

| Demographic | PRIVATE HEALTH INSURANCE | | | PUBLICLY SPONSORED PROGRAMS | | | | | | |
|--------------|---|---|---|---|---|--|---|---|--|--|
| | Small businesses (2-50 employees) | Individuals recently covered by an employer health plan | Individuals & families | Individuals with pre-existing, severe or chronic medical conditions | Low income individuals and families | Children in moderate income families | Women | Seniors and Disabled | Trade Dislocated Workers (TAA recipients) | Veterans |
| Program | <p>U.S. Uninsured Help Line 800-234-1317</p> <p>Group Health Arkansas Association of Health Underwriters 703-276-0220 www.arkansas-ahu.org</p> | <p>COBRA/MiniCOBRA And then</p> <p>HIPAA Health Insurance Portability and Accountability Act 866-4-USA-DOL www.dol.gov</p> | <p>U.S. Uninsured Help Line 800-234-1317</p> <p>Individual Plans Arkansas Association of Health Underwriters 703-276-0220 www.arkansas-ahu.org</p> | <p>CHIP (Comprehensive Health Insurance Plan) 800-285-6477 www.chiparkansas.org</p> | <p>Medicaid (Including ARKids A) 800-482-8988 800-482-5431 501-682-8233 www.medicaid.state.ar.us</p> <p>Safety Net Benefits Program 800-540-7566 www.arhealthnetworks.com</p> | <p>ARKids First B (Children's Health Insurance Plan) 501-682-8269 888-474-8275 www.arkidsfirst.com</p> | <p>Breast Care 877-670-CARE 501-661-2513 www.arbreastcare.com</p> <p>Arkansas Mother-Infant Program 501-661-2154 http://www.adhhomecare.org/maternal.htm</p> <p>Maternity Program 501-661-2480</p> | <p>Medicare 800-633-4227 800-MEDICARE www.medicare.gov</p> <p>Medicare Prescription Drug Program 800-633-4227</p> <p>Senior's Health Insurance Information Program 800-224-6330 501-371-2782</p> | <p>Health Coverage Tax Credit 866-628-HCTC www.irs.gov (key word HCTC)</p> | <p>VA Medical Benefits Package 877-222-8387 www.va.gov</p> |
| Coverage | <p>All group health insurance carriers can impose a 6-month look-back/12-month exclusionary period for preexisting conditions on enrollees that do not have prior creditable coverage</p> <p>Benefits will vary depending on the chosen plan</p> <p><i>Pre-Existing Health Conditions Covered</i></p> | <p>Cobra Subsidy: 9 months of partially subsidized COBRA premium</p> <p>COBRA coverage is available for up to 12-18 months depending on qualifying events; MiniCOBRA for up to 120 days</p> <p>COBRA benefits are the same as what you had in your group coverage</p> <p>After COBRA expires, (or if leaving group plan) HIPAA individual plan conversion benefits are based on the program selected, no expiration (see CHIP)</p> <p><i>Pre-Existing Health Conditions Covered</i></p> | <p>Assorted plans depending on medical needs</p> <p>There is a 12-month look-back and 24-month exclusionary period limit</p> <p>Limits on pre-existing health conditions may apply</p> | <p>\$1M lifetime benefits offering: comprehensive coverage of doctor visits, prescription drugs, outpatient and in-hospital care, ambulance, labs and x-rays, skilled nursing care, home health visits, maternity, preventive care, transplants, rehabilitation, durable medical equipment, mental health and substance abuse, and physical and occupational therapy among other services</p> <p><i>Pre-Existing Health Conditions Covered</i></p> | <p>Medicaid & ARKids A: Family planning, home health inpatient, laboratory and x-ray nurse-midwife, nursing facility outpatient, physician, ambulatory surgical center, hearing, chiropractic, dental durable medical equipment, ER services, EPSDT