FISCAL ESTIMATE FORM				1999 Session		
		LRB# 99 -	4193/1			
☑ ORIGINAL	☐ UPDATED	INTRODUC	INTRODUCTION # 99 AB 812			
☐ CORRECTED	☐ SUPPLEMENT	AL Admin. Rule #	Admin. Rule #			
Subject Health insurance coverage of hearing testing and hearing aids						
Fiscal Effect				:		
State: No State Fiscal Effect	t		1			
Check columns below only if bill makes a direct appropriation or affects a sum sufficient appropriation.			☑ Increase Costs - May Within Agency's Budg	·		
☐ Increase Existing Appropriation	on 🗆 Increas	e Existing Revenues				
☐ Decrease Existing Appropriation		se Existing Revenues	☐ Decrease Costs			
Local: No local government	costs					
1. 🛚 Increase Costs	3. □ Increa	se Revenues	5. Types of Local Governmental Units Affected:			
☐ Permissive 🗷 Manda	atory 🔲 Per	missive Mandatory	🛮 Towns 🖾 Villa	ges 🖾 Cities		
2.		ase Revenues	☑ Counties ☐ Othe			
☐ Permissive ☐ Manda	atory Per	missive	School Districts	WTCS Districts		
Fund Sources Affected © GPR © FED © PRO	☑ PRS ☑ SEG	⊠ SEG-S	Ch. 20 Appropriations			
Assumptions Used in Arriving at Fis		<u> </u>				
Assumptions obed in Airraing at the						
AB 812 requires health insurance policies offered to state and local government employes and annuitants offered under the Group Insurance Board to provide full coverage for hearing exams and up to \$1,000 toward the cost of hearing aids. The bill does not specify whether the \$1,000 limit is either annual or lifetime. It is assumed for the purpose of this estimate that any medically necessary hearing aid will be covered, including replacement hearing aids. The bill will have a fiscal effect to the extent that it requires an increase in group health insurance premiums. The state fiscal effect of the bill is estimated to be \$450,000 annually. According to the Group Insurance Board's consulting actuary, it will require additional premium of \$0.25 per member per month (pmpm). The state employe plan has an estimated 150,000 members (\$0.25 pmpm x 150,000 active members x 12 months). This estimate does not include any cost for annuitants enrolled in the Medicare Plus \$100,000 plan who pay the entire cost of the premium. The local government fiscal effect is estimated for those that participate in the optional health insurance						
program of the Board under 40.51 (7). There are approximately 17,000 local government participants. The estimated cost is \$51,000 annually. (\$0.25 pmpm x 17,000 active participants x 12 months).						
Long-Range Fiscal Implications:						
On-going.						
Prepared By: / Phone # / Agen	cy Name	Authorized Signature / Tele		Date		
Pamela Henning 267-2929 Department of Employe Trust F	unds	David Himich	266-3763	3113/00		

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FIS	CAL ESTIMATE WORKSHEET	Detailed Estimate of Annual Fiscal E	ffect			1999	Session	
	☑ ORIGINAL ☐ UPDATED	LRB # 99 – 4193/1				Adr	nin. Rule#	
☐ CORRECTED ☐ SUPPLEMENTAL		INTRODUCTION # 99 AB 812				1		
	ject Ith insurance coverage of hearing testing	and hearing aids						
1.		acts for State and/or Local Governme	nt (de	not include in an	nualiza	d fiscal	offoot):	
1.	One-time costs of Revenue impa	acts for State and/or Local Governme	ni (ac	not include in an	iiualize	u iistai	enecty:	
11.	Annualized Costs:		Annualized Fiscal impact			t on State funds from:		
Α.	State Costs by Category			Increased Costs		Decrea	sed Costs	
74.	State Operations - Salaries	and Fringes	\$		\$	-		
	(FTE Position Changes)			(FTE)		(-	FTE)	
	State Operations - Other Co	osts		450,000		-	-	
	Local Assistance					-		
	Aids to Individuals or Organ	izations				-		
	TOTAL State Costs by	Category	\$	450,000	\$	-		
B.	State Costs by Source of Fun	ds		Increased Costs		Decreas	sed Costs	
	GPR	A Committee of the Comm	\$	202,500	\$	•		
	FED					-		
	PRO/PRS			247,500		-		
	SEG/SEG-S					-		
	State Revenues Complete this only	when proposal will increase or decrease state cincrease, decrease in license fee, etc.)		Increased Rev.		Decrea	sed Rev.	
	GPR Taxes	Cilicidease, decidease in license lee, etc.)	\$		\$	-		
	GPR Earned					-		
	FED							
-	PRO/PRS					-		
	SEG/SEG-S					-		
	TOTAL State Revenues	3	\$		\$	-		
		NET ANNUALIZED FISCAL IMP	PACT	•	LOC			

NET CHANGE IN COSTS NET CHANGE IN REVENUES	\$ <u>450,000</u>	
Prepared By: / Phone # / Agency Name	Authorized Signature/Telephone No.	Date

Prepared By: / Phone # / Agency Name	Authorized Signature/Telephon	Date		
Pamela Henning 267-2929 Department of Employe Trust Funds	David Honricks	266-3763	3/13/00	