

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	Women	Adults without Dependents	Seniors & Disabled	Trade Dislocated Workers (TAA Recipients)
Program	<p>U.S. Uninsured Help Line 800-234-1317</p> <p>Group Plans Michigan Association of Health Underwriters www.mahu.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 Michigan Association of Health Underwriters www.mahu.org</p>	<p>Blue Cross/ Blue Shield of Michigan (BCBSM) 888-642-2276 www.bcbsm.org</p> <p>Health Insurance Program for Michigan (HIP) Federal program established by the United States Department of Health and Human Services 877-459-3113 www.hipmichigan.com www.PCIP.gov</p>	<p>Medicaid and Healthy Kids 800-642-3195 www.michigan.gov/mdch</p>	<p>MiChild 888-988-6300 www.michigan.gov/mdch (Listed under "Health Care Coverage" and "Children & Teens")</p> <p>Healthy Kids 888-988-6300 www.michigan.gov/mdch</p>	<p>Breast and Cervical Cancer Control Program (BCCP) 800-922-6266 www.michigan.gov/mdch (Click: Prevention)</p> <p>Women-Infant-Children (WIC) 800-262-4784 www.michigan.gov/mdch (Listed under "Pregnant Women, Children & Families")</p> <p>Plan First! 800-642-3195 www.michigan.gov/mdch (Search: Plan First)</p>	<p>Adult Medical Program Adult Benefits Waiver 800-642-3195 www.michigan.gov/mdch Contact local Department of Human Services</p>	<p>Medicare 800-633-4227 www.medicare.gov</p> <p>Medicare Prescription Drug Program 800-633-4227</p> <p>Medicare/Medicaid Assistance Program 800-803-7174 www.mmapinc.org</p>	<p>Health Coverage Tax Credit 866-628-4282 www.irs.gov (Search: HCTC)</p>
Coverage	<p>There is a maximum look-back period of 6 months and maximum exclusion period of 12 months for enrollees without prior creditable coverage or whose coverage lapsed for 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>HIPAA: Benefits are based on program selected. There is no expiration of coverage.</p> <p><i>Pre-Existing Health Conditions Covered</i></p>	<p>Assorted plans depending on medical needs.</p> <p>There is a 6-month look-back and 12-month exclusionary period limit for pre-existing conditions.</p> <p><i>Limits on Pre-Existing Health Conditions May Apply</i></p>	<p>BCBSM: Plans vary depending on applicant's needs.</p> <p>HIP: 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>Ambulance, Dental, Doctor visits, Family planning, Health checkups, Hearing and speech, Home health care, Hospice, Hospitalization, Lab and x-rays, Immunizations, Medical supplies, Nursing home care, Medicine, Mental health care, Personal care services, Prenatal care, Surgery, Vision, Substance abuse treatment, Physical therapy.</p> <p><i>Pre-Existing Health Conditions Covered</i></p>	<p>MiChild: Regular checkups, shots, Emergency care, Dental, Hospital, Pharmacy, Prenatal care and delivery, Vision and hearing, Mental health and substance abuse services.</p> <p>Healthy Kids: Ambulance, dental, doctor visits, family planning, health checkups, hearing and speech, home health care, hospice, hospitalization, lab and x-rays, immunizations, medical supplies, nursing home care, medicine, mental health care, personal care services, prenatal care, surgery, vision, substance abuse treatment, physical therapy.</p> <p><i>Pre-Existing Health Conditions Covered</i></p>	<p>BCCP: Clinical breast exams, Pap tests, Pelvic exams, and Screening mammograms.</p> <p>WIC: Nutrition education and services; breastfeeding promotion and education; monthly food prescription of nutritious foods; access to maternal, prenatal and pediatric health-care services.</p> <p>Plan First!: Offers family planning services only. Covers physical exams, education and counseling, testing for STDs, contraceptives, sterilization, medications. Does not cover abortions or infertility treatments.</p>	<p>Offers limited medical care: Ambulance for emergencies, Family planning, Lab and x-ray, Durable medical equipment and medical supplies, Mental health, diagnostic and treatment services in outpatient hospitals, Pharmacy, Physician and nurse practitioner, Oral-maxillofacial surgery, Medical clinic, Substance abuse, Urgent care.</p> <p>No inpatient hospital care.</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>Medicare/Medicaid Assistance Program is a counseling service for seniors and disabled.</p> <p><i>Pre-Existing Health Conditions Covered</i></p>	<p>Inpatient and outpatient care (lab tests, x-rays, etc.), Doctor visits, Preventive and major medical care (surgery, physical therapy, Durable medical equipment, etc.), Mental health and substance abuse care, and 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>Participation requirements for 10 or fewer eligible employees is 100%, for 11 to 25 employees up to 75%, for 26 to 50 employees up to 50%.</p> <p>An "eligible" employee is a full-time employee who works 30 or more hours.</p> <p>Owner can count as an employee.</p> <p>Owner name on business license must draw wages from the company.