screens, family planning, Prosthetics, Psychology Services, ElderChoices, Prescription Drugs, Rehabilitative Services for Persons with Mental Illness and Physical Disabilities, Targeted Case Management, Transportation Services, Ventilator Equipment, Visual Services ...and more</p> <p>Safety Net Benefits: You get limited benefits each 12 months including: 7 inpatient days a year, 2 major outpatient services (emergency room and major services performed in the office), 6 physician office visits, 2 prescriptions a month, maximum annual benefit of \$100,000</p> <p><i>Pre-Existing Health Conditions Covered</i></p> | <p>Two plans that include many of the following: ambulance (emergency only), chiropractor, dental care (orthodontia included) durable medical equipment, ER services, EPSDT screens, family planning, hearing, home health, hospice, immunizations, inpatient hospital, inpatient, psych laboratory and x-ray, midwife outpatient mental and behavioral health, physician, psychology, podiatry, drugs, prescription therapy services (speech), occupational, and physical transportation, vision</p> <p><i>Pre-Existing Health Conditions Covered</i></p> | <p>Mammograms, pap tests and pelvic exams, breast exams, colonoscopy, colonoscopy with biopsy</p> <p>Free information about how to find breast and cervical cancer early</p> <p>Skilled home nursing visits for new mothers and infants to meet their medical, social and nutritional needs</p> <p>Prenatal and postpartum care including a medical, nutritional and social assessment and case management, education on pregnancy, nutrition, labor and delivery, infant care, reproductive</p> <p><i>Pre-Existing Health Conditions Covered</i></p> | <p>Medicare offers two standard plans, A: Hospital Insurance and B: Medical Insurance, as well as several supplemental and advantage plans</p> <p>SHIP is a Medicare counseling service</p> <p><i>Pre-Existing Health Conditions Covered</i></p> | <p>Will cover 80% of your COBRA premium if employer contributes less than 50% (or spouses' employer)</p> <p>Will cover individual insurance in which you were enrolled for last 30 days before TAA benefits</p> <p><i>Pre-Existing Health Conditions Covered</i></p> | <p>Comprehensive preventive and primary care, outpatient and inpatient services</p> <p><i>Pre-Existing Health Conditions Covered</i></p> |
| Eligibility | <p>GUARANTEED COVERAGE</p> <p>Company size 2-50 employees (including owner)</p> <p>Two employees must work for at least 6 months out of the year, and work 20 hours per week for coverage</p> <p>Owner name on business license must draw wages from the company</p> <p>Most small group carriers also require 75% employee participation and accept employees who sign a waiver indicating other coverage as counting towards the 75%</p> | <p>GUARANTEED COVERAGE</p> <p>Cobra Subsidy: If you were involuntarily terminated between Sept 1, 2008 and Dec 31, 2009, you are eligible for a COBRA subsidy under the Federal Government. If you become eligible for other insurance, you will no longer be eligible for the subsidy. If you turned down COBRA from Sept 1, 2008 to Feb 17, 2009, you are eligible for the subsidy. Must have an income at or below \$125,000 for individuals or \$250,000 for couples.