

# California Health Care Options Matrix

CALIFORNIA UNINSURED HELP LINE 800-234-1317

Demographic	Private Health Insurance			Publicly Sponsored Programs							Other programs and resources
	Small business owners	Individuals recently covered by an employer health plan	Individuals and families	Individuals unable to obtain private health insurance due to a medical condition	Children ineligible for state programs	Children in moderate income families	Pregnant women, infants	Low or no-income adults	Low-income individuals & families	Immigrants awaiting legal status	
Plan	<p><b>California Association of Health Underwriters</b> 800-322-5934 www.cahu.org</p> <p><b>California Uninsured Help Line</b> 800-234-1317</p>	<p><b>COBRA or Cal-COBRA</b> then convert to</p> <p><b>HIPAA</b> Health Insurance Portability and Accountability Act 866-4-USA-DOL www.dol.gov</p> <p><b>HIPP</b> Health Insurance Premium Payment 866-298-8443 www.dhs.ca.gov/mcs or www.healthconsumer.org</p>	<p><b>California Association of Health Underwriters</b> 800-322-5934 www.cahu.org</p> <p><b>California Uninsured Help Line</b> 800-234-1317</p>	<p><b>MRMIP</b> Major Risk Medical Insurance Program 800-289-6574 www.mrmib.ca.gov</p>	<p><b>Healthy Kids Plans</b> 510-763-2444 www.100percentcampaign.org</p> <p><b>CaliforniaKids</b> 818-755-9700 www.californiakids.org</p> <p><b>Kaiser Cares for Kids</b> 800-255-5053 www.kaiserpermanente.org</p>	<p><b>Healthy Families Program</b> 800-880-5305 888-747-1222 www.healthyfamilies.ca.gov</p>	<p><b>Medi-Cal</b> California's Medicaid Program 800-824-0088 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 Program</b> 800-880-5305 888-747-1222 www.healthyfamilies.ca.gov</p>	<p><b>Medically Indigent Adult Program (MIA)</b> also known as <b>County Indigent Program</b></p> <p>Every county has a MIA program. In 34 rural counties however, the MIA program is known as the <b>County Medical Services Program (CMSP)</b></p> <p>Contact local county social services agency www.dhs.ca.gov</p>	<p><b>Medi-Cal</b> 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><b>Restricted Medi-Cal</b> California's Medicaid Program 800-952-5253 www.medi-cal.ca.gov</p> <p><b>Family PACT</b> Family planning only 800-942-1054</p> <p>Or contact local county social services agency www.dhs.ca.gov</p>	<p><b>Information about Medicare</b> (age 65 and up) 800-952-5253 www.medicare.gov</p> <p><b>VA Medical Benefits Package</b> 877-222-8387 www.va.gov</p> <p><b>CCS</b> California Children's Services www.dhs.ca.gov/pcf/cms/ccs Or contact local county social services agency</p>
Coverage	<p>Up to \$5M lifetime maximum, assorted deductibles</p> <p>If uninsured for previous 1-6 months, a waiting period for coverage of pre-existing conditions may apply</p>	<p>Up to \$5M lifetime maximum, assorted deductibles</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>Pre-existing health conditions covered</p>	<p>Up to \$5M, assorted deductibles depending on age and ZIP code</p> <p>Limits on pre-existing health conditions may apply</p>	<p>MRMIP is a 36 month program. After that, subscribers can enroll in guaranteed coverage with private health plans. Under MRMIP, there is a \$75K annual limit. Coverage increases to \$200K per year (with a \$750K lifetime limit) once subscriber moves to a guaranteed issue private insurance individual plan</p> <p>MRMIP offers a variety of medical services provided by HMOs and PPOs</p>	<p>Offers a variety of health, dental, and vision plans from which to choose, includes hospitalization</p> <p>Pre-existing health conditions covered</p>	<p>Offers a variety of health, dental, vision, and prescription plans from which to choose</p> <p>Pre-existing health conditions covered</p>	<p>Under AIM, comprehensive medical care for mother provided (not just maternity)</p> <p>Under AIM, mothers continue to be covered up to 60 days after delivery. After birth, infant is automatically enrolled into the Healthy Families Program up to age 1</p> <p>After age 1, eligibility under the Healthy Families Program is reviewed and those within the allowable Monthly Income Guidelines continue with coverage as allowed under program rules</p> <p>Under Medi-Cal, pregnancy-related