



National Association of Health Underwriters

State-Level Private Health Insurance Subsidy Programs For Low-Income Individuals

January 2009

State	Brief Description of Program	Eligibility	Contribution Levels and Benefits	Funding for Low Income Program and Other Program Notes
Alabama	Alabama Health Insurance Plan (high risk pool for HIPAA eligibles) www.alseib.org	HIPAA eligibles only. (Permanent resident with 18 months of continuous coverage, the most recent being group. COBRA exhaustion required.)	The pool is developing a low income subsidy program using 2008 CMS grant funds.	Regular pool funding is primarily premiums and assessments to carriers. Low-income subsidies will come from CMS grant funds. This program is highlighted solely for its low-income program.
California	Health Insurance Premium Program (HIPP) http://www.dhcs.ca.gov/services/Pages/TPLRD_CAU_content.aspx	Must be on Medi-Cal, (California Medicaid) have a high-cost medical condition and access to employer-sponsored providing adequate coverage for the illness. Medi-Cal will determine if enrolling the individual in the HIPP is cost-effective. One is ineligible for HIPP if enrolled in a Medi-Cal managed care plan, County Organized Health Plan, Medicare, or insured through the California high risk pool.	Medi-Cal will pay employee contributions for employer-sponsored coverage.	Medicaid

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Colorado	Cover Colorado (high risk pool) www.covercolorado.org	Permanent resident and rejected for individual coverage, accepted but premium higher than the high risk pool, accepted but condition to be excluded for more than six months, or individual has one of the medical conditions listed as automatically accepted. Pool also takes HIPAA eligibles (COBRA exhaustion required), and TAA eligibles, as well as transfers from another high risk pool.	Individuals less than \$50,000 in income are eligible for the low income subsidy program. Incomes between \$40,000 and \$50,000 receive one subsidy level, and individuals with incomes below \$40,000 receive a different subsidy level.	Pool Operational funds including CMS grants. HCTC purchasing option Covers under 65 disabled HSA compatible plans Rates 140% of an average rate
Georgia	Health Insurance Premium Program (HIPP) No separate website but excellent information is available on the program at http://www.parenttoparentofga.org/roadmap/insurance/insurancehipp.htm	If the enrollee or someone in his family is on Medicaid or eligible for Medicaid, and health insurance is available through an employer or a private plan, the HIPP Program will determine if it would be cheaper to pay for the health insurance premiums instead of having Medicaid pay for all the medical bills.	If insuring the eligible person on the employer's plan is judged by the Department of Medical Assistance to be cost effective, Medicaid will pay the employee's insurance contribution.	Funded by Medicaid
Idaho	Access to Health Insurance Program www.accesstohealthinsurance.idaho.gov	Employers of 2-50 currently not offering health insurance must be willing to pay 50% of the employee's premium and have one employee who meets the income guidelines for premium assistance.	Employers must pay at least 50 percent of the employees' premiums. The program will pay up to \$100 per month for each adult and \$300 per month for each child. Employees must pay the difference. This benefit goes to the employee, but is administered through the employer.	Funded by Medicaid

