

## The Pennsylvania Health Care Options Matrix

### Part 1

<b>Information for individuals who have group health insurance coverage through their employer</b>	
General contact information for the State DOI	PA Insurance Department, 1326 Strawberry Square Harrisburg, PA 17120 877-881-6388 <a href="http://www.ins.state.pa.us">www.ins.state.pa.us</a>
Contact Information for the DOL /EBSA	U.S. Department of Labor Employee Benefits Services Administration <a href="http://www.dol.gov/ebsa">www.dol.gov/ebsa</a> 1-866-444-EBSA (3272)
State's Guarantee Issue Requirements for small and Large groups (same for all due to HIPAA—need special info for MO)	As per the federal Health Insurance Portability and Accountability Act of 1996, all group health insurance contracts in Pennsylvania must be issued on a guarantee-issue basis. All group insurance contracts must also be guarantee-renewable, unless there is non-payment of premium.
State's Pre-Ex exclusion and look-back requirements for small-groups and large groups	As per the federal Health Insurance Portability and Accountability Act of 1996, all group health insurance carriers in Pennsylvania can impose a 6-month look-back/12-month exclusionary period for pre-existing conditions on enrollees that do not have prior creditable coverage.
Creditable Coverage Requirements	As per the federal Health Insurance Portability and Accountability Act of 1996, credit for prior coverage required as long as there is no more than a 63-day break in coverage.
State's Underwriting laws for small groups	There are no rate caps in the small group health insurance market in Pennsylvania and medical underwriting is allowed without restriction. Some BCBS carriers community rate or use a modified community rate voluntarily.
State's Definition of Small Group	2-50 Employees
Requirements for Small groups coverage (ie., hours, payroll requirements, owner as employee, husband/wife salary issues, etc.)	Small employers must provide the following to document that they are a legitimate small group: <ul style="list-style-type: none"> <li>▪ An employee census</li> <li>▪ Copies of either their schedule C form or copies of their UC-2 form (Unemployment Compensation Report in Pennsylvania)</li> <li>▪ The name of their worker's compensation carrier</li> </ul> Most small group carriers also require 75% employee participation and accept employees who sign a waiver indicating other coverage as counting towards the 75% total.
<b>Information for individuals who have lost access to their group insurance coverage</b>	
COBRA contact information for COBRA help at DOL—For Help with Private Sector Plans and COBRA	U.S. Department of Labor Employee Benefits Services Administration Division of Technical Assistance and Inquiries 200 Constitution Avenue NW, Suite N-5619 1-866-444-EBSA (3272) <a href="http://www.dol.gov/ebsa">www.dol.gov/ebsa</a>
Contact information for CMS COBRA Coverage—For Help with State and Local Government Plans and COBRA	Centers for Medicare and Medicaid Services 7500 Security Boulevard Mail Stop S3-16-16 Baltimore, MD 21244-1850 410-786-3000 <a href="http://www.cms.gov">www.cms.gov</a>
State Continuation/Conversion Contact—	PA Insurance Department 1326 Strawberry Square Harrisburg, PA 17120 877-881-6388 <a href="http://www.ins.state.pa.us">www.ins.state.pa.us</a>
Contact for CMS HIPAA Group-to-Individual Portability	CMS Central Office 7500 Security Boulevard Baltimore, MD 21244 1-877-267-2323, ext.6-1565 <a href="http://www.cms.hhs.gov/hipaa1">http://www.cms.hhs.gov/hipaa1</a>

	CMS Regional Office—Region III Delaware, District of Columbia, Maryland, Pennsylvania, Virginia, West Virginia 215-861-4738
Contact for State DOI HIPAA Group to Individual Portability Contact	PA Insurance Department Harrisburg, PA 17120 877-881-6388 <a href="http://www.ins.state.pa.us">www.ins.state.pa.us</a> 1326 Strawberry Square
Contact for BCBS Carriers that Serve as the State's Alternate Mechanism for Providing Guarantee-Issue Coverage to Individuals Exercising their Group to Individual Portability Rights	The various BCBS carriers that serve Pennsylvania also serve as the Commonwealth's alternative mechanism for providing at least one product of individual coverage for individuals who are exercising their HIPAA rights. Contact information for these carriers is as follows:  Blue Cross of Northeastern Pennsylvania Wilkes-Barre, PA 18711-0302 1-800-822-8753 <a href="http://www.bcnepa.com">http://www.bcnepa.com</a>  19 North Main Street  Highmark Blue Shield P.O. Box 890173 Camp Hill, PA 17089-0173 1-800-345-3806 <a href="https://www.highmarkblueshield.com">https://www.highmarkblueshield.com</a>  Capital Blue Cross PO Box 774611 Harrisburg, PA 17177-4611 800-962-2242 <a href="https://www.capbluecross.com">https://www.capbluecross.com</a>  Independence Blue Cross 1901 Market Street Philadelphia, PA 19103-1480 800-555-1514 <a href="http://www.ibx.com">www.ibx.com</a>
Explanation of COBRA	The federal Consolidated Budget Reconciliation Act of 1986 (COBRA) requires employers who employed 20 or more employees in the prior year to provide the option of temporarily continuing group coverage to individuals when their group health coverage is lost due to certain specific events. COBRA applies to both private employers and state and local health plans, but it does not apply to Federal government plans and those sponsored by certain church organizations.
Plans that must comply with COBRA	Group health plans for employers with 20 or more employees on more than 50 percent of its typical business days in the previous calendar year are subject to COBRA. Both full and part-time employees are counted to determine whether a plan is subject to COBRA. Each part-time employee counts as a fraction of an employee, with the fraction equal to the number of hours that the part-time employee worked divided by the hours an employee must work to be considered full time.
Qualified COBRA Beneficiaries	A qualified beneficiary generally is an individual covered by a group health plan on the day before a qualifying event who is an employee, the employee's spouse, or an employee's dependent child. In certain cases, a retired employee, the retired employee's spouse, and the retired employee's dependent children may be qualified beneficiaries. In addition, any child born to or placed for adoption with a covered employee during the period of COBRA coverage is considered a qualified beneficiary. Agents, independent contractors, and directors who participate in the group health plan may also be qualified beneficiaries.
COBRA Qualifying Events	Qualifying events are certain events that would cause an individual to lose health coverage. The type of qualifying event will determine who the qualified beneficiaries are and the amount of time that a plan must offer the health coverage to them under COBRA. A plan, at its discretion, may provide longer periods of continuation coverage.
COBRA Qualifying Events for Employees	<ul style="list-style-type: none"> <li>▪ Voluntary or involuntary termination of employment for reasons other than gross misconduct</li> <li>▪ Reduction in the number of hours of employment</li> </ul>
COBRA Qualifying Events for Spouses	<ul style="list-style-type: none"> <li>▪ Voluntary or involuntary termination of the covered employee's employment for any reason other than gross misconduct</li> <li>▪ Reduction in the hours worked by the covered employee</li> <li>▪ Covered employee's becoming entitled to Medicare</li> </ul>

