

# California Health Care Options Matrix

www.CoverageForAll.org

Demographic	PRIVATE HEALTH INSURANCE			PUBLICLY SPONSORED PROGRAMS							Other Programs & Resources
Program	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	
	<p><b>U.S. Uninsured Help Line</b> 800-234-1317</p> <p><b>Group Plans</b> California Association of Health Underwriters 800-332-5934 www.cahu.org</p>	<p><b>COBRA/Cal-COBRA</b> Then convert to a plan under:</p> <p><b>HIPAA</b> Health Insurance Portability &amp; Accountability Act 866-4-USA-DOL www.dol.gov</p> <p><b>HIPP</b> Health Insurance Premium Payment www.dhcs.ca.gov</p>	<p><b>U.S. Uninsured Help Line</b> 800-234-1317</p> <p><b>Individual Plans</b> California Association of Health Underwriters 800-332-5934 www.cahu.org</p>	<p><b>MRMP</b> (Major Risk Medical Insurance Program) 800-289-6574 www.mrmip.ca.gov</p> <p>Due to changes in the program, MRMP has opened up a waitlist.</p> <p><b>Pre-Existing Condition Insurance Plan (PCIP)</b> Federal program run by the Managed Risk Medical Insurance Board (MRMIB) 866-717-5826 www.PCIP.ca.gov</p>	<p><b>Medi-Cal</b> California's Medicaid Program 800-952-2523 888-747-1222 www.medi-cal.ca.gov</p> <p>Or contact local county social services agency www.dhs.ca.gov</p> <p><b>AIM</b> Access for Infants &amp; Mothers 800-433-2611 www.aim.ca.gov</p>	<p><b>Healthy Kids</b> (County-Based Programs) Contact Your County's Children's Health Initiative www.chcfamilies.org</p> <p><b>CaliforniaKids</b> 818-755-0700 www.californiakids.org</p> <p><b>Kaiser Permanente Child Health Plan (KPCHP)</b> 800-464-4000 Info.kp.org/childhealthplan/ NOTE: Only available to Northern California Residents.</p> <p><b>Children Health and Disability Prevention (CHDP)</b> Call your local CHDP provider www.dhs.ca.gov/pchf/cms/chdp/</p>	<p><b>Medi-Cal</b> California's Medicaid Program 800-952-2523 888-747-1222 www.medi-cal.ca.gov</p> <p><b>AIM</b> Access for Infants &amp; Mothers 800-433-2611 www.aim.ca.gov</p> <p><b>Healthy Families</b> 800-880-5205 888-747-1222 www.healthyfamilies.ca.gov</p>	<p><b>County Medical Services Program (CMSP)</b> Contact local county social services agency www.cmspcounties.org</p> <p><b>Genetically Handicapped Persons Program (GHPP)</b> 916-327-0470 800-639-0997 www.dhcs.ca.gov/services/ghpp</p>	<p><b>Restricted Medi-Cal</b> California's Medicaid Program 800-952-2523 www.medi-cal.ca.gov</p> <p><b>Family PACT</b> (Family Planning) 916-650-0414 www.familypact.org</p> <p>For local programs contact www.dhs.ca.gov</p> <p><b>WISEWOMAN</b> 800-511-2300 www.cdph.ca.gov/programs/WISEWOMAN</p>	<p><b>IMPACT</b> 800-469-8252 www.california-impact.org</p> <p><b>Breast and Cervical Cancer Treatment Program (BCTP)</b> 800-824-0088 www.breastcancer.org</p> <p><b>WISEWOMAN</b> 800-511-2300 www.cdph.ca.gov/programs/WISEWOMAN</p>	<p><b>Indian Health Services</b> 916-930-3927 www.ihs.gov</p> <p><b>Medicare</b> (Age 65 and up) 800-MEDICARE 888-453-4227 www.medicare.gov</p> <p><b>Health Coverage Tax Credit</b> 866-628-HICT 866-628-4282 www.irs.gov</p> <p><b>VA Medical Benefits Package</b> 877-232-8387 www.va.gov</p> <p><b>Partnership for Prescription Assistance</b> 888-477-2669 www.pparp.org</p> <p><b>California Children's Services</b> www.dhcs.ca.gov/services/ccs/Pages/default.aspx Or contact local county social services agency</p> <p><b>Women-Infant-Children (WIC)</b> 888-942-9675 www.wicworks.ca.gov</p>
	<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><b>Pre-Existing Health Conditions Covered</b></p>	<p><b>COBRA:</b> Coverage available for 18-36 months depending on qualifying events. Benefits are what you had with your previous employer.</p> <p><b>Cal-COBRA:</b> Coverage available for 36 months depending on qualifying events. Benefits are what you had with your previous employer.</p> <p><b>COBRA Subsidy:</b> 15 months of partially-subsidized coverage.</p> <p><b>HIPAA:</b> Benefits are based on program selected. There is no expiration of coverage.</p> <p><b>HIPP:</b> Benefits are the same as what you had with your previous employer. HIPP is a premium assistance program.