

ATTACHMENT D**Family Health Plus Premium Assistance Program (FHP-PAP)
Benchmark Benefits Check List/Cost Effectiveness Calculation****Employer Name:**
Employer FEIN:**Insurance Company:**
Health Plan Name:
Group Number:**Member Name:**
SS #:
CIN#:

Benchmark Services/ Required Benefits	Description of Benefit	Evaluation
Inpatient hospital	Medical and surgical, inpatient mental health	Covered / Not Covered
Outpatient services	Diagnostic and Treatment Services	Covered / Not Covered
Physician Services	Primary care and specialists, diagnostic and treatment services, consultant and referral services, surgical services, anesthesia services, second surgical opinions	Covered / Not Covered
Ambulatory Surgery	Outpatient surgical facility charges	Covered / Not Covered
Maternity Care	Prenatal/Postpartum	Covered / Not Covered
Outpatient Mental Health, Drug and Alcohol Treatment		Covered / Not Covered
Emergency Services		Covered / Not Covered
Diagnostic laboratory and X-Ray Services		Covered / Not Covered

If all benchmark benefit requirements are met, the employer-sponsored health plan is considered qualified. Plans must cover all benchmark/required services to be considered qualified for FHP-PAP.

However, the LDSS shall also assess the degree to which the employer-sponsored health plan covers optional/non-required services to determine which FHPlus wrap around benefits are applicable and to calculate the cost effectiveness of the employer sponsored health insurance. See work sheet below. Only cost effective plans are eligible for FHP-PAP.

Qualification and Cost Effectiveness Determination

- 1. Does the Employer-Sponsored Insurance cover all benchmark benefits?**
 - No. The Employer-Sponsored Insurance is not eligible for FHP-PAP.**
 - Yes. Go on to question 2.**
- 2. Is the Employer-Sponsored Insurance cost Effective?**
Complete the Cost Effectiveness Calculator.

Cost Effectiveness Calculator				
Line	Column A	Column B	Column C	Column D
1	Employer Health Insurance Plan meets Benchmark/Core Benefit Qualifications on Page 1	Cost of Insurance for Adult	Cost of Insurance for Child	Totals
SECTION A COST OF WRAP BENEFITS				
2	Does the employer policy include the Optional/Non-Benchmark required services listed in Column A, lines 2a through 2e? If "NO" add the ADULT regional rate for each service in Column B and the CHILD rate for each service in Column C.			
2a.	Prescription Drug			
2b.	Durable Medical Equipment			
2c.	Dental			
2d.	Transportation-Non Emergency-child only			
	Transportation-Emergency			
2e.	Vision Care/Eyeglasses			
3	Total cost of Wrap Benefits for each adult and child. Add lines 2a through 2e, enter the total on line 3.			
4	Enter the number of adults and children covered by the policy on line 4.			
5	Multiply the total cost of wrap benefits on line 3 by the number of people on line 4.			
6	Add totals in columns B and C, line 5. Enter in Column D.			
SECTION B MANAGED CARE COSTS				
7	Enter adult FHP Monthly Regional Premium for one adult on line 7.			
7a	Enter the number of adults covered by the policy on line 7a.			
7b	Total FHP Monthly Premium: Multiply line 7 by line 7a.			
8	Enter the Monthly Regional Medicaid Managed Care premium for one child on line 8.			
8a	Enter the number of children covered by the policy.			
8b	Total monthly Managed Care cost for the children: Multiply line 8 by line 8a.			
9	Total Monthly Managed Care costs for adults and children: Add lines 7b and 8b.			
SECTION C COST OF EMPLOYEE SPONSORED HEALTH INSURANCE				
10	Enter total employee monthly cost of premium for employer sponsored insurance.			
11	Enter the total ANNUAL deductible on line 11.			
12	Total monthly deductible: Divide the amount on line 11 by 12 months. Enter in column D.			
13	If known, enter the average monthly co-pay amount. If unknown, enter \$37 in line 13.			
14	Multiply the amount on line 13 by the number of people covered by the policy (children + adults). Enter in Column D.			
15	Administrative fee, fixed amount of \$10.00.			
16	Add lines 6, 10, 12, 14 and 15 on line 16.			
SECTION D COST EFFECTIVENESS DETERMINATION				
17	If line 9 is GREATER than OR EQUAL to line 16	COST EFFECTIVE TO PAY EMPLOYEE PREMIUM		
18	If line 9 is LESS than line 16	NOT COST EFFECTIVE TO PAY EMPLOYEE PREMIUM		
	Date:	Worker Name:		

Central	FHP Adult	Expanded Child
Monthly Managed Care Premiums 4/07 - 3/08	\$330.03	\$105.55
Cost of Wrap		
Vision	\$1.88	\$1.15
DME	\$1.77	\$0.48
ER Trans	\$1.86	\$1.49
Non ER Trans (\$0 for adults)	\$0.00	\$2.31
Dental	\$14.98	\$11.34
Pharmacy	\$77.00	\$41.00
Counties in region:		
Cayuga		
Chenango		
Columbia		
Cortland		
Delaware		
Greene		
Madison		
Onondaga		
Otsego		
Schoharie		
Tompkins		