	<ul style="list-style-type: none"> <li>▪ Divorce or legal separation of the covered employee</li> <li>▪ Death of the covered employee</li> </ul>
COBRA Qualifying Events for Dependent Children	<ul style="list-style-type: none"> <li>▪ Loss of dependent child status under the plan rules</li> <li>▪ Voluntary or involuntary termination of the covered employee's employment for any reason other than gross misconduct</li> <li>▪ Reduction in the hours worked by the covered employee</li> <li>▪ Covered employee's becoming entitled to Medicare</li> <li>▪ Divorce or legal separation of the covered employee</li> <li>▪ Death of the covered employee</li> </ul>
Length of COBRA Coverage	The length of COBRA coverage depends on both the beneficiary and the qualifying event involved. The length of coverage is 18 months for employees, and dependent children and dependent spouses when the qualifying event is job termination or a reduction of work hours. The length of coverage for dependent spouses and dependent children is 36 months when the covered employee becomes eligible for Medicare or dies, or if there is a divorce or legal separation or if the dependent child loses dependent child status.
Cost of COBRA Coverage	Under COBRA, beneficiaries usually pay the entire premium amount, that is, the portion of the premium that is both the portion that was paid by the active employee and the amount of the contribution made the your employer. In addition, there may be a 2 percent administrative fee. Employers that covered a portion of their employee's premiums prior to termination may still elect to cover a portion of the COBRA beneficiaries' premiums, but they are under no legal obligation to do so. COBRA premiums charged to beneficiaries cannot exceed 102 percent of the cost to the plan for similarly situated individuals who have not incurred a qualifying event, including both the portion paid by employees and any portion paid by the employer before the qualifying event, plus 2 percent for administrative costs. Failure to make timely payments may result in loss of coverage.
State Continuation/Mini-Cobra/Conversion—Explanation of rights for groups of 19 or less, coverage times, etc.	Pennsylvania does not have a state continuation or mini-COBRA requirement for groups of 19 or less. However, individuals who are transferring out of a group plan have the option of selecting an individual conversion product, either instead of electing COBRA or after exhausting COBRA coverage.
List of other requirements for COBRA/Mini Cobra/State Continuation/HIPAA plan participant (ie: State resident, not Medicare eligible. etc.)	Individuals must be state residents and not eligible for Medicare or any other state or federally-funded medical assistance program.
Explanation of HIPAA Rights	Individuals who have been in enrolled in a group health plan for at least 12 months and decide to leave that group health plan and purchase individual market coverage have certain rights under the federal Health Insurance Portability and Accountability Act of 1996. States must provide at least one guarantee-issue option for those individuals to purchase individual market insurance, as long as that coverage is purchased within 63 days of disenrollment from the group plan. Individuals who have access to COBRA must first exhaust COBRA coverage before exercising their HIPAA rights, unless specified by the state. Individuals with less than 12 months of creditable coverage may be eligible for partial credit, based on the length of creditable coverage they do have available.
Explanation of what coverage needs to be exhausted for HIPAA group-to-individual conversion rights	Individuals must exhaust their COBRA benefits if COBRA is available to them before exercising their HIPAA rights.
Explanation of creditable coverage needed for HIPAA and COBRA or Mini-COBRA	12 month of prior coverage is needed for HIPAA Conversion coverage, and coverage needs to be executed within 63 days of group termination.
Any cost restrictions/capping of COBRA or HIPAA Conversion plan rate	Elimination riders may not be used on HIPAA conversion policies. Preexisting conditions may not be considered for HIPAA conversion policies.
<b>Information for people who do not have access to the group health insurance market, but can afford to obtain and can medically qualify for traditional private market individual coverage</b>	
Contact Information for Individual Insurance at the State Department of Insurance	PA Insurance Department Harrisburg, PA 17120 <a href="http://www.ins.state.pa.us">www.ins.state.pa.us</a> 877-881-6388 1326 Strawberry Square
Explanation of state's individual market underwriting requirements	There are no rate caps in the individual market in PA and medical underwriting is allowed without restriction. Some BCBS carriers community rate or use a modified community rate voluntarily.

