

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	Women	Individuals with Genetic Disorders	Seniors & Disabled	Trade Dislocated Workers (TAA Recipients)	
Program	<p>U.S. Uninsured Help Line 800-234-1317</p> <p>Group Plans Ohio Association of Health Underwriters 330-273-5756 www.ohioahu.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>U.S. Uninsured Help Line 800-234-1317</p> <p>Individual Plans Ohio Association of Health Underwriters 330-273-5756 www.ohioahu.org</p>	<p>Ohio High Risk Pool Federal program run by Medical Mutual through the Ohio Dept. of Insurance 877-730-1117 www.ohiohighriskpool.com www.PCIP.gov</p> <p>Children's Buy-In Program (CBI) 800-324-8680 jfs.ohio.gov (Search: CBI)</p> <p>Applications for the Children's Buy-In Program will no longer be accepted. The program is permanently closed to new applicants.</p>	<p>Medicaid 800-324-8680 TDD: 800-292-3572 jfs.ohio.gov (Search: Medicaid)</p> <p>Healthy Families 800-324-8680 TDD: 800-292-3572 jfs.ohio.gov (Search: Healthy Families)</p>	<p>Healthy Start 800-324-8680 TDD: 800-292-3572 jfs.ohio.gov (Search: Healthy Start)</p> <p>Women-Infant-Children (WIC) 614-644-8006 800-755-4769 www.odh.ohio.gov (Search: WIC)</p>	<p>Breast and Cervical Cancer Project (BCCP) 614-728-2177 (Ohio Department of Health) www.odh.ohio.gov (Search: BCCP)</p>	<p>Ohio Genetics Program 614-728-4677 www.odh.ohio.gov (Search: Genetics)</p>	<p>Medicare 800-633-4227 www.medicare.gov</p> <p>Medicare Prescription Drug Program 800-633-4227</p>	<p>Health Coverage Tax Credit 866-628-4282 www.irs.gov (Search: HCTC)</p>	<p>VA Medical Benefits Package 877-222-8387 www.va.gov</p> <p>Medicare 800-633-4227 www.medicare.gov</p> <p>Medicare Prescription Drug Program 800-633-4227</p> <p>Partnership for Prescription Assistance 888-477-2669 www.pparx.org</p> <p>Ohio Help Me Grow Program 614-644-8389 www.ohiohelpmegrow.org</p> <p>Ohio HIV Drug Assistance Program 800-777-4775 www.odh.ohio.gov (Search: HIV Drug Assistance)</p>
Coverage	<p>There is a maximum 6-month look-back and maximum 12-month exclusion for pre-existing conditions on enrollees that do not have prior creditable coverage.</p> <p>Benefits will vary depending on the chosen plan.</p> <p><i>Pre-Existing Health Conditions Covered with Some Limitations</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 lasts up to 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><i>Pre-Existing Health Conditions Covered</i></p>	<p>Covers certain state mandated items.</p> <p>Annual open enrollment regardless of pre-existing conditions.</p> <p>Coverage options vary by carrier, but most offer plans that are HSA (Health Savings Account) compatible.</p> <p>There is a maximum 6-month look-back and maximum 12-month exclusionary period on pre-existing health conditions on individual policies except for HMO basic health service plans.</p> <p><i>Pre-Existing Health Conditions Covered with Some Limitations</i></p>	<p>Ohio High Risk Pool: Covers broad range of benefits, including primary and specialty care, hospital care, and prescription drugs.</p> <p>CBI: Office visit copays for routine visits, Coverage for emergency medical services Prescription drug benefits Coverage for maternity services Health and wellness programs Enrollment in CBI can be closed at any time.</p> <p><i>Pre-Existing Health Conditions Covered</i></p>	<p>Both: Ambulatory Surgery Centers, Nursing, Family planning, Healthchek (EPSDT) program services, Home health services, Inpatient hospital, Lab & X-ray, Dental & vision, Medicare Premium Assistance, Non-Emergency transportation, Outpatient services, and Physician services.</p> <p><i>Pre-Existing Health Conditions Covered</i></p>	<p>Healthy Start: Comprehensive care including but not limited to Doctor visits, Prescriptions, Hospital care, Immunizations, Vision and dental care, Substance abuse, Mental health services and more.</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>Services include mammograms, Pap tests, office visits, clinical breast exams, colposcopies, breast ultrasounds, biopsies and other diagnostic procedures.</p> <p>If screened and diagnosed for breast or cervical cancer, patient may be eligible for complete health coverage through Medicaid.</p> <p><i>Pre-Existing Health Conditions Covered</i></p>	<p>Ohio Genetics Program is not insurance but a system of clinics for individuals with genetic illnesses.</p> <p>Genetic services include, but are not limited to, genetic counseling, education, diagnosis and treatment for all genetic conditions and congenital abnormalities.</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 D 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</p> <p>Proprietor-name on license must draw wages.</p> <p>Eligible employees must work at least 25 hours a week.</p>	<p>GUARANTEED COVERAGE</p> <p>COBRA: Available for employees who work for employers 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. Employee must have been under group coverage for 3 months prior to termination and entitled to unemployment benefits. Ex-employee must sign up for continuation on the earlier of the following: A) In 31 days after the date of termination of coverage, or B) If employer has notified employee of right of continuation prior to date of termination of coverage, then employee must sign up in 10 days after date of termination of 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 based on medical underwriting.