care (prenatal and delivery) is covered. Mothers are covered up to 60 days after delivery</p> <p>Pre-existing health conditions covered</p>	<p>Medically necessary physician and hospital-related services</p> <p>Depending on county, may provide coverage for other services such as dental and vision</p> <p>Benefits vary by county, please refer to social services agency in county of residence</p> <p>Pre-existing health conditions covered</p>	<p>Offers health, dental, vision, and prescription coverage</p> <p>Treatment for special health problems like breast cancer, kidney problems, nursing home needs, and AIDS</p> <p>Pre-existing conditions covered</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>Pre-existing health conditions covered</p>	
Eligibility	<p><b>Guaranteed Issue</b></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><b>Guaranteed Issue</b></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 medical condition (e.g., pregnancy, HIV/AIDS, or organ transplant), and are eligible for Medi-Cal</p> <p>Church organizations may be excluded</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, <i>see next column</i></p>	<p><b>Guaranteed Issue*</b></p> <p>You are eligible if your previous coverage was terminated for reasons other than non-payment of premium or fraud (such as a pre-existing condition)</p> <p>Cannot be eligible for COBRA, Cal-COBRA, or government programs (except "endstage renal disease" covered under Medicare)</p> <p>Must prove denial of coverage or offer of higher premium than MRMIP</p> <p>Live in California</p> <p>* Subscriber must select from available health plan carriers that offer the post-MRMIP guaranteed issue coverage</p>	<p><b>Guaranteed Issue</b></p> <p>Up to 300% FPL</p> <p>Not eligible for other government plans such as Medi-Cal or Healthy Families Program</p> <p>For Kaiser, California resident living near Kaiser or in county plan area</p> <p>Not eligible for employer-based coverage</p>	<p><b>Guaranteed Issue</b></p> <p>Age &lt; 1: 200%-250% FPL Ages 1-5: 133%-250% FPL Ages 6-18: 100%-250% FPL</p> <p>Must be ineligible for no-cost Medi-Cal or employer-based coverage</p> <p>California residents and legal immigrants</p>	<p>Below 200% FPL for no-cost Medi-Cal</p> <p>Must live in California for Medi-Cal</p> <p>200%-300% FPL for AIM</p> <p>Pregnant less than 31 weeks for AIM</p> <p>California resident for at least 6 months for AIM</p> <p>Insurance deductibles or copayments over \$500 may qualify for AIM</p>	<p>Must not be eligible for Medi-Cal</p> <p>Must reside in county where applying</p> <p>In CMSP counties, income can be up to 200% FPL</p> <p>In non-CMSP counties, eligibility income standards vary, please refer to social services agency in county of residence</p>	<p><b>Guaranteed Issue</b></p> <p>Age &lt; 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</p>	<p>For Medi-Cal:</p> <p>Age &lt; 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</p> <p>For Family PACT up to 200% FPL</p>	
Monthly Cost	<p>Costs depend on employer contribution</p>	<p>Costs range from 103%-150% of group health rates</p> <p>Individual coverage is also available and may be less expensive, <i>see next column</i></p>	<p>Costs for individual coverage varies</p>	<p>Costs vary depending on age, region in CA, and program. \$2,500/yr. out-of-pocket max for subscribers. Annual out-of-pocket limits per household (subscriber + dependents) is approx. \$4,000</p>	<p>For CaliforniaKids, families pay a small monthly cost and between \$5-\$25 for some services</p> <p>For Kaiser, families pay \$8-\$15 per child for up to 3 children (additional children are added at no cost) and \$5-\$10 per doctor visit</p>	<p>\$4-\$9 per child depending on income and choice of plan, with a \$27 family maximum</p> <p>\$5 copay for doctor visits and prescriptions</p> <p>Some check-ups are no-cost</p> <p>Cost sharing amount will change July 2005, please contact the Healthy Families Program for the most up-to-date information</p>	<p>\$0 for no-cost Medi-Cal, if income below 200% FPL</p> <p>1.5% of family annual income for AIM</p>	<p>\$0 or minimal share-of-cost</p>	<p>\$0 or minimal share-of-cost</p>	<p>\$0 or minimal share-of-cost</p>	



