



Affordable health coverage. Quality care.

1-800-701-0710

Monday and Thursday - 8:00 a.m. – 8:00 p.m.

Tuesday, Wednesday, Friday - 8:00 a.m. – 5:00 p.m.

Multi-lingual operators available

TTY 1-800-701-0720 - For hearing impaired individuals

What is it?

NJ FamilyCare is a federal and state funded health insurance program created to help New Jersey's uninsured children and certain low-income parents and guardians to have affordable health coverage. It is not a welfare program. NJ FamilyCare is for families who do not have available or affordable employer insurance, and cannot afford to pay the high cost of private health insurance.

The entire application process can be completed by mail or online. All enrollment packets contain postage free envelopes. You have nothing to lose and everything to gain! So, what are you waiting for?

How to Qualify can be viewed on-line in any of the 15 Languages below.

Arabic	Gujarati	Russian	Chinese	Hindi
Spanish	Creole	Korean	Tagalog	English
Polish	Urdu	French	Portuguese	Vietnamese

Who is covered?

Who is eligible for NJ FamilyCare? Children 18 and younger may apply for the program, as well as certain low-income parents/guardians. The income eligibility level for children's coverage is 350% of the federal poverty level. For example, children in a family of four with a monthly income of up to \$6,432 could be eligible for coverage. The program is also accepting applications from parents/guardians with work income up to 133% of the federal poverty level - for instance, a family of four making up to \$2,444 per month. Parents/guardians in a family making less than this amount may not be eligible because income such as unemployment, child support and government benefits is counted differently for parents/guardians. **Eligibility is based on family size and monthly income.** Family size includes children under 21, adoptive and natural parents and their spouses. If a child is living in a household with a grandparent, guardian, or caretaker, that person is not included in the family size, and their income is not taken into consideration when calculating eligibility for NJ FamilyCare, unless the guardian is also requesting coverage. **Only monthly income, not assets, is considered for eligibility.** To view income eligibility limits for various family sizes, go to [Income Eligibility and Cost](#). The blue line shows the maximum income (annual and monthly) that families of various sizes can have in order to be eligible to apply for parent/guardian coverage. The bottom line of the chart shows the maximum income for coverage for children.

What if my family makes too much money to qualify for NJ FamilyCare? Parents/guardians at higher income levels can purchase health insurance for their children at reasonable rates through the NJ FamilyCare ADVANTAGE program administered by Horizon NJ Health if they qualify. The cost is \$144 per month for one child; \$288 per month for two children; and \$432 per month for three or more children. To learn more, please visit <http://www.horizonnjhealth.com/members/advantage.html> or call 1-800-637-2997.

Other insurance? Generally, applicants will be eligible for NJ FamilyCare only if they have been uninsured for a period of three months or more. However, there are exceptions to this rule, such as if you lost your insurance because your place of work went out of business or you were laid off. Depending on income, other exceptions may apply for families privately paying for health insurance or for COBRA benefits. Call 1-800-701-0710 and speak with a Health Benefits Coordinator to find out if any exceptions apply to you.

Premiums, co-payments? For many families, NJ FamilyCare will be free. Other families will pay a monthly premium based on their income and small co-payments for some services.

How do I apply? It is easy! Download an application from this website, or apply online, or call toll-free **1-800-701-0710** to request an application or to receive more information. If you are not sure you or your children could be eligible, please call us.

What does it cover?

NJ FamilyCare is a comprehensive health insurance program that provides a wide range of services:

Doctor visits	Lab tests	Regular checkups
Eyeglasses	X-rays	Mental health
Hospitalization	Prescriptions	Dental (for children)

Each county has at least three and up to four Health Maintenance Organizations ([HMOs](#)) to choose from that will help you get these services once enrolled. Depending on your family's yearly income, there may be restrictions on certain services.

Questions and Answers

Below is a general list of frequently asked questions. If you don't see your questions listed below, PLEASE call NJ FamilyCare at 1-800-701-0710 and speak to a Health Benefits Coordinator. It is suggested that at anytime a family member contacts a Health Benefits Coordinator, they keep a record of the day and time and the name of the person who assisted them.

Can parents/guardians apply for NJ FamilyCare? NJ FamilyCare is only accepting applications from parents/guardians with work income at or below 133% of the federal poverty level. For example, parents/guardians in a family of four, making up to \$2,444 per month, may be eligible. However, some parents/guardians in a family making up to \$2,444 may not be eligible because income such as unemployment, child support and government benefits are counted differently. **Prior to March 1, 2010**, parent/guardians with any earnings up to 200% of FPL could be found eligible for NJ FamilyCare.

