

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 Families & Children	Children	Children with Special Needs	Women	Low-Income Individuals	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</p> <p>Then convert to a plan under:</p> <p>HIPAA Health Insurance Portability & Accountability Act 866-487-2365 www.dol.gov</p> <p>HIPP Health Insurance Premium Payment 800-967-4660 content.srs.ks.gov/ees/keesm/keesm2912.htm</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>Kansas Health Insurance Association (KHIA) 800-362-9290 www.khiastatepool.com</p> <p>Pre-Existing Condition Insurance Plan (PCIP-KS) Federal program run by KHIA 877-505-0511 www.khiastatepool.com/KHIA-FED/ www.PCIP.gov</p>	<p>Medicaid 800-766-9012 https://www.kmap-state-ks.us</p> <p>Women-Infant-Children (WIC) 800-332-6262 785-296-1320 www.kdheks.gov/nws-wic</p>	<p>HealthWave 800-792-4884 TTY: 800-792-4292 www.kdheks.gov/hcf/healthwave</p>	<p>Children and Youth with Special Health Care Needs (CYSHCN) 800-332-6262 785-296-1313 www.kdheks.gov/cyshcn</p>	<p>Women's Health Care and Family Planning Services 800-332-6262 785-296-1307 www.kdheks.gov (Search: Family Planning)</p> <p>Early Detection Works 877-277-1368 785-296-1207 www.kdheks.gov/edw</p>	<p>MediKan 800-766-9012 888-369-4777 www.srs.ks.gov</p> <p>Or contact local social services agency.</p>	<p>Medicare 800-633-4227 www.medicare.gov</p> <p>Medicare Prescription Drug Program 800-633-4227</p> <p>Senior Health Insurance Counseling of Kansas (SHICK) 800-860-5260 www.agingkansas.org</p>
Coverage	<p>Up to \$5M lifetime maximum, assorted deductibles.</p> <p>There is a maximum 3-month look-back and exclusionary period for people with no prior coverage or whose prior coverage lapsed for more than 63 days.</p> <p>Carriers must provide immunizations for children ages 0-6, mammograms, Pap smears, prostate screenings, osteoporosis testing and diabetic supplies, minimum mental health/substance abuse services.</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 available for 18 months. 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>HIPP: Benefits are the same as what you had with your previous employer. HIPP is a premium assistance program.</p> <p><i>Pre-Existing Health Conditions Covered</i></p>	<p>Up to \$5M, assorted deductibles depending on age and ZIP code.</p> <p>There is a no limit to the look-back period and there is a 24-month limit on exclusionary period limit for pre-existing conditions on enrollees with no prior coverage.</p> <p>Elimination riders are permitted.</p> <p><i>Pre-Existing Health Conditions Covered with Some Limitations</i></p>	<p>KHIA: Prevention services, Inpatient hospital care, Therapies (physical, speech, occupational), oral surgery, Spinal manipulation, Maternity, Emergency room and ambulatory services, Durable medical equipment, Mental health and substance abuse, Nursing, Home health, and Prescription drugs. If prior health coverage had a lapse of 31 days or more, there will be a 90-day pre-existing condition exclusion in KHIA coverage.</p> <p>PCIP-KS: 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: Office visits, Checkups, Immunizations, Inpatient and outpatient hospital services, Lab and x-ray, Prescription drugs, Eye doctor exams and glasses, Hearing services and speech, Physical and occupational therapy, Dental services for children (checkups, cleanings, sealants, x-rays and fillings), Inpatient and outpatient mental health services, and substance abuse services, Medical transportation.</p> <p>WIC: Immunization screening and breastfeeding support, as well as Nutrition education and supplemental foods to infants, children and women who are pregnant, postpartum or are breastfeeding.</p> <p><i>Pre-Existing Health Conditions Covered</i></p>	<p>All applications will be screened for Medicaid-eligibility first. Services include Office visits, Checkups, Immunizations, Inpatient and outpatient services, Lab and x-ray, Prescription drugs, Eye doctor exams and glasses, Hearing services and speech, Physical and occupational therapy, Dental services for children (checkups, cleanings, sealants, x-rays and fillings), Inpatient and outpatient mental health and substance abuse services, and Medical transportation.</p> <p><i>Pre-Existing Health Conditions Covered</i></p>	<p>Helps those at risk for disabilities or chronic disease.