

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 families	Children in moderate income families	Women	Seniors and Disabled	Trade Dislocated Workers (TAA recipients)	Veterans
Program	<p>U.S. Uninsured Help Line 800-234-1317</p> <p>Group Plans West Virginia Association of Health Underwriters 703-276-0220 www.nahu.org</p>	<p>COBRA /Mini-COBRA</p> <p>And then</p> <p>HIPAA Health Insurance Portability and Accountability Act 866-4-USA-DOL www.dol.gov</p>	<p>U.S. Uninsured Help Line 800-234-1317</p> <p>Individual Plans West Virginia Association of Health Underwriters 703-276-0220 www.nahu.org</p>	<p>Access WV (WV Health Insurance Plan) 866-445-8491 304-558-8264 www.accesswv.org</p>	<p>Medicaid 304-348-3365 888-483-0797 http://www.wvdhhr.org/bcf/family_assistance/medicaid.asp</p>	<p>WVCHIP (Children's Health Insurance Plan) 877-WVA-CHIP 877-982-2447 304-558-2732 www.wvchip.org</p> <p>Women-Infant-Children (WIC) 304-558-0684 www.wvdhhr.org/ons/wic.asp</p>	<p>Breast and Cervical Cancer Screening 800-642-8522 304-558-5388 http://www.wvdhhr.org/bccsp/</p>	<p>Medicare 800-633-4227 1-800-MEDICARE www.medicare.gov</p> <p>Medicare Prescription Drug Program 800-633-4227</p> <p>WV Health Insurance Assistance Program 304-558-3317</p>	<p>Health Coverage Tax Credit 866-628-HCTC www.irs.gov (key word HCTC)</p>	<p>VA Medical Benefits Package 877-222-8387 www.va.gov</p>
Coverage	<p>All group health insurance carriers can impose a 6-month look-back/12-month exclusionary period for preexisting 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</i></p>	<p>Cobra Subsidy: 9 months of partially subsidized COBRA premium</p> <p>COBRA coverage is available for up to 12-18 months depending on qualifying events COBRA benefits are the same as what you had in your group coverage</p> <p>After COBRA expires, (or if leaving group plan) HIPAA individual plan conversion benefits are based on the program selected, no expiration (see Access WV)</p> <p><i>Pre-Existing Health Conditions Covered</i></p>	<p>Assorted plans depending on medical needs</p> <p>There is a 12-month look-back and 24-month exclusionary period limit</p> <p><i>Pre-Existing Health Conditions Covered</i></p>	<p>Three plan options including doctor visits, hospital care, labs, prescription drugs, transportation, routine shots for children, mental health and substance abuse services ... And more</p> <p>Annual benefit maximum \$200K and lifetime \$1M (more for prescriptions)</p> <p><i>Pre-Existing Health Conditions Covered</i></p>	<p>Physician's services, hospital inpatient care, outpatient hospital services, emergency room services, X-ray and laboratory services prescribed by an authorized practitioner, routine dental care for children and with approval some medically necessary special care such as braces, adult dental limited to removal of cysts or tumors, biopsies, treatment of fractures of the jaw bones and some emergency services, prescribed drugs, ambulance, artificial limbs, braces etc., vision, nursing facilities, family planning services, outpatient mental health services</p> <p><i>Pre-Existing Health Conditions Covered</i></p>	<p>WVCHIP: Doctor visits, check-ups, hospital visits, immunizations, prescriptions, tests and x-rays, dental care, vision, emergency care, 24 hour nurse-line, mental health, diabetic supplies, urgent care or after hour clinic visits, case management for special needs and other services</p> <p>WIC: 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</p> <p><i>Pre-Existing Health Conditions Covered</i></p>	<p>Mammograms for women age 50 and older</p> <p>Pap tests and pelvic exams for women age 25 and older</p> <p>Breast exams by a doctor or nurse</p> <p>Colonoscopy, Colonoscopy with biopsy, and fine needle aspiration when necessary</p> <p>Free information about how to find breast and cervical cancer early</p> <p><i>Pre-Existing Health Conditions Covered</i></p>	<p>Medicare offers two standard plans, A: Hospital Insurance and B: Medical Insurance, as well as several supplemental and advantage plans</p> <p>WV HIAP is a Medicare counseling service</p> <p><i>Pre-Existing Health Conditions Covered</i></p>	<p>Will cover 80% of your COBRA premium if employer contributes less than 50% (or spouses' employer)</p> <p>Will cover individual insurance in which you were enrolled for last 30 days before TAA benefits</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>GUARANTEED COVERAGE</p> <p>Company size 2-50 employees (including owner)</p> <p>Two employees must work for at least 6 months out of the year, and work 20 hours per week for coverage</p> <p>Owner name on business license must draw wages from the company</p> <p>Most small group carriers also require 75% employee participation and accept employees who sign a waiver indicating other coverage as counting towards the 75%</p>	<p>GUARANTEED COVERAGE</p> <p>Cobra Subsidy: 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.</p> <p>All coverage terminated within the last 60 days (COBRA), or 63 days (HIPAA) for reasons other than gross misconduct or fraud</p> <p>COBRA (20+ employees) Mini-COBRA (under 20)</p> <p>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)</p> <p>For HIPAA you cannot be eligible for Medicare or other public or group insurance programs</p>	<p>Eligibility is subject to medical underwriting</p> <p>If you are denied see Access WV</p>	<p>GUARANTEED COVERAGE</p> <p>Previous coverage terminated for reasons other than non-payment of premium or fraud</p> <p>Cannot be eligible for COBRA, or government programs (must have exhausted this option)</p> <p>Must prove denial of coverage or offer of higher premium than Access WV</p>	<p>GUARANTEED COVERAGE</p> <p>Pregnant Women and infants (ages 0-1): 150% FPL</p> <p>Children ages 1-5: 133% FPL</p> <p>Children ages 6-19: 100% FPL</p> <p>Supplemental Security Income Recipients: 74% FPL</p> <p>Working Parents: 38% FPL</p> <p>Medically Needy: 28% FPL</p> <p>Non-Working Parents: 19% FPL</p> <p>Age limits for certain services</p>	<p>WVCHIP: West Virginia resident currently living in the state; Are 18 or younger; Don't have health insurance now and haven't had it in the past six months (for the Basic CHIP Plans) or the past twelve months for the CHIP Premium Plan; Are not eligible for the West Virginia State Employee Health Insurance or Medicaid; Must have a family income at or below 220% FPL</p> <p>WIC: Reside in West Virginia, Be a pregnant or recently pregnant woman, infant or child up to age 5, Be determined to have a nutritional risk, Income must be: Family Income at or below 185% FPL</p>	<p>GUARANTEED COVERAGE</p> <p>No health insurance, or your health insurance does not cover the services</p> <p>Age restrictions for each service, 25-50</p> <p>Income at or below 200% FPL</p>	<p>GUARANTEED COVERAGE</p> <p>Disabled or age 65 and older or people under age 65 with certain disabilities, and people of all ages with End-Stage Renal Disease (permanent kidney failure requiring dialysis or a kidney transplant).</p>	<p>GUARANTEED COVERAGE</p> <p>Must be receiving TAA (Trade Adjustment Assistance)</p> <p>Must not have access to employer plan that pays 50% of coverage cost.</p> <p>Not enrolled in certain state plans</p>	<p>GUARANTEED COVERAGE</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 ± 30% of the insurance company's index rate</p>	<p>Cobra Subsidy: 35% of monthly premium</p> <p>Costs depend on previous employer contribution plus a 2% administrative fee; HIPAA could be higher</p> <p>Individual coverage is also available and may be less expensive, see next column</p>	<p>Costs for individual coverage varies</p>	<p>\$400-2,000 deductible for one person depending on the plan</p> <p>Premium prices vary based on family or single, region, age and plan selected</p>	<p>\$0 or share of cost; no copays</p>	<p>WVCHIP: \$0-35 co-pays for drugs and services with a maximum of \$0-750 annually depending on family size and income</p> <p>WIC: \$0 or minimal share of cost</p>	<p>\$0 or minimal share of cost</p>	<p>\$0 and share of cost for certain services; deductibles for certain plans</p>	<p>20% of the insurance premium</p>	<p>\$0 and share of cost and co-pays depending on income level</p>

