



Legislative Fiscal Bureau

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Joint Committee on Finance

Paper #388

SeniorCare Benefits (DHFS -- Health Care Financing -- Payments, Services, and Eligibility)

[LFB 2003-05 Budget Summary: Page 215, #4 (part)]

CURRENT LAW

Individuals enrolled in SeniorCare with income above 160% of the federal poverty level (FPL) are required to pay a deductible of \$500 annually before SeniorCare benefits are paid on the enrollee's behalf. Additionally, individuals with income above 240% of the FPL are required to incur expenses for prescription drugs that are equal to the difference between their income and 240% of the FPL and pay the required \$500 deductible before SeniorCare benefits are paid on the enrollee's behalf. Under waivers of federal medical assistance (MA) law, federal matching funds are available for approximately 58.5% of the cost of benefits provided to individuals with income no greater than 200% of the FPL.

As of April 20, 2003, there were approximately 86,700 individuals enrolled in SeniorCare.

GOVERNOR

Reduce funding budgeted for SeniorCare benefits by \$3,746,600 (-\$3,697,100 GPR, \$3,850,800 FED, and -\$3,900,300 PR) in 2003-04 and by \$5,306,500 (-\$4,653,900 GPR, \$5,463,000 FED, and -\$6,115,600 PR) in 2004-05 to reflect projected savings that would result by the Governor's recommended changes in the amount of the SeniorCare deductible.

Specify that the required deductible for individuals with income above 200% of the FPL, but not more than 240% of the FPL, would increase from \$500 to \$750 before SeniorCare benefits are paid on the enrollee's behalf. Specify that the deductible for individuals with income

above 240% of the FPL would increase from \$500 to \$850 before benefits would be paid on the enrollee's behalf. Individuals with income above 240% of the FPL, would continue to be required to spend down the portion of their income that exceeds 240% of the FPL and pay the increased deductible before SeniorCare benefits would be paid on their behalf.

These provisions would first apply to eligibility determinations made on the bill's general effective date.

DISCUSSION POINTS

Deductible

1. It is currently estimated that SeniorCare costs would decrease by \$4,319,000 (-\$3,247,300 GPR and -\$1,071,700 PR) in 2003-04 and by \$6,198,900 (-\$4,693,400 GPR and -\$1,505,500 PR) in 2004-05 if SeniorCare deductibles were increased as recommended by the Governor. This estimate differs from the amounts in the bill by \$449,800 GPR, -\$3,850,800 FED, and \$2,828,600 PR in 2003-04 and -\$39,500 GPR, -\$5,463,000 FED, and \$4,610,100 PR in 2004-05. This difference is based on a reestimate of SeniorCare costs under current law.

2. The Governor's recommendations to increase the deductible would affect those SeniorCare enrollees that do not participate in the MA waiver under which SeniorCare operates. Costs for these individuals are supported entirely with GPR and changes in the benefit are not subject to federal approval. Additionally, these individuals have higher income than other SeniorCare enrollees and therefore, have a greater ability to pay for prescription drugs than enrollees with income under 200% of the FPL.

3. These estimates do not reflect an assumption that fewer enrollees would participate in SeniorCare due to an increase in the deductible. However, if the deductible amounts are increased, some enrollees or applicants may decide that their estimated drug costs would not exceed the (higher) deductible amount and therefore, not participate in the program.

4. Attachment 1 of this paper summarizes eligibility, benefit limits, and cost-sharing requirements for state pharmaceutical assistance programs, based on information available from the National Conference of State Legislatures and a review of on-line information available about each state's program.

5. Attachment 1 shows that nine states, including Wisconsin, require some form of deductible for certain individuals to participate in those states' pharmaceutical assistance programs and most state programs have deductibles of \$500 annually or less. Only New York requires participants to pay deductibles that exceed \$500 annually. However, the income levels for eligibility under the New York program are higher than the income levels for SeniorCare.

6. Increasing the SeniorCare deductible above the levels required in most other states may be appropriate, since most other states limit their benefit in other ways, such as limiting

coverage to individuals with less income than the current SeniorCare income limits, requiring higher copayments than required under SeniorCare, limiting the amount of the benefit to a certain level, or limiting the classes of drugs covered. Additional options to reduce SeniorCare costs are described later in this paper.

