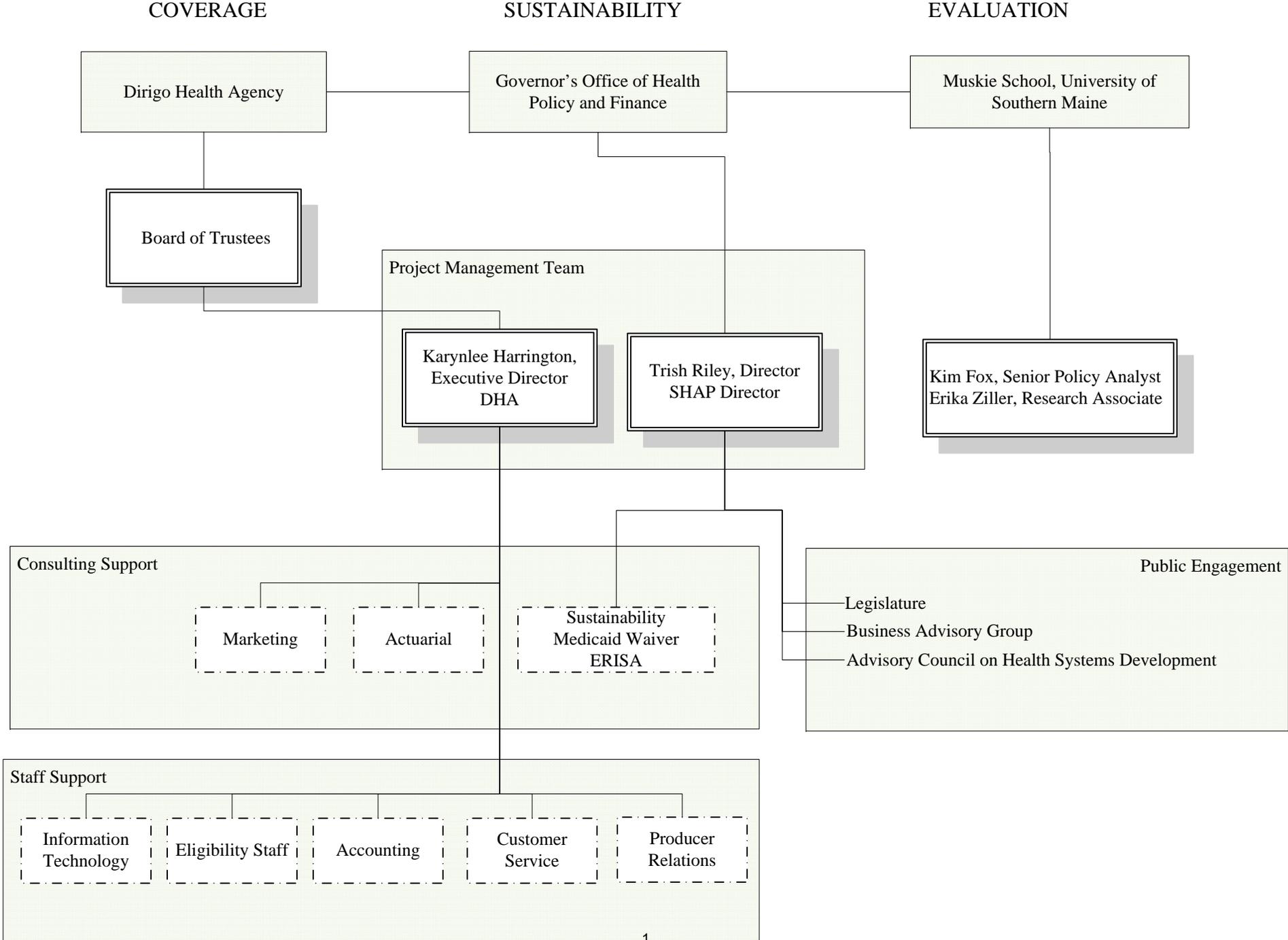


# **DHA / HRSA Part-Time Coverage Worker Program**

HRSA Site Visit  
State of Maine  
June 10, 2010

# DHA / HRSA Part-Time Worker Coverage Voucher Project Organization Chart



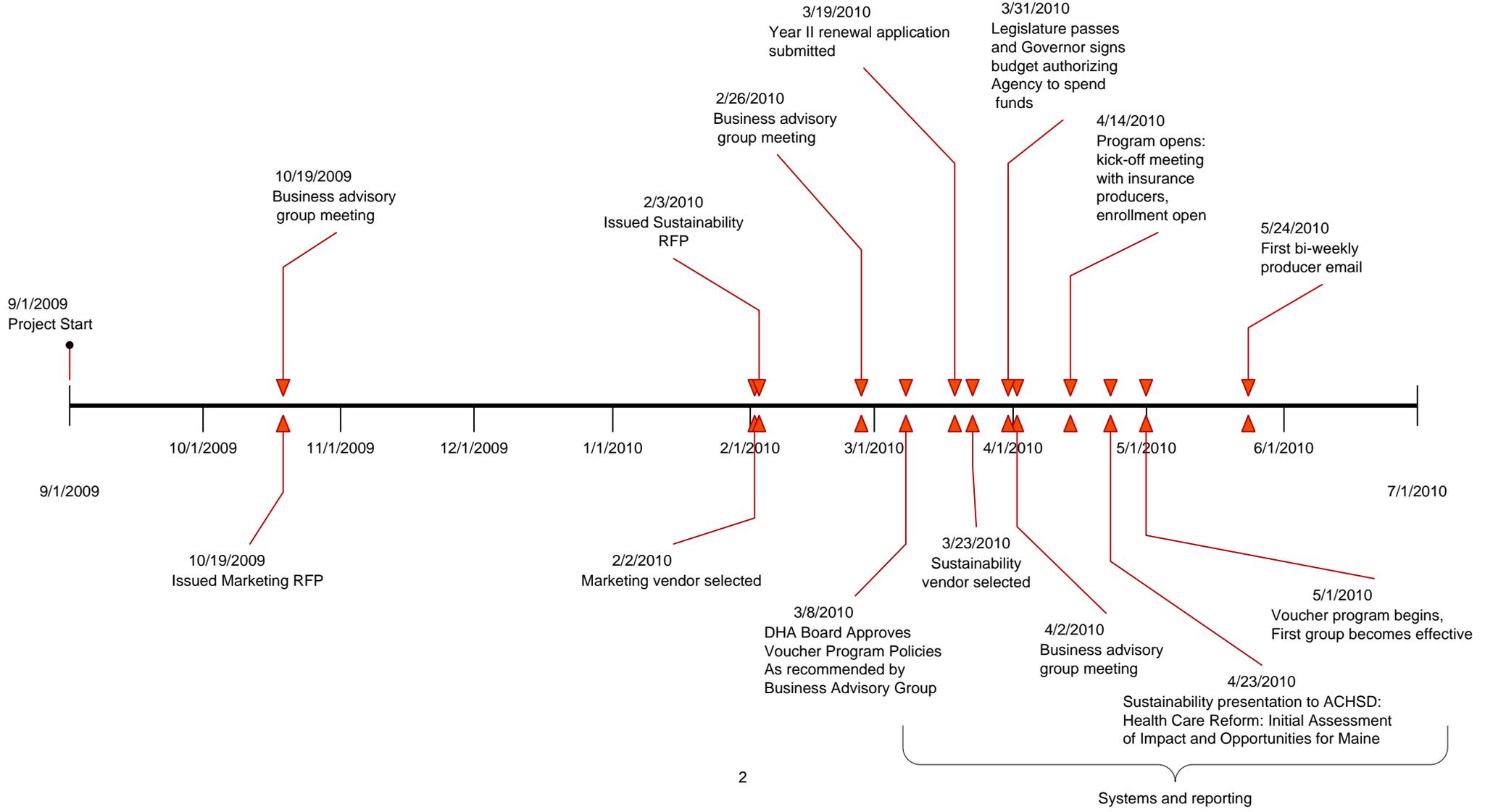
# DHA / HRSA Part-Time Coverage Voucher Program Project Timeline

Plan → Design → Build → Implement → Grow → Sustain

Evaluate

Collateral and policy

On-going insurance producer communication



## **Key Successes and Potential Barriers to Success**

### **Successes**

- The Business Advisory Group meetings have been extremely valuable. Input from the group was instrumental in forming policies and planning operations. The Chamber of Commerce, Insurance Producers, Hospitals, Health Insurance Companies, Home Health Care Workers, and Consumer Advocacy Organizations all sent representatives to the meetings.
- DHA has developed and produced policies and collateral.
- The program kick-off meeting with insurance producers was well attended and a successful launch to the program. Within two weeks of the launch meeting three employers were certified and thirteen part-time employees enrolled.
- Initial employer feedback indicates employers have not been able to afford coverage for their part-time employees and love the fact they now can through the program.
- Some employers have said they will see next year at renewal if they can contribute more than the 5% through savings in less recruitment costs etc.
- The launch of the program was covered by both local television and print media.
- DHA has selected a marketing vendor and its marketing plan is underway.
- As part of DHA's outreach efforts, we are directly contacting businesses in Maine with 50 or more employees.

### **Potential Barriers to Success**

As we have worked with the Business Advisory Group and begun the process of working with employers and insurance producers to enroll employees, these groups have raised the following concerns:

- Equity - issues between low-income, part-time workers who are insured and thus not eligible for vouchers vs. those who are not insured who are now eligible for vouchers.
- Adverse selection and impact on premium rates – adding a new population to an existing plan may cause a change in rates.
- Timing of enrollment – most employers want to synchronize the offer of the voucher with their group anniversary date. This synchronization may require the employees to wait several months before the voucher is available to them.
- 75% participation requirement – adding a new population to an existing plan may increase the challenge some employers face in reaching 75% participation in the plan.
