

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 in Moderate Income Families	Children with Special Health Care Needs	Women	Seniors & Disabled	Veterans
Program	<p>U.S. Uninsured Help Line 800-234-1317</p> <p>Group Plans Louisiana Association of Health Underwriters www.la-ahu.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>LaHIPP 888-695-2447 www.lahipp.dhh.louisiana.gov</p>	<p>U.S. Uninsured Help Line 800-234-1317</p> <p>Individual Plans Louisiana Association of Health Underwriters www.la-ahu.org</p>	<p>Louisiana Health Plan(LHP) 888-342-6207 800-736-0947 225-926-6245 (Baton Rouge) www.lahealthplan.org</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 888-342-6207 new.dhh.louisiana.gov (Search: Medicaid)</p>	<p>LaCHIP Children's Health Insurance Plan 877-252-2447 www.lachip.org</p> <p>Women-Infant-Children (WIC) 800-251-BABY 800-251-2229 new.dhh.louisiana.gov (Search: WIC)</p>	<p>Louisiana Children's Special Health Services (CSHS) 504-896-1340 new.dhh.louisiana.gov</p> <p>Note: CSHS is now a family resource center.</p>	<p>Breast and Cervical Cancer Prevention (BCCP) 888-342-6207, 888-599-1073 labchp.lsuhscc.edu</p> <p>LaMOMS 888-342-6207, TTD: 800-220-5404 new.dhh.louisiana.gov (Search: LaMOMS)</p> <p>Take Charge 888-342-6207 new.dhh.louisiana.gov (Search: Take Charge)</p>	<p>Medicare 800-633-4227 www.medicare.gov</p> <p>Medicare Prescription Drug Program 800-633-4227</p>	<p>VA Medical Benefits Package 877-222-8387 www.va.gov</p>
Coverage	<p>There is a maximum 6-month look-back and a maximum 12-month exclusionary period for pre-existing conditions on enrollees who do not have prior creditable coverage or whose prior coverage lapsed more than 63 days.</p> <p>Benefits will vary depending on the chosen plan.</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 12 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>LaHIPP: Benefits are the same as what you had with your previous employer. LaHIPP is a premium assistance program</p> <p><i>Pre-Existing Health Conditions Covered</i></p>	<p>Assorted plans depending on medical needs.</p> <p>There is a 12-month look-back and exclusionary period limit for pre-existing conditions on enrollees with no prior coverage.</p> <p><i>Limits on Pre-Existing Health Conditions May Apply</i></p>	<p>LHP: High Risk and HIPAA Pools that provide comprehensive coverage. Services include Physician visits and services, Prescription drugs, Inpatient and outpatient hospital care, Inpatient and outpatient mental health and substance abuse services, Skilled nursing care, Home health, Hospice, Lab, X-rays and chemotherapy, Durable medical equipment, Therapy (physical, speech and occupational), Preventive and wellness care. High Risk Pool has 6-month waiting period for pre-existing conditions. HIPAA Pool has 12-month pre-existing condition waiting period for spouse or dependents of enrollee, but none for enrollee, or for child enrolled in HIPAA Pool less than 63 days after birth or adoption.</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 services include Audiological, Chemotherapy, and chiropractic care, Dental, EPSDT (children under age 21), Durable medical equipment, Family planning, Hearing aids, Hemodialysis, Home health, Hospice, Hospital inpatient and outpatient services, Immunizations, Long-term and community care, Medical transportation, Mental health, Midwife services, Therapy (multi-systemic, occupational, physical, speech therapy and language evaluation), Optical and orthodontic services, Nurses, Elderly care, Prescription drugs, Physician services, Podiatry, Prenatal care, Rehabilitation services, Rural health clinics, STD clinics, Substance abuse services, Tuberculosis clinics, Lab and x-rays.</p> <p><i>Pre-Existing Health Conditions Covered</i></p>	<p>LaCHIP: Provides Medicaid coverage for Doctor visits for primary care as well as preventive and emergency care, Immunizations, Prescription medications, Hospitalization, Home health care and many other health 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>Health care services, Medical tests and procedures, Hospitalization, Therapies, Home health services, Medical equipment and supplies, Parent/family support services (parent liaisons), Medications and special diets, Nursing, Nutrition and social services follow-up, Care coordination, Case management, and Resource development, or over 21 years of age for the Cystic Fibrosis program.</p>	<p>BCCP: The program provides full Medicaid coverage like doctor and hospital visits, lab work, and prescriptions.</p> <p>LaMOMS: Pregnancy-related services, delivery and care up to 60 days after the pregnancy ends including doctor visits, lab work/tests, prescription medicines and hospital care.</p> <p>Take Charge: 4 office visits per year on services for family planning (e.g. contraceptives).</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>	<p>Comprehensive preventive and primary care, outpatient and inpatient services.</p> <p><i>Pre-Existing Health Conditions Covered</i></p>