Attachment 1 shows that seven states' prescription drug assistance programs have income eligibility limits that exceed 200% of the FPL. However, several of those programs limit their benefits or require higher cost-sharing than SeniorCare. Both Illinois and Vermont have programs with eligibility limits greater than 200% of the FPL, but coverage is limited to drugs that treat certain conditions. The Rhode Island program has income limits higher than 200% of the FPL, but participants at that level are paying between 70% and 85% of the cost of drugs purchased under those programs.

7. As an alternative to the Governor's proposal, the Committee could increase the deductible for all individuals enrolled in SeniorCare with income above 200% of the FPL to \$850 to maximize GPR savings from cost-sharing for those enrollees with the highest income. It is estimated that SeniorCare benefits could be modified by -\$558,300 GPR, -\$3,850,800 FED, and \$2,496,000 PR in 2003-04 and -\$1,415,700 GPR, -\$5,463,000 FED, and \$4,168,700 PR in 2004-05 compared with the amounts recommended by the Governor.

8. Alternatively, the Committee could delete the Governor's recommendations if it determines that the current deductible of \$500 annually is appropriate.

Additional Options to Reduce SeniorCare Program Costs

9. If the Committee wants to reduce GPR costs of SeniorCare in ways other than those proposed by the Governor, it could consider several options. All of these options would either limit enrollment in SeniorCare or the amount of the benefit available to some SeniorCare enrollees.

10. For example, the Committee could increase the SeniorCare copayment from \$15 to \$20 for a brand name drug. It is estimated that SeniorCare costs would decrease by \$8,095,200 (-\$4,072,000 GPR and -\$4,023,200 FED) in 2003-04 and \$11,345,100 (-\$5,809,000 GPR and -\$5,536,100 FED) in 2004-05 if the copayment requirement were increased effective September 1, 2003.

11. The Committee could close enrollment in the program beginning September 1, 2003. Massachusetts and Michigan have closed enrollment in those states' pharmaceutical assistance programs as a spending control measure. The current terms and conditions of the SeniorCare waiver allow for the establishment of waiting lists or enrollment ceilings. However, it is likely that DHFS would have to modify the operational protocol for SeniorCare, which must be approved by CMS. If enrollment in SeniorCare were closed for all SeniorCare enrollees effective September 1, 2003, it is expected that SeniorCare costs would decrease by \$4,904,900 (-\$1,798,600 GPR, -\$1,861,800 FED, and -\$1,244,500 PR) in 2003-04 and \$19,714,400 (-\$7,859,900 GPR, -\$6,978,600 FED, and -\$4,875,900 PR) in 2004-05.

12. The Committee could eliminate eligibility for individuals with income above 200% of the FPL. Individuals with income that exceeds 200% of the FPL are not included in the current MA waiver and costs for these individuals are supported entirely with GPR. If the Committee approves this option, it could maintain the spenddown provision but specify that it would apply to individuals with income above 200% of the FPL, rather than individuals with income above 240% of the FPL. If the Committee adopted this option, SeniorCare costs would be reduced by an estimated \$14,813,400 (-\$11,137,800 GPR and -\$3,675,600 PR) in 2003-04 and \$27,195,400 (-\$20,590,500 GPR and -\$6,604,900 PR) in 2004-05 and SeniorCare enrollment would decrease by an estimated 20,400 individuals in 2003-04 and 22,700 individuals in 2004-05.

13. The Committee could establish an annual limit on benefits. As seen in Attachment 1, many states limit the total amount of benefits available per person. It is estimated that establishing a limit of \$3,000 for each 12-month benefit period could reduce SeniorCare costs by \$2,726,000 (-\$953,000 GPR, -\$1,083,000 FED, and -\$690,000 PR) in 2003-04 and \$6,367,000 (-\$2,210,000 GPR, -\$2,584,000 FED, and -\$1,573,000 PR) in 2004-05 if implemented with benefit periods beginning September 1, 2003. It is expected that approximately 2,200 SeniorCare enrollees in 2003-04 and 4,000 enrollees in 2004-05 would have costs that exceed a \$3,000 benefit limit. It is likely that DHFS would have to seek an amendment to the current SeniorCare waiver in order to implement such a provision. However, CMS has approved pharmacy waivers in other states with benefit limits, so it is expected that a waiver amendment would be approved.

