

Demographic	PRIVATE HEALTH INSURANCE			PUBLICLY-SPONSORED PROGRAMS						
	Small Businesses (1-50 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	Infants	Women	Seniors & Disabled	Veterans
Program	<p><b>U.S. Uninsured Help Line</b> 800-234-1317</p> <p><b>Group Plans</b> National Association of Health Underwriters 703-276-0220 www.nahu.org</p>	<p><b>COBRA/Mini-COBRA</b></p> <p>Then convert to a plan under:</p> <p><b>HIPAA</b> Health Insurance Portability &amp; Accountability Act 866-487-2365 www.dol.gov</p>	<p><b>U.S. Uninsured Help Line</b> 800-234-1317</p> <p><b>Individual Plans</b> National Association of Health Underwriters 703-276-0220 www.nahu.org</p>	<p><b>Mississippi Comprehensive Health Insurance Risk Pool Association (MCHIRPA)</b> 601-899-9967 888-820-9400 www.mississippihealthpool.org</p> <p><b>Pre-Existing Condition Insurance Plan (PCIP)</b> Run by the U.S. Department of Health and Human Services 866-717-5826 www.PCIP.gov</p>	<p><b>Medicaid</b> 601-359-6050 800-421-2408 www.medicaid.ms.gov</p>	<p><b>Mississippi CHIP</b> Children's Health Insurance Plan 877-543-7669 601-359-6050 800-421-2408 www.medicaid.ms.gov/Chip.aspx</p>	<p><b>First Steps</b> 800-451-3903 601-576-7427 (Jackson Area) www.msdh.state.ms.us (Search: First Steps)</p> <p><b>Women-Infant-Children (WIC)</b> 601-991-6000 www.msdh.state.ms.us (Search: WIC)</p>	<p><b>Breast and Cervical Cancer Prevention</b> 601-576-7466 800-721-7222 www.msdh.state.ms.us (Search: Breast &amp; Cervical Cancer)</p>	<p><b>Medicare</b> 800-633-4227 www.medicare.gov</p> <p><b>Medicare Prescription Drug Program</b> 800-633-4227</p> <p><b>Mississippi Seniorxms.org</b> 800-948-3090 www.seniorxms.org</p>	<p><b>VA Medical Benefits Package</b> 877-222-8387 www.va.gov</p>
Coverage	<p>There is a maximum look-back period of 6 months and a maximum exclusion period 12 months for enrollees with no prior creditable coverage or whose prior coverage lapsed for more than 63 days.</p> <p><i>Pre-Existing Health Conditions Covered</i></p>	<p><b>COBRA:</b> Coverage available for 18–36 months depending on qualifying events. Benefits are what you had with your previous employer.</p> <p><b>Mini-COBRA:</b> Coverage lasts up to 12 months. Benefits are what you had with your previous employer.</p> <p><b>HIPAA:</b> 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 maximum 12-month look-back and 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><b>MCHIRPA:</b> Includes Hospital services, Physician care, Limited mental health care, Prescription drugs, and other services. Benefits for nervous and mental conditions, Alcohol and drug services (and certain other treatment and services) are provided with substantial limitations. Prescription coverage does not begin until you have been enrolled in MCHIRPA for 6 months. Lifetime maximum benefit of \$1,000,000.</p> <p><b>PCIP:</b> 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>Among some of the services: Office visits and family planning services, Hospital care, Outpatient services, Prescription drugs eyeglasses, Home health services, Long term care services, Inpatient psychiatric care, Non-emergency transportation services, Chiropractic services, Dialysis services, Dental extractions and related treatment, Durable medical equipment and medical supplies, Hospice services.</p> <p><i>Pre-Existing Health Conditions Covered</i></p>	<p>Health screenings (including vision and hearing exams); Preventive health care such as immunizations; Inpatient and outpatient hospital care; Doctor's or clinic visits for well-child check ups and sick-child care; Lab services; Prescription medications; Eyeglasses and hearing aids; Dental care; and Mental health services.</p> <p><i>Pre-Existing Health Conditions Covered</i></p>	<p><b>First Steps:</b> Provides family training and counseling, nursing care, Nutritional counseling and planning, Psychological services in behavior management, Learning and mental health, Physical therapy to help teach body movement, crawling, walking, Occupational therapy to help teach self-help, playing and eating skills, Speech pathologist services to help develop language skills, Transportation assistance to and from appointments.</p> <p><b>WIC:</b> 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><i>Pre-Existing Health Conditions Covered</i></p>	<p>Screening and/or diagnostic mammograms annually for women 50 years of age and older, ultrasound, fine needle aspiration of the breast and breast biopsy, colonoscopy and biopsy, if indicated.</p> <p>Follow-up and referral for abnormal Pap exams and/or mammograms.</p>	<p><b>Medicare</b> 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><b>Mississippi Seniorxms.org</b> offers assistance and advice to seniors in need.</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><b>GUARANTEED COVERAGE</b></p> <p>Company size 1–50 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 employees must work at least 32 hours a week.</p> <p>Insurers are required to guarantee issue small group plans to the self-employed, except those covered by, or eligible for a health benefit plan offered by an employer.</p>	<p><b>GUARANTEED COVERAGE</b></p> <p><b>COBRA:</b> 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><b>Mini-COBRA:</b> Available for employees who work for businesses with less than 20 employees. Must have been covered by group insurance for 3 months continuously before date of termination. Ex-employee must make a written election and pay premium to insurer on or before the date of termination of group insurance. In case of death of employee, divorce, or when dependent child ceases to be eligible for group coverage, beneficiary who wants Mini-COBRA coverage must sign up for it within 30 days of receiving notice of right to continue coverage.</p> <p><b>HIPAA:</b> 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 MCHIRPA or PCIP. See next column</p>	<p><b>GUARANTEED COVERAGE</b></p> <p><b>MCHIRPA:</b> Must be a legal Mississippi resident under age 65 years old. Must have been turned down for coverage by an insurance company in the last 12 months or diagnosed with a health condition that causes insurance companies to automatically reject you; or you were offered coverage by an insurance company, but the policy contained a material underwriting restriction (such as an elimination rider); or offered coverage costing more than an MCHIRPA policy and cannot be eligible for or have other, similar coverage from a private or government health plan (including Medicare and Medicaid) in order to get MCHIRPA coverage. May be eligible for MCHIRPA with HIPAA.</p> <p><b>PCIP:</b> 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 Mississippi resident, and having problems getting insurance due to a pre-existing condition.</p>	<p><b>GUARANTEED COVERAGE</b></p> <p>Must be a U.S. citizen or qualified alien and a resident of Mississippi.</p> <p>Income limits:</p> <p>Pregnant women and infants 0-1: 185% FPL.</p> <p>Children ages 1–5: 133% FPL.</p> <p>Children ages 6–18: 100% FPL.</p> <p>Aged, blind, and disabled: For singles, 80% FPL with asset limit of \$4,000; for couples, 87% FPL with asset limit of \$6,000.</p> <p>Parents/caretakers living with children ages 0–18: 44% FPL.</p>	<p><b>GUARANTEED COVERAGE</b></p> <p>Must be a Mississippi resident and a U.S. citizen or eligible immigrant.</p> <p>Must be children up to age 19, uninsured, ineligible for Medicaid, with family incomes up to 200% FPL.</p> <p>Proof of most recent full month's family income, (such as a paycheck stub) must accompany the application.</p> <p>Each adult or child applying must provide his or her Social Security number on the application.</p>	<p><b>GUARANTEED COVERAGE</b></p> <p><b>First Steps:</b> Must be a resident of Mississippi and a child 0-3 years old who has a 25% or greater developmental delay in any one developmental area.</p> <p><b>WIC:</b> Must live in Mississippi, have a nutritional need, and be child 0-5 years old, a new mom, or a pregnant or breastfeeding woman. Income must be at or below 185% FPL.</p>	<p><b>GUARANTEED COVERAGE</b></p> <p>Must be Mississippi women who do not have Medicaid, Medicare or other insurance or method of reimbursement.</p> <p>Services available depending on age:</p> <p>Ages 40–49: Mammograms while funds are available and only if patients have abnormal clinical breast exams.</p> <p>Ages 40–64: Pap exams.</p> <p>Ages 50–64: Mammograms.</p> <p>Ages 19–39: May be specially approved for enrollment in the BCCP at the discretion of the program director if patient meets all other program criteria other than the age category, has an abnormality of the breast and/or cervix.</p>	<p><b>GUARANTEED COVERAGE</b></p> <p><b>Both:</b> 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><b>GUARANTEED COVERAGE</b></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><b>COBRA/Mini-COBRA:</b> Premiums range from 102%–150% of group health rates.</p> <p><b>HIPAA:</b> Premiums will depend on plan chosen.</p>	<p>Costs for individual coverage vary. There are no rate caps.</p>	<p><b>MCHIRPA:</b> Monthly premiums range from \$116–\$1024 depending on age, gender, plan chosen, and the experience of the plan.</p> <p><b>PCIP:</b> Monthly premiums range from \$146 to \$628 depending on your age and plan chosen.</p>	<p><b>\$0 to \$10</b> co-pays.</p>	<p><b>\$0</b> premiums or deductibles, although there may be a small co-payment for some services for higher-income families on CHIP.</p>	<p><b>First Steps &amp; WIC: \$0</b> or minimal share of cost.</p>	<p><b>\$0</b> or minimal share of cost.</p>	<p><b>Both: \$0</b> 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><b>\$0</b> 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