<p>Explanation of state's pre-ex requirements for individual market – look back and exclusionary period, creditable coverage requirements</p>	<p>Credit for prior individual coverage is not required in Pennsylvania and there is a 60-month look-back and 36-month exclusionary period limit for pre-existing conditions for traditional individual policies. Elimination riders are also allowed in the traditional Pennsylvania individual health insurance market, as are permanent waivers.</p>
<p><b>Information for individuals who do not have access to the private group health insurance market and have serious medical conditions that may prevent them from obtaining traditional private-market individual coverage</b></p>	
<p>Is individual market coverage guarantee issue?</p>	<p>No</p>
<p>Does State have a high-risk pool? If yes: - Contact info for high-risk pool - Eligibility criteria for HRP - Summary of benefits/limitations of HRP - Pre-ex limitations for HRP - Rate restrictions on HRP coverage</p>	<p>No</p>
<p>If no: - Contact information for carrier of last resort or GI/OE person at DOI - Eligibility criteria for other option - Any benefit information for CLR - Pre-ex limitations for other options - Any rate restrictions for other options?</p>	<p>The various Blue Cross/Blue Shield plans serve as the carrier-of-last resort and offer a medical-only products to all consumers on a guarantee-issue basis.</p> <p>Blue Cross of Northeastern Pennsylvania Wilkes-Barre, PA 18711-0302 1-800-822-8753 <a href="http://www.bcnepa.com">http://www.bcnepa.com</a></p> <p>Highmark Blue Shield P.O. Box 890173 Camp Hill, PA 17089-0173 1-800-345-3806 <a href="https://www.highmarkblueshield.com">https://www.highmarkblueshield.com</a></p> <p>Capital Blue Cross PO Box 774611 Harrisburg, PA 17177-4611 800-962-2242 <a href="https://www.capbluecross.com">https://www.capbluecross.com</a></p> <p>Independence Blue Cross 1901 Market Street Philadelphia, PA 19103-1480 800-555-1514 <a href="http://www.ibx.com">www.ibx.com</a></p> <p>Highmark Blue Cross/Blue Shield 120 Fifth Avenue, Suite P3105 Pittsburgh, PA 15222-3099 1-877-BLUE-123 <a href="https://www.highmarkbcbs.com">https://www.highmarkbcbs.com</a></p>

# The Pennsylvania Matrix

## Part 2

### Information for people who qualify for their state's medical assistance (Medicaid) Program

Contact information for state Medicaid program

Office of Medical Assistance Programs  
Room 515,  
P.O. Box 2675  
Harrisburg, PA 17105  
717-787-1870 [www.dpw.state.pa.us/omap/dpwomap.asp](http://www.dpw.state.pa.us/omap/dpwomap.asp)

Income guidelines for Medicaid qualifications for the following populations, including asset limitations for adults with special needs

Anyone who receives the following benefits is automatically eligible for Medicaid without filing a separate application:

- Temporary Assistance for Needy Families (TANF)
- Supplemental Security Income (SSI)
- General Assistance (GA)
- Refugee Cash Assistance
- State Blind Pension
- State Subsidized Adoption
- Title IV-E Foster Care
- Received TANF for at least three months of the previous six months prior to losing eligibility because of an increase in income from employment or the receipt of child support. Medicaid under these circumstances is limited to not more than 12 months for employment income and not more than 4 months due for support.

Other applicants are subject to the following income restrictions:

SSI Recipient Individual—74% of the federal poverty level      SSI Recipient Couple—82% of the federal poverty level

State Supplemented Payments for SSI Individual Recipients—84% of the federal poverty level

Medically Needy Individual—59% of the federal poverty level      Medically Needy Couple—46% of the federal poverty level

Resource Restrictions: Medicaid eligibility is also determined using resource and household size in comparison to resource limits. Resource limits do not apply for families with children in the household who are under their care and control and under the age of 21.

Examples of resources counted in determining eligibility include:

- Cash
- Checking accounts
- Savings accounts and certificates
- Christmas or vacation clubs
- Stocks and bonds
- Some trust funds
- Life insurance
- Vehicles
- Revocable burial funds
- Non-resident property

For the categorically needy (also receiving other social services benefits) resources may only total:

