

Demographic	PRIVATE HEALTH INSURANCE				PUBLICLY SPONSORED PROGRAMS					
	Small businesses (2-50 Employees)	Individuals recently covered by an employer health plan	Small businesses & working individuals	Individuals & families	Low income individuals and families	Low and moderate income children and families	Adults	Seniors and Disabled	Trade Dislocated Workers (TAA recipients)	Veterans
Program	<p><b>U.S. Uninsured Help Line</b> 800-234-1317</p> <p><b>Group Plans</b> New York State Insurance Department www.ins.state.ny.us/chealth.htm</p>	<p><b>COBRA/MiniCOBRA</b></p> <p>Or</p> <p><b>HIPAA/Conversion</b> Health Insurance Portability and Accountability Act 866-4-USA-DOL www.dol.gov</p>	<p><b>Healthy NY</b> 866-HEALTHY NY (866-432-5849) www.healthyny.com</p>	<p><b>U.S. Uninsured Help Line</b> 800-234-1317</p> <p><b>Individual Plans</b> New York State Insurance Department www.ins.state.ny.us/chealth.htm</p>	<p><b>Medicaid</b> 800-541-2831 877-472-8411 www.health.state.ny.us</p>	<p><b>Child Health Plus</b> 800-698-4KIDS 800-698-4543 www.health.state.ny.us/nysdoh/chplus/</p> <p><b>Family Health Plus</b> 877-9FHPPLUS (877-934-7587) www.health.state.ny.us/nysdoh/fhplus/</p>	<p><b>Breast, Cervical, Colorectal and Prostate Cancer Program</b> 800-4CANCER 800-422-6237 www.health.state.ny.us/nysdoh/bcctp/bcctp.htm</p>	<p><b>Medicare</b> 800-633-4227 1-800-MEDICARE www.medicare.gov</p> <p><b>Medicare Prescription Drug Program</b> 800-633-4227</p> <p><b>New York Elderly Pharmaceutical Insurance Coverage (EPIC) Program</b> 800-332-3742</p>	<p><b>Health Coverage Tax Credit</b> 866-628-HCTC www.irs.gov (key word HCTC)</p>	<p><b>VA Medical Benefits Package</b> 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><b>Cobra Subsidy:</b> 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 Private Plans)</p> <p><i>Pre-Existing Health Conditions Covered</i></p>	<p>Inpatient and outpatient hospital services; physician services; maternity care; preventive health services; diagnostic and x-ray services; and emergency services. Applicants may choose a benefit package with or without a limited prescription benefit</p> <p>High Deductible Plan now available</p> <p><i>Pre-Existing Health Conditions Covered with Some Limitations</i></p>	<p>Assorted plans depending on medical needs</p> <p>All carriers must guarantee issue coverage to all individuals, including two comprehensive standardized plans</p> <p>There is a 6-month look-back and a 12-month exclusionary period limit for pre-existing conditions</p> <p>No medical underwriting</p> <p><i>Pre-Existing Health Conditions Covered</i></p>	<p>Smoking cessation agents treatment and preventive health and dental care, hospital inpatient and outpatient services, laboratory and X-ray, nursing home, home health agencies and personal care, treatment in psychiatric hospitals, mental health facilities, family planning, early periodic screening, diagnosis, and treatment for children, medical equipment, and appliances, transportation to medical appointments, emergency ambulance, pre-natal care and other health services</p> <p><i>Pre-Existing Health Conditions Covered</i></p>	<p><b>CHP &amp; FHP:</b> Well-child care, physical exams, immunizations, diagnosis and treatment of illness and injury, x-ray and lab tests, outpatient surgery, emergency care, prescription and non-prescription drugs if ordered, inpatient hospital medical or surgical care, short-term therapeutic outpatient services (chemotherapy, hemodialysis), limited inpatient and outpatient treatment for alcoholism and substance abuse, and mental health, dental, vision, speech and hearing, durable medical equipment, emergency ambulance transportation to a hospital, hospice</p> <p><i>Pre-Existing Health Conditions Covered</i></p>	<p>Screening, treatment and comprehensive health care through Medicaid</p> <p><i>Pre-Existing Health Conditions Covered</i></p>	<p><b>Medicare:</b> Offers two standard plans, A: Hospital Insurance and B: Medical Insurance, as well as several supplemental and advantage plans</p> <p><b>EPIC:</b> A state funded prescription discount program</p> <p><i>Pre-Existing Health Conditions Covered</i></p>	<p>Will cover 80% of your 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><b>GUARANTEED COVERAGE</b></p> <p>Company size 2-50 employees (including owner)</p>	<p><b>GUARANTEED COVERAGE</b></p> <p><b>Cobra Subsidy:</b> 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>COBRA (20+ employees) MiniCOBRA (under 20)</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><b>GUARANTEED COVERAGE</b></p> <p>Must reside in New York and you or your spouse must either be currently employed or must have been employed within the past 12 months.</p> <p>Do not have access to employer health insurance or Medicare</p> <p>Uninsured for the 12-month period preceding application or have lost that coverage due to a qualifying event</p> <p>30% of the employees must earn wages of \$34,000 or less</p> <p>Individuals and Sole Proprietors must have an income at or below 250%</p>	<p><b>GUARANTEED COVERAGE</b></p> <p>New York resident</p> <p>Medical underwriting is not allowed</p>	<p><b>GUARANTEED COVERAGE</b></p> <p>Pregnant women and infants (ages 0-1): 200% FPL</p> <p>Qualified Parents: 150% FPL</p> <p>Children (ages 1-5): 133% FPL Children (ages 6-19): 100% FPL</p> <p>Medically Needy Couple: 93% FPL, Individual: 87% FPL, SSI Recipients: 74% FPL</p> <p>Individuals may also own a home, a car, and personal property and still be eligible. The income and resources of legally responsible relatives in the household will be counted, limits on cash resources</p>	<p><b>GUARANTEED COVERAGE</b></p> <p><b>CHP:</b> Uninsured children age 18 or younger with family incomes of up to 400% FPL. Families with incomes above 400% FPL can pay the full premium for CHP.</p> <p><b>FHP:</b> adults between the ages of 19 and 64 who do not have health insurance - either on their own or through their employers - but have income or resources too high to qualify for Medicaid; Single Adult &amp; Couples with no children-100% of the FPL, Parents/Guardians Living with at Least 1 Child Under 21-150% of the FPL</p> <p><b>Both:</b> Residents of New York State and are United States citizens or fall under one of many immigration categories</p>	<p><b>GUARANTEED COVERAGE</b></p> <p><b>For Breast/Cervical:</b> Be 18 years of age or older; Be in need of treatment for breast and/or cervical cancer or a pre-cancerous condition</p> <p><b>For Colorectal/Prostate:</b> Be screened and/or diagnosed through a CSPP partnership or CSPP provider; Be under 65 years of age; Need treatment for colorectal and/or prostate cancer or pre-cancerous condition</p> <p><b>Both:</b> Have income that is at or below 250% Federal Poverty Level (FPL); Not be covered under any creditable insurance; Be ineligible for Medicaid under other eligibility groups; Be a resident of New York State; and Be a U.S. citizen or an alien with satisfactory immigration status</p>	<p><b>GUARANTEED COVERAGE</b></p> <p><b>Medicare:</b> 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><b>EPIC:</b> Seniors with other prescription coverage through Medicare or most other plans can join EPIC to cover drug costs not covered by that other coverage</p>	<p><b>GUARANTEED COVERAGE</b></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>Contact any HMO or Healthy New York Program</p>	<p><b>GUARANTEED COVERAGE</b></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 Community Rate</p>	<p><b>Cobra Subsidy: 35%</b> 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><b>\$0</b> for some services and <b>\$500</b> for hospital stays, monthly premiums vary but the amounts of the co payments and deductible are the same for each health plan</p> <p>The 2009 deductible amounts are \$1,150 for single coverage and \$2,300 for family coverage for the High Deductible Plan</p>	<p>Costs for individual coverage varies</p>	<p><b>\$0</b> or small share of cost</p>	<p><b>CHP: \$0-60</b> premiums and no co-pays</p> <p><b>FHP: \$0</b></p>	<p><b>\$0</b> or minimal share of cost</p>	<p><b>\$0</b> and share of cost for certain services; deductibles for certain plans</p>	<p><b>20%</b> of the insurance premium</p>	<p><b>\$0</b> and share of cost and co-pays depending on income level</p>

