

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	Seniors and Disabled	Trade Dislocated Workers (TAA recipients)	Veterans
Program	<p>U.S. Uninsured Help Line 800-234-1317</p> <p>Group Health National Association of Health Underwriters 703-276-0220 www.nahu.org</p>	<p>COBRA/Mini-COBRA</p> <p>Then convert to</p> <p>HIPAA (Health Insurance Portability & Accountability Act) 866-4-USA-DOL www.dol.gov</p> <p>Or</p> <p>State Conversion Plans</p>	<p>U.S. Uninsured Help Line 800-234-1317</p> <p>Individual Plans National Association of Health Underwriters 703-276-0220 www.nahu.org</p>	<p>New Hampshire Health Plan 877-888-NHHP (6447) www.nhhealthplan.org</p> <p>Catastrophic Illness Plan 603-271-4495 800-852-3345 ext. 4495 www.dhhs.state.nh.us/dhhs/beas/cip.htm</p>	<p>Medicaid 603-271-5254 800-852-3345 x5254 www.dhhs.state.nh.us/dhhs/medicaidprogram/default.htm</p>	<p>Healthy Kids 877-464-2447 603-228-2925 www.nhhealthykids.com or www.dhhs.nh.gov/dhhs/medassistelig/eligibility/d4.htm</p> <p>Women-Infant-Children (WIC) 800-942-4321 603-271-4546 www.dhhs.state.nh.us/dhhs/wic/default.htm</p>	<p>Let No Woman Be Overlooked Program 800-852-3345 x4931 603-271-4931 www.dhhs.nh.gov/dhhs/cdpc/bccp.htm</p>	<p>Medicare 800-633-4227 1-800-MEDICARE www.medicare.gov</p> <p>Medicare Prescription Drug Program 800-633-4227 www.expressscript.com</p> <p>NH Senior Prescriptions Discounts 888-580-8902</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>Assorted deductibles</p> <p>If uninsured for previous 1-6 months, a waiting period for coverage of pre-existing conditions- not counting birth or adoption- may apply, (1-6 months respectively)</p> <p><i>Pre-Existing Health Conditions Covered</i></p>	<p>COBRA or Mini-COBRA: Coverage available for 18 to 36 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>Up to \$5M, assorted deductibles depending on age and residence zone</p> <p><i>Limits on Pre-Existing Health Conditions May Apply</i></p>	<p>NHHP: Choose from seven plan options each with a different deductible. Hospitalization, physician care, diagnostic tests, x-rays, prescription drugs, and some mental health care services</p> <p>CIP: Meant to provide financial assistance to persons with cancer, hemophilia, end stage renal disease, cystic fibrosis, spinal cord injuries, and other serious illnesses or injuries. Assistance is limited to \$2,500 per individual per year.</p> <p><i>Pre-Existing Health Conditions Covered</i></p>	<p>Diagnosis (services to find out what is wrong), physician services, check-ups (medical and dental), family planning, maternity, prenatal, and newborn care, prescriptions, hospital services, comfort care, hospice, dental services, drug and alcohol treatment, mental health services</p> <p><i>Pre-Existing Health Conditions Covered</i></p>	<p>HK: Hospital and physician care, prescription drugs, mental health care, and some 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>Women age 18 and younger receive free Pap tests</p> <p>Women age 40 and over receive free mammograms every 1-2 years</p> <p>Cancer treatment for some women qualified through Medicaid</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>Will cover 80% of COBRA 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 2-50</p> <p>Two employees must be present for half of the preceding calendar quarter and work 20 hrs/week for coverage</p> <p>Owner can count as an employee</p> <p>Twice annually, self-employed persons can be a small group health plan with guarantee issue</p> <p>Proprietor name on license must draw wages</p>	<p>GUARANTEED COVERAGE</p> <p>COBRA or Mini-COBRA: If you were involuntarily terminated between Sept 1, 2008 and Mar 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>Mini-COBRA: Applies to small businesses with less than 20 employees</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</p>	<p>Eligibility is subject to medical underwriting</p>	<p>GUARANTEED COVERAGE</p> <p>NHHP: Declined for health coverage because of health or medical condition Offered Coverage that is the same as NHHP but at a higher premium. You have a pre qualifying medical condition (see list on web site); Previous coverage terminated for reasons other than non-payment of premium or fraud; Federally eligible or certified as eligible for TAA or PBGC assistance; Cannot be eligible for COBRA, or government programs; New Hampshire resident</p> <p>CIP: A New Hampshire Resident; A US citizen, or the parent or guardian having primary responsibility for the applicant child is a US citizen; Must be age 21 or over; Must have one of the covered health conditions</p>	<p>GUARANTEED COVERAGE</p> <p>Infant: 300% FPL</p> <p>Child Age 1-19: 185% FPL</p> <p>Pregnant woman: 185% FPL</p> <p>Non-working parents: 41% FPL</p> <p>Working parent: 51% FPL</p> <p>Medically needy individual: 76% FPL</p> <p>Medically needy couple: 70% FPL</p>	<p>GUARANTEED COVERAGE</p> <p>HK: New Hampshire Resident, a U.S. citizen, a refugee, an asylee, or a permanent resident who has been in the U.S. for at least five years; Must not be eligible for Medicaid; Children age 1-18 who are at or below 185% FPL and infants at 300% FPL qualify for Healthy Kids Gold Program; Children age 1-18 between 185-400% FPL qualify for Silver or Buy-In Programs</p> <p>WIC: Reside in New Hampshire, Be a pregnant or recently pregnant woman, infant or child up to age 5, Be determined to have a nutritional risk, Income must be at or below 185% FPL</p>	<p>GUARANTEED COVERAGE</p> <p>Have income less than 250%</p> <p>Under-insured or uninsured</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>	<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 the Modified Community Rate</p>	<p>COBRA or Mini-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, Mini-COBRA, HIPAA: Premiums range from 102%-150% of group health rates; individual coverage may be less expensive, see next column</p>	<p>Costs depend on age and county/zone.</p> <p>If you are self-employed and buy your own insurance you are eligible to deduct 100% of the cost of the premium from your federal income tax.</p>	<p>NHHP: Premiums vary based on the plan and deductible you choose (approximately 150% of similar plans offered to a healthy individual through private insurance options)</p> <p>CIP: \$0 to minimal share of cost</p>	<p>\$0 may share in some costs</p>	<p>HK: \$0 for Gold Program. Monthly premium for Silver Program is based on family size and household income.</p> <p>WIC: \$0 to 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>20% of the insurance premium</p>	<p>\$0 and share of cost and co-pays depending on income level</p>

Other Programs & Resources

Family Planning
603-271-4517
800-852-3345 ext.4517
TTD: 800-735-2964
www.dhhs.state.nh.us/dhhs/mch/fpp.htm

New Hampshire Medication Bridge Program
603-225-0900

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

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)

New Hampshire Department of Health and Human Services
www.dhhs.state.nh.us/dhhs/dhhs_site/default.htm

(State program information)

Laws and regulations

New Hampshire Department of Insurance
800-852-3416
www.nh.gov/insurance

(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

New Hampshire Association of Health Underwriters
www.nahu.org

(State organization of insurance brokers)

NEW HAMPSHIRE

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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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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