SSI Recipient Individual—\$2000 or less  
or less

SSI Recipient Couple—\$3000

	<p>Medically needy individual--\$250 or less</p> <p>Medically needy couple--\$1000</p> <p>For the Medically Needy Only recipients (only receiving Medicaid benefits) resources may only total:</p> <p>One person--\$2400 or less Each additional person in the household--\$300</p> <p>Two people--\$3400 or less</p>
Income guidelines for Medicaid qualifications for the following populations, including asset limitations for Pregnant women and infants	<p>Income restrictions: Pregnant Women—185% of the federal poverty level Infants—185% of the federal poverty level</p> <p>When determining which income eligibility limit applies to a pregnant woman, household size is increased by the number of unborn children. Example: If a woman verifies she is pregnant with twins, then she counts as three persons.</p> <p>Infants are automatically covered up to age one if mother was Medicaid eligible at time of child's birth and child lives with the mother.</p> <p>In Pennsylvania, there are no asset or resource limitations for pregnant women and infants.</p>
Income guidelines for Medicaid qualifications for the following populations, including asset limitations for Medicaid eligible children (all ages)	<p>Income restrictions: Children ages 0-1—185% of the federal poverty level Children ages 1-5 – 133 % of the federal poverty level Children ages 6-19 – 100% of the federal poverty level</p> <p>In Pennsylvania, there are no asset or resource limitations for Medicaid-eligible children.</p>
Other qualification requirements for Medicaid enrollments for the following populations (i.e.: state resident, crowd-out requirements, condition restrictions, etc.) for Adults with special needs	<p>Medicaid is available to U.S. citizens, refugees and certain lawfully admitted aliens. Other aliens may be eligible for limited Medicaid benefits if an emergency medical condition exists. In Pennsylvania, residents must submit proof of identify by providing a social security number or another form of identification, such as a drivers license. Also, recipients must document that they are a state resident, although there is no requirement regarding the length of time that a person must live in Pennsylvania.</p>
Other qualification requirements for Medicaid enrollments for the following populations (i.e.: state resident, crowd-out requirements, condition restrictions, etc.) for pregnant women and infants	<p>Medicaid is available to U.S. citizens, refugees and certain lawfully admitted aliens. Other aliens may be eligible for limited Medicaid benefits if an emergency medical condition exists. In Pennsylvania, residents must submit proof of identify by providing a social security number or another form of identification, such as a drivers license. Also, recipients must document that they are a state resident, although there is no requirement regarding the length of time that a person must live in Pennsylvania.</p>
Other qualification requirements for Medicaid enrollments for the following populations (i.e.: state resident, crowd-out requirements, condition restrictions, etc.) for all Medicaid eligible children	<p>Medicaid is available to U.S. citizens, refugees and certain lawfully admitted aliens. Other aliens may be eligible for limited Medicaid benefits if an emergency medical condition exists. In Pennsylvania, residents must submit proof of identify by providing a social security number or another form of identification, such as a drivers license. Also, recipients must document that they are a state resident, although there is no requirement regarding the length of time that a person must live in Pennsylvania.</p>
Description of covered services/benefits for adults with special needs	<p>Benefits may include:</p> <ul style="list-style-type: none"> <li>▪ Office visits</li> <li>▪ Prescription Drugs</li> <li>▪ Immunizations</li> <li>▪ Vision Testing and Eyeglasses</li> <li>▪ Emergency Room Care</li> <li>▪ Lab Testing and X-Rays</li> <li>▪ Hearing testing and hearing aids</li> <li>▪ Mental and substance abuse treatment</li> </ul>
Description of covered services/benefits for pregnant women and infants	<p>Benefits may include:</p> <ul style="list-style-type: none"> <li>▪ Office visits</li> <li>▪ Prescription Drugs</li> <li>▪ Immunizations</li> </ul>

	<ul style="list-style-type: none"> <li>▪ Vision Testing and Eyeglasses</li> <li>▪ Emergency Room Care</li> <li>▪ Lab Testing and X-Rays</li> <li>▪ Hearing testing and hearing aids</li> <li>▪ Mental and substance abuse treatment</li> </ul>
Description of covered services/benefits for all Medicaid eligible children	<p>Benefits may include:</p> <ul style="list-style-type: none"> <li>▪ Office visits</li> <li>▪ Prescription Drugs</li> <li>▪ Immunizations</li> <li>▪ Vision Testing and Eyeglasses</li> <li>▪ Emergency Room Care</li> <li>▪ Lab Testing and X-Rays</li> <li>▪ Hearing testing and hearing aids</li> <li>▪ Mental and substance abuse treatment</li> </ul>
Cost information for (i.e. copays, etc) adults with special needs	<p>Medicaid recipients do not have any cost-sharing requirements in Pennsylvania. Medicaid recipients receive an ACCESS card, which is presented to medical providers who accept Medicaid payment for services. Recipients who live in counties in which managed care is mandatory also receive an identification card, which carries the name of the health maintenance organization (HMO) they have selected. The HMO and ACCESS cards are presented to approved providers for services.</p>
Cost information for (i.e. copays, etc) pregnant women and infants	<p>Medicaid recipients do not have any cost-sharing requirements in Pennsylvania. Medicaid recipients receive an ACCESS card, which is presented to medical providers who accept Medicaid payment for services. Recipients who live in counties in which managed care is mandatory also receive an identification card, which carries the name of the health maintenance organization (HMO) they have selected. The HMO and ACCESS cards are presented to approved providers for services.</p>
Cost information for (i.e. copays, etc) all Medicaid eligible children	<p>Medicaid recipients do not have any cost-sharing requirements in Pennsylvania. Medicaid recipients receive an ACCESS card, which is presented to medical providers who accept Medicaid payment for services. Recipients who live in counties in which managed care is mandatory also receive an identification card, which carries the name of the health maintenance organization (HMO) they have selected. The HMO and ACCESS cards are presented to approved providers for services.</p>
<b>Information about the state's Children's Health Insurance Program (CHIP)</b>	
State CHIP Program contact information	<p>1-800-986-KIDS</p> <p>CHIP is Administered by the Pennsylvania Department of Insurance  Patricia Stromberg, Executive Director  1326 Strawberry Square Harrisburg, PA 17120  <a href="http://www.ins.state.pa.us">www.ins.state.pa.us</a>  877-881-6388  717-705-6830</p>
CMS CHIP Contact Information	<p>State Children's Health Insurance Program – Title XXI  7500 Security Boulevard, Mail Stop S2-01-16  Baltimore, MD 21244</p> <p>Regional Contact: Rosemary Field  215-861-4278</p>
Income ranges for eligible children (ie up to 200% of FPL) and age ranges by income level (ie: Kids 10-15 up to 150%)	<p>Pennsylvania CHIP covers all children under age 19 with family incomes that fall below 235% of the Federal Poverty Level.</p>
Other eligibility requirements for children (i.e. state resident, not Medicaid eligible, etc.)	<ul style="list-style-type: none"> <li>▪ Must not be eligible for Medicaid or have any other health insurance</li> <li>▪ Must be under age 19</li> <li>▪ Must be a U.S. citizen or lawful alien</li> <li>▪ Must be a Pennsylvania resident for at least 30 days, except for a newborn</li> <li>▪ The family's income must not exceed specified levels.</li> </ul>
Any crowd-out requirements	<p>The state monitors crowd-out by asking if the applicants have private insurance coverage on the enrollment and renewal forms, and data matches are made against private insurance files.</p>
Description of covered services/benefits	<p>Coverage includes:</p> <ul style="list-style-type: none"> <li>▪ Immunizations</li> <li>▪ Routine Check-ups</li> </ul>

