



DirigoChoice Discount Estimator Worksheet

DirigoChoice offers discounts on: (1) the monthly cost of coverage, and (2) deductibles and out-of-pocket costs. There are 4 discount groups (B-E) that range from 80% to 20% depending on household income, household size, and assets. If you do not qualify for a discount, you will be assigned Group F. If you qualify for a discount, your final monthly cost will be lower than the rate quote you received from Harvard Pilgrim Health Care (HPHC) or your insurance broker. Separate rules apply for Health Coverage Tax Credit (HCTC) and Medicare eligible members. Upon receipt and review of your application, you will receive a written notice to let you know if you are eligible for DirigoChoice and what discount group you qualify for. You can use this worksheet to estimate your discount group. **If you qualify for a discount, your final cost will be lower than the rate quote.** If you have any questions, call the Dirigo Health Agency at 1-877-892-8391 which is toll-free in Maine, TTY (207) 287-4344.

Step 1: Enter Your Personal Information. The financial information must be annual numbers.

1. Household Size: _____

Household equals the applicant plus all dependents. Dependent means an applicant's spouse or domestic partner, an unmarried child less than 23 years of age who qualifies as a dependent for tax purposes, or a person of any age who is the child of a plan enrollee and is disabled and dependent upon that plan enrollee. Child means a natural child, stepchild, adopted child or child placed for adoption with a plan enrollee.

What is counted	Annual Amount	Where to find it on your most recent Federal 1040 Tax Return. If the 1040 does not represent your present income, include the following with the 1040 tax form: a signed letter explaining the changes; copies of two pay stubs; other proof of income
2. Annual Earned Income	\$	Use Form 1040, Line 7 "Wages, salaries, tips, etc." or wages as reported on a W-2. Do not use Line 37, "Adjusted Gross Income."
2a. Applicant gross wages, tips, and salaries (before any deductions)		
2b. Spouse or Domestic Partner gross wages, tips, and salaries (before any deductions)		
2c. Net self-employment income (gross receipts minus allowable business expenses)	\$	Form 1040, Line 12 "Business income or (loss)" or Quarterly Estimates of Earnings.
3. Annual Other Income	\$	Form 1040, Line 8a and Line 9a, or annual interest income statements.
3a. Interest and investment income (savings accounts, dividends from stocks, bonds, trusts, mutual funds)		
3b. Alimony received	\$	Form 1040, Line 11, or divorce settlement orders
3c. IRA distributions	\$	Form 1040, Line 15a, or Line 15b if 15a is blank
3d. Pensions, annuities, 401(K)	\$	Form 1040, Line 16a, or Line 16b if 16a is blank. Award letters or statements from payers
3e. Net rental income (gross rents minus allowable expenses), royalties, trusts, etc.	\$	Form 1040, Line 17
3f. Farm income or loss	\$	Form 1040, Line 18
3g. Unemployment compensation	\$	Form 1040, Line 19, or award letters
3h. Social Security and Railroad Retirement	\$	Form 1040, Line 20a, or award letters
3i. Gross Child Support received	\$	Use court support orders
4. Income Subtotal (Total of Lines 2a through Lines 3i)	\$ _____	
5. Allowable Deductions	\$	\$200 per child per month is allowed if under age 2, \$175 per child per month is allowed if age 2 or older. Caregiver must be a person outside the household for childcare expenses to be allowed.
5a. Childcare expenses		

5b. Child support paid out Alimony paid out	\$ _____	Use court support orders
6. Deductions Subtotal (Total of Line 5a and Line 5b)	\$ _____	
7. Income Total (Line 4 minus Line 6)	\$ _____	DHA Eligibility Representatives will make the final decision on the discount group.

(Note: Workers' Compensation payments and Veterans Affairs disability are not counted as income)

Step 2: How to Estimate Your Income Discount Group

On the Income Discount Chart find your household size in the left column. This is the number you entered in number 1 above. Then go right until the dollar amount in the column is greater than your total income. This is the amount you entered on number 7 above. Then read up to see your Income Discount Group.

For example, if you have a household size of 1 and your household income is \$15,000, you would be in Income Discount Group B.

If you have a household size of 2 and your household income is \$24,000, you would be in Income Discount Group C.

Income Discount Chart

Income Discount Group	B	C	D	E
	80%	60%	40%	20%
Household Size	Annual Income Less Than:			
1	\$16,245	\$21,660	\$27,075	\$32,490
2	\$21,855	\$29,140	\$36,425	\$43,710
3	\$27,465	\$36,620	\$45,775	\$54,930
4	\$33,075	\$44,100	\$55,125	\$66,150
5	\$38,685	\$51,580	\$64,475	\$77,370
6	\$44,295	\$59,060	\$73,825	\$88,590

Enter your Income Discount Group: _____

Step 3: Estimate Your Countable Assets.

List any assets owned by you and your spouse or domestic partner. Include assets owned jointly with another person.

