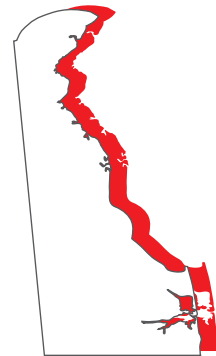


Guide to Finding Health Insurance Coverage

Delaware

Are you uninsured? You are not alone. Millions of Americans are without health insurance. Some lost their insurance when they lost their jobs. Others work hard, but their jobs don't provide health insurance benefits. Whatever the reason, finding health insurance can be difficult. If you are looking for coverage, this guide can help point the way.

The road to finding health insurance depends on your "starting point." (You may have more than one starting point.)



Starting points:

1. Did you recently lose a job that provided health insurance?
2. Did you recently lose job-based health insurance because of divorce or widowhood, or because you are no longer a dependent of your parents?
3. Did you recently lose your job because of trade policy—for example, increased imports or jobs moving overseas?
4. Are you an early retiree who has lost your health coverage?
5. Are you unable to afford health insurance?
6. Do you have a serious medical condition or a disability?
7. Are you looking for health insurance but unable to get it through your job?
8. Are you still unable to find health insurance?

1 If you recently lost your job, had health insurance at that job, and...

...your former employer had at least 20 workers:

Under a federal law called COBRA, if your former employer had at least 20 workers, you have the right to stay in the health plan you had at that job. Family members who were covered as your dependents can also elect to continue coverage. However, you must pay the total premium yourself, which can be very expensive. And you must act quickly. Your former employer will send you a notice about your right to elect COBRA, and then you'll have 60 days from the time you lose your job to sign up for COBRA. COBRA usually guarantees 18 months of coverage, but under special circumstances you can get 29 months of coverage.

2 If you recently had a change in family status (for example, because you graduated from school and are no longer dependent on your parents) that caused you to lose coverage under a spouse or parent's job-based health plan, and...

...the employer providing that health plan had at least 20 workers:

COBRA can also help if you have had a change in family status. For young adults, loss of coverage often follows graduation or the age at which they can no longer be claimed as a dependent on their parents' health insurance policy. Divorce, legal separation and widowhood also cause people to lose dependent status. If you are in one of these situations, COBRA allows you to continue coverage for up to 36 months. Again, you'll have to act quickly. You have 60 days to notify the health plan of your loss of dependent status, then another 60 days to elect COBRA. And you'll have to pay the full premium, which can be expensive.

The human resources or personnel department of your former employer is required to tell you about your COBRA and state continuation rights.

TO LEARN MORE about your COBRA rights to continue coverage, check out the U.S. Department of Labor's "Frequently Asked Questions about COBRA Continuation Coverage" on the agency's Web site at www.dol.gov/ebsa/faqs/faq_consumer_cobra.html or call toll-free 1.866.275.7922 for a referral to the best place to answer your questions.

3 If you recently lost your job because of trade policy—for example, increased imports or jobs moving overseas...

...a federal law called the Trade Adjustment Assistance Reform Act may pay 65 percent of the cost of your health insurance for up to one year, and sometimes longer. You might qualify for this help, for example, if your employer laid off workers because the company's products are being replaced by products from other countries or because the company is using more workers in other countries.

TO LEARN MORE about this option, contact the Health Coverage Tax Credit (HCTC) Customer Contact Center by calling toll-free 1.866.628.HCTC or check out its Web site at www.irs.gov/individuals/index.html.

4 If you are an early retiree who has lost your health coverage...

...the same law that helps workers who lose their jobs because of trade policy may help you. If you are a retiree aged 55 or older, your former employer no longer provides your pension, and your pension benefit is paid by the federal Pension Benefits Guaranty Corporation, you can receive help with 65 percent of the cost of health insurance until you are eligible for Medicare.

TO LEARN MORE about this option, contact the Health Coverage Tax Credit (HCTC) Customer Contact Center by calling toll-free 1.866.628.HCTC or check out its Web site at www.irs.gov/individuals/index.html.

5 If you cannot afford health care or insurance...

...there are programs that provide health insurance to some people who cannot afford to buy it on their own. You or your family members may qualify, even if you work. However, these programs have income and asset limits. In Delaware, the main programs are Medicaid (Diamond State Health Plan) and the Delaware Healthy Children Program.

Generally, you and your family can get coverage if you are uninsured and meet the eligibility requirements. Children can often get coverage—even if their parents don't qualify—because the income limits are usually higher for children. In Delaware, children can generally get coverage if their family income is less than:

Size of Family	2	3	4
Income Level	\$27,380	\$34,340	\$41,300

(These income eligibility levels change each year. If your income is close to these levels, it's worth it to apply.)