	<ul style="list-style-type: none"> <li>▪ Diagnostic Testing</li> <li>▪ Prescription Drugs</li> <li>▪ Dental, Vision, Hearing Services</li> <li>▪ Emergency Care</li> <li>▪ Maternity Care</li> <li>▪ Mental Health Benefits</li> <li>▪ Up to 90 Days Hospitalization in any Year</li> <li>▪ Durable Medical Equipment</li> <li>▪ Substance Abuse Treatment</li> <li>▪ Partial Hospitalization for Mental Health Services</li> <li>▪ Rehabilitation Therapies</li> <li>▪ Home Health Care</li> </ul>
Information if program can be used in conjunction with parents employer-based or other coverage	<p>CHIP coverage cannot be used in conjunction with parent employer-sponsored health insurance at this time.</p> <p>While CHIP and Medicaid are separate programs in Pennsylvania, if a parent applies for one and is deemed ineligible because of income, the application is automatically sent to the other program for review and enrollment, if applicable.</p>
Information any benefits for parents	The Pennsylvania CHIP program does not allow parent participation; however, the adultBasic program, which is also administered by the state Department of Insurance and is designed similarly to the CHIP program is available to low-income adults.
Cost information	There is no cost-sharing for CHIP participants.
<b>Information on other state-based programs for low-income insured or low-income uninsured (not Medicaid eligible)</b>	
Program Name and Description	<p>adultBasic</p> <p>This program provides health insurance for adults meeting certain eligibility requirements and who do not have private health insurance coverage. Through contracts with four insurance companies throughout the state, adultBasic offers basic benefits including preventative care, physician services, diagnosis and treatment of illness or injury, in-patient hospitalization, out-patient hospital services, emergency accident and medical care.</p>
Program Contact information	<p>adultBasic administered by the Pennsylvania Department of Insurance</p> <p>Patricia Stromberg, Executive Director</p> <p>1326 Strawberry Square Harrisburg, PA 17120</p> <p><a href="http://www.ins.state.pa.us">www.ins.state.pa.us</a></p> <p>877-881-6388</p> <p>717-705-6830</p>
Description of any income or other eligibility requirements for each program	<p>To be eligible for adultBasic you must:</p> <ul style="list-style-type: none"> <li>▪ Be between the ages of 19 and 64</li> <li>▪ Not have any other healthcare coverage (including Medicaid or Medicare)</li> <li>▪ Have been without health insurance for 90 days prior to enrollment, except if you or your spouse lost health insurance coverage because you are no longer employed</li> <li>▪ Have a family income below 200% of the Federal Poverty Level</li> <li>▪ Be a resident of Pennsylvania for at least 90 days prior to enrollment</li> <li>▪ Have U.S. citizenship or permanent legal alien status</li> </ul>
Description of covered services and or benefits	<p>adultBasic coverage includes:</p> <ul style="list-style-type: none"> <li>▪ Inpatient Hospital Care (including maternity care)</li> <li>▪ Short Procedure Unit Care</li> <li>▪ Emergency Room Care</li> <li>▪ Primary Care</li> <li>▪ Specialist Care</li> <li>▪ Surgery</li> <li>▪ Obstetrics</li> <li>▪ Laboratory/Pathology Tests</li> <li>▪ X-Rays</li> <li>▪ Routine Mammograms</li> <li>▪ Rehabilitative Care (in lieu of inpatient hospital care)</li> <li>▪ Ambulance Service</li> <li>▪ Diabetic Supplies and Injections</li> </ul>

