

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 & Medically-Needy	Children	Children with Chronic Illnesses	Women	Seniors & Disabled	Veterans
Program	<p>U.S. Uninsured Help Line 800-234-1317</p> <p>Group Plans Kentucky Office of Insurance 502-564-3630 800-595-6053 800-462-2081 TDD insurance.ky.gov</p> <p>National Association of Health Underwriters 703-276-0220 ww.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>HIPP Health Insurance Premium Payment 855-695-4477 mykhipp.com</p>	<p>U.S. Uninsured Help Line 800-234-1317</p> <p>Individual Plans Kentucky Office of Insurance 502-564-3630 800-595-6053 800-462-2081 TDD insurance.ky.gov</p> <p>National Association of Health Underwriters 703-276-0220 ww.nahu.org</p>	<p>Kentucky Access 866-405-6145 www.kentuckyaccess.com</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 800-635-2570 502-564-4321 www.chfs.ky.gov/dms</p>	<p>Children's Health Insurance Program (KCHIP) 877-524-4718 877-524-4719 TTY www.kidshealth.ky.gov</p> <p>Women-Infant-Children (WIC) 800-462-6122 502-564-3827 800-648-6056 TTY chfs.ky.gov (Search: WIC)</p>	<p>Commission for Children with Special Health Care Needs (CCSHCN) 502-429-4430 chfs.ky.gov/ccshcn</p>	<p>Kentucky Women's Cancer Screening Program 502-564-3236 chfs.ky.gov (Search: Cancer Screening)</p>	<p>Medicare 800-633-4227 www.medicare.gov</p> <p>Medicare Prescription Drug Program 800-633-4227</p> <p>State Health Insurance Assistance Program (SHIP) chfs.ky.gov (Search: SHIP)</p>	<p>VA Medical Benefits Package 877-222-8387 www.va.gov</p>
Coverage	<p>Benefits will vary depending on the chosen plan.</p> <p>There is a maximum 6-month look-back period and a maximum 12-month exclusionary period for pre-existing conditions on enrollees that do not have prior creditable coverage or whose prior coverage had a lapse of more than 63 days.</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>All insurers are required to offer a "standard plan" which offers the same benefits regardless of the insurer.</p> <p>Insurers are required to offer certain benefits such as maternity stay and mammograms.</p> <p>There is a maximum 6-month look-back and maximum 12-month exclusionary period limit for pre-existing conditions on enrollees that do not have prior coverage.</p> <p><i>Pre-Existing Health Conditions Covered with Some Limitations</i></p>	<p>Kentucky Access: Offers 3 health plans: Traditional Access (indemnity), Premier Access (PPO), and Preferred Access (PPO). Benefits include Inpatient care, ambulatory/hospital outpatient surgery, Transplants, Office visit, Diagnostic services, Allergy testing and treatments, Maternity care emergency services, Ambulance, Urgent care services, Preventive services, Well-child and adolescent care, Well-adult care, Mental health, Autism substance abuse, Prescription drugs and oral contraceptives, Manipulative treatment home health care, Skilled nursing facility, Medical supplies, Durable medical equipment, Prosthetic devices, Orthotic devices, Services, Hospice services.</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 services include Hospital care (inpatient and outpatient), Nursing home care, Physician services, Laboratory and x-ray services, Immunizations and other early and periodic screening, Diagnostic and treatment (EPSDT) services for children, Health center (FQHC) and Rural health clinic (RHC) services, Nurse midwife and nurse practitioner services.</p> <p>Benefits also include Chiropractor, Dental, Durable medical equipment (DME), Family planning, Hearing, Hospice, Medical transportation, Organ transplant, Pharmacy, Podiatry, Renal dialysis and Vision.</p> <p><i>Pre-Existing Health Conditions Covered</i></p>	<p>KCHIP: Covers Doctor visits, Dental care, Hospitalization, Outpatient hospital services, Psychiatrists, Laboratory tests and x-rays, Vision exams, Hearing services, Mental health services, Prescription drugs, Glasses, Immunizations, Well-child checkups, Physical therapy, Speech therapy, and many other services.</p> <p>WIC: Nutrition education and services, breastfeeding promotion and education, 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>Benefits include CCSHCN offices in 12 locations, satellite clinics in physician offices and other settings, office visits, therapy (physical, occupational, speech), audiology services, related lab and follow-up services, X-rays and lab tests, medication, durable medical equipment.</p> <p>Primary medical care is not covered.</p> <p><i>Pre-Existing Health Conditions Covered</i></p>	<p>If screened and diagnosed for breast or cervical cancer, may be eligible for complete health coverage through Medicaid, including dental, prescriptions etc.</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 D covers prescription drugs.