

CATEGORICAL FACTORS**FAMILY HEALTH PLUS (FHPlus) and FAMILY HEALTH PLUS PREMIUM ASSISTANCE PROGRAM (FHP-PAP)**

Description: FHPlus provides comprehensive managed care health insurance to low-income adults who have income above the current Medicaid levels. With few exceptions, adults cannot have private health insurance. All adults age 19-64 who apply for Medicaid and appear to be ineligible for reasons of excess income are evaluated for their potential eligibility for FHPlus. (See **CATEGORICAL FACTORS PREGNANCY** for treatment of pregnant women).

The prescription drug benefit under the Family Health Plus Program is administered by the Medicaid Program, and not by the health plan. FHPlus recipients must use a NYS Common Benefit Identification Card (CBIC) to obtain pharmacy benefits.

Family Health Plus Premium Assistance is available to A/Rs who have access to qualified and cost-effective employer sponsored health insurance and who are otherwise eligible for Family Health Plus. Such individuals shall have available to them health care services including: payment of the recipient's share of the premium, co-insurance, any deductible amount, and the cost sharing obligations for the A/R's employer-sponsored health insurance that exceed the amount of the person's FHPlus co-payment obligations. The A/R will also receive services and supplies otherwise covered by the FHPlus program, but only to the extent that such services and supplies are not covered by the person's employer sponsored health insurance.

Policy: Applicants who meet the following criteria may be eligible for FHPlus:

- are age 19 through 64,
- are New York State residents,
- meet certain citizenship/alien status requirements,
- are ineligible for Medicaid based on income,
- meet certain income and resources requirements, and
- are **not** employees or family members who are employees of a Federal, State, county, municipal or school-district who are eligible for and have access to employer-sponsored health coverage.