

Ideas for a State Public Option

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State Option is to be offered only in counties serviced by less than 3 carriers

- To service a county, a carrier must provide at least bronze and silver options.
- Only one state plan option
- The state option is a PPO—any provider practicing in Colorado must accept

Plan Details

- Premium is based upon age bands (ex: 0-18 \$150; 19-35 \$300; 36-50 \$450; 51-65 \$600)
- Out of pocket (not including premium) is equivalent to 15% of clients income
- Income verification is required at enrollment to set out of pocket (latest filed federal tax returns or other official documentation)
- All undisputed bills submitted to state plan must be paid within 60 days.
- \$0 Deductible; but 50/50 coinsurance until out of pocket max is met
- Or a 10% income deductible with two \$50 copays for a primary care physician and two \$150 copays for a specialist/ drug costs(generic or brand name) are covered on a 50/50 basis until deductible is met
 - I would assume 1332 waiver would be required to restructure a deductible.

Eligibility

- Enrollment and all verifications to be facilitated by Connect for Health
- Connect for Health limited to a 2.5% fee based on effectuated premium
- Brokers are paid a flat \$100 annual fee for enrolling a client in state option to be paid no later than 60 days from the effective date
- All current SEP and Open enrollment rules and validations apply
- Service administration may be handled by Connect for Health or Health First for a fee

Rates and Financing

- Reimbursement rates are equivalent to 125% of Medicare reimbursement.
- Original Financing for the state option would be a question better left to HCPF.