</p> <p>Elimination riders are allowed.</p> <p>Must be resident of Ohio and U.S. citizen or documented immigrant.</p>	<p>GUARANTEED COVERAGE</p> <p>Ohio High Risk Pool: Must be a U.S. citizen or lawfully present in the U.S with a qualifying pre-existing condition. Must have been uninsured for at least 6 months prior to applying. Must have had a problem getting insurance due to a pre-existing condition.</p> <p>CBI: Must be a U.S. citizen and Ohio resident, age 0–18, with income at or above 300% FPL. Must be uninsured for at least 6 months before enrolling, ineligible for Medicaid, and one of the following: enrollee was denied coverage due to pre-existing condition, or has exhausted lifetime benefit of only available coverage, or premium of available coverage is more than twice CBI's premium, or participates in the program Children with Medical Handicaps in the Ohio Department of Health.</p>	<p>GUARANTEED COVERAGE</p> <p>Medicaid: Must be an Ohio resident and a U.S. citizen or qualified alien. Income limits: Children ages 0-18: 150% FPL Aged, blind, and disabled: 64% FPL with asset limit of \$1,500 for singles; 83% FPL with asset limit of \$2,250 for couples. Workers with disabilities: 250% FPL, with asset limit of \$10,580. Must be 16–64 years old, disabled (as determined by the Social Security Administration, Medicaid or eligible under the Medicaid Buy-In for Workers with Disability medically improved category), and employed (part-time or full-time).</p> <p>Healthy Families: Families with children ages 0–18: 90% FPL.</p> <p>Both: Pregnant Women: 200% FPL</p>	<p>GUARANTEED COVERAGE</p> <p>Healthy Start: Must be an Ohio resident and a U.S. citizen, qualified alien or lawful permanent resident. Must be one of the following: A) Pregnant women living up to 200% FPL. Babies born to mothers enrolled in Healthy Start become eligible for free health coverage for one full year from the date of birth. B) Children under 19 with family income below 200% FPL. Children with family income between 150% and 200% FPL must be without insurance to become eligible for Healthy Start. C) Certain children 21 years old and younger aging out of the foster care system.</p> <p>WIC: Must reside in Ohio. Must be a pregnant or recently pregnant woman, or child up to age 5. Must be determined to be at nutritional risk. Income must be at or below 185% FPL.</p>	<p>GUARANTEED COVERAGE</p> <p>Must be an Ohio resident. Must be uninsured with income limit of 200% FPL.</p> <p>For mammograms, must be 50–64 years old. For pelvic and Pap test must be 40–64 years old.</p> <p>Women ages 40–49 can also receive mammograms if indicated by a clinical breast exam, family history or other factors.</p>	<p>Anyone can call and get information regarding genetic disorders. No one is turned away from the genetics clinics for not having insurance.</p> <p>Individuals/families might benefit from genetic services if they have questions about the cause of a medical condition or developmental problem, the chance of the same condition showing up in their children or other relatives, how to prepare for and have a healthy pregnancy, and where to find medical specialists, community resources and parent support groups in their area or nationally.</p>	<p>GUARANTEED COVERAGE</p> <p>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>GUARANTEED COVERAGE</p> <p>Must be receiving TAA (Trade Adjustment Assistance), or Must be 55 years or older and receiving pension from the Pension Benefit Guaranty Corporation (PBGC). 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. 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 ± 35% 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>Various price ranges depending on deductible and what plan you buy. No rate caps, except on standardized products.</p>	<p>Ohio High Risk Pool: Monthly premiums range between \$92 to \$642 depending on your age, region, and tobacco use.</p> <p>CBI: \$290.58–\$581.15 based on income.</p>	<p>Both: \$0 or minimal share of cost. Workers with disabilities who earn more than 150% FPL must pay premiums which are based on income, family size, and certain standard deductions.</p>	<p>Healthy Start: & WIC: \$0 or minimal share of cost.</p>	<p>\$0</p>	<p>There are different costs for the various services at genetics clinics. Most insurance companies and third party payers cover the costs of most services. Those who do not have medical coverage are billed based on their income level.</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.

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.odh.ohio.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)

Ohio Department of Health
www.odh.ohio.gov

(State program information)

Laws & Regulations

Ohio Department of Insurance
800-686-1526
614-644-2658
www.insurance.ohio.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

Ohio Association of Health Underwriters
330-273-5756
www.ohioahu.org

(State organization of insurance brokers)

OHIO

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

