

Demographic	PRIVATE HEALTH INSURANCE			PUBLICLY-SPONSORED PROGRAMS						
	Small Businesses (1-50 Employees)	Individuals Recently Covered by an Employer Health Plan	Individuals & Families	Individuals with Pre-Existing, Severe, or Chronic Medical Conditions	Low-Income Individuals & Families	Low-Income Adults	Children	Women	Adults	Seniors & Disabled
Program	<p>U.S. Uninsured Help Line 800-234-1317</p> <p>Group Plans National Association of Health Underwriters 703-276-0220 www.nahu.org</p>	<p>COBRA/Mini-COBRA Then convert to a plan under:</p> <p>HIPAA Health Insurance Portability & Accountability Act 866-487-2365 www.dol.gov</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>Health Reinsurance Association (HRA) 800-842-0004 www.hract.org/hra</p> <p>Pre-Existing Condition Insurance Plan (PCIP) Federal program run by the CT Dept. of Social Services and the HRA 800-656-6684 www.PCIP.gov www.ct.gov (Search: Pre-Existing Condition)</p>	<p>Medicaid 800-842-1508 TDD/TYY: 800-842-4524 www.dss.state.ct.us</p> <p>HUSKY A (Health Care for Uninsured Kids and Youth Medicaid for Children) 877-284-8759 800-656-6684 www.huskyhealth.com</p>	<p>Medicaid for Low-Income Adults (Medicaid LIA) 866-409-8430 860-269-2031 www.ct.gov/dss (Search: Low-Income Adults)</p>	<p>HUSKY B and Plus 877-284-8759 800-656-6684 www.huskyhealth.com</p>	<p>Connecticut Breast and Cervical Cancer Early Detection Program (CBCCEDP) www.ct.gov/dph (Search: CBCCEDP)</p> <p>WISEWOMAN www.ct.gov/dph (Search: WISEWOMAN)</p> <p>Both programs: 860-509-7804 www.dph.state.ct.us</p>	<p>Charter Oak Health Plan 877-772-8625 www.ct.gov/coh</p>	<p>Medicare (Age 65 and up) 800-633-4227 www.medicare.gov</p> <p>Medicare Prescription Drug Program 800-633-4227</p> <p>Connecticut CHOICES Program (Medicare advice) 800-994-9422</p>
Coverage	<p>Mostly plans with co-pays, some with deductibles.</p> <p>There is a maximum look-back period of 6 months and maximum exclusion period of 12 months for pre-existing conditions on enrollees who do not have any prior coverage.</p> <p><i>Pre-Existing Health Conditions Covered</i></p>	<p>COBRA: Coverage available for 18-36 months depending on qualifying events. Benefits are what you had with your previous employer.</p> <p>Mini-COBRA: Coverage lasts a maximum of 30 months depending on qualifying events. Benefits are what you had with your previous employer.</p> <p>HIPAA: Benefits are based on program selected. There is no expiration of coverage.</p> <p><i>Pre-Existing Health Conditions Covered</i></p>	<p>Different plans will cover different medical services.</p> <p>There may also be a lifetime maximum of benefits, for example \$5M.</p> <p>There is a 12-month look-back and exclusionary period limit for pre-existing conditions.</p> <p><i>Limits on Pre-Existing Health Conditions May Apply</i></p>	<p>HRA: Choose from 2 individual plans: PPO or a Special Health Care Plan (waiting period of 12 months). Choose from 2 conversion plans: PPO and a Special Health Care Plan (no waiting period, if you qualify). All benefits are the same except the Special Plan, which does not cover outpatient prescriptions.</p> <p>PCIP: Covers broad range of benefits, including primary and specialty care, hospital care, and prescription drugs.</p> <p><i>Pre-Existing Health Conditions Covered</i></p>	<p>Medicaid and HUSKY A: Provides full Medicaid health coverage/benefits package, including long-term care/skilled nursing facility, home health care and non-emergency medical transportation.</p> <p>Some services may need prior approval.</p> <p>HUSKY A includes services available to Children and Youth with Special Health Care Needs (CYSHCN).</p> <p><i>Pre-Existing Health Conditions Covered</i></p>	<p>Inpatient and outpatient hospital services, Physician services, Laboratory services, Prescription drugs, Mental health services, Immunizations, and Emergency services.</p> <p><i>Pre-Existing Health Conditions Covered</i></p>	<p>HUSKY B: Comprehensive medical care except long-term care and non-emergency medical transportation.</p> <p>HUSKY Plus: For HUSKY B recipients with or are at high risk for chronic physical, developmental, behavioral, or emotional conditions and require health and related services beyond that are required by children generally. Services cover severe physical health problems not covered under the basic HUSKY B plan.</p> <p><i>Pre-Existing Health Conditions Covered</i></p>	<p>CBCCEDP: Office visits, Mammograms, Breast biopsies and ultrasounds, Fine needle aspirations, Pap tests, LEEP, Surgical consultations, Clinical breast exams, and colposcopies and colposcopy-directed biopsies.</p> <p>WISEWOMAN: Cardiovascular disease risk assessment and counseling; blood, lipid, and blood glucose screening. Referral for treatment if screening results are elevated.</p>	<p>Covers Primary care, Specialist office visits, Preventive care, Ambulance, Emergency room visit, Prescription medication, Durable medical equipment, Lab and x-ray, Behavioral health services, Inpatient and outpatient services, Pre- and post-natal care. Lifetime maximum benefit of \$1 million, annual maximum benefit of \$100,000.</p> <p><i>Pre-Existing Health Conditions Covered</i></p>	<p>Medicare offers Part A, inpatient care in hospitals and rehabilitative centers; Part B, doctor and some preventive services and outpatient care; Part C allows Medicare benefits through private insurance (Medicare Advantage); Part C includes Parts A, B, and C not covered by Medicare. Part D covers prescription drugs.</p> <p>Connecticut CHOICES is a Medicare counseling service.</p> <p><i>Pre-Existing Health Conditions Covered</i></p>