- Administrative burden – the voucher adds a level of potential process and paperwork for employers during their plan enrollment cycle.

- Sustainability – some groups have expressed reservations about offering a program that requires them to contribute at least 5% and that may not have political support in the future.
- Limited enrollment / funds – producers and employers are concerned that the program has a limited number of openings, and that it may fill up during/prior to their group's enrollment.
- Consultative vs. transactional sales process – producers have expressed some concern that the voucher introduces a higher level of complexity to the sales process.
- Employer size – employers who employ low-income, part-time workers whose total number of employees is less than 50 who would like to participate.

The Agency has also received calls from part-time, seasonal, and per diem employees who are seeking coverage who have raised the following eligibility issues:

- Employer does not offer insurance
- They have participated in their employer's program, but cannot continue due to cost and do not qualify for voucher due to uninsured status requirement
- They work for an employer who has fewer than 50 employees.

## Marketing Program

### Overall goal:

Enroll up to 3,000 participants by August 31, 2011.

### Primary Target:

Businesses and organizations in Maine with 50 or more employees, with an emphasis on those employers with significant temporary, seasonal and part time workers.

### Overall Strategic Approach:

Working through insurance producers, DHA and Consumers for Affordable Healthcare will identify statewide employer targets and access them through targeted marketing and personal sales calls.

### Key Tactics:

#### 1. *Identify key targets*

Working with a database marketing vendor, we have identified businesses and organizations in Maine with 50 and more employees, and received a list with contacts and phone numbers.

#### 2. *Educate insurance producers*

DHA and NL launched the voucher program in mid April with Maine insurance producers. In this session, the following content was presented:

- Key features of the Voucher program
- Support materials
- Primary employer targets
- Key sales approaches
- Questions and answers

#### 3. *Insurance producers email follow up*

DHA and NL have implemented a bi-weekly email information program. The program offers a live link to the website with current enrollment numbers and open slots for enrollment by month. In addition, a feedback button is provided to gain input from brokers on an ongoing basis.