</p> <p>Diagnostic services limited to one-time evaluation to determine if medically eligible, with no income requirement, for youth under 22 years old. Services also include Outpatient medical specialty care, Hospitalizations, Surgery, Durable medical equipment and medications, Limited therapy (physical and occupational), Case management that develops health care plan for each patient.</p> <p>Outreach clinics do specialty diagnosis, consultation, and follow-along care as close to the child's home as possible. Services cover hearing loss, orthopedic conditions, neurological impairment, cardiac diseases, and genetic diseases, counseling and planning.</p> <p><i>Pre-Existing Health Conditions Covered</i></p>	<p>Women's Health Care and Planning Services: Pap smears, Urinalysis, Screening for anemia, Hypertension, and abnormal conditions of the breast and cervix, Pregnancy testing and counseling, Contraceptive methods including abstinence, Screening and treatment for sexually transmitted diseases. If problems are discovered which are beyond the scope of the clinics, appropriate referrals will be made by the health care provider. Clients are seen by appointments.</p> <p>Early Detection Works: Services include breast and cervical cancer screenings, treatment and possibly other services.</p> <p><i>Pre-Existing Health Conditions Covered</i></p>	<p>Limited benefits to adults whose applications for federal disability are being reviewed by the Social Security Administration. Average monthly benefit from General Assistance is \$100.</p> <p>The program is time-limited to 24 months per person; however, assistance is continued for those who have an ongoing pending application for Social Security benefits (including the appeal process).</p> <p>The scope of MediKan's services is similar to that of Medicaid's, but some restrictions and limitations apply. Health benefits include medical care in acute situations and during catastrophic illness.</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>SHICK is a Medicare counseling service.</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>Owner name on business license must draw wages from the company.</p> <p>Eligible full-time employees must work at least 30 hours per week and must not be temporary or substitute employees.</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: You must have been insured continuously under your previous employer's group policy for at least 3 months prior to termination. You have 31 days from date of termination or from date of receiving election notice from insurance company 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>HIPP: Must be Medicaid recipients, at least 18 years old, employed with insurance or COBRA. Enrollees in HealthWave or SOBRA are not eligible.</p>	<p>Eligibility is subject to medical underwriting.</p> <p>If you are denied coverage for a medical condition, you may be eligible for KHIA or PCIP. See next column.</p>	<p>GUARANTEED COVERAGE</p> <p>KHIA: 1) Must be ineligible for Medicare or Medicaid, prove residency in Kansas for at least 6 months prior to enrollment, and one of the following: denial of health coverage by 2 insurance carriers due to pre-existing conditions; offer of insurance with rates higher than KHIA's or with no coverage for pre-existing condition (elimination rider); insurance involuntarily terminated not due to non-payment of premium. Or 2) Must live in Kansas (not required to prove length of residency) and be eligible for HIPAA plans or Trade Adjustment Assistance (TAA).</p> <p>PCIP-KS: Must be a U.S. citizen or lawfully present in the U.S. and have been uninsured for at least 6 months prior to applying. Must have had a problem getting insurance due to a pre-existing condition.</p>	<p>GUARANTEED COVERAGE</p> <p>All: Must be Kansas resident.</p> <p>Medicaid: Must be a U.S. citizen or a qualifying alien. Income limits for the following:</p> <p>Children ages 1-5: 133% FPL. Children ages 6-18: 100% FPL. Pregnant women and infants ages 0-1: 150% FPL. Parents/caregivers living with children ages 0-18: 30% FPL (if more than 4 household members, add \$61 for each added member). Medically-needy: \$495/month with asset limit of \$2,000 for singles and \$3,000 for couples. Aged, blind, and disabled: 75% FPL with asset of limit of \$2,000 for singles, and 83% FPL with asset limit of \$3,000 for couples.