**Other Programs & Resources**

**Women-Infant Children (WIC)**  
800-522-5006  
http://www.health.state.ny.us/prevention/nutrition/wic/

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

**Family Planning**  
800-541-2831  
www.health.state.ny.us/health\_care/medicaid/program/longterm/familyplanbenprog.htm

**Healthy Baby**  
800-522-5006

**NY AIDS - HIV Counseling and Testing**  
800-541-AIDS

**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.

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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](http://www.benefits.gov)

(Search tool for grants, loans and other benefits)

**Catalog of Federal Domestic Assistance**  
[www.cfda.gov](http://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](http://www.ask.hrsa.gov/pc)

(Search tool by zip code)

**Department of Health and Human Services**  
[www.hhs.gov](http://www.hhs.gov)

(Various health care search tools)

**Self Help Clearing House**  
[www.mentalhelp.net/selfhelp](http://www.mentalhelp.net/selfhelp)

(Search tool for people sharing information on hundreds of diseases, health conditions and other health care related situations)

**New York Department of Health**  
518-486-9002  
[www.health.state.ny.us](http://www.health.state.ny.us)

(State program information)

### Laws and regulations

**New York State Insurance Department**  
212-480-6400  
800-342-3736  
[www.ins.state.ny.us](http://www.ins.state.ny.us)

(General information on all types of insurance)

**Employee Benefits Security Administration**  
[www.dol.gov/ebsa](http://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 York Association of Health Underwriters**  
[www.nysahu.org](http://www.nysahu.org)

(State organization of insurance brokers)

## NEW YORK

# 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 WellPoint 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.