



## Discount Estimator Worksheet

*DirigoChoice* offers discounts on: (1) the monthly cost of coverage, and (2) deductibles and out-of-pocket costs. There are 4 discount groups (B-E) that range from 20% to 80% depending on income and other factors. Upon receipt and review of your application, you will receive a written notice to let you know if you are eligible for *DirigoChoice* and what discount group you qualify for.

You can use this worksheet to estimate your discount group. **You do not need to return this worksheet.** It might be helpful to fill in this worksheet with your HPHC appointed insurance producer. When you apply, you will get a rate quote from your HPHC appointed insurance producer or HPHC directly. **If you qualify for a discount, your final cost will be lower than the quote.** If you have any questions or if you want an estimate for your discount level, call the *Dirigo Health Agency* at 1-877-892-8391 or TTY (207) 287-4344.

### Step 1: Enter your personal information.

*Please note: The financial information must be annual numbers.*

<b>1. Household Size</b> _____	Household size equals the applicant plus all dependents. Dependent means an applicant's spouse or domestic partner, an unmarried child less than 19 years of age, a child who is a student under 23 years of age and is financially dependent upon a plan enrollee or a person of any age who is the child of a plan enrollee and is disabled and dependent upon that plan enrollee. Child means a natural child, stepchild, adopted child or child placed for adoption with a plan enrollee.		
What Is Counted	Annual Amount	Where to Find It on Most Recent Federal 1040 Tax Return	
<b>2. Annual Earned Income</b>	<b>2.a</b> Applicant Gross Wages, Tips and Salaries (before any deductions)	\$	Recent pay stubs, a signed letter from an employer, or a copy of the employer payroll. If not available, use Form 1040 Line 7 ("Wages, salaries, tips, etc.") or wages as reported on W-2. Do not use line 37 ("Adjusted Gross Income"). Multiply weekly income by 52 or bi-weekly income by 26 to get yearly income. Multiply monthly income by 12 to get yearly income.
	<b>2.b</b> Spouse or Domestic Partner Gross Wages (before any deductions)	\$	
	<b>2.c</b> Net Self-Employment Income (gross receipts minus allowable business expenses)	\$	Form 1040 line 12 "Business income or (loss)". We also accept IRS Quarterly Estimate of Earnings.
<b>3. Annual Other Income</b>	<b>3.a</b> Interest and investment income (savings accounts, dividends from stocks, bonds, trusts, mutual fund shares)	\$	Form 1040 Line 8a and Line 9a, or annual interest income statements
	<b>3.b</b> Alimony Received	\$	Form 1040 Line 11, divorce settlement order, or copy of check(s)
	<b>3.c</b> IRA Distributions	\$	Form 1040 Line 15a (or Line 15b if Line 15a is blank)
	<b>3.d</b> Pensions, Annuities, 401(k)	\$	Form 1040 Line 16a (or Line 16b if Line 16a is blank, checks, award letters, signed letter from payer)



What Is Counted		Annual Amount	Where to Find It on Most Recent Federal 1040 Tax Return
<b>3.</b> <b>Annual Other Income</b>	<b>3.e</b> Net rental income (gross rents minus allowable expenses), royalties, trusts, etc.	\$	Form 1040 Line 17
	<b>3.f</b> Farm income or loss	\$	Form 1040 Line 18
	<b>3.g</b> Unemployment Compensation	\$	Form 1040 Line 19, checks, award letters
	<b>3.h</b> List Social Security or Railroad Retirement	\$	Form 1040 Line 20a, checks, award letters, signed letter from payer
	<b>3.i</b> Gross Child Support Received	\$	Support orders, checks, check stubs
<b>4.</b> <b>Income Subtotal</b> (Total of Lines 2.a through 3.i)		\$	
<b>5.</b> <b>Child-Related Annual Allowable Deductions</b>	<b>5.a</b> Childcare Expenses	\$	We allow \$200 per child per month if under 2, \$175 per child per month if 2 or older. Caregiver must be a person outside the household. Provide a receipt, copy of check, or letter from caregiver.
	<b>5.b</b> Child Support paid out (only allowed for children who will not be covered by the applicant's policy)	\$	Checks, check stubs, support orders
<b>6.</b> <b>Deductions Subtotal</b> (Total of Lines 5.a plus 5.b)		\$	
<b>7.</b> <b>Income Total</b> (Number 4 minus Number 6)		\$	This is only an estimate. Eligibility representatives will make the final decision on applicant income and discount group.
NOTE: Worker's compensation payments and disability payments such as Veteran's Affairs disability are not counted as income.			