</p> <p>WIC: Must be women who are pregnant, or breastfeeding up to baby's first birthday, non-breastfeeding mothers with babies up to six months old, or children under 5 years old. Income limit of 185% FPL.</p>	<p>GUARANTEED COVERAGE</p> <p>Must be a U.S. citizen or qualifying resident and live in Kansas. Must be children ages 0-18 living at or below 241% FPL.</p> <p>Must not already be covered by comprehensive and reasonably accessible health insurance, or be eligible for Medicaid.</p> <p>Children whose parents have access to the State group health insurance plan are not eligible.</p>	<p>GUARANTEED COVERAGE</p> <p>Household income limits: 185% FPL and asset limit of 15% of income. For PKU (Phenylketonuria) food: 300% FPL and asset limit of 25% of income. Must be a Kansas resident who is 1) Under 22 years old with a medical condition covered by the program, or 2) Of any age who has a metabolic condition.</p> <p>Conditions include spina bifida, cleft palate/cleft lip; acquired or congenital heart disease; burns requiring surgery; major orthopedic problems requiring surgery; limited gastrointestinal or genitourinary conditions requiring surgery; hearing loss; vision disorders (limited); selected craniofacial anomalies; seizures (outpatient care and drugs only); juvenile rheumatoid arthritis; genetic and metabolic conditions.</p>	<p>GUARANTEED COVERAGE</p> <p>Women's Health Care and Planning Services: Kansas residency is required.</p> <p>Early Detection Works: Must be Kansas women ages 40-64, not have insurance or have insurance policies that have high deductibles or do not pay for these services covered Early Detection Works. Must be ineligible for Medicare Part B or Medicaid/MediKan. Income limit of to 225% FPL.</p>	<p>GUARANTEED COVERAGE</p> <p>The MediKan health program covers adults with disabilities who do not qualify for Medicaid, but are eligible for services under the State's General Assistance program.</p> <p>Applicants for general assistance and MediKan are screened by Kansas Health Policy Authority for potential enrollment in Medicaid if they appear to meet federal requirements for disability.</p> <p>To be qualified for General Assistance, patient must meet disability criteria as determined through the state's disability determination process. Recipients must pursue federal Social Security disability benefits.</p> <p>Must be a Kansas resident and U.S. citizen or a qualified non-citizen.</p>	<p>GUARANTEED COVERAGE</p> <p>Both: 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 ± 25% of the insurance company's index 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>HIPP: \$0 or minimal share of cost.</p>	<p>Costs for individual coverage vary. There are no rate caps.</p>	<p>KHIA: Monthly premiums range from \$157.70 to \$1,974.59 depending on your age, gender, tobacco use and deductible.</p> <p>PCIP-KS: Premiums based on age and tobacco use, and must be at or less than 100% of the average market rate for similar insurance policies.</p>	<p>Medicaid & WIC: \$0 or minimal share of cost.</p>	<p>HealthWave: Families with incomes above 150% FPL must pay premiums between \$20 and \$75.</p>	<p>\$0 CYSHCN will pay after private insurance and Medicaid are billed. For metabolic formula, CYSHCN will pay for all or part of charges based on income: 100% if 0-300% FPL income. 50% if 301-500% FPL income. 25% if 501-700% FPL income.</p>	<p>Women's Health Care and Planning Services: Sliding fee scale based on income and number of household members. Early Detection Works: \$0 or minimal share of cost.</p>	<p>\$0 or minimal share of cost.</p>	<p>Both: \$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

Health Coverage Tax Credit
866-628-4282
www.irs.gov (Search: HCTC)

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

Partnership for Prescription Assistance
888-477-2669
www.pparx.org

Kansas Foundation for Medical Care
(Assistance)
800-432-0770
785-273-2552
www.kfmc.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 Issue 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)

Kansas Department of Social and Rehabilitation Services
888-369-4777
www.srskansas.org

(State program information)

Laws & Regulations

Kansas Insurance Department
785-296-3071
800-432-2484
www.ksinsurance.org

(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)

KANSAS

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.