What does it mean that I have to renew my insurance every 12 months? Renewal is simply a way of checking to see if anything has changed in your family's situation. You may be sent a preprinted form to confirm your income status and household size or you may be sent a blank application to fill out. It is very important that you immediately respond to any written request so that your insurance coverage will not be lost or interrupted.

How do I know if my family will qualify for NJ FamilyCare? NJ FamilyCare is affordable health insurance for children and certain low-income parents. The primary qualifications are simple: 1) they haven't had health insurance in the past 3 months (with a few exceptions) and 2) your family monthly income falls within the guidelines listed in the "[Income Eligibility and Cost](#)" section of this web site.

Is it true that applicants for NJ FamilyCare must be without health insurance for 3 months before they can be eligible? Yes, this is true. However, there are exceptions to this rule, such as if you lost your insurance because your place of work went out of business or you were laid off. Depending on income, other exceptions may apply for families privately paying for health insurance or for COBRA benefits. We strongly urge you to call **1-800-701-0710** and speak with a Health Benefits Coordinator to find out if any exceptions apply to you.

I have a job out of state. The health insurance I receive is not accessible to my family. Will they qualify for NJ FamilyCare in spite of the fact that I have insurance? Yes, if health insurance is not accessible to your family, they may be eligible to apply for NJ FamilyCare.

I am a single adult. Can I still qualify for the NJ FamilyCare program? No, to assure that there would be sufficient funding for children, NJ FamilyCare had to stop taking applications for adults and couples without dependent children on September 1, 2001.

My family came to the United States two years ago. Could they be eligible for NJ FamilyCare? Children age 18 or under who are lawfully admitted for permanent residence can be eligible even if they have lived in this country less than five years. Immigrant parent/guardians who are legal permanent residents of the US must have had that status for at least five years in order to be eligible for NJ FamilyCare. Documentation of immigration status will be requested along with the application.

I don't speak English very well and I am afraid to call. NJ FamilyCare's 800 number is linked with a translation service. Whatever your native language is, we will arrange to have a third person on the line who can speak your language. They will be there to interpret for you and the Health Benefits Coordinator. Don't be afraid! Call **1-800-701-0710!**

How do I apply? There are several ways you can apply:

- By mail - call 1-800-701-0710 and ask for an application. The application will be sent to your home. Complete the application; return all of the required information in the self addressed stamped envelope.

- By downloading the application and mailing it to: PO Box 8367, Trenton, NJ 08650.
- By completing the online application and submitting it electronically.

I really need help completing the application. What should I do? You can call **1-800-701-0710** and ask for assistance over the telephone. If you would rather have face to face assistance, click on the "[Need help enrolling?](#)" section of this web site and a list of enrollment sites in your county will come up. Choose a site that offers personal assistance and they will be able to help you fill out the application.

Can I apply at my County Welfare Agency? Yes, you can. Actually, if your income is low at this time, it would be a very good idea to apply at a County Welfare Agency. There is a possibility that you might be eligible for other programs, such as food stamps. The representatives at the County Welfare Agency will be able to help you. You can find your County Welfare Agency's address and telephone number by going to "[Need help enrolling?](#)" and then click on your county of residence. They will be listed there.

Do you think I should make a copy of all the paperwork before I send it? YES! you should keep a copy of the completed application, as well as all of the documents.

I cannot make up my mind as to which HMO to select. What should I do? First you should check out the list of [NJ FamilyCare HMO's](#), and see which are available in your County. Then you should contact your family doctor to see if he or she is participating in one of those HMO's - be sure to specify NJ FamilyCare when you ask. If not, we recommend that you call our 800 number to have one of our Health Benefits Coordinators assist you. Make a selection even if you are not sure. Not choosing an HMO will SLOW DOWN your application. Once your family members are enrolled in NJ FamilyCare, you will have an opportunity to change your HMO at a later date, if you are not satisfied.

If I have to pay a monthly premium, how important is it to send in my check once I receive notice? It is very important that you send in your payment as soon as you know your monthly premium. You will receive notice of your premium by mail. New members cannot be enrolled until the full payment has been received. Once enrolled you will be billed monthly. It must be paid in full and on time in order to continue enrollment.

