



***Good for  
employees, good  
for business!***



# Presentation Objectives

---

- **Identify criteria for participation**
- **Explain the steps in the process**
- **Understand your role**



# What is Access to Health Insurance?

---

- **Public/private partnership**
- **Premium assistance program**
- **Up to \$100/participant/month**
- **Limited to 1000 adults**



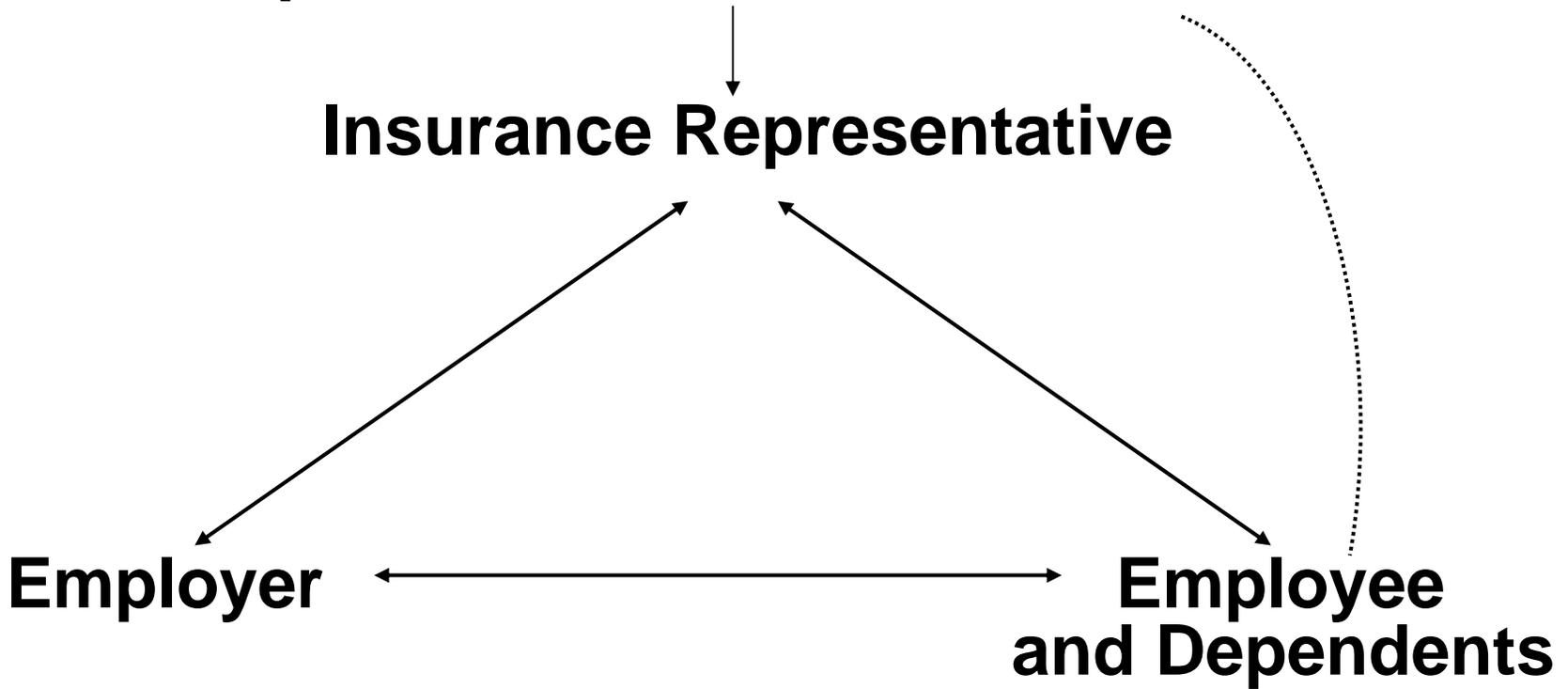
# Who are the players?