14. The estimated fiscal effects of these options are based on the assumption that the Committee would adopt the Governor's recommendations to increase the deductible for individuals with income above 200% of the FPL to \$750 annually and for individuals with income above 240% of the FPL to \$850. Further, these estimates are based on the assumption that the Committee would adopt one of the above items. If the Committee adopts more than one of these items or a different deductible level than proposed by the Governor, the estimated fiscal effect of each of options could change. Further, these estimates all assume an effective date of September 1, 2003.

Attachment 2 summarizes the fiscal effect, by source and year, of several options to decrease SeniorCare costs by modifying program benefits.

15. In addition, the Committee could consider establishing an estate recovery program for benefits provided under SeniorCare. Currently, under the medical assistance (MA) estate recovery program, enrollees share in the cost of the health care they received from the state, after death, through payments from their estates. The program allows the state to recover MA payments for nursing home care, personal care, home- and community-based waiver services and related hospital and prescription drug services.

This option could enable the state to recover a significant amount of revenue to offset SeniorCare program costs, since there is no asset test for SeniorCare. However, because revenue is generated after a beneficiary dies, the amount of additional revenue that would be generated in the 2003-05 biennium would likely be minimal.

Effective Date

16. Under the bill, the changes to the deductible amounts would be effective with eligibility determinations beginning with the bill's general effective date.

17. Approximately 50,000 current SeniorCare enrollees have a benefit period that expires August 31, 2003. In order to continue receiving benefits, these individuals will have to reapply for SeniorCare before September 1, 2003, and be determined eligible for another 12 months. DHFS intends to notify these individuals of their requirement to reapply for benefits by July 18, 2003, in order to provide proper legal notice and to allow DHFS sufficient time to determine the eligibility of the 50,000 individuals. Therefore, it is expected that DHFS will be redetermining eligibility for these 50,000 individuals during the month of August.

18. It is likely that the bill's general effective date would occur during the time DHFS is redetermining eligibility for these individuals. Under the language in the bill, the deductible and enrollment fee changes would only apply to those determined eligible after the bill's effective date. Therefore, some individuals renewing or applying for eligibility could be subject to the new requirements and some could not.

19. If the Committee wanted to ensure that the new requirements apply uniformly to SeniorCare applicants, it should modify the language in the bill to specify that any changes to program benefits would apply September 1, 2003 or the first day of the first month following the bill's effective date.

20. If the Committee wanted to adopt provisions to require estate recovery for SeniorCare, such provisions should not take effect until benefit periods beginning January 1, 2004, since this provision creates a new feature under the program, which would require more time to implement than modifications to existing program features.

ALTERNATIVES

Deductible

1. Adopt the Governor's recommendations to increase the SeniorCare deductible to \$750 for individuals with income above 200% of the FPL, but not more than 240% of the FPL and to \$850 for individuals with income above 240% of the FPL, as reestimated. In addition, specify that these changes would be effective with benefit periods beginning September 1, 2003, or the first day of the first month following the bill's general effective date, whichever is later.

<u>Alternative 1</u>	<u>GPR</u>	<u>FED</u>	<u>PR</u>	<u>TOTAL</u>
2003-05 FUNDING (Change to Bill)	\$410,300	-\$9,313,800	\$7,438,700	-\$1,464,700

2. Modify the Governor's recommendations to specify that the deductible for all individuals with income above 200% of the FPL is \$850 annually and specify that these changes would be effective with benefit periods beginning September 1, 2003, or the first day of the first month following the bill's general effective date, whichever is later.

<u>Alternative 2</u>	<u>GPR</u>	<u>FED</u>	<u>PR</u>	<u>TOTAL</u>
2003-05 FUNDING (Change to Bill)	- \$1,974,000	- \$9,313,800	\$6,664,700	- \$4,623,100

3. Delete the Governor's recommendations to increase the SeniorCare deductible for enrollees with income above 200% of the FPL.

<u>Alternative 3</u>	<u>GPR</u>	<u>FED</u>	<u>PR</u>	<u>TOTAL</u>
2003-05 FUNDING (Change to Bill)	\$8,351,000	- \$9,313,800	\$10,015,900	\$9,053,100

Additional Changes to the SeniorCare Benefit

4. Specify that the copayment for brand name drugs under SeniorCare would be \$20, rather than \$15, beginning with benefit periods beginning September 1, 2003, or the first day of the first month following the bill's general effective date, whichever is later.