Can I keep the same doctor I have now? Yes, if your doctor is a participant of one of the [HMO's](#) providing services for NJ FamilyCare in your county. Call your doctor and ask if he or she is providing services for NJ FamilyCare and if so, under which HMO. Then choose that HMO as your health care provider.

I sent in my application four weeks ago and have not heard anything. What should I do? If you mailed an application or submitted an online application to the State Health Benefits Coordinator 4 weeks ago and have not heard anything, call 1-800-701-0710 and ask about the status of your application. Ask for your policy ID number for future reference. If your application was sent to your local County Welfare Agency, call them to inquire about the status and to get your case number.

I have lost my job and can no longer afford the premiums for NJ FamilyCare. Is there anything I can do to maintain coverage for my children? You can call 1-800-701-0710 and request a status change. Your family's eligibility status will then be reevaluated based on current income, and could result in your paying a lower premium or no premium.

What if my family makes too much money to qualify for NJ FamilyCare? Parents/guardians at higher income levels can purchase health insurance for their children at reasonable rates through the NJ FamilyCare ADVANTAGE program administered by Horizon NJ Health if they qualify. The cost is \$144 per month for one child; \$288 per month for two children; and \$432 per month for three or more children. To learn more, please visit www.horizonnjhealth.com/members/advantage.html or call 1-800-637-2997.

Questions and Answers - Changes for Individuals Who Previously Had a Medical Exemption from HMO Enrollment

1. Why do I have to be enrolled in an HMO? Effective July 1, 2011, many individuals in the NJ FamilyCare/Medicaid program will be enrolled in Managed Care. New Jersey currently serves 75% of all Medicaid and NJ FamilyCare clients in managed care health plans and determined that this is a more efficient and coordinated way to deliver care. Managed care offers a choice of four HMOs with care coordination. Individuals with special needs will be assessed for care management when they are enrolled in their managed care health plan. In addition, managed care health plans offer a choice of primary care providers and specialists.

2. What is the difference between fee-for-service (FFS) and a managed care benefit package? In FFS, participating providers are paid for eligible services on a fixed-fee schedule by the Medicaid program. In FFS, patients must find their way through the health care system alone. In a managed care model, providers are under contract with the managed care company, also known as an HMO. You will be allowed to choose your HMO and your primary care provider. Together, you will decide your plan of care so that you receive all the services and care coordination for which you are eligible. Someone helps you navigate the health care you will receive.

3. How will my services be transitioned if I am in the middle of a treatment or service with a provider not participating in my selected HMO? Your HMO will make sure your health care continues after enrollment into

an HMO without interruption and with the same providers during a continuity of care period. Once you are enrolled, the HMO will do an assessment of your medical needs and any changes to your care plans or providers will be discussed with you at that time. Most HMOs require that members select a provider from within their own network.

4. Will my doctors change? If your doctor/provider is not participating in your HMO's network, they could request to enroll in the HMO network through the HMO's provider enrollment process. The HMO will determine which providers will be in their network based on the provider's credentials and the demand by their members for the services a provider can offer.

5. Will the doctors/providers be notified if the HMO assessment leads to a change of services? All participating NJ FamilyCare/Medicaid providers will be notified of the outcome of each member's assessment if it results in a change in services.

6. Do I still need to renew my NJ FamilyCare/Medicaid insurance once I complete my Ready to Enroll packet? Yes. You must renew your benefits every year.

7. Who do I call if I am not happy with my services through my new HMO? Once you are enrolled in your HMO, you will receive a member ID card from your health plan (HMO card). A telephone number is on the back of that card should you need to reach out to your HMO's Member Services department to discuss any of your services and needs.

8. Can I change my HMO? You can change your HMO once a year during the Open Enrollment period from October 1 to November 15th and, you still have the option of changing your plan for "good cause" at any time by calling NJ FamilyCare/Medicaid at 1-866-472-5338 (TTY 800-701-0720). When you enroll with an HMO for the first time you may also change to another HMO within 90 days of enrollment for any reason.

9. I was recently given an exemption; does this still effect me? Yes. You must select an HMO or one will be chosen for you.

10. Are there any exceptions? There are no exceptions for anyone enrolled in NJ FamilyCare/Medicaid.

Questions and Answers - Changes to the Termination of Health Care Coverage for Some Clients

1. Why am I being disenrolled? Beginning August 1, 2011, NJ FamilyCare will discontinue health insurance coverage for certain childless adults (adults without children under 19 years of age living in their household) who are not participants in the State's General Assistance program. The NJ FamilyCare program was initially created serve uninsured children but over the years was expanded to a level the state can no longer afford.