Eligibility	<p>GUARANTEED COVERAGE</p> <p>Company size 1-50 employees.</p> <p>If in business 90 days or more, can usually qualify.</p> <p>Owner can count as an employee. Proprietor name on license must draw wages.</p> <p>Self-employed groups have a guaranteed issue right to a specific small employer plan.</p> <p>Eligible employees must work at least 30 hours a week.</p>	<p>GUARANTEED COVERAGE</p> <p>COBRA: Available for employees who work for businesses with 20 or more employees. You have 60 days from date of termination to sign up for COBRA coverage.</p> <p>Mini-COBRA: Available for employees who work for businesses with less than 20 employees. You have 30 days from date of termination to sign up for Mini-COBRA coverage.</p> <p>HIPAA: Must have had 18 months of continuous coverage and completely exhausted COBRA or state continuation coverage. Must not have lost coverage due to fraud or non-payment of premiums. You have 63 days to enroll in a HIPAA-eligible plan.</p>	<p>Eligibility is subject to medical underwriting.</p> <p>If you are denied coverage for a medical condition, you may be eligible for a Connecticut Health Reinsurance Association Plan or PCIP. See next column.</p>	<p>GUARANTEED COVERAGE</p> <p>HRA: Guaranteed to all Connecticut residents under the age of 65. If HIPAA-eligible then no pre-existing exclusion period. Eligible if previous coverage was terminated for reasons other than non-payment of premium or fraud.</p> <p>PCIP: Must have been uninsured for at least 6 months prior to applying. Must prove being a U.S. citizen or legal U.S. resident, a Connecticut resident, and having problems getting insurance due to a pre-existing condition. Must have a qualifying pre-existing condition.</p>	<p>GUARANTEED COVERAGE</p> <p>Medicaid and HUSKY A: Must be U.S. citizens or legal permanent residents, and Connecticut residents. Must be children ages 0-18, adults, parents, or caregivers living at or below 185% FPL, or pregnant women living at or below 250% FPL.</p>	<p>GUARANTEED COVERAGE</p> <p>Must be U.S. citizens and Connecticut residents ages 19-64, not receiving Medicare or Supplemental Security Income (SSI), not be pregnant, live at or below 56% FPL. For those living in Region A (mostly southwestern Connecticut), income limit is 68% FPL. There are no asset requirements.</p>	<p>GUARANTEED COVERAGE</p> <p>HUSKY B and Plus: Must be children ages 0-18, U.S. citizens, and live in Connecticut.</p> <p>HUSKY B: May not be available if a child has been covered by health insurance through a parent's employer during the past two months; exceptions to this waiting period include loss of employment and financial hardship. No income limit for HUSKY B. Families with incomes greater than 300% FPL can buy into a HUSKY plan.</p> <p>HUSKY Plus: Income limit of 185% to 300% FPL.</p>	<p>GUARANTEED COVERAGE</p> <p>CBCCEDP: Income must be at or below 200% FPL. Must be 19-64 years of age for clinical breast exams and Pap tests, or 40-64 years of age for mammograms. Must be uninsured or have health insurance that excludes routine Pap tests and/or mammograms, or insurance deductible of \$1,000 or more. Women ages 65 or older who are not enrolled in Medicare Part B may be eligible to receive CBCCEDP & WISEWOMAN services.</p> <p>WISEWOMAN: Must be enrolled in the CBCCEDP, 40 to 64 years old, have an income at or below 200% FPL, have no health insurance or health insurance that excludes routine blood pressure screening, lipid profile, and blood glucose screenings.</p>	<p>GUARANTEED COVERAGE</p> <p>Must be uninsured Connecticut residents, ages 19-64 who are U.S. citizens or qualified aliens. There are no income limits.</p>	<p>GUARANTEED COVERAGE</p> <p>Medicare and Connecticut CHOICES: Must be a U.S. citizen or permanent U.S. resident, and:</p> <ol style="list-style-type: none"> 1) If 65 years or older, you or your spouse worked for at least 10 years in Medicare-covered employment, or 2) You have a disability or end-stage renal disease (permanent kidney failure requiring dialysis or transplant) at any age.
Monthly Cost	<p>Costs depend on employer contribution and the modified community rate.</p>	<p>COBRA/Mini-COBRA: Premiums range from 102%-150% of group health rates.</p> <p>HIPAA: Premiums will depend on plan chosen.</p>	<p>Costs depend on age and county/zone.</p> <p>No rate caps.</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>HRA: Premiums vary depending on the applicant's income level, age, sex, family size, and plan chosen. Rates are usually capped by state law at a level between 150% and 200% of standard market rates.</p> <p>PCIP: Flat rate of \$381 per month regardless of age.</p>	<p>Medicaid and HUSKY A: \$0 May share in some costs.</p>	<p>\$0 or minimal share of cost. Medicaid will pay for your benefits only if you bring your gray CONNECT card when visiting a Medicaid-approved provider. If you paid for services from Medicaid providers you visited on or after April 1, 2010, you may be eligible for reimbursement.</p>	<p>HUSKY B: Co-pays \$10-\$15, prescription drugs and contraceptives \$5-\$10.</p> <p>HUSKY Plus: No additional premiums, no deductible, and no co-pays. Over 300% FPL buy into the plan at negotiated group price. Family's annual cost-sharing less than 5% of income.</p>	<p>Both: No co-pays or premiums.</p>	<p>\$446 monthly premium per individual.</p> <p>Primary care office visit: \$25 co-pay. Specialist office visit: \$35 co-pay.</p> <p>Co-pays, co-insurance and deductibles depend on income and family size.</p>	<p>Medicare and Connecticut CHOICES: \$0 and share of cost for certain services; deductibles for certain plans. Part A: \$0-\$450 based on length of Medicare-covered employment; Part B: \$96.40-\$369.10 depending on annual income; Part C: Based on provider; Part D: Varies in cost and drugs covered.</p>

