

Task Force for ASE/PSE Insurance

Recommendations for Consideration

Legislation Required

Eliminate Part-time Employees from Eligibility*

EBD and ContinuousHealth – ASE \$2.0M/PSE \$10.2M (Including \$150 at School Districts)

Dependent Eligibility Verification*

ContinuousHealth – ASE/PSE \$0-4.0M

Spousal Exclusion*

ContinuousHealth – ASE/PSE \$0-4.0M

Bariatric Surgery Flexibility**

EBD - ASE \$8M/PSE \$8M, effective FY 2016

EBD Administration of Cafeteria/HSA Programs and FICA Savings to EBD

EBD/Sen. Sanders - ASE \$0M/PSE \$8.2M (moved from school districts)

Increase State Contribution by \$20/employee (ASE/PSE)

EBD - ASE \$8.9M/PSE \$10.5M

Expand Scope of Quality of Care Subcommittee (QCS) to Become Medical Utilization and Evaluation Subcommittee (MUES)

EBD – Savings To Be Determined

HSA Requirement with Savings from Part-time Exclusion \$150 School District Savings

Sen. Hendren – ASE/PSE – No State Savings; Savings to Bronze Plan Members

Funding Reform

Sen. Hendren – To Be Determined

EBD Restructure/Reorganization

Rep. Copenhaver – To Be Determined

Legislation NOT Required

Increase Bronze Plan Plus Employee Contribution to \$60-\$85

EBD and ContinuousHealth – ASE \$850K/PSE \$8.4M (based on \$60 amount)

Provide Deductible on Gold Plan (\$1000/\$750)

EBD and ContinuousHealth – ASE \$15.2M/PSE \$9.1M (based on \$1,000 amount)

Pharmacy Program – Reference-based Pricing [*Already Implemented*]

EBD - ASE \$3.3M/PSE \$4.6M

Pharmacy Rebate Program Reform [*Initial Stages of Implementation*]

EBD - ASE \$1.0M/PSE \$2.0M

Wellness/Preventative Visits

EBD – To Be Determined – Preliminary Estimates: ASE \$8.9M/PSE \$13.4M

*Can be done currently under the State and Public School Life and Health Insurance Board's authority or can be mandated by law

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