

Demographic	PRIVATE HEALTH INSURANCE			PUBLICLY SPONSORED PROGRAMS						
	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 and families	Children	Women	Adults	Trade Dislocated Workers (TAA recipients)	Veterans
Program	<b>U.S. Uninsured Help Line</b> 800-234-1317  <b>Group Plans</b> Pennsylvania Association of Health Underwriters 703-276-0220 www.pahu.org	<b>COBRA</b> And then <b>HIPP</b> Health Insurance Premium Payment 800-644-7730 Or <b>HIPAA</b> Health Insurance Portability and Accountability Act 866-4-USA-DOL www.dol.gov	<b>U.S. Uninsured Help Line</b> 800-234-1317  <b>Individual Plans</b> Pennsylvania Association of Health Underwriters 703-276-0220 www.pahu.org	<b>Blue Cross Blue Shield</b> (Contact regional carriers) www.bcbs.com	<b>Medicaid</b> 866-542-3015 www.dpw.state.pa.us  County Offices http://www.dpw.state.pa.us/ About/OIM/003670281.htm	<b>CHIP</b> (Children's Health Insurance Plan) 800-986-5437 800-986-KIDS 717-705-1643 www.chipcoverspakids.com  <b>PA Love'm With a Check-Up Program</b> 800-986-BABY 800-986-KIDS	<b>Healthy Woman Program</b> 800-215-7494 877-PA HEALTH www.dsf.health.state.pa.us	<b>PA Adult Basic</b> 800-GO-BASIC http://www.ins.state.pa.us/ins/cwp/view.asp?a=1336&Q=543266	<b>Health Coverage Tax Credit</b> 866-628-HCTC www.irs.gov (key word HCTC)	<b>VA Medical Benefits Package</b> 877-222-8387 www.va.gov
Coverage	All group health insurance carriers can impose a 6-month look-back/12-month exclusionary period for pre-existing conditions on enrollees that do not have prior creditable coverage  Benefits will vary depending on the chosen plan  <i>Pre-Existing Health Conditions Covered</i>	<b>Cobra Subsidy:</b> 9 months of partially subsidized COBRA premium  COBRA coverage is available for up to 18-36 months depending on qualifying events  COBRA benefits are the same as what you had in your group coverage  After COBRA expires, (or if leaving group plan) HIPAA individual plan conversion benefits are based on the program selected, no expiration  HIPP is group coverage paid for by state  <i>Pre-Existing Health Conditions Covered</i>	<b>NJ Family Care:</b> Physician services, preventive health care, emergency medical care, inpatient hospital services, outpatient hospital services, laboratory services, prescription drugs, eyeglasses, dental services in most cases, emergency transportation, mental health services and more  <b>WIC:</b> Nutrition education and services; Breastfeeding promotion and education; A monthly food prescription of nutritious foods; and Access to maternal, prenatal and pediatric health-care services  <i>Pre-Existing Health Conditions Covered</i>	Blue Cross/Blue Shield plans operating in the state voluntarily serve as the carriers-of-last-resort for people seeking coverage in the individual market through a year-round open enrollment for specified products  <i>Pre-Existing Health Conditions Covered</i>	Office visits, prescription drugs, immunizations, vision testing and eyeglasses, emergency room care, lab testing and X-rays, hearing testing and hearing aids, mental and substance abuse treatment ...and possibly more  <i>Pre-Existing Health Conditions Covered</i>	Immunizations; routine check-ups; diagnostic testing; prescription drugs; dental, vision, hearing services; emergency care; maternity care; mental health benefits; up to 90 days hospitalization in any year; durable medical equipment; substance abuse treatment; partial hospitalization for mental health services; rehabilitation therapies; home health care  <i>Pre-Existing Health Conditions Covered</i>	Clinical breast examination, mammogram, pelvic examination and pap smear, education on breast self-exam, follow-up diagnostic care for an abnormal result  <i>Pre-Existing Health Conditions Covered</i>	Hospitalization (unlimited days), physician services (primary care and specialists), emergency services, diagnostic tests (e.g. X-rays, mammograms and laboratory tests), maternity care, rehabilitation and skilled care (in lieu of extended hospitalization)  <i>Pre-Existing Health Conditions Covered</i>	Will cover 80% of your COBRA if employer contributes less than 50% (or spouses' employer)  Will cover individual insurance in which you were enrolled for last 30 days before TAA benefits  <i>Pre-Existing Health Conditions Covered</i>	Comprehensive preventive and primary care, outpatient and inpatient services  <i>Pre-Existing Health Conditions Covered</i>
