

Demographic	PRIVATE HEALTH INSURANCE				PUBLICLY-SPONSORED PROGRAMS					
	Small Businesses (2-50 Employees)	Individuals Recently Covered by an Employer Health Plan	Small Businesses & Working Individuals	Individuals & Families	Individuals with Pre-Existing, Severe, or Chronic Medical Conditions	Low-Income Individuals & Families	Low & Moderate Income Children & Families	Adults in Need of Cancer Screening	Seniors & Disabled	Trade Dislocated Workers (TAA Recipients)
Program	U.S. Uninsured Help Line 800-234-1317 Group Plans New York State Insurance Department 800-342-3736 www.dfs.ny.gov/insurance/chealth.htm New York Association of Health Underwriters www.nysahu.org	COBRA/Mini-COBRA Then convert to a plan under: HIPAA Health Insurance Portability & Accountability Act 866-487-2365 www.dol.gov	Healthy NY 866-432-5849 www.healthyny.com	U.S. Uninsured Help Line 800-234-1317 Individual Plans New York State Insurance Department 800-342-3736 www.dfs.ny.gov/insurance/chealth.htm New York Association of Health Underwriters www.nysahu.org	NY Bridge Plan Federal program run by Group Health Incorporated 866-693-9277 www.ghi.com (Search: NY Bridge Plan) 866-693-9277 www.PCIP.gov	Medicaid 800-541-2831 877-472-8411 718-557-1399 www.nyhealth.gov/health_care/medicaid	Child Health Plus (CHP) 800-698-4543 www.nyhealth.gov (Search: Child Health Plus) Family Health Plus (FHP) 877-934-7587 518-457-2977 www.nyhealth.gov (Search: Family Health Plus)	Medicaid Cancer Treatment Program (MCTP) Run by the New York State Department of Health Cancer Services Program (CSP) 800-422-2262 www.nyhealth.gov (Search: MCTP)	Medicare 800-633-4227 www.medicare.gov Medicare Prescription Drug Program 800-633-4227 New York Elderly Pharmaceutical Insurance Coverage (EPIC) Program 800-332-3742 www.nyhealth.gov (Search: EPIC)	Health Coverage Tax Credit 866-628-4282 www.irs.gov (Search: HCTC)
Coverage	There is a maximum 6-month look-back and a maximum 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>	COBRA: Coverage available for 18–36 months depending on qualifying events. Benefits are what you had with your previous employer. Mini-COBRA: Coverage available up to 36 months depending on qualifying events. Benefits are what you had with your previous employer. HIPAA: Benefits are based on program selected. There is no expiration of coverage. <i>Pre-Existing Health Conditions Covered</i>	Inpatient/outpatient hospital services, Physician services; Maternity care, Preventive health services, Diagnostic and x-ray services, and Emergency services. Applicants may choose a benefit package with or without a limited prescription benefit. High deductible plans available Pregnancy is treated as a pre-existing condition but only in individual contracts. <i>Pre-Existing Health Conditions Covered with Some Limitations</i>	Assorted plans depending on medical needs. All carriers must guarantee coverage to all individuals. There is a maximum 6-month look-back and a maximum 12-month exclusionary period limit for pre-existing conditions on enrollees with no prior coverage. Elimination riders are not allowed. <i>Pre-Existing Health Conditions Covered</i>	Inpatient Hospital Coverage, Nursing, Rehabilitation, Hospice, Pre-admission testing, Ambulatory surgery, Home health care, X-ray and lab, Screenings, Specialists, Maternity care, Check-ups, Chiropractic care, Therapy, Surgery, Durable medical equipment immunizations, Child care, Emergency room care and transportation, Mental health, eye exams, and prescription drugs. <i>Pre-Existing Health Conditions Covered</i>	Smoking cessation agents, Treatment and preventive health and dental care, Hospital inpatient and outpatient services, Laboratory and x-ray, nursing home, Home health agencies and personal care, Treatment in psychiatric hospitals and mental health facilities, Family planning, Early periodic screening, Diagnosis, and treatment for children, medical equipment, and appliances, transportation to medical appointments, emergency ambulance, prenatal care, clinical services, and other health services. <i>Pre-Existing Health Conditions Covered</i>	Well-child care, Physical exams, Immunizations, Diagnosis and treatment of illness and injury, X-ray and lab tests, Outpatient surgery, Emergency care, Prescription and non-prescription drugs if ordered, Inpatient hospital medical or surgical care, Short-term therapeutic outpatient services (chemotherapy, hemodialysis), Limited inpatient and outpatient treatment for alcoholism and substance abuse and mental health, Dental, Vision, Speech and hearing, Durable medical equipment, Hospice, Emergency ambulance transportation to a hospital. <i>Pre-Existing Health Conditions Covered</i>	Breast, cervical, colorectal and prostate cancer screening, treatment and comprehensive health care through Medicaid. <i>Pre-Existing Health Conditions Covered</i>	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 C not covered by Medicare. Part D covers prescription drugs. EPIC is a prescription discount program. Seniors with other prescription coverage through Medicare or most other plans can join EPIC to cover drug costs not covered by that other coverage. <i>Pre-Existing Health Conditions Covered</i>	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. <i>Pre-Existing Health Conditions Covered</i>