#### 4. *Consumers for Affordable Health Care (CAHC) outreach*

NL has contracted with CAHC, a consumer health care organization in Maine, to raise awareness and develop potential enrollees for the Voucher Program. CAHC is calling on key prospects for this coverage to educate, determine interest in the program and direct prospects to DHA for intake and processing. CAHC sends names of interested prospects to DHA on a daily basis.

#### 5. *Support materials*

DHA and NL have developed the following materials to support sales of the program:

- Overall Voucher outside folder to hold materials
- What is the Voucher Program insert
- Employer certification form
- Subsidy Application
- Subsidy estimator worksheet
- Introductory 4x9 brochure (in process)

## 6. *Media campaign*

Depending on the number of prospects, enrollees and progress toward our goal, DHA and NL are prepared to conduct a targeted media effort toward business prospects. This would include:

- Targeted mailings
- Statewide educational forums
- Targeted email campaign
- Targeted business media including online, radio, print and targeted cable TV
- Expanded public relations efforts including interviews with satisfied employers

## 7. *Integration with Dirigo Choice and health reform activities*

DHA and NL are carefully planning outreach activities to assure a complimentary approach with the promotion of other Dirigo products. In addition, we are assuring that activities to promote the Voucher Coverage are integrated with efforts to educate the public and employers concerning how health care reform will affect them.

### **Monitoring/evaluation**

DHA and NL will monitor the success of the program on a daily/weekly basis as follows:

- Review email and other feedback from insurance producers
- Monitor number of interested prospects in the "pipeline"
- Monitor number of employers and covered lives
- Monitor daily/weekly prospects sent by CAHC
- Monitor press coverage

## Part-Time Worker Coverage Voucher Program Employer Certification Log

Participating Employer	Ins. Carrier	Total # of Employees	Part-Time Employees	Part-Time Participating	Employer Contribution		Anniversary Date	Monthly Rates			
					Emp	Dep		Emp	Emp/Sp	Emp/Child	Family
Merrymeeting Behavioral Health Associates	Anthem	75			5%	0	5/1/2010	287.04	660.23	516.68	861.15
Atlantic Pest Solutions	Anthem	57			5%	0	5/1/2010	317.98	731.36	572.37	953.94
Buck's Naked BBQ	Anthem	85			5%	0	8/1/2010	271.96	625.52	489.53	815.89
Maine Veterans' Homes	HPHC	1100			50%	0	7/1/2010	485.62	922.68	777	1291.75
Work First Inc.	HPHC	50			5%	0	7/1/2010				
<b>Prospects:</b>											
Transport company	Anthem	70									
Elder care services		150									
YMCA of greater Portland		50									
Social service assistance company	Aetna	125					8/1/2010				
Home care assistance company		60					8/1/2010				
Nursing Home	Anthem	80					9/1/2010				

As of 06/04/2010, prior to outreach initiative

**Program Budget and Year to Date Actuals**

	12/1/2009	1/1/2010	2/1/2010	3/1/2010	4/1/2010	5/1/2010	Total Actual Spend To Date SFY-10	Total Budget Year 1 - HRSA Year to Date
<b>Expenditures and Obligations</b>								
Personnel	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
Fringe Benefits	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
Travel-In State	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
Travel-Out of State				\$ 1,763.28		\$ 1,232.74	\$ 2,996.02	\$ 9,550
Equipment	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ 20,800
Supplies	\$ -	\$ -	\$ -	\$ -	\$ 22.90	\$ -	\$ 22.90	\$ 5,378
Contractual								
Actuarial	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ 350,000
Marketing	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ 820,000
Sustainability	\$ -	\$ -	\$ -	\$ 1,225.83	\$ -	\$ 12,055.30	\$ 13,281.13	\$ 350,000
Staffing	\$ -	\$ -	\$ -	\$ -	\$ -	\$ 19,818.98	\$ 19,818.98	\$ 207,350
Advertising	\$ 1,684.80	\$ 1,270.14	\$ -	\$ 552.45	\$ 168.69	\$ -	\$ 3,676.08	
Construction							\$ -	\$ -
Other Direct							\$ -	\$ -
Subsidy	\$ -	\$ -	\$ -	\$ -	\$ -	\$ 2,717.28	\$ 2,717.28	\$ 6,643,121.00
All Other	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ 61,750
Indirect	\$ 38.94	\$ 29.35	\$ -	\$ 81.86	\$ 40.21	\$ 839.04	\$ 1,029.40	\$ 32,051
<b>Total Expenditures and Obligations</b>	<b>\$ 1,723.74</b>	<b>\$ 1,299.49</b>	<b>\$ -</b>	<b>\$ 3,623.42</b>	<b>\$ 231.80</b>	<b>\$ 36,663.34</b>	<b>\$ 43,541.79</b>	<b>\$ 8,500,000.00</b>

**NOTES:**

Subsidy from May 2010 will be posted to State Financials in June 2010.

DHA anticipates requesting between \$1.5 and 1.8 million in carry-over funding from Year 1 to Year 2. These funds represent incomplete contractual work related to program implementation.