Eligibility	<b>GUARANTEED COVERAGE</b>  Company size 2-50 employees (including owner)  Two employees must work for at least 6 months out of the year, and work 20 hours per week for coverage  Owner name on business license must draw wages from the company  Most small group carriers also require 75% employee participation and accept employees who sign a waiver indicating other coverage as counting towards the 75%	<b>GUARANTEED COVERAGE</b>  <b>Cobra Subsidy:</b> If you were involuntarily terminated between Sept 1, 2008 and Dec 31, 2009, you are eligible for a COBRA subsidy from the Federal Government. If you become eligible for other insurance, you will no longer be eligible for the subsidy. If you turned down COBRA from Sept 1, 2008 to Feb 17, 2009, you are eligible for the subsidy. Must have an income at or below \$125,000 for individuals or \$250,000 for couples.  All coverage terminated within the last 60 days (COBRA), or 63 days (HIPAA) for reasons other than gross misconduct or fraud  For HIPAA, recently covered by a group program or a COBRA plan for 18 continuous months (COBRA option must have been selected if available and exhausted)  For HIPAA you cannot be eligible for Medicare or other public or group insurance programs  For HIPP: must be eligible for Medicaid	Eligibility is subject to medical underwriting  If you are denied coverage for a medical condition, you may be eligible for guarantee issue through Blue Cross Blue Shield; see next column	<b>GUARANTEED COVERAGE</b>  Been refused health insurance by other carriers	<b>GUARANTEED COVERAGE</b>  Pregnant women and infants age 0-1: 185% FPL  Children (ages 1-5): 133% FPL Ages 6-19: 100% FPL (also aged, blind and disabled)  Parents with incomes up to 200% FPL can also apply for the Adult Basic program (which currently has a waiting list for coverage)  SSI recipients: 74% FPL  Medically Needy Individual: 59% FPL  Medically Needy Couple: 46% FPL	<b>GUARANTEED COVERAGE</b>  CHIP covers all uninsured children under the age of 19 despite their families income level.  Income at or below 300% of the FPL will receive discounts on their coverage. Children with a family income above 300% can qualify for CHIP, but must pay full cost for coverage  Must not be eligible for Medical Assistance or have any other health insurance. Be under age 19, Must be a Pennsylvania resident and citizen.	<b>GUARANTEED COVERAGE</b>  50 to 64 years old (or under 50 if they are symptomatic of breast cancer, require follow-up for an abnormal Pap test, or have not been screened in the past five years for cervical cancer)  They have no insurance, or limited insurance that does not cover breast and cervical cancer screening services, and must have low to moderate income (under 250% FPL)	<b>GUARANTEED COVERAGE</b>  You are between the ages of 19 and 64  You do not have any other healthcare coverage (including Medicaid or Medicare); you have been without health insurance for 90 days prior to enrollment, except if you or your spouse lost health insurance coverage because you are no longer employed  Your family income is below certain income limits (approximately 200% of FPL)  You are a resident of Pennsylvania for at least 90 days prior to enrollment; and have U.S. citizenship or permanent legal alien status	<b>GUARANTEED COVERAGE</b>  Must be receiving TAA (Trade Adjustment Assistance)  Must not have access to employer plan that pays 50% of coverage cost.  Not enrolled in certain state plans	<b>GUARANTEED COVERAGE</b>  "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  Certain veterans must have completed 24 continuous months of service
Monthly Cost	Costs depend on employer contribution (also see HIPP) with rate variations allowed up to 300% of the base rate	<b>Cobra Subsidy: 35%</b> of monthly premium  Costs depend on previous employer contribution plus a 2% administrative fee; HIPAA could be higher  Individual coverage is also available and may be less expensive, see next column	Costs for individual coverage varies	Prices based on age and several coverage options, applicant needs etc.	<b>\$0</b>	Cost depends on whether your child qualifies for free, low cost, or full cost health coverage. Average Premiums range between <b>\$0-161</b> with co-payments of <b>\$0-50</b> .	<b>\$0</b>	<b>\$5-32</b> co-pays	<b>20%</b> of the insurance premium	<b>\$0</b> and share of cost and co-pays depending on income level

