

Demographic	PRIVATE HEALTH INSURANCE				PUBLICLY SPONSORED PROGRAMS					
	Small businesses (2-50 employees)	Already insured Small businesses (2-9 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 in moderate income families	Women	Seniors and Disabled	Trade Dislocated Workers (TAA recipients)
Program	<p>U.S. Uninsured Help Line 800-234-1317</p> <p>Group Health Montana Association of Health Underwriters 703-276-0220 www.nahu.org</p> <p>Insure Montana Purchasing Pool State Auditor's Office 800-332-6148 406-444-2040 www.sao.mt.gov/ InsureMontana/index.asp</p>	<p>Insure Montana Purchasing Pool State Auditor's Office 800-332-6148 406-444-2040 www.sao.mt.gov/ InsureMontana/index.asp</p>	<p>COBRA</p> <p>And then 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 Montana Association of Health Underwriters 703-276-0220 www.nahu.org</p> <p>State Auditor's Office 800-332-6148 406-444-2040 http://sao.mt.gov</p>	<p>MCHA Montana Comprehensive Health Association 800-447-7828 406-444-8537 www.mthealth.org</p>	<p>Medicaid 800-362-8312 406-444-4540 www.dphhs.mt.gov/ programsservices/medicaid.shtml</p>	<p>Children's Health Insurance Program 877-KidsNow (877-543-7669) 406-444-6971 www.chip.mt.gov</p> <p>(Note: In October of 2009, this program will change to the Healthy Montana Kids Program)</p> <p>Women-Infant-Children (WIC) 800-433-4298 406-444-4747 http://www.dphhs.mt.gov/PHSD/family-health/nutrition-wic/nutrition-wic-index.shtml</p>	<p>Breast and Cervical Cancer Prevention 888-803-9343 406-444-0927 www.dphhs.mt.gov/ PHSD/cancer-control/ Breast&Cerv-index.shtml</p> <p>Pregnant women see Medicaid</p>	<p>Medicare (Age 65 and up) 800-952-5253 1-800-MEDICARE www.medicare.gov</p> <p>Medicare Prescription Drug Program 800-633-4227</p>	<p>Health Coverage Tax Credit 866-628-HCTC www.irs.gov (key word HCTC)</p>
Coverage	<p>Up to \$5M lifetime maximum, assorted deductibles</p> <p>If uninsured for previous 1-6 months, a waiting period for coverage of pre-existing conditions may apply</p> <p><i>Pre-Existing Health Conditions Covered</i></p>	<p>Provides a refundable state income tax credit to employers who currently pay some or all of the cost of group health insurance for their employees; Also provides additional Tax Credits when employers pay for insurance for the employee's spouse or their dependents; Approximately 40% of the available funding per year is designated to the Employer Tax Credit; The funds for tax credits will be distributed on a first come, first served basis until the money is fully allocated</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 36 months depending on qualifying events, must have 20 employees or more</p> <p>COBRA benefits are the same as what you had in your group coverage</p> <p>After COBRA expires, HIPAA individual plan conversion benefits are based on the program selected, no expiration (see MCHA)</p> <p><i>Pre-Existing Health Conditions Covered</i></p>	<p>Assorted plans depending on medical needs</p> <p>There is a 36-month look-back and 12-month exclusionary period limit for pre-existing conditions in the Montana individual health insurance market</p> <p><i>Pre-Existing Health Conditions Covered with Some Limitations</i></p>	<p>Comprehensive plans to choose from, the primary difference is the annual deductible</p> <p>Lifetime maximum of \$2,000,000</p> <p>Waiting period for certain pre-existing conditions may apply</p> <p><i>Pre-Existing Health Conditions Covered</i></p>	<p>Among the services the Montana program may cover are: treatment by physicians, nurse practitioners, nurse midwives, dentists, denturists, and podiatrists; lab services, including X-rays; inpatient hospital visits; outpatient hospital visits; family planning; nursing facilities; home health care; durable medical equipment; outpatient drugs; mental health; ambulance; and eyeglasses</p> <p><i>Pre-Existing Health Conditions Covered</i></p>	<p>CHIP: Physician, inpatient and outpatient hospital services, routine sports or employment physicals, general anesthesia services, surgical services clinic and ambulatory health care services, prescriptions, laboratory and radiological services, inpatient, outpatient, and residential mental health services, inpatient, outpatient, and residential substance abuse treatment services dental, vision exams, eyeglasses, hearing exams</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>Mammograms, clinical breast exams, pap tests and pelvic exams for the early detection of breast and cervical cancer</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>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>	
