

Demographic	PRIVATE HEALTH INSURANCE			Individuals with pre-existing, severe or chronic medical conditions	Low-income individuals & families
	Small businesses (1-50 employees)	Individuals recently covered by an employer health plan	Individuals & families		
Program	<p><b>U.S. Uninsured Help Line</b> 800-234-1317</p> <p><b>Group Health</b> Florida Association of Health Underwriters www.fahu.org</p>	<p><b>COBRA and Mini-COBRA</b></p> <p>And then</p> <p><b>HIPAA</b> Health Insurance Portability and Accountability Act 866-4-USA-DOL www.dol.gov</p>	<p><b>U.S. Uninsured Help Line</b> 800-234-1317</p> <p><b>Individual Plans</b> Florida Association of Health Underwriters www.fahu.org</p>	<p><b>Cover Florida</b> 877-MY-FL-CFO 877-693-5236 850-413-3089 (out of state) www.coverfloridahealthcare.com</p>	<p><b>Medicaid</b> 850-488-3560 www.fdhc.state.fl.us/Medicaid</p>
Coverage	<p>Up to \$5M lifetime maximum, assorted deductibles</p> <p>If uninsured for previous 1-6 months, a waiting period for coverage of pre-existing conditions may apply</p> <p><i>Pre-Existing Health Conditions Covered</i></p>	<p><b>COBRA or Mini-COBRA:</b> Coverage available for 18 months depending on qualifying events, benefits are the same as what you had with your previous employer</p> <p><b>COBRA Subsidy:</b> 15 months of partially subsidized COBRA premium</p> <p><b>HIPAA:</b> Benefits are based on the program selected and there is no expiration of coverage</p> <p><i>Pre-Existing Health Conditions Covered</i></p>	<p>Assorted plans depending on medical needs</p> <p>There is a 24-month look-back and exclusionary period limit for pre-existing conditions in traditional individual market health insurance products in Florida</p> <p>Pre-existing conditions may not be considered for HIPAA-eligible population</p> <p><i>Limits on pre-existing health conditions may apply</i></p>	<p>Six carriers have designed 27 creative health insurance products. Each carrier offers at least two benefit options – one with catastrophic and hospital coverage, and one without. Benefits include preventive services, screenings, office visits, as well as office surgery, urgent care, hospital coverage, emergency care, prescription drugs, durable medical equipment, and diabetic supplies.</p> <p><i>Pre-Existing Health Conditions Covered</i></p>	<p>Among some of the services: ambulatory surgical center birth center services, child health check up chiropractic care, durable medical equipment and supplies, federally qualified health centers, home health hospital inpatient/outpatient care, laboratory, licensed midwives, physician, podiatry prescriptions, rural health clinics, therapy, X-rays</p> <p><i>Pre-Existing Health Conditions Covered</i></p>
Eligibility	<p><b>GUARANTEED COVERAGE</b></p> <p>Company size 1-50 employees</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 can count as an employee</p> <p>Owner name on business license must draw wages from the company</p> <p>Groups of one have open enrollment during limited times during the year</p>	<p><b>GUARANTEED COVERAGE</b></p> <p><b>COBRA or Mini-COBRA:</b> If you were involuntarily terminated between Sept 1, 2008 and May 31, 2010, you are eligible for a 65% COBRA subsidy from the Federal Government. If you become eligible for other insurance, you will no longer be eligible for the subsidy. Must have an income at or below \$125,000 for individuals or \$250,000 for couples. You have 60 days from date of termination to sign up for COBRA coverage</p> <p>COBRA is for businesses with 20+ employees, Mini-COBRA is for business with under 20 employees</p> <p><b>HIPAA:</b> After you have exhausted your COBRA benefits or if you had 18 months of continuous coverage and your company went out of business, you may convert to a HIPAA individual plan, even if you have pre-existing conditions. You have 63 days from the date you lost your previous coverage to sign up 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 coverage for a medical condition, you may be eligible for Cover Florida, see next column</p>	<p><b>GUARANTEED COVERAGE</b></p> <p>Ages 19 to 64 who have been without health insurance for at least six months – even if there are pre-existing health conditions. May also qualify if you lost your job that provided employer-sponsored health benefits, lost of benefits under COBRA; death of, or divorce from, a spouse who has provided employer-sponsored health benefits.</p>	<p><b>GUARANTEED COVERAGE</b></p> <p>Pregnant Women: 185% FPL</p> <p>Children (Ages 0-1): 200% FPL Children (ages 1-5): 133% FPL Children (ages 6-19): 100% FPL</p> <p>Aged, Blind and Disabled: 90% FPL Supplemental Security Income Recipients: 74% FPL</p> <p>Working Parents: 62% FPL Non-Working Parents: 23% FPL</p> <p>Medically Needy: 25% FPL, there is an asset limit \$5,000+ depending on family size</p> <p>No asset or resource requirements for children or pregnant mothers</p> <p>Florida resident</p>
Monthly Cost	<p>Costs depend on employer contribution and ± 15% of the Modified Community Rate</p>	<p><b>COBRA or Mini-COBRA:</b> With the 65% subsidy you are responsible for 35% of the monthly premium for the first 15 months. Once subsidy expires you are responsible for full premium</p> <p><b>COBRA, Mini-COBRA, HIPAA:</b> Premiums range from 102%-150% of group health rates; individual coverage may be less expensive, see next column</p>	<p>Costs for individual coverage varies</p>	<p>Premiums vary depending on the applicant's age, gender and chosen benefit options.</p>	<p><b>\$0 or \$1-3</b> co-pays, and coinsurance is limited to 5% up to \$300 for each visit to the Emergency Room</p> <p>No cost for pregnant women, children and certain others</p>

