

Demographic	PRIVATE HEALTH INSURANCE			PUBLICLY SPONSORED PROGRAMS						
	Small Businesses (2-50 Employees)	Individuals Recently Covered by an Employer Health Plan	Individuals & Families	Individuals with Pre-Existing, Severe, or Chronic Medical Conditions	Low-Income Families & Medically-Needy	Children in Low-Income Families or Undocumented Children	Pregnant Women, Infants, & Moderate Income Children	Adults without Dependents	Immigrants Awaiting Legal Status	Adults in Need of Cancer Screening
Program	<p>U.S. Uninsured Help Line 800-234-1317</p> <p>Group Plans California Association of Health Underwriters 800-322-5934 www.cahu.org</p> <p>..... www.SteveShorr.com.....</p>	<p>COBRA/Cal-COBRA Then convert to a plan under:</p> <p>HIPAA Health Insurance Portability & Accountability Act 866-4-USA-DOL www.dol.gov</p> <p>HIPP Health Insurance Premium Payment www.dhcs.ca.gov</p>	<p>U.S. Uninsured Help Line 800-234-1317</p> <p>Individual Plans California Association of Health Underwriters 800-322-5934 www.cahu.org</p>	<p>MRMIP (Major Risk Medical Insurance Program) 800-289-6574 www.mrmib.ca.gov</p> <p>Due to changes in the program, MRMIP has opened up a waitlist.</p> <p>Pre-Existing Condition Insurance Plan (PCIP) Federal program run by the Managed Risk Medical Insurance Board (MRMIB) 866-717-5826 www.PCIP.ca.gov</p>	<p>Medi-Cal California's Medicaid Program 800-952-5253 888-747-1222 www.medi-cal.ca.gov</p> <p>Or contact local county social services agency www.dhs.ca.gov</p> <p>AIM Access for Infants & Mothers 800-433-2611 www.aim.ca.gov</p>	<p>Healthy Kids (County-Based Programs) Contact Your County's Children's Health Initiative www.cchi4families.org</p> <p>CaliforniaKids 818-755-9700 www.californiakids.org</p> <p>Kaiser Permanente Child Health Plan (KPCHP) 800-464-4000 info.kp.org/childhealthplan/ NOTE: Only available to Northern California Residents.</p> <p>Children Health and Disability Prevention (CHDP) Call your local CHDP provider www.dhs.ca.gov/pchf/cms/chdp/</p>	<p>Medi-Cal California's Medicaid Program 800-952-5253 888-747-1222 www.medi-cal.ca.gov</p> <p>AIM Access for Infants & Mothers 800-433-2611 www.aim.ca.gov</p> <p>Healthy Families 800-880-5305 888-747-1222 www.healthyfamilies.ca.gov</p>	<p>County Medical Services Program (CMSP) Contact local county social services agency www.cmspcounties.org</p> <p>Genetically Handicapped Persons Program (GHPP) 916-327-0470 800-639-0597 www.dhcs.ca.gov/services/ghpp</p>	<p>Restricted Medi-Cal California's Medicaid Program 800-952-5253 www.medi-cal.ca.gov</p> <p>Family PACT (Family planning) 916-650-0414 www.familypact.org</p> <p>For local programs contact www.dhs.ca.gov</p>	<p>IMPACT 800-409-8252 www.california-impact.org</p> <p>Breast and Cervical Cancer Treatment Program (BCCTP) 800-824-0088 www.dhs.ca.gov (Search: BCCTP)</p> <p>WISEWOMAN 800-511-2300 www.cdph.ca.gov/programs/WISEWOMAN</p>
Coverage	<p>Different plans cover different medical services.</p> <p>Sometimes coverage is limited to \$1M in a lifetime; often \$5M and some plans have no limit.</p> <p>These factors affect the monthly premium and deductibles.</p> <p>There is a maximum look-back/exclusion of 6 months for pre-existing conditions on enrollees who do not have prior coverage.</p> <p><i>Pre-Existing Health Conditions Covered</i></p>	<p>COBRA: Coverage available for 18–36 months depending on qualifying events. Benefits are what you had with your previous employer.</p> <p>Cal-COBRA: Coverage available for 36 months depending on qualifying events. Benefits are what you had with your previous employer.</p> <p>COBRA Subsidy: 15 months of partially-subsidized coverage.</p> <p>HIPAA: Benefits are based on program selected. There is no expiration of coverage.</p> <p>HIPP: Benefits are the same as what you had with your previous employer. HIPP is a premium assistance program.</p> <p><i>Pre-Existing Health Conditions Covered</i></p>	<p>Different plans will cover different medical services.