Other Programs & Resources
<p>Health Coverage Tax Credit 866-628-4282 www.irs.gov (Search: HCTC)</p> <p>VA Medical Benefits Package 877-222-8387 www.va.gov</p> <p>Partnership for Prescription Assistance 888-477-2669 www.pparx.org</p> <p>Women-Infant-Children (WIC) 860-509-8084 www.ct.gov (Search: WIC)</p>

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	\$227	\$454	\$681	\$735	\$908	\$1,207	\$1,588	\$1,815	\$2,269	\$2,723
2	\$306	\$613	\$919	\$993	\$1,226	\$1,630	\$2,145	\$2,452	\$3,065	\$3,678
3	\$386	\$772	\$1,158	\$1,251	\$1,544	\$2,054	\$2,702	\$3,088	\$3,860	\$4,633
4	\$466	\$931	\$1,397	\$1,509	\$1,863	\$2,477	\$3,259	\$3,725	\$4,656	\$5,588
5	\$545	\$1,090	\$1,636	\$1,766	\$2,181	\$2,901	\$3,816	\$4,362	\$5,452	\$6,543
6	\$625	\$1,250	\$1,874	\$2,024	\$2,499	\$3,324	\$4,374	\$4,998	\$6,248	\$7,498
7	\$704	\$1,409	\$2,113	\$2,282	\$2,818	\$3,747	\$4,931	\$5,635	\$7,044	\$8,453
8	\$784	\$1,568	\$2,352	\$2,540	\$3,136	\$4,171	\$5,488	\$6,272	\$7,840	\$9,048

- A pregnant woman counts as two for the purpose of this chart.
- Add \$318/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. 76, No. 13, January 20, 2011, pp. 3637-3638. Valid through 2011 unless updated. 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 & Free or Low-Cost Benefits

Government Benefits Finder
800-333-4636
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
888-275-4772
www.findahealthcenter.hrsa.gov

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)

Connecticut Department of Social Services
800-842-1508
860-424-5016
www.dss.state.ct.us

(State program information)

Laws & Regulations

Connecticut Insurance Department
860-297-3800
800-203-3447
www.ct.gov/cid

(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

National Association of Health Underwriters
703-276-0220
www.nahu.org

(National organization of insurance brokers)

CONNECTICUT

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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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.

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Helping people navigate their health care options

