

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 children and families	Children	Individuals with genetic disorders	Women	Trade Dislocated Workers (TAA recipients)	Veterans
Program	<p>U.S. Uninsured Help Line 800-234-1317</p> <p>Group Health Ohio Association of Health Underwriters 703-276-0220 www.ohioahu.org/</p>	<p>COBRA/ MiniCOBRA</p> <p>Then convert to HIPAA (Health Insurance Portability & Accountability Act) 866-4-USA-DOL www.dol.gov</p> <p>Or State Conversion Plans</p>	<p>U.S. Uninsured Help Line 800-234-1317</p> <p>Individual Plans Ohio Association of Health Underwriters 703-276-0220 www.ohioahu.org/</p>	<p>Ohio Health Care Plans (OHC) http://www.ohioinsurance.gov/Company/OHCPlans.htm</p> <p>Ohio Department of Insurance 800-686-1526 614-644-2658 www.ohioinsurance.gov</p>	<p>Healthy Families Medicaid (Medicaid for parents and children) 800-324-8680 877-852-0010 800-292-3572 TDD http://jfs.ohio.gov/OHP/</p>	<p>Healthy Start Medicaid 800-324-8680 800-292-3572 TDD http://jfs.ohio.gov/OHP/</p> <p>Women-Infant-Children (WIC) 614-644-8006 800-755-GROW http://www.odh.ohio.gov/odhPrograms/ns/wicn/wic1.aspx</p>	<p>Ohio Genetics Program 614-728-4677 www.odh.ohio.gov/odhprograms/cmh/genserv/genserv1.aspx</p>	<p>Breast and Cervical Cancer Protection Program 614-728-2177 (Ohio Department of Health) www.odh.ohio.gov/odhPrograms/hpr/bc_canc/bcanc1.aspx</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>Pre-existing conditions can be excluded for a limited time depending upon the type of group plan you are joining</p> <p>Benefits will vary depending on the chosen plan</p> <p><i>Pre-Existing Health Conditions Covered with Some Limitations</i></p>	<p>Cobra Subsidy: 9 months of partially subsidized COBRA premium</p> <p>COBRA coverage available for 18-36+ months depending on qualifying events; benefits are same as group program</p> <p>HIPAA individual-plan conversion benefits are based on the program selected, no expiration</p> <p>State conversion plans offered through private health insurance market will vary</p> <p><i>Pre-Existing Health Conditions Covered</i></p>	<p>Covers certain state mandated items</p> <p>Annual open enrollment regardless of pre-existing conditions</p> <p>Coverage options vary by carrier, but most offer plans that are HSA (Health Savings Account) compatible</p> <p><i>Pre-Existing Health Conditions Covered with Some Limitations</i></p>	<p>Ohio requires insurers to offers certain benefits such as treatment for diabetes and post-delivery hospital stays. Other benefits depend on plan purchased.</p> <p>"Standard plan" covers hospital and physician services as well as many other special but limited services</p> <p>"Basic plan" covers hospital and physician services, limited prescription drug benefits and other services. Routine maternity not covered</p> <p><i>Pre-Existing Health Conditions Covered with Some Limitations</i></p>	<p>Medical, dental and vision, prescriptions, hospitalization and more depending on program</p> <p><i>Pre-Existing Health Conditions Covered</i></p>	<p>HS: Comprehensive care including but not limited to doctor visits, mental, dental, prescriptions, hospitalization 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>Genetic services include, but are not limited to genetic counseling, education, diagnosis and treatment for all genetic conditions and congenital abnormalities.</p> <p>Genetic services are covered by most insurance companies, Medicaid & other 3rd party payers such as the Bureau for Children with Medical Handicaps; Those who do not have medical coverage are billed based on their income level: No one is turned away from the genetics clinics for not having insurance.</p>	<p>Services provided include mammograms, pap tests, office visits, clinical breast exams, colposcopies, breast ultrasounds, biopsies and other diagnostic procedures</p> <p>If screened and diagnosed for breast or cervical cancer may be eligible for complete health coverage through Medicaid</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>GUARANTEED COVERAGE</p> <p>Company size 2-50 employees</p> <p>Owner can count as an employee</p> <p>Proprietor-name on license must draw wages</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 last 60 days (COBRA), or 63 days (HIPAA) for reasons other than gross misconduct or fraud</p> <p>For HIPAA: recently covered by group program or a COBRA plan for 18 continuous months (COBRA option must have been selected if available and exhausted)</p> <p>MiniCOBRA: under 20 employees Ohio resident</p>	<p>Eligibility is based on medical underwriting</p> <p>There is a 12 month look back period during first two years of coverage. If condition is deemed preexisting there can be a 24 month exclusionary period.