</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 subject to medical underwriting.</p> <p>If you are denied coverage for a medical condition, you may be eligible for BCBSM or HIP. See next column.</p>	<p>GUARANTEED COVERAGE</p> <p>BCBSM: Must be Michigan resident. Cannot be eligible for COBRA, or government programs (must have exhausted this option). HMOs in the state must offer guarantee issue coverage to residents during annual open enrollment periods.</p> <p>HIP: 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>Must be U.S. citizens or qualified aliens living in Michigan.</p> <p>Income limits:</p> <p>Pregnant women and infants ages 0–1: 185% FPL.</p> <p>Children ages 1–18: 150% FPL.</p> <p>Parents/caretakers living with children ages 0–18: 64% FPL.</p> <p>Childless adults: 45% FPL.</p> <p>Aged, blind, and disabled: 100% FPL with asset limit of \$2,000 for singles and \$3,000 for couples.</p> <p>Medically-needy: Monthly income limit varies by region, from \$341 to \$408 for singles, and \$458 to \$5,41 for couples. Asset limit of \$2,000 for singles and \$3,000 for couples.</p>	<p>GUARANTEED COVERAGE</p> <p>MiChild: Must be Michigan residents and U.S. citizens or qualified immigrants. Must be under age 19. Income must be above 150% but below 200% FPL. Must be uninsured and ineligible for Medicaid. Families who voluntarily drop employer-based comprehensive insurance must wait six months to enroll. If families drop private insurance, they may immediately enroll in MiChild.</p> <p>Healthy Kids: Must be U.S. citizens or qualified immigrants and Michigan residents.</p> <p>Must either be pregnant women of any age, or children under age 19. Income must be at or below 150% FPL.</p>	<p>GUARANTEED COVERAGE</p> <p>BCCP: Income limit of 250% FPL. Must be uninsured or underinsured and live in Michigan. Breast/cervical cancer screening and for diagnostic follow-up of breast/cervical abnormalities for women ages 40–64, or for women ages 18–39 who have been identified with a cervical abnormality through the Family Planning program (Title X).</p> <p>Not eligible: Women who are enrolled in a managed care program, a health maintenance organization, or Medicare Part B.</p> <p>WIC: Must live in Michigan and have a nutritional need determined by WIC staff. Must be a child under 5, a new mom, or a pregnant or breastfeeding woman. Income limit is 185% FPL.</p> <p>Plan First!: Must be U.S. citizens or qualified aliens living in Michigan. Must be women ages 19 to 44, not Medicaid-eligible. Income limit is 185% FPL.</p>	<p>GUARANTEED COVERAGE</p> <p>Must be uninsured Michigan residents, ineligible for Medicaid. Income limit is 35% FPL.</p>	<p>GUARANTEED COVERAGE</p> <p>All: 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>Must be receiving TAA (Trade Adjustment Assistance), or</p> <p>Must be 55 years or older and receiving pension from the Pension Benefit Guaranty Corporation (PBGC).</p> <p>Must not be enrolled in certain state plans, or in prison, or receiving 65% COBRA premium reduction, or be claimed as a dependent in tax returns.</p> <p>Must be enrolled in qualified health plans where you pay more than 50% of the premiums.</p> <p>Also see BCBSM.</p>
Monthly Cost	<p>Costs depend on employer contribution and ± 45% of the insurance company's index rate.</p>	<p>COBRA: Premiums range from 102%–150% of group health rates.</p> <p>HIPAA: Premiums will depend on plan chosen.</p>	<p>Costs for individual coverage vary.</p>	<p>BCBSM: Rates are not restricted and will depend on plan (BCBSM does community rating).</p> <p>HIP: Monthly premiums range from \$103.83 to \$514.89 depending on age and plan chosen.</p>	<p>\$0 or minimal share of cost.</p> <p>\$5 for non-emergency visit in ER.</p>	<p>MiChild: \$10 monthly premium and no co-pays.</p> <p>Healthy Kids: \$0</p> <p>Pregnant women over 21 years old pay small co-pays for some services.</p>	<p>BCCP & Plan First!: \$0</p> <p>WIC: \$0 to minimal share of cost.</p>	<p>\$0 or small share of cost.</p>	<p>All: \$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>20% of the insurance premium including COBRA premium if employer contributes less than 50%.</p>

Other Programs & Resources

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

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

Children's Special Health Care Services
800-359-3722

Family Planning
800-642-3195
TTY: 866-501-5656

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)

Michigan Department of Community Health
517-373-3740
www.michigan.gov/mdch

(State program information)

Laws & Regulations

Michigan Office of Financial and Insurance Regulation
517-373-0220
877-999-6442
www.michigan.gov/ofis

(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 or Finding a Broker or Agent

Michigan Association of Health Underwriters
www.mahu.org

(State organization of insurance brokers)

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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.