

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 Special Needs	Pregnant Women & Children	Women	Seniors & Disabled	Veterans
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 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 573-751-2005 www.dss.mo.gov (Search: HIPP)</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>Missouri Health Insurance Pool (MHIP) 800-821-2231 www.mhip.org</p> <p>Pre-Existing Condition Insurance Plan (PCIP) Federal program run by MHIP 800-821-2231 www.mhip.org www.PCIP.gov</p>	<p>MO Healthnet (Medicaid) 888-275-5908 573-731-3425 www.dss.mo.gov/mhd</p>	<p>Children and Youth with Special Health Care Needs Program (CYSHCN) 573-751-6246 800-451-0669 health.mo.gov (Search: Children Special Health Care Needs)</p>	<p>MO HealthNet for Kids (MHK) 888-275-5908 www.dss.mo.gov (Search: MHK)</p> <p>Women-Infant-Children (WIC) 573-751-6204 800-392-8209 www.dhss.mo.gov/wic</p>	<p>Show Me Healthy Women 573-522-2845 www.dhss.mo.gov (Seach: Show Me Healthy Women)</p> <p>WISEWoman 573-522-2845 www.dhss.mo.gov/WISEWOMAN</p>	<p>Medicare 800-633-4227 www.medicare.gov</p> <p>Medicare Prescription Drug Program 800-633-4227</p> <p>MO Senior Rx 800-375-1406 www.morx.mo.gov</p>	<p>VA Medical Benefits Package 877-222-8387 www.va.gov</p>
Coverage	<p>Pre-existing conditions can be excluded for a limited time depending upon the type of group plan you are joining.</p> <p>Benefits will vary depending on the chosen plan.</p> <p>There is a maximum 6-month look-back and a maximum 12-month exclusion period for pre-existing conditions on enrollees that do not have prior creditable coverage or whose coverage had a break 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. If beneficiary is 55 years or older, then beneficiary can continue COBRA until he or she is eligible for other group health insurance or Medicare.</p> <p>Mini-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>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>Covers certain state mandated services.</p> <p>There is a maximum 12-month look-back period and a maximum 24-month exclusionary period for pre-existing conditions on enrollees with no prior coverage.</p> <p>Coverage options vary by carrier, but most offer plans that are HSA (Health Savings Account) compatible.</p> <p><i>Pre-Existing Health Conditions Covered with Some Limitations</i></p>	<p>MHIP & PCIP: Hospital, physician care, maternity, prescription drugs, some limitations on alcohol and drug abuse care. For most services, plan will pay for 80% of covered charges after you satisfy your annual deductible if you receive care in-network. After paying maximum amount of coinsurance charges for covered in-network services, MHIP will pay 100% of your covered charges for the rest of the calendar year.</p> <p><i>Pre-Existing Health Conditions Covered</i></p>	<p>Inpatient and outpatient hospital care, Laboratory and x-rays, Physician's services, Emergency ambulance, Audiology, Podiatry, Ambulatory surgical services, Durable medical equipment, Prosthetics and orthotics, Vision care, Family planning, Rehabilitative services and therapies, Midwife services, Federally qualified health centers or rural health clinics, Psychiatry, Transplants, Home and community based services, Waivers to person 65 and older, Persons with AIDS, or developmentally disabled individuals, Early and periodic screening, diagnosis and treatment (EPSDT) for children under 21 years old.</p> <p><i>Pre-Existing Health Conditions Covered</i></p>	<p>Limited coverage includes Tests and evaluations, Inpatient care, Surgery, Therapy (physical, occupational, speech, language), Prescription medicines, Equipment, and supplies. Covered conditions include but are not limited to arthritis, Burns, Cerebral palsy, Cleft lip and palate, Cystic fibrosis, Digestive disorders, Ear infections (chronic), Hearing disorders, Heart disorders, Hemophilia, Hydrocephalus, Neuromuscular disorders, Orthopedic disorders, Paraplegia, Quadriplegia, Seizures, Sickle cell disease, Spina bifida, Spinal cord deformities, Traumatic brain injury, Urinary disorders.</p> <p><i>Pre-Existing Health Conditions Covered</i></p>	<p>MHK: Comprehensive care including but not limited to doctor visits, mental, dental, prescriptions, hospitalization and more.</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>Show Me Healthy Women: Offers screenings for breast and cervical cancer. Pelvic exams, Pap tests, clinical breast examinations (CBE), diagnostic breast and cervical exams, and mammograms.</p> <p>WISEWoman: Offers health screenings and lifestyle education that can reduce the risk of heart disease and stroke.</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 includes Parts A, B, and C not covered by Medicare. Part D covers prescription drugs.</p> <p>Senior Rx is a prescription discount program.</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>Small group health plans are typically required to treat all of eligible employees (generally employees who work at least 30 hours a week) equally and may not discriminate against those who are ill or become ill.</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: Available for employees who work for employers with less than 20 employees. Must elect coverage within 31 days of termination of group insurance.</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 least one family member of enrollee is eligible for or enrolled in MO HealthNet, and is employed or eligible for COBRA, and the employer or ex-employer offers group insurance.