Other Programs & Resources

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

WV Donated Dental Services
800-447-4940
304-296-9005

WV Birth to 3
800-642-8522
http://www.wvdhhr.org/birth23/

WV Family Planning
304-558-5388
800-642-8522
304-558-7164 (TTD)
http://www.wvdhhr.org/mcfh/wvfp/index.asp

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.

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 and free or low-cost benefits

Government Benefits Finder
800-FED-INFO
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

Bureau of Primary Health Care
888-ASK-HRSA
www.ask.hrsa.gov/pc

(Search tool by zip code)

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)

West Virginia Health and Human Services
304-558-0684
TTD: (304) 558-1130
www.wvdhhr.org

(State program information)

Laws and regulations

West Virginia Insurance Commission
304-558-3386
888-879-9842
888-TRY WVIC
www.wvinsurance.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

West Virginia Association of Health Underwriters
www.swvahu.org

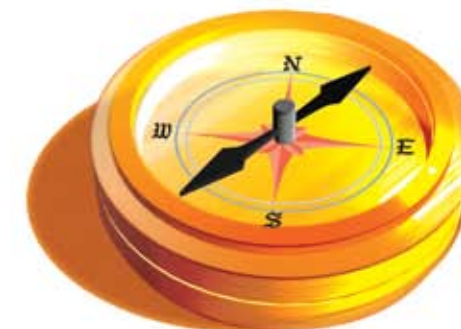
(State organization of insurance brokers)

WEST VIRGINIA

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.