

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>COBRA or Cal-Cobra</p> <p>Then convert to HIPAA (Health Insurance Portability & Accountability Act) 866-4-USA-DOL (866-487-2365) www.dol.gov</p> <p>HIPP (Health Insurance Premium Payment) 866-298-8443 www.dhs.ca.gov/mcs</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>Medi-Cal California's Medicaid Program 800-952-5253 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 Plans (County based program) www.partnershiphp.org www.champ-net.org</p> <p>CaliforniaKids 818-755-9700 www.californiakids.org</p> <p>Kaiser Permanente Child Health Plan 800-255-5053 www.kaiserpermanente.org</p> <p>Children Health and Disability Prevention (CHDP) Call your local CHDP provider www.dhs.ca.gov/pcfh/cms/chdp/</p>	<p>Medi-Cal California's Medicaid Program 800-824-0088 or 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 Program 800-880-5305 or 888-747-1222 www.healthyfamilies.ca.gov</p> <p>Women-Infant-Children(WIC) 888-WICWORKS www.wicworks.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) 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) 800-942-1054 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 Screening & Treatment 800-511-2300 www.dhs.ca.gov/cancerdetection</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>If uninsured for previous 1-6 months, a waiting period for coverage of pre-existing conditions may apply</p> <p><i>Pre-Existing Health Conditions Covered</i></p>	<p>COBRA coverage available for up to 36 months depending on qualifying events</p> <p>COBRA benefits are the same as what you had in your group coverage</p> <p>After COBRA expires, HIPAA individual plan conversion benefits are based on the program selected, no expiration</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><i>Limits on Pre-Existing Health Conditions May Apply</i></p>	<p>MRMIP is a 36 month program. After that, subscribers can enroll in guaranteed coverage with private health plans</p> <p>Under MRMIP, there is a \$75K annual limit</p> <p>Coverage increases to \$200K per year (with a \$750K lifetime limit) once subscriber moves to a GUARANTEED COVERAGE private insurance individual plan</p> <p>MRMIP offers a variety of medical services provided by HMOs and PPOs.</p> <p>MRMIP has a 3 month exclusion period for pre-existing conditions.</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, California Kids & KPCHP: All programs offer a variety of health, dental, and vision plans from which to choose, includes hospitalization</p> <p>CHDP: Only covers general check ups required for school, sports, etc. (Does not cover hospital, medicines, or any emergencies)</p> <p><i>Pre-Existing Health Conditions Covered</i></p>	<p>Medi-Cal: pregnancy related care (prenatal and delivery) is covered. Mothers are covered up to 60 days after delivery</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>Healthy Families Program: Offers a variety of health, dental, vision, and prescription plans from which to choose</p> <p>WIC: Special checks to buy healthy foods; Information about nutrition and health; Support and information about breastfeeding your baby; and Help in finding health care and other community services <i>Pre-Existing Health Conditions Covered</i></p>	<p>CMSP: Every county has a CMSP program, County Medical Services Program; 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: men get radical prostatectomy, external beam radiation therapy, hormone therapy, watchful waiting, brachytherapy, chemotherapy, counseling and more</p> <p>BCCST: women can get screening and treatment</p> <p><i>Pre-Existing Health Conditions Covered</i></p>
Eligibility	<p>GUARANTEED COVERAGE</p> <p>Company size 2-50 employees</p> <p>Two employees must work for at least 6 months out of the year, and work 20 hours per week for coverage</p> <p>Owner can count as an employee</p> <p>Owner name on business license must draw wages from the company</p>	<p>GUARANTEED COVERAGE</p> <p>All coverage terminated within the last 60 days (COBRA), or 63 days (HIPAA) for reasons other than gross misconduct or fraud</p> <p>For HIPAA, recently covered by a group program or a COBRA plan for 18 continuous months (COBRA option must have been selected if available and exhausted)</p> <p>You may be eligible for HIPP premium assistance if you have a high-cost condition (e.g., pregnancy, HIV/AIDS), and are eligible for Medi-Cal</p> <p>Cal-Cobra is for groups of under 20 employees</p> <p>Live in California</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, see next column</p>	<p>GUARANTEED COVERAGE</p> <p>Eligible if previous coverage was terminated for reasons other than non-payment of premium or fraud (such as a pre-existing condition)</p> <p>Must prove denial of coverage or offer of higher premium than MRMIP</p> <p>Cannot be eligible for COBRA, Cal-Cobra, or government programs (except "end stage renal disease" covered under Medicare)</p> <p>Live in California</p> <p>Subscriber must select from health