

March 7, 2024

Yasmine Barve Division Director Employees Group Insurance Division 2401 North Lincoln Blvd Suite 300 Oklahoma City, OK 73105

Dear Ms. Barve:

Subject: <u>SB1915</u> – A bill requiring the patient only be responsible for the copayment listed in the plan's policy and nothing more.

Aon is providing a statement related to the above proposed bill. The bill could impact the EGID's Health Choice Employee health benefit program.

Fiscal impact to benefit: Estimated at \$4.13 million fiscal impact to the plan based on the following claims being impacted, if the plan's policy EXCLUSIONS are ignored:

- 1. The cost of brand medications when a generic is dispensed at member request (and the policy only covers generic costs) will fall back on the plan. Technically, the plan's policy EXCLUDES brand medication costs beyond the cost of a generic claim cost.
- 2. If this regulation does NOT supersede the plan EXCLUSIONS, there would be little or no impact.
- 3. This amount will be higher if <u>all deductibles are bypassed</u> in the High Deductible Health Plan (HDHP) or the HealthChoice High Option Plan.
 - a. Bypassing HDHP deductibles would be a violation of Federal Regulations for anyone contributing to a Health Savings Account and essentially eliminate the plans qualifying HSA eligible status.
 - b. The regulation is silent on deductible treatment so the above is our initial amount.

Per the bill, there is language requiring that no more than the copayment in the policy be charged. We feel that Health Choice complies with this today. If the above regulation were to ignore the plan policy EXCLUSION, the above impact is expected.

This is not an actuarial assessment and other variables could exist, which would change the impact above.

If you need further information or have any questions, please do not hesitate to contact us.

Phil DeNucci R.Ph.

Senior Vice President, Pharmacy Services

Aon Pharmacy Practice

phillip.denucci@aon.com