

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 & Families	Children In Moderate Income Families	Women	Individuals with Life-Threatening Illness or Injury	Trade Dislocated Workers (TAA Recipients)	Veterans
Program	<p><b>U.S. Uninsured Help Line</b> 800-234-1317</p> <p><b>Group Plans</b> Virginia Association of Health Underwriters www.vahu.org</p>	<p><b>COBRA/Virginia (VA) Continuation &amp; Conversion Plans</b> Virginia Department of Insurance 804-371-9741, 877-310-6560 www.scc.virginia.gov/division/boi</p> <p>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 800-432-5924, 804-225-4236 www.dmas.virginia.gov/rcp-HIPP.htm</p>	<p><b>U.S. Uninsured Help Line</b> 800-234-1317</p> <p><b>Individual Plans</b> Virginia Association of Health Underwriters www.vahu.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>Blue Cross Blue Shield</b></p> <p><b>Anthem</b> 800-304-0372 anthem.com</p> <p><b>Carefirst</b> 866-520-6099 carefirst.com</p>	<p><b>Medicaid &amp; Medicaid Works</b> 804-786-6145 dmasva.dmas.virginia.gov/ Content_pgs/rcp-home.aspx</p>	<p><b>Family Access to Medical Insurance Security (FAMIS)</b> 866-873-2647 888-221-1590 (TDD) www.famis.org</p> <p><b>Women-Infant-Children (WIC)</b> 888-942-3663 www.vahealth.org (Search: WIC)</p>	<p><b>Every Woman's Life</b> 866-395-4968 866-864-8204 www.vahealth.org/ewl</p>	<p><b>Uninsured Medical Catastrophe Fund (UMCF)</b> 800-432-5924 www.dmas.virginia.gov (Search: UMCF)</p>	<p><b>Health Coverage Tax Credit</b> 866-628-4282 www.irs.gov (Search: HCTC)</p>	<p><b>VA Medical Benefits Package</b> 877-222-8387 www.va.gov</p>
Coverage	<p>There is a maximum 6-month look-back and 12-month exclusionary period for pre-existing conditions on enrollees that do not have prior 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><b>COBRA:</b> Coverage available for 18–36 months depending on qualifying events. Benefits are what you had with your previous employer.</p> <p><b>VA Continuation &amp; Conversion:</b> Insurers are required by law to issue group policies that offer either continuation or conversion of a plan. Benefits are what you had with your previous employer. The continuation plan lasts up to 12 months. The conversion plan does not expire.</p> <p><b>HIPAA:</b> Benefits are based on program selected. There is no expiration of coverage.</p> <p><b>HIPP:</b> For children and adults. 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>Plans will vary but insurers are required to offer certain benefits such as postpartum care and mammograms.</p> <p>There are maximum look-back and exclusion periods of 12 months for pre-existing conditions on enrollees who do not have prior coverage.</p> <p><i>Pre-Existing Health Conditions Covered with Some Limitations</i></p>	<p><b>PCIP:</b> Covers broad range of benefits, including primary and specialty care, hospital care, and prescription drugs.</p> <p><b>Blue Cross Blue Shield:</b> Includes Anthem and Carefirst who are insurers of last resort. Insurers are required by law to offer two individual market policies for people who are eligible for HIPAA plans. Availability of plans vary based on residence. Benefits vary based on plan chosen.</p> <p><i>Pre-Existing Health Conditions Covered</i></p>	<p><b>Medicaid &amp; Medicaid Works:</b> Inpatient and outpatient hospital care, Emergency care, Physician and nurse midwife services, Health centers, Rural health clinic services, Laboratories and x-ray, Transportation, Family planning, Nursing facilities, Home health services, EPSDT, Rehabilitation, Occupational therapy, Speech, language, and pathology services, Home health services, Hospice, Certified pediatric nurse and family nurse practitioner services, Dental care, Prescription drugs, and much more.</p> <p><i>Pre-Existing Health Conditions Covered</i></p>	<p><b>FAMIS:</b> Doctor visits, Well-baby checkups, Hospital visits, Vaccinations, prescription medicine, Tests and x-rays, Dental care, Emergency care, Vision care, and Mental health care.</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>Mammograms, clinical breast exams, Pap tests and pelvic exams.</p> <p>If screened and diagnosed for breast or cervical cancer, may be eligible for free treatment by Medicaid.</p> <p><i>Pre-Existing Health Conditions Covered</i></p>	<p>Inpatient and outpatient hospital services and surgical centers, ambulatory care, laboratory and x-ray, physician, ambulatory care, medical care furnished by licensed practitioners, prescribed drugs and rehabilitative services to recover from medical treatment. The only organ and tissue transplant procedures covered are for kidneys, liver, heart, lung, and bone marrow.</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>Comprehensive preventive and primary care, outpatient and inpatient services.</p> <p><i>Pre-Existing Health Conditions Covered</i></p>
Eligibility	<p><b>GUARANTEED COVERAGE</b></p> <p>Company size 2–50 employees. 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 and satisfy waiting period requirements. They must not be part-time, temporary or substitute employees.</p>	<p><b>GUARANTEED COVERAGE</b></p> <p><b>COBRA:</b> 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><b>VA Continuation:</b> Available to employees who work for employers with less than 20 employees. Must have had group coverage continuously for 3 months before termination. Must sign up and pay premium for plan within 31 days of receiving notice of right to either continue or convert plan. Eligibility expires if more than 60 days passed after date of termination.</p> <p><b>VA Conversion:</b> Must sign up and pay premium for plan within 31 days of receiving notice of right to either continue or convert plan. Eligibility expires if more than 60 days passed after date of termination.