

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	State Employees & Their Families	Children	Low-Income Families & Adults	Native American Indians	
Program	<p>U.S. Uninsured Help Line 800-234-1317</p> <p>Group Plans</p> <p>Texas Association of Health Underwriters www.tahu.org</p> <p>Healthy Texas (HT) 800-252-3439 www.healthytexasonline.com</p>	<p>COBRA/Mini-COBRA</p> <p>Then convert to a plan under:</p> <p>HIPAA Health Insurance Portability & Accountability Act 866-487-2365 www.dol.gov</p> <p>HIPP Health Insurance Premium Payment 800-440-0493 www.gethipptexas.com</p>	<p>U.S. Uninsured Help Line 800-234-1317</p> <p>Individual Plans Texas Association of Health Underwriters www.tahu.org</p>	<p>Texas Health Insurance Pool (The Pool) (Medical Expense Deduction Program) 888-398-3927 TDD 800-735-2989 www.txhealthpool.com</p> <p>Pre-Existing Condition Insurance Plan (PCIP) 866-717-5826 www.PCIP.gov</p>	<p>Texas Employee Group Insurance Program (GBP) 877-275-4377 512-867-7711 (Austin) www.ers.state.tx.us</p> <p>State Kid Insurance Program (SKIP) 877-543-7669 (Texas only) www.ers.state.tx.us (Search: SKIP)</p> <p>Note: State Kids Insurance Program (SKIP) ended on August 31, 2011</p>	<p>Children's Health Insurance Program (CHIP) 800-647-6558 877-541-7905 800-252-8263 www.chipmedicaid.org</p> <p>Children with Special Health Care Needs (CSHCN) 800-252-8023 www.dshs.state.tx.us/cshcn</p>	<p>Medicaid In Texas: 2-1-1 877-541-7905 800-252-8263 www.hhsc.state.tx.us/medicaid</p> <p>Breast & Cervical Cancer Service (BCCS) 512-458-7796 www.dshs.state.tx.us/bcccs</p> <p>CHIP Perinatal 800-647-6558, 877-543-7669 www.chipmedicaid.org</p>	<p>Indian Health Services (IHS)</p> <p>Albuquerque Office 505-248-4500 www.ihs.gov (Search: Albuquerque)</p> <p>Oklahoma City Office 405-951-3820 www.ihs.gov/oklahoma (Serves portions of Texas)</p>	<p>Medicare 800-633-4227 www.medicare.gov</p> <p>Medicare Prescription Drug Program 800-633-4227</p> <p>Employee Retirement System (ERS) Of Texas 877-275-4377 512-867-7711 (Austin) www.ers.state.tx.us</p>
Coverage	<p>Coverage varies according to plan. By law all insurers must offer at least one plan that includes coverage for state mandated benefits such as preventive care, mammograms. There is a 6-month look-back and 12-month exclusion period for pre-existing conditions.</p> <p>HT: Health insurance program administered by the Texas Department of Insurance (TDI). TDI created a standard benefit package that participating carriers must offer. Participating carriers are Celtic Insurance Company and United Healthcare. Benefit package includes inpatient and outpatient hospital services, maternity, physician services and prescription drugs. Also offered are MultiShare plans which focus on wellness, primary and preventive care, but do not provide comprehensive health coverage. By law, HT plans are exempt from certain mandated benefit requirements. There is a 6-month look-back and 12-month exclusion period for pre-existing conditions.</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 lasts up to 9 months. 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>HIPP: 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 a maximum look-back period of 60 months and a maximum exclusion period of 24 months for pre-existing conditions on enrollees with no prior coverage.</p> <p>Benefits will vary depending on the chosen plan.</p> <p><i>Pre-Existing Health Conditions Covered</i></p>	<p>The Pool: Covers Hospitalizations, Physician care, Pregnancy complications, Prescriptions, drugs, Treatment for serious mental health illnesses, and other services. There are 5 plans to choose from including an HSA-Qualified Plan. There is a 12-month waiting period for people with pre-existing health conditions where the policy will not pay any expenses for the condition. If you were covered by creditable coverage in place during the 12 months before your effective date your wait time will be reduced.</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>GBP: Offers comprehensive health care with two types of plans: HealthSelect and HMOs. They cover inpatient and outpatient hospital services, physician services, prescription drugs, etc. Must wait at least 90 days before health coverage starts.</p> <p>SKIP: Offers the same benefits as GBP.</p> <p><i>Pre-Existing Health Conditions Covered</i></p>	<p>CHIP: First time enrollees in CHIP who previously had private health insurance will have a 90-day waiting period for benefits. Exceptions: Children who lost insurance due to parents' loss of job and/or dependent coverage or change in marital status; children who lost Medicaid eligibility or had prior insurance that cost 10% or more of family income; new children (e.g. newborns) added to current CHIP account.</p> <p>CSHCN: Ambulances, Ambulatory surgery, Primary and preventive care, Inpatient rehabilitation and outpatient care, Speech and hearing services, Vision and dental care, Family support and mental health, Laboratory and radiology, Equipment and medical supplies, Home health nursing, Hospice and hospital care, Meals, Lodging, Medical transportation and medicines, Occupational and physical therapy, Orthotics and prosthetics, Special nutritional products, Insurance premium payment assistance, and Case management.</p> <p><i>Pre-Existing Health Conditions Covered</i></p>	<p>Medicaid: Medicaid pays for acute health care (physician, inpatient, outpatient, pharmacy, lab, and x-ray services), and long-term services and supports for aged and disabled clients.</p> <p>BCCS: Offers screening services such as clinical breast examinations, mammograms, pap tests, diagnostic services, cervical dysplasia treatment services, and case management.</p> <p>CHIP Perinatal: Offers care before child is born and 12 months after child is enrolled. Benefits include up to 20 prenatal visits, prescriptions and prenatal vitamins, labor with delivery of the baby, 2 doctor visits for the mother after the baby is born, and regular check-ups, immunizations and prescriptions for the baby after the baby leaves the hospital.</p> <p><i>Pre-Existing Health Conditions Covered</i></p>	<p>Health care team includes, Clinical psychologists, Dental assistants, Dental hygienists, Dental officers, Dietitians, Environmental health staff, Health educators, Medical officers, Medical records staff, Medical technologists, Mental health technicians, Nurses, nutritionists, Pharmacists, Radiology technologists, and Social workers.</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 D includes Parts A, B, and C not covered by Medicare. Part D covers prescription drugs.</p> <p>ERS: Comprehensive health care with two types of plans: HealthSelect and HMOs. They cover inpatient and outpatient hospital services, physician services, prescription drugs, etc. No waiting period for benefits if date of retirement and last day of state employment are in the same month. Otherwise, there is a waiting period of 90 days, but no proof of insurability is required.</p> <p><i>Pre-Existing Health Conditions Covered</i></p>