DHA - SFY 2011 Operating Budget and Projected Membership

Membership by Program	JUL	AUG	SEP	OCT	NOV	DEC	JAN	FEB	MAR	APR	MAY	JUN	
DirigoChoice	6,728	8,469	8,759	9,049	9,339	9,628	9,917	10,206	10,494	10,782	11,069	11,356	
DirigoChoice / HCTC	272	281	291	301	311	322	333	344	356	368	381	394	
Voucher	1,000	1,150	1,300	1,450	1,600	1,750	2,500	2,650	2,800	2,950	3,000	3,000	
Parents	6,798	6,880	6,963	7,048	7,133	7,220	7,307	7,396	7,485	7,576	7,668	7,760	
<b>Total Members</b>	<b>14,798</b>	<b>16,780</b>	<b>17,313</b>	<b>17,848</b>	<b>18,383</b>	<b>18,920</b>	<b>20,057</b>	<b>20,596</b>	<b>21,135</b>	<b>21,676</b>	<b>22,118</b>	<b>22,510</b>	
<b>Resources</b>													<b>Annual Totals</b>
Employer & Individual's Contributions	\$ 1,804,176	\$ 2,214,409	\$ 2,252,865	\$ 2,289,509	\$ 2,324,391	\$ 2,357,557	\$ 2,463,275	\$ 2,571,559	\$ 2,682,462	\$ 2,796,037	\$ 2,912,338	\$ 3,031,420	\$ 29,700,000
Membership Fees	\$ 42,524	\$ 52,194	\$ 53,100	\$ 53,964	\$ 54,786	\$ 55,568	\$ 58,059	\$ 60,612	\$ 63,226	\$ 65,903	\$ 68,644	\$ 71,451	\$ 700,029
Grants	\$ 274,146	\$ 348,913	\$ 423,680	\$ 498,447	\$ 573,214	\$ 647,981	\$ 722,748	\$ 797,516	\$ 822,438	\$ 897,205	\$ 971,972	\$ 1,046,739	\$ 8,025,000
Access Payments	\$ 3,508,333	\$ 3,508,333	\$ 3,508,333	\$ 3,508,333	\$ 3,508,333	\$ 3,508,333	\$ 3,508,333	\$ 3,508,333	\$ 3,508,333	\$ 3,508,333	\$ 3,508,333	\$ 3,508,333	\$ 42,099,996
Allocation of Healthy ME Funding PL 2007 629	\$ 4,441,791												\$ 4,441,791
<b>Total Resources</b>	<b>\$ 10,070,970.81</b>	<b>\$ 6,123,848.99</b>	<b>\$ 6,237,978.10</b>	<b>\$ 6,350,253.36</b>	<b>\$ 6,460,724.25</b>	<b>\$ 6,569,439.12</b>	<b>\$ 6,752,415.82</b>	<b>\$ 6,938,019.54</b>	<b>\$ 7,076,458.93</b>	<b>\$ 7,267,477.81</b>	<b>\$ 7,461,286.84</b>	<b>\$ 7,657,942.45</b>	<b>\$ 84,966,816.00</b>
<b>Obligations</b>													
Employer/Individual Cost of Coverage	\$ 1,804,176	\$ 2,214,409	\$ 2,252,865	\$ 2,289,509	\$ 2,324,391	\$ 2,357,557	\$ 2,463,275	\$ 2,571,559	\$ 2,682,462	\$ 2,796,037	\$ 2,912,338	\$ 3,031,420	\$ 29,700,000
DC Coverage	\$ 1,986,416	\$ 2,438,087	\$ 2,480,427	\$ 2,520,773	\$ 2,559,178	\$ 2,595,694	\$ 2,712,091	\$ 2,831,313	\$ 2,953,418	\$ 3,078,465	\$ 3,206,514	\$ 3,337,624	\$ 32,700,000
Voucher	\$ 355,316	\$ 408,614	\$ 461,911	\$ 515,209	\$ 568,506	\$ 621,804	\$ 888,291	\$ 941,588	\$ 994,886	\$ 1,048,183	\$ 1,065,949	\$ 1,065,949	\$ 8,936,206
Parent Expansion	\$ 425,000	\$ 425,000	\$ 425,000	\$ 425,000	\$ 425,000	\$ 425,000	\$ 425,000	\$ 425,000	\$ 425,000	\$ 425,000	\$ 425,000	\$ 425,000	\$ 5,100,000
Operating Expenses:	\$ 249,195.08	\$ 249,195.08	\$ 249,195.08	\$ 249,195.08	\$ 249,195.08	\$ 249,195.08	\$ 249,195.08	\$ 249,195.08	\$ 249,195.08	\$ 249,195.08	\$ 249,195.08	\$ 249,195.08	\$ 2,990,341
DC Coverage (prior period)	\$ 4,200,000												\$ 4,200,000
Quality Initiatives	\$ 83,333	\$ 83,333	\$ 83,333	\$ 83,333	\$ 83,333	\$ 83,333	\$ 83,333	\$ 83,333	\$ 83,333	\$ 83,333	\$ 83,333	\$ 83,333	\$ 1,000,000
<b>Total Obligations</b>	<b>\$ 9,103,438</b>	<b>\$ 5,818,639</b>	<b>\$ 5,952,732</b>	<b>\$ 6,083,020</b>	<b>\$ 6,209,604</b>	<b>\$ 6,332,583</b>	<b>\$ 6,821,185</b>	<b>\$ 7,101,989</b>	<b>\$ 7,388,295</b>	<b>\$ 7,680,214</b>	<b>\$ 7,942,329</b>	<b>\$ 8,192,521</b>	<b>\$ 84,626,547</b>
<b>Net Operating Margin</b>	<b>\$ 967,533</b>	<b>\$ 305,210</b>	<b>\$ 285,246</b>	<b>\$ 267,234</b>	<b>\$ 251,121</b>	<b>\$ 236,856</b>	<b>\$ (68,769)</b>	<b>\$ (163,969)</b>	<b>\$ (311,836)</b>	<b>\$ (412,736)</b>	<b>\$ (481,042)</b>	<b>\$ (534,579)</b>	<b>\$ 340,269</b>
<b>Balance</b>	<b>\$ 967,533</b>	<b>\$ 1,272,744</b>	<b>\$ 1,557,990</b>	<b>\$ 1,825,224</b>	<b>\$ 2,076,344</b>	<b>\$ 2,313,200</b>	<b>\$ 2,244,431</b>	<b>\$ 2,080,462</b>	<b>\$ 1,768,626</b>	<b>\$ 1,355,890</b>	<b>\$ 874,848</b>	<b>\$ 340,269</b>	

Note:

The monthly deficits in net operating margin January - June 2011 are balanced by net surpluses July - December 2010.

In FY 2012, the Agency anticipates receiving revenues comparable to those in FY 2011. Because the Agency will not have an obligation to cover prior period expenses in FY 2012, there will be no deficit in the Agency's net operating margin as the Agency maintains membership at ending SFY 2011 levels.