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Idaho	Idaho Individual High Risk Reinsurance Pool (reinsurance pool) www.doi.idaho.gov	Resident who has been rejected by a carrier, offered coverage exceeding pool rate, or a HIPAA eligible or TAA eligible. Coverage is continued under one of four standard plans with carrier, with the majority of the financial risk ceded to the pool.	There is no low-income subsidy for this program currently.	Rates charged by carriers are limited to a maximum of 150% of an average rate HSA compatible plan available Reinsured coverage is eligible as HCTC purchasing option
Indiana	Healthy Indiana Program (HIP) http://www.in.gov/fssa/hip/index.htm	This program is for individuals only who meet the following criteria: <ul style="list-style-type: none"> • Individuals must earn less than 200% of the federal poverty level (FPL). • A single adult earning less than \$20,000, or families of four earning less than \$40,000 likely meet the basic financial requirements. • Individuals must not have access to employer sponsored health insurance coverage. Individuals must be uninsured for the previous six months. 	Individuals are enrolled in a basic comprehensive benefits package with an annual deductible of \$1,100 and no co-pays (except for the ER). Preventive services up to \$500 a year are covered at no cost to participants. A POWER Account (which is a HSA-type account) valued at \$1,100 is given to each eligible individual to fund the deductible and pay for medical costs. Contributions to the account are made by the state and each participant (based on ability to pay). No participant will pay more than 5% of his/her gross family income on the plan.	Federal matching dollars and state appropriations, funded through a tobacco tax passed in 2007
Indiana	Healthy Indiana Program Enhanced Services Plan (HIP ESP) https://www.onlinehealthplan.in.gov/	This program is designed for individuals eligible for the Healthy Indiana Program who have a high-risk condition. An individual is enrolled into HIP ESP by the state after first applying for the HIP	An individual is responsible for monthly contributions to the HIP ESP based on a sliding scale. No one will contribute more than 2-5% of monthly income. HIP ESP	Federal matching dollars and state appropriations, funded through a tobacco tax passed in 2007

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	com/index.cfm?xnode=658	program.	members still receive the \$1,100 POWER Account funds from the state and follow the same annual and maximum lifetime benefit limits as HIP enrollees.	
Indiana	Indiana Comprehensive Health Insurance Association Premium Subsidy Program (ICHIA PSP) (high risk pool) www.ichia.org	Must be a resident who has been rejected by a carrier or who has been quoted a rate that is higher than the high risk pool, who is a HIPAA eligible (COBRA exhaustion required), or who is TAA eligible.	Subsidy amounts are determined by the ICHIA Board based on how many enrollees are eligible to receive a subsidy based on their income as compared to the federal poverty level. Subsidies are the same for all who qualify and not based on a sliding scale.	Federal grant and additional funds approved by the ICHIA Board of Directors on an annual basis HCTC options Covers Under 65 disabled HSA compatible plans Unlimited maximum
Iowa	Health Insurance Premium Payment Program (HIPP) http://www.dhs.state.ia.us/hip/p/	If an enrollee or someone else in his family is on Medicaid or eligible for Medicaid, and health insurance is available through an employer or a private plan, the HIPP Program will determine if it would be cheaper to pay for the health insurance premiums instead of having Medicaid pay for all the medical bills.	If insuring the eligible person on the employer's plan is judged by the Department of Human Services to be cost effective, Medicaid will pay the employee's insurance contribution.	Medicaid
Kentucky	Insurance Coverage, Affordability and Relief to Small Employers (ICARE)	Applies to small businesses 2-25 that have an average employee salary, excluding the owner, below 300 % of the federal poverty level (FPL). There are two eligibility	Small employers who offer insurance and pay 50 percent or more of the premium with at least 1 employee in the group with a	State funds though an appropriation by the Kentucky legislature

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	http://www.doi.state.ky.us/kenutucky/divs.asp?DIVID=28	categories: 1. Employer has not offered health insurance to the employee for over 12 months 2. Employee meets one of the 20 high cost conditions determined by reports each year of insurers	high-cost medical condition will receive an incentive to remain insured--\$60 per employee, per month which will be reduced each year by \$15. Employers who have not offered health insurance for the past 12 months will receive a subsidy of \$40 per employee, reduced each year by \$10. Funding goes to the employer.	
Maine	DirigoChoice http://www.dirigohealth.maine.gov/dhlp02.html <i>*DirigoChoice is currently closed to new subsidized sole proprietors and small groups. DirigoChoice is also currently closed to all new individuals.</i>	DirigoChoice is available to small business (1-50) and individuals who: <ul style="list-style-type: none"> • Are unemployed • Work for a Small Business that does not offer insurance • Own a Small Business but cannot get enough employees to join a Small Group plan • Work less than 20 hours a week for any single employer • Are early retirees whose employer does not contribute to health benefits Subsidy eligibility is based on household income up to 300% FPL and household size.	Employers must pay at least 60 percent of the employees' premiums.	State appropriations and Medicaid
Maryland	Maryland Health Insurance Partnership http://mhcc.maryland.gov/par	Businesses employing 2 to 9 full-time employees at the time of initial application AND on at least 50% of its working days during the past calendar quarter are	Sliding-scale subsidies are sent to employers that pass on premium savings to their employees. Premium subsidies can be as	State appropriations