</p> <p><b>Pre-Existing Health Conditions Covered</b></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><b>Limits on Pre-Existing Health Conditions May Apply</b></p> <p><b>Pre-Existing Health Conditions Covered</b></p>	<p><b>MRMP:</b> 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, \$10K 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. MRMP enrollees cannot enroll in PCIP.</p> <p><b>PCIP:</b> 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><b>Pre-Existing Health Conditions Covered</b></p>	<p><b>Medi-Cal:</b> Offers health, dental, vision, and prescription coverage. Treatment for special health problems, like breast cancer, kidney problems, nursing home needs, and AIDS.</p> <p><b>AIM:</b> 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><b>Pre-Existing Health Conditions Covered</b></p>	<p><b>Healthy Kids:</b> Doctor's visits, Immunizations, Dental &amp; vision care, Prescriptions, Surgery, Hospitalization</p> <p><b>CaliforniaKids:</b> Medical (outpatient only), preventive, dental, and vision care, emergency room (\$1,000 annual limit), behavioral health program (requires approval), and prescription drugs.</p> <p><b>KPCHP:</b> Hospital care, Hearing &amp; vision tests, Laboratory/ X-ray services for no-charge, Hospitalization, Doctor office visits, Prescriptions, Urgent care, Emergency visits, and Mental health care (inpatient 20 visits/year for a fee. See below for cost).</p> <p><b>CHDP:</b> Immunizations, dental, vision, hearing, and nutrition screening; tests for illnesses like anemia, TB and other as needed, health and tobacco education; WC referral for children up to age 5.</p> <p><b>Pre-Existing Health Conditions Covered</b></p>	<p><b>Medi-Cal:</b> Prenatal, pregnancy, and delivery care. Mothers are covered up to 60 days after delivery.</p> <p><b>AIM:</b> 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><b>Healthy Families:</b> 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><b>Pre-Existing Health Conditions Covered</b></p>	<p><b>CMSP:</b> 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><b>GHPP:</b> Special care center services, hospital stay, outpatient medical care, pharmaceutical products and medical foods, durable medical equipment, and other services.</p>	<p><b>Restricted Medi-Cal:</b> Covers emergencies, pregnancy-related care (prenatal and delivery), hormone therapy, watchful waiting, brachytherapy, chemotherapy, counseling and more.</p> <p><b>Family PACT:</b> Provides comprehensive family planning services.</p> <p><b>Pre-Existing Health Conditions Covered</b></p>	<p><b>IMPACT:</b> Provides men with radical prostatectomy, external beam radiation and delivery, hormone therapy, watchful waiting, brachytherapy, counseling and more.</p> <p><b>BCTP:</b> Women can get screening and treatment for breast and cervical cancer.</p> <p><b>WISEWOMAN:</b> Screening and intervention for cardiovascular diseases and education about their signs, symptoms and prevention.</p> <p><b>Pre-Existing Health Conditions Covered</b></p>	
	<p><b>GUARANTEED COVERAGE</b></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><b>GUARANTEED COVERAGE</b></p> <p><b>COBRA:</b> 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><b>Cal-COBRA:</b> 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><b>COBRA Subsidy:</b> 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><b>HIPAA:</b> 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><b>HIPP:</b> 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><b>GUARANTEED COVERAGE</b></p> <p>Eligibility is subject to medical underwriting. If you are denied coverage for a medical condition, you may be eligible for MRMP or PCIP. See next column.</p> <p><b>COBRA Subsidy:</b> 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><b>HIPAA:</b> 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><b>HIPP:</b> 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><b>GUARANTEED COVERAGE</b></p> <p><b>MRMP:</b> 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 MRMP. Cannot be eligible for Medicare, COBRA or Cal-COBRA.