

Demographic	PRIVATE HEALTH INSURANCE			PUBLICLY SPONSORED PROGRAMS						
	Small businesses (1-50 employees)	Individuals recently covered by an employer health plan	Individuals & families	Low-income individuals & families	Parents and children	Children	Adults	Seniors and Disabled	Trade Dislocated Workers (TAA recipients)	Veterans
Program	<p>U.S. Uninsured Help Line 800-234-1317 www.coverageforall.org</p> <p>Group Health Delaware Association of Health Underwriters 703-276-0220 www.nahu.org</p>	<p>COBRA 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 www.coverageforall.org</p> <p>Individual Plans Delaware Association of Health Underwriters 703-276-0220 www.nahu.org</p>	<p>Medicaid 302-255-9500 800-372-2022 800-996-9969 www.dhss.delaware.gov/dhss/</p>	<p>Children and Families First 800-734-2388 www.cffde.org</p>	<p>Delaware Healthy Children Program 800-996-9969 www.dhss.delaware.gov/dhss/</p>	<p>Delaware Screening for Life 800-464-HELP (4357) www.state.de.us/dhss/dph/dpc/sfl.html</p>	<p>Medicare 800-633-4227 800-MEDICARE www.medicare.gov</p> <p>Medicare Prescription Drug Program 800-633-4227</p> <p>ELDER Info 800-336-9500</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 pre-existing 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</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</p> <p><i>Pre-Existing Health Conditions Covered</i></p>	<p>Assorted plans depending on medical needs</p> <p>There are no restrictions on carriers to look at pre-existing conditions</p> <p><i>Limits on pre-existing health conditions may apply</i></p>	<p>Doctor visits, hospital care, labs, prescription drugs, transportation, routine shots for children, mental health and substance abuse services, X-rays, home health care, hospice care, dental care (up to age 21)</p> <p><i>Pre-Existing Health Conditions Covered</i></p>	<p>Special medical foster care, resource mothers program, counseling, education and more</p>	<p>Well-baby and well-child checkups, drug/alcohol abuse treatment, speech/hearing therapy, immunizations physical therapy, eye exams ambulance services, prescription drugs, hospital care, physician services, X-rays, lab work, assistive technology, mental health counseling, limited home health and nursing care, case management and coordination, hospice care, and comprehensive dental service</p> <p><i>Pre-Existing Health Conditions Covered</i></p>	<p>Office visits, mammograms and clinical breast exams for breast cancer, pap tests, colorectal cancer screening tests recommended by your doctor, health education, help with coordinating associated care</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>ELDER Info is a Medicare counseling service that educates and assists Medicare beneficiaries, those eligible for Medicare, and caregivers about Medicare, Medicaid, Medigap, prescription drug benefits, and other issues related to health insurance benefits</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 1-50 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 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 the last 60 days (COBRA), or 63 days (HIPAA) for reasons other than gross misconduct or fraud</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>GUARANTEED COVERAGE</p> <p>Pregnant women and infants age 0-1: 200% FPL</p> <p>Children (ages 1-5): 133% FPL</p> <p>Parents: 117% FPL</p> <p>Children ages 6-19 and working parents: 100% FPL (also aged, blind and disabled)</p> <p>SSI recipients: 133% FPL</p> <p>U.S. citizens or qualified legal residents</p>	<p>GUARANTEED COVERAGE</p> <p>Low income in need of services</p>	<p>GUARANTEED COVERAGE</p> <p>Under age 19; Family Income at or below 200% FPL; Must not have other comprehensive health insurance coverage; Must reside in the State; Must be a U.S. citizen or qualified non-citizen; and not be a dependent of a permanent State employee</p> <p>Waiting period may apply</p>	<p>GUARANTEED COVERAGE</p> <p>You are between the ages of 18 and 64</p> <p>No insurance or private HMO; and not eligible for Medicare or Medicaid</p> <p>Underinsured: High, unmet deductible; or insurance that does not cover Pap tests, mammograms or colorectal screenings</p> <p>At or below 250% FPL</p> <p>Age restrictions for each service Age 18-49 - Office visit, Pap test, pelvic exam, clinical breast exam, breast exam education Age 40-49 - Mammograms, with an abnormal clinical breast exam in past 6 months Age 50-64 - ALL services + colorectal screening Age 65+ - ALL services + colorectal screening if not eligible for Medicare</p>	<p>GUARANTEED COVERAGE</p> <p>Medicare: 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>	<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>Age 55 and older</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 or health condition of self-employed and ± 35% 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>No premium no co-pay</p>	<p>No premium no co-pay</p>	<p>\$10 to \$25 monthly premium and no co-pays depending on income. For every 3 months you pay in advance, you get the 4th month free.</p>	<p>\$0 or 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 (WIC)
800-222-2189
http://www.dhss.delaware.gov/dph/chca/dphwichominf01.html

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

Immunization Services
800-282-8672

DE Family Planning
www.dhss.delaware.gov

Child Development Watch
www.dhss.delaware.gov

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)

Delaware Health and Social Services
800-464-HELP
800-273-9500
www.dhss.delaware.gov

(State program information)

Laws and regulations

Delaware Insurance Department
302-739-4251
800-282-8611
www.state.de.us/inscom

(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

Delaware Association of Health Underwriters
www.nahu.org

(State organization of insurance brokers)

DELAWARE

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.