</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 MHIP or PCIP. See next column.</p>	<p>GUARANTEED COVERAGE</p> <p>MHIP: Must be a Missouri resident with a qualifying health condition and show proof of one of the following: 1) Rejection for health coverage by an insurers for pre-existing condition; 2) Offer of coverage similar to but at rates higher than MHIP's coverage; 3) Involuntary loss of coverage for a reason other than non-payment of premium or fraud; 4) Being a dependent of a person eligible for MHIP; 4) Eligibility for HIPAA or Trade Adjustment Assistance.</p> <p>PCIP: Must be a Missouri resident, be uninsured for at least six months, and show proof of the following: 1) Lawful presence in the United States; 2) Having a pre-existing health condition.</p>	<p>GUARANTEED COVERAGE</p> <p>Must be U.S. citizen or an eligible qualified non-citizen living in Missouri.</p> <p>Income limits: Infants ages 0–1: 185% FPL. Children ages 1–5: 133% FPL. Children ages 6–18: 100% FPL.</p> <p>Parents/caretakers living with children ages 0–18: 25% FPL. Pregnant women: 185% FPL. Aged, blind, and disabled: 85% FPL with asset limit of \$1,000 for singles and \$2,000 for couples. Limited assets such as cash, savings, stocks and bonds.</p>	<p>GUARANTEED COVERAGE</p> <p>CYSHCN is payer of last resort. The program's service coordinator will assist the participant/family with resource identification and referral. All third party liability must be exhausted prior to accessing CYSHCN funds.</p> <p>Must be age 0–21, and reside in Missouri, with income limit of 185% FPL and a eligible special health care need.</p>	<p>GUARANTEED COVERAGE</p> <p>MHK: Must be a U.S. citizen or an eligible qualified non-citizen living in Missouri. Income limits: Infants age 0–1: 185% FPL. Children ages 1–5: 133% FPL. Children ages 6–18: 100% FPL. Children ages 0–18 with no prior health insurance in the last 6 months: 300 % FPL.</p> <p>WIC: Pregnant women, non-breastfeeding postpartum women (up to 6 months after delivery or termination of the pregnancy), breastfeeding women (up to 1 year after delivery as long as they are breastfeeding the baby), children age 0 to 5, and individually determined to be at "nutritional risk" by a health professional. Income must be at or below 185% FPL and live in Missouri.</p>	<p>GUARANTEED COVERAGE</p> <p>Show Me Healthy Women: Must be U.S. citizens or legal permanent residents and live in Missouri. Income limit of 200% FPL.</p> <p>Must be women ages 50–64, or older without Medicare Part B. Women ages 35–49 are eligible for pelvic exams, Pap tests, clinical breast examinations (CBE), diagnostic breast services if CBE results are suspicious for cancer, and diagnostic cervical services if their initial/follow-up Pap test was abnormal. Women ages 50 and older get all benefits above plus mammograms.</p> <p>Cervical cancer screenings are offered to women who have had a hysterectomies.</p> <p>Treatment is available for U.S. citizens diagnosed with cancer through the Show Me Healthy Women program.</p> <p>Women with MO HealthNet, Medicare Part B or HMO health coverage are not eligible.</p> <p>WISEWoman: Must participate in the Show Me Healthy Women breast and cervical cancer control project and be 35–64 years old.</p>	<p>GUARANTEED COVERAGE</p> <p>Medicare: 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>Senior Rx: To qualify for Senior RX you must have Medicare Part D. If you are single your income must be at or below \$21,660 and if you are a married your income must be below \$29,140.</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 ± 25% of the insurance company's index rate.</p>	<p>COBRA/Mini-COBRA: Premiums range from 102%–150% of group health rates. HIPAA: Premiums will depend on plan chosen. HIPP: \$0 or minimal share of cost.</p>	<p>Various price ranges depending on deductible and what plan you buy. There are no rate caps .</p>	<p>MHIP: Monthly premiums range from \$144 to \$4,208 depending on age, gender, and plan chosen. PCIP: Monthly premiums range from \$150 to \$548 depending on your age and plan chosen.</p>	<p>\$0 or minimal share of cost.</p>	<p>\$0 or share of cost.</p>	<p>MHK: No cost if family income is up to 150% FPL, but if above 150% FPL, required monthly premium will be less than 5% of their annual income. If out-of-pocket expenses reach the 5% limit, then no premiums required. WIC: \$0 or minimal share of cost.</p>	<p>Both: \$0</p>	<p>Medicare: \$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. Senior Rx: \$0</p>	<p>\$0 and 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
888-477-2669
www.pparx.org

Missouri CLAIM
(Medicare counseling)
800-390-3330
www.missouriclam.org

Vaccines for Children
800-219-3224
www.dhss.mo.gov/
Immunizations

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)

Missouri Department of Social Services
573-751-4815
www.dss.mo.gov

(State program information)

Laws & Regulations

Missouri Department of Insurance, Financial Institutions & Professional Registration
573-751-4126
www.insurance.mo.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)

MISSOURI

Health Care Options Matrix™



This Matrix offers information about free and low-cost health care coverage for individuals, families, and small businesses.



The Anthem Blue Cross 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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Helping people navigate their health care options