## Step 2: Determine Your Discount Group.

On the Discount Group Chart find your household size (as entered on Number 1 above) in the left column. Then go right until the amount in the column is greater than your total income (as entered on Number 7 above). Then read up to see your discount level. For example, if you have a household size of 4 and you estimated your household income as \$46,000, you would be in Group D. If you have a household size of 2 and your annual household income is \$24,000, you would be in Group C.

Discount Group	B	C	D	E
Discount	80%	60%	40%	20%
Household Size	Annual Income Less Than:			
1	\$15,314	\$20,419	\$25,524	\$30,629
2	\$20,534	\$27,379	\$34,224	\$41,069
3	\$25,754	\$34,339	\$42,924	\$51,509
4	\$30,974	\$41,299	\$51,624	\$61,949
5	\$36,194	\$48,259	\$60,324	\$72,389
6	\$41,414	\$55,219	\$69,024	\$82,829



### Step 2A: What If I Don't Qualify for a Discount?

You can still participate in *DirigoChoice* with the following deductible and out-of-pocket cost.

	Plan 1*	Plan 2**	Plan 3
Single Deductible	\$1,250	\$1,750	\$2,500
Single annual out-of-pocket	\$4,000	\$5,600	\$3,500
Family Deductible	\$2,500	\$3,500	\$5,000
Family annual out-of-pocket	\$8,000	\$11,200	\$7,000

*\*Available to small groups only:*

- Single: \$750 deductible/\$2,400 annual out-of-pocket
- Family: \$1,500 deductible/\$4,800 annual out-of-pocket

*\*\*Available to small groups only:*

- Single: \$1,125 deductible/\$3,600 annual out-of-pocket
- Family: \$2,250 deductible/\$7,200 annual out-of-pocket

### Step 3: What Does Your Discount Group Mean?

- (1) Discount on the monthly coverage payments. This discount applies to the employee share of the health coverage costs after a minimum employer contribution of 60% of the single contract tier for fulltime employees (may be prorated for employees who work more than 20 but less than 30 hours per week for a single employer).
- (2) A self-employed person will contribute the minimum employer contribution of 60% of the single contract tier and will receive any discount for which he/she is eligible on the remaining balance of the payment. Self-employed people and individuals are eligible for Plans 2 and 3.
- (3) Reductions in deductibles and out-of-pocket costs.

Group B — 80% Discount		Deductible	Out-of-Pocket
Plan 1	Single	\$ 250	\$ 800
	Family	\$ 500	\$1,600
Plan 2	Single	\$ 500	\$1,600
	Family	\$1,000	\$3,200
Plan 3	Single	\$ 500	\$ 700
	Family	\$1,000	\$1,400
Group C — 60% Discount		Deductible	Out-of-Pocket
Plan 1	Single	\$ 500	\$1,600
	Family	\$1,000	\$3,200
Plan 2	Single	\$ 800	\$2,600
	Family	\$1,600	\$5,200
Plan 3	Single	\$1,000	\$1,400
	Family	\$2,000	\$2,800
Group D — 40% Discount		Deductible	Out-of-Pocket
Plan 1	Single	\$ 750	\$2,400
	Family	\$1,500	\$4,800
Plan 2	Single	\$1,125	\$3,600
	Family	\$2,250	\$7,200
Plan 3	Single	\$1,500	\$2,100
	Family	\$3,000	\$4,200
Group E — 20% Discount		Deductible	Out-of-Pocket
Plan 1	Single	\$1,000	\$3,200
	Family	\$2,000	\$6,400
Plan 2	Single	\$1,450	\$4,600
	Family	\$2,900	\$9,200
Plan 3	Single	\$2,000	\$2,800
	Family	\$4,000	\$5,600