If you are pregnant and meet the income limits shown below, you can get coverage during your pregnancy and for up to 60 days after your baby is born. Often, your baby will then have guaranteed coverage for at least one year.

Size of Family (including unborn baby)	2	3	4
Income Level	\$27,380	\$34,340	\$41,300

(These income eligibility levels change each year. If your income is close to these levels, it's worth it to apply.)

If you are not a U.S. citizen, you might be able to qualify, depending on your immigration status and how long you have lived in the United States.

If you can't afford health care, it is best to apply rather than trying to guess whether or not you are eligible because the income rules are complicated.

TO LEARN MORE, contact the Delaware Medicaid program (Diamond State Health Plan) at 1.800.372.2022 or 1.800.560.3372 TTY. If you do not speak English, you have a right to get help in languages other than English.

TO LEARN MORE about children's health care coverage, call 1.877.KIDS.NOW or visit www.insurekidsnow.gov.

There may also be other programs to help you pay for health insurance. Be sure to ask about other available programs when you contact the Delaware Medicaid program.

More Help Finding Your Way

You may want help finding out what programs exist, if you qualify and how to work through the system. You may be able to get this help from the following:

- You can contact the Legal Services Corporation of Delaware, Inc. at 1.800.773.0606 or 302.575.0408 or visit www.lscd.com to find the legal services office that is closest to where you live. You can also check www.lsc.gov.

6 If you have a serious medical condition or a disability...

...there are two main programs that may help you. Those programs are Medicare and Medicaid (Diamond State Health Plan).

Medicare

You might qualify for Medicare, even if you are under age 65, if you have a disability that is expected to last at least a year or is expected to cause your death. In order to get Medicare because you are disabled, you have to apply for Social Security Disability Insurance (SSDI), and you must receive SSDI for 24 months before you can enroll in Medicare. Until that time, you will have to find another source of health insurance, like COBRA (see Sections #1 and #2) or one of the other options discussed below.

TO LEARN MORE about SSDI, call the Social Security Administration's toll-free number at 1.800.772.1213 (1.800.325.0778 TTY). To learn more about Medicare, call 1.800.MEDICARE (633.4227) or go to www.medicare.gov.

Medicaid (Diamond State Health Plan)

If you are blind or have a disability and your income is low or you spend most of your income on health care, you may qualify for Medicaid. People who have a disability usually qualify for Medicaid because they get Supplemental Security Income (SSI), but you may be able to get Medicaid while you are waiting to find out if you are eligible for SSI. Even if you do not qualify for SSI, you may still be able to get health insurance through Medicaid.

TO LEARN MORE about the rules and how to apply, contact the Delaware Medicaid (Diamond State Health Plan) program toll-free line at 1.800.372.2022 (1.800.560.3372 TTY).

More Help Finding Your Way

Because these programs are so complicated, you may want help. For example, many people are turned down for Medicare or Medicaid coverage the first time they apply. You may need to appeal this decision more than once. The following may be able to help:

- You can call the Legal Services Corporation of Delaware, Inc. at 302.575.0408 or visit www.lscd.com to find the legal services office that is closest to where you live. You can also check www.lsc.gov.
- State Health Insurance Assistance Programs (SHIPs) provide information, counseling, and assistance to Medicare beneficiaries. Contact Delaware's SHIP program, ELDERInfo, at 1.800.336.9500.
- Protection and Advocacy (P&A) programs provide legal representation and other advocacy services under all federal and state laws to all people with disabilities. In Delaware, contact the Community Legal Aid Society at 302.575.0660.

7 If you are looking for health insurance but can't get it through your job...

...you may have to look for an individual health insurance policy in the private market. Here are some tips to help you:

- Shop carefully before buying insurance on your own because coverage and costs vary from company to company. When shopping for insurance, keep the following terms in mind and ask questions like:
 - ? **Covered Services:** What medical services are covered?
 - ? **Deductible:** How much must I pay before the insurance starts to help pay for services?
 - ? **Co-payments:** After I reach my deductible, how much do I pay for services, and how much does the insurance company pay?
 - ? **Out-of-Pocket Maximum:** Does the policy limit the total you have to spend for covered services in a year? Check the maximum carefully; sometimes not all spending counts toward it (for example, the deductible or co-payments for care from doctors outside the plan's network).
 - ? **Pre-existing Conditions:** Does the plan cover health problems I already have? If it does not cover these problems right away, when would it begin covering them? (Also see "Your Rights under Federal Law" on page 7.)
 - ? **Provider Network:** Are the doctors I want to see covered in this policy? If not, would I have to pay extra to see any of my doctors because they are not "in the network"? You may want to ask your doctor directly if they would accept this insurance for your care.
- Talk with a health insurance agent in your area to help you think about the right policy for the right price. (Agents are listed in the yellow pages.) As you weigh your options, remember that you buy health insurance in case you get sick, not in case you stay healthy. Bare-bones policies that may seem adequate when you are healthy might leave you with high unpaid medical bills if you get seriously sick or injured.
- Be careful about plans that don't offer insurance coverage but offer only discounts on the cost of health care services. Generally, these plans are not a good buy, and many insurance regulators warn against buying them.
- Be sure to find out if the insurance company you are thinking about buying coverage from has been licensed in Delaware and if there have been complaints about the company. This is especially important to do if you are thinking about buying health insurance through an association. For this information, contact the Delaware Insurance Department at 1.800.282.8611.
- Know your rights. Because you may run into problems shopping for an individual policy, you should be aware of your rights and protections under federal and state law. One resource for learning more about these federal and state protections can be found at www.healthinsuranceinfo.net. This Web site has a separate guide for each state.