<u>Alternative 4</u>	<u>GPR</u>	<u>FED</u>	<u>TOTAL</u>
2003-05 FUNDING (Change to Bill)	- \$9,881,000	- \$9,559,300	- \$19,440,300

5. Specify that DHFS can no longer accept applications for SeniorCare enrollment for benefit periods beginning September 1, 2003 or the first day of the first month following the bill's general effective date, whichever is later. Specify that individuals enrolled in SeniorCare prior to September 1, 2003, or the first day of the first month following the bill's general effective date, could renew enrollment upon expiration of their current benefit period, if they continue to meet all other eligibility criteria.

<u>Alternative 5</u>	<u>GPR</u>	<u>FED</u>	<u>PR</u>	<u>TOTAL</u>
2003-05 FUNDING (Change to Bill)	- \$9,658,500	- \$8,840,400	- \$6,120,400	- \$24,619,300

6. Specify that, with benefit periods beginning September 1, 2003, or the first day of the first month following the bill's general effective date, individuals with household income that exceeds 200% of the FPL are not eligible for SeniorCare benefits unless they first incur prescription drug expenditures within the 12-month benefit period that, when deducted from their income, would reduce their income to 200% of the FPL.

<u>Alternative 6</u>	<u>GPR</u>	<u>FED</u>	<u>PR</u>	<u>TOTAL</u>
2003-05 FUNDING (Change to Bill)	- \$31,728,300	\$0	- \$10,280,500	- \$42,008,800

7. Specify that state and federal expenditures on behalf of SeniorCare enrollees cannot exceed \$3,000 in any 12-month benefit period. Specify that this change first applies to benefit periods that begin September 1, 2003, or the first day of the first month following the bill's general effective date, whichever is later. Require DHFS to request approval for an amendment to the existing SeniorCare waiver to reflect the limit on benefits under this provision.

<u>Alternative 7</u>	<u>GPR</u>	<u>FED</u>	<u>PR</u>	<u>TOTAL</u>
2003-05 FUNDING (Change to Bill)	- \$3,163,000	- \$3,667,000	- \$2,263,000	- \$9,093,000

8. Expand the MA estate recovery to include benefits provided under the SeniorCare program. Specify that this change would first apply to benefits provided under SeniorCare on January 1, 2004.

Prepared by: Rachel Carabell
Attachments

ATTACHMENT 1

State Prescription Drug Assistance Programs

State	Program Name	Income Eligibility Requirements	Deductible	Benefit Limits	Coinsurance or Copayment Requirements
Arkansas	Prescription Drug Access Improvement Act (not yet operational, pending approval of an MA waiver)	Single: \$8,082 Married: \$10,908 (90% of the 2003 FPL) (\$7,974 in 2002) Beginning July, 2003, eligibility increases to 100% of the FPL under the terms of the pending waiver application		2 prescriptions per month, only after federal approval is received	
Connecticut	Connecticut Pharmaceutical Assistance Contract to the Elderly and the Disabled (ConnPACE)	Single: \$20,300 Married: \$27,500 in 2003			\$16.25 copay per drug \$30 annual enrollment fee
Delaware	Delaware Prescription Drug Assistance Program	Single: \$17,960 Married: \$24,240 (200% of the 2003 FPL) Have prescription costs exceeding 40% of income		\$2,500 per person annually	\$5 copay or 25% of cost of prescription, whichever is greater
Florida	Silver SaveRx	Single: \$7,902- \$10,776 Married: \$10,666 - \$14,544 (88-120% of the 2003 FPL)		\$160/month	\$2 copay for generic \$5 copay for brand name on a preferred drug list \$15 copay brand name drug not on the preferred drug list
Illinois	Pharmaceutical Assistance Program "Circuitbreaker"	Single: \$22,450 Married: \$30,300 (250% of the 2003 FPL)		Only drugs for certain diseases are covered	

ATTACHMENT 1 (continued)