plan carriers that offer post-MRMIP GUARANTEED COVERAGE</p> <p>Cannot be eligible for both Part A and Part B of Medicare</p>	<p>GUARANTEED COVERAGE</p> <p>Medi-Cal: Age < 1: Up to 200% FPL Ages 1-5: Up to 133% FPL Ages 6-18: Up to 100% FPL If you are pregnant, your income can be up to 200% FPL; Children under 21 in foster care, parents: Up to 107% FPL If you are elderly or disabled, your income can be up to 133% FPL</p> <p>AIM: 200%-300% FPL for AIM Pregnant less than 31 weeks; Live in California; California resident for at least 6 months; legal immigration status; You cannot be receiving no-cost Medi-Cal or Medicare Part A and Part B benefits as of the application date; Insurance deductibles or co-payments over \$500 may qualify you</p>	<p>GUARANTEED COVERAGE</p> <p>Healthy Kids: Must not be covered by an employer sponsored plan now or in the last 3 months. Children must be between the ages of 0-18. Children's family income can be between 0-300% of the FPL. Not Eligible for no-cost full-scope Medi-Cal or Healthy Families. Undocumented children are eligible.</p> <p>CaliforniaKids: Must not be eligible for other government plans such as Medi-Cal or Healthy Families Program</p> <p>KPCHP: California resident living near Kaiser or in county plan area. Must not be eligible for employer based coverage</p> <p>CHDP: Children and youth between birth and age of 19 whose family is at 200% FPL or less. Also 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: 200%-300% FPL for AIM; Pregnant less than 31 weeks; Live in California; California resident for at least 6 months; legal immigration status; You cannot be receiving no-cost Medi-Cal or Medicare Part A and Part B benefits as of the application date; Insurance deductibles or co-payments over \$500 may qualify you</p> <p>Healthy Families Program: Age < 1: 200%-250% FPL Ages 1-5: 133%-250% FPL Ages 6-18: 100%-250% FPL Must be ineligible for no-cost Medi-Cal or employer-based coverage; California residents and legal immigrants</p> <p>WIC: Pregnant or postpartum women and children up to the age of 5 years with a family income at or below 185% of the FPL. Must be a state resident; and be at nutritional or medical risk, as determined by a health professional.</p>	<p>GUARANTEED COVERAGE</p> <p>CMSP: 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</p> <p>GHPP: Must be diagnosed with a genetic condition that is covered by GHPP; Applicants must be residents of California; Applicants must be 21 years of age or older (some persons younger than 21 years of age may be eligible); there is no income limit; Applicants may be required to apply for Medi-Cal.</p>	<p>GUARANTEED COVERAGE</p> <p>Restricted Medi-Cal: Age < 1: Up to 200% FPL Ages 1-5: Up to 133% FPL Ages 6-18: Up to 100% FPL</p> <p>If you are pregnant, your income can be up to 200% FPL</p> <p>If you are elderly or disabled, your income can be up to 133% FPL</p> <p>Live in California and plan to stay</p> <p>Family PACT: up to 200% FPL</p>	<p>GUARANTEED COVERAGE</p> <p>IMPACT: California resident over 18 years old, Little or no insurance, Up to 200% FPL, Abnormal DRE, PSA or diagnosed with prostate cancer</p> <p>BCCST: 40 years old or older, with an income of 200% of the FPL, uninsured or have medical insurance that does not cover these services; not getting these services through Medi-Cal or another government-sponsored program; Women 25 and older can receive cervical cancer screening</p>
Monthly Cost	<p>Cost depends on the employer contribution and ±10% of the insurance company's index rate</p>	<p>Costs range from 102%-150% of group health rates; individual coverage is also available and may be less expensive, see next column</p>	<p>Costs for individual coverage varies</p>	<p>Costs vary depending on age, region in CA, and program</p> <p>\$2,500/year out-of-pocket max for subscribers. Annual out-of-pocket limits per household (subscriber + dependents) is approximately \$4,000</p>	<p>Medi-Cal: \$0 or minimal share of cost</p> <p>AIM: 1.5% of family annual income for AIM</p>	<p>Healthy Kids: Monthly premiums are \$0-6; \$5 co-pay for most outpatient services. CaliforniaKids: \$10-20 per month per child; \$5-10 co-pays for services KPCHP: \$8-15 per child per month (\$45 max per family), co-pays range from \$5-\$35 for some services with a \$250/child or \$500 for two or more children maximum CHDP: \$0 or minimal share of cost</p>	<p>Medi-Cal & WIC: \$0 or minimal share of cost AIM: 1.5% of family annual income for AIM Healthy Families: \$4-\$15 per child depending on income and choice of plan, with a \$45 family maximum; \$5 co-pay for doctor visits and prescriptions; some check-ups are no-cost</p>	<p>CMSP: \$0 or minimal share of cost</p> <p>GHPP: Some clients may also be required to pay an annual enrollment fee to GHPP. The amount of enrollment fee is based on income and family size.</p>	<p>\$0 or minimal share of cost</p>	<p>\$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
www.medicare.gov