2. Who is being disenrolled? Childless adults (adults without children under 19 years of age living in their household) who are not participants in the State's General Assistance program, and who are former Health Access clients.

3. What if I am pregnant or under 18 and I received a disenrollment letter? If you are pregnant or under 18, you must tell us right away by writing to:

Director of Office of Customer Service
Department of Medical Assistance and Health Services (DMAHS)
P.O. Box 712 Trenton, NJ 08625-0712.

Health coverage may be available to you in a different program if you are pregnant. In addition, NJ FamilyCare will still be available for children age 18 or under. The program you are on right now will end for you on June 30, 2011.

4. What if I am over 65 and totally and permanently disabled? If you are 65 or older or totally and permanently disabled and you received a letter telling you that your insurance would be ending on July 30, 2011 because of a change in the law, you should tell us right away by writing to:

Director of Office of Customer Service
Department of Medical Assistance and Health Services (DMAHS)
P.O. Box 712 Trenton, NJ 08625-0712.

5. Who will be eligible for NJ FamilyCare? Children - US Citizens and Qualified Immigrants, regardless of date of entry, up to age 19 and up to 350% Federal Poverty Level (FPL). Parent/Guardian - US Citizens and Qualified Immigrants including those with legal permanent resident status of at least five years with work income up to 133% of the FPL could be eligible.

6. Where can I go if I need health care? Community health clinics offer medical and dental care on a sliding-fee basis. To find a location near you, visit: www.njpc.org/FQHC/directory.aspx. You may also wish to look into the New Jersey Hospital Care Payment Assistance Program (Charity Care). Charity Care provides free or reduced charge care to patients who receive inpatient and outpatient services at acute care hospitals throughout the state. Hospital assistance and reduced charge care are available only for necessary hospital care. For more information about Charity Care, you may contact the Department of Health and Senior Services at 1-800-367-6543. Below

are patient assistance prescription discount programs offered by pharmaceutical companies. Each of these programs has its own eligibility criteria, including prescription benefits status, household income and size, citizenship status, asset limits and veterans' benefits status. You should review each one carefully to see if might qualify:

www.rx4nj.org
www.rxassist.org
www.rxoutreach.com
www.pparx.com

7. Where can I get private health insurance? You may be eligible for coverage in the commercial individual market. Unlike NJ FamilyCare, the individual market is not subsidized and that is reflected in the price. However, there is one subsidized program for uninsured adults with pre-existing conditions, who are ineligible for Medicaid, called NJ Protect. Information is available on the Department of Insurance web site at: www.state.nj.us/dobi/reform.htm

8. What is NJ Protect? NJ Protect is a new health insurance option for uninsured New Jerseyans with preexisting medical conditions. Coverage through NJ Protect will generally cost less than comparable individual health insurance and offer superior benefits. Because the program is federally subsidized, treatment for pre-existing medical conditions will be covered as of the day a policy goes into effect, and preventive care will be covered at no out-of-pocket cost to the policyholder. You must be uninsured for six months and have a pre-existing medical condition. After six months for information about NJ Protect, please visit: www.state.nj.us/dobi/division_insurance/njprotect/index.htm

9. What is the NJ FamilyCare Advantage program? The NJ FamilyCare Advantage program will be available to children only in families with incomes above 350% of the FPL (over \$78,225 a year for a family of 4, or \$6,519 per month). A parent/guardian can purchase coverage for a child under the age of 19 who is uninsured through Horizon. Please visit: www.horizonnjhealth.com/members/advantage.html or call 1-800-637-2997

10. What if I'm in the middle of treatment or will begin treatment shortly for a serious illness? Prior to your benefits ending, you can contact your HMO for information regarding potential resources for continuing care needs. The HMO may be aware of resources in the community to assist families. The telephone number is on the back of the HMO member ID card. The Medical Assistance Customer Service Office can also be reached at 1-800-356-1561. Once your HMO coverage ends, medical/behavioral health care services can be received at the local Federally Qualified Health Center (see question #6: Where can I go if I need Health Care?).