</p> <p><b>PCIP:</b> 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 MRMP. Applicant must be a U.S. Citizen, National or Lawfully Present.</p>	<p><b>GUARANTEED COVERAGE</b></p> <p><b>Medi-Cal:</b> Pregnant women and children ages 0-1: 200% FPL (add \$68 per member if household has 11+ members). Children ages 1-5: 125% FPL (add \$424 per member if household has 11+ members). Children ages 6-18: 100% FPL (add \$219 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><b>AIM:</b> 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><b>GUARANTEED COVERAGE</b></p> <p><b>Healthy Kids:</b> Eligibility varies by county. Must not be eligible for no-cost, full-scope Medi-Cal or Healthy Families. Undocumented children are eligible.</p> <p><b>CaliforniaKids:</b> 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><b>KPCHP:</b> Must be children ages 0-18 living at or below 300% FPL, be California residents living near Kaiser or in county plan areas, uninsured and not be eligible for employer-based coverage.</p> <p><b>CHDP:</b> 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><b>GUARANTEED COVERAGE</b></p> <p><b>Medi-Cal:</b> If you are pregnant, your income can be up to 200% FPL.</p> <p><b>AIM:</b> 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><b>Healthy Families:</b> Children ages 0-1: Above 200% to 250% FPL (add \$630-\$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). Children ages 19-20: Must be eligible for Medi-Cal. Also eligible are children in Headstart, State Preschool programs, and Foster Care.</p>	<p><b>GUARANTEED COVERAGE</b></p> <p><b>CMSP:</b> 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><b>GHPP:</b> 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. Applicant may be required to apply for Medi-Cal.</p>	<p><b>GUARANTEED COVERAGE</b></p> <p><b>Restricted Medi-Cal:</b> 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><b>Family PACT:</b> 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><b>GUARANTEED COVERAGE</b></p> <p><b>IMPACT:</b> 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><b>BCTP:</b> 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 for cervical cancer.</p> <p><b>WISEWOMAN:</b> Must be enrolled in BCTP.</p>	
	<p>Cost depends on the employer contribution and a 10% of the insurance company's index rate.</p>	<p><b>COBRA/Cal-COBRA:</b> Premiums range from 100%–150% of group health rates.</p> <p><b>COBRA Subsidy:</b> Covers 65% of premiums.</p> <p><b>HIPAA:</b> Premiums will depend on plan chosen.</p> <p><b>HIPP:</b> \$0 or minimal share of cost.</p>	<p>Costs for individual coverage vary.</p> <p><b>MRMP:</b> Monthly premiums range from \$250-\$700 to \$1,850 depending on your age, region in CA, and program.</p> <p><b>PCIP:</b> Monthly premiums range from \$177 to \$602 depending on your age and location.</p>	<p><b>Medi-Cal:</b> \$0-\$1 co-pays. \$5 for non-emergency visits in ER.</p> <p><b>AIM:</b> 1.5% of family annual income for AIM.</p>	<p><b>Medi-Cal:</b> \$0-\$1 co-pays. \$5 for non-emergency visits in ER.</p> <p><b>AIM:</b> 1.5% of family annual income for AIM.</p>	<p><b>Healthy Kids:</b> \$0 or minimal share of cost.</p> <p><b>CaliforniaKids:</b> Monthly premium of \$75 per child.</p> <p><b>KPCHP:</b> \$18-\$15 per child/month for up to three children depending on family size and income.</p> <p><b>CHDP:</b> \$0 or minimal share of cost.</p>	<p><b>Medi-Cal:</b> \$0 or minimal share of cost.</p> <p><b>AIM:</b> 1.5% of family annual income for AIM.</p> <p><b>Healthy Families:</b> \$4-\$72 monthly premium per family based on FPL and plan chosen. Up to \$15 in co-pays.</p>	<p><b>Medi-Cal:</b> \$0 or minimal share of cost.</p> <p><b>AIM:</b> 1.5% of family annual income for AIM.</p> <p><b>Healthy Families:</b> \$4-\$72 monthly premium per family based on FPL and plan chosen. Up to \$15 in co-pays.</p>	<p><b>Both:</b> \$0 or minimal share of cost.</p> <p><b>Both:</b> \$0 or minimal share of cost.</p>	<p><b>For all:</b> \$0 or minimal share of cost.</p>	

