

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 & Families	Children with Chronic Medical Conditions	Pregnant Women & Children	Women	Adults	Seniors & Disabled
Program	<p>U.S. Uninsured Help Line 800-234-1317</p> <p>Group Plans Indiana Association of Health Underwriters www.inahu.org</p>	<p>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 Indiana Association of Health Underwriters www.inahu.org</p>	<p>Indiana Comprehensive Health Insurance Association (ICHIA) 800-552-7921 www.ichia.org (Choose: Guest)</p> <p>Pre-Existing Condition Insurance Plan (PCIP) Run by the U.S. Department of Health and Human Services 866-717-5826 www.PCIP.gov</p>	<p>Medicaid (Indiana Family and Social Services Administration) 800-403-0864 www.in.gov/fssa</p>	<p>Children's Special Health Care Services (CSHCS) 800-475-1355 www.in.gov (Search: CSHCS)</p>	<p>Hoosier Healthwise 800-889-9949 www.in.gov (Search: Hoosier Healthwise)</p> <p>There are 3 plans or "packages" available: A, B and C.</p>	<p>Indiana Breast and Cervical Cancer Early Detection Program (BCCP) 800-433-0746 317-233-7405 www.in.gov (Search: BCCP)</p>	<p>Healthy Indiana Plan (HIP) 877-438-4479 www.hip.in.gov</p> <p>NOTE: 8,000 HIP enrollment slots were opened to childless adults on August 1, 2011.</p>	<p>Medicare (Age 65 and up) 800-633-4227 www.medicare.gov</p> <p>Medicare Prescription Drug Program 800-633-4227</p>
Coverage	<p>Different plans cover different medical services.</p> <p>There is a maximum 6-month look-back and a maximum 9-month exclusionary period for pre-existing conditions on enrollees that do not have 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>HIPAA: Benefits are based on program selected. There is no expiration of coverage.</p> <p><i>Pre-Existing Health Conditions Covered</i></p>	<p>Covers certain state-mandated items. However Indiana does not require standardization.</p> <p>Coverage options vary by carrier, but most offer plans that are HSA (Health Savings Account) compatible.</p> <p>There is a maximum 12-month look-back and a maximum 10-year exclusionary period limit for pre-existing conditions on enrollees who have no prior coverage.</p> <p>Elimination riders are not allowed.</p> <p><i>Pre-Existing Health Conditions Covered with Some Limitations</i></p>	<p>ICHIA: Covered services include Inpatient hospital services, Mental illness/substance abuse, Prescription drugs, Professional services, Skilled home health care, Skilled nursing facility, Surgical expenses, Transplant services. Coverage for spouse and dependents also available.</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>Some of the benefits include Preventive services, Behavior and mental health services, Eye care, Diabetes self care management training, Inpatient/outpatient hospital care, Home health care & services; transportation, Dental, Pregnancy care, and Emergency care.</p> <p><i>Pre-Existing Health Conditions Covered</i></p>	<p>Treatment for chronic medical conditions such as severe asthma, autism, cerebral palsy, arthritis, congenital heart disease, cystic fibrosis, chromosomal disorders, renal disease seizures and more.</p> <p>Diagnostic evaluations, comprehensive well child and sick child care, specialty care and other services related to the eligible medical conditions, immunizations, prescription drugs, routine dental care, community referrals and information.</p> <p><i>Pre-Existing Health Conditions Covered</i></p>	<p>Packages A & C: Cover Hospital care, Doctor visits, Check ups, Well-child visits, Clinic services, Prescription drugs, Lab and x-ray, Mental health and substance abuse services, Medical supplies and equipment, Home health care, Dental and vision care, Therapies, Hospice care, Transportation, Family planning services, Nurse practitioner and nurse midwife services, Foot care, and Chiropractors.</p> <p>Package A: Also covers nursing facility services and over-the-counter drugs.</p> <p>Package B: Pregnancy-related care only, such as prenatal care, conditions that may complicate pregnancy, delivery, and 60 days after delivery.</p> <p>Package C: Does not cover nursing facility services or over-the-counter drugs, and only covers insulin and surgery, x-rays, labs and hospital stays involving the foot.</p> <p><i>Pre-Existing Health Conditions Covered</i></p>	<p>Colonoscopies (with or without biopsies), Liquid-based cytology tests every other year, High risk panel, HPV testing, Office visits, Pelvic exams/tests, Clinical breast exams (CBEs) Mammograms (screening and diagnostic) Diagnostic breast ultrasounds, Breast biopsies, and Consultations</p> <p><i>Pre-Existing Health Conditions Covered</i></p>	<p>Services include: Physician services, Prescription drugs, Diagnostic exams, Home Health services, Outpatient hospital, Inpatient hospital, Hospice, Preventive services, Family planning, Case and disease management, Mental health coverage, and Substance abuse treatment.</p> <p>Free preventive services including annual exams, smoking cessation, and mammograms.</p> <p>Does not cover vision, dental or maternity services.</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><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>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>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 based on medical underwriting.