

## IMPORTANT CHANGES TO THE FAMILY HEALTH PLUS PROGRAM

The following explains recent changes to the Family Health Plus program. This information is not yet included in the New York State Book 2, LDSS -4145B, "What You Should Know About Social Services Programs." You should read this information carefully.

### Resource Test

Beginning August 1, 2005, a person applying for Family Health Plus must meet a resource test. Resources mean things like money in a bank or credit union, stocks, bonds, mutual funds, certificates of deposit, money market accounts, 401k plans, trust funds, the cash value of life insurance, motor vehicles, or property that someone owns. The value of your home will not be counted. The resource level is determined by your family size. Please see the chart below.

Family Size	Resource Level
1	\$12,000
2	\$17,550
3	\$17,700
4	\$17,850
5	\$18,000
6	\$20,400
7	\$22,950
8	\$25,500
For each additional person add:	+\$2,550

### Government Employees

Beginning September 1, 2005, individuals who are eligible for employer-sponsored health coverage through Federal, State, county, municipal or school district health benefit plans are no longer allowed to enroll in Family Health Plus. If you are employed by any of these entities, but are not eligible to enroll in your employer sponsored coverage (e.g., you are only employed part time) you may still be able to enroll. Your employer will have to tell us why you are not eligible for the employer's coverage.

### Co-Payments

Beginning September 1, 2005, individuals enrolled in Family Health Plus are required to pay part of the cost of some medical care/services through the following co-payments:

• Brand Name prescription drugs	\$6 for each prescription and refill
• Generic prescription drugs	\$3 for each prescription and refill
• Clinic visits	\$5 per visit
• Physician visits	\$5 per visit
• Dental service visits	\$5 per visit up to a total of \$25 per year
• Lab tests	\$0.50 per test
• Radiology services (e.g., diagnostic x-rays, ultrasound, nuclear medicine, oncology services)	\$1 per x-ray
• Inpatient hospital stay	\$25 per stay
• Non-urgent emergency room visit	\$3 per visit
• Covered over-the-counter drugs (e.g., smoking cessation products; insulin)	\$0.50 per drug
• Covered medical supplies (e.g., diabetic supplies such as syringes, lancets, test strips, enteral formula)	\$1 per supply

Pregnant women or individuals under age 21 will not have to pay the co-payment. In addition, enrollees do not have to pay co-payments for family planning services, including birth control, or if they are a permanent resident of a nursing home, a resident of an Intermediate Care Facility for the Developmentally Disabled, or an Office of Mental Health or Office of Mental Retardation and Developmental Disabilities Certified Community Residence.

If you cannot afford the co-payment at the time of service, tell your provider. The provider must still provide services but can bill you later.