</p> <p>SHIP is a Medicare counseling and application service.</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>"Eligible employee" means any full- or part-time employee actively engaged in employer's business, has satisfied employer's waiting period requirements, and has received a voucher from employer to buy health benefit plan.</p>	<p>GUARANTEED COVERAGE</p> <p>COBRA: Available for employees who work for employers 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 employers with less than 20 employees. You must have been insured continuously under your previous employer's group policy for at least 3 months prior to enrolling in Mini-COBRA. You must sign up for Mini-COBRA within 31 days from date of receiving notice of your right to continue 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: Enrollee or at least one member of enrollee's family must receive Medicaid and have employer-based insurance or COBRA.</p>	<p>Medical underwriting determines eligibility.</p> <p>If you are denied coverage for a medical condition, you may be eligible for Kentucky Access or PCIP. See next column.</p>	<p>GUARANTEED COVERAGE</p> <p>Kentucky Access: One of the following 1) Must be Kentucky resident for at least 12 months and rejected for health coverage due to pre-existing condition, or were offered coverage with premiums higher than rates in Kentucky Access, or have a qualified high-cost pre-existing conditions. Or, 2) You participate in the state's GAP (Guaranteed Acceptance Program). Or 3) You are HIPAA-eligible. Coverage extends to dependents of Kentucky Access enrollees.</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 Kentucky resident, and having problems getting insurance due to a pre-existing condition.</p>	<p>GUARANTEED COVERAGE</p> <p>Must be U.S. citizens or qualified aliens and residents of Kentucky: Income limits:</p> <p>Pregnant women and infants ages 0–1: 185% FPL.</p> <p>Children ages 1–18: 200% FPL.</p> <p>Parents/caretakers living with children ages 0–18 (after deducting expenses for work and child care): \$217 for one household member, \$267 for 2, \$308 for 3, \$383 for 4, \$450 for 5, \$508 for 6, \$567 for 7, \$627 for 8. Add \$60 per added household member.</p> <p>Aged, blind and disabled: Singles earning 75% FPL with asset limit of \$2,000; couples earning 83% FPL with asset limit of \$4,000.</p> <p>Working disabled: Must be ages 16 to 64, meet the Social Security definition of disabled, earn up to 250% FPL, have asset limit of \$5,000, and prove to be employed or self-employed (e.g. pay stubs).</p>	<p>GUARANTEED COVERAGE</p> <p>KCHIP: Must be U.S. citizens or qualified aliens and live in Kentucky. Must not be eligible for any other insurance, including individual, group or public. Must be children under age 19, with incomes at or below 200% FPL.</p> <p>WIC: Must live in Kentucky and be pregnant or have a pregnant woman or infant in the family who receives Medicaid, or have a member of your family who receives KTAP, or have a household income at or below 185 FPL%.</p>	<p>GUARANTEED COVERAGE</p> <p>Must be a Kentucky resident under 21 years old, with a medical condition that usually responds to treatment provided by the program. Income limit is 200% FPL.</p> <p>Also provided are free eye examinations to all school age children who fall between 200%–250% of the Federal Poverty Line and are without insurance coverage for vision.</p>	<p>GUARANTEED COVERAGE</p> <p>Must be women residing in Kentucky ages 40–64. Must be uninsured or underinsured, ineligible for Medicaid, and living at or below 100% FPL.</p> <p>Women younger than 40 are eligible to receive screening services only if they have a family history of breast cancer.</p> <p>Pap tests are provided to uninsured women living at or below 250% FPL.</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>	<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/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>Rates are ± 35% of the base individual market rate.</p>	<p>Kentucky Access: Monthly premiums range from \$178.05 to \$1,577.38 depending on your age, gender, and plan chosen. No family rates.</p> <p>PCIP: Monthly premiums range from \$98 to \$424 depending on your age and plan chosen.</p>	<p>\$0 or nominal co-payment.</p>	<p>KCHIP: \$0 premium depending on income. \$1 to \$3 co-pays for prescriptions, \$6 for non-emergency ER admissions, \$2 for allergy testing. Annual out-of-pocket maximum of \$450.</p> <p>WIC: \$0 to minimal share of cost.</p>	<p>Sliding-scale fee based on income.</p>	<p>\$0 or nominal co-payment.</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>	<p>\$0 or share of cost and co-pays depending on income level.</p>