Health Coverage Tax Credit
866-628-HCTC
www.irs.gov (key word HCTC)

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

CCS California Children's Services
www.dhs.ca.gov/pcfh/cms/ccs

Or contact local county social services agency

BABY CAL
800-BABY-999
(800-222-9999)

WISEWOMAN
800-511-2300
California.WISEWOMAN@cdph.ca.gov
www.dhs.ca.gov/cancerdetection

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)	25%	50%	75%	81%	100%	133%	175%	200%	250%	300%
1	\$226	\$451	\$677	\$731	\$903	\$1,200	\$1,579	\$1,805	\$2,256	\$2,708
2	\$304	\$607	\$911	\$983	\$1,214	\$1,615	\$2,125	\$2,428	\$3,035	\$3,643
3	\$381	\$763	\$1,144	\$1,236	\$1,526	\$2,029	\$2,670	\$3,052	\$3,815	\$4,578
4	\$459	\$919	\$1,378	\$1,488	\$1,838	\$2,444	\$3,216	\$3,675	\$4,594	\$5,513
5	\$537	\$1,075	\$1,612	\$1,741	\$2,149	\$2,858	\$3,761	\$4,298	\$5,373	\$6,448
6	\$615	\$1,230	\$1,846	\$1,993	\$2,461	\$3,273	\$4,306	\$4,922	\$6,152	\$7,383
7	\$693	\$1,386	\$2,079	\$2,246	\$2,773	\$3,687	\$4,852	\$5,545	\$6,931	\$8,318
8	\$771	\$1,542	\$2,313	\$2,498	\$3,084	\$4,102	\$5,397	\$6,168	\$7,710	\$9,253

- A pregnant woman counts as two for the purpose of this chart.
- Add \$311/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. 74, No. 14, January 23, 2009, pp. 4199-4201. 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
916-327-1400 (English and Spanish)
TTY 888-757-6034
www.dhs.ca.gov

(Recorded information about Medi-Cal, Medicare, SSI, Food Stamps, Cash Assistance, CMSP, MISAP, 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)

Health Coverage Tax Credit
866-628-HCTC
www.irs.gov (key word HCTC)

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

Finding local health care options

Bureau of Primary Health Care
888-ASK-HRSA
www.ask.hrsa.gov/pc
(Search tool by zip code)

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)

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.

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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.

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