</p> <p>All coverage terminated within the last 60 days (COBRA), or 63 days (HIPAA) for reasons other than gross misconduct or fraud</p> <p>COBRA (20+ employees) MiniCOBRA (under 20)</p> <p>For HIPAA, recently covered by a group program or a COBRA plan for 18 continuous months (COBRA option must have been selected if available and exhausted)</p> <p>For HIPAA you cannot be eligible for Medicare or other public or group insurance programs</p> | <p>Eligibility is subject to medical underwriting</p> <p>If you are denied coverage for a medical condition, you may be eligible for CHIP, see next column</p> | <p>GUARANTEED COVERAGE</p> <p>Resident of Arkansas for at least 90 days or resident for at least 30 days with evidence of coverage under a Qualified High Risk Pool of another state</p> <p>Not be enrolled in or eligible for Group Health Plan, Part A or B of Medicare or the Arkansas Medical Assistance Program (Medicaid and ARKids). Cannot be eligible for group coverage or COBRA, or government programs (must have exhausted this option)</p> <p>May need to prove denial of coverage or offer of higher premium</p> <p>May also be federally-eligible for CHIP</p> | <p>GUARANTEED COVERAGE</p> <p>Medicaid: Pregnant women & children ages 0-19: 200% FPL Supplemental Security Income Recipients: 74% FPL Parents: 15% FPL</p> <p>ARKids A: Children under age 6 with family income between 133 and 150% FPL; children ages 6 through 18 between 100 and 150% FPL; also covers children between 150 and 200% FPL who do not meet certain ARKids B eligibility</p> <p>Safety Net Benefits: Must live in Arkansas, Employees must be between the ages of 19-64, Must be a U.S. Citizen, Income at or below 200% of the FPL</p> | <p>GUARANTEED COVERAGE</p> <p>ARKids B covers uninsured children through age 18 with family income between 150 and 200% FPL</p> | <p>GUARANTEED COVERAGE</p> <p>No health insurance, or your health insurance does not cover the services</p> <p>Age restrictions for each service</p> <p>Under approximately 180% FPL</p> | <p>GUARANTEED COVERAGE</p> <p>Age 65 and older</p> <p>Disabled people of all ages</p> <p>People with End-State Renal Disease (permanent kidney failure requiring dialysis or kidney transplant)</p> | <p>GUARANTEED COVERAGE</p> <p>Must be receiving TAA (Trade Adjustment Assistance)</p> <p>Must not have access to employer plan that pays 50% of coverage cost</p> <p>Not enrolled in certain state plans</p> | <p>GUARANTEED COVERAGE</p> <p>"Veteran status" = active duty in the U.S. military, naval, or air service and a discharge or release from active military service under other than dishonorable conditions</p> <p>Certain veterans must have completed 24 continuous months of service</p> |
| Monthly Cost | <p>Costs depend on employer contribution and ± 25% of the insurance company's index rate</p> | <p>Cobra Subsidy: 35% of monthly premium</p> <p>Costs depend on previous employer contribution plus a 2% administrative fee; HIPAA could be higher</p> <p>Individual coverage is also available and may be less expensive, see next column</p> | <p>Costs for individual coverage varies</p> | <p>\$1000 out-of-pocket deductible and \$1000 out-of-pocket annual maximum for in-network care</p> <p>Monthly rates are determined by Age, Gender, and Tobacco Usage</p> | <p>\$0 or minimal share-of-cost</p> | <p>\$0-\$10 with the exceptions of durable medical equipment and inpatient hospital care, which both require a 20 percent coinsurance payment for ARKids B</p> | <p>\$0 or minimal share-of-cost</p> | <p>\$0 and share of cost for certain services; deductibles for certain plans</p> | <p>20% of the insurance premium</p> | <p>\$0 and share of cost and co-pays depending on income level</p> |