# PUBLICLY SPONSORED PROGRAMS

Children	Women	Seniors and Disabled	Trade Dislocated Workers (TAA recipients)	Veterans	Demographic
<p><b>Florida KidCare</b> MediKids, Healthy Kids, Children’s Medical Services and Medicaid 888-540-5437 877-316-8748 TTD www.floridakidcare.org</p>	<p><b>Breast and Cervical Cancer Prevention</b> 800-227-2345 www.doh.state.fl.us/Family/bcc</p>	<p><b>Medicare</b> 800-MEDICARE 800-633-4227 www.medicare.gov</p> <p><b>Medicare Prescription Drug Program</b> 800-633-4227</p>	<p><b>Health Coverage Tax Credit</b> 866-628-HCTC 866-628-4282 www.irs.gov (key word HCTC)</p>	<p><b>VA Medical Benefits Package</b> 877-222-8387 www.va.gov</p>	<b>Program</b>
<p>Comprehensive health insurance coverage</p> <p>Benefits vary based on the segment of the program in which a child participates—MediKids, Healthy Kids, or the Children’s Medical Services (CMS) Network for children with special health care needs</p> <p><i>Pre-Existing Health Conditions Covered</i></p>	<p>Breast and cervical cancer screening exams (mammograms, pap smears and clinical breast exams) are provided to diagnostic exams are provided as necessary case management is provided to all clients</p> <p>Outreach, public education and professional education is provided</p> <p>Treatment for eligible women may be paid by Medicaid</p>	<p>Medicare offers two standard plans, A: Hospital Insurance and B: Medical Insurance, as well as several supplemental and advantage plans</p> <p><i>Pre-Existing Health Conditions Covered</i></p>	<p>Will cover 80% of your COBRA 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>	<b>Coverage</b>
<p><b>GUARANTEED COVERAGE</b></p> <p>Under age 19 and uninsured</p> <p>Have an income at or below 200% of the FPL</p> <p>Be a U.S. citizen or qualified non-citizen</p> <p>Cannot be eligible for Medicaid</p> <p>Not be the dependent of a state employee eligible for health insurance and not in a public institution</p>	<p><b>GUARANTEED COVERAGE</b></p> <p>Uninsured and underinsured women 50 to 64 years of age, at or below 200% of FPL</p>	<p><b>GUARANTEED COVERAGE</b></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><b>GUARANTEED COVERAGE</b></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>Age 55 and older</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>	<b>Eligibility</b>
<p>Premium is based on household size and monthly income. Most families pay either \$15 or \$20 per family per month; some families may pay more. There may be co-payments required based on the service provided</p>	<p><b>\$0</b> or minimal share-of-cost</p>	<p><b>\$0</b> and share of cost for certain services; deductibles for certain plans</p>	<p><b>20%</b> of the insurance premium</p>	<p><b>\$0</b> and share of cost and co-pays depending on income level</p>	<b>Monthly Cost</b>