</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> Child enrollee must be under 19 years old, Medicaid-eligible, and covered by employer-based health insurance. Adult enrollee (or at least one family member of enrollee) must have full-coverage Medicaid, and enrollee must have employer-based health insurance.</p>	<p>Medical underwriting will determine eligibility.</p> <p>If you are denied coverage for a medical condition, you may be eligible for coverage through Blue Cross Blue Shield or PCIP. See next column.</p>	<p><b>GUARANTEED COVERAGE</b></p> <p><b>PCIP:</b> 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 Virginia resident, and having problems getting insurance due to a pre-existing condition.</p> <p><b>Blue Cross Blue Shield:</b> Must be a HIPAA-eligible person, which means a person had at least 18 months of continuous group coverage before enrolling for a HIPAA plan, had paid all premiums for and exhausted COBRA or state continuation coverage, and is not eligible for any other group coverage or Medicare. Must apply for HIPAA plan within 63 days of losing group coverage. Must be a Virginia resident.</p>	<p><b>GUARANTEED COVERAGE</b></p> <p><b>All:</b> Must be U.S. citizen or qualified alien and Virginia resident.</p> <p><b>Medicaid:</b> Income limits for: Pregnant women: 200% FPL. Children ages 0–18: 133% FPL Parents/caretakers living with children ages 0–18: 29% FPL. Aged, blind and disabled: 80% FPL for singles and couples. Asset limit of \$2,000 for singles and \$3,000 for couples. Medically-needy: Monthly income limit from \$281.28 to \$427.92 for singles, and \$363.24 to \$515.96 for couples. Asset limit of \$2,000 for singles and \$3,000 for couples.</p> <p><b>Medicaid Works:</b> Must be blind or disabled and enrolled in Medicaid. Must be ages 16–64, employed, and open a Work Incentive Account (WIN), which is a regular bank account. Enrollees are allowed to earn up to \$44,340 and keep up to \$32,545 in resources. Must deposit earnings and keep resources in WIN account.</p>	<p><b>GUARANTEED COVERAGE</b></p> <p><b>FAMIS:</b> Must be a U.S. citizen or legal resident alien and Virginia resident, under age 19, with family income up to 200% FPL, have had no health insurance for at least 4 months (with some exceptions), not eligible for any Virginia state employee health insurance plan, or for FAMIS Plus (also known as Children's Medicaid).</p> <p><b>WIC:</b> Must live in Virginia, be a pregnant or recently pregnant woman, or child up to age 5, and determined to be at nutritional risk. Income must be at or below 185% FPL.</p>	<p><b>GUARANTEED COVERAGE</b></p> <p>Must be women, ages 40–64, and Virginia residents. Must be uninsured or unable to afford to insurance deductible, or have insurance that does not cover screening exams, and income must be up to 200% FPL</p> <p>Women ages 18–39 can also be eligible if they have symptoms of breast cancer or have abnormal Pap test results.</p>	<p><b>GUARANTEED COVERAGE</b></p> <p>Must be a U.S. citizen or legal resident alien and Virginia resident, and have income up to 300% FPL. Must have a life threatening illness or injury, be uninsured for the needed treatment and not eligible for it through private health insurance or federal, state, or local government medical assistance programs. Must provide a medical treatment plan certified by your treating physician and treatment must not be open-ended and last less than 12 months. Must find a provider willing to accept the global fee established for the medical treatment plan.</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>	<p><b>GUARANTEED COVERAGE</b></p> <p>"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.</p> <p>Certain veterans must have completed 24 continuous months of service.</p>
Monthly Cost	<p>Costs depend on employer contribution and for standardized plans, ± 25% of the insurance company's index rate.</p>	<p><b>COBRA/VA Continuation:</b> Premiums range from 102%–150% of group health rates.</p> <p><b>HIPAA/VA Conversion:</b> Premiums will depend on plan chosen.</p> <p><b>HIPP:</b> \$0 or minimal share of cost.</p>	<p>Costs depend on plan selected.</p>	<p><b>PCIP:</b> Monthly premiums range from \$93 to \$401 depending on your age and plan chosen.</p> <p><b>Blue Cross Blue Shield:</b> Varies based on age and gender.</p>	<p><b>Medicaid:</b> \$0–\$1 co-pays per office visit, and \$5 for non-emergency visits in ER.</p> <p><b>Medicaid Works:</b> \$0</p>	<p><b>FAMIS:</b> \$2–\$5 co-pays, \$0 for well-child and well-baby check-ups.</p> <p><b>WIC:</b> \$0 or minimal share of cost.</p>	<p>\$1 per visit.</p>	<p>\$0 or minimal share of cost.</p>	<p>20% of the insurance premium including COBRA premium if employer contributes less than 50%.</p>	<p>\$0 and share of cost and co-pays depending on income level.</p>

**Other Programs & Resources**

**Medicare**  
(Age 65 and up)  
800-633-4227  
www.medicare.gov

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

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

**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](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)

**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)

**Virginia Department of Health**  
[www.vdh.virginia.gov](http://www.vdh.virginia.gov)

(State program information)

### Laws & Regulations

**Virginia Bureau of Insurance**  
804-371-9741  
877-310-6560  
[www.scc.virginia.gov/division/boi](http://www.scc.virginia.gov/division/boi)

(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

**Virginia Association of Health Underwriters**  
[www.vahu.org](http://www.vahu.org)

(State organization of insurance brokers)

## VIRGINIA

# Health Care Options Matrix™



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



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