**Other programs & resources**

**Medicare**  
 800-952-5253  
 1-800-MEDICARE  
 www.medicare.gov

**Medicare Prescription Drug Program**  
 800-633-4227

**APPRISE**  
 (Medicare advice)  
 717-783-1550  
 www.aging.state.pa.us

**Family Planning**  
 877-PA-HEALTH  
 http://www.dsf.health.state.pa.us/health/cwp/view.asp?a=179&Q=232515

**Partnership for Prescription Assistance**  
 888-4PPA-NOW  
 (888-477-2669)  
 www.pparx.org

**Women-Infant-Children (WIC)**  
 800-WIC-WINS  
 http://www.dsf.health.state.pa.us/health/cwp/view.asp?a=179&Q=236988

**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	\$226	\$451	\$677	\$731	\$903	\$1,200	\$1,579	\$1,805	\$2,256	\$2,708
2	\$304	\$607	\$911	\$983	\$1,214	\$1,615	\$2,125	\$2,428	\$3,035	\$3,643
3	\$381	\$763	\$1,144	\$1,236	\$1,526	\$2,029	\$2,670	\$3,052	\$3,815	\$4,578
4	\$459	\$919	\$1,378	\$1,488	\$1,838	\$2,444	\$3,216	\$3,675	\$4,594	\$5,513
5	\$537	\$1,075	\$1,612	\$1,741	\$2,149	\$2,858	\$3,761	\$4,298	\$5,373	\$6,448
6	\$615	\$1,230	\$1,846	\$1,993	\$2,461	\$3,273	\$4,306	\$4,922	\$6,152	\$7,383
7	\$693	\$1,386	\$2,079	\$2,246	\$2,773	\$3,687	\$4,852	\$5,545	\$6,931	\$8,318
8	\$771	\$1,542	\$2,313	\$2,498	\$3,084	\$4,102	\$5,397	\$6,168	\$7,710	\$9,253

- A pregnant woman counts as two for the purpose of this chart.
- Add \$311/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. 74, No. 14, January 23, 2009, pp. 4199-4201. 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 and free or low-cost benefits

**Government Benefits Finder**  
800-FED-INFO  
[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

**Bureau of Primary Health Care**  
888-ASK-HRSA  
[www.ask.hrsa.gov/pc](http://www.ask.hrsa.gov/pc)

(Search tool by zip code)

**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)

**Pennsylvania Department of Health**  
877-PAHEALTH  
877-724-3258  
[www.dsf.health.state.pa.us](http://www.dsf.health.state.pa.us)

(State program information)

### Laws and regulations

**Pennsylvania Insurance Department**  
877-881-6388  
[www.ins.state.pa.us](http://www.ins.state.pa.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

**Pennsylvania Association of Health Underwriters**  
[www.pahu.org](http://www.pahu.org)

(State organization of insurance brokers)

## PENNSYLVANIA

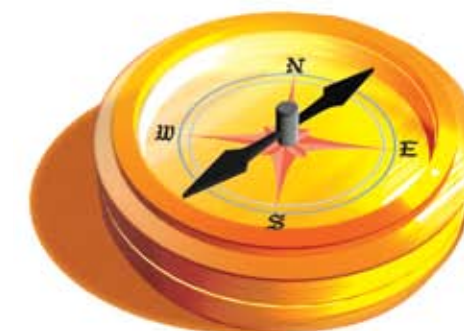
# Health Care Options Matrix™



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.