Eligibility	GUARANTEED COVERAGE Company size 2–50 employees (including owner). Eligible employees must work at least 20 hours a week.	GUARANTEED COVERAGE 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. Mini-COBRA: Available for employees who work for employers with less than 20 employees. Must sign up for Mini-COBRA within 60 days from date of termination or date of receiving notice of right to continue coverage (whichever is later). 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.	GUARANTEED COVERAGE All: Must be a New York resident. Sole proprietors and individuals: You or your spouse must be employed or have been employed within the last 12 months, uninsured in the last 12 months, ineligible for Medicare, and living up to 250% FPL. Small Business: Must have 1–50 eligible employees, 30% of which must earn \$40,000 or less. The business must not have provided group health insurance to its employees within the last 12 months. A small employer is considered to have provided health insurance if the employer has BOTH arranged for and contributed more than \$50 or \$75 (in certain counties) per employee per month toward health insurance.	GUARANTEED COVERAGE Must be a New York resident. Medical underwriting is not allowed.	GUARANTEED COVERAGE Must be a U.S. citizen, or legal U.S. resident, and a resident of New York State. You must have a qualified pre-existing medical condition, and be uninsured for the last 6 months. No minimum age. Patient 65 years and older and have Medicare coverage are not eligible. Applicants who transfer from another state's PCIP program will be eligible if they are a resident of New York with no more than a 180-day break in coverage from their prior PCIP coverage.	GUARANTEED COVERAGE Must be U.S. citizens or legal immigrants, and residents of New York State. Coverage is available, regardless of alien status, if you are pregnant or require treatment for an emergency medical condition. Income limits: Pregnant women and infants ages 0–1: 200% FPL Childless adults: 100% FPL. Children ages 1–5: 133% FPL Children ages 6–18: 100% FPL. Singles, couples without children, and low-income families: 78% FPL; with a resource limit of \$13,800 for singles ; 91% FPL with resource limit of \$20,100. Aged, blind, and disabled: 85% FPL with asset limit of \$4,350 for singles; 92% FPL with asset limit of \$6,400 for couples. Individuals may also own a home, a car, and personal property and still be eligible. The income and resources of legally responsible relatives in the household will be counted. There are limits on cash resources.	GUARANTEED COVERAGE Both: Must be residents of New York State and U.S. citizens or qualified aliens. CHP: Must be uninsured children ages 0–18, with incomes up to 400% FPL. Families with incomes above 400% FPL can pay the full premium. FHP: Must be ages 19–64, with no private or employer-based insurance, but with incomes or resources too high to qualify for Medicaid. Single adults & couples with no children: Income limit of 100% FPL. Parents/guardians living with at least 1 child under age 21: Income limit of 150% FPL.	GUARANTEED COVERAGE Must be uninsured, ineligible for Medicaid under other eligibility groups. Must be a New York State resident, and a U.S. citizen or an alien with satisfactory immigration status. For breast/cervical cancer screenings: Must be screened for and need treatment for breast and/or cervical cancer or have a pre-cancerous condition. For colorectal/prostate cancer screenings: Must be screened and/or diagnosed through a Cancer Services Program (CSP) partnership or CSP provider. Must be under 65 years of age and need treatment for colorectal and/or prostate cancer or have a pre-cancerous condition. Income limit of 250% FPL.	GUARANTEED COVERAGE Medicare: 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. EPIC: Must be a New York State resident age 65 or older with annual income under \$35,000 (for singles) or \$50,000 or less (for couples), and must join a Medicare Part D. Seniors with a Medicaid spend-down are eligible, but those with full Medicaid benefits are not.	GUARANTEED COVERAGE 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. Contact any HMO or Healthy New York Program.
Monthly Cost	Costs depend on employer contribution and based on pure community rate.	COBRA/Mini-COBRA: Premiums range from 102%–150% of group health rates. HIPAA: Premiums will depend on plan chosen.	Premiums vary based on the month of enrollment, county of residence, and plan chosen.	Costs for individual coverage vary.	Monthly premiums range from \$362–\$421 depending on where you live.	\$0 or small share of cost.	CHP: \$0–\$60 premiums and no co-pays. Must pay full premium charged by health plan if income is greater than 400% FPL. FHP: \$0 or minimal share of cost.	\$0 or minimal share of cost.	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. EPIC: Co-pays up to \$20. Pay either annual fees up to \$300, or deductibles up to \$1,715. Starting Jan 1, 2012, EPIC will be free, having no fees or deductibles and will expand Part D premiums for members with incomes up to \$23,000 if single and \$29,000 if married.	20% of the insurance premium including COBRA premium if employer contributes less than 50%.