Distributed to Appropriations and Financial Affairs June 1, 2010

# Part-time Worker Coverage Voucher

## What is the Voucher Program?

The Voucher Program provides financial assistance to help uninsured, part-time, lower income workers pay for health coverage, offered by their employers, for themselves and their families. It is a voucher program that the DHA administers, through a federal grant awarded to the Governor's Office of Health Policy and Finance in the fall of 2009 from the Health Resources and Services Administration (HRSA). Enrollment is limited and it is on a first come, first serve basis.

Below are answers to some common questions. For more information please call the DHA at 1-877-892-8391 (TTY: 1-207-287-4344).

### Question: What is employer sponsored insurance coverage?

Answer: A health insurance plan offered through an employer. There is a 5% minimum employer contribution requirement toward the employee rate.

### Question: Are there specific employer sponsored plans that do not qualify for the Voucher?

Answer: Yes, plans with single deductibles of \$5,000 or higher are excluded. Health Savings Accounts that do not provide 100% preventive care are excluded. Policies specifically for specified diseases are excluded.

### Question: What is the definition of uninsured?

Answer: Uninsured is defined as having no health insurance coverage in the 90 days prior to the effective date of the employer sponsored coverage. This definition applies to both the applicant and his or her eligible dependents.

### Question: What is the definition of part-time?

Answer: Employers will define part-time workers for their own workforce. To be eligible for the Voucher a part-time worker must work between 10 and 35 hours per week.

### Question: How is eligibility in the Voucher Program determined?

Answer: A person must be uninsured and working part-time for an employer who offers health insurance and has more than 50 employees. The employee's household income must be under 300% of the federal poverty level. The employee's assets must be under \$60,000 for a household of 1 and under \$120,000 for a household of 2 or more.

### Question: How long does it take to receive a Voucher determination?

Answer: Processing of the applications will take 30 days from the date a complete application is received.

### Question: Do you need to live and work in Maine in order to qualify for the Voucher Program?

Answer: Yes.

**Question: How much is the financial assistance?**

Answer: The amount of the Voucher available is based on the employee’s household income, household size and assets. The lower the household income and assets, the higher the financial assistance. The chart below shows the amounts employees will pay per month for their employer sponsored health plan depending on the Voucher they qualify for.

Voucher Level	Single	EE+Sp	EE+Ch	Family
1	\$30.00	\$35.00	\$35.00	\$45.00
2	\$75.00	\$100.00	\$100.00	\$125.00
3	\$180.00	\$240.00	\$240.00	\$300.00
4	\$330.00	\$440.00	\$440.00	\$550.00

**Question: How is the Voucher distributed to employees?**

Answer: The employer will deduct the appropriate premium from the employee’s paycheck. The Voucher payment will be available on the first of each month through use of the electronic benefit transfer (EBT) card. The EBT card is like a debit card.

**Question: Where can the EBT card be used?**

Answer: You can use your card where you see the Quest® sign. Look for the Quest® sign on the door or window of stores or banks as well as on ATMs.

**Question: Where is there more information about the Voucher Program eligibility and how to apply?**

Answer: Call the DHA at 1-877-892-8391 (TTY: 1-207-287-4344) and ask to learn more.

**Question: Is enrollment limited to a certain number of members?**

Answer: The HRSA grant provides limited resources. Enrollment is on a first come, first serve basis each month. Slots will be reserved for new members for every anniversary date up to the enrollment limit.

**Note:** For more information regarding the Direct Care Worker Program call DHA at 1-877-892-8391 (TTY: 1-207-287-4344).

Employer Sponsored Insurance

# Part-time Worker Coverage Voucher

Administered by DHA

## What is the Voucher Program?

- The Voucher Program provides financial assistance for **uninsured**, **part-time, lower income** employees to buy employer sponsored insurance health coverage
- Employees of large groups (defined as 50+ employees) are eligible
- The voucher is for employees and their eligible dependents
- DHA administers the program through a federal grant awarded to the Governor's Office of Health Policy and Finance from the Health Resources and Services Administration (HRSA)
- Enrollment is limited to a projected 3,000 members and is on a first come, first serve basis

## **The amount of the Voucher available is based on:**

- the employee's household size and income
  - income must be under 300% FPL (\$32,490 for an individual, \$66,150 for a family of four)
- the employee's assets
  - assets must be under \$60,000 for an individual and \$120,000 for a family of two or more

The lower the household income and assets, the higher the financial assistance.

	<b>Household Size</b>	<b>1</b>	<b>2</b>	<b>3+</b>
<b>Voucher Level</b>				
<b>1</b>	Annual Income →	\$16,245	\$21,855	\$27,465
	Monthly Premium (2%)	Single <b>\$30</b>	EE + Spouse EE + Child <b>\$35</b>	Family <b>\$45</b>
<b>2</b>	Annual Income →	\$21,660	\$29,140	\$36,620
	Monthly Premium (4%)	Single <b>\$75</b>	EE + Spouse EE + Child <b>\$100</b>	Family <b>\$125</b>
<b>3</b>	Annual Income →	\$27,075	\$36,425	\$45,775
	Monthly Premium (8%)	Single <b>\$180</b>	EE + Spouse EE + Child <b>\$240</b>	Family <b>\$300</b>
<b>4</b>	Annual Income →	\$32,490	\$43,710	\$54,930
	Monthly Premium (12%)	Single <b>\$330</b>	EE + Spouse EE + Child <b>\$440</b>	Family <b>\$550</b>

# Voucher Program Plan Parameters

- There is a 5% minimum employer contribution requirement toward the employee rate.
- Excluded Plans
  - Plans with single deductibles of \$5,000 or higher.
  - Health Savings Accounts that do not provide 100% preventive care.
  - Policies specifically for specified diseases.