11. Can parents still apply for NJ FamilyCare? Certain low-income parents with children under the age of 19 with incomes below 133% FPL (\$29,726 for a family of four 2011 Guidelines) may still be eligible for health coverage and should apply. The NJ FamilyCare program is not closed to parents with work incomes below 133% FPL. Parents/Guardians in a family making less than that amount may still not be eligible because income such as unemployment, child support and government benefits are counted differently for them. Restricted Immigrant Adult Parents/Guardians cannot re-apply. This group is no longer eligible. Parents who have attained Legal Permanent Resident Status for at least five years can apply for coverage as described above.

Questions and Answers - Changes Effective March 1, 2010

What will change and who will be affected? Parents/guardians who have not resided in the US as Legal Permanent Residents for at least five years are no longer eligible for NJ FamilyCare after March 31, 2010. Parents/guardians requesting health coverage with work income at or below 133% FPL should apply. For Example, parents/guardians in a family of four, making up to \$2,444 per month, may be eligible. However, some parents/guardians in a family making up to \$2,444 may not be eligible because income such as unemployment, child support and government benefits are counted differently. **Prior to March 1, 2010**, parent/guardians with any earnings up to 200% of FPL could be found eligible for NJ FamilyCare.

What will not change? There are **no changes for children's enrollment** in the NJ FamilyCare Program. NJ FamilyCare will continue to process eligibility for children. There are **no changes to pregnant women**, New Jersey Care...Special Medicaid Programs for pregnant women through the County Welfare Agencies is still available. Any pregnant women, regardless of date of entry can apply and be determined eligible.

Why are these changes happening? The NJ FamilyCare program is supported by both State and Federal funds. New Jersey is facing an unprecedented financial crisis and without a change in the program, we will run out of State funding before the end of this fiscal year.

Who will be eligible for NJ FamilyCare? **Children** - US Citizens and Qualified Immigrants, **regardless of date of entry**, up to age 19 and up to 350% FPL. **Parent/Guardian** - US Citizens and Qualified Immigrants including those with legal permanent resident status of at least five years with work income up to 133% of the FLP could be eligible, (\$2,444 per month for a family of four). However, some parents/guardians in a family making up to \$2,444 may not be eligible because income such as unemployment, child support and government benefits are counted differently. Pregnant women are still eligible for services through their local [County Welfare Agency](#).

Where can I go if I need health care? Federally Qualified Health Centers (FQHCs) offer medical care through a number of community health centers operating throughout the state. These centers are federally supported and offer a wide array of medical, dental and other services on a sliding-fee basis. To find a location near you, visit www.njpca.org/FQHC/directory.aspx.

Where can I get health insurance? You may be eligible for coverage in the commercial individual market. Unlike NJ FamilyCare, the individual market is not subsidized, and the prices reflect that. Information is available on the Department of Insurance web site at: www.state.nj.us/dobi/reform.htm.

What if I'm in the middle of treatment or will begin treatment shortly for a serious illness? NJFC regrets that the insurance had to end for many of our beneficiaries. If your coverage has been discontinued. Prior to termination, you can contact your HMO for information regarding potential resources for continuing care needs. The HMO may be aware of resources to assist families. The telephone number is on the back of the HMO Insurance ID card. The Medicaid Customer Service Office can also be reached at 1-800-356-1561.

What if I'm Pregnant? Services for Pregnant Women are available through the local County Welfare Agency. Contact the respective local [County Welfare Agency](#) in your area. Pregnant women on NJ FamilyCare through the State Vendor should contact NJ FamilyCare at 1-800-701-0710 to advise them of the pregnancy.

Can Parents still apply for NJ FamilyCare? US Citizen Parents/Guardians and Qualified Adult Immigrants: Certain low-income parents with work incomes below 133% FPL (\$2,444 per month for a family of four using 2009 Guidelines) may still be eligible for health coverage, and should apply. However, some parents/guardians in a family making up to \$2,444 may not be eligible because income such as unemployment, child support and government benefits are counted differently. **Prior to March 1, 2010**, parent/guardians with any earnings up to 200% of FPL could be found eligible for NJ FamilyCare. The NJ FamilyCare program **is not closed** to parents with work income below 133% FPL. **Restricted Immigrant Adult Parents/Guardians** are no longer eligible. Parents who have attained Legal Permanent Resident Status for at least five years can apply for coverage as described above.

What if I disagree with the termination from NJ FamilyCare which was based on my immigration status? You should write to the Department of Medical Assistance and Health Services (DMAHS) Office of Customer Service, P.O. Box 712, Trenton, N.J. 08625-0712, include a copy of any documentation that proves your legal permanent residency of at least five (5) years.