

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 Individuals & Families	Children	Children with Developmental Delays	Women	Seniors & Disabled		Trade Dislocated Workers (TAA Recipients)
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> 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>HIPP</b> Health Insurance Premium Payment Run by Health Management Systems (HMS) 775-335-1040, 800-856-8839 www.hms.com/our_services/services_hipp.asp</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>Pre-Existing Condition Insurance Plan (PCIP)</b> Run by U.S. Department of Health and Human Services 866-717-5826 www.PCIP.gov</p>	<p><b>Medicaid</b> 775-684-3600 800-992-0900 dwss.nv.gov</p> <p>To find address and phone number of welfare office near you: dwss.nv.gov (Under: DWSS Offices Telephone and Fax Numbers)</p> <p><b>Access to Health Care Network (AHN)</b> 877-385-2345 775-284-8989 www.accesstohealthcare.org</p>	<p><b>Nevada Check Up</b> (877-543-7669) 800-360-6044 775-684-3777 www.nevadacheckup.state.nv.us</p> <p><b>Women-Infant-Children (WIC)</b> 800-863-8942 health.nv.gov/WIC.htm</p>	<p><b>Nevada Early Intervention Services (NEIS)</b> 800-522-0066 health.nv.gov/BEIS.htm</p>	<p><b>Women's Health Connection (WHC)</b> 888-463-8942 775-684-4285 health.nv.gov (Search: Women's Health Connection)</p> <p><b>Maternal Child Health (MCH) Line</b> 800-429-2669 health.nv.gov (Search: MCH)</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>Senior Rx</b> 866-303-6323 www.dhhs.nv.gov/SeniorRx.htm</p>	<p><b>Health Coverage Tax Credit</b> 866-628-4282 www.irs.gov (keyword: HCTC)</p>	<p><b>VA Medical Benefits Package</b> 877-222-8387 www.va.gov</p> <p><b>Partnership for Prescription Assistance</b> 888-477-2669 www.pparx.org</p> <p><b>Vaccines for Children</b> 775-684-5900 health.nv.gov (Search: Immunization)</p> <p><b>AIDS Drug Assistance</b> 775-684-3499 health.nv.gov (Search: HIV Program)</p>
Coverage	<p>Carriers can impose a maximum 6-month look-back and a maximum 12-month exclusionary period for pre-existing conditions on enrollees who do not have prior or whose coverage had a break of more than 63 days.</p> <p><i>Pre-Existing Health Conditions Covered</i></p>	<p><b>COBRA/Mini-COBRA:</b> Coverage available for 18–36 months depending on qualifying events. 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><b>HIPP:</b> 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>Elimination riders are permitted.</p> <p>There is a maximum look-back period of 6 months and no limit to the maximum exclusion period for pre-existing conditions on enrollees with no prior coverage.</p> <p><i>Limits on Pre-Existing Health Conditions May Apply</i></p>	<p>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><b>Medicaid:</b> Diagnosis (services to find out what is wrong), Physician services, Check-ups (medical and dental), Family planning, Maternity, Prenatal and newborn care, Prescriptions, Hospital services, Comfort care, Hospice, Dental services, Drug and alcohol treatment, Mental health services.</p> <p><b>AHN:</b> Hospitals, Family doctors, Cancer care, care from Specialists, X-ray &amp; labs, Diagnostics, Children's health services, Maternity care, Women's health services, Prescription drug assistance</p> <p><i>Pre-Existing Health Conditions Covered</i></p>	<p><b>NV Check Up:</b> Physician, Chiropractor, Dental, Vision, Medical Equipment, Hospital Inpatient and Outpatient hospital, Laboratory and X-Ray, Prescription Drugs, Ambulance, Non-Emergency Transportation, Mental Health, Home Health, Well-Child, Well-Baby Visits, and Immunizations.</p> <p><b>WIC:</b> 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>Audiology (hearing) services Family training, Counseling and home visits, Health services, Medical services for diagnostic or evaluation purposes, Nutrition counseling, Occupational therapy, Physical therapy, Psychological services, Service coordination, Social work services, Special instruction, Speech and language services, Transportation services, Vision and more.</p> <p><i>Pre-Existing Health Conditions Covered</i></p>	<p><b>WHC:</b> Breast and cervical cancer screening services. Pelvic exams, Pap smears, clinical breast exams, mammograms.</p> <p><b>MCH:</b> Provides prenatal care and other maternity services.</p> <p><b>Senior RX</b> offers extra coverage for medication. There are plans for seniors with Medicare Part D and for seniors without Medicare Part D.</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><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>	<p><b>NOTE:</b> Government programs look at each family's circumstance to determine eligibility.</p> <p>Income and assets tests may be required to determine eligibility for publicly-sponsored programs.</p> <p><b>FPL</b> means Federal Poverty Level. See explanation on reverse side of this matrix.</p> <p><b>Guaranteed Coverage</b> means you cannot be turned down due to your health conditions.</p> <p>Programs and plan availability, eligibility requirements, costs, and coverages are subject to change.</p>