Eligibility	<p>GUARANTEED COVERAGE Company size 2–50 employees. Owner can count as an employee. Owner name on business license must draw wages from the company. "Eligible employee" is defined by insurance carrier.</p>	<p>GUARANTEED COVERAGE 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. Mini-COBRA: Available for employees who work for employers with less than 20 employees. Must have been covered by group insurance continuously for 3 months prior to enrolling in Mini-COBRA. Surviving spouse at least age 55 and covered by deceased spouse's policy is eligible until qualified for other group insurance. Surviving spouse can cover dependents who were insured by deceased spouse's policy as long as they remain eligible under that policy. You must sign up for Mini-COBRA and pay for it on or before the date of termination of group insurance. Surviving spouses have 90 days after date of death to sign up for Mini-COBRA. 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. LaHIPP: You (or one of your family member) must have full-coverage Medicaid and employer-based health insurance or COBRA.</p>	<p>Eligibility is subject to medical underwriting. Elimination riders are permitted. If you are denied coverage for a medical condition, you may be eligible for LHP or PCIP. See next column.</p>	<p>GUARANTEED COVERAGE LHP: High Risk Pool: Must prove 6-month residency in Louisiana, denial of health coverage by 2 insurance companies due to pre-existing conditions within one year. Must not be eligible for or covered by any private or public health insurance (including COBRA). Must not be in public institution. HIPAA Pool: Must be a Louisiana resident, HIPAA-eligible, and not be in a public institution. Also qualified are those eligible for Trade Adjustment Assistance (TAA), or pensions from the Pension Benefit Guarantee Corporation (PBG). 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 Louisiana resident, and having problems getting insurance due to a pre-existing condition.</p>	<p>GUARANTEED COVERAGE Must be U.S. citizens or qualified aliens and live in Louisiana. Income limit: Parents/caretakers living with children ages 0–18: 25% FPL. Medically-needy: Monthly income limit for singles: in urban counties is \$100, in rural is \$921, with asset limit to both of \$2,000; monthly income limit for couples in urban counties is \$192, and in rural is \$1,671 with asset limit for both of \$3,000. Pregnant women and children ages 0–18: 200% FPL. Aged, blind, and disabled: Singles earning up to 75% FPL with asset limit of \$2,000; couples earning up to 83% FPL with asset limit of \$3,000</p>	<p>GUARANTEED COVERAGE LaCHIP: Must be a U.S. citizen or qualified alien and live in Louisiana. Must be under 19 years old, not covered by health insurance (including Medicaid). Income limit of 200% FPL. WIC: Must live in Louisiana. Must be pregnant or postpartum women, or children under age 5, living up to 185% FPL.</p>	<p>GUARANTEED COVERAGE Children ages 0-21, living in Louisiana, have a condition covered by CSHS, would benefit from rehabilitation services, have a long-term condition that requires specialty care and a multi-disciplinary treatment team. Any child in Medicaid meets the financial criteria. Income limit of 200% FPL. Children who do not qualify for Medicaid may be financially eligible for CSHS as determined by a CSHS eligibility counselor.</p>	<p>GUARANTEED COVERAGE BCCP: U.S. citizens or qualified aliens under 65 years old; uninsured and screened for breast or cervical cancer under the CDC. Income up to 250% FPL. Eligibility continues until the course of treatment ends or the criteria for the program are no longer met and may begin up to three months before the month a woman applies for Medicaid. A woman may be eligible to be paid back for services received up to three months before she applied if she used a Medicaid provider and if the service is covered by Medicaid. LaMOMS: Income up to 200% FPL Take Charge: Women ages 19–44 residing in Louisiana with incomes below 200% FPL, without health insurance or whose insurance policies do not cover family planning services.</p>	<p>GUARANTEED COVERAGE Must be U.S. citizen or permanent U.S. resident, and: 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.</p>	<p>GUARANTEED COVERAGE "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. Certain veterans must have completed 24 continuous months of service.</p>
Monthly Cost	<p>Costs depend on employer contribution. Rates vary ± 35% of the insurance company's index rate but only for employers with 3–35 eligible employees.</p>	<p>COBRA/Mini-COBRA: Premiums range from 102%–150% of group health rates. HIPAA: Premiums will depend on plan chosen. LaHIPP: \$0 or minimal share of cost.</p>	<p>Costs for individual coverage vary. There are no rate caps.</p>	<p>LHP: Monthly premiums are \$107.34 to \$1,517.41 based on age, gender, region, tobacco use and deductible. PCIP: Monthly premiums are \$129 to \$553 based on age and plan chosen.</p>	<p>\$0 or minimal share of cost.</p>	<p>LaCHIP: \$0–\$50 monthly premium depending on income. WIC: \$0 or minimal share of cost.</p>	<p>\$0 or minimal share of cost.</p>	<p>All: \$0 or minimal share of cost.</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>	<p>\$0 and share of cost and co-pays depending on income level.</p>

Other Programs & Resources
<p>Health Coverage Tax Credit 866-628-4282 www.irs.com (Search: HCTC)</p> <p>Partnership for Prescription Assistance 888-477-2669 www.pparx.org</p> <p>Louisiana KidMed 800-259-4444 www.la-kidmed.com</p> <p>Public Health Units (Community Care) www.dhh.louisiana.gov (Search: OPH Regions)</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)

Louisiana Department of Health and Hospitals
225-342-9500
www.dhh.louisiana.gov

(State program information)

Laws & Regulations

Louisiana Department of Insurance
800-259-5300
www.lidi.la.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

Louisiana Association of Health Underwriters
www.la-ahu.org

(State organization of insurance brokers)

LOUISIANA

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.