State	Program Name	Income Eligibility Requirements	Deductible	Benefit Limits	Coinsurance or Copayment Requirements
	Illinois Rx SeniorCare	Single: \$17,960 Married: \$24,240 (200% of the 2003 FPL)		Broader list of covered drugs than Circuitbreaker program by benefits are limited to \$1,750 for individuals with income no greater than \$8,859 annually or \$11,939 for a couple (100% of the 2002 FPL)	Those with income above 100% of the FPL pay 20% of the cost of each prescription
Indiana	"HoosierRx"	Single: \$13,212 Married: \$16,368		\$500, \$750, or \$1,000 annually depending on income.	50% cost-sharing
Kansas	Senior Pharmacy Assistance Program	Single: \$13,470 Married: \$18,180 (150% of the 2003 FPL)		\$1,200 annually per person	30% cost-sharing
Maine	Healthy Maine Prescription Program (Low Cost Drugs for the Elderly and Disabled)	Single: \$16,391 Couple: \$22,089 (185% of the 2002 FPL) If 40% of income is spent on drugs income limit increases by 25%			20% of \$2 for any generic drug or brand name drugs used to treat certain conditions
Maryland	Maryland Pharmacy Assistance Program	Single: \$10,450 Married: \$11,350 In 2003 Asset Limit: Single: \$3,750 Married: \$4,500			\$5 copay

ATTACHMENT 1 (continued)

State	Program Name	Income Eligibility Requirements	Deductible	Benefit Limits	Coinsurance or Copayment Requirements
	Senior Prescription Drug Program, effective July, 2003. (previously known as CareFirst Plan or Short-Term Prescription Drug Subsidy Plan	Single: \$26,940 Married: \$36,360 (300% of the 2003 FPL)		\$1,000 annual benefit limit enrollment	\$10 monthly premium \$10 copay for generic \$20 copay for brand name on preferred list \$35 copay for brand name not on the preferred list
Massachusetts	Prescription Advantage Plan	No upper income limit; Enrollment closed effective February 1, 2003	Deductible ranges from \$20 to \$125 per quarter depending on income		A sliding scale is used for premiums and copayments
Michigan	Elder Prescription Insurance Coverage (EPIC) Program	Single: \$17,720 Married: \$23,880 (200% of the 2002 FPL) Enrollment is currently closed except that emergency coverage is available for 45 days for individuals with income no greater than 150% of the FPL and meet criteria for an emergency)			Annual fee of \$25 Sliding scale used for copayments but cannot exceed 20% of the cost of the prescription
Minnesota	Prescription Drug Program	Single: \$10,776 Married: \$14,544 Asset Limit: Single \$10,000 Married: \$18,000	\$35 per month		
Missouri	Missouri Senior Rx Program	Single: \$17,000 Married: \$23,000	\$250 or \$500 annual deductible depending on income	\$5,000 annually per person	40% cost-sharing, plus \$25 or \$35 enrollment fee depending on income
Nevada	Senior Rx Insurance Subsidy for Prescription Drug	\$21,500	Subsidy pays the full cost of premium and a \$100 annual deductible for a prescription drug policy offered by an insurance company	Policy has a \$5,000 limit	\$10 for most drugs
New Jersey	PAAD -- Pharmaceutical Assistance for the Aged and Disabled	Single: \$20,016 in 2003 Married: \$24,542 in 2003			\$5 copay

ATTACHMENT 1 (continued)

State	Program Name	Income Eligibility Requirements	Deductible	Benefit Limits	Coinsurance or Copayment Requirements
New York	Senior Gold Prescription Discount Program	Single: \$30,016 in 2003 Married: \$34,542 in 2003 and have income that exceeds PAAD limits			50% plus \$15 copay, except those with costs exceeding \$2,000 for an individual or \$3,000 if married pay no copay other than \$15 per drug
New York	EPIC -- Elderly Pharmaceutical Insurance Coverage	Single: \$35,000 Married: \$50,000	Sliding scale of up to \$1,230 for single individuals and up to \$1,715 for married individuals.		\$3 to \$20 per drug depending on the cost of the drug
North Carolina	North Carolina Senior Care Health Plan	\$17,180 Married: \$23,220 (based on 200% of the 2001 FPL)		Coverage is limited to drugs for certain conditions and limited to \$600 annually	40% of the first \$1,000 in costs
Pennsylvania	PACE -- Pharmaceutical Assistance for the Elderly	Single: \$14,000 Married: \$17,200			\$6 copay
	PACENET -- PACE Needs Enhancement Tier	Single: \$17,000 Married: \$20,200	\$500 annual deductible		\$8 copay for generic drugs and \$15 copay for brand name drugs.
Rhode Island	RIPAE -- Rhode Island Pharmaceutical Assistance for the Elderly	Single: \$16,490 - \$36,225 Married: \$20,613 - \$41,400 Program has 3 levels of coverage based on income (excludes income spent on medical expenses if greater than 3% of total income)		Coverage is limited to drugs that treat certain conditions	Cost-sharing between 40% and 85% of the cost of the drug depending on income
South Carolina	SilverxCard -- Seniors' Prescription Drug Program	Single: \$17,960 Married: \$24,240 200% of the 2003 FPL	\$500 per calendar year	Up to 4 prescriptions per month--more than 4 per month may be covered if used to treat certain conditions	\$10 for generic drugs \$15 for brand name drugs \$21 for drugs requiring prior authorization
Vermont	VHAP-Pharmacy -- Vermont Health Access Program	Single: \$13,470 Married: \$18,180 (150% of the 2003 FPL)			\$3 copay for generic drugs \$6 for all others up to \$50 per quarter

