

Enrollment Document Checklist (Enrolled in ESI)

A policy holder who is **currently enrolled** in an **Employer-Sponsored Insurance (ESI) plan** must submit **ALL** of the required documents below to the KI-HIPP Team* to determine eligibility for the Kentucky Integrated Health Insurance Premium Payment (KI-HIPP) program.

	Document Name	Example
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Summary of Benefits and Coverage (SBC) Form

The **Summary of Benefits and Coverage (SBC)*** is a form that shows the comparison of costs and coverage between health insurance plans.

**You may request a copy of the SBC from your employer or health insurance company at any time.*

Insurance Company 1: Plan Option 1		Coverage Period: 01/01/2013 - 12/31/2013
Summary of Benefits and Coverage: What this Plan Covers & What it Costs		Coverage for: Individual + Spouse Plan Type: PPO
<p>This is only a summary. If you want more detail about your coverage and costs, you can get the complete terms in the policy or plan document at www.[insert] or by calling 1-800-[insert].</p>		
Important Questions	Answers	Why this Matters:
What is the overall deductible?	\$500 person / \$1,000 family Doesn't apply to preventive care	You must pay all the costs up to the deductible amount before this plan begins to pay for covered services you use. Check your policy or plan document to see when the deductible starts over (usually, but not always, January 1st). See the chart starting on page 2 for how much you pay for covered services after you meet the deductible.
Are there other deductibles for specific services?	Yes. \$300 for prescription drug coverage. There are no other specific deductibles.	You must pay all of the costs for these services up to the specific deductible amount before this plan begins to pay for these services.
Is there an out-of-pocket limit on my expenses?	Yes. For participating providers \$2,500 person / \$5,000 family For non-participating providers \$4,000 person / \$8,000 family	The out-of-pocket limit is the most you could pay during a coverage period (usually one year) for your share of the cost of covered services. This limit helps you plan for health care expenses.
What is not included in the out-of-pocket limit?	Premiums, balance-billed charges, and health care this plan doesn't cover.	Even though you pay these expenses, they don't count toward the out-of-pocket limit.

Premium Rate Sheet

The **Premium Rate Sheet*** is a document with details about charges and rates of health insurance plans.

**You may request a copy of the Premium Rate Sheet from your employer or health insurance company at any time.*

Health Insurance Rates Effective January 1, 2017					
Insurance	Coverage	Bi-Weekly	Monthly	Total Premium	
		Your Cost	SETA Cost	Your Cost	SETA Cost
Kaiser HMO	Single - Employee Only	112.85	247.50	225.70	720.70
	Family - Employee wideparent	531.52	390.00	1,063.04	1,843.04
Western Health Advantage HMO	Single - Employee Only	107.30	247.50	214.60	709.60
	Family - Employee wideparent	518.30	390.00	1,036.60	1,816.60
Sutter Health Plus HMO	Single - Employee Only	99.06	247.50	198.12	693.12
	Family - Employee wideparent	496.39	390.00	992.78	1,772.78
Kaiser High Deductible	Single - Employee Only	34.08	247.50	68.16	563.16
	Family - Employee wideparent	330.10	390.00	660.20	1,440.20

Health Insurance Card

A copy of your **health insurance card** shows that you are currently enrolled in a health insurance plan.



Paystub

A copy of your **paystub*** shows that the premium payment has been taken out of your paycheck to pay for your health insurance coverage.

**With ESI, the premium payment is automatically taken out from your paycheck each pay period. The KI-HIPP Team sends you KI-HIPP payments as reimbursement for the cost of health insurance premiums.*

[Company Name]			
Period:	[Pay Period]	Employee Name	[Your Name]
Tax Status	1	Federal Allowance	4
Hourly Rate	\$10.00	Overtime Rate	\$15.00
Social Security Tax	\$38.43	Federal Income Tax	\$170.80
Medicare Tax	\$8.85	State Tax	\$14.03
Insurance Deduction	\$20.00	Other Regular Deduction	\$40.00

Enrollment Document Checklist (Access to ESI)

A policy holder who **has access** to **Employer-Sponsored Insurance (ESI)**, but is **not** currently enrolled in an ESI plan, must submit **ALL** of the required documents below to the KI-HIPP Team to determine eligibility for the Kentucky Integrated Health Insurance Premium Payment (KI-HIPP) program.


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Documents may be submitted to the KI-HIPP Team using one of the following methods:



Upload:
kynect.ky.gov



Mail:
CHFS KI-HIPP Unit
275 E. Main St. 6C-A
Frankfort, KY 40621



Email:
kihipp.program@ky.gov

For more information on KI-HIPP:

