

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	Adults with no Children	Seniors and Disabled	Trade Dislocated Workers (TAA recipients)
Program	<p>U.S. Uninsured Help Line 800-234-1317</p> <p>Group Health Michigan Association of Health Underwriters 703-276-0220 www.mahu.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</p> <p>Individual Plans Michigan Association of Health Underwriters 703-276-0220 www.mahu.org</p>	<p>Blue Cross/Blue Shield of Michigan 888-MI-BCBSM 888-642-2276 www.bcbsm.org</p>	<p>Medicaid and Healthy Kids 800-642-3195 www.michigan.gov/mdch</p>	<p>MICChild 888-988-6300 www.michigan.gov/mdch (Listed under "health care coverage" and "children & teens")</p> <p>Healthy Kids 888-988-6300 www.michigan.gov/mdch</p>	<p>Breast and Cervical Cancer Control Program 800-922-MAMM 800-922-6266 www.michigan.gov/mdch (Listed under "Prevention")</p> <p>Women-Infant-Children (WIC) 800-26-BIRTH 800-262-4784 www.michigan.gov/mdch (Listed under "Pregnant Women, Children & Families")</p>	<p>Adult Medical Program aka Adult Benefits Waiver 800-642-3195 www.michigan.gov/mdch Contact local Department of Human Services</p>	<p>Medicare 800-MEDICARE 800-633-4227 www.medicare.gov</p> <p>Medicare Prescription Drug Program 800-633-4227</p> <p>Medicare/Medicaid Assistance Program 800-803-7174</p>	<p>Health Coverage Tax Credit 866-628-HCTC 866-628-4282 www.irs.gov (key word HCTC)</p>
Coverage	<p>If uninsured for previous 1-6 months, a waiting period for coverage of pre-existing conditions may apply</p> <p>Benefits will vary depending on the chosen plan</p> <p><i>Pre-Existing Health Conditions Covered</i></p>	<p>COBRA: Coverage available for up to 18 months depending on qualifying events, benefits are the same as what you had with your previous employer</p> <p>COBRA Subsidy: 15 months of partially subsidized COBRA premium</p> <p>HIPAA: Benefits are based on the program selected and there is no expiration of coverage</p> <p><i>Pre-Existing Health Conditions Covered</i></p>	<p>Assorted plans depending on medical needs</p> <p>There is a 6-month look-back and 12-month exclusionary period limit for pre-existing conditions in traditional individual market health insurance products in Michigan</p> <p><i>Limits on pre-existing health conditions may apply</i></p>	<p>Plans vary depending on applicant needs</p> <p><i>Pre-Existing Health Conditions Covered</i></p>	<p>Ambulance, dental, doctor visits, family planning, health checkups, hearing and speech, home health care, hospice, hospitalization, lab and X-rays, immunizations, medical supplies, nursing home care, medicine, mental health care, personal care services, prenatal care, surgery, vision, substance abuse treatment, physical therapy</p> <p><i>Pre-Existing Health Conditions Covered</i></p>	<p>MICChild: Regular checkups, shots, emergency care, dental, hospital, pharmacy, prenatal care and delivery, vision and hearing, mental health and substance abuse services</p> <p>Healthy Kids: Ambulance, dental, doctor visits, family planning, health checkups, hearing and speech, home health care, hospice, hospitalization, lab and x-rays, immunizations, medical supplies, nursing home care, medicine, mental health care, personal care services, prenatal care, surgery, vision, substance abuse treatment, physical therapy</p> <p><i>Pre-Existing Health Conditions Covered</i></p>	<p>BCCP: Cancer screening services and follow-up care, including cancer treatment if that should be needed</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>Basic medical care, pharmacy, no-inpatient</p> <p><i>Pre-Existing Health Conditions Covered</i></p>	<p>Medicare offers two standard plans, Part A: Hospital Insurance and Part B: Medical Insurance, as well as several supplemental and 'advantage' plans. It also offers a prescription drug program called Medicare Part D</p> <p>Medicare/Medicaid Assistance Program is a counseling service for Seniors and Disabled</p> <p><i>Pre-Existing Health Conditions Covered</i></p>	<p>Will cover pay 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>Under BCBS of MI options are: Health Coverage Community Blue Option with RX Plan 1 or the Blue Value Option 9 with RX Plan 2</p> <p><i>Pre-Existing Health Conditions Covered</i></p>