ATTACHMENT 1 (continued)

State	Program Name	Income Eligibility Requirements	Deductible	Benefit Limits	Coinsurance or Copayment Requirements
	VSCRIPT	Single: \$15,715 Married: \$21,210 (175% of the 2003 FPL)		Coverage is limited to maintenance drugs	\$5 for generic drugs \$10 for all other drugs up to \$100 per quarter
	VSCRIPT Expanded	Single: \$20,205 Married: \$27,270 (225% of the 2003 FPL)	\$275 per year	Coverage is limited to maintenance drugs	41% cost-sharing up to \$2,500 per year
Wisconsin	Wisconsin SeniorCare Prescription Drug Assistance Program	Single: \$21,552 Married: \$29,088 (240% of the 2003 FPL) Individuals with income greater than 240% of the FPL can spenddown to 240% of the FPL and be eligible	\$500 per year for individuals with income that exceeds 160% of the FPL		\$5 copay for generic drugs \$15 for brand name drugs \$20 enrollment fee

ATTACHMENT 2

Summary of Options to Change SeniorCare Benefits

	2003-04				2004-05			
	<u>GPR</u>	<u>FED</u>	<u>PR</u>	<u>Total</u>	<u>GPR</u>	<u>FED</u>	<u>PR</u>	<u>Total</u>
Funding in the Bill	-\$3,697,100	\$3,850,800	-\$3,900,300	-\$3,746,600	-\$4,653,900	\$5,463,000	-\$6,115,600	-\$5,306,500
Estimate of Effect of Changes to SeniorCare Deductible								
Reestimate of Governor's Recommendations Change to Bill	-\$3,247,300	\$0	-\$1,071,700	-\$4,319,000	-\$4,693,400	\$0	-\$1,505,500	-\$6,198,900
Increase Deductible to \$850 annually* Change to Bill	\$449,800	-\$3,850,800	\$2,828,600	-\$572,400	-\$39,500	-\$5,463,000	\$4,610,100	-\$892,400
Increase Deductible to \$850 annually* Change to Bill	-\$4,255,400	\$0	-\$1,404,300	-\$5,659,700	-\$6,069,600	\$0	-\$1,946,900	-\$8,016,500
	-\$558,300	-\$3,850,800	\$2,496,000	-\$1,913,100	-\$1,415,700	-\$5,463,000	\$4,168,700	-\$2,710,000
Estimate of Effect of Additional Changes to the SeniorCare Benefit**								
Increase Copayment for Brand Name Drugs***	-\$4,072,000	-\$4,023,200	\$0	-\$8,095,200	-\$5,809,000	-\$5,536,100	\$0	-\$11,345,100
Close Enrollment	-\$1,798,600	-\$1,861,800	-\$1,244,500	-\$4,904,900	-\$7,859,900	-\$6,978,600	-\$4,875,900	-\$19,714,400
Eliminate Eligibility for Individuals over 200% FPL	-\$11,137,800	\$0	-\$3,675,600	-\$14,813,400	-\$20,590,500	\$0	-\$6,604,900	-\$27,195,400
Establish \$3,000 Benefit Limit	-\$953,000	-\$1,083,000	-\$690,000	-\$2,726,000	-\$2,210,000	-\$2,584,000	-\$1,573,000	-\$6,367,000

* For all individuals with income above 200% of the FPL.

** Estimated effect of each change is based on an assumption that the Governor's recommendations regarding the deductible are adopted and that only one of these changes would be adopted. If more than one change is adopted, the estimated effect could change.

*** Copayment increase from \$15 to \$20 for brand name drugs.