Eligibility	<p>GUARANTEED COVERAGE</p> <p>Eligible employees must work at least 30 hours a week. They include a sole proprietor, a partner, and independent contractor who is included as an employee under a health benefit plan. They do not include temporary, seasonal, or substitute employees.</p> <p>HT: Employers must be located in Texas. Must not have offered group insurance 12 months prior to applying for HT, or offered plans with less than \$50K annual benefit and contributed less than an average of \$50 per employee per month. Employer must offer coverage to employees' dependents.</p> <p>Employees must be U.S. citizens or legal aliens, must work at least 30 hours a week, and may be a sole proprietors, partners or independent contractors. They do not include temporary, seasonal, or substitute employees, or be already covered by other group health plans (including federal programs or foreign plans). At least 30% of eligible employees must earn at or below 300% FPL. At least 60% of eligible employees must participate in HT.</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. Must elect coverage within 60 days after the date on of receiving notice or right to continue 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>HIPP: Enrollee must have Medicaid and employer-based health insurance</p>	<p>Eligibility is subject to medical underwriting.</p> <p>If you are denied coverage for a medical condition, you may be eligible for the Texas Health Insurance Risk Pool or PCIP. See next column.</p>	<p>GUARANTEED COVERAGE</p> <p>The Pool: Must be a Texas resident and U.S. citizen and have a qualifying pre-existing condition. Renewable as long as you pay your premiums and continue to reside in Texas and are ineligible for public or employer-based coverage. If one family member qualifies then all are qualified. You must have had 18 months of continuous coverage with the last day in a group health plan.</p> <p>PCIP: Must be a U.S. citizen or lawfully present in the U.S. 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>GUARANTEED COVERAGE</p> <p>GBP: Must be an employee of state agency, higher education institution (except for the University of Texas and Texas A&M University systems), Windham School District, Community Supervision and Corrections Department (CSCD), Texas Municipal Retirement System (TMRS), Texas County and District Retirement System (TCDRS).</p> <p>SKIP: Available to children of employees in ERS' insurance program or Texas Employee GBP.</p> <p>Child must be a U.S. citizen or legal permanent resident and live in Texas. Must be under 19 years old and not be eligible for Medicaid. Income limit of 200% FPL.</p>	<p>GUARANTEED COVERAGE</p> <p>CHIP: Must be a U.S. citizen or legal permanent resident, age 0–18 and live in Texas. Income limit of 101% to 200% FPL. Must have no health insurance for six months prior to time of application.</p> <p>CSHCN: Must be a Texas resident and either be:</p> <p>A) Younger than 21 years old with a chronic physical or developmental condition that will last for at least 12 months; that if not treated may result in disability; that requires health and related services beyond those required by children generally; and the condition must show physically (body, bodily tissue or organ). Condition must not be only a delay in intellectual development or solely a mental, behavioral, or emotional condition.</p> <p>Or</p> <p>B) A person of any age with cystic fibrosis.</p> <p>Enrollees must keep private health insurance, Medicaid, CHIP, or SKIP coverage all times. CSHCN is the payer of last resort. It will pay only after private or public insurance has been billed.</p>	<p>GUARANTEED COVERAGE</p> <p>Medicaid: Must be a U.S. citizen or legal permanent resident and live in Texas. Income limits for the following:</p> <p>Pregnant women and infants ages 0–1: 185% FPL.</p> <p>Children ages 1–5: 133% FPL.</p> <p>Children ages 6–18 100% FPL.</p> <p>Parents/caretakers living with children ages 0–18: 26% FPL.</p> <p>Aged, blind and disabled: 75% FPL with an asset limit of \$2,000 for singles; 83% FPL with asset limit of \$3,000 for couples.</p> <p>BCCS: Must be a woman living in Texas. Income limit of 200% of FPL. Must not be eligible for other programs/benefits providing the same services. Must be uninsured or cannot afford co-payment or deductible. Age limits for services: 40–64: Breast cancer screening and diagnostic services; 21–64: Cervical cancer screening; 18–64: Cervical cancer diagnostic services.</p> <p>CHIP Perinatal: Must be Texas women who are U.S. citizens or legal permanent residents, pregnant, with incomes up to 200% FPL uninsured, and not eligible for Medicaid.</p>	<p>GUARANTEED COVERAGE</p> <p>Must exhaust all private, state, and other federal programs. 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>Medicare: 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>ERS: You must have at least 10 years of service with an agency that participates in Texas Employee Group Insurance Program (GBP). If you began work before September 1, 2001, at least 3 of those 10 years must have been with an agency in the GBP. You can use years of service from an employer in the Proportionate Retirement Program (PRP). You must be at least age 65 or meet rule of 80 (your age + at least 5 years of service = 80 years). You must be retired from working for Texas and are ineligible for the state insurance program. And immediately prior to retirement, you worked for an institution that participates in the GBP (this is not required if you are eligible for ERS retirement annuity.)</p>
Monthly Cost	<p>Costs depend on employer contribution and ± 25% of the insurance company's index rate. Renewals are capped at 15% plus trend.</p> <p>HT: Employer must pay at least 50% of the premium for employees.</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>HIPP: \$0 or minimal share of cost.</p>	<p>Costs for individual coverage vary.</p>	<p>The Pool: Monthly premiums range between \$162–\$2,240 depending on health plan chosen, age, gender, tobacco use, and geographic zone.</p> <p>PCIP: Monthly premiums range between \$133–\$572 depending on your age and plan chosen.</p>	<p>GBP: Premium-subsidy rates by State of Texas.</p> <p>For full-time employees: 100% of premium and 50% of dependents' premiums.</p> <p>For part-time employees and retirees: 50% of premiums and 25% of dependents' premiums.</p> <p>SKIP: \$15 or \$25 per month.</p>	<p>CHIP: \$0–\$50 enrollment fee every year. Co-payments between \$3 to \$10.</p> <p>CSHCN: \$0</p>	<p>All: \$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>ERS: Subsidy rates by State of Texas: 100% of premiums and 50% of dependents' premiums; for retirees who work part-time: 50% of premiums and 25% of dependents' premiums.</p>