# Voucher Program Enrollment

DHA will reserve openings in the program for every anniversary date up to the enrollment limit

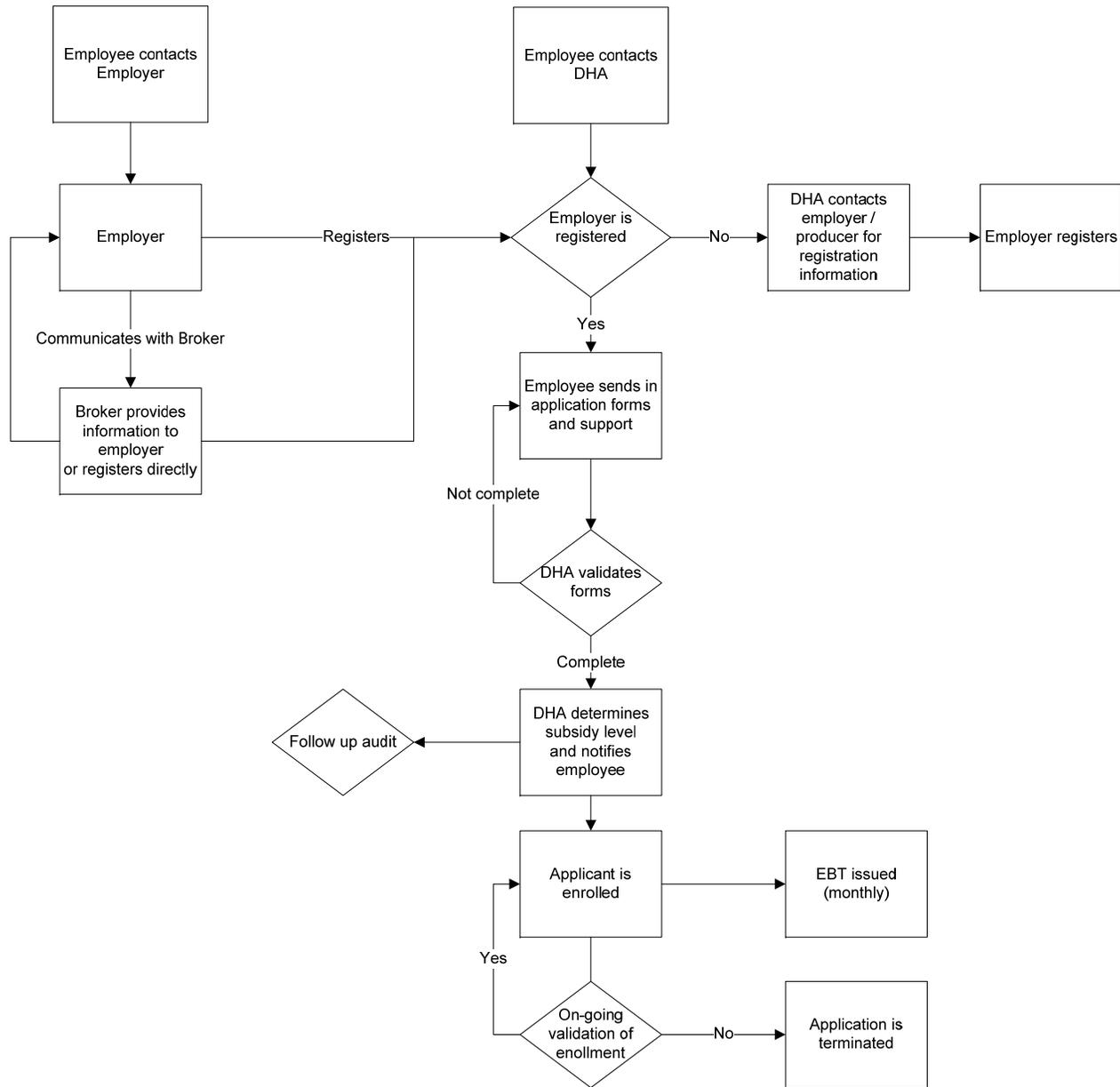
These openings include space for new hires and new dependents enrolling off-cycle due to qualifying events

DHA is weighting the open spaces for January and July anniversary dates (approximately 125 employees each). Other months will have approximately 75 employee spaces available.

# Voucher Employer Certification

DHA requires basic information about the plans eligible employers offer to their part-time workforce

- Rates
- Contribution %
- Waiting Periods
- Anniversary Date
- Contact Information



# Voucher Program Schedule

- DHA is accepting applications effective today
- Subsidies will begin June 1, 2010
- Eligibility determinations will take 30 days
- DHA will issue subsidies on the 1<sup>st</sup> of every month via an electronic benefits card (EBT)

For more information please call DHA

1-877-892-8391 (TTY: 1-207-287-4344)

Information and forms are available at DHA's website <http://www.dirigohealth.maine.gov>

# Employer Certification Form

## Voucher Program

153 State House Station  
Augusta, ME 04333-0153  
1-877-892-8391  
(207) 287-4344 TTY  
(207) 287-9922 FAX

### Employer Information:

Employer Name \_\_\_\_\_

Employer Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_

Employer Contact Person \_\_\_\_\_

Phone Number (\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_ Fax Number (\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_

Total Number of Employees \_\_\_\_\_ New Hire Waiting Period \_\_\_\_\_

Employer Contribution For: Employee \_\_\_\_\_

Employer Contribution For: Dependents \_\_\_\_\_

Service Industry Code (SIC) \_\_\_\_\_ Type of Industry \_\_\_\_\_

### Broker Information:

Name \_\_\_\_\_ Phone Number \_\_\_\_\_

### Insurance Plan Information:

Insurance Carrier Name \_\_\_\_\_

Insurance Contact Person \_\_\_\_\_ Phone Number \_\_\_\_\_

Insurance Plan Anniversary/Renewal Date \_\_\_\_\_

Monthly Premium Rates for:

Employee \_\_\_\_\_ Employee/Spouse \_\_\_\_\_ Employee/Child(ren) \_\_\_\_\_ Family \_\_\_\_\_

**Employer Signature or Employer's Designee** \_\_\_\_\_

NOTE: Include a Summary of Benefits for each plan offered.

