

| Demographic | PRIVATE HEALTH INSURANCE | | | PUBLICLY SPONSORED PROGRAMS | | | | | | |
|--------------|--|---|---|---|--|---|--|--|---|--|
| | Small businesses (1-50 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 | Low income persons ineligible for other public programs | Children | Women | Adults | Seniors and Disabled |
| Program | <p>U.S. Uninsured Help Line 800-234-1317</p> <p>Group Plans Connecticut Insurance Department 800-297-3800 800-203-3447 www.ct.gov/cid</p> | <p>COBRA/ MiniCOBRA</p> <p>HIPAA (Health Insurance Portability & Accountability Act) 866-4-USA-DOL www.dol.gov 617-565-9600</p> <p>...Or State Conversion Policy</p> | <p>U.S. Uninsured Help Line 800-234-1317</p> <p>Individual Plans Connecticut Insurance Department 860-297-3800 800-203-3447 www.ct.gov/cid/</p> | <p>Connecticut Health Reinsurance Association 800-842-0004 www.hract.org/hra</p> | <p>Medicaid 800-842-1508 800-842-4524 (TDD/TTY) www.dss.state.ct.us</p> | <p>SAGA (State Administered General Assistance) 866-361-SAGA 866-361-7242 www.chnct.org</p> <p>Call 211 or contact local social services office</p> | <p>HUSKY (Health Care for Uninsured Kids and Youth) 877-CT-HUSKY 877-284-8759 www.huskyhealth.com</p> | <p>Connecticut Breast and Cervical Cancer Early Detection Program 860-509-7804 www.dph.state.ct.us</p> | <p>Charter Oak Health Plan 877-77-CTOAK 877-772-8625 www.ct.gov/coh/site/default.asp</p> | <p>Medicare (Age 65 and up) 800-MEDICARE www.medicare.gov</p> <p>Medicare Prescription Drug Program 800-633-4227</p> <p>Connecticut CHOICES Program (Medicare advice) 800-994-9422</p> |
| Coverage | <p>Mostly plans with co-pays, some with deductibles</p> <p>If uninsured for previous 1-6 months, a waiting period for coverage of pre-existing conditions- not counting birth or adoption- may apply, (1-6 months respectively)</p> <p><i>Pre-Existing Health Conditions Covered</i></p> | <p>Cobra Subsidy: 9 months of partially subsidized COBRA premium</p> <p>Assorted deductibles</p> <p>COBRA coverage available for 18-36+ months depending on qualifying events; benefits are same as group program</p> <p>HIPAA coverage is based on the plan selected, no expiration (see CHRA for plan details)</p> <p><i>Pre-Existing Health Conditions Covered</i></p> | <p>Different plans will cover different medical services</p> <p>There may also be a lifetime maximum of benefits, for example \$5M</p> <p>Limits on Pre-Existing Health Conditions May Apply</p> | <p>Choose from two individual plans: PPO or a Special Health Care Plan (12 month waiting period for pre-existing conditions)</p> <p>Choose from three conversion plans: HMO, PPO and a Special Health Care Plan (no waiting period for pre-existing conditions if you qualify)</p> <p>All benefits are the same except the Special plan which does not cover out patient prescriptions</p> <p><i>Pre-Existing Health Conditions Covered</i></p> | <p>Diagnosis, physician services, check-ups (medical and dental), family planning, maternity, prenatal, and newborn care, prescriptions, hospital services, comfort care, hospice, dental services, drug and alcohol treatment, mental health services</p> <p>Some services may need prior approval</p> <p><i>Pre-Existing Health Conditions Covered</i></p> | <p>Comprehensive medical care with the exception of long term care and non-emergency medical transportation</p> <p><i>Pre-Existing Health Conditions Covered</i></p> | <p>Comprehensive care through a managed care program</p> <p>There are two plans: Husky A and Husky B</p> <p>Husky A is Medicaid</p> <p><i>Pre-Existing Health Conditions Covered</i></p> | <p>Screening and Diagnostic Services Include: office visits, mammograms, breast biopsies and ultrasounds, fine needle aspirations, pap tests, LEEP, Surgical consultations, clinical breast exams, and Colposcopies and Colposcopy-directed biopsies</p> <p><i>Pre-Existing Health Conditions Covered</i></p> | <p>Covers primary care, specialist office visits, preventive care, ambulance, emergency room visit, prescription medication, durable medical equipment, behavioral health services, inpatient and outpatient services, pre- and post-natal care, Lifetime maximum benefit of \$1 million, annual maximum benefit \$100,000</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>Connecticut CHOICES Program is a Medicare counseling service</p> <p><i>Pre-Existing Health Conditions Covered</i></p> |
| Eligibility | <p>GUARANTEED COVERAGE</p> <p>Company size 1-50</p> <p>If in business 90 days or more, can usually qualify</p> <p>Two employees must be present for half of the preceding calendar quarter and work 20 hrs/week for coverage</p> <p>Owner can count as an employee; Proprietor name on license must draw wages</p> <p>Twice annually, self-employed persons can join a small group health plan with guarantee issue</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 from 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 last 60 days (COBRA), or 63 days (HIPAA) for reasons other than gross misconduct or fraud</p> <p>For HIPAA: recently covered by group program or a COBRA plan for 6 continuous months (COBRA option must have been selected if available and exhausted)</p> <p>State Coverage lasts up to 6 mos. Must have had group plan for 3 months and request coverage within 10 days of termination</p> <p>MiniCOBRA is for groups of 2-19 employees</p> | <p>Eligibility is subject to medical underwriting</p> | <p>GUARANTEED