	<ul style="list-style-type: none"> <li>▪ Routine Gynecological Care</li> </ul>						
Cost information for each program	<p>An eligible adult is responsible for paying \$30 per month for coverage. In addition, enrollees are required to pay co-payments for certain services including:</p> <table style="width: 100%; border: none;"> <tr> <td style="width: 70%;">Primary Care Provider Visit</td> <td style="text-align: right;">\$ 5.00</td> </tr> <tr> <td>Specialist Visit</td> <td style="text-align: right;">\$10.00</td> </tr> <tr> <td>Emergency Room Visit</td> <td style="text-align: right;">\$25.00 (waived if patient admitted)</td> </tr> </table> <p>There are no co-payments for any other services.</p>	Primary Care Provider Visit	\$ 5.00	Specialist Visit	\$10.00	Emergency Room Visit	\$25.00 (waived if patient admitted)
Primary Care Provider Visit	\$ 5.00						
Specialist Visit	\$10.00						
Emergency Room Visit	\$25.00 (waived if patient admitted)						
	<p>The adultBasic currently has a significant waiting list for enrollment. Individuals placed on the waiting list are given the option of purchasing coverage at the state's average monthly cost of \$260 per month until space in the program is available.</p>						
Program Name and Description	<p>Medical Assistance for Workers with Disabilities (MAWD). MAWD lets Pennsylvanians with disabilities take a fulfilling job, earn more money and still keep their full medical coverage. With MAWD you can keep Medicaid while you work, even if your earnings increase above the limits for other Medicaid programs.</p>						
Contact information	<p>Medical Assistance for Workers with Disabilities</p> <p>1-800-692.7462 TTD: 1-800-451-5886</p> <p><a href="http://www.dpw.state.pa.us">www.dpw.state.pa.us</a> Choose "Office of Income Maintenance"</p>						
Description of cost, eligibility and benefit services	<p>To be eligible for MAWD, you must:</p> <ul style="list-style-type: none"> <li>• Be at least 16 years of age but less than 65</li> <li>• Be employed and receiving compensation</li> <li>• Have a disability that meets the Social Security Administration's standards.</li> <li>• Have countable income below 250 percent of the Federal Poverty Level</li> <li>• Have \$10,000 or less in countable resources. (resident property and one automobile are not countable assets)</li> </ul> <p>Monthly premium costs are 5% of countable monthly income.</p> <p>Benefits may include:</p> <ul style="list-style-type: none"> <li>▪ Doctor visits</li> <li>▪ Durable medical equipment</li> <li>▪ Prescription drugs</li> <li>▪ Emergency care</li> <li>▪ Mental health services</li> <li>▪ Dental services</li> <li>▪ Drug and alcohol treatment</li> <li>▪ Hospital stays</li> <li>▪ Rehabilitation services</li> <li>▪ Hospice services</li> <li>▪ Medical transportation services</li> </ul>						
Program Name and Description	<p>The Pennsylvania Dental Association maintains the Pennsylvania Dental Clinic Directory, which helps low-income individuals find low-cost dental clinics in every county of the state. There is a separate directory available that addresses dental providers that provide low-cost treatment to Seniors.</p>						
Contact information	<p>Pennsylvania Dental Association Pennsylvania Dental Clinic Directory 3501 North Front Street</p>						

	P.O. Box 3341 Harrisburg, PA 17105 <a href="http://www.padental.org/consptainfo/dentalclinicdirectory/introduction.htm">http://www.padental.org/consptainfo/dentalclinicdirectory/introduction.htm</a>
Description of cost, eligibility and benefit services	Eligibility requirements, costs and available dental benefits vary on a clinic-by-clinic basis.
Program Name and Description	Love 'Em With a Check-Up
Contact information	1-800-986-BABY or 1-800-986-KIDS  Mary King-Maxey Division of Community Systems Development and Outreach Bureau of Family Health 717-772-2173
Description of cost, eligibility and benefit services	Provides free check-ups to both pregnant women and low-income children.
Program Name and Description	Special Kids Network
Contact information	James Marchaman Division of Community Systems Development and Outreach Bureau of Family Health 717-772-2763
Description of cost, eligibility and benefit services	Statewide information and referral system to assist individuals and families of children with special needs in obtaining needed services.
Program Name and Description	Chronic Renal Disease Program
Contact information	Elaine Gibble Division of Child and Adult Health Services Bureau of Family Health 717-772-2762
Description of cost, eligibility and benefit services	This Program provides life-saving care and treatment for children and adults with end-stage renal disease. The program provides dialysis services, renal transplantation, medical management, inpatient and outpatient services, home dialysis supplies and equipment, medications, and limited patient transportation.
Program Name and Description	Head Injury Program
Contact information	Annette Jacek Division of Child and Adult Health Services Bureau of Family Health 717-772-2762
Description of cost, eligibility and benefit services	This program provides post-acute head injury rehabilitation services to adults domiciled in Pennsylvania, who experienced a traumatic brain injury after July 2, 1985 and have exhausted all alternative financial resources.
Program Name and Description	Sickle Cell Disease Program
Contact information	Dawn Johnson Division of Child and Adult Health Services Bureau of Family Health 717-772-2762
Description of cost, eligibility and benefit services	This Program provides comprehensive medical treatment and psychosocial services, care coordination, and education to children and adults with sickle cell disease.
Program Name and Description	Hemophilia Program
Contact information	Jane Wolfe Division of Child and Adult Health Services Bureau of Family Health 717-772-2762
Description of cost, eligibility and benefit services	This Program provides comprehensive services including diagnosis, treatment, therapy, outpatient follow-up, and blood products for children and adults with hemophilia.
Program Name and Description	Childhood Lead Poisoning Treatment and Prevention Program

## The Pennsylvania Matrix

### Part 3

#### Information on other state-based programs for low-income insured or low-income uninsured (not Medicaid eligible) Continued. . .

