue to n.
Certification	
	I statements contained in this form are true and accurate to the best of hat I am an officer or owner of the business and duly authorized to f of the business.
an application for insurance or sta conceals for the purpose of mislea fraudulent insurance act, which is	with the intent to defraud any insurance company or other person files attement of claim containing any materially false information, or ading, information concerning any fact material thereto, commits a a crime, and shall also be subject to a civil penalty not to exceed five alue of the claim for each such violation.
Signature	Date
Print name of officer or owner co	mpleting certification
Title	