

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 & families	Children with chronic medical conditions	Pregnant women, children	Women	Adults	Seniors and Disabled	
Program	U.S. Uninsured Help Line 800-234-1317 Group Health Indiana Association of Health Underwriters 703-276-0220 www.nahu.org www.inahu.org	COBRA ...Then convert to HIPAA (Health Insurance Portability & Accountability Act) 866-4-USA-DOL www.dol.gov	U.S. Uninsured Help Line 800-234-1317 Individual Plans Indiana Association of Health Underwriters 703-276-0220 www.nahu.org www.inahu.org	ICHIA Indiana Comprehensive Health Insurance Association 800-552-7921 317-614-2133 www.ichia.org	Medicaid (Indiana Family and Social Services Administration) 800-889-9949 www.in.gov/fssa	Children's Special Health Care Services (CSHCS) 800-475-1355 http://www.in.gov/isdh/19613.htm	Hoosier Healthwise 800-889-9949 http://www.in.gov/fssa/ompp/2544.htm	Indiana Breast and Cervical Cancer Early Detection Program 800-433-0746 317-233-7633 www.in.gov/isdh/19851.htm	Healthy Indiana Plan 877-GET-HIP-9 (877-438-4479) www.in.gov/fssa/hip/	Medicare (Age 65 and up) 800-952-5253 1-800-MEDICARE www.medicare.gov Medicare Prescription Drug Program 800-633-4227	Women-Infant-Children (WIC) 800-522-0874 http://www.in.gov/isdh/19691.htm Partnership for Prescription Assistance 888-4PPA-NOW (888-477-2669) www.pparx.org Health Coverage Tax Credit 866-628-HCTC www.irs.gov (key word HCTC) VA Medical Benefits Package 877-222-8387 www.va.gov
Coverage	Different plans cover different medical services Sometimes coverage is limited to \$1M in a lifetime; often \$5M and some plans have no limit These factors affect the monthly premium and deductible If uninsured for previous 1-6 months, a waiting period for coverage of pre-existing conditions may apply <i>Pre-Existing Health Conditions Covered</i>	Cobra Subsidy: 9 months of partially subsidized COBRA premium COBRA coverage available for 18-36+ months depending on qualifying events; benefits are same as group program HIPAA individual-plan conversion benefits are based on the program selected, no expiration <i>Pre-Existing Health Conditions Covered</i>	Covers certain state mandated items, however Indiana does not require standardization Coverage options vary by carrier, but most offer plans that are HSA (Health Savings Account) compatible <i>Pre-Existing Health Conditions Covered with Some Limitations</i>	Covered services include inpatient hospital services, mental illness /substance abuse, prescription drugs, professional services, skilled home health care, skilled nursing facility, surgical expenses, transplant services Four annual deductible options \$500, \$100, \$1500, or \$2500 20% co-pay Preferred Provider Network; 40% co-pay non preferred provider network You are not eligible for Medicaid Coverage for your spouse and dependents is also available <i>Pre-Existing Health Conditions Covered</i>	Different program variations covering medical, dental and vision, prescriptions, hospitalization and more depending on program Programs for people with either MS, nursing home needs, kidney dialysis, breast and cervical cancer, AIDS, TB, hyper alimantation, pregnancy <i>Pre-Existing Health Conditions Covered</i>	Treatment for chronic medical conditions such as severe asthma, autism, cerebral palsy, arthritis, congenital heart disease, cystic fibrosis, chromosomal disorders, renal disease seizures and more Diagnostic evaluations, comprehensive well child and sick child care, specialty care and other services related to the eligible medical conditions, immunizations, prescription drugs, routine dental care, community referrals and information <i>Pre-Existing Health Conditions Covered</i>	Hoosier Healthwise is a health insurance program for Indiana children, pregnant women, and low-income families Comprehensive care for mother, not just maternity After birth, care for infant only up to age 1, care for mother up to 60 days Families get check-ups, doctor visits, hospital care, dental and more <i>Pre-Existing Health Conditions Covered</i>	BCCP provides clinical breast examinations, mammograms, and pap tests for eligible women, as well as diagnostic testing for women whose screening outcome is abnormal Screening, diagnostics, consultations and treatment <i>Pre-Existing Health Conditions Covered</i>	Services include: physician services, prescriptions, diagnostic exams, home health services, outpatient hospital, inpatient hospital, hospice, preventive services, family planning, and case and disease management; mental health coverage, substance abuse treatment, inpatient, outpatient, and drugs <i>Pre-Existing Health Conditions Covered</i>	Medicare offers two standard plans, A: Hospital Insurance and B: Medical Insurance, as well as several supplemental and advantage plans <i>Pre-Existing Health Conditions Covered</i>	