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

Program and plan availability, eligibility requirements, costs, and coverages are subject to change. Call the California Uninsured Help Line at 800-234-1317 for the most up-to-date information

FOR ADDITIONAL ASSISTANCE AND TO LEARN MORE ABOUT THESE PROGRAMS, PLEASE CALL THE CALIFORNIA UNINSURED HELP LINE 800.234.1317

## Using The California Health Care Options Matrix

Californians have a variety of health care coverage options. This Matrix is designed to help Californians determine which option is best for them.

- Step 1** Check the chart below to determine the applicant's FPL percentage.
- Step 2** Based on the demographic profile and eligibility, determine which plans the applicant may qualify for.
- Step 3** Create a list of websites and phone numbers for the applicant using the resources listed in the Matrix, or encourage the applicant to call the California Uninsured Help Line at 800-234-1317.

Monthly Income Guidelines					
As a percentage of Federal Poverty Level (FPL)					
Family Size (Household)	100%	133%	200%	250%	300%
1	\$798	\$1,061	\$1,595	\$1,994	\$2,393
2	\$1,069	\$1,422	\$2,138	\$2,673	\$3,208
3	\$1,341	\$1,783	\$2,682	\$3,352	\$4,023
4	\$1,613	\$2,145	\$3,225	\$4,031	\$4,838
5	\$1,884	\$2,506	\$3,768	\$4,710	\$5,653
6	\$2,156	\$2,867	\$4,312	\$5,390	\$6,468
7	\$2,428	\$3,229	\$4,855	\$6,069	\$7,283
8	\$2,699	\$3,590	\$5,398	\$6,748	\$8,098

→ A pregnant woman counts as two family members for the purpose of this chart.

→ For incomes up to 100% of the Monthly Income Guidelines, add \$265 per month for each additional family member after eight.

Source: California Occupational Employment and Wage Data and Department of Health and Human Services, 2005

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.

Source: <http://aspe.hhs.gov/poverty/income-defn.html>

This Matrix was originally developed by Phil Lebherz and the Foundation for Health Coverage Education. [www.coverageforall.org](http://www.coverageforall.org) <<http://www.coverageforall.org>>  
The California Health Care Options Matrix is a registered trademark of Phil Lebherz.  
Copyright 2004 by Phil Lebherz and the Foundation for Health Coverage Education.  
Blue Cross of California Foundation is an Independent Licensee of the Blue Cross Association.  
® is a registered mark of the Blue Cross Association.

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

916-327-1400  
(English and Spanish)  
TTY 888-757-6034  
[www.dhs.ca.gov](http://www.dhs.ca.gov)  
(Recorded information about Medi-Cal, Medicare, SSI, Food Stamps, Cash Assistance, CMSP, MISF, Healthy Families Program, CCS, MTP and more)

#### Government Benefits Finder

800-FED-INFO

#### Catalog of Federal Domestic Assistance

[www.cfda.gov](http://www.cfda.gov)  
(Search tool)

#### Veterans Health Administration

[www.va.gov](http://www.va.gov)  
877-222-8387

### Finding local health care options

#### Bureau of Primary Health Care

888-ASK-HRSA  
[www.ask.hrsa.gov/pc](http://www.ask.hrsa.gov/pc)  
(Search tool by zip code)

#### 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)  
(Many different health care search tools)  
[www.healthfinder.gov](http://www.healthfinder.gov)  
(User-friendly search tool in English and Spanish)

#### 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)

An online version of this Matrix is updated regularly for your convenience.

To order copies of the Matrix or download the online version:  
[www.cahu.org](http://www.cahu.org) or call 800-322-5934

The Blue Cross of California Foundation, The Foundation for Health Coverage Education, and the California Association of Health Underwriters have generously funded the California Uninsured Help Line public education program to ensure that every Californian has 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 coverages 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.

# California Health Care Options Matrix™



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



Helping Californians navigate public and private health care options

