

Demographic	PRIVATE HEALTH INSURANCE			PUBLICLY-SPONSORED PROGRAMS							Other Programs & Resources
	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 Families & Medically-Needy	Low-Income Children	Cancer Screening for Men & Women	Native American Indians	Seniors & Disabled	Trade Dislocated Workers (TAA Recipients)	
Program	<p>U.S. Uninsured Help Line 800-234-1317</p> <p>Group Plans Nebraska Association of Health Underwriters 402-397-0280 www.neahu.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>Nebraska Medical Assistance Program (NMAP) (Similar to HIPP) Premium Payment 800-383-4278 www.dhhs.ne.gov/reg/t471.htm (Chapter 30 Payment for Health Insurance Premiums)</p>	<p>U.S. Uninsured Help Line 800-234-1317</p> <p>Individual Plans Nebraska Association of Health Underwriters 402-397-0280 www.neahu.org</p>	<p>Nebraska Comprehensive Health Insurance Pool (NECHIP) 402-343-3574 877-348-4304 www.nechip.com</p> <p>Pre-Existing Condition Insurance Plan (PCIP) Run by U.S. Department of Health and Human Services 866-717-5826 www.PCIP.gov</p>	<p>Medicaid 402-471-3121 877-255-3092 TTD: 402-471-9570 www.hhs.state.ne.us (Search: Medicaid)</p>	<p>Kids Connection Program (KCP) (S-CHIP) 402-323-7455 (Lincoln) 800-383-4278 www.hhs.state.ne.us/med/kidsconx.htm</p> <p>Women-Infant-Children (WIC) 800-942-1171 402-471-2781 www.dhhs.ne.gov/wic</p>	<p>Every Woman Matters (EWM) www.hhs.state.ne.us/hew/owh/ewm</p> <p>Nebraska Colon Cancer Screening Program (NCCSP) www.hhs.state.ne.us/CRC</p> <p>For both: 800-532-2227 402-471-0929 TTD: 800-833-7352</p>	<p>Indian Health Services 605-226-7582 www.ihs.gov (Search: Aberdeen)</p>	<p>Medicare 800-633-4227 www.medicare.gov</p> <p>Medicare Prescription Drug Program 800-633-4227</p>	<p>Health Coverage Tax Credit 866-628-HCTC 866-628-4282 www.irs.gov (keyword: HCTC)</p>	<p>VA Medical Benefits Package 877-222-8387 www.va.gov</p> <p>Partnership for Prescription Assistance 888-477-2669 www.pparx.org</p> <p>Health Insurance, Information, Counseling and Assistance Program (for seniors) 800-234-7119 402-471-2201 TTD: 800-833-7352 www.dol.ne.gov/shiip</p>
Coverage	<p>There is a maximum 6-month look-back and a maximum 12-month exclusionary period for pre-existing conditions on enrollees that do not have prior creditable coverage.</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 6–12 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>NMAP: 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>There is no limit to the look-back and exclusionary periods for pre-existing conditions on enrollees with no prior coverage.</p> <p><i>Pre-Existing Health Conditions Covered with Some Limitations</i></p>	<p>NECHIP: Hospital room and board, Physician services, Office visits, Therapies (physical, speech, occupational, home infusion), Anesthetics, X-ray and lab, Mammograms, Ambulance services, Nursing, Cardiac and pulmonary rehab, Medical equipment, Renal dialysis, Hospice, Home health, Mental health and substance abuse, Surgery, Prescription drugs, and more. There are 8 different deductible options to choose from. Waiting period may apply.</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>Hospital, Physician, Laboratory and x-ray, Nurse midwife and practitioner services, Clinic services and family planning, Home health agency and personal care aide, Medical transportation, Ambulance, and chiropractic, Durable medical equipment, Orthotics, Prosthetics, and medical supplies, Prescription drugs and hearing aid services, Therapies (physical, occupational, speech pathology, audiology) and podiatry, Adult day treatment, Mental health and substance abuse, Vision and dental, Preventive care (e.g. mammograms).</p> <p><i>Pre-Existing Health Conditions Covered</i></p>	<p>KCP: Hospital services, Physician services, Laboratory and x-ray, Family planning, Health checks, Home health agency, Medical transportation, Ambulance, Chiropractic, Dental, Durable medical equipment, Orthotics, Prosthetics and medical supplies, Prescribed drugs, Hearing aids, Therapy (physical, occupational, speech, pathology, and audiology), Podiatry, Mental health and substance abuse, and Vision.</p> <p>WIC: Nutrition education and services, breastfeeding promotion and education, monthly food prescription of nutritious foods, and maternal, prenatal and pediatric health-care services.</p> <p><i>Pre-Existing Health Conditions Covered</i></p>	<p>EWM: Breast exams, Mammograms, Pap test every 2 years, Pelvic exams, various checkups.</p> <p>NCCSP: Fecal occult blood test (FOBT) kits for at home testing, colonoscopies, and education about healthy living.</p>	<p>The Aberdeen Area Office in Aberdeen, South Dakota, works together with its 13 Service Units to provide health care to approximately 94,000 Indians on reservations located in North Dakota, South Dakota, Nebraska, and Iowa. The Service Units include nine hospitals, eight health centers, two school health stations, and several smaller health stations and satellite clinics.</p> <p><i>Pre-Existing Health Conditions Covered</i></p>	<p>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>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>Owner can count as an employee; proprietor name on license must draw wages.</p> <p>Eligible employees must work at least 30 hours a week.