**Department of Health and Welfare**

**Insurance Representative**

**Employer**

**Employee  
and Dependents**





## For Access to Health Insurance an EMPLOYER must:

- **Currently NOT offer health insurance**
- **Operate an Idaho small business**
- **Pay at least 50% of the adult insurance premiums**
- **Have 1 or more employees who qualify for premium assistance**



# For Access to Health Insurance an **EMPLOYEE** must:

---

- **Currently NOT have health insurance**
- **Work for a participating small business**
- **Live in Idaho**
- **Meet income guidelines**



# Income guidelines for premium assistance:

<b>Family Size</b>	<b>Gross Monthly Income</b>
<b>1</b>	<b>\$1475</b>
<b>2</b>	<b>\$1978</b>
<b>3</b>	<b>\$2481</b>
<b>4</b>	<b>\$2983</b>
<b>5</b>	<b>\$3486</b>
<b>6</b>	<b>\$3988</b>

**185% of 2005 Federal Poverty Guidelines**



# Costs

Cost to Employer	Cost to Employee
<ul style="list-style-type: none"><li>• <b>50% or more of adults' premiums</b></li></ul> <p>Employers are not required to pay premiums for minor children</p>	<ul style="list-style-type: none"><li>• <b>Balance of the premium</b></li><li>• <b>Any deductibles and/or co-payments</b></li></ul>



## Example of costs:

Family Members	Total Premium	Employer Pays 50%	Premium Assistance	Employee Pays
Employee	<b>\$250</b>	<b>\$125</b>	<b>\$100</b>	<b>\$25</b>
+Spouse	<b>\$250</b>	<b>\$125</b>	<b>\$100</b>	<b>\$25</b>
+1 Child	<b>\$90</b>	<b>\$0</b>	<b>\$90</b>	<b>\$0</b>
+1 Child	<b>\$90</b>	<b>\$0</b>	<b>\$90</b>	<b>\$0</b>
<b>Totals</b>	<b>\$680</b>	<b>\$250</b>	<b>\$380</b>	<b>\$50</b>

This assumes a 4-person family, employer paying 50%. Not an actual plan.



## Example of a Combined Payment

### Employer Paying 100% of Employee Premium

**Employee cost: \$250**

**Spouse cost: \$350**

**Total: \$600**

**Employer pays: \$250**

**Employer obligation not met**

**Employer must pay \$300**



## What are the benefits?

---



**Attract and retain employees**



**Employee satisfaction**



**Employee health**



**Productivity**



**Participation rates**



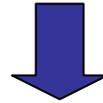
**Absenteeism**



# Steps to Participate

---

**1. Register online**



**2. Submit application**



**3. Make decisions**



**4. Finalize enrollment**



# Step One

## Register Online

---

- **Insurance representative works with employer and employees**
- **Registration date announced**
- **Employer or insurance representative registers online**



**Registration Online Complete**



# Web Registration

---

[www.AccessToHealthInsurance.idaho.gov](http://www.AccessToHealthInsurance.idaho.gov)



## Step Two

# Submit Applications

- **DHW sends email notification**
- **Employees review **Privacy Notice**, complete **Applications****
- **Employer forwards to insurance representative**
- **Insurance representative sends information to Carrier & DHW with **Cover Sheet****



**Application Submission Complete**



## Step Three Make Decisions

- **DHW & insurance company review applications**
- **Insurance carrier provides cost of insurance**
- **DHW sends **Conditional Approval** and the **Employer Agreement****
- **Employer decides to proceed or not**



**Decision-Making Step Complete**



## Step Four Finalize Enrollment

- Employer signs **Employer Agreement**
- Insurance representative completes **Conditional Approval Letter**, forwards both forms to DHW
- DHW sends program approval letters to employer and employees



**Enrollment Complete**



# Summary of Steps

---

- 1. Register online**  
↓
- 2. Submit application**  
↓
- 3. Make decisions**  
↓
- 4. Finalize enrollment**



# Summary of Forms

---

- 1. Application for Premium Assistance  
Privacy Notice**
- 2. Cover Sheet**
- 3. Conditional Approval Letter**
- 4. Employer Agreement**



# Review of Presentation Objectives

---

- ✓ **Criteria for participation identified**
- ✓ **Steps in the process explained**
- ✓ **Your role described**



## How to contact us:

---

**Our toll free number is:**

**1-866-326-2485**

**Our web address is:**

**[www.AccessstoHealthInsurance.idaho.gov](http://www.AccessstoHealthInsurance.idaho.gov)**