# Subsidy Application Voucher Program

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## Information Provided On This Form Is Strictly Confidential

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### Section 1: General Information

#### 1.a. Applicant Information

Last Name \_\_\_\_\_ First Name \_\_\_\_\_ M.I. \_\_\_\_\_

Mailing Address (Street or PO Box) \_\_\_\_\_

\_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_

Home Telephone \_\_\_\_\_ Work Telephone \_\_\_\_\_

Mobile \_\_\_\_\_

Social Security # \_\_\_\_\_ E-mail address \_\_\_\_\_

1.b. Do you live and work in the State of Maine?  Yes  No

1.c. Name of Employer \_\_\_\_\_

Phone # \_\_\_\_\_

1.d. Were you covered by a health insurance plan in the past 90 days or more prior to applying for the Voucher Program?  Yes  No

1.e. If you are applying to cover dependents, did they have health insurance in the past 90 days or more prior to applying for the Voucher Program?

Spouse/Domestic Partner:  Yes  No      Dependent Child(ren):  Yes  No

1.f. Household Members and Relationship. 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.

Last Name	First Name	Relationship to You	Date of Birth

## Section 2: Income Information

**Household Wages.** Include a copy of your most recent Federal 1040 tax return. If it 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

What is Counted	Annual Amount	Where to find it on your most recent Federal 1040 tax return
<b>2a.</b> Applicant gross wages, tips, and salaries (before any deductions)	\$	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"
<b>2b.</b> Spouse or Domestic Partner gross wages, tips, and salaries (before any deductions)	\$	
<b>2c.</b> Net self-employment income (gross receipts minus allowable business expenses)	\$	Form 1040 Line 12 "Business income or (loss)" or Quarterly Estimates of Earnings
<b>Annual Other Income</b>		
<b>2d.</b> Interest and investment income (savings accounts, dividends from stocks, bonds, trusts, mutual funds)	\$	Form 1040 Line 8a and Line 9a, or annual interest income statements
<b>2e.</b> Alimony received	\$	Form 1040 Line 11 or copy of divorce settlement orders
<b>2f.</b> IRA distributions	\$	Form 1040 Line 15a or Line 15b if 15a is blank
<b>2g.</b> Pensions, annuities, 401(k)	\$	Form 1040 Line 16a or Line 16b if 16a is blank. Award letters or statements from payers
<b>2h.</b> Net rental income (gross rents minus allowable expenses), royalties, trusts, etc.	\$	Form 1040 Line 17
<b>2i.</b> Farm income or loss	\$	Form 1040 Line 18
<b>2j.</b> Unemployment compensation	\$	Form 1040 Line 19 or award letters
<b>2k.</b> Social Security and Railroad Retirement	\$	Form 1040, Line 20a or award letters
<b>2l.</b> Gross child support received	\$	Use support orders
<b>2m. Income Subtotal (Total of lines 2a through 2l)</b>	\$	
<b>2n.</b> Allowable Childcare expenses/ deductions	\$	\$200 per child per month is allowed if under age 2, \$175 per child per month is allowed if age 2 or older. The caregiver must be a person outside the household for childcare expenses to be allowed
<b>2o.</b> Child support paid out (only allowed for children that will not be covered by the applicant's policy)	\$	Use support orders or checks
<b>2p. Deductions Subtotal (Total of lines 2n and 2o)</b>	\$	
<b>2q. Income Total (Line 2m minus line 2p)</b>	\$	DHA Eligibility Representatives will make the final decision on the subsidy group

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

**Section 3: Asset Information – is required in order to be considered for the Voucher Program**

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

<b>3a. Cashable Assets:</b> This includes savings and checking accounts. Use the checking account balance left after monthly expenses. Certificates of Deposit (CDs), credit union shares, stocks, bonds, annuities, mutual funds, or profit sharing plans.	<b>Do Not Include:</b> Retirement and educational savings accounts, amounts already included as wages or income on Form 1040, Workers’ Compensation payments, Veterans Affairs Disability payments.
<b>Type of Asset</b>	<b>Value or Balance</b>

<b>3b. Vehicles:</b> Include recreational vehicles such as boats, motorcycles, snowmobiles, ATVs. (Estimated value = “Blue Book” value minus the amount you may owe).			<b>Do Not Include:</b> Primary vehicle and secondary vehicle if used as transportation for essential daily activities.	
<b>Year</b>	<b>Make/Model</b>	<b>Blue Book Value</b>	<b>Amount Owed</b>	<b>Estimated Value</b>

<b>3c. Real Estate:</b> List any other property you own (for example, a second home, camp, land not attached to your primary home). Use property tax bill for estimated value.	<b>Do Not Include:</b> Your primary home and surrounding land where you reside, income producing property (rentals, fishing boats, commercial trucks, machinery, livestock).
<b>Type of Real Estate</b>	<b>Estimated Value</b>

<b>3d. Lump Sum Payments:</b> (for example gifts, inheritances, lottery winnings, any insurance settlements not included in 3a above).	<b>Do Not Include:</b> Amounts already included in checking and savings accounts listed in 3a above.
<b>Type of Payment</b>	<b>Value</b>

**3e. Mark here if you have no countable assets**

**Section 4: Signature of Applicant**

All statements and answers I have given are true and complete. The Dirigo Health Agency may check information submitted on this form. I understand it is a crime to knowingly provide false, incomplete or misleading information on this form and that I could be charged with perjury. I agree that I must notify the Dirigo Health Agency immediately of any changes to my health coverage including any addition or termination of dependent coverage or of termination/cancellation of my coverage.