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>Employer already provides employee health insurance</p> <p>Employer has a number of employees that meets the eligibility criteria established by the State Auditor's Office (between 2-5 employees; adjustable up to 9 depending on take-up and available revenue)</p> <p>The tax credit cannot be more than 50% of premiums paid</p> <p>No employee is paid more than \$75,000 per year (owner excluded)</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>If you are denied coverage for a medical condition, you may be eligible for MCHA, see next column</p>	<p>GUARANTEED COVERAGE</p> <p>Cannot be eligible for COBRA or any other government programs (except "endstage renal disease" covered under Medicare)</p> <p>Must prove denial of coverage or proof of offer paying 150% higher premium than MCHA</p> <p>May also be automatically eligible with certain health conditions (contact MCHA)</p> <p>Resident in state for at least 30 days</p>	<p>GUARANTEED COVERAGE</p> <p>Newborn-No Income Limit Children (under 6): 133% FPL Pregnant women: 150% FPL Children (Ages 6-19): 100% FPL</p> <p>Supplemental Security Income Recipients: 74% FPL</p> <p>Medically Needy Individual: 73% FPL</p> <p>Working Parents: 58% FPL</p> <p>Medically Needy Couple: 54% FPL</p> <p>Non-Working Parents: 33% FPL</p>	<p>GUARANTEED COVERAGE</p> <p>CHIP: Children until age 19; Montana residents; US citizens or qualified aliens; Not currently insured or covered by health insurance in the past 3 months (some employment-related exceptions apply); Not eligible for Medicaid, Parents not employed by the State of Montana; Income at or below 175% of the FPL</p> <p>WIC: Must be a Montana resident, a pregnant woman, a breastfeeding woman, or a woman who recently had a baby. Infants from birth to 12 months, or children up to 5 years old are also covered. Income must be at or below 185% FPL</p>	<p>GUARANTEED COVERAGE</p> <p>Under the age of 65, not have insurance that is considered to be "creditable coverage", meet citizenship requirements, be a Montana Resident, 200% of Federal Poverty Level</p> <p>For more information on eligibility contact your Area/County office. Contact information provided here:</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>	<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>
Monthly Cost	<p>Costs depend on employer contribution and ±25% of the insurance company's index rate</p>	<p>Costs depend on employer contribution</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>Premiums and deductibles vary depending on plan</p> <p>Deductibles from \$1-10K, 80/20 co-payments, \$5-13.5K annual maximum member liability</p>	<p>\$0 or small share of cost</p>	<p>CHIP: Families with incomes above 100 percent of the FPL will pay a small co-payment when services are received, no co-payment for well-baby or well-child care, including age-appropriate immunizations, and no co-payment for dental or eyeglasses. Max co-payment for any family is \$215 per family/yr</p> <p>WIC: \$0 or minimal share of cost</p>	<p>\$0 or minimal 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

Montana State Health Insurance Assistance Program
800-551-3191
www.dphhs.mt.gov

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)

Montana Department of Public Health and Human Services
www.dphhs.mt.gov

(State program information)

Laws and regulations

Montana State Auditor's Office
800-332-6148
406-444-2040
<http://sao.mt.gov>

(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

Montana Association of Health Underwriters
www.nahu.org

(State organization of insurance brokers)

MONTANA

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.