

DirigoChoice Discount Estimator

DirigoChoice offers discounts on: (1) the monthly cost of coverage, and (2) deductibles and out-of-pocket costs. There are 5 discount groups (A-E) that range from 20% to 100% depending on income and other factors. Group A is a 100% discount with no deductibles as well as MaineCare coverage through DirigoChoice. Upon receipt and review of your application, our eligibility specialists will send you 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 have access to a computer and the Internet, you can go to the Dirigo Health Web site at **dirigohealth.maine.gov** and complete this form online. It might be helpful to fill in this worksheet with your Anthem Blue Cross and Blue Shield-appointed insurance producer. When you apply, you will get a rate quote from your Anthem Blue Cross and Blue Shield-appointed insurance producer or Anthem Blue Cross and Blue Shield. If you qualify for a discount, your final cost will be lower than the quote. If you have any questions or if you want an estimate for Group A (*DirigoChoice*/MaineCare eligibility), call our *DirigoChoice* Eligibility Unit at 1-888-243-8731 or TTY (207) 287-4344.

Step 1: Enter your personal information.

Please note: The financial information must be annual numbers.

1. Household Size		Household size equals the applicant plus all dependents. Dependent means an applicant's spouse or domestic partner, an unmarried child less than 19 years of age, a child who is a student under 23 years of age and is financially dependent upon a plan enrollee 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
2.	2.a Applicant Gross Wages, Tips and Salaries (before any deductions)	+ \$	Recent pay stubs, a signed letter from an employer, or a copy of the employer payroll. If not available, use form 1040 line 7 ("Wages, salaries, tips, etc.") or wages as
Annual Earned Income	2.b Spouse or Domestic Partner Gross Wages, Tips and Salaries (before any deductions)	+ \$	reported on W-2. Do not use line 34 ("Adjusted Gross Income"). Multiply weekly income by 4.3 (bi-weekly income by 2.15) to get monthly income, then multiply by 12 for annual amount.
	2.c Net Self-Employment Income (gross receipts minus allowable business expenses)	+\$	Line 31 on Schedule C ("Net profit or (loss)"), also form 1040 line 12 ("Business income or (loss)"). Applicants organized as S-Corporations use Form 1120S, line 6 ("Total income (loss)"). We also accept IRS Quarterly Estimate of Earnings.
3.	3.a Net Rental Income (gross rents minus allowable expenses)	+ \$	On Schedule E, use only rental real estate income (or loss). Do not count income or loss from royalties. Schedule E, line 26 ("Total rental real estate and royalty income or (loss)") can only be used if there is no income, loss or expense relating to royalties.
	3.b Gross Child Support Received	+ \$	Support orders, checks, check stubs
Annual Other Income	3.c Pensions (not Social Security or Railroad Retirement)	+ \$	Checks, award letters, signed letter from payer
	3.d Unemployment Compensation	+\$	Checks, award letters, form 1040 line 9 ("Unemployment compensation")
	3.e Investment Income (dividends from stocks, bonds, annuities, trusts, mutual fund shares)	+ \$	Annual interest income statements and the 1040 form

4. Income Subtotal (Total of lines 2.a through 3.e)		+ \$	
5. Annual Allowable	5.a Childcare Expenses	+ \$	We allow \$200 per child per month if under 2, \$175 per child per month if 2 or older. Caregiver must be a person outside the household. Provide a receipt or letter from caregiver.
Deductions	5.b Child Support Paid Out (only allowed for children that will not be covered by the applicant's policy)	+\$	Checks, check stubs, support orders
6. Deductions Subtotal (Total of 5.a plus 5.b)		+\$	
7. Income Subtotal (Line 4 minus Line 6)		+ \$	This is only an estimate. Eligibility specialists will make the final decision on applicant income and discount group.

Step 2: Determine Your Discount Group

On the Discount Group Chart find your household size (as entered on Line 1 above) in the left column. Then go right until the amount in the column is greater than your total income (as entered on Line 7 above). Then read up to see your discount level.

For example, if you have a household size of 4 and you estimated your household income as \$46,000, you would be in Group D. If you have a household size of 2 and your annual household income is \$24,000, you would be in Group C.