</p> <p>There may also be a lifetime maximum of benefits, for example \$5M.</p> <p>There is a maximum look-back and exclusion period of 12 months for pre-existing conditions on enrollees who do not have prior coverage.</p> <p><i>Limits on Pre-Existing Health Conditions May Apply</i></p>	<p>MRMIP: Offers a variety of medical services provided by HMOs and PPOs and has a 3 month exclusion period for pre-existing conditions. There is a \$75K annual limit, \$750K lifetime limit, coinsurance up to 25% for PPO and HMO, and \$500 annual deductible. The annual out-of-pocket max is \$2,500/\$4,000 individual or family. MRMIP enrollees cannot enroll in PCIP.</p> <p>PCIP: Covers broad range of benefits, including primary and specialty care, hospital care, and prescription drugs. There is a deductible of \$15,000 in-network/\$3,000 out-of-network, brand name Rx deductible of \$500/\$500, and an annual out-of-pocket max of \$2,500/\$4,000 individual or family.</p> <p><i>Pre-Existing Health Conditions Covered</i></p>	<p>Medi-Cal: Offers health, dental, vision, and prescription coverage. Treatment for special health problems, like breast cancer, kidney problems, nursing home needs, and AIDS.</p> <p>AIM: Comprehensive medical care for mother provided (not just maternity); mothers continue coverage up to 60 days after delivery; after birth, infant is automatically enrolled in Healthy Families Program up to age 1.</p> <p><i>Pre-Existing Health Conditions Covered</i></p>	<p>Healthy Kids: Doctor's visits, Immunizations, Dental & vision care, Prescriptions, Surgery, Hospitalization</p> <p>CaliforniaKids: Medical (outpatient only), preventive, dental, and vision care, emergency room (\$1,000 annual limit), behavioral health program (requires approval), and prescription drugs.</p> <p>KPCHP: Hospital care, Hearing & vision tests, Laboratory/X-ray services for no charge. Doctor office visits, Prescriptions, Urgent care, Emergency visits, and Mental health care (outpatient 20 visits/year) for a fee. See below for cost.</p> <p>CHDP: Immunizations; dental, vision, hearing, and nutrition screening; tests for illnesses like anemia, TB and others as needed; health and tobacco education; WIC referral for children up to age 5.</p> <p><i>Pre-Existing Health Conditions Covered</i></p>	<p>Medi-Cal: Prenatal, pregnancy, and delivery care. Mothers are covered up to 60 days after delivery.</p> <p>AIM: Comprehensive medical care for mother provided (not just maternity); mothers covered up to 60 days after delivery; after birth, infant is automatically enrolled in Healthy Families Program up to age 1.</p> <p>Healthy Families: Physician, emergency and preventive care; prescription drugs; inpatient and outpatient medical, mental, and substance abuse hospital service; family planning and maternity care; medical transportation; durable medical equipment; physical, occupational, and speech therapy; home health care and nursing care.</p> <p><i>Pre-Existing Health Conditions Covered</i></p>	<p>CMSP: Program availability varies by county; medically-necessary physician and hospital-related services; depending on county, may provide coverage for other services such as dental and vision; benefits vary by county. Please refer to social services agency in county of residence.</p> <p>GHPP: Special care center services, hospital stay, outpatient medical care, pharmaceutical services, surgeries, nutrition products and medical foods, durable medical equipment, and other services.</p>	<p>Restricted Medi-Cal: Covers emergencies, pregnancy-related care (prenatal and delivery), kidney dialysis, treatment for breast and cervical cancer.</p> <p>Family PACT: Provides comprehensive family planning services.</p> <p><i>Pre-Existing Health Conditions Covered</i></p>	<p>IMPACT: Provides men with radical prostatectomy, external beam radiation therapy, hormone therapy, watchful waiting, brachytherapy, chemotherapy, counseling and more.</p> <p>BCCTP: Women can get screening and treatment for breast and cervical cancer.</p> <p>WISEWOMAN: Screening and intervention for cardiovascular diseases and education about their signs, symptoms and prevention.</p> <p><i>Pre-Existing Health Conditions Covered</i></p>