</p> <p>Must be resident of state or documented immigrant.</p> <p>If you are denied coverage for a medical condition, you may be eligible for an ICHIA or PCIP plan. See next column.</p>	<p>GUARANTEED COVERAGE</p> <p>ICHIA: Must live in Indiana, be ineligible for Medicaid and private insurance that provide coverages equal to that of ICHIA's. Must first apply to Medicaid, PCIP, and HIP no more than 60 days prior to applying to ICHIA. Other eligibility requirements: A) Must have prior coverage under a group plan for at least 18 months with no lapse of more than 63 days, did not lose your health insurance due to fraud or non-payment of premiums, and you're ineligible any public health insurance. Or B) You can prove you were denied coverage due to pre-existing health conditions.</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, Indiana resident, and having problems getting insurance due to a pre-existing condition.</p>	<p>GUARANTEED COVERAGE</p> <p>Must be U.S. citizens or permanent legal residents for at least five years, and Indiana residents.</p> <p>Income limits:</p> <p>Pregnant women: 200% FPL.</p> <p>Aged, blind, and disabled: 100% FPL with asset limit of \$2,000 for singles, and \$3,000 for couples.</p> <p>Infants ages 0–1: 133% FPL.</p> <p>Children ages 1–5 133% FPL.</p> <p>Children ages 6–19 100% FPL.</p> <p>Adults: 25% FPL.</p>	<p>GUARANTEED COVERAGE</p> <p>Must be Indiana resident ages 0–21 years old, with income limit of 250% FPL and a qualifying medical condition.</p> <p>Applicant does not have to be a U.S. citizen to apply, but the child and/or the family cannot be in the country on a visa.</p> <p>Applicant must apply for Indiana Hoosier Healthwise/ Medicaid. Must have severe chronic illnesses that have lasted or will last two years or conditions that require special devices or would produce disabling physical conditions if untreated.</p> <p>Cystic fibrosis patients can apply at any age and stay on the program for life as long as they remain financially eligible.</p>	<p>GUARANTEED COVERAGE</p> <p>All: Must be U.S. citizens or qualified aliens and Indiana residents.</p> <p>Package A: Pregnant women and parents/caretaker relatives living with children under the age of 18. Adults ages 18 to 20 living with caretaker relative who meets the financial requirements can be covered but their caretaker relative is not eligible. Income limit of 19% FPL and asset limit of \$1,000 for pregnant women and 150% FPL for children up to age 19.</p> <p>Package B: Pregnant women living 20%–200% FPL.</p> <p>Package C: Children ages 0–18. Income limit of 250% FPL.</p>	<p>GUARANTEED COVERAGE</p> <p>Must be U.S. citizens or be legal immigrants and residents of Indiana, uninsured or underinsured, and earn up to 200% FPL.</p> <p>Age limits:</p> <p>Ages 40–49, and ages 65 and older not enrolled in Medicare: Office visits and Pap tests.</p> <p>Ages 50–64: All of the above and mammograms.</p>	<p>GUARANTEED COVERAGE</p> <p>Must be a U.S. citizen or legal resident and live in Indiana.</p> <p>Must not be eligible for Medicaid or Medicare. Must be ages 19 to 64.</p> <p>Must earn income of 22% FPL to 200% FPL.</p> <p>Must have been uninsured for at least six months and have no access to employer-offered health insurance.</p>	<p>GUARANTEED COVERAGE</p> <p>Must be U.S. citizen or permanent U.S. resident, and:</p> <p>1) If 65 years or older, you or your spouse worked for at least 10 years in Medicare-covered employment, or</p> <p>2) You have a disability or end-stage renal disease (permanent kidney failure requiring dialysis or transplant) at any age.</p>
Monthly Cost	<p>Costs depend on employer contribution and ± 35% of the insurance company's index rate. At renewal, increases are limited to 15% per year from the original rate.</p>	<p>COBRA: Premiums range from 102%–150% of group health rates.</p> <p>HIPAA: Premiums will depend on plan chosen.</p>	<p>No rate caps. Various price ranges depending on deductible and what plan you buy.</p>	<p>ICHIA: Monthly premiums range from \$144–\$1,687. Premiums based on age, gender, geographic area, and plan chosen.</p> <p>PCIP: Monthly premiums range from \$124 to \$532 depending on your age and plan chosen.</p>	<p>\$0 or minimal share of cost.</p>	<p>\$0 or minimal share of cost.</p>	<p>Packages A & B: \$0</p> <p>Package C: \$0 if income is 150% FPL or below.</p> <p>If child living 151%–250% FPL, premiums are required.</p> <p>Premiums are \$22–\$33 for one child, and \$33–\$50 for two or more children.</p>	<p>\$0</p>	<p>2%–5% of the family's gross income.</p> <p>No co-pays except for ER use which will cost below \$25 a visit.</p>	<p>\$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) 800-522-0874 www.in.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.

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 & 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)

Indiana Family and Social Services
317-232-4946
www.in.gov/fssa

(State program information)

Laws & Regulations

Indiana Department of Insurance
800-622-4461
317-232-2385
www.in.gov/idoi

(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

Indiana Association of Health Underwriters
www.inahu.org

(State organization of insurance brokers)



INDIANA

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 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.