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	tnership/	<p>eligible. The business cannot have offered insurance in the past 12 months and the average wage of full-time employees cannot exceed \$50,000.</p> <p>Any individual who is not a temporary, seasonal, or substitute employee and works 30 hours or more per week count as full-time employees.</p> <p>Owners and partners working more than 30 hours per week at the business count as full-time employees.</p>	<p>much as 50%.</p> <p>The full subsidy table is available here: http://mhcc.maryland.gov/partnership/SubsidyTable.aspx</p> <p>Subsidy goes to both the employer and the employee.</p>	
Maryland	<p>Maryland Health Insurance Plan</p> <p>(high risk pool)</p> <p>http://www.marylandhealthinsuranceplan.state.md.us/</p>	<p>Maryland's high risk pool maintains an income-based sliding-scale subsidy program, MHIP+.</p> <p>Enrollees must be a Maryland resident meet high-risk pool enrollment qualifications: They have been rejected by an insurance carrier or offered a premium that is higher than high risk pool rates or they have a condition considered automatically eligible. Also eligible are those eligible under the individual portability provisions of HIPAA, under the tax credit provisions of TAA, or they can be transferring from another high risk pool.</p>	<p>Premiums are subsidized based on income level below 300% of poverty. Subsidized plan premiums and deductibles are less than non-subsidized plans. Individual MHIP participants can reduce their annual premium and out of pocket expenses by up to \$5,400. Below 200% of poverty, premiums are discounted up to 45% below commercial individual market rates.</p>	<p>Normal operational funds (different than most - through annual hospital assessments,) and CMS grants.</p> <p>Has HSA compatible plan</p> <p>\$2,000,000 LT max Current maximum rate up being used is 135% of an average rate.</p> <p>HCTC purchasing option</p>
Massachusetts	<p>MassHealth Insurance Partnership</p> <p>http://www.insurancepartnership.com/</p>	<p>Employers of 1-50 are eligible to participate. They must offer comprehensive insurance to their employees.</p>	<p>Employers must pay at least 50 percent of the employees' premiums. The program will pay up to \$1,000 per person per year</p>	<p>Medicaid</p>

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	hip.org/who/index.asp	<p>Employees must be between 19 and 64 and have not been offered insurance by the current employer or eligible to participate in a spouse's employer's plan for the past six months.</p>	<p>depending on the type of coverage chosen by the employee. Employers must pass subsidy to employees.</p>	
Massachusetts	<p>Medical Security Program</p> <p>http://www.mass.gov/?pageID=elwdterminal&L=4&L0=Home&L1=Claimants&L2=Unemployment+Insurance+(UI)&L3=Help+With+Health+Insurance&sid=Elwd&b=terminalcontent&f=dua_understanding_ui_msp_intro&csid=Elwd</p>	<p>Individuals are eligible if they are receiving unemployment insurance benefits from Massachusetts and those unemployment benefits must be based, at least in part, on earnings from a Massachusetts employer.</p> <p>Household income cannot exceed 400% FPL. Income is calculated as the gross income of the applicant and the applicant's spouse, if any, in the 6 months prior to the request for a hardship determination</p>	<p>DUA currently pays for 80 % of the actual premium paid up to a maximum of \$1080/month for a family plan and \$440/month for an individual plan.</p>	<p>Employer tax.</p>
Michigan	<p>Access Health – Muskegon County Health Project or “Three-Share Health Care”</p> <p>http://www.access-health.org/</p> <p><i>**Currently there are over 600 three-share programs nationwide modeled after the Muskegon County Health Project and a bill was introduced on this concept for all 50 states in the 110th Congress**</i></p>	<p>This program is offered to employers who meet the following criteria:</p> <p>An employer must have at least two employees and operate on a full-time basis in Muskegon or Northern Ottawa County, Michigan. The median wage of all eligible employees at the date of application must meet the current wage qualifier established by Access Health (As of January 1, 2008, the median wage is \$12.00 per hour, but this may change without notice).</p> <p>An employer may not have offered coverage to its employees for the previous</p>	<p>Premium contributions for a comprehensive health benefit plan are split among the employer, employee, and public monies. Currently, an employer must contribute at least 50% of the monthly premium.</p> <p>Benefits include inpatient and outpatient hospital services, preventive care, prescription drugs, and emergency room care. This is a community program, so enrollees must have medical services performed by providers</p>	<p>County funds and federal DSH funds</p>

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		12 months.	within Muskegon and Ottawa counties.	
Minnesota	Minnesota Comprehensive Health Association (MCHA) (high risk pool) www.mchamn.com	Must be a Minnesota resident, be a HIPAA eligible (COBRA exhaustion required), a TAA eligible, or are age 65 or over and are not eligible for the health insurance benefits of the Federal Medicare Program, or have been rejected for individual health coverage from a Minnesota based health insurance carrier or have received a rejection of coverage from a health insurance agent, due to health related reason(s) or have been treated within the last three (3) years for certain medical “presumptive conditions” .	For four years MCHA has conducted a low-income premium subsidy for current enrollees in its high-risk pool who have an annual household income of below 200% FPL. Subsidy amounts have ranged from approximately \$150 to \$700.	Federal CMS grant \$5,000,000 LT max HSA compatible plan available Current rate is 125% of an average individual market rate. Offers coverage to under 65 disabled. HCTC purchasing option
Missouri	Missouri Health Insurance Pool Plus (MHIP+) (high risk pool) www.mhip.org	Any resident who has been refused by two insurers to issue health insurance except at a rate exceeding the plan rate for substantially similar health insurance; or a federally defined (HIPAA) eligible individual who has not experienced a significant break in coverage; or a TAA A	Subsidy eligibility based on income as measured by the federal poverty level and the number of eligible enrollees. Benefits are divided evenly and not on a sliding income scale.	\$550,000 in federal grant funds has been distributed to MHIP enrollees. The MHIP+ 2009 low-income program is now closed but the pool remains

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		<p>eligible individual; or any person whose health insurance coverage is involuntarily terminated for any reason other than nonpayment of premium or fraud, and who is not otherwise ineligible for this program; or any person whose premiums for health insurance coverage have increased above the 150% of standard and are otherwise eligible for this program.</p>		<p>open for non-subsidized individuals.</p>
<p>Montana</p>	<p>Insure Montana http://sao.mt.gov/InsureMontana/index.asp</p>	<p>Employers of 2-9 are eligible to participate. They cannot currently provide employee health insurance and no employee, other than the owner, can be paid more than \$75,000.</p> <p>Enrollees cannot earn more than \$75,000 and must work 30 hours a week. The employer can count employees working 20-30 hours a week as long as eligibility is applied equally to all employees.</p>	<p>After premium incentive, the net of employer payment is 25 percent of the employee premium. The employer will receive a monthly Premium Incentive Payment for each employee covered.</p> <p>Each employee will receive a monthly Premium Assistance Payment; amounts will range from 20%-90% depending on family annual income.</p>	<p>Funded by general appropriations and a cigarette tax increase.</p>
<p>Montana</p>	<p>Montana Comprehensive Health Association (high risk pool) www.mthealth.org</p>	<p>Resident who has been rejected for coverage by two insurers or offered coverage with a restrictive rider or limits or have a qualifying medical condition and no other coverage. Also eligible if their rate is more than 150% of average rate in the pool. Or, a HIPAA eligible or TAA eligible or on Medicare due to disability.</p>	<p>45% subsidy to applicants based on income.</p>	<p>CMS grant</p> <p>Offers coverage to under 65 disabled \$2,000,000 LT max</p> <p>Current rate is 140% of an average individual market rate.</p>