Other Programs & Resources

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

Partnership for Prescription Assistance
888-4PPA-NOW
888-477-2669
www.pparx.org

ICARE
877-422-7307
icare.ky.gov

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 Coverage 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 gross income							
Family Size (Household)	100%	133%	175%	200%	250%	300%	400%
1	\$931	\$1,238	\$1,629	\$1,862	\$2,327	\$2,793	\$3,723
2	\$1,261	\$1,677	\$2,206	\$2,522	\$3,152	\$3,783	\$5,043
3	\$1,591	\$2,116	\$2,784	\$3,182	\$3,977	\$4,773	\$6,363
4	\$1,921	\$2,555	\$3,361	\$3,842	\$4,802	\$5,763	\$7,683
5	\$2,251	\$2,994	\$3,939	\$4,502	\$5,627	\$6,753	\$9,003
6	\$2,581	\$3,433	\$4,516	\$5,162	\$6,452	\$7,743	\$10,323
7	\$2,911	\$3,871	\$5,094	\$5,822	\$7,277	\$8,733	\$11,643
8	\$3,241	\$4,310	\$5,671	\$6,482	\$8,102	\$9,723	\$12,963
Based on yearly family gross income							
1	\$11,170	\$14,856	\$19,548	\$22,340	\$27,925	\$33,510	\$44,680
2	\$15,130	\$20,123	\$26,478	\$30,260	\$37,825	\$45,390	\$60,520
3	\$19,090	\$25,390	\$33,408	\$38,180	\$47,725	\$57,270	\$76,360
4	\$23,050	\$30,657	\$40,338	\$46,100	\$57,625	\$69,150	\$92,200
5	\$27,010	\$35,923	\$47,268	\$54,020	\$67,525	\$81,030	\$108,040
6	\$30,970	\$41,190	\$54,198	\$61,940	\$77,425	\$92,910	\$123,880
7	\$34,930	\$46,457	\$61,128	\$69,860	\$87,325	\$104,790	\$139,720
8	\$38,890	\$51,724	\$68,058	\$77,780	\$97,225	\$116,670	\$155,560

• A pregnant woman counts as two for the purpose of this chart.
 • Add \$330/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*.

*The following figures are the 2012 HHS poverty guidelines as of January 26, 2012.
 (Source: <http://aspe.hhs.gov/poverty/12poverty.shtml>)
 Monthly percentage data calculated by FHCE and rounded to the nearest dollar.*

Please visit www.CoverageForAll.org for further details and updates on the 48 continuous states, Hawaii and Alaska FPL charts.

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)

Kentucky Cabinet for Health and Family Services
800-372-2973
800-627-4702 (TDD)
www.chfs.ky.gov

(State program information)

LAWS & REGULATIONS

Kentucky Office of Insurance
502-564-3630
800-595-6053
800-462-2081 (TDD)
insurance.ky.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

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

(National organization of insurance brokers)

KENTUCKY

Health Coverage 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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