For additional assistance and to learn more about these programs, please call the **U.S. UNINSURED HELP LINE** at 800.234.1317



## 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.

The Health Care Options Matrix is a registered trademark of Philip Lebherz and was originally developed by Philip Lebherz and the Foundation for Health Coverage Education<sup>®</sup>, [www.coverageforall.org](http://www.coverageforall.org).

© Copyright 2011 by Philip Lebherz and the Foundation for Health Coverage Education<sup>®</sup>.

All rights reserved. Printed in the U.S.A.

## 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](http://www.dhs.ca.gov)

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

**Government Benefits Finder**  
800-FED-INFO  
[www.benefits.gov](http://www.benefits.gov)  
(Search tool for grants, loans and other benefits)

**Catalog of Federal Domestic Assistance**  
[www.cfda.gov](http://www.cfda.gov)

(Search tool for grants, loans and other benefits)

**Partnership for Prescription Assistance**  
888-477-2669  
[www.pparx.org](http://www.pparx.org)

### Finding local health care options

**Health Resources and Services Administration**  
888-ASK-HRSA  
888-275-4772  
[www.findahealthcenter.hrsa.gov](http://www.findahealthcenter.hrsa.gov)

**Self Help Clearing House**  
[www.mentalhelp.net/selfhelp](http://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](http://www.hhs.gov)  
(Various health care search tools)

**Health Consumer Alliance**  
[www.healthconsumer.org](http://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](http://www.insurance.ca.gov)

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

**Employee Benefits Security Administration**  
[www.dol.gov/ebsa](http://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](http://www.hmohelp.ca.gov)

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

**Pre-Existing Condition Insurance Plan (PCIP)**  
866-717-5826  
[www.PCIPca.gov](http://www.PCIPca.gov)

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



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](http://www.coverageforall.org) or call 800-234-1317.

The Anthem Blue Cross Foundation, the Foundation for Health Coverage Education<sup>®</sup> 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.