Finger Lakes	FHP Adult	Expanded Child
Monthly Managed Care Premiums 4/07 - 3/08	\$348.29	\$136.54
Cost of Wrap		
Vision	\$1.82	\$0.99
DME	\$1.87	\$0.70
ER Trans	\$1.39	\$0.78
Non ER Trans (\$0 for adults & children)	\$0.00	\$0.00
Dental	\$18.12	\$0.00
Pharmacy	\$78.19	\$41.00
Counties in region:		
Allegany		
Broome		
Cattaraugus		
Chautauqua		
Chemung		
Livingston		
Ontario		
Schuyler		
Seneca		
Steuben		
Tioga		
Wayne		
Yates		

Long Island	FHP Adult	Expanded Child
Monthly Managed Care Premiums 4/07 - 3/08	\$278.20	\$123.15
Cost of Wrap		
Vision	\$1.06	\$0.79
DME	\$0.96	\$0.71
ER Trans	\$0.26	\$0.31
Non ER Trans (\$0 for adults)	\$0.00	\$1.57
Dental	\$15.13	\$14.58
Pharmacy	\$47.47	\$41.00
Counties in region:		
Nassau		
Suffolk		

Mid-Hudson	FHP Adult	Expanded Child
Monthly Managed Care Premiums 4/07 - 3/08	\$357.40	\$143.01
Cost of Wrap		
Vision	\$1.20	\$0.99
DME	\$1.30	\$0.68
ER Trans	\$1.47	\$1.03
Non ER Trans (\$0 for adults)	\$0.00	\$4.44
Dental	\$15.19	\$13.47
Pharmacy	\$87.34	\$41.00
Counties in region:		
Dutchess		
Orange		
Sullivan		
Ulster		

Northeast	FHP Adult	Expanded Child
Monthly Managed Care Premiums 4/07 - 3/08	\$315.21	\$113.10
Cost of Wrap		
Vision	\$2.24	\$1.48
DME	\$2.91	\$1.14
ER Trans	\$0.88	\$1.45
Non ER Trans (\$0 for adults)	\$0.00	\$3.59
Dental	\$15.52	\$12.02
Pharmacy	\$79.00	\$41.00
Counties in region:		
Albany		
Fulton		
Montgomery		
Rensselaer		
Saratoga		
Schenectady		
Warren		
Washington		

Northern Metro	FHP Adult	Expanded Child
Monthly Managed Care Premiums 4/07 - 3/08	\$319.27	\$127.44
Cost of Wrap		
Vision	\$1.36	\$1.29
DME	\$1.05	\$0.69
ER Trans	\$0.75	\$0.48
Non ER Trans (\$0 for adults)	\$0.00	\$2.54
Dental	\$15.99	\$17.45
Pharmacy	\$65.99	\$41.00
Counties in region:		
Putnam		
Rockland		
Westchester		

New York City	FHP Adult	Expanded Child
Monthly Managed Care Premiums 4/07 - 3/08	\$242.99	\$117.08
Cost of Wrap		
Vision	\$1.07	\$0.73
DME	\$0.58	\$0.51
ER Trans	\$0.29	\$0.37
Non ER Trans (\$0 for adults)	\$0.00	\$0.24
Dental	\$14.19	\$10.47
Pharmacy	\$50.86	\$41.00
Counties in region:		
NYC		

Utica-Adirondack	FHP Adult	Expanded Child
Monthly Managed Care Premiums 4/07 - 3/08	\$350.95	\$119.80
Cost of Wrap		
Vision	\$1.73	\$1.11
DME	\$1.51	\$0.60
ER Trans	\$1.30	\$1.08
Non ER Trans (\$0 for adults & children)	\$0.00	\$0.00
Dental	\$20.64	\$13.78
Pharmacy	\$77.49	\$41.00
Counties in region:		
Clinton		
Essex		
Franklin		
Hamilton		
Herkimer		
Jefferson		
Lewis		
Oneida		
Oswego		
St. Lawrence		

Western	FHP Adult	Expanded Child
Monthly Managed Care Premiums 4/07 - 3/08	\$300.60	\$114.38
Cost of Wrap		
Vision	\$2.02	\$0.85
DME	\$2.47	\$0.44
ER Trans	\$1.98	\$1.28
Non ER Trans (\$0 for adults)	\$0.00	\$0.81
Dental	\$13.73	\$13.93
Pharmacy	\$65.41	\$41.00
Counties in region:		
Erie		
Genesee		
Monroe		
Niagara		
Orleans		
Wyoming		

ROS	FHP Adult	Expanded Child
Monthly Managed Care Premiums 4/07 - 3/08	\$316.01	\$121.25
Cost of Wrap		
Vision	\$1.63	\$1.02
DME	\$1.71	\$0.64
ER Trans	\$1.19	\$0.88
Non ER Trans (\$0 for adults)	\$0.00	\$1.77
Dental	\$16.01	\$15.67
Pharmacy	\$67.75	\$41.00
Counties in region:		
All counties except NYC		