Other programs & resources

Women-Infant-Children
800-445-6175
501-661-2905
http://www.healtharkansas.com/breastfeeding/wic_about.html

Partnership for Prescription Assistance
888-4PPA-NOW (888-477-2669)
www.pparx.org

DDS Children's Services
800-482-5850
Ext 22277
501-682-8207
www.medicalhomear.org

AR Family Planning
501-661-2480

Women's Health
501-661-2531

NOTE: Government programs look at each family's circumstance to determine eligibility.

Income and assets tests may be required to determine eligibility for publicly sponsored programs.

FPL means Federal Poverty Level. See explanation on reverse side of this matrix.

Guaranteed Coverage means you cannot be turned down due to your health conditions.

Programs and plan availability, eligibility requirements, costs, and coverages are subject to change.



Using this Health Care Options Matrix

Each state has a variety of health care coverage options. This Matrix is designed to help residents determine which option is best for them.

STEP 1 For applicants potentially eligible for public programs, check the chart below to determine his/her FPL percentage.

STEP 2 See reverse side of this Matrix brochure to determine options for which the applicant might qualify.

STEP 3 Make a list of the programs and insurance coverage options that may apply to the applicant and then use the contact information provided to access coverage or services.

Your Federal Poverty Level (FPL) (Based on monthly family income)

| Family Size (Household) | 25% | 50% | 75% | 81% | 100% | 133% | 175% | 200% | 250% | 300% |
|-------------------------|-------|---------|---------|---------|---------|---------|---------|---------|---------|---------|
| 1 | \$226 | \$451 | \$677 | \$731 | \$903 | \$1,200 | \$1,579 | \$1,805 | \$2,256 | \$2,708 |
| 2 | \$304 | \$607 | \$911 | \$983 | \$1,214 | \$1,615 | \$2,125 | \$2,428 | \$3,035 | \$3,643 |
| 3 | \$381 | \$763 | \$1,144 | \$1,236 | \$1,526 | \$2,029 | \$2,670 | \$3,052 | \$3,815 | \$4,578 |
| 4 | \$459 | \$919 | \$1,378 | \$1,488 | \$1,838 | \$2,444 | \$3,216 | \$3,675 | \$4,594 | \$5,513 |
| 5 | \$537 | \$1,075 | \$1,612 | \$1,741 | \$2,149 | \$2,858 | \$3,761 | \$4,298 | \$5,373 | \$6,448 |
| 6 | \$615 | \$1,230 | \$1,846 | \$1,993 | \$2,461 | \$3,273 | \$4,306 | \$4,922 | \$6,152 | \$7,383 |
| 7 | \$693 | \$1,386 | \$2,079 | \$2,246 | \$2,773 | \$3,687 | \$4,852 | \$5,545 | \$6,931 | \$8,318 |
| 8 | \$771 | \$1,542 | \$2,313 | \$2,498 | \$3,084 | \$4,102 | \$5,397 | \$6,168 | \$7,710 | \$9,253 |

- A pregnant woman counts as two for the purpose of this chart.
- Add \$311/month for each additional family member after eight.
- Contact individual programs for deduction allowances on child/dependent care; working parent's work expenses; alimony/child support *received* or court ordered amount *paid*.

Source: Federal Register Vol. 74, No. 14, January 23, 2009, pp. 4199-4201. Monthly percentage data calculated by FHCE and rounded to the nearest dollar.

Note: There is no universal administrative definition of income that is valid for all programs that use the poverty guidelines. The office or organization that administers a particular program or activity is responsible for making decisions about the definition of income used by that program (to the extent that the definition is not already contained in legislation or regulation). To find out the specific definition of income used by a particular program or activity, you must consult the office or organization that administers that program.

The Health Care Options Matrix is a registered trademark of Philip Lebherz and was originally developed by Philip Lebherz and the Foundation for Health Coverage Education®, www.coverageforall.org.

© Copyright 2009 by Philip Lebherz and the Foundation for Health Coverage Education®.

All rights reserved. Printed in the U.S.A.

Other sources of information

Financial aid and free or low-cost benefits

Government Benefits Finder
800-FED-INFO
www.benefits.gov

(Search tool for grants, loans and other benefits)

Catalog of Federal Domestic Assistance
www.cfda.gov

(Search tool for grants, loans and other benefits)

Finding local health care options

Bureau of Primary Health Care
888-ASK-HRSA
www.ask.hrsa.gov/pc

(Search tool by zip code)

Department of Health and Human Services
www.hhs.gov

(Various health care search tools)

Self Help Clearing House
www.mentalhelp.net/selfhelp

(Search tool for people sharing information on hundreds of diseases, health conditions and other health care related situations)

Arkansas Department of Health Services
800-235-0002
www.arkansas.gov/dhhs

(State program information)

Laws and regulations

Arkansas Department of Insurance
501-371-2600
800-282-9134
<http://insurance.arkansas.gov>

(General information on all types of insurance)

Employee Benefits Security Administration
www.dol.gov/ebsa

(Official information and rules from the U.S. Department of Labor)

Help with this Matrix or finding a broker or agent

Arkansas Association of Health Underwriters
www.arkansas-ahu.org

(State organization of insurance brokers)

ARKANSAS

Health Care Options Matrix™



This Matrix offers information about free and low-cost health care coverage for individuals, families, and small businesses.



Helping people navigate their health care options



The Foundation for Health Coverage Education® has created the Matrix public education program to ensure that every American has complete information about access and affordability to quality health care coverage. Every effort has been made to include the most up-to-date information available at the time of printing. Program and plan availability, eligibility requirements, costs, and coverages are subject to change. You are encouraged to call or visit the websites listed for each program to ensure that you have the most accurate information available.