

# **Attachment D—Private/Employer Insurance Options**

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### **Private/Employer Insurance Options**

If an eligible person has access to employer-sponsored health insurance that provides coverage for physician services, pharmacy and inpatient hospital services, the state may provide the person with a voucher (equal in value to the state's cost of providing service) that can be used to join the employer-sponsored plan. Enrollment in the employer-sponsored plan would be in lieu of receiving benefits through a state contracted health plan.

Childless adults will be required to receive services through a county sponsored health plan if one is available to them or through employer-sponsored health insurance. County plans will provide, at minimum, the services identified in the state's waiver proposal. A county may offer additional services if it chooses to do so and if the additional services are available to all members of the county plan. Employer-sponsored insurance would be purchased with a voucher equal in value to the cost of services in the county plan.

For groups covered with Title XXI funds, to prevent crowd-out of existing employer-sponsored health insurance, the state will require an eligible person (excluding pregnant women) with countable income above 50% of the federal poverty level that has voluntarily dropped employer-sponsored insurance to wait six months before becoming eligible for coverage through the waiver. If the employer-sponsored insurance was involuntarily dropped, e.g., the person lost the job; the six-month waiting period will be waived. A person over 50% of the federal poverty level who has employer-sponsored insurance will be ineligible for services under the waiver.