Revised December 2010

## CALIFORNIA

# Health Care Options Matrix™



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



# Los Angeles County Health Care Options Matrix

www.CoverageForAll.org

Demographic	PRIVATE HEALTH INSURANCE				PUBLICLY-SPONSORED PROGRAMS							Other Programs & Resources
	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><b>U.S. Uninsured Help Line</b> 800-234-1317</p> <p><b>Group Plans</b> California Association of Health Underwriters 800-322-5934 www.cahu.org</p>	<p><b>COBRA/Cal-COBRA</b> Then convert to a plan under:</p> <p><b>HIPAA</b> Health Insurance Portability &amp; Accountability Act 866-4-USA-1000 www.dol.gov</p> <p><b>HIPP</b> Health Insurance Premium Payment www.dhcs.ca.gov</p>	<p><b>U.S. Uninsured Help Line</b> 800-234-1317</p> <p><b>Individual Plans</b> California Association of Health Underwriters 800-322-5934 www.cahu.org</p>	<p><b>MRMIP</b> (Major Risk Medical Insurance Program) 877-481-1044 www.mrmib.ca.gov</p> <p><b>Pre-Existing Condition Insurance Plan (PCIP)</b> Federal program run by the Managed Risk Medical Insurance Board (MRMIB) 866-717-8262 www.PCIP.ca.gov</p>	<p><b>Medi-Cal</b> California's Medicaid Program 877-481-1044 www.medi-cal.ca.gov</p> <p><b>Ability-to-Pay Plan (ATP)</b> 800-378-9919 ladps.org/dps/health_care/adults/atp.cfm</p>	<p><b>CaliforniaKids</b> 818-735-9700 www.californiakids.org</p> <p><b>Children Health and Disability Prevention (CHDP)</b> 800-993-2437 www.dhs.ca.gov/pch/cm/chdp/</p> <p><b>Healthy Kids</b> (Administered by the L.A. Care Health Plan) 888-452-2273 www.lacare.org (Search: Healthy Kids)</p>	<p><b>AIM</b> Access for Infants &amp; Mothers 800-453-2671 www.aim.ca.gov</p> <p><b>Healthy Families</b> 800-880-5305 888-747-1222 www.healthyfamilies.ca.gov</p>	<p><b>Healthy Way LA (HWLA)</b> 877-333-9952</p> <p><b>Outpatient Reduced-Cost Simplified Application (ORSA)</b> 800-378-9919 www.ladps.org/dps/health_care/orsa.cfm</p> <p><b>Pre-Payment Plan</b> 800-378-9919</p> <p><b>Genetically Handicapped Persons Program (GHPP)</b> 916-227-0470 800-539-4297 www.dhcs.ca.gov/services/ghpp</p>	<p><b>Restricted Medi-Cal</b> 800-952-6253 www.medi-cal.ca.gov</p> <p><b>Family PACT</b> (Family Planning) 916-650-0414 www.familypact.org</p>	<p><b>IMPACT</b> 800-409-8252 www.california-impact.org</p> <p><b>Breast and Cervical Cancer Treatment Program (BCCTP)</b> 800-824-0088 www.dhs.ca.gov (Search: BCCTP)</p> <p><b>WISEWOMAN</b> 800-511-2305 www.cdph.ca.gov/programs/WISEWOMAN</p>	<p><b>Community Health Plan (CHP)</b> 888-464-CAEA 800-475-5050 cph.dhs.lacounty.gov</p> <p><b>Health Insurance Counseling &amp; Advocacy Programs (HICAP)</b> 800-434-0222 800-824-0780 www.cahedbaadvocates.org/HICAP</p> <p><b>Health Coverage Tax Credit</b> 866-628-8282 www.hctc.net</p>	
Coverage	<p>Different plans cover different medical services. 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> <ul style="list-style-type: none"> <li>There is a maximum look-back/exclusion of 6 months for pre-existing conditions on enrollees who do not have prior coverage.</li> <li><b>Pre-Existing Health Conditions Covered</b></li> </ul>	<p><b>COBRA:</b> Coverage available for 18–36 months depending on qualifying events. Benefits are what you had with your previous employer.</p> <p><b>Cal-COBRA:</b> Coverage available for 36 months depending on qualifying events. Benefits are what you had with your previous employer.</p> <p><b>COBRA Subsidy:</b> 15 months of partially-subsidized coverage.</p> <p><b>HIPAA:</b> Benefits are based on program selected. There is no expiration of coverage.</p> <p><b>HIPP:</b> Benefits are the same as what you had with your previous employer. HIPP is a premium assistance program.</p> <p><b>Pre-Existing Health Conditions Covered</b></p>	<p>Different plans will cover different medical services. 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><b>Limits on Pre-Existing Health Conditions May Apply</b></p> <p><b>POP:</b> Covers broad range of benefits, including primary and specialty care, hospital care, and prescription drugs.</p> <p><b>Pre-Existing Health Conditions Covered</b></p>	<p><b>MRMIP:</b> Coverage lasts 36 months. Subscribers can enroll in guaranteed coverage with private health plans after that period. There is a \$75K annual limit, \$750K lifetime limit, and \$300 annual deductible. Offers a variety of medical services provided by HMOs and PPOs and has a 3 month exclusion period for pre-existing conditions. MRMP enrollees cannot enroll in PCIP.</p> <p><b>POP:</b> Covers broad range of benefits, including primary and specialty care, hospital care, and prescription drugs.</p> <p><b>Pre-Existing Health Conditions Covered</b></p>	<p><b>Medi-Cal:</b> Offers health, dental, vision, and prescription coverage. Treatment for special health problems, like breast cancer, kidney problems, nursing home needs, and AIDS. Prenatal, pregnancy, and delivery care. Mothers are covered up to 60 days after delivery.</p> <p><b>ATP:</b> Offers prenatal, maternity, prescribed medicines, and hospitalizations services.