**Children's Medical Program**  
(Chronic illnesses)  
800-844-0898

**Mississippi Care For Yourself**  
(Family Planning)  
800-421-2408  
www.msdh.state.ms.us/care

**Donated Dental Services**  
601-368-9823  
800-366-3640

**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](http://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](http://www.benefits.gov)

(Search tool for grants, loans and other benefits)

**Catalog of Federal Domestic Assistance**  
[www.cfda.gov](http://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](http://www.findahealthcenter.hrsa.gov)

**Department of Health and Human Services**  
[www.hhs.gov](http://www.hhs.gov)

(Various health care search tools)

**Self Help Clearing House**  
[www.mentalhelp.net/selfhelp](http://www.mentalhelp.net/selfhelp)

(Search tool for people sharing information on hundreds of diseases, health conditions and other health care related situations)

**Mississippi Department of Health**  
866-458-4948  
601-576-7400  
[www.msdh.state.ms.us](http://www.msdh.state.ms.us)

(State program information)

### Laws & Regulations

**Mississippi Insurance Department**  
601-359-3569  
800-562-2957  
[www.mid.state.ms.us](http://www.mid.state.ms.us)

(General information on all types of insurance)

**Employee Benefits Security Administration**  
[www.dol.gov/ebsa](http://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](http://www.nahu.org)

(State organization of insurance brokers)

## MISSISSIPPI

# 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.