



Oklahoma Employer/employee Partnership for Insurance Coverage

Welcome to the O-EPIC program.

BEFORE YOU CAN RECEIVE ANY PREMIUM ASSISTANCE – MAKE SURE THE FOLLOWING HAPPENS:

- **EMPLOYEES MUST APPLY AND BE APPROVED TO RECEIVE PREMIUM ASSISTANCE (NOTE: Premium Assistance begins the first of the month after approval)**
- **WHEN EMPLOYEES APPLY – THEY MUST LIST EVERYONE IN THEIR HOUSEHOLD EVEN IF THE HOUSEHOLD MEMBER IS NOT ASKING FOR INSURANCE**
- **YOU MUST SEND IN THE COMPLETE INVOICE EVERY MONTH**

Employees will need your O-EPIC Employer ID and the PIN number that is assigned to each employee and mailed to your address. If your employees do not apply, or are not approved for the program, no premium assistance will be sent to you.

Please remind your employees of the following when they apply:

- Employee must choose one of their employer's qualified health plans.
- Employee must report all household annual income (earned and unearned).
- Employee must report each household member's SSN and employment information.
- Children are not eligible for O-EPIC premium assistance.
- A Completed Subscriber Application must contain true and accurate information. All applications are subject to review and audit for accuracy. Eligibility may be reversed at any time if inconsistencies are found. All monies paid in error will be subject to repayment.

Employee Application: (OEPIC-5)

Employees may apply on-line at www.insureoklahoma.org or by completing a paper application. Paper applications may be downloaded from the internet at www.insureoklahoma.org or by request (call toll free 1-888-365-3742).

Employer CHANGE Form: (OEPIIC-4)

At some point in the future, you may want to add or delete an employee, change your location or contact information or update the health plan rates. All of these can be accomplished by using the Employer Change Form (OEPIIC-4). Please review the following to guide you through the change form:

- Box 1 'General Information'
 - O-EPIC Employer ID and Business Name are required.
 - The business address may be updated (Note: a physical street address is required and the address must remain in Oklahoma to stay eligible)
- Box 2 'Contact Information'
 - Businesses can make changes to the Contact Information
- Box 3 'Health Plan Coverage Change'
 - If premium rates have changed , attach the new rate schedule
 - If the business is canceling their current health plan, they CANNOT choose a new plan, they must re-apply by filling out a renewal Employer Application (OEPIIC-1) form.
- Box 4 'Employee Add/Remove Payroll'
 - Employers must update O-EPIC about removals or additions to staff.
 - When a staff person is removed, employers no longer receive the employee's subsidy payment. (This includes both resignation and termination of staff)
 - When a staff person is added, the employer will be sent a letter and application which the employer must give to the new employee. The new employee must apply for O-EPIC eligibility within 30 days.

Submitting Monthly Invoices:

You should receive, from the health plan carrier, a monthly invoice. To receive the O-EPIC premium assistance payment from O-EPIC you must:

- Fax or mail the monthly invoice to the Third Party Agent (TPA) by the dates listed in the Employer Invoice Due Date and Subsidy Payment Schedule that is included in this welcome packet. The fax number is (405) 530-3433, or address P.O. Box 18650, Oklahoma City, OK 73154-1650.
- If the invoice is late, the O-EPIC premium payment may be delayed.
- If the invoice shows prior outstanding balances, subsidy payments may be delayed.

Renewing the Employer Application:

At the end of the 12 month employer eligibility period, the employer will be automatically renewed for another 12 months. O-EPIC will verify employer size with the Oklahoma Employment Security Commission. Employees MUST re-apply. If your employees wait until after the end of the employer eligibility period, there will be a lapse in premium assistance payments.

If you or your employees have any question about the enrollment process or the O-EPIC program, please feel free to call our O-EPIC helpline at 1-888-365-3742.



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Employer Invoice Due Date and Subsidy Payment Schedule

Toll-Free Phone: 1-888-3-OK-EPIC (1-888-365-3742) Web site: <http://www.oepic.ok.gov>

Premium Support Unit

P.O. Box 18650

Oklahoma City, OK 73154-1650

Fax (405) 530-3433

To receive an O-EPIC premium assistance payment from O-EPIC, the employer must send their health plan invoice (via mail or fax) to the Third Party Agent (TPA) each month. If the invoice is not received by the TPA, no O-EPIC premium assistance payment will be made. The TPA must receive the employer's health plan invoice by the date listed as the "Invoice Due Date". (If the invoice is received after the due date, the O-EPIC premium payment will be delayed.) When the TPA receives the invoice, they will proceed with payment processing. If the invoice is received by the "Invoice Due Date", payment will be issued to the employer on the "Payment Issue Date". O-EPIC premium assistance payments will be deposited into the employer's bank account via Electronic Funds Transfer (EFT). Employers must always pay the total monthly health plan invoice to the health plan carrier.

2006

Invoice Due Date	Payment Issue Date
11/27/2006	12/07/2006

2007

Invoice Due Date	Payment Issue Date
12/25/2006	01/04/2007
01/29/2007	02/08/2007
02/26/2007	03/08/2007
03/26/2007	04/05/2007
04/23/2007	05/03/2007
05/28/2007	06/07/2007
06/25/2007	07/05/2007
07/30/2007	08/09/2007
08/27/2007	09/06/2007
09/24/2007	10/04/2007
10/25/2007	11/08/2007
11/26/2007	12/06/2007

2008

Invoice Due Date	Payment Issue Date
12/24/2007	01/10/2008
01/28/2008	02/07/2008
02/24/2008	03/06/2008
03/31/2008	04/10/2008
04/28/2008	05/08/2008
05/26/2008	06/05/2008
06/30/2008	07/10/2008
07/28/2008	08/07/2008
08/25/2008	09/04/2008
09/29/2008	10/09/2008
10/23/2008	11/06/2008
11/24/2008	12/04/2008