

DHA / HRSA Part-Time Coverage Worker Program

HRSA Site Visit
State of Maine
June 10, 2010

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				
Prospects:											
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
Expenditures and Obligations								
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
Total Expenditures and Obligations	\$ 1,723.74	\$ 1,299.49	\$ -	\$ 3,623.42	\$ 231.80	\$ 36,663.34	\$ 43,541.79	\$ 8,500,000.00

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	Annual Totals
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	
Total Members	14,798	16,780	17,313	17,848	18,383	18,920	20,057	20,596	21,135	21,676	22,118	22,510	
Resources													Annual Totals
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
Total Resources	\$ 10,070,970.81	\$ 6,123,848.99	\$ 6,237,978.10	\$ 6,350,253.36	\$ 6,460,724.25	\$ 6,569,439.12	\$ 6,752,415.82	\$ 6,938,019.54	\$ 7,076,458.93	\$ 7,267,477.81	\$ 7,461,286.84	\$ 7,657,942.45	\$ 84,966,816.00
Obligations													
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
Total Obligations	\$ 9,103,438	\$ 5,818,639	\$ 5,952,732	\$ 6,083,020	\$ 6,209,604	\$ 6,332,583	\$ 6,821,185	\$ 7,101,989	\$ 7,388,295	\$ 7,680,214	\$ 7,942,329	\$ 8,192,521	\$ 84,626,547
Net Operating Margin	\$ 967,533	\$ 305,210	\$ 285,246	\$ 267,234	\$ 251,121	\$ 236,856	\$ (68,769)	\$ (163,969)	\$ (311,836)	\$ (412,736)	\$ (481,042)	\$ (534,579)	\$ 340,269
Balance	\$ 967,533	\$ 1,272,744	\$ 1,557,990	\$ 1,825,224	\$ 2,076,344	\$ 2,313,200	\$ 2,244,431	\$ 2,080,462	\$ 1,768,626	\$ 1,355,890	\$ 874,848	\$ 340,269	

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.