COVERAGE</p> <p>Guaranteed to all Connecticut residents</p> <p>If HIPAA-eligible then no pre-existing exclusion period</p> <p>Previous coverage terminated for reasons other than non-payment of premium or fraud</p> <p>Anyone under age 65</p> | <p>GUARANTEED COVERAGE</p> <p>Residents with legal immigration status</p> <p>Pregnant Women, Infants, and Children up to the age 19: 185% FPL (called Husky A)</p> <p>Non-Working Parents: 100% of FPL</p> <p>Working Parents: 107% of FPL</p> <p>Medically Needy Individual: 80% or 66% of FPL</p> <p>Couple: 76% or 59% of the FPL</p> <p>Supplemental Security Income Recipients: 69% of the FPL</p> | <p>GUARANTEED COVERAGE</p> <p>Ineligible for state or federal programs such as Medicaid</p> <p>The income limit for an individual ranges from \$502.22 monthly to \$610.61, depending on what region of the state he or she lives in. The asset limit is \$1,000 per household</p> <p>No categorical program requirements; eligibility is based on income and assets only. SAGA medical is not automatically linked to SAGA cash</p> | <p>GUARANTEED COVERAGE</p> <p>Children must be under age 19 and reside in Connecticut</p> <p>Income level numbers, HUSKY A (Medicaid) is for children, parents and other caregivers with incomes under 185% of the federal poverty level. It also covers pregnant women with incomes under 250% of the federal poverty level</p> <p>HUSKY B is only for children with family incomes over 185% of poverty. There is no income limit for HUSKY B, so any child can qualify</p> <p>Families with an income greater than 300% of the FPL can buy into a HUSKY plan</p> | <p>GUARANTEED COVERAGE</p> <p>Be at or below 200% FPL</p> <p>Women age 40 and older (35-39 if history or symptoms, age 19 and older may qualify for pap test)</p> <p>Uninsured or insurance plan without diagnostic coverage</p> <p>Have an insurance deductible of \$1,000 or more</p> <p>Be 40 to 64 years of age for Mammograms</p> <p>19 to 64 years of age for Clinical Breast Exams & Pap tests</p> | <p>GUARANTEED COVERAGE</p> <p>Connecticut adults between the ages of 19 to 64.</p> <p>Cannot be covered six months prior to apply for Charter Health Oak Plan. There are exceptions to this rule.</p> <p>There are no income limits.</p> <p>Depending on your income, your monthly premiums may be subsidized.</p> | <p>GUARANTEED COVERAGE</p> <p>Disabled or age 65 and older or people under age 65 with certain disabilities, and people of all ages with End-Stage Renal Disease (permanent kidney failure requiring dialysis or a kidney transplant).</p> |
| Monthly Cost | <p>Costs depend on employer contribution and the Modified Community Rate</p> | <p>Cobra Subsidy: 35% of monthly premium</p> <p>Costs range from 102-150% of group health rates</p> | <p>Costs depend on age and county/zone</p> <p>If you are self-employed and buy your own insurance you are eligible to deduct 100% of the cost of the premium from your federal income tax</p> | <p>Premiums vary depending on the applicants income level, age, sex, family size, and plan chosen</p> | <p>\$0; may share in some costs</p> | <p>\$0 or minimal share of cost</p> | <p>Husky A: No premiums or co-pays Husky B: Families between 185-235% FPL have a max of \$650 on yearly co-pays and no premiums; family between 235%-300% FPL have a \$1,250 maximum combination of co-pays and premiums; Over 300% FPL buy into the plan at negotiated group price.</p> | <p>No co-pays or premiums</p> | <p>\$75-\$259 for monthly premiums depending on your family income.</p> <p>Primary Care Office Visit: \$25 co-pay; Specialist Office Visit: \$35 co-pay</p> | <p>\$0 and share of cost for certain services; deductibles for certain plans</p> |

Other Programs & Resources

Health Coverage Tax Credit
866-628-HCTC
www.irs.gov (key word HCTC)

VA Medical Benefits Package
877-222-8387
www.va.gov

Women-Infant-Children (WIC)
860-509-8084
www.ct.gov
Search "WIC"

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

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.

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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)

Connecticut Department of Social Services
www.dss.state.ct.us

(State program information)

Laws and regulations

Connecticut Insurance Department
800-297-3800
800-203-3447
www.state.ct.us/cid

(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

Connecticut Association of Health Underwriters
www.nahu.org

(State organization of insurance brokers)

CONNECTICUT

Health Care Options Matrix™



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

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FHCE FOUNDATION FOR HEALTH COVERAGE EDUCATION

Helping people navigate their health care options



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The Anthem Blue Cross and Blue Shield Foundation and the Foundation for Health Coverage Education® have generously funded this publication to ensure that the uninsured have access to affordable quality health care coverage. Every effort has been made to include the most accurate information available at the time of printing. Program and plan availability, eligibility requirements, costs, and coverage are subject to change. You are encouraged to call or visit the websites listed for each program to ensure that you have the most up-to-date information available.

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