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				HCTC purchasing option
Nebraska	Nebraska Comprehensive Health Insurance Pool (high risk pool) www.nechip.com	Resident who has been rejected by an insurer or offered coverage with a restrictive rider or at a rate exceeding pool rate or has qualifying medical condition and no other coverage. Or, a HIPAA eligible or TAA eligible.	No low income subsidy at this time, but this pool offers one of the lowest costs to high risk pool participants in the country at 135% of an average individual market rate.	Offers under 65 disabled coverage HCTC Purchasing Option HSA compatible plans
Nevada	Nevada Check Up Plus http://www.nevadacheckup.state.nv.us/indexPLUS.htm	Employers of 2-50 must sponsor a plan and offer to pay 50% of insurance premium costs. Eligible participants must be a parent of a child living in the household, be uninsured, work for an eligible employer and earn less than 200% FPL.	The program provides \$100 per child (\$200 household limit) to help the eligible enrollee pay the health insurance premium.	HIFA waiver
New Hampshire	New Hampshire Health Plan (high risk pool) http://www.nhhealthplan.org/	Has been rejected for individual health coverage or offered coverage with a rider or at a rate higher than pool's rate or has a condition on a list of automatically eligible conditions, or who is a HIPAA eligible, or who is a TAA eligible, or who is a transfer from another pool.	The state will subsidize as much as 20% of the premium for pool enrollees with annual income below 250% of FPL. This is a new program for 2009.	Operational funds including funds received from CMS grants. HCTC Purchasing Option Offers HSA compatible plan \$2,500,000 LT max Rates are 125-150% of an average individual market rate
New	Health Insurance Premium	The state will pay a Medicaid-eligible	The state will pay the employee's	Medicaid

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Hampshire	Payment Program http://www.dhhs.nh.gov/DHHS/MEDICAIDPROGRAM/hipp.htm	<p>employee's private health insurance costs, including premiums, policies, conversion policies, COBRA payments and extensions if the Medicaid department decides if is cost-effective.</p> <p>To be cost-beneficial means that the expected Medicaid payments for the household are compared to the services that would be covered under a private insurance policy and the cost of premiums co-pays/deductibles and it would be better for the state to pay the premiums and co-pays/deductibles.</p>	share of employer-sponsored coverage.	
New Mexico	New Mexico State Coverage Insurance (NMSCI) http://www.hsd.state.nm.us/mad/sci.html <i>Currently closed due to lack of funding.</i>	NMSCI is available to uninsured, low-income adults, ages 19 through 64, with family incomes of up to 200% of federal poverty level, and who are not eligible for certain government health insurance benefits or private health insurance programs. There are no asset requirements required for eligibility. There are no preexisting condition limitations.	Employers must pay \$75 per employee per month towards the premium; employees pay \$0 to \$35. The program pays the remainder of the premium.	Medicaid
New Mexico	New Mexico Medical Insurance Pool (high risk pool) www.nmmip.org	Residents who have been rejected for coverage or quoted a rate higher than pool rates or issues with a rider, waiver or limitation that reduces coverage due to health status or have a qualifying condition and no other coverage is available or have been involuntarily terminated from an individual plan because the carrier stopped selling in New Mexico or you are a HIPAA eligible or are a transfer from another high	50% discount for people between 200% and 400% of FPL; and 75% discount for people under 200% of FPL.	Operational funds including funds received from CMS grants. Offers under 65 disabled coverage Unlimited maximum Rates are 134% of an