Health Coverage Tax Credit
866-628-4282
www.irs.gov (Search: HCTC)

VA Medical Benefits Package
877-222-8387
www.va.gov

Partnership for Prescription Assistance
888-477-2669
www.pparx.org

Women-Infant-Children (WIC)
800-942-3678
www.dshs.state.tx.us/wichd

TX Family Planning
512-458-7796
www.dshs.state.tx.us/famplan

TX Vaccines for Children
800-252-9152
www.dshs.state.tx.us/immunize/tvfc

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	\$233	\$465	\$698	\$754	\$931	\$1,238	\$1,629	\$1,862	\$2,327	\$2,793
2	\$315	\$630	\$946	\$1,021	\$1,261	\$1,677	\$2,206	\$2,522	\$3,152	\$3,783
3	\$398	\$795	\$1,193	\$1,289	\$1,591	\$2,116	\$2,784	\$3,182	\$3,977	\$4,773
4	\$480	\$960	\$1,441	\$1,556	\$1,921	\$2,555	\$3,361	\$3,842	\$4,802	\$5,763
5	\$563	\$1,125	\$1,688	\$1,823	\$2,251	\$2,994	\$3,939	\$4,502	\$5,627	\$6,753
6	\$645	\$1,290	\$1,936	\$2,090	\$2,581	\$3,433	\$4,516	\$5,162	\$6,452	\$7,743
7	\$728	\$1,455	\$2,183	\$2,358	\$2,911	\$3,871	\$5,094	\$5,822	\$7,277	\$8,733
8	\$810	\$1,620	\$2,431	\$2,625	\$3,241	\$4,310	\$5,671	\$6,482	\$8,102	\$9,723

- A pregnant woman counts as two for the purpose of this chart.
- Add \$330/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*.

The following figures are the 2012 HHS poverty guidelines as of January 26, 2012.
(Source: <http://aspe.hhs.gov/poverty/12poverty.shtml>)

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)

Texas Department of State Health Services
888-963-7111
www.dshs.state.tx.us

(State program information)

Laws & Regulations

Texas Department of Insurance
800-252-3439
512-463-6464
www.tdi.state.tx.us

(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

Texas Association of Health Underwriters
www.tahu.org

(State organization of insurance brokers)

TEXAS

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.