Discount Group	В	С	D	E
Household Size	Annual Income Less Than:			
1	\$14,355	\$19,140	\$23,925	\$28,710
2	\$19,245	\$25,660	\$32,075	\$38,490
3	\$24,135	\$32,180	\$40,225	\$48,270
4	\$29,025	\$38,700	\$48,375	\$58,050
5	\$33,915	\$45,220	\$56,525	\$67,830
6	\$38,805	\$51,740	\$64,675	\$77,610

Step 2A: What If I Don't Qualify for a Discount?

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

	Plan 1*	Plan 2**
Single deductible	\$1,250	\$1,750
Single annual out-of-pocket	\$4,000	\$5,600
Family deductible	\$2,500	\$3,500
Family annual out-of-pocket	\$8,000	\$11,200

^{*}Available to groups of 10 and more:

[•] Single: \$750 deductible/\$2,400 annual out-of-pocket

[•] Family: \$1,500 deductible/\$4,800 annual out-of-pocket

^{**}Available to groups of 10 and more:

[•] Single: \$1,125 deductible/\$3,600 annual out-of-pocket

[•] Family: \$2,250 deductible/\$7,200 annual out-of-pocket

Step 3: Determine Your Final Discount Level

Countable Assets				
What Is Counted	Your Countable Amount	What Is Not Counted		
 Personal checking/savings accounts (for checking account, use balance left after monthly expenses) CDs Profit-sharing plan 	+ \$	Retirement savings accounts Educational savings accounts		
 Vehicles ("Blue Book" value of vehicle minus amount you may owe) – do not list primary vehicle Recreational vehicles such as boat, motorcycle, snowmobile, ATV 	+\$	 Primary vehicle Second vehicle if used for transportation for essential daily activities Income-producing property, such as fishing boat 		
Real estate other than the home and surrounding land where you reside: second home, camp land not attached to your residence, etc. Use property tax bill for value.	+\$	Income-producing property (rental)		
Lump sum payments, only if not included in amount you listed in either savings or checking account. Use notification or statement for value	+ \$			
Countable Asset total (all all numbers in next column)	+\$			

On the Discount Asset Chart find your household size (either Single for a household of 1 or Family for more than 1) in the top row. Then go down until the amount in the column is greater than your total assets (as entered for Countable Asset Total above). Then read across to the column whose header corresponds with your Income Discount Group to see your final discount level. If your assets are greater than the amount shown in the last row of the table, you are not eligible for a discount.

For example, an applicant whose household size is 1 and whose income would qualify for a B level discount who had \$32,000 in assets would have a final discount level of D. An applicant whose household size is 3 and whose income would qualify for a C level discount who had \$93,000 in assets would no longer qualify for a discount.

Single				
1⁵ Stage Level	В	С	D	E
Asset Amount				
\$15,000	В	С	D	E
\$29,999	С	D	Е	F
\$44,999	D	E	F	F
\$59,999	E	F	F	F
\$60,000	F	F	F	F

Family				
1 st Stage Level	В	С	D	E
Asset Amount				
\$30,000	В	С	D	Е
\$59,999	С	D	Е	F
\$89,999	D	Е	F	F
\$119,999	E	F	F	F
\$120,000	F	F	F	F

Step 4: What Does Your Discount Group Mean?

It means two things:

- (1) Discount on the monthly coverage payments. This discount applies to the employee share of the health coverage costs after a minimum employer contribution of 60% of the single contract tier for fulltime employees (may be prorated for employees who work more than 20 but less than 30 hours per week for a single employer). A self-employed person will contribute the minimum employer contribution of 60% of the single contract tier and will receive any discount for which he/she is eligible on the remaining balance of the payment. An individual will contribute 60% of the single contract tier and will receive any discount for which he/she is eligible on the remaining balance.
- (2) Reductions in deductibles and out-of-pocket costs.

Self-employed people and individuals are eligible only for Plan 2.

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
Group C – 60% disco	unt	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
Group D – 40% disco	unt	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
Group E – 20% disco	unt	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