\_\_\_\_\_  
**Signature**

\_\_\_\_\_  
**Date**

**Subsidy Estimator Worksheet**

The Voucher Program offers subsidies on the monthly cost of health coverage. The amount of a subsidy is dependent on household size, household income, and assets. You can use this worksheet to estimate your subsidy group. Once you decide to apply you must complete and submit a Voucher Application. If you have any questions, you can call the Dirigo Health Agency at 1-877-892-8391 or 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
<b>2. Annual Earned Income</b>	\$	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"
<b>2a.</b> Applicant gross wages, tips, and salaries (before any deductions)	\$	
<b>2b.</b> Spouse or Domestic Partner gross wages, tips, and salaries (before any deductions)	\$	
<b>2c.</b> Net self-employment income (gross receipts minus allowable business expenses)	\$	Form 1040, Line 12 "Business income or (loss)" or Quarterly Estimates of Earnings
<b>3. Annual Other Income</b>	\$	Form 1040, Line 8a and Line 9a, or annual interest income statements
<b>3a.</b> Interest and investment income (savings accounts, dividends from stocks, bonds, trusts, mutual funds)	\$	
<b>3b.</b> Alimony received	\$	Form 1040, Line 11, or divorce settlement orders
<b>3c.</b> IRA distributions	\$	Form 1040, Line 15a, or Line 15b if 15a is blank
<b>3d.</b> Pensions, annuities, 401(K)	\$	Form 1040, Line 16a, or Line 16b if 16a is blank. Award letters or statements from payers
<b>3e.</b> Net rental income (gross rents minus allowable expenses), royalties, trusts, etc.	\$	Form 1040, Line 17
<b>3f.</b> Farm income or loss	\$	Form 1040, Line 18
<b>3g.</b> Unemployment compensation	\$	Form 1040, Line 19, or award letters
<b>3h.</b> Social Security and Railroad Retirement	\$	Form 1040, Line 20a, or award letters
<b>3i.</b> Gross Child Support received	\$	Use support orders
<b>4. Income Subtotal</b> (Total of Lines 2a through Lines 3i)	\$ _____	
<b>5. Child-Related Allowable Deductions</b>	\$	\$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.
<b>5a.</b> Childcare expenses	\$	
<b>5b.</b> Child support paid out (only allowed for children that will not be covered by the applicant's policy)	\$	Use support orders or checks
<b>6. Deductions Subtotal</b> (Total of Line 5a and Line 5b)	\$ _____	
<b>7. Income Total</b> (Line 4 minus Line 6)	\$ _____	DHA Eligibility Representatives will make the final decision on the subsidy group

**Step 2: Estimate Your Income Subsidy Group**

On the Income Subsidy Chart find your household size in the left column. This is the number you entered in Number 1 above. Then go right until the 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 subsidy group.

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

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

**Income Subsidy Chart**

Income Subsidy Group	B	C	D	E
<b>Household Size</b>	<b>Annual Income Less Than:</b>			
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 Subsidy Group: \_\_\_\_\_

**Step 3: Estimate Your Countable Assets. Asset information is required in order to be considered for the Voucher Program.**

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
<b>1. Cashable Assets:</b> <ul style="list-style-type: none"> <li>• Personal checking/savings accounts. Use checking account balance left after monthly expenses.</li> <li>• CDs</li> <li>• Stocks, bonds, mutual funds, Annuities</li> <li>• Profit sharing plans</li> </ul>	\$	<ul style="list-style-type: none"> <li>• Retirement savings accounts</li> <li>• Educational savings accounts</li> <li>• Amounts already included as wages or income on Form 1040</li> <li>• Workers Compensation payments</li> <li>• Veterans Affairs disability payments</li> </ul>
<b>2. Vehicles:</b> <ul style="list-style-type: none"> <li>• Vehicles ("Blue Book" value of vehicle minus any amount owed). Note: see vehicles that are not counted</li> <li>• Recreational vehicles such as boats, motorcycles, snowmobiles, ATVs</li> </ul>	\$	<ul style="list-style-type: none"> <li>• Primary vehicle</li> <li>• Second vehicle if used for transportation for essential Daily activities</li> </ul>
<b>3. Real Estate:</b> <ul style="list-style-type: none"> <li>• Second home, camp, land not attached to your primary home, etc.</li> <li>• Use property tax bill for value.</li> </ul>	\$	<ul style="list-style-type: none"> <li>• Your primary home and surrounding land where you reside</li> <li>• Income producing property (rentals, fishing boats, commercial trucks, machinery, livestock)</li> </ul>
<b>4. Lump Sum Payments:</b> <ul style="list-style-type: none"> <li>• For example, gifts, inheritances, lottery winnings, insurance settlements</li> </ul>	\$	<ul style="list-style-type: none"> <li>• Amounts already included in checking/savings listed above</li> </ul>
<b>5. Countable Asset Amount</b> (Total Lines 1 through Lines 4)	\$ _____	DHA Eligibility Representatives will make the final decision on subsidy group

**Step 4: Estimate Your Final Voucher Level On The Following Charts:**

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 top row titled Income Subsidy Group (B-E) which is the Income Subsidy Group you listed in step 2. Then refer to numbers 1-5 to see your Final Voucher Level. If your Final Voucher Level is a 5, you are not eligible for a subsidy.

For example, if you have a household size of 1 (Single) whose household income would qualify for a B Income Subsidy Group and you had \$32,000 in assets you would have a Final Voucher Level of 3.

If you have a household size of 2 (Family) whose household income would qualify for a C Income Subsidy Group and you had \$63,000 in assets you would have a Final Voucher Level of 4.

**Single**

Income Subsidy Group	B	C	D	E
Countable Asset Amount	Final Voucher Level			
\$15,000	1	2	3	4
\$29,999	2	3	4	5
\$44,999	3	4	5	5
\$59,999	4	5	5	5
\$60,000	5	5	5	5

**Family**

Income Subsidy Group	B	C	D	E
Countable Asset Amount	Final Voucher Level			
\$30,000	1	2	3	4
\$59,999	2	3	4	5
\$89,999	3	4	5	5
\$119,999	4	5	5	5
\$120,000	5	5	5	5

**Step 5: What Does Your Final Voucher Level Mean?**

It means you will receive a subsidy on your monthly health coverage cost. This subsidy applies to your share of the health coverage cost after any contribution your employer makes.

The chart below shows the amount employees will pay per month for their employer sponsored health plan depending on the Final Voucher Level they qualify for.

Voucher Level	Single	EE+Sp	EE+Ch	Family
1	\$30.00	\$35.00	\$35.00	\$45.00
2	\$75.00	\$100.00	\$100.00	\$125.00
3	\$180.00	\$240.00	\$240.00	\$300.00
4	\$330.00	\$440.00	\$440.00	\$550.00