

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 families & medically needy	Children	Children with chronic illnesses	Women	Seniors and Disabled	Veterans
Program	<p>U.S. Uninsured Help Line 800-234-1317</p> <p>Group Health Kentucky Office of Insurance 502-564-3630 800-595-6053 800-462-2081 TDD http://www.doi.state.ky.us/</p>	<p>COBRA</p> <p>Then HIPAA (Health Insurance Portability & Accountability Act) 866-4-USA-DOL www.dol.gov</p> <p>Or Kentucky Continuation Coverage</p>	<p>U.S. Uninsured Help Line 800-234-1317</p> <p>Individual Plans Kentucky Office of Insurance 502-564-3630 800-595-6053 800-462-2081 TDD http://www.doi.state.ky.us/</p>	<p>Kentucky Access 866-405-6145 www.kentuckyaccess.com</p>	<p>Medicaid 800-635-2570 502-564-4321 www.chfs.ky.gov/dms</p>	<p>KCHIP (Children's Health Insurance Program) 877-524-4718 877-524-4719 TTY www.kidshealth.ky.gov</p> <p>Women-Infant-Children 800-462-6122 502-564-3827 800-648-6056 TTY http://chfs.ky.gov/dph/mch/ns/wic.htm</p>	<p>Commission for Children with Special Health Care Needs (CCSHCN) 800-232-1160 http://chfs.ky.gov/ccshcn/About.htm</p>	<p>Kentucky Women's Cancer Screening Program 502-564-2154 800-4CANCER http://chfs.ky.gov/dph/info/wpmh/cancerscreening.htm</p>	<p>Medicare 800-633-4227 800-MEDICARE www.medicare.gov</p> <p>Medicare Prescription Drug Program 800-633-4227</p> <p>State Health Insurance Assistance Program 877-293-7447 http://chfs.ky.gov/dail/ship.htm</p>	<p>VA Medical Benefits Package 877-222-8387 www.va.gov</p>
Coverage	<p>Pre-existing conditions can be excluded for a limited time depending upon the type of group plan you are joining</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 available for 18-36+ months depending on qualifying events; benefits are same as group program</p> <p>HIPAA individual-plan conversion benefits are based on the program selected, no expiration</p> <p>State conversion plans offered through private health insurance market will vary</p> <p><i>Pre-Existing Health Conditions Covered</i></p>	<p>In Kentucky all insurers are required to offer a "standard plan" which offers the same benefits regardless of the insurer</p> <p>Insurers are required to offer certain benefits such as maternity stay and mammograms</p> <p><i>Pre-Existing Health Conditions Covered with Some Limitations</i></p>	<p>Kentucky Access offers 3 health benefit plans: Traditional Access (indemnity type plan), Premier Access (PPO type plan), Preferred Access (PPO type plan).</p> <p><i>Pre-Existing Health Conditions Covered</i></p>	<p>In Kentucky all insurers are required to offer a "standard plan" which offers the same benefits regardless of the insurer</p> <p>Insurers are required to offer certain benefits such as maternity stay and mammograms</p> <p><i>Pre-Existing Health Conditions Covered</i></p>	<p>KCHIP: Covers doctor visits, dental care, hospitalization, outpatient hospital services, emergency services, primary care services, psychiatrists, laboratory tests and X-rays, vision exams, hearing services, mental health services, prescription medicines, glasses, immunizations, well-child checkups, physical therapy, speech therapy, transportation, and many other services</p> <p>WIC: Nutrition education and services; Breastfeeding promotion and education; A monthly food prescription of nutritious foods; and Access to maternal, prenatal and pediatric health-care services</p> <p><i>Pre-Existing Health Conditions Covered</i></p>	<p>Services are provided through a variety of specialty clinics held across the commonwealth</p> <p>(Primary medical care is not covered)</p> <p><i>Pre-Existing Health Conditions Covered</i></p>	<p>If screened and diagnosed for breast or cervical cancer, may be eligible for complete health coverage through Medicaid, including dental, prescriptions etc.</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><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</p> <p>Owner can count as an employee</p> <p>Proprietor name on license must draw wages</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 18 continuous months (COBRA option must have been selected if available and exhausted)</p> <p>Kentucky resident</p>	<p>Medical underwriting will determine eligibility</p>	<p>GUARANTEED COVERAGE</p> <p>Anyone who is eligible for HIPAA; Federally eligible Individuals coming off of group, governmental, church plan, COBRA or state continuation; If you are rejected for private medical coverage; If you can prove higher premium rates than KY Access; If you have a high cost condition</p> <p>If one family member is eligible other family members are eligible</p> <p>Kentucky resident</p>	<p>GUARANTEED COVERAGE</p> <p>Ages 1-19 up to 200% FPL</p> <p>Pregnant women and infants up to 185% FPL</p> <p>Working parents up to 62% FPL</p> <p>Non-working parents up to 36%</p> <p>Medically needy individuals up to 30%, couples 28%</p> <p>Limits on family resources such as savings accounts, cash, etc. for all but children and pregnant women</p>	<p>GUARANTEED COVERAGE</p> <p>KCHIP: Must not be eligible for any other insurance, including individual, group or public; Children under age 19; Kentucky resident and family income at or below 200% FPL; Possible waiting periods for some children at certain income levels</p> <p>WIC: Are pregnant or have a pregnant woman or infant in the family who receives Medicaid, or have a member of your family who receives KTAP, or have a household income at or below 185 FPL%.</p>	<p>GUARANTEED COVERAGE</p> <p>Kentucky resident less than 21 years old</p> <p>A medical condition that usually responds to treatment provided by the program</p> <p>Must meet financial guidelines</p>	<p>GUARANTEED COVERAGE</p> <p>Must be Kentucky resident</p> <p>Under 64 years of age</p> <p>Must be uninsured or underinsured, ineligible for Medicaid</p> <p>At or below 250% FPL</p> <p>Women younger than 40 are eligible to receive screening services only if they have a family history of breast cancer</p>	<p>GUARANTEED COVERAGE</p> <p>Disabled or age 65 and older and 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>"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 ± 35% of the insurance company's index rate</p>	<p>Cobra Subsidy: 35% of monthly premium</p> <p>Costs range from 102-150% of group health rates</p>	<p>Depends on plan selected</p>	<p>Each individual plan is priced differently depending on age and gender, no family rates</p>	<p>\$0 or nominal co-payment</p>	<p>KCHIP: \$0 or \$20 monthly premium depending on income. \$1 to \$3 for Prescription Co-Pays, \$6 for ER Copays, Max of \$450 annually for premiums</p> <p>WIC: \$0 to minimal share of cost</p>	<p>\$0 or minimal share-of-cost</p>	<p>\$0 or nominal co-payment</p>	<p>\$0 and share of cost for certain services; deductibles for certain plans</p>	<p>\$0 or share of cost and co-pays depending on income level</p>

Other Programs & Resources
<p>Health Coverage Tax Credit 866-628-HCTC www.irs.gov (key word HCTC)</p> <p>ICARE (877) 422-7307 http://icare.ky.gov</p> <p>Partnership for Prescription Assistance 888-4PPA-NOW (888-477-2669) www.pparx.org</p>

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)

Kentucky Cabinet for Health and Family Services

800-372-2973
800-627-4702
www.chfs.ky.gov

(State program information)

Laws and regulations

Kentucky Office of Insurance
502-564-3630
800-595-6053
800-462-2081 (TDD)
<http://doi.ppr.ky.gov/kentucky>

(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

Kentucky Association of Health Underwriters
www.nahu.org

(State organization of insurance brokers)

KENTUCKY

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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