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

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

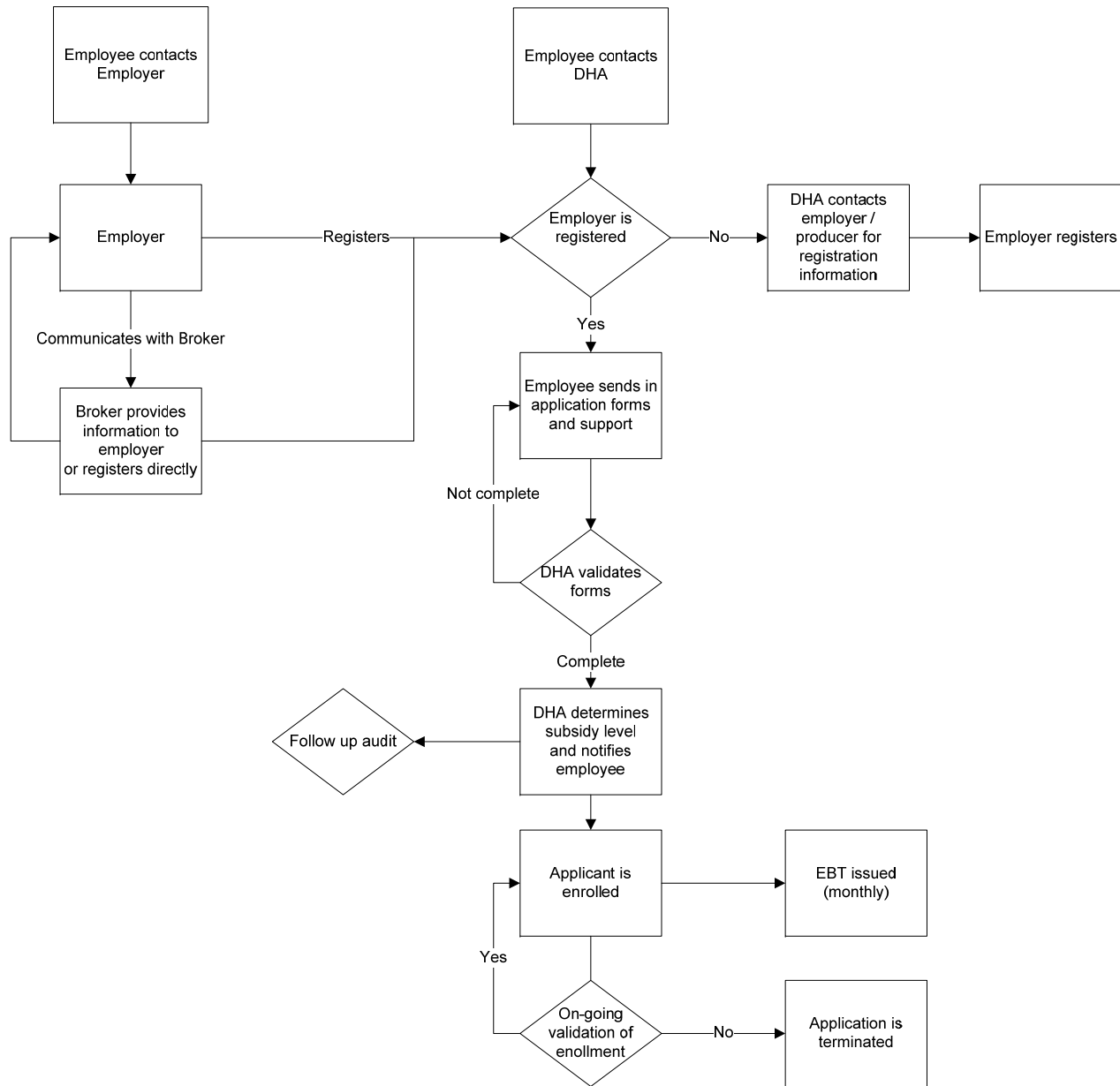
These openings include space for new hires and new dependents enrolling off-cycle due to qualifying events

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 1st 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

Information Provided On This Form Is Strictly Confidential

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
2a. 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"
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
Annual Other Income		
2d. 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
2e. Alimony received	\$	Form 1040 Line 11 or copy of divorce settlement orders
2f. IRA distributions	\$	Form 1040 Line 15a or Line 15b if 15a is blank
2g. Pensions, annuities, 401(k)	\$	Form 1040 Line 16a or Line 16b if 16a is blank. Award letters or statements from payers
2h. Net rental income (gross rents minus allowable expenses), royalties, trusts, etc.	\$	Form 1040 Line 17
2i. Farm income or loss	\$	Form 1040 Line 18
2j. Unemployment compensation	\$	Form 1040 Line 19 or award letters
2k. Social Security and Railroad Retirement	\$	Form 1040, Line 20a or award letters
2l. Gross child support received	\$	Use support orders
2m. Income Subtotal (Total of lines 2a through 2l)	\$	
2n. 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
2o. Child support paid out (only allowed for children that will not be covered by the applicant's policy)	\$	Use support orders or checks
2p. Deductions Subtotal (Total of lines 2n and 2o)	\$	
2q. Income Total (Line 2m minus line 2p)	\$	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.

3a. Cashable Assets: 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.	Do Not Include: Retirement and educational savings accounts, amounts already included as wages or income on Form 1040, Workers’ Compensation payments, Veterans Affairs Disability payments.
Type of Asset	Value or Balance

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

3c. Real Estate: 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.	Do Not Include: Your primary home and surrounding land where you reside, income producing property (rentals, fishing boats, commercial trucks, machinery, livestock).
Type of Real Estate	Estimated Value

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

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
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 support orders
4. Income Subtotal (Total of Lines 2a through Lines 3i)	\$ _____	
5. Child-Related 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 (only allowed for children that will not be covered by the applicant's policy)	\$	Use support orders or checks
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 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
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 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
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 on Form 1040 • 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 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