</p> <p>Must be resident of state or documented immigrant</p>	<p>GUARANTEED COVERAGE</p> <p>Cannot be eligible for COBRA, or government programs (must have exhausted this option)</p> <p>Must be Ohio resident</p>	<p>GUARANTEED COVERAGE</p> <p>Limited assets such as cash, savings, stocks and bonds AND...</p> <p>Families with Children under the age of 19 Income at or below 90% FPL</p> <p>Uninsured children under age 19 and Pregnant women may have an income at or below 200% FPL</p> <p>Disabled and elderly up to 64% FPL</p> <p>Ohio resident or documented immigrant</p> <p>Automatically covered if on Ohio Works First cash assistance or SSI</p>	<p>GUARANTEED COVERAGE</p> <p>HS: Uninsured children under age 19 and Pregnant women may have an income at or below 200% FPL</p> <p>WIC: Reside in Ohio, 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 Income at or below 185% FPL</p>	<p>Anyone can call and get information regarding genetic disorders</p> <p>Individuals/families might benefit from genetic services if they have questions about: the cause of a medical condition or developmental problem; the chance of the same condition showing up in their children or other relatives; how to prepare for and have a healthy pregnancy; available choices based on an understanding of medical genetics, existing treatments, and other factors; recent genetic discoveries and current research about their condition; where to find medical specialists, community resources and parent support groups in their area or nationally.</p>	<p>GUARANTEED COVERAGE</p> <p>Must be Ohio resident and have legal immigration status</p> <p>For mammograms must be between 50 and 64 years of age</p> <p>For pelvic and pap test must be between 40 and 64 years of age</p> <p>Must be uninsured or underinsured with income under 200% of FPL</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 ± 35% of the insurance company's index rate</p>	<p>Cobra Subsidy: 35% of monthly premium</p> <p>Costs range from 102-150% of group health rates</p>	<p>Various price ranges depending on deductible and what plan you buy.</p>	<p>Based on the plan you choose: "standard plan" lifetime maximum of \$1 million with annual deductible of \$750 plus 20-40% cost-sharing "basic plan": coverage limited to \$50,000 per calendar year after \$1,000 annual deductible</p>	<p>\$0 or minimal share of cost</p>	<p>HS & WIC: \$0 or minimal share of cost</p>	<p>There are different costs for the various services at genetics clinics. Most insurance companies and third party payers cover the costs of most services. Those who do not have medical coverage are billed based on their income level.</p>	<p>\$0</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

Medicare
800-952-5253
1-800-MEDICARE
www.medicare.gov

Medicare Prescription Drug Program
800-633-4227

Ohio Help Me Grow Program
614-644-8389
http://www.ohiohelpmegrow.org/

Ohio HIV Drug Assistance Program
614-466-6374

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.

© Copyright 2009 by Philip Lebherz and the Foundation for Health Coverage Education®.

All rights reserved. Printed in the U.S.A.

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)

Ohio Department of Health
www.odh.ohio.gov

(State program information)

Laws and regulations

Ohio Department of Insurance
800-686-1526
614-644-2658
www.ohioinsurance.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

Ohio Association of Health Underwriters
www.ohio-ahu.org

(State organization of insurance brokers)

OHIO

Health Care Options Matrix™



This Matrix offers information about free and low-cost health care coverage for individuals, families, and small businesses.

Anthem 
FOUNDATION

FHCE FOUNDATION FOR HEALTH COVERAGE EDUCATION

Helping people navigate their health care options



Anthem 
FOUNDATION

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.

Revised July 2009