</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. Ex-employee must elect Mini-COBRA within 10 days after date of receiving notice of right to continue coverage. In case of employee's death, the surviving covered spouse and dependent children must elect Mini-COBRA within 31 days after date of employee's death.</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>NMAP: You may be eligible for HIPP if you have a high-cost health condition (e.g., pregnancy, HIV/AIDS), and are on Medicaid.</p>	<p>Eligibility is subject to medical underwriting.</p> <p>If you are denied coverage for a medical condition, you may be eligible for NECHIP or PCIP. See next column.</p>	<p>GUARANTEED COVERAGE</p> <p>NECHIP: Must be a legal Nebraska resident for at least 6 months prior to application, uninsured or ineligible for Medicaid or Medicare and exhausted COBRA continuation. Previous coverage terminated for reasons other than non-payment of premium or fraud, or within last 6 months was rejected for coverage due to pre-existing conditions, or offered coverage with restricted benefits or premiums higher than NECHIP's. You have a qualified pre-existing condition. Those eligible for HIPAA plans or Trade Adjustment Assistance are also qualified.</p> <p>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 Nebraska resident, and having problems getting insurance due to a pre-existing condition.</p>	<p>GUARANTEED COVERAGE</p> <p>Must be a Nebraska resident and U.S. citizen or legal qualified alien.</p> <p>Income limits: Pregnant woman and infants 0-1: 185% FPL. Children ages 1-5: 133% FPL. Children ages 6–18: 100% FPL. Aged, blind, and disabled: For singles, 74% FPL with asset limit of \$2,000; for couples not on SSI, 82% FPL with asset limit of \$3,000. Parents/caretakers living with children ages 0–18: 58% FPL. Medically-needy: Singles and couples earning \$392 a month, with asset limit of \$4,000 for singles and \$6,000 for couples.</p>	<p>GUARANTEED COVERAGE</p> <p>KCP: Must be a Nebraska resident under 19 years of age or be a primary care giver with a child under the age of 19, and a U.S. citizen or legal alien and with household income of 200% FPL. Must not be covered by health insurance (including Medicaid).</p> <p>WIC: Must reside in Nebraska. Must either be a pregnant woman, a breastfeeding woman, a woman who recently had a baby, or a child up to age 5 years. Must be determined by a health professional to be at nutritional or medical risk. Income limit is 185% FPL.</p>	<p>GUARANTEED COVERAGE</p> <p>Both: Must be a Nebraska resident and U.S. citizen or a qualified alien. Income limit of 225% FPL.</p> <p>EWM: Must be ages 40–74. Must not belong to an HMO (Health Maintenance Organization), or have Medicaid or Medicare.</p> <p>NCCSP: Men and women who are at least 50 years old.</p>	<p>GUARANTEED COVERAGE</p> <p>Must exhaust all private, state, and other federal programs.</p> <p>Must be regarded by the local community as an Indian; is a member of an Indian or Group under Federal supervision; resides on tax-exempt land or owns restricted property; actively participates in tribal affairs; any other reasonable factor indicative of Indian descent; is a non-Indian woman pregnant with an eligible Indian's child for the duration of her pregnancy through post-partum (usually 6 weeks); is a non-Indian member of an eligible Indian's household and the medical officer in charge determines that services are necessary to control a public health hazard or an acute infectious disease which constitutes a public health hazard.</p>	<p>GUARANTEED COVERAGE</p> <p>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 NECHIP.</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.</p> <p>HIPAA: Premiums will depend on plan chosen.</p> <p>NMAP: \$0 or minimal share of cost.</p>	<p>Costs depend on age and county/zone.</p> <p>If you are self-employed and buy your own insurance you are eligible to deduct 100% of the cost of the premium from your federal income tax.</p>	<p>NECHIP: Monthly premiums range from \$131.65 to \$2,956.98 depending on age, gender, tobacco use, and deductible.</p> <p>PCIP: Monthly premiums range from \$132 to \$568 depending on your age and plan chosen.</p>	<p>\$1–\$3 co-pays and may share in some costs.</p>	<p>KCP: \$0 for most members.</p> <p>WIC: \$0 to minimal share of cost.</p>	<p>EWM: \$0 Suggested donation of \$5 for patients earning 100% to 225% FPL.</p> <p>NCCSP: \$0 to minimal share of cost. Colonoscopy requires 10% co-payment.</p>	<p>\$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>20% of the insurance premium including COBRA premium if employer contributes less than 50%.</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.

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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)

Nebraska Health and Human Services
402-471-3121
www.hhs.state.ne.us

(State program information)

Laws & Regulations

Nebraska Department of Insurance
402-471-2201
TTD: 800-833-7352
www.doi.ne.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

Nebraska Association of Health Underwriters
402-397-0280
www.neahu.org

(State organization of insurance brokers)

NEBRASKA

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.