Your Rights under Federal Law

HIPAA (the Health Insurance Portability and Accountability Act) is a federal law that may give you the right to buy coverage. It prohibits insurance companies from refusing to cover a health problem you already have (“pre-existing condition”).

To be eligible for these protections, you must have:

1. had at least 18 months of prior coverage, ending with coverage through a job;
2. used up any COBRA or state continuation coverage rights (see #1 and #2); and
3. had no gaps in coverage longer than 63 days, so you must act quickly.

If you qualify for HIPAA protection, in Delaware all companies that sell individual insurance must offer you coverage.

Your Rights under Delaware Law

Your state also has laws that control whether an insurance company must offer you a policy, what conditions must be covered and how high the premiums can be for a policy. Because these rules are complex, call the Delaware Insurance Department at 1.800.282.8611 to understand your rights to insurance coverage in the individual market.

8 If you still can't find health insurance...

...you may be able to get some help from the following resources:

Low-Cost Primary Health Care

A local community health clinic may be able to help you get low-cost primary health care. These clinics offer health services for the entire community on a sliding-scale basis. You can check for a community health clinic near you at www.bphc.hrsa.gov or by calling the Mid-Atlantic Association of Community Health Centers at 301.577.0097.

Help with Hospital Bills

If you are uninsured and have to go to the hospital to get care, you may be able to receive some help paying your hospital bills. Some nonprofit hospitals are required to provide help because of their mission and tax status. Some states have laws that require hospitals to provide care for free or at reduced prices to people who are eligible. In addition, many hospitals have financial assistance programs. There are also some federal laws that can help you. If you receive a bill, it's important that you make an effort to pay. Ask to speak with a financial counselor or a patient advocate at the hospital. You may be able to negotiate a lower bill or a better bill payment plan.

State Pharmacy Assistance Programs

Delaware has two programs to help qualifying individuals with their prescription drug costs: the Delaware Prescription Drug Assistance Program and the Nemours Health Clinic Pharmaceutical Assistance Program. To qualify for help through the Delaware Prescription Drug Assistance Program, you must be uninsured for prescription drug costs, be over 65 or disabled, and meet the program's income criteria. To qualify for the Nemours Health Clinic Pharmaceutical Assistance Program, you must be over 65 and meet the program's income criteria. To find out more about the Delaware Prescription Drug Assistance Program, contact the Division of Social Services at 1.800.996.9969, extension 17. For additional information on the Nemours Health Clinic Pharmaceutical Assistance Program, call either the Wilmington office at 1.800.292.9538 or the Milford office at 1.800.763.9326.

You may also qualify for other programs that can help you with drug costs, health care costs and other expenses. The National Council on Aging's Web site, www.benefitscheckup.org, has a questionnaire that you can fill out to learn about a variety of state-based services for which you might qualify. Although the site focuses on services for those over 65, many of the programs are available to younger individuals as well.

Other Free or Discounted Prescription Drug Programs

You may be eligible for a free or discounted prescription drug program through the company that makes the drugs you need. You can get more information about these programs at www.rxassist.org and www.needymeds.com.

Some programs you may be eligible for include:

Pfizer Helpful Answers – This is a family of programs to help people without prescription drug coverage save on many Pfizer medicines, no matter their age or income.

1.866.706.2400

www.pfizerhelpfulanswers.com

Merck Patient Assistance and Prescription Discount Programs – These programs provide free and discounted Merck medicines to patients who cannot afford their prescribed medicines.

www.merckhelps.com

Veterans' Assistance

If you are a veteran, you may be entitled to care and prescription drug coverage through a VA medical facility. You may be eligible for assistance if you served on active duty and have an honorable or general discharge. Contact the VA Health Benefits Service Center toll-free at 1.877.222.VETS or visit www.va.gov/health.

Prepared by Families USA and Georgetown University
for *Cover the Uninsured Week*

Let's Get America Covered

Visit www.CoverTheUninsured.org
for more information about the campaign.

This information is current as of January 2007.