Eligibility	<p>GUARANTEED COVERAGE</p> <p>Company size 2–50 employees.</p> <p>Eligible employees must work at least 30 hours a week.</p> <p>Owner can count as an employee.</p> <p>Owner name on business license must draw wages from the company.</p>	<p>GUARANTEED COVERAGE</p> <p>COBRA: Available for employees who work for businesses with 20 or more employees. You have 60 days from date of termination to sign up for COBRA coverage.</p> <p>Cal-COBRA: Available for employees who work for businesses with less than 20 employees. You have 60 days from date of termination to sign up for Cal-COBRA coverage.</p> <p>COBRA Subsidy: If you were involuntarily terminated between Sept. 1, 2008 and May 31, 2010, you are eligible for a subsidy provided by the Federal Government.</p> <p>HIPAA: Must have had 18 months of continuous coverage and completely exhausted COBRA or state continuation coverage. Must not have lost coverage due to fraud or non-payment of premiums. You have 63 days to enroll in a HIPAA-eligible plan.</p> <p>HIPP: You may be eligible for HIPP if you have a high-cost health condition (e.g., pregnancy, HIV/AIDS), and are eligible for Medi-Cal.</p>	<p>Eligibility is subject to medical underwriting.</p> <p>If you are denied coverage for a medical condition, you may be eligible for MRMIP or PCIP. See next column.</p>	<p>GUARANTEED COVERAGE</p> <p>MRMIP: Must have been CA Resident for at least 12 months. Must have a pre-existing health condition as evidenced by a declination letter within the last 12 months, or offered coverage with a higher premium than MRMIP. Cannot be eligible for Medicare, COBRA or CalCOBRA.</p> <p>PCIP: Uninsured for at least 6 Months. Must have a pre-existing health condition as evidenced by a declination letter within the last 12 months, or offered coverage with a higher premium than MRMIP. Applicant must be a U.S. citizen, Nationals or Lawfully Present</p>	<p>GUARANTEED COVERAGE</p> <p>Medi-Cal: Pregnant women and children ages 0–1: 200% FPL (add \$638 per member if household has 11+ members). Children ages 1–5: 133% FPL (add \$424 per member if household has 11+ members). Children ages 6–18: 100% FPL (add \$319 per member if household has 11+ members). Children under 21 in foster care, parents: 107% FPL. Elderly or disabled: Income limit of 100% FPL with asset limit of \$2,000 for singles and \$3,000 for couples.</p> <p>AIM: Income limit of 200%–300% FPL. Must be pregnant less than 31 weeks, be a California resident for at least 6 months, with legal immigration status, must not be receiving no-cost Medi-Cal or Medicare Part A and Part B benefits as of the application date, and must be uninsured or insurance has maternity deductible or co-payment of \$500 or more.</p>	<p>GUARANTEED COVERAGE</p> <p>Healthy Kids: Eligibility varies by county. Must not be eligible for no-cost, full-scope Medi-Cal or Healthy Families. Undocumented children are eligible.</p> <p>CaliforniaKids: Must be children ages 0–18 and going to school, not be eligible for other government plans such as Medi-Cal or Healthy Families Program.</p> <p>KPCHP: Must be children ages 0–18 living at or below 300% FPL, be California residents living near Kaiser or in county plan area, uninsured and not be eligible for employer-based coverage.</p> <p>CHDP: Must be Medi-Cal recipients under age 21. Children 0–19 years old must have income of 200% FPL or less and not be receiving Medi-Cal. Also eligible are children in Headstart, State Preschool programs, and Foster Care.</p>	<p>GUARANTEED COVERAGE</p> <p>Medi-Cal: If you are pregnant, your income can be up to 200% FPL.