Contact information	Joseph McLaughlin Division of Child and Adult Health Services Bureau of Family Health 717-783-8451
Description of cost, eligibility and benefit services	This Program offers comprehensive services to families with children under the age of six that includes lead screening, testing, follow-up and case management.
Program Name and Description	Family Planning Program
Contact information	Phyllis Welborn Division of Child and Adult Health Services Bureau of Family Health 717-772-2762
Description of cost, eligibility and benefit services	Clinical services are provided at the 197 local clinics include physical exams, routine gynecological care, contraceptives, cancer screening and examinations, general health screening, Sexually Transmitted Disease (STD) diagnosis, treatment, education and counseling, and HIV/AIDS education and screening.
Program Name and Description	Spina Bifida Program
Contact information	Jane Wolfe Division of Child and Adult Health Services Bureau of Family Health 717-772-2762
Description of cost, eligibility and benefit services	Comprehensive services including diagnosis, treatment, therapy, outpatient follow-up, and inpatient surgery and care to children and adults with spina bifida.
Program Name and Description	Child Orthopedics Program
Contact information	Jane Wolfe Division of Child and Adult Health Services Bureau of Family Health 717-772-2762
Description of cost, eligibility and benefit services	This Program supports the direct medical payment for services against a fee schedule for comprehensive services including diagnosis, treatment, therapy, outpatient follow-up, inpatient surgery, orthopedic/prosthetic appliances, and durable medical equipment to eligible children with orthopedic conditions.
Program Name and Description	Cooley's Anemia Program
Contact information	Jane Wolfe Division of Child and Adult Health Services Bureau of Family Health 717-772-2762
Description of cost, eligibility and benefit services	This Program provides comprehensive multi-disciplinary medical services to patients of all ages with Cooley's anemia.
Program Name and Description	Cleft Palate Program
Contact information	Jane Wolfe Division of Child and Adult Health Services Bureau of Family Health 717-772-2762
Description of cost, eligibility and benefit services	This Program supports the direct payment for services against a fee schedule for diagnostic tests, treatment, therapy, outpatient follow-up, and inpatient surgery and care to eligible children with cleft conditions.
Program Name and Description	Newborn Screening Program
Contact information	Joan Kehler Division of Newborn Disease Prevention & Identification Bureau of Family Health 717-783-8143
Description of cost, eligibility and benefit services	This Program contracts with pediatric comprehensive care centers for newborns screening evaluations for four of the six (6) conditions: galactosemia, maple syrup urine disease (MSUD), phenylketonuria (PKU), and sickle cell hemoglobinopathies. Infants identified with congenital adrenal hyperplasia (CAH), and congenital hypothyroidism (CH) are treated by the primary care physician and/or pediatric endocrinologist.
Program Name and Description	Newborn Hearing Screening Program

Contact information	Robert Staver/Patti Matlock Division of Newborn Disease Prevention & Identification Bureau of Family Health 717-783-8143
Description of cost, eligibility and benefit services	This Program seeks to assure that all newborns are screened for hearing loss within the first 30 days, diagnosed within three months, and receive prescribed treatment or intervention services within six months of birth.
Program Name and Description	Hearing and Speech Program
Contact information	Robert Staver Division of Newborn Disease Prevention & Identification Bureau of Family Health 717-783-8143
Description of cost, eligibility and benefit services	This Program pays for certain procedures delivered outside of the comprehensive, multi-disciplinary, specialty clinics for enrolled children. Services include diagnosis, treatment, habilitation prostheses, and remediation of speech, language, and hearing problems for children.
Program Name and Description	Genetic Service Program
Contact information	Steven Horner Division of Newborn Disease Prevention & Identification Bureau of Family Health 717-783-8143
Description of cost, eligibility and benefit services	This Program is designed to provide services to low income individuals who are at-risk for transmitting, affected with, or concerned about a genetic disorder. It enables individuals to make informed health decisions and ensures them access to comprehensive genetic services. Services include diagnostic assessment, counseling, therapeutic and prevention services.
Program Name and Description	Healthy Woman Program
Contact information	1-877-PA-Health
Description of cost, eligibility and benefit services	This Program provides screening and diagnostic services for the detection of cancer and pre-cancerous conditions of the breast or cervix for eligible women.
Program Name and Description	Tobacco Prevention and Control
Contact information	Judy Ochs Director, Division of Tobacco Prevention and Control 717-783-6600
Description of cost, eligibility and benefit services	This Program provides financial aid to uninsured pregnant women and youth under the age of 18 for participation in Department approved tobacco cessation programs.
Program Name and Description	Immunization Program For Children, Adolescents and Adults
Contact information	Alice Gray Director Division of Immunizations 717-787-5681
Description of cost, eligibility and benefit services	All recommended childhood immunizations are made available to children and adolescents who have no medical homes or resources for payment through a network of public clinic sites. Tetanus/diphtheria, influenza and pneumococcal vaccines are made available to adults who have no resources for or access to these immunizations
Program Name and Description	PACE and PACENET offer comprehensive prescription coverage to older Pennsylvanians and cover most medications that require prescriptions, including insulin, syringes and insulin needles. These programs do not cover over-the-counter medicines, medical equipment or doctor, hospital, dental or vision services.
Contact information	Pennsylvania Department of Aging 555 Walnut Street 5th Floor Harrisburg, PA 17101 717-787-7313 <a href="http://www.fhsc.com/pennsylvania/paceenrollment/">http://www.fhsc.com/pennsylvania/paceenrollment/</a> 1-800-225-7223
Description of cost, eligibility and benefit services	As of January 1, 2004, to be eligible for PACE, you must be 65 years of age or older, a Pennsylvania resident for at least 90 days prior to the date of application, and you cannot be enrolled in the Department of Public Welfare's Medicaid prescription benefit. Eligibility is also determined by your previous calendar year's income. For a single person, your total income must be \$14,500 or less. For a married couple, your combined total income must be \$17,700 or less. Once you are enrolled in the PACE program, a benefit card will be sent to you, and you will pay a \$6 co-payment for each generic prescription medication and a \$9 co-payment for each brand name prescription at your pharmacy.  As of January 1, 2004, to be eligible for PACENET, the age, residency and Medicaid requirements are the same as with PACE. However, the income limits are higher. Again, the income is based on the previous calendar year's income. A single person's total income can be between \$14,500 and \$23,500. A couple's combined total income can be between \$17,700 and \$31,500. Once you are enrolled in the PACENET program, a benefit card will be sent to you, and you must meet a \$40 monthly deductible. The deductible is cumulative if it is not met each

