

Demographic	PRIVATE HEALTH INSURANCE				PUBLICLY-SPONSORED PROGRAMS					
	Small Businesses (2-50 Employees)	Already Insured Small Businesses (2-9 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	Seniors & Disabled	Trade Dislocated Workers (TAA Recipients)
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>Insure Montana Purchasing Pool State Auditor's Office 800-332-6148 406-444-2040 www.sao.mt.gov/ InsureMontana/index.asp</p>	<p>Insure Montana Purchasing Pool and Tax Credit Program State Auditor's Office 800-332-6148 406-444-2040 www.sao.mt.gov/ InsureMontana/index.asp</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 National Association of Health Underwriters 703-276-0220 www.nahu.org</p> <p>State Auditor's Office 800-332-6148 406-444-2040 sao.mt.gov</p>	<p>Montana Comprehensive Health Association (MCHA) 800-447-7828 www.mthealth.org</p> <p>Montana Affordable Care Plan (MACP) Federal program run by MCHA 800-447-7828 www.mthealth.org www.PCIP.gov</p> <p>NOTE: In Helena, add extension 2128 to the 800 number.</p>	<p>Medicaid 800-362-8312 www.dphhs.mt.gov (Search: Medicaid)</p>	<p>Healthy Montana Kids (HMK) 877-543-7669 406-444-6971 hmk.mt.gov</p> <p>Women-Infant-Children (WIC) 800-433-4298 406-444-5533 wic.mt.gov</p>	<p>Montana Cancer Screening Program (MCSP) 888-803-9343 406-444-0063 www.dphhs.mt.gov (Search: Cancer Screening)</p>	<p>Medicare (Age 65 and up) 800-633-4227 www.medicare.gov</p> <p>Medicare Prescription Drug Program 800-633-4227</p> <p>State Health Insurance Assistance Program (SHIP) 800-551-3191 www.dphhs.mt.gov (Search: SHIP)</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 a maximum exclusion period of 12 months for pre-existing conditions on enrollees with no prior coverage or whose prior coverage had a break of more than 63 days.</p> <p><i>Pre-Existing Health Conditions Covered</i></p>	<p>1) Employers receive subsidies that pay a portion of an employee's health insurance cost. The net of employer payment is 25% of the employee's premium. Employees will get discounts of 20%-90% on their premiums depending on family annual income.</p> <p>2) Employers get refundable tax credit when they pay some or all the cost of the group health insurance plan of their employees and their spouse or dependents.</p> <p>Business will be enrolled on a first-come first-serve basis.</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>Elimination riders are permitted.</p> <p>There is a maximum 36-month look-back and a maximum 12-month exclusionary period limit for pre-existing conditions on enrollees with no prior coverage.</p> <p><i>Pre-Existing Health Conditions Covered with Some Limitations</i></p>	<p>MCHA: Comprehensive plans to choose from, the primary difference is the annual deductible. Lifetime maximum of \$2,000,000. Waiting periods for certain pre-existing conditions may apply.</p> <p>MACP: 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 the services the Montana program may cover: Treatment by physicians, Nurse practitioners, Nurse midwives, Dentists, Denturists, Podiatrists, Lab services and x-rays, Inpatient hospital visits, Outpatient hospital visits, Family planning, Nursing facilities, Home health care, Durable medical equipment; Outpatient drugs, Mental health, Ambulance, and Eyeglasses.</p> <p><i>Pre-Existing Health Conditions Covered</i></p>	<p>HMK: Physician, Inpatient and outpatient hospital services, Routine sports or employment physicals, General anesthesia services, Surgical services clinic and ambulatory health care services, Prescriptions, Laboratory and radiological services, Inpatient, outpatient, and residential mental health and substance abuse services, Dental, Vision exams, Eyeglasses, Hearing exams.</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>Mammograms, clinical breast exams, Pap tests and pelvic exams for the early detection of breast and cervical cancer.</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>SHIP is a Medicare counseling service.</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. Owner can count as an employee. Owner name on business license must draw wages from the company.</p> <p>"Eligible employee" means an employee who works at least 30 hours a week, or at the discretion of employer, one who works 20-40 hours as long as this eligibility criteria is applied uniformly among all of the employer's employees.