</p> <p>AIM: Income limit of 200%–300% FPL. Must be pregnant less than 31 weeks, be a California resident for at least 6 months, with legal immigration status, must not be receiving no-cost Medi-Cal or Medicare Part A and Part B benefits as of the application date, and must be uninsured or insurance has maternity deductible or co-payment of \$500 or more.</p> <p>Healthy Families: Children ages 0–1: Above 200% to 250% FPL (add \$639–\$796 per member if family has 11+ members). Children ages 1–5: Above 133% to 250% FPL (add \$425–\$796 per member if family has 11+ members). Children ages 6–18: Above 100% to 250% FPL (add \$320–\$796 per member if family has 11+ members). If income is at or below 100% FPL, your child may be eligible for Medi-Cal. Must be ineligible for no-cost Medi-Cal or employer-based coverage. Must be California residents and legal immigrants or U.S. citizens.</p>	<p>GUARANTEED COVERAGE</p> <p>CMSP: Must be U.S. citizen or legal resident between ages of 21–64. Must not be eligible for Medi-Cal. Must reside in county where applying. In CMSP counties, income can be up to 200% FPL. In non-CMSP counties, eligibility income standards vary. Please refer to social services agency in county of residence. Property and vehicle limits, and dependents/relatives considered.</p> <p>GHPP: Must be diagnosed with a genetic condition that is covered by GHPP. Must be resident of California. Must be 21 years or older (some persons younger than 21 years of age may be eligible); No income limit. Applicants may be required to apply for Medi-Cal.</p>	<p>GUARANTEED COVERAGE</p> <p>Restricted Medi-Cal: Income limits for pregnant women and children ages 0–1: 200% FPL; children ages 1–5: 133% FPL; children ages 6–18: 100% FPL; elderly or disabled: 133% FPL.</p> <p>Family PACT: Income limit of 200% FPL. Must be uninsured, or ineligible for Medi-Cal. If insured, then insurance must not cover family planning or birth control methods, or patient cannot afford insurance deductible. If Medi-Cal enrollee, then must not have met share of cost.</p>	<p>GUARANTEED COVERAGE</p> <p>IMPACT: Male California residents over 18 years old. Have little or no insurance, income up to 200% FPL, and have abnormal DRE, PSA or diagnosed with prostate cancer.</p> <p>BCCTP: Female residents of California living at or below 200% FPL, have insurance with high deductible or co-payment, or not getting either breast or cervical cancer screening thru government or private health insurance. Women ages 40 or older eligible to get screening for breast cancer, while women ages 25 or older get it for cervical cancer.</p> <p>WISEWOMAN: Must be enrolled in BCCTP.</p>
Monthly Cost	<p>Cost depends on the employer contribution and ±10% of the insurance company's index rate.</p>	<p>COBRA/Cal-COBRA: Premiums range from 102%–150% of group health rates.</p> <p>COBRA Subsidy: Covers 65% of premiums.</p> <p>HIPAA: Premiums will depend on plan chosen.</p> <p>HIPP: \$0 or minimal share of cost.</p>	<p>Costs for individual coverage vary.</p>	<p>MRMIP: Monthly premiums range from \$239.20 to \$1,850 depending on your age, region in CA, and program.</p> <p>PCIP: Monthly premiums range from \$127 to \$652 depending on your age and location.</p>	<p>Medi-Cal: \$0–\$1 co-pays. \$5 for non-emergency visits in ER.</p> <p>AIM: 1.5% of family annual income for AIM.</p>	<p>Healthy Kids: \$0 or minimal share of cost.</p> <p>CaliforniaKids: Monthly premium of \$75 per child.</p> <p>KPCHP: \$8–\$15 per child/month for up to three children depending on family size and income.</p> <p>CHDP: \$0 or minimal share of cost.</p>	<p>Medi-Cal: \$0 or minimal share of cost.</p> <p>AIM: 1.5% of family annual income for AIM.</p> <p>Healthy Families: \$4–\$72 monthly premium per family based on FPL and plan chosen. Up to \$15 in co-pays.</p>	<p>CMSP: Share of cost = net non-exempt income minus maintenance need.</p> <p>GHPP: For some clients, the amount of annual enrollment fee is based on income and family size.</p>	<p>Both: \$0 or minimal share of cost.</p>	<p>For all: \$0 or minimal share of cost.</p>