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		risk pool or you are under 65 on Medicare due to disability.		average individual market rate.
New York	<p>Healthy New York</p> <p>http://www.HealthyNY.com</p>	<p>Individuals and sole proprietors are eligible for Healthy New York if the enrollee or spouse has been employed in the past 12 months, employer does not provide health insurance, or has lost coverage for a number of reasons: loss of employment, employer stops offering coverage, dropping employer coverage and exhaustion of COBRA eligibility. Income cannot exceed 250% FPL.</p> <p>Small employers (1-50) are eligible if 30% of employees earn \$38,000 or less and the employer has not offered coverage for 12 months.</p>	<p>Employers must contribute 50% of the premium and offer coverage to all employees earning \$38,000 or less. Fifty percent of the eligible employees must enroll and one must earn \$38,000 or less.</p> <p>Healthy NY covers essential benefits and prescription drug coverage is optional.</p>	<p>State appropriations, tobacco taxes and the tobacco settlement</p> <p>Also offers retrospective reinsurance mechanism.</p>
Oklahoma	<p>Oklahoma Employer/Employee Partnership for Insurance Coverage(O-EPIC) or Insure Oklahoma</p> <p>http://www.oepic.ok.gov/</p> <p><i>**As of March 1, 2009 small businesses up to 100 employees and full-time college student that meet income requirements will also be eligible for Insure</i></p>	<p>Applies to small businesses with 2-50 employees and individuals with the following eligibility requirements:</p> <p>Small Group</p> <ul style="list-style-type: none"> • Oklahoma resident, U.S. Citizen or qualified alien • Age 19-64 within income guidelines • Ineligible for Medicaid or Medicare • Contributing up to 15 percent of premium costs • Enrolled in an Insure Oklahoma qualified health plan offered by 	<p>Employer pays 25 percent of premium, employee pays 15 percent (or less); O-EPIC pays the remainder.</p>	<p>Tobacco tax and Medicaid waiver</p>

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	<i>Oklahoma**</i>	their employer Individual <ul style="list-style-type: none"> • Be in one either group one, group two, or group three • Oklahoma Resident, U.S. Citizen (or qualified alien) • Age 19- 64 within income requirements • Ineligible for Medicaid or Medicare • Not eligible for enrollment in the Insure Oklahoma employer sponsored insurance program 		
Oregon	Family Health Insurance Assistance Program (FHIAP) http://www.oregon.gov/OPH/P/FHIAP/index.shtml <i>The low income subsidy program is currently closed to new applicants due to funding limitations.</i> Oregon's high risk pool is <u>not</u> closed and uses a separate funding mechanism from the low income subsidy program. When funding is available, the state's FHIAP program provides financial assistance to high risk pool buyers who	Either an individual or a family member must meet the following requirements: <ul style="list-style-type: none"> • Be uninsured for the previous 6 months, unless leaving the Oregon Health Plan (OHP)/Medicaid program. • Meet income requirements • Be an Oregon resident • Be a U.S. citizen or qualified non-citizen • Have investments and savings less than \$10,000 (including rental property) • Not be eligible for or receiving Medicare • A participant in the Oregon Medical Insurance Pool (high risk pool) due to TAA eligibility, HIPAA eligibility, having been refused individual health coverage or has a condition considered automatically eligible or be a transfer 	FHIAP pays from 50-95 % of the premium. Individuals and families use FHIAP subsidies to pay for insurance at work or to buy individual health plans if insurance is not available through an employer.	Tobacco tax and Medicaid waiver Oregon's high risk pool is among the most affordable in the country, with premiums set at 125% of an average individual market rate. The high risk pool is an HCTC purchasing option. The high risk pool has a \$2,000,000 LT maximum

