

Demographic	PRIVATE HEALTH INSURANCE			PUBLICLY SPONSORED PROGRAMS						
	Small businesses (2-50 employees)	Individuals recently covered by an employer plan	Individuals & families	Individuals with pre-existing, severe or chronic medical conditions	Low income children and families	Children in moderate income families	Families	Women	Native American Indians	Trade Dislocated Workers (TAA recipients)
Program	<p>U.S. Uninsured Help Line 800-234-1317</p> <p>Group Plans Oregon Association of Health Underwriters 877-412-OAHU(6248) www.orahu.org</p>	<p>COBRA Or HIPAA Health Insurance Portability and Accountability Act 866-4-USA-DOL www.dol.gov</p> <p>Or State Continuation Coverage</p>	<p>U.S. Uninsured Help Line 800-234-1317</p> <p>Individual Plans Oregon Association of Health Underwriters 877-412-OAHU(6248) www.orahu.org</p>	<p>OMIP (Oregon Medical Insurance Pool) 503-225-6620 800-848-7280 TTY: 800-375-2863 www.omip.state.or.us</p>	<p>Oregon Health Plan (OHP/Medicaid) 503-945-5772 800-527-5772 TTY: 800-375-2863 www.oregon.gov/DHS/healthplan</p>	<p>State Children's Health Insurance Program (SCHIP) (Apply through the Oregon Health Plan) 800-359-9517 (Applications) 503-378-2666 (Eligibility) www.oregon.gov/DHS/healthplan/</p> <p>Women-Infant-Children (WIC) 800-723-3638 http://oregon.gov/DHS/ph/wic/about_us.shtml</p>	<p>Family Health Insurance Assistance Program (Subsidy program) 503-373-1692 888-564-9669 http://www.fhiap.oregon.gov</p> <p>The program is currently not accepting new applications. If you would like to receive an application when the program reopens you may sign up; however, the wait list is approximately 1.5 to 2 years.</p>	<p>Oregon Breast and Cervical Cancer Program 971-673-0984 877-255-7070 www.oregon.gov/DHS/ph/bcc</p>	<p>Indian Health Services 503-326-2020 http://www.ihs.gov/FacilitiesServices/AreaOffices/Portland/</p>	<p>Health Coverage Tax Credit (Subsidy program) 866-628-HCTC www.irs.gov (key word HCTC)</p>
Coverage	<p>Up to \$2M lifetime maximum, assorted deductibles</p> <p>Under Oregon law, newborns and adopted children are automatically covered under parents' fully insured health plan for the first 31 days, if the plan provides dependent coverage</p> <p><i>Pre-Existing Health Conditions Covered</i></p>	<p>Cobra Subsidy: 9 months of partially subsidized COBRA premium</p> <p>Up to \$2M lifetime maximum, assorted deductibles</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><i>Pre-Existing Health Conditions Covered</i></p>	<p>Up to \$2M, assorted deductibles depending on age and residence zone</p> <p><i>Pre-Existing Health Conditions Covered with Some Limitations</i></p>	<p>Max lifetime benefit is \$2 million per covered person.</p> <p>Choose from 4 policy options</p> <p>In some cases benefits will not be provided during the first six months of enrollment for expenses resulting from a pre-existing condition</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>SCHIP: Similar to child services through OHP</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>Use FHIAP to buy the private health insurance plan you choose</p> <p>If employer-sponsored plan is available then you must use FHIAP assistance to enroll in that plan</p>	<p>Some diagnostic services such as ultrasound, breast biopsy, surgical consultation, colonoscopy</p> <p>Cancer treatment for some women qualified through Medicaid</p> <p>Referral to treatment services</p>	<p>A number of services covered for eligible Native American Indians. Current areas of emphasis are: Infant Health, High Risk Maternal & Child Health, Tobacco Use, Intervention, Domestic Violence, Diabetes, Women's Health Care, and Cancer Screening.</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>Coverage is received through one of the four health plans OMIP offers.