Other Programs & Resources

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

Women-Infant Children (WIC)
800-522-5006
www.health.state.ny.us
(Search: WIC)

Family Planning
800-541-2831
www.health.state.ny.us
(Search: Family Planning)

Growing Up Healthy
800-522-5006

NYS Department of Health's AIDS Institute HIV Uninsured Care Programs
800-542-2437
www.health.ny.gov
(Search: Uninsured HIV Programs)

HIV Counseling & Testing
800-541-2437

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 Coverage 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 gross income							
Family Size (Household)	100%	133%	175%	200%	250%	300%	400%
1	\$931	\$1,238	\$1,629	\$1,862	\$2,327	\$2,793	\$3,723
2	\$1,261	\$1,677	\$2,206	\$2,522	\$3,152	\$3,783	\$5,043
3	\$1,591	\$2,116	\$2,784	\$3,182	\$3,977	\$4,773	\$6,363
4	\$1,921	\$2,555	\$3,361	\$3,842	\$4,802	\$5,763	\$7,683
5	\$2,251	\$2,994	\$3,939	\$4,502	\$5,627	\$6,753	\$9,003
6	\$2,581	\$3,433	\$4,516	\$5,162	\$6,452	\$7,743	\$10,323
7	\$2,911	\$3,871	\$5,094	\$5,822	\$7,277	\$8,733	\$11,643
8	\$3,241	\$4,310	\$5,671	\$6,482	\$8,102	\$9,723	\$12,963
Based on yearly family gross income							
1	\$11,170	\$14,856	\$19,548	\$22,340	\$27,925	\$33,510	\$44,680
2	\$15,130	\$20,123	\$26,478	\$30,260	\$37,825	\$45,390	\$60,520
3	\$19,090	\$25,390	\$33,408	\$38,180	\$47,725	\$57,270	\$76,360
4	\$23,050	\$30,657	\$40,338	\$46,100	\$57,625	\$69,150	\$92,200
5	\$27,010	\$35,923	\$47,268	\$54,020	\$67,525	\$81,030	\$108,040
6	\$30,970	\$41,190	\$54,198	\$61,940	\$77,425	\$92,910	\$123,880
7	\$34,930	\$46,457	\$61,128	\$69,860	\$87,325	\$104,790	\$139,720
8	\$38,890	\$51,724	\$68,058	\$77,780	\$97,225	\$116,670	\$155,560

- 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.

Please visit www.CoverageForAll.org for further details and updates on the 48 continuous states, Hawaii and Alaska FPL charts.

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

FINDING LOCAL HEALTH CARE OPTIONS

- Health Resources and Services Administration**
888-275-4772
www.findahealthcenter.hrsa.gov

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)
- Department of Health and Human Services**
www.hhs.gov

(Various health care search tools)
- New York Department of Health**
866-881-2809
www.health.state.ny.us

(State program information)

LAWS & REGULATIONS

- New York State Insurance Department**
212-480-6400
800-342-3736
www.ins.state.ny.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

- New York Association of Health Underwriters**
www.nysahu.org

(State organization of insurance brokers)

NEW YORK

Health Coverage Options Matrix



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



The WellPoint 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.