What is Counted	Amount	What is Not Counted
1. Cashable Assets: <ul style="list-style-type: none"> Personal checking/savings accounts. Use checking account balance left after monthly expenses. CDs Stocks, bonds, mutual funds, annuities Profit sharing plans 	\$ _____	<ul style="list-style-type: none"> Retirement savings accounts Educational savings accounts Amounts already included as wages or income in number 7 above Workers' Compensation payments Veterans Affairs disability payments
2. Vehicles: <ul style="list-style-type: none"> Vehicles ("Blue Book" value of vehicle minus any amount owed). Note: see vehicles that are not counted Recreational vehicles such as boats, motorcycles, snowmobiles, ATVs 	\$ _____	<ul style="list-style-type: none"> Primary vehicle Second vehicle if used for transportation for essential daily activities
3. Real Estate: <ul style="list-style-type: none"> Second home, camp, land not attached to your primary home, etc. Use property tax bill for value. 	\$ _____	<ul style="list-style-type: none"> Your primary home and surrounding land where you reside Income producing property (rentals, fishing boats, commercial trucks, machinery, livestock)
4. Lump Sum Payments: <ul style="list-style-type: none"> For example, gifts, inheritances, lottery winnings, insurance settlements 	\$ _____	<ul style="list-style-type: none"> Amounts already included in checking/savings listed above
5. Countable Asset Amount (Total Lines 1 through Line 4)	\$ _____	<ul style="list-style-type: none"> DHA Eligibility Representatives will make the final decision on discount group

Step 4: Estimate Your Discount Group On The Charts Below:

On the charts to the right find your household size at the top which is either Single for a household of 1 or Family for a household of more than 1. Then go down until the amount in the Countable Asset column is greater than your total assets (which is the Countable Asset amount in Step 3 number 5 above). Then read across to the column header which corresponds with your Income Discount Group to see your Discount Group.

For example, if you have a household size of 1 (Single) and your household income would qualify for a B Income Discount Group and you had \$32,000 in assets you would have a Discount Group of D.

If you have a household size of 2 (Family) and your household income would qualify for a C Income Discount Group and you had \$63,000 in assets you would have a Discount Group of E.

If your assets are greater than the amount shown in the last row of the chart, you are not eligible for a discount.

SINGLE				
Income Discount Group	B	C	D	E
Countable Asset Amount				
\$15,000	B	C	D	E
\$29,999	C	D	E	F
\$44,999	D	E	F	F
\$59,999	E	F	F	F
\$60,000	F	F	F	F

FAMILY				
Income Discount Group	B	C	D	E
Countable Asset Amount				
\$30,000	B	C	D	E
\$59,999	C	D	E	F
\$89,999	D	E	F	F
\$119,999	E	F	F	F
\$120,000	F	F	F	F

What Does Your Final Discount Group B Through E Mean?

1. Discount on the monthly coverage payments.
2. Reductions in deductibles and out-of-pocket costs.

Group B - 80% Discount		Deductible	Out-of-Pocket
Plan 1	Single	\$ 250	\$ 800
	Family	\$ 500	\$1,600
Plan 2	Single	\$ 500	\$1,600
	Family	\$1,000	\$3,200
Plan 3	Single	\$ 500	\$ 700
	Family	\$1,000	\$1,400
Group C - 60% Discount		Deductible	Out-of-Pocket
Plan 1	Single	\$ 500	\$1,600
	Family	\$1,000	\$3,200
Plan 2	Single	\$ 800	\$2,600
	Family	\$1,600	\$5,200
Plan 3	Single	\$1,000	\$1,400
	Family	\$2,000	\$2,800
Group D - 40% Discount		Deductible	Out-of-Pocket
Plan 1	Single	\$ 750	\$2,400
	Family	\$1,500	\$4,800
Plan 2	Single	\$1,125	\$3,600
	Family	\$2,250	\$7,200
Plan 3	Single	\$1,500	\$2,100
	Family	\$3,000	\$4,200

Group E - 20% Discount		Deductible	Out-of-Pocket
Plan 1	Single	\$1,000	\$3,200
	Family	\$2,000	\$6,400
Plan 2	Single	\$1,450	\$4,600
	Family	\$2,900	\$9,200
Plan 3	Single	\$2,000	\$2,800
	Family	\$4,000	\$5,600

3. A self-employed person will contribute the minimum employer contribution of 60% of the single contract tier and will receive any discount on the remaining balance of the payment.

4. The discount applies to the employee share after a minimum employer contribution of 60% of the single contract tier. This may be prorated for employees who work more than 20 but less than 30 hours per week.

What If I Don't Qualify for a Discount?

You can still participate in *DirigoChoice* with the following deductible and out-of-pocket costs.

	Plan 1	Plan 2	Plan 3
Single Deductible	\$1,250	\$1,750	\$2,500
Single Annual Out-of-Pocket	\$4,000	\$5,600	\$3,500
Family Deductible	\$2,500	\$3,500	\$5,000
Family Annual Out-of-Pocket	\$8,000	\$11,200	\$7,000

Available to small employer groups only under Plan 1:
 • Single: \$750 deductible/\$2,400 annual out-of-pocket
 • Family: \$1,500 deductible/\$4,800 annual out-of-pocket

Available to small employer groups only under Plan 2:
 • Single: \$1,125 deductible/\$3,600 annual out-of-pocket
 • Family: \$2,250 deductible/\$7,200 annual out-of-pocket