</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 work 17.5 hrs/week for coverage</p> <p>Owner can count as an employee</p> <p>Proprietor-name on license must draw wages</p> <p>Credit for pre-existing conditions apply for individuals with no more than a 63 day break in coverage</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 6 continuous months (COBRA option must have been selected if available and exhausted)</p> <p>State Coverage lasts up to 6 mos. Must have had group plan for 90 days</p>	<p>Eligibility is subject to medical underwriting</p>	<p>GUARANTEED COVERAGE</p> <p>Previous coverage terminated for reasons other than non-payment of premium or fraud</p> <p>Cannot be eligible for COBRA, or government programs</p> <p>Oregon resident</p> <p>Have one of the listed medical conditions</p> <p>Credit toward 6 month waiting period may apply for prior coverage</p>	<p>GUARANTEED COVERAGE</p> <p>Child to Age 5: 133% FPL</p> <p>Child Age 6-18 or parent: 100% FPL</p> <p>Pregnant woman: 185% FPL</p> <p>SSI Recipients: 74% FPL</p> <p>Medically Needy Individual: 58% FPL</p> <p>Medically Needy Couple: 54% FPL</p> <p>Oregon resident and documented immigrant</p>	<p>GUARANTEED COVERAGE</p> <p>SCHIP: Uninsured for 6 months, not eligible for OHP, Children under the age 19, Household income of 185% FPL, Oregon resident and legal immigration status (exceptions granted for certain groups)</p> <p>WIC: Reside in Oregon, 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>GUARANTEED COVERAGE</p> <p>Oregon resident and legal immigrant</p> <p>Uninsured for at least 6 months unless coming off OHP</p> <p>Savings less than \$10k (including rental property)</p> <p>Not eligible for Medicare</p> <p>Family income up to approximately 185% of the FPL</p>	<p>GUARANTEED COVERAGE</p> <p>Age 40-64</p> <p>Under-insured or uninsured</p> <p>Income below 250% FPL</p> <p>Older than 64 and not eligible for Medicare Part B</p>	<p>GUARANTEED COVERAGE</p> <p>Must be a member of a Federally recognized Tribe.</p> <p>Resides on tax-exempt land or owns restricted property</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 plan choice and the Modified Community Rate</p>	<p>Cobra Subsidy: 35% of monthly premium</p> <p>Cost for continuation plans depend on group health plan rates, and costs depend on your age if enrolling in portability</p>	<p>Costs depend on age and county</p> <p>If you are self-employed and buy your own insurance you can deduct 100% of the cost of the premium from your federal income tax</p>	<p>The plans offer a range of deductibles including \$500, \$750, \$1,000 and \$1,500</p> <p>Similar to private rates if qualified for portability policy; 25% higher for the high risk pool rate</p>	<p>\$0 to a share of the monthly premium for Standard or Plus plans</p>	<p>SCHIP: No premium or co-pays</p> <p>WIC: \$0 or minimal share of cost</p>	<p>Depending on family size and income FHIAP pays up to 95% of premium. FHIAP members are responsible for co-pays, deductibles and coinsurance.</p>	<p>\$0 and share-of-cost sliding scale</p>	<p>\$0 or minimal share of cost</p>	<p>20% of the insurance premium</p>

Other programs & resources

Medicare
(Age 65 and up)
800-952-5253
1-800-MEDICARE
www.medicare.gov

Medicare Prescription Drug Program
800-633-4227

VA Medical Benefits Package
877-222-8387
www.va.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)

Oregon Department of Human Services
503-945-5944
www.oregon.gov/DHS/

(State program information)

Laws and regulations

Oregon Insurance Division
503-947-7980
www.cbs.state.or.us/external/ins

(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

Oregon Association of Health Underwriters
877-412-OAHU(6248)
www.orahu.org

(State organization of insurance brokers)

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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.