</p> <p><b>Pre-Existing Health Conditions Covered</b></p>	<p><b>CaliforniaKids:</b> Medical (outpatient only), preventive, dental, and vision care; emergency room (\$1,000 annual limit), behavioral health program requires approval, and prescription drugs.</p> <p><b>CHDP:</b> 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><b>Healthy Kids:</b> Doctor visits; prescription drugs; hospital care; immunizations; dental and vision care; mental health services; emergency room care; alcohol/drug abuse services; and more</p> <p><b>Pre-Existing Health Conditions Covered</b></p>	<p><b>AIM:</b> 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><b>Healthy Families:</b> Physician, emergency and preventive care; prescription drugs; inpatient and outpatient medical, mental, and substance abuse hospital services; family planning and maternity care; medical transportation; durable medical equipment; physical, occupational, and speech therapy; home health care and nursing care.</p> <p><b>Pre-Existing Health Conditions Covered</b></p>	<p><b>HWLA:</b> Covers outpatient primary care and preventive services, including early intervention services, health education, and chronic disease management.</p> <p><b>ORSA:</b> Covers outpatient medical care and medicines at DHS health facilities for L.A. County residents. Cannot be used for inpatient care.</p> <p><b>PPP:</b> Allows for individuals and families to obtain health care at county hospitals and clinics at a lower cost. Does not cover medications.</p> <p><b>GHPP:</b> 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><b>Restricted Medi-Cal:</b> Covers emergencies, pregnancy-related care (prenatal and delivery), kidney dialysis, treatment for breast and cervical cancer.</p> <p><b>Family PACT:</b> Provides comprehensive family planning services.</p> <p><b>Pre-Existing Health Conditions Covered</b></p>	<p><b>IMPACT:</b> Provides men with radical prostatectomy, external beam radiation therapy, hormone therapy, watchful waiting, brachytherapy, chemotherapy, counseling and more.</p> <p><b>BCCTP:</b> Women can get screening and treatment for breast and cervical cancer.</p> <p><b>WISEWOMAN:</b> Screening and intervention for cardiovascular diseases and education about their signs, symptoms and prevention.</p> <p><b>Pre-Existing Health Conditions Covered</b></p>	<p><b>L.A. Care Health Plan</b> 866-LACARE www.lacare.org</p> <p><b>L.A. County California Children's Services</b> www.lapublichealth.org/cms/CCS.htm</p> <p><b>Medicare</b> Age 65 and up 800-MEDICARE 800-431-4277 www.medicare.gov</p> <p><b>VA Medical Benefits Package</b> 888-461-0803 www.loanofficer.va.gov</p> <p><b>Women-Infant-Children (WIC)</b> 888-WICWORKS 888-942-9375 www.wicworks.ca.gov</p> <p><b>NOTE:</b> Government programs look at each family's circumstance to determine eligibility.</p> <p><b>FPL:</b> Means Federal Poverty Level. See explanation on reverse side of this matrix.</p> <p><b>Guaranteed coverage</b> means you cannot be turned down due to your health conditions.</p> <p><b>Programs and plan availability, eligibility requirements, costs, and coverages are subject to change.</b></p>	
Eligibility	<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><b>GUARANTEED COVERAGE</b> 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>Eligibility is subject to medical underwriting.</p> <p>If you are denied coverage for a medical condition, you may be eligible for MRMP or PCIP. See next column.</p>	<p><b>GUARANTEED COVERAGE</b> MRMP: Must live in California. Eligible if previous coverage was terminated for reasons other than non-payment of premium or fraud (such as a pre-existing condition). Must prove denial of coverage or offer of higher premium than MRMP. Cannot be eligible for COBRA, Cal-COBRA, or government programs (except "end stage renal disease" covered under Medicare). Cannot be eligible for both Part A and Part B of Medicare. Subscriber must select from health plan carriers that offer post-MRMIP GUARANTEED COVERAGE.</p> <p><b>POP:</b> Must have been uninsured for at least 6 months prior to applying. Must prove being a U.S. citizen or legal U.S. resident, California resident, and having problems getting insurance due to a pre-existing condition.</p>	<p><b>GUARANTEED COVERAGE</b> Medi-Cal: Pregnant women and children ages 0-1: 200% FPL. Iadd \$638 per member if household has 11+ members). Children ages 1-5: 133% FPL. Iadd \$424 per member if household has 11+ members). Children ages 6-18: 100% FPL. Iadd \$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. Must be in the U.S. legally.</p> <p><b>ATP:</b> Children and adults who use Los Angeles County facilities and are not eligible for full-scope Medical benefits, County Mental Health Services, TRICARE, or California Children's Services (CCS). Patients admitted to a L.A. County hospital must be evaluated and cooperate with the requirements of Healthy Way L.A. (HWLA) program prior to being evaluated for ATP.</p>	<p><b>GUARANTEED COVERAGE</b> 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><b>CHDP:</b> 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><b>Healthy Kids:</b> Income limit below 300% FPL; children under age 19, who are not eligible for no-cost Medi-Cal or Healthy Families. Not eligible for job-based health insurance. Must reside in L.A. County and not be covered by any other publicly-sponsored health insurance plan. Only the 0-5 (age) program is open to new enrollment.