Eligibility	<p><b>GUARANTEED COVERAGE</b></p> <p>Company size 2–50.</p> <p>Owner can count as an employee.</p> <p>Proprietor-name on license must draw wages.</p> <p>Eligible employees must work at least 30 hours a week.</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 employers with less than 20 employees. Must have been covered by group insurance for 12 consecutive months before date of termination. Must sign up for Mini-COBRA within 60 days after date 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><b>HIPP:</b> Enrollee must be eligible for full coverage from NV Medicaid, not eligible for Medicare, and have health insurance.</p>	<p>Eligibility is subject to medical underwriting.</p> <p>HIPAA-eligible must be offered two standard policies.</p> <p>If you are denied coverage for a medical condition, you may be eligible for PCIP. See next column.</p>	<p><b>GUARANTEED COVERAGE</b></p> <p>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 Nevada resident, and having problems getting insurance due to a pre-existing condition.</p>	<p><b>GUARANTEED COVERAGE</b></p> <p><b>Medicaid:</b> Must be a U.S. citizen or qualified alien and live in Nevada.</p> <p>Income limits: Pregnant women: 185% FPL. Infants ages 0–1: 133% FPL. Children ages 1–5: 133% FPL. Children ages 6–18: 100% FPL</p> <p>Aged, blind, and disabled singles: Asset limit of \$2,000 for all; aged, living independently up to 86% FPL; blind, living independently up to 87% FPL; disabled, up to 75% FPL.</p> <p>Aged, blind, and disabled couples: Aged, living independently, up to 89% FPL; blind, living independently, up to 114% FPL; disabled up to 83% FPL.</p> <p>Parents/caretakers living with children ages 0–18: Non-working, 25% FPL; working, 86% FPL.</p> <p><b>AHN:</b> Must be uninsured and live in Nevada. Must have income between 100% to 200% FPL. Be able to show picture ID, proof of residency, and proof of income.</p>	<p><b>GUARANTEED COVERAGE</b></p> <p><b>NV Check Up:</b> Must be a Nevada resident and a U.S. citizen or "qualified alien" (legal residents need to have 5 years residency). Must be a child age 0–18. Income limit of 100% to 200% FPL.</p> <p>Must not be insured within the last 6 months before enrolling or lost insurance beyond parents' control, and must not be eligible for Medicaid.</p> <p>Eligibility is determined for one year unless child moves out of state, is enrolled in Medicaid, has other coverage, or becomes financially ineligible.</p> <p><b>WIC:</b> Must reside in Nevada, and be a pregnant or recently pregnant woman, or a child up to age 5, and be determined to have a nutritional risk. Income must be at or below 185% FPL.</p>	<p><b>GUARANTEED COVERAGE</b></p> <p>Must be a child 0–3 years old of a Nevada resident. Patient must have been diagnosed with a condition such as Down syndrome, spina bifida, autism, blindness, deafness, or other diagnosed condition that has a high probability of resulting in a developmental delay, or shows significant delays in development such as talking or walking.</p>	<p><b>GUARANTEED COVERAGE</b></p> <p><b>WHC:</b> Nevada women 40 years or older who do not have health insurance, Medicaid, Medicare Part B, HMO coverage, or whose health insurance does not pay for the program's services. Income limit of 250% FPL.</p> <p>Women ages 40 or older get annual pelvic exams and annual clinical breast exams, and Pap tests. Those age 50 or older get the above benefits plus annual mammograms.</p> <p><b>MCH:</b> Must be parents of children up to age 5 who are Medicaid-eligible.</p>	<p><b>GUARANTEED COVERAGE</b></p> <p><b>Medicare:</b> 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><b>Senior RX:</b> Must be age 62 or older. Income limit of \$25,477 if you are single and \$33,963 if you are a married couple.</p>	<p><b>GUARANTEED COVERAGE</b></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><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><b>HIPP:</b> \$0 or minimal share of cost.</p>	<p>Rates are ±50% of the base individual market rate.</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>Monthly premiums range from \$113 to \$487 depending on your age and plan chosen.</p>	<p><b>Medicaid:</b> \$0 or may share in some costs.</p> <p><b>AHN:</b> Monthly premiums range from \$120 to \$770 depending on number of dependents and plan chosen.</p>	<p><b>NV Check Up:</b> \$0 or \$25–\$80 every 3 months.</p> <p>Premiums are based on income. No co-payments or deductibles. Federally recognized Native Americans who can prove their tribal affiliations pay no premiums.</p> <p><b>WIC:</b> \$0 or minimal share of cost.</p>	<p>\$0 or minimal share of cost.</p> <p>EIS is the payer of last resort. Private insurance and Medicaid will be billed first.</p>	<p><b>Both:</b> \$0 and share of cost sliding scale.</p>	<p><b>Medicare:</b> \$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><b>Senior RX:</b> \$0 or minimal share of cost.</p>	<p><b>20%</b> of the insurance premium including COBRA premium if employer contributes less than 50%.</p>	



## 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)

**Nevada Department of Health and Human Services**  
775-684-4000  
[dhhs.nv.gov](http://dhhs.nv.gov)

(State program information and 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)

### Laws & Regulations

**Nevada Department of Insurance**  
775-687-4270  
702-486-4009  
[doi.state.nv.us](http://doi.state.nv.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)

(National organization of insurance brokers)

## NEVADA

# Health Care Options Matrix™



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

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The Anthem Blue Cross and 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