Eligibility	GUARANTEED COVERAGE Company size 2-50 employees Owner can count as an employee Proprietor-name on license must draw wages	GUARANTEED COVERAGE 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. All coverage terminated within last 60 days (COBRA), or 63 days (HIPAA) for reasons other than gross misconduct or fraud For HIPAA: recently covered by group program or a COBRA plan for 18 continuous months (COBRA option must have been selected if available and exhausted) Indiana resident	Eligibility is based on medical underwriting There is a 12 month look back period during first two years of coverage. If condition is deemed preexisting there can be a 24 month exclusionary period. Must be resident of state or documented immigrant If having difficulty finding coverage contact "ICHIA"	GUARANTEED COVERAGE Must be considered "uninsurable" Cannot be eligible for COBRA, or government programs (must have exhausted this option) Must prove denial of coverage or offer of higher premium than ICHIA Must be an Indiana resident	GUARANTEED COVERAGE Under 100% FPL with assets less than \$3K for one person (after car, house, clothing), AND... Parents of children living in household OR... Adults with certain diseases see above, OR... On Cash Assistance, Welfare or children leaving Foster Care at age 18 No job-based coverage within three months (certain exceptions apply) Indiana resident or documented immigrant	GUARANTEED COVERAGE Ages newborn to 21 years Family income at or below 250% FPL Severe chronic illnesses that have lasted or will last two years or conditions that require special devices or would produce disabling physical conditions if untreated Each participant's family must also apply for Medicaid	GUARANTEED COVERAGE Income at or below 250% FPL Children and ages 18-20 if living with a caretaker No residency requirements for Medicaid	GUARANTEED COVERAGE Must be Indiana resident and have legal immigration status For mammograms must be between 40 and 64 years of age For pelvic and pap test must be between 35 and 64 years of age May not have other health insurance and income under 200% of FPL 65 and older not enrolled in Medicare	GUARANTEED COVERAGE Adults between the age of 19-64 Must have a family income at or below 200% of the FPL Individuals must not have access to employer sponsored health insurance coverage. Individuals must be uninsured for the previous six months.	GUARANTEED COVERAGE 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).	
Monthly Cost	Costs depend on employer contribution and ± 35% of the insurance company's index rate	Cobra Subsidy: 35% of monthly premium Costs depend on previous employer contribution plus a 2% administrative fee; HIPAA could be higher Individual coverage is also available and may be less expensive, see next column	Various price ranges depending on deductible and what plan you buy.	Based on the plan you choose, age, gender, and geographic area you live in. Can not be more than 150% of amount healthy person would pay	\$0 or minimal share-of-cost	\$0 or minimal share-of-cost	\$0-\$50 a month depending on family income and the number of family members covered	\$0	2-5% of the families gross income depending on the applicants income. No co-pays except for ER use.	\$0 and share of cost for certain services; deductibles for certain plans	

Other programs & resources

Women-Infant-Children (WIC)
800-522-0874
http://www.in.gov/isdh/19691.htm

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

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

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

Indiana Family and Social Services
800-889-9949
www.IN.gov/fssa

(State program information)

Laws and regulations

Indiana Department of Insurance
800-622-4461
317-232-2385
www.ai.org/idoi

(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

Indiana Association of Health Underwriters
www.nahu.org

(State organization of insurance brokers)

INDIANA

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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