</p>	<p><b>GUARANTEED COVERAGE</b> 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><b>Healthy Families:</b> Children ages 0-1: Above 200% to 250% FPL. Children ages 1-5: Above 133% to 250% FPL. Children ages 6-18: Above 100% to 250% FPL. (1+ family members have different rates). If income is at or below 100% FPL, your child may be eligible for no-cost Medi-Cal or employer-based coverage. Must be California residents and legal immigrants or U.S. citizens.</p>	<p><b>GUARANTEED COVERAGE</b> HWLA: Must be a resident of L.A. County, between ages 19-64, income at or below 133% FPL. Must also be a U.S. citizen/ National or legal permanent resident for at least 5 years.</p> <p><b>ORSA:</b> Patients eligible for third-party coverage would be ineligible for ORSA. Los Angeles County residents not eligible for full-coverage Medi-Cal may qualify. Those receiving full-coverage Medi-Cal may qualify for some benefits that Medi-Cal no longer covers at MACC, CAC, and HC.</p> <p><b>PPP:</b> Must provide payment within seven days after treatment to be eligible. No income or family-size limitations.</p> <p><b>GHPP:</b> 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><b>GUARANTEED COVERAGE</b> 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><b>Family PACT:</b> 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><b>GUARANTEED COVERAGE</b> 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><b>BCCTP:</b> 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 through 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><b>WISEWOMAN:</b> Must be enrolled in BCCTP.</p>	<p><b>WIC:</b> Government programs look at each family's circumstance to determine eligibility.</p> <p><b>FPL:</b> Means Federal Poverty Level. See explanation on reverse side of this matrix.</p> <p><b>Guaranteed coverage</b> means you cannot be turned down due to your health conditions.</p> <p><b>Programs and plan availability, eligibility requirements, costs, and coverages are subject to change.</b></p>	
Monthly Cost	<p>Cost depends on the employer contribution and 10% of the insurance company's index rate.</p>	<p><b>COBRA/Cal-COBRA:</b> Premiums range from 102%–150% of group health rates.</p> <p><b>COBRA Subsidy:</b> Covers 65% of premiums.</p> <p><b>HIPAA:</b> Premiums will depend on plan chosen.</p> <p><b>HIPP:</b> 50 or minimal share of cost.</p>	<p>Costs for individual coverage vary.</p>	<p><b>MRMIP:</b> Costs vary depending on age, region in CA, and program. \$3,500/year out-of-pocket max for subscribers. Annual out-of-pocket limits per household (subscriber + dependent) is approximately \$4,000.</p> <p><b>POP:</b> Monthly premiums range from \$27 to \$62, depending on your age and location.</p>	<p><b>Medi-Cal:</b> \$0–\$1 co-pays. \$5 for non-emergency visits in ER.</p> <p><b>ATP:</b> General Referral recipients receive care at no cost.</p>	<p><b>CaliforniaKids:</b> Monthly premium of \$75 per child.</p> <p><b>CHDP:</b> \$0 or minimal share of cost.</p> <p><b>Healthy Kids:</b> \$0–\$15/month for each child, depending on family income. \$5 co-payment for most services. Some services like checkups are free.</p>	<p><b>AIM:</b> 1.5% of family annual income for AIM.</p> <p><b>Healthy Families:</b> \$4–\$72 monthly premium per family based on FPL and plan chosen. Up to \$15 in co-pays.</p>	<p><b>HWLA:</b> \$0</p> <p><b>ORSA:</b> Patients and patient's responsible relatives living at or below 13.3% FPL have no (\$0) liability.</p> <p><b>PPP:</b> \$0 to \$300 for outpatient services depending on services received and treatment location.</p> <p><b>GHPP:</b> For some clients, the amount of annual enrollment fee is based on income and family size.</p>	<p><b>Restricted Medi-Cal:</b> \$0 or minimal share of cost.</p> <p><b>Family PACT:</b> \$0 or minimal share of cost.</p>	<p><b>FPL:</b> 50 or minimal share of cost.</p>	<p><b>Community Health Plan (CHP):</b> 888-464-CAEA 800-475-5050 cph.dhs.lacounty.gov</p> <p><b>Health Insurance Counseling &amp; Advocacy Programs (HICAP):</b> 800-434-0222 800-824-0780 www.cahedbaadvocates.org/HICAP</p> <p><b>Health Coverage Tax Credit:</b> 866-628-8282 www.hctc.net</p> <p><b>L.A. Care Health Plan:</b> 866-LACARE www.lacare.org</p> <p><b>L.A. County California Children's Services:</b> www.lapublichealth.org/cms/CCS.htm</p> <p><b>Medicare:</b> Age 65 and up 800-MEDICARE 800-431-4277 www.medicare.gov</p> <p><b>VA Medical Benefits Package:</b> 888-461-0803 www.loanofficer.va.gov</p> <p><b>Women-Infant-Children (WIC):</b> 888-WICWORKS 888-942-9375 www.wicworks.ca.gov</p> <p><b>NOTE:</b> Government programs look at each family's circumstance to determine eligibility.</p> <p><b>FPL:</b> Means Federal Poverty Level. See explanation on reverse side of this matrix.</p> <p><b>Guaranteed coverage</b> means you cannot be turned down due to your health conditions.</p> <p><b>Programs and plan availability, eligibility requirements, costs, and coverages are subject to change.</b></p>	