</p>	<p>GUARANTEED COVERAGE</p> <p>Employers with or without group health insurance for employees. Must offer coverage to all employees working at least 30 hours per week. May also count employees working at least 20 hours per week as long this criterion is applied uniformly on all of the employees. Have 2-9 employees that meet the eligibility criteria established by the State Auditor. All employees must be paid less than \$75,000 per year (owner excluded).</p> <p>Employers who belong to a Multi Employer Welfare Arrangement (MEWA) are not eligible.</p> <p>The tax credit cannot be more than 50% of premiums paid.</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 MCHA or MACP. See next column</p>	<p>GUARANTEED COVERAGE</p> <p>MCHA: Must have lived in Montana for at least 30 days, cannot be eligible for COBRA or any other government programs (except "endstage renal disease" covered under Medicare), must prove denial of coverage by 2 insurance companies due to qualified pre-existing conditions or proof of offer paying 150% higher premium than MCHA. Trade Adjust Assistance (TAA) beneficiaries have same requirements but must have at least 3 months prior coverage, else a 12-month pre-existing waiting period may apply. HIPAA-eligibles also qualified.</p> <p>MACP: 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 be a Montana resident. Must have had a problem getting insurance due to a pre-existing condition.</p>	<p>GUARANTEED COVERAGE</p> <p>Must be a Montana resident and U.S. citizen or qualified legal alien.</p> <p>Income limits:</p> <p>Pregnant women: 150% FPL with asset limit of \$3,000.</p> <p>Children under age 19: 133% FPL.</p> <p>Parents/caretakers living with children ages 0-18: 56% FPL</p> <p>Aged, blind, and disabled: 75% FPL with asset limit of \$2,000 for singles; 83% FPL with asset limit of \$3,000 for couples</p> <p>Medically-needy: \$625 per month, with asset limit of \$2,000 for singles and \$3,000 for couples.</p>	<p>GUARANTEED COVERAGE</p> <p>HMK: Must be U.S. citizen or legal qualified alien and resident of Montana. Must be children under age 19. Must not be eligible for Medicaid, or currently insured, or covered by health insurance in the past 3 months (some employment-related exceptions apply). Parents must not be employed by the state of Montana. Income limit of 250% FPL.</p> <p>WIC: Must be a Montana resident, and a pregnant woman, a breastfeeding woman, or a woman who recently had a baby, or child 0-5 years old. Must be determined by a health professional to be at nutritional or medical risk. Income must be at or below 185% FPL</p>	<p>GUARANTEED COVERAGE</p> <p>Must be a Montana resident, uninsured or underinsured. Income must be at or below 200% FPL.</p> <p>Women 50-64 years old, or 65 and older that do not have Medicare part B, are eligible for breast cancer screening. Women ages 40-49 are eligible also if funds are available.</p> <p>Women age 39 and younger can be eligible if referred by a surgeon or consulting breast specialist.</p> <p>Women ages 30-64 are eligible for cervical cancer screening.</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>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>
Monthly Cost	<p>Costs depend on employer contribution and ±25% of the insurance company's index rate.</p>	<p>Costs depend on employer contribution.</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. There are no rate caps.</p>	<p>MCHA: Premiums vary based on plans chosen. Plans have deductibles of \$1K-\$10K, 70/30 co-payments, with annual maximum member liability of \$5K-\$15K.</p> <p>MACP: Monthly premiums range from \$171 to \$681 depending on your age and plan chosen.</p>	<p>\$0-\$5 for some co-pays Prescription drugs: \$25 maximum per month. \$100 per admission in hospital except in mental institutions</p>	<p>HMK: \$0 to low cost. Maximum co-payment is \$215 per year.</p> <p>WIC: \$0 or minimal share of cost.</p>	<p>\$0 or minimal share of cost.</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.</p> <p>SHIP: \$0</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

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)

Montana Department of Public Health and Human Services
www.dphhs.mt.gov

(State program information)

Laws & Regulations

Montana State Auditor's Office
800-332-6148
406-444-2040
sao.mt.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)

MONTANA

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.