

1 Sub HB 52, HEALTH INSURANCE MODIFICATIONS,
(Pierucci,C)

Anticipated Fiscal Impact:

none

Summary

Under 1st Sub HB 52, a health plan must either count a drug’s copay assistance toward a member’s cost sharing responsibility – such as the deductible or out-of-pocket maximum – or meet the requirements of a “qualifying health plan.”

The state employee health plan can meet the requirements of a “qualifying health plan” at no extra cost to the state.

Other public education and local government entities that PEHP covers can also meet the requirements of a qualifying health plan with a benefit design change, if necessary. Or, these public employer health plans could choose to comply by counting copay assistance to a member’s cost sharing responsibility at cost of \$.57 PMPM arising from: (1) lost member cost sharing and (2) higher utilization that occurs after maximum out-of-pockets are reached.