For additional assistance and to learn more about these programs, please call the **U.S. UNINSURED HELP LINE** at 800.234.1317



## 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.

The Health Care Options Matrix is a registered trademark of Philip Leiber and was originally developed by Philip Leiber and the Foundation for Health Coverage Education\*, [www.CoverageForAll.org](http://www.CoverageForAll.org).

© Copyright 2011 by Philip Leiber and the Foundation for Health Coverage Education\*.  
 All rights reserved. Printed in the U.S.A.

## Other Sources of Information

### Financial Aid & Free or Low-Cost Benefits

**Department of Health Services**  
 916-445-4171 (English and Spanish)  
 TTY 888-757-6034  
[www.dhs.ca.gov](http://www.dhs.ca.gov)

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

**Government Benefits Finder**  
 800-FED-INFO  
[www.benefits.gov](http://www.benefits.gov)  
 (Search tool for grants, loans and other benefits)

**Catalog of Federal Domestic Assistance**  
[www.cfda.gov](http://www.cfda.gov)  
 (Search tool for grants, loans and other benefits)

**Partnership for Prescription Assistance**  
 888-477-2669  
[www.pparx.org](http://www.pparx.org)

### Finding Local Health Care Options

**Health Resources and Services Administration**  
 888-275-4772  
[www.findahealthcenter.hrsa.gov](http://www.findahealthcenter.hrsa.gov)

**Self Help Clearing House**  
[www.mentalhelp.net/selfhelp](http://www.mentalhelp.net/selfhelp)

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

**Health Consumer Alliance**  
[www.healthconsumer.org](http://www.healthconsumer.org)  
 (13 different languages; user-friendly information about programs and legal rights by county)

### Laws & Regulations

**California Department of Insurance**  
 800-927-4357  
[www.insurance.ca.gov](http://www.insurance.ca.gov)  
 (English and Spanish; general information on all types of insurance)

**Employee Benefits Security Administration**  
[www.dol.gov/ebsa](http://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](http://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](http://www.CoverageForAll.org) or call 800-234-1317.



Based in Woodland Hills, Calif., Health Net Foundation was created in 2007 as a philanthropic arm of Health Net, Inc. (NYSE: HNT), a publicly-traded managed care organization that delivers managed health care services through health plans and government-sponsored managed care plans. Health Net Foundation's mission is to serve as a resource to improve people's health in underserved communities that Health Net, Inc. serves. To achieve its goals, the foundation supports programs that improve access to health care services and promote wellness and prevention.

Revised July 2011

## LOS ANGELES COUNTY

# Health Care Options Matrix™



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

