

**TITLE 317. OKLAHOMA HEALTH CARE AUTHORITY
CHAPTER 45. OKLAHOMA EMPLOYER AND EMPLOYEE
PARTNERSHIP FOR INSURANCE COVERAGE
SUBCHAPTER 7. O-EPIC PA EMPLOYER ELIGIBILITY**

317:45-7-1. Employer application and eligibility requirements for O-EPIC

(a) In order for an employer to be eligible to participate in the O-EPIC program the employer must:

- (1) have no more than a total of ~~50~~ 250 employees on its payroll. The increase in the number of employees from 50 to 250 will be phased in over a period of time as determined by the Oklahoma Health Care Authority. The number of employees is determined based on the third month employee count of the most recently filed OES-3 form with the Oklahoma Employment Security Commission (OESC) and that is in compliance with all requirements of the OESC. Employers may provide additional documentation confirming terminated or part time employees that will be excluded from the OESC employee count. If the employer is exempt from filing an OES-3 form or is contracted with a PEO or is a Child Care Center, in accordance with OHCA rules, this determination is based on appropriate supporting documentation, such as the W-2 Summary Wage and Tax form as required under OAC 365:10-5-156 to verify employee count;
- (2) have a business that is physically located in Oklahoma;
- (3) be currently offering or intending to offer within 90 calendar days an O-EPIC Qualified Health Plan. The Qualified Health Plan coverage must begin on the first day of the month and continue through the last day of the month;
- (4) offer Qualified Health Plan coverage to employees in accordance with Oklahoma Small Business Statutes, Oklahoma Department of Insurance, and all other regulatory agencies;
- (5) contribute a minimum 25 percent of the eligible employee monthly health plan premium;

(b) An employer who meets all requirements listed in subsection (a) of this Section must complete and submit an employer enrollment packet to the TPA.

(c) The employer must provide its Federal Employee Identification Number (FEIN).

(d) The employer must notify the TPA, within 5 working days from occurrence, of any O-EPIC employee's termination or resignation.

SUBCHAPTER 9. O-EPIC PA EMPLOYEE ELIGIBILITY

317:45-9-1. Employee eligibility requirements

(a) Employee premium assistance applications are made with the

TPA.

(b) The TPA electronically submits the application to the Oklahoma Department of Human Services (OKDHS) for a determination of eligibility. The eligibility determination is processed within 30 days from the date the application is received by the TPA. The employee is notified in writing of the eligibility decision.

(c) All O-EPIC eligible employees described in this Section are enrolled in their Employer's QHP. Employees eligible for O-EPIC must:

- (1) have a countable household income at or below ~~200%~~ 250% of the Federal Poverty Level. The standard deduction for work related expenses such as income tax payments, Social Security taxes, and transportation to and from work, is \$240 per month per each full-time or part-time employed member;
- (2) be a US citizen or alien as described in OAC 317:35-5-25;
- (3) be Oklahoma residents;
- (4) provide his/her social security number;
- (5) not be currently enrolled in, or have an open application for, SoonerCare/Medicare;
- (6) be employed with a qualified employer at a business location in Oklahoma;
- (7) be age 19 through age 64;
- (8) be eligible for enrollment in the employer's Qualified Health Plan;
- (9) be working for primary employer(s) who all meet the eligible employer guidelines listed in OAC 317:45-7-1(a)(1)-(2); and
- (10) select one of the Qualified Health Plans the employer is offering.

(d) An employee's spouse is eligible for O-EPIC if:

- (1) the employer's health plan includes coverage for spouses;
- (2) the employee is eligible for O-EPIC;
- (3) if employed, the spouse's primary employer(s) meets employer guidelines listed in OAC 317:45-7-1(a)(1)-(2); and
- (4) the spouse is enrolled in the same health plan as the employee.

(e) If an employee or spouse is eligible for multiple O-EPIC Qualified Health Plans, each may receive a subsidy under only one health plan.

SUBCHAPTER 11. O-EPIC IP

PART 5. O-EPIC INDIVIDUAL PLAN MEMBER ELIGIBILITY

317:45-11-20. O-EPIC Individual Plan eligibility requirements

(a) Employees not eligible for participating in an employer's

Qualified Health Plan (QHP), employees of non-participating employers, self-employed, unemployed seeking work, and workers with a disability may apply for the O-EPIC Individual Plan. Applicants cannot obtain O-EPIC IP coverage if they are eligible for O-EPIC PA.

(b) Applications may be found on the World Wide Web or may be requested by calling the O-EPIC helpline. Completed applications are submitted to the TPA.

(c) The TPA electronically submits the application to the Oklahoma Department of Human Services (OKDHS) for a determination of eligibility. The eligibility determination is processed within 30 days from the date the complete application is received by the TPA. The applicant is notified in writing of the eligibility decision.

(d) In order to be eligible for the IP, the applicant must:

- (1) choose a valid PCP according to the guidelines listed in OAC 317:45-11-22, at the time they make application;
- (2) be a US citizen or alien as described in OAC 317:35-5-25;
- (3) be an Oklahoma resident;
- (4) provide his/her social security number;
- (5) not be currently enrolled in, or have an open application for, SoonerCare/Medicare;
- (6) be age 19 through 64; and
- (7) make premium payments by the due date on the invoice.

(e) If employed and working for an approved O-EPIC employer who offers a QHP, the applicant must meet the requirements in subsection (d) of this Section and:

- (1) have countable household income at or below ~~200%~~ 250% of the Federal Poverty Level~~;~~;
- (2) be ineligible for participation in their employer's QHP due to number of hours worked~~;~~ and
- (3) have received notification from O-EPIC indicating their employer has applied for O-EPIC and has been approved.

(f) If employed and working for an employer who doesn't offer a QHP, the applicant must meet the requirements in subsection (d) of this Section and:

- (1) have a countable household income at or below ~~200%~~ 250% of the Federal Poverty Level. The standard deduction for work related expenses such as income tax payments, Social Security taxes, and transportation to and from work, is \$240 per month per each full-time or part-time employed member; and
- (2) ~~have received notification from O-EPIC indicating their employer has applied and has been approved with the attestation that they are not offering a QHP~~ be working for employer(s) who all meet the eligible employer guidelines

listed in OAC 317:45-7-1(a)(1)-(2).

(g) If self-employed, the applicant must meet the requirements in subsection (d) of this Section and:

(1) must have countable household income at or below ~~200%~~ 250% of the Federal Poverty Level. Net earned income from self-employment is gross income minus allowable business expenses minus work related expenses;

(2) verify self-employment by providing the most recent federal tax return with all supporting schedules and copies of all 1099 forms; and

(3) verify current income by providing appropriate supporting documentation.

(h) If unemployed seeking work, the applicant must meet the requirements in subsection (d) of this Section and:

(1) must have countable household income at or below ~~200%~~ 250% of the Federal Poverty Level; and

(2) verify eligibility by providing a most recent copy of their monetary OESC determination letter and a most recent copy of at least one of the following:

(A) OESC eligibility letter,

(B) OESC weekly unemployment payment statement, or

(C) bank statement showing state treasurer deposit.

(i) If working with a disability, the applicant must meet the requirements in subsection (d) of this Section and:

(1) must have countable household income at or below ~~200%~~ 250% of the Federal Poverty Level based on a family size of one; and

(2) verify eligibility by providing a copy of their:

(A) ticket to work, or

(B) ticket to work offer letter.