Fiscal Estimate - 2003 Session

	Original		Updated		Correcte	ed		Supplem	ıental
LRB	Number	03-4350/	3	Intro	duction	Number	AE	3-939	
Subjec									
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Fiscal	Effect								
	lo State Fisc ndeterminate Increase E Appropria Decrease Appropria Create Ne	e Existing tions Existing	Reven Decrea Reven	ase Existing		Increase (to absorb Y Decrease	within a 'es	agency's	oossible budget No
1 2	ndeterminate . Increase Permiss . Decrease Permiss	e Costs sive	3. Increas ory Permis 4. Decrea	sive Mar ise Revenu	ndatory e	Types of Louding Covernment Towns Counting School	nt Units or o	Affected Village Others WTCS Districts	d Cities
Fund Sources Affected Affected Ch. 20 Appropriations GPR FED PRO PRS SEG SEGS									
Agency	//Prepared I	Ву	A	uthorized S	Signature			Da	ate
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Fiscal Estimate Narratives ETF 3/23/2004

LRB Number 03-4350/3	Introduction Number	AB-939	Estimate Type	Original					
Subject									
Offering of health savings accounts to state employees									

Assumptions Used in Arriving at Fiscal Estimate

AB 939 would require the Group Insurance Board to establish a consumer driven health plan (CDHP) to be offered to state employees as an option to the current comprehensive plans offered under the State Employee Group Health Insurance Program.

CDHPs are comprised of a high deductible plan (HDP) and a health savings account (HSA), as authorized under the federal Medicare Prescription Drug, Improvement and Modernization Act of 2003. One characteristic of an HSA is that it is portable and is "owned" by the employee, so that if the employee leaves employment, the HSA is carried with the employee. HSAs may be used not only to pay for medical expenses incurred before coverage under the HDP, but also for other benefits not currently covered (Long-Term Care Insurance, over-the-counter drugs, and retiree health benefits).

AB 939 would require the state to contribute to the HAS of any employee who chooses this option, an amount equal to the difference between the cost of the lowest cost current health plan offered in the employees county and the cost of the HDP.

For purposes of this estimate, we have assumed the following plan design for the CDHP:

- *\$2,000/\$4,000 (single/family) deductible
- *20% coinsurance for all covered services in-network up to an out-of-pocket plan maximum of \$5,000 single/ \$10,000 family
- *40% coinsurance for all covered services out-of-network up to an out-of-pocket plan maximum of \$8,000 single/\$16,000 family

Based on this plan design, we estimate the difference between the cost of the regular coverage currently offered and the cost of the HDP coverage to be approximately \$1,900 per year for single contracts and \$4,000 per year for family contracts. These are the amounts that would be deposited in the HSA accounts of employees who enroll in the CDHP.

Our actuaries estimate that the cost of AB 939 to the state will be approximately \$30 to \$34 million in 2005. These costs are derived from three sources:

*Approximately 5% of state employees choose not to enroll in the state health plan even though eligible to do so. We estimate that approximately 60% of this group (or 3% of all state employees) will return to enroll in the state health plan so they can participate in the new CDHP for a very small employee premium contribution. These new enrollees will receive a sizable contribution to an HSA account, which is theirs to keep whether they immediately need it or not.

*Anti-selection against the current plans would most likely occur. CDHPs are most attractive to younger and healthier employees who are unlikely to incur health care costs in excess of their HSAs. As these younger and healthier employees join the CDHP, the cost of the current plans will escalate rapidly, while the cost of the HDP coverage remains the same, or even drops slightly. This will create a higher contribution to the HSAs as the difference in premium costs between the two plans grow.

*Unused HSA funds will remain with the employees, and the state will not receive any of these funds back. Currently, unused premium contributions are used to offset the costs of higher cost plan members.

Long-Range Fiscal Implications

If this bill is passed, there would be a continued and growing disparity between the cost of the current state plans and the cost of the HDP (because of adverse selection) resulting in ever increasing contribution

amounts to the HSAs of people enrolled in the CDHP.

Fiscal Estimate Worksheet - 2003 Session

Detailed Estimate of Annual Fiscal Effect

	Original		Updated		Corrected		Supplemental		
LRB	Number	03-4350/	/3	Intro	oduction Nu	umber	AB-939		
	ng of health sa								
i. One annua	I. One-time Costs or Revenue Impacts for State and/or Local Government (do not include in annualized fiscal effect):								
II. Anr	nualized Cost	s:			Annualized	Fiscal Impa	act on funds from:		
					Increased Co	sts	Decreased Costs		
	te Costs by C	·			*	·			
	e Operations -		d Fringes		\$				
	E Position Cha								
	e Operations -	Other Costs	;		32,000,0	000			
	al Assistance				· · · · · · · · · · · · · · · · · · ·				
	to Individuals								
	OTAL State C				\$32,000,0	000	\$		
	te Costs by S	ource of Fu	nds						
GPF		 			13,664,0	000			
FED					3,968,0	000			
\vdash	D/PRS				11,968,0	000			
SEG	S/SEG-S				2,400,0	000			
III. Sta revenι	te Revenues ues (e.g., tax i	- Complete t increase, de	this only wh crease in li	nen propos cense fee,	al will increase ets.)	e or decrea	ise state		
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I TO	OTAL State R					\$	\$		
		N	ET ANNUA	LIZED FISC	AL IMPACT				
					<u>Sta</u>	ate	Local		
NET CHANGE IN COSTS				\$32,000,0	00	\$			
NET CHANGE IN REVENUE				\$					
Agency/Prepared By Authorized Signature Date									
					Date				
ETF/ Vicki Poole (608) 261-7940				Pam Henni	ng (608) 267-29	3/23/2004			