	month. Once you meet the \$40 deductible each month, you will pay an \$8 copayment for each generic prescription medication and a \$15 co-payment for each brand name prescription medication. Prescriptions purchased prior to your enrollment in PACENET cannot be applied toward your deductible.
Contact information for VA Health Administration	VA Health 1-877-222-8387 <a href="http://www1.va.gov/health_benefits/">http://www1.va.gov/health_benefits/</a>
Contact Information for Medicare	Centers for Medicare & Medicaid Services Region III Public Ledger Building, Suite 216 150 South Independence Mall West Philadelphia, Pennsylvania 19106 <a href="http://www.cms.gov">www.cms.gov</a> 215-861-4140
Contact Information for State SHIP Program	APPRISE Health Insurance Counseling Program  Offered through the County Offices on Aging. To find your county office, contact:  Commonwealth of Pennsylvania Department of Aging 555 Walnut Street, 5th Floor Harrisburg, PA 17101-1919 Office: 717-783-1550 Fax: 717-83-6842  www.aging.state.pa.us
<b>Contact information for additional resources</b>	
NAHU	NAHU National Association of Health Underwriters—America's Benefit Specialists 2000 North 14 <sup>th</sup> Street, Suite 450 Arlington, VA 22201 703-276-0220 www.nahu.org
State AHU Chapter	Pennsylvania Association of Health Underwriters 3610 Kent Drive Mechanicsburg, PA 17050 717-728-1217 <a href="http://www.pahu.org">www.pahu.org</a>
State DOI	Pennsylvania Insurance Department 1326 Strawberry Square Harrisburg, PA 17120 <a href="http://www.ins.state.pa.us">www.ins.state.pa.us</a> 877-881-6388
DOL/EBSA	U.S. Department of Labor Employee Benefits Services Administration <a href="http://www.dol.gov/ebsa">www.dol.gov/ebsa</a> 1-866-444-EBSA (3272)
CMS	CMS Centers for Medicare & Medicaid Services 7500 Security Boulevard <a href="http://www.cms.gov">www.cms.gov</a> Baltimore, MD 21244 877-267-2323
State Medicaid	Office of Medical Assistance Programs P.O. Box 2675 Harrisburg, PA 17105-2675 <a href="http://www.dpw.state.pa.us/omap/dpwomap.asp">www.dpw.state.pa.us/omap/dpwomap.asp</a> Room 515 717-787-1870

State Department of Health	Pennsylvania Department of Health P.O. Box 90 Health and Welfare Building Harrisburg, PA 17108 1-877-PA-HEALTH <a href="http://www.health.state.pa.us">www.health.state.pa.us</a>
State HRP	N/A
State CHIP	Pennsylvania Department of Insurance Prticia Stromberg Executive Director, Children's Health Insurance Program 1326 Strawberry Square Harrisburg, PA 17120 <a href="http://www.ins.state.pa.us">www.ins.state.pa.us</a> (877) 881-6388 (717) 705-6830
Medicare	Centers for Medicare & Medicaid Services (CMS) Region III Public Ledger Building, Suite 216 150 South Independence Mall West Philadelphia, Pennsylvania 19106  (215) 861-4140 <a href="http://www.cms.gov">www.cms.gov</a>
State SHIP	APPRISE Health Insurance Counseling Program  Offered through the County Offices on Aging. To find your county office, contact:  Commonwealth of Pennsylvania Department of Aging 555 Walnut Street, 5th Floor Harrisburg, PA 17101-1919 Office: (717) 783-1550 Fax: (717) 783-6842 <a href="http://www.aging.state.pa.us">www.aging.state.pa.us</a>
VA Health	VA Health 1-877-222-8387 <a href="http://www1.va.gov/health_benefits/">http://www1.va.gov/health_benefits/</a>
County/regional health program contact	Pennsylvania Department of Health District Offices  Southeast District Reading State Office Building Room 442 625 Cherry Street Reading, PA 19602 Phone: 610-378-4352 Fax: 610-378-4527  Northeast District 665 Carey Avenue Wilkes-Barre, PA 18702-1466 Phone: 570-826-2062 Fax: 570-826-2238  Northwest District 19 McQuiston Drive Jackson Center, PA 16133 Phone: 724-662-6068  Southcentral District 30 Kline Plaza Harrisburg, PA 17104

Phone: 717-787-8092  
Fax: 717-772-3151

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Water Tower Square  
1000 Commerce Park Drive  
Suite 109  
Williamsport, PA 17701  
Phone: 570-327-3400 (day)  
570-327-5893 (night)  
Fax: 570-327-3748

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514 Pittsburgh State Office Building  
300 Liberty Avenue  
Pittsburgh, PA 15222  
Phone: 412-565-5085