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	qualify based on income.	from another high risk pool		
Pennsylvania	<p>Health Insurance Premium Payment Program (HIPP)</p> <p>http://www.dpw.state.pa.us/PartnersProviders/MedicalAssistance/DoingBusiness/003670053.htm</p>	<p>Active Medical Assistance (MA), or Medicaid, recipients who have access to medical insurance through employment are referred to HIPP.</p> <p>HIPP representatives conduct a cost analysis based on who is eligible for the employer insurance, the amount of the premium, and the policy benefits. If the anticipated MA costs of the clients are greater than the cost of the employer insurance, they are enrolled in the HIPP Program.</p>	<p>When a case is determined to be cost effective, HIPP representatives work with the employer and the client to enroll the client(s) in the employer insurance. HIPP premium payments are usually sent directly to the employer; however, payment can be made to the client when necessary.</p>	Medicaid
Rhode Island	<p>RItE Share</p> <p>http://www.dhs.state.ri.us/dhs/famchild/shcare.htm</p>	<p>RItE Share is a state program that subsidizes a working uninsured's employment-based health insurance. Health plans must be approved for participation and the applicant must qualify for Medical Assistance.</p>	<p>The state pays for the employee's cost of coverage on a sliding scale basis. No eligible group earning less than 133% FPL pays a premium.</p>	Medicaid

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		<p>Families earning up to 185% FPL pay a small premium.</p> <p>Pregnant women and children only coverage is available for household incomes up to 250% FPL.</p>		
Tennessee	<p>Cover Tennessee</p> <p>http://www.covertn.gov/web/covertn_app.html</p>	<p>CoverTN is open to uninsured Tennesseans at least 19 years old with incomes less than \$43,000 a year, who work for a qualifying small business (less than 50 employees), who are self-employed or individuals without health insurance. The spouse of a CoverTN participant may also be eligible for coverage under CoverTN.</p> <ul style="list-style-type: none"> • Business has 50 or fewer full-time equivalent employees • 50% of employees earn \$43,000 or less per year • Business offers plan to all employees • Business must pay at least one-third share of premiums • Business has not offered employer-sponsored insurance in the last six months or, if offered, has not paid 50% or more of the employee's premium 	<p>Premiums are shared equally by the small employer, the individual, and the state; individuals' monthly premium share ranges from \$37 to \$109. CoverTN is a limited-benefit health insurance plan that provides low-cost coverage for basic medical services and encourages preventive care.</p>	<p>CoverTN is funded through a three-share program of state dollars, individual and employer contributions.</p>
Tennessee	<p>Access Tennessee</p> <p>(high risk pool)</p> <p>www.accessTN.gov</p>	<p>Residents who have been rejected by two insurance carriers for individual coverage, or have a condition on the automatic eligibility list and certain other applicants who have gone three months without</p>	<p>Sliding scale subsidies for those between 100% and 350% of FPL.</p>	<p>Operational funds including funds received from CMS grants.</p> <p>Offers HSA compatible</p>

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		coverage and do not qualify for HIPAA portability (COBRA exhaustion required).		plan
Texas	Health Insurance Premium Payment Program (HIPP) http://www.hhsc.state.tx.us/medicaid/programs/hipp/hipp_start.html	If an enrollee or someone else in his family is on Medicaid or eligible for Medicaid, and health insurance is available through an employer or a private plan, the HIPP Program will determine if it would be cheaper to pay for the health insurance premiums instead of having Medicaid pay for all the medical bills.	If insuring the eligible person on the employer's plan is judged by the Department of Medical Assistance to be more cost effective, Medicaid will pay the employee's insurance contribution.	Medicaid
Utah	Utah's Premium Partnership for Health Insurance http://health.utah.gov/upp/	Parents of children 18 and under are eligible for subsidies if their child is uninsured, one parent is employed and that employer offers health insurance, household income does not exceed 200% FPL and the cost of the least expensive plan is more than 5% of household income. Adults 19-64 are eligible for subsidies if they are uninsured, they or their spouse is employed and that employer offers health insurance, household income does not exceed 150% FPL and the cost of the least expensive plan is more than 5% of household income.	Eligible employees pay monthly premiums and UPP reimburses them monthly as much as \$150 per eligible adult and \$100 per eligible child.	Medicaid
Vermont	Catamount Health http://hcr.vermont.gov/green_mountain_care/premium_assistance	To be eligible for subsidized insurance, enrollees must be 18 and older, earn less than 300% FPL, be ineligible for Medicare and Medicaid, uninsured for 12 months or lack access to an employer-sponsored plan with hospital and physician services.	Premiums and co-pays are set on a sliding-scale basis by household income.	HIFA waiver