Other Programs & Resources

Indian Health Services
916-930-3927
www.ihs.gov

Medicare
(Age 65 and up)
800-MEDICARE
800-633-4227
www.medicare.gov

Health Coverage Tax Credit
866-628-HCTC
866-628-4282
www.irs.gov

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

Partnership for Prescription Assistance
888-4PPA-NOW
888-477-2669
www.pparx.org

California Children's Services
www.dhcs.ca.gov/services/ccs/Pages/default.aspx
Or contact local county social services agency

Women-Infant-Children (WIC)
888-WICWORKS
888-942-9675
www.wicworks.ca.gov

NOTE: Government programs look at each family's circumstance to determine eligibility.

Income and assets tests may be required to determine eligibility for publicly sponsored programs.

FPL means Federal Poverty Level. See explanation on reverse side of this matrix.

Guaranteed Coverage means you cannot be turned down due to your health conditions.

Programs and plan availability, eligibility requirements, costs, and coverages are subject to change.



Using this Health Care Options Matrix

Each state has a variety of health care coverage options. This Matrix is designed to help residents determine which option is best for them.

STEP 1 For applicants potentially eligible for public programs, check the chart below to determine his/her FPL percentage.

STEP 2 See reverse side of this Matrix brochure to determine options for which the applicant might qualify.

STEP 3 Make a list of the programs and insurance coverage options that may apply to the applicant and then use the contact information provided to access coverage or services.

Your Federal Poverty Level (FPL) (Based on monthly family income)

Family Size (Household)	100%	133%	175%	200%	250%	300%	400%
1	\$908	\$1,207	\$1,588	\$1,815	\$2,269	\$2,723	\$3,630
2	\$1,226	\$1,630	\$2,145	\$2,452	\$3,065	\$3,678	\$4,903
3	\$1,544	\$2,054	\$2,702	\$3,088	\$3,860	\$4,633	\$6,177
4	\$1,863	\$2,477	\$3,259	\$3,725	\$4,656	\$5,588	\$7,450
5	\$2,181	\$2,901	\$3,816	\$4,362	\$5,452	\$6,543	\$8,723
6	\$2,499	\$3,324	\$4,374	\$4,998	\$6,248	\$7,498	\$9,997
7	\$2,818	\$3,747	\$4,931	\$5,635	\$7,044	\$8,453	\$11,270
8	\$3,136	\$4,171	\$5,488	\$6,272	\$7,840	\$9,408	\$12,543

- A pregnant woman counts as two for the purpose of this chart.
- Add \$318/month for each additional family member after eight.
- Contact individual programs for deduction allowances on child/dependent care; working parent's work expenses; alimony/child support *received* or court ordered amount *paid*.

Source: Federal Register Vol. 76, No. 13, January 20, 2011, pp. 3637-3638. Valid through 2011 unless updated. Monthly percentage data calculated by FHCE and rounded to the nearest dollar.

Note: There is no universal administrative definition of income that is valid for all programs that use the poverty guidelines. The office or organization that administers a particular program or activity is responsible for making decisions about the definition of income used by that program (to the extent that the definition is not already contained in legislation or regulation). To find out the specific definition of income used by a particular program or activity, you must consult the office or organization that administers that program.

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Other sources of information

Financial aid and free or low-cost benefits

Department of Health Services
916-445-4171 (English and Spanish)
TTY 888-757-6034
www.dhs.ca.gov

(Recorded information about Medi-Cal, Medicare, SSI, Food Stamps, Cash Assistance, CMSP, MISIP, Healthy Families Program, CCS, MTP and more)

Government Benefits Finder
800-FED-INFO
www.benefits.gov

(Search tool for grants, loans and other benefits)

Catalog of Federal Domestic Assistance
www.cfda.gov

(Search tool for grants, loans and other benefits)

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

Finding local health care options

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

Self Help Clearing House
www.mentalhelp.net/selfhelp

(Search tool for people sharing information on hundreds of diseases, health conditions and other health care related situations)

Department of Health and Human Services
www.hhs.gov

(Various health care search tools)

Health Consumer Alliance
www.healthconsumer.org

(13 different languages; user-friendly information about programs and legal rights by county)

Laws and regulations

California Department of Insurance
800-927-4357
www.insurance.ca.gov

(English and Spanish; general information on all types of insurance)

Employee Benefits Security Administration
www.dol.gov/ebsa

(Official information and rules from the U.S. Department of Labor)

California Department of Managed Health Care
888-466-2219
www.hmohelp.ca.gov

(English and Spanish; general information on all types of insurance)

Pre-Existing Condition Insurance Plan (PCIP)

866-717-5826
www.PCIP.ca.gov

(English and Spanish general information on plans for pre-existing conditions)



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An online version of this Matrix is updated regularly for your convenience. To order copies of the Matrix or download the online version: www.coverageforall.org or call 800-234-1317.

The Anthem Blue Cross Foundation, the Foundation for Health Coverage Education® and the California Association of Health Underwriters have generously funded this publication to ensure that all Californians have access to affordable quality health care coverage. Every effort has been made to include the most accurate information available at the time of printing. Program and plan availability, eligibility requirements, costs, and coverage are subject to change. You are encouraged to call or visit the websites listed for each program to ensure that you have the most up-to-date information available.

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CALIFORNIA

Health Care Options Matrix™



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



FOUNDATION