Eligibility	<p>GUARANTEED COVERAGE</p> <p>Company size 2-50 employees</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 can count as an employee</p> <p>Owner name on business license must draw wages from the company</p>	<p>GUARANTEED COVERAGE</p> <p>COBRA: If you were involuntarily terminated between Sept 1, 2008 and May 31, 2010, you are eligible for a 65% COBRA subsidy from the Federal Government. If you become eligible for other insurance, you will no longer be eligible for the subsidy. Must have an income at or below \$125,000 for individuals or \$250,000 for couples. You have 60 days from date of termination to sign up for COBRA coverage</p> <p>HIPAA: After you have exhausted your COBRA benefits or if you had 18 months of continuous coverage and your company went out of business, you may convert to a HIPAA individual plan, even if you have pre-existing conditions. You have 63 days from the date you lost your previous coverage to sign up for HIPAA. You cannot be eligible for any other 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 BCBSM (see next column)</p>	<p>GUARANTEED COVERAGE</p> <p>Cannot be eligible for COBRA, or government programs (must have exhausted this option)</p> <p>HMOs in the state must offer guarantee issue coverage to residents during annual open enrollment periods</p> <p>Must be Michigan resident</p>	<p>GUARANTEED COVERAGE</p> <p>Limited assets such as cash, savings, stocks and bonds (except for pregnant women and children)</p> <p>Pregnant women and infants up to 185% FPL</p> <p>Children 1-19 income at or below 150%</p> <p>Non-Working Parents: 39% FPL Working Parents: 66% FPL</p> <p>Medically Needy Individual: 57% FPL Medically Needy Couple: 56% FPL</p> <p>SSI Recipients: 74% FPL</p>	<p>GUARANTEED COVERAGE</p> <p>MICChild: Income must be above 150% but below 200% of the FPL; Must be uninsured; Must be ineligible for Medicaid; Residents and U.S. citizens; Families who voluntarily drop employer-based comprehensive insurance must wait six months to enroll; If families drop private insurance, they may immediately enroll in MICChild</p> <p>Healthy Kids: Pregnant women, babies and children under age 19 are eligible. Income must be at or below 150% FPL</p>	<p>GUARANTEED COVERAGE</p> <p>BCCP: Have an income at 250% FPL or lower, Must be uninsured or underinsured</p> <p>Women age 40-64 are eligible for breast/cervical cancer screening and for diagnostic follow-up of breast/cervical abnormalities</p> <p>Women age 18-39 who have been identified with a cervical abnormality are also eligible</p> <p>Women who are enrolled in a managed care program, an HMO, or Medicare Part B are not eligible for the BCCC</p> <p>WIC: Live in Michigan, have a nutritional need (WIC staff can help you determine this), are a child under 5, a new mom, or a pregnant or breastfeeding woman, Income must be at or below 185% FPL</p>	<p>GUARANTEED COVERAGE</p> <p>Uninsured, ineligible for Medicaid, meet income and assets test</p> <p>Countable income at or below 35% of the FPL</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>Also see BCBSM</p>
Monthly Cost	<p>Costs depend on employer contribution and ± 45% of the insurance company's index rate</p>	<p>COBRA: With the 65% subsidy you are responsible for 35% of the monthly premium for the first 15 months. Once subsidy expires you are responsible for full premium</p> <p>COBRA, HIPAA: Premiums range from 102%-150% of group health rates; individual coverage may be less expensive, see next column</p>	<p>Costs for individual coverage varies</p>	<p>Rates are not restricted and will depend on plan (BCBSM does community rating)</p>	<p>\$0 or minimal share-of-cost and no co-pays</p> <p>\$5 monthly payment per family for children</p>	<p>MICChild: \$10 monthly premium and no co-pays</p> <p>Healthy Kids: \$0 to minimal share of cost</p>	<p>BCCP: \$0</p> <p>WIC: \$0 to minimal share of cost</p>	<p>\$0 or small 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>

Other Programs & Resources

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

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

Children's Special Health Care Services
800-359-3722

Family Planning
800-642-3195
866-501-5656 TTY

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

Health Resources and Services Administration
888-ASK-HRSA
888-275-4772
www.findahealthcenter.hrsa.gov

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)

Department of Health and Human Services
www.hhs.gov

(Various health care search tools)

Michigan Department of Community Health
517-373-3740
www.michigan.gov/mdch

(State program information)

Laws and regulations

Michigan Office of Financial and Insurance Regulation
517-373-0220
877-999-6442
www.michigan.gov/cis

(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

Michigan Association of Health Underwriters
www.mahu.org

(State organization of insurance brokers)

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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.