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Washington	Washington State Health Insurance Pool (high risk pool) www.wship.org	Resident who has been rejected for coverage in the individual market or Medicare supplement coverage market or who reside in Washington counties where individual health insurance is not sold.	Sliding scale subsidies up to 30% for those under 251% of FPL and up to 15% for those under 301% but over 250% of FPL.	Operational funds including funds received from CMS grants. Offers supplemental coverage to all Medicare eligibles Offers HSA compatible plan \$2,000,000 LT max Rates are a maximum of 150% of an average individual market rate
Wisconsin	Wisconsin Health Insurance Risk-Sharing Plan (HIRSP) (high risk pool) www.hirsp.org	Residents who are under age 65 and not eligible for employer sponsored coverage or Medicaid or BadgerCare Plus , and who are eligible for Medicare due to disability, or are HIV positive, or have been rejected by two or more insurers or have been cancelled or received a notice of significant reduction of coverage or an increase in premium of 50% or more or had offers of coverage at least 50% higher than a standard policy or have lost employer coverage involuntarily and exhausted any COBRA or state continuation option, or be a HIPAA eligible.	Enrollees with annual household income below \$25,000 are eligible for reduced premiums, deductibles, and drug coinsurance, which is first financed by federal grant funds and the remainder is paid – 50% provider and 50% insurer contributions	Operational funds including funds received from CMS grants. Has HSA compatible plan Offers coverage to under 65 disabled Current rates are 148.8% of an average individual market rate
Wisconsin	Wisconsin Health Insurance Premium Payment Program (HIPP)	The HIPP program is tied to the state's Medicaid program (BadgerCare) There are two ways a family may enroll in HIPP.	The enrollee must make a contribution to the monthly premium and employers must	Medicaid

State	Brief Description of Program	Eligibility	Contribution Levels and Benefits	Funding for Low Income Program and Other Program Notes
	http://dhs.wisconsin.gov/medicaid/Publications/p-10095.htm	<p>1. If they have access to employer-sponsored coverage but are not enrolled, the employer pays between 40-80% of the premium, and the coverage is less expensive than the BadgerCare HMO cost they can be enrolled in the HIPP program.</p> <p>2. If they have been covered by employer-sponsored coverage in the last six months, do not have access to a major medical plan through their employer, and the employer does NOT contribute at least 40% of premium costs, the state could determine their eligibility in HIPP based on if it is more cost-efficient to contribute to the employer-sponsored coverage vs. a BadgerCare HMO</p>	<p>contribute between 40-80% (if the enrollee is HIPP-eligible). Medicaid will pay the remainder of the premium.</p>	
Wyoming	<p>Wyoming Health Insurance Pool (high risk pool)</p> <p>www.WHIPCoverage.com</p>	<p>Residents who have been refused coverage for health reasons or has coverage more restrictive than the pool or at a rate exceeding the pool or is a HIPAA eligible, or is on Medicare due to disability.</p>	<p>Individuals with income below 250% of the FPL will pay a lower rate.</p>	<p>Operational funds including CMS grant funds.</p> <p>Offers coverage to under 65 disabled This pool needs to increase its lifetime maximum</p>

Other high risk pools of note:

All of these pools limit rates to 150% of an average rate, making them more affordable for all participants, including low income individuals. Other program notes are added to note especially attractive program features.

- Alaska, \$2,000,000 maximum, HSA compatible plans, Medicare eligible coverage, HCTC purchasing option
- Arkansas, HSA compatible plans, HCTC purchasing option
- Connecticut, Medicare disabled plans, HCTC purchasing option
- Illinois, \$2,000,000 maximum, HSA compatible plans, Medicare disabled coverage, HCTC purchasing option
- Iowa, \$3,000,000 maximum, Medicare disabled coverage, HCTC purchasing option
- Kansas, \$HSA compatible plans, HCTC purchasing option

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