

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	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 New Jersey Association of Health Underwriters www.njahu.org</p>	<p>COBRA & MiniCOBRA</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 New Jersey Association of Health Underwriters www.njahu.org</p>	<p>Individual Health Coverage Program (IHC) 609-633-1882 www.state.nj.us/dobi</p>	<p>Medicaid 800-356-1561 609-588-2600 www.state.nj.us/humanservices/dmahs/home/</p>	<p>NJ Family Care Program 800-701-0710 www.njfamilycare.org</p> <p>Women-Infant-Children (WIC) 866-44 NJ WIC 609-292-9560 http://www.state.nj.us/health/fhs/wic/index.shtml</p>	<p>Cancer Education and Early Detection (CEED) 609-292-8540 800-328-3838 www.state.nj.us/health/cancer/njceed/index.shtml</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>Senior Gold Program 800-792-9745 www.nj.gov/health/seniorbenefits/paadapp.htm</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>Carriers can impose a 6-month look-back/6-month exclusionary period for pre-existing conditions on enrollees that do not have prior creditable coverage (this may only apply to certain groups)</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 is available for up to 18 months depending on qualifying events COBRA benefits are the same as what you had in your group coverage</p> <p>After COBRA expires, (or if leaving group plan) HIPAA benefits are based on the program selected, no expiration (see IHC)</p> <p><i>Pre-Existing Health Conditions Covered</i></p>	<p>Assorted plans depending on medical needs</p> <p>All carriers must guarantee issue coverage to all individuals</p> <p>There is a 6-month look-back and a 12-month exclusionary period limit for pre-existing conditions</p> <p><i>Pre-Existing Health Conditions Covered with Some Limitations</i></p>	<p>All plans cover the following office visits, hospital care, prenatal and maternity care, immunizations, well-child care, screenings (including mammographies, pap smears and prostate examinations), X-ray and laboratory services, certain mental health and substance abuse services, prescription drugs</p> <p>Individuals are subject to a 12 month waiting period for coverage of pre-existing conditions</p> <p><i>Pre-Existing Health Conditions Covered</i></p>	<p>Inpatient and outpatient hospital treatment, laboratory tests and X-rays, early and periodic screening, diagnostic and treatment services, home health care, physician services, nurse-midwife services, assistance with family planning and any necessary supplies, nursing facilities for people over 21</p> <p>...Plus other services depending on plan</p> <p><i>Pre-Existing Health Conditions Covered</i></p>	<p>NJ Family Care: Physician services, preventive health care, emergency medical care, inpatient hospital services, outpatient hospital services, laboratory services, prescription drugs, eyeglasses, dental services in most cases, emergency transportation, mental health services and more</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>Screening mammograms, clinical breast examinations, instructions on breast self-examinations, Pap tests, and pelvic examinations.</p> <p>Diagnostic tests such as needle biopsies, breast ultrasounds and colonoscopies.</p> <p>Case management, tracking and follow-up are provided to all women and major emphasis is placed on rescreening women who are currently being served by the program</p>	<p>Medicare: Offers two standard plans, A: Hospital Insurance and B: Medical Insurance, as well as several supplemental and advantage plans</p> <p>Senior Gold: is a state funded prescription discount program</p> <p><i>Pre-Existing Health Conditions Covered</i></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>	<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 (including owner)</p> <p>Two employees must work for at least 6 months out of the year, and work 25 hours per week for coverage</p> <p>Most carriers require the most recent copy of NJ's quarterly wage and tax filing form</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. 90 days for small groups.</p> <p>COBRA (20+ employees) MiniCOBRA (2-50 employees)</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>GUARANTEED COVERAGE</p> <p>New Jersey resident</p> <p>Medical underwriting is not allowed</p> <p>Also see next column</p>	<p>GUARANTEED COVERAGE</p> <p>Resident of New Jersey at least 6 months</p> <p>Not eligible for coverage under a group health plan, governmental plan or church plan</p> <p>Not eligible for coverage under Medicare</p>	<p>GUARANTEED COVERAGE</p> <p>Infants (ages 0-1): 200% FPL (mother is enrolled in Medicaid at the time of birth. If not, infants with family incomes of 185% FPL)</p> <p>Children (ages 1-19): 133% FPL</p> <p>Pregnant Women: 185% FPL (Expanded coverage for women with incomes between 186 and 200% may also be available)</p> <p>Qualified Parents: 100% FPL</p> <p>Medically Needy Individual: 51% FPL Medically Needy Couple: 45% FPL</p> <p>SSI Recipients: 74% FPL Aged, Blind and Disabled: 100% FPL</p>	<p>GUARANTEED COVERAGE</p> <p>NJ Family Care: Uninsured children age 18 or younger with family incomes of up to 350% FPL</p> <p>Qualified parents at or below 200% FPL</p> <p>WIC: Reside in New Jersey, Be a pregnant or recently pregnant woman, infant or child up to age 5, Be determined to have a nutritional risk, Income must be: Family of 1: \$1604, Family of 2: \$2159, Family of 3: \$2714, Family of 4: \$3269, \$555 for each additional family member</p>	<p>GUARANTEED COVERAGE</p> <p>Income below 250% of FPL</p> <p>Uninsured or under-insured</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>Senior Gold: at least 65 years old, OR at least 18 years old and receiving Social Security Disability Title II benefits, income restrictions</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 contact Aetna of New Jersey</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 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>Costs vary based on selected carrier and plan (premiums, deductibles and co-pays)</p>	<p>\$0 or small share of cost</p>	<p>NJ Family Care: \$0-128 premiums and \$0-35 co-pays depending on income</p> <p>WIC: \$0 to 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>Senior Gold: \$0 to minimal share of cost</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

Special Child Health and Early Intervention Services
609-984-0755
www.nj.gov/health/fhs/sch/index.shtml

Medicaid Dental
800-356-1561
www.state.nj.us/health/fhs/newborn/oralhealth.shtml

Family Planning
609-292-8104
www.nj.gov/health/fhs/prenatal/familyplan.shtml

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)

New Jersey Department of Human Services

609-292-3717
www.state.nj.us/humanservices/

(State program information)

Laws and regulations

New Jersey Department of Banking and Insurance
800-446-SHOP
www.state.nj.us/dobi

(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 Jersey Association of Health Underwriters
www.njahu.org

(State organization of insurance brokers)

NEW JERSEY

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.