

Demographic	PRIVATE HEALTH INSURANCE			PUBLICLY SPONSORED PROGRAMS				
	Small Businesses (2-50 employees)	Individuals recently covered by an employer health plan	Individuals and families	CHILDREN AND YOUTH		ADULTS		
				Low To Moderate Income		Pregnant Women & Infants	Low To Moderate Income	
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 or Cal-COBRA</b> Then convert to</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 800-322-5934 www.cahu.org</p>	<p><b>Medi-Cal</b> California's Medicaid Program 877-597-4777 www.ladhs.org</p> <p><b>Healthy Families Program</b> 800-880-5305 888-747-1222 www.healthyfamilies.ca.gov</p> <p><b>Healthy Kids</b> (County-based programs) 888-452-5437 (local number) 888-452-2273 (local number) (County based program) www.partnershiphp.org www.champ-net.org</p>	<p><b>Children Health and Disability Prevention (CHDP)</b> 800-993-2437 800-993-CHDP www.dhs.ca.gov/pcfh/cms/chdp/</p> <p><b>Family PACT</b> (Family Planning) 800-942-1054 For local programs contact www.dhs.ca.gov www.familypact.org</p> <p><b>Kaiser Permanente Child Health Plan</b> 800- 464-4000 http://info.kp.org/childhealthplan/</p> <p><b>CaliforniaKids</b> 818-755-9700 www.californiakids.org</p>	<p><b>Medi-Cal</b> California's Medicaid Program 877-597-4777 www.ladhs.org</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>Medi-Cal</b> California's Medicaid Program 877-597-4777 www.ladhs.org</p> <p><b>Family PACT</b> (Family Planning) 800-942-1054 www.dhs.ca.gov</p> <p><b>County Medical Services Program (CMSP)</b> 800-378-9919 www.ladhs.org</p> <p><b>Genetically Handicapped Persons Program (GHPP)</b> 800-639-0597 www.dhcs.ca.gov/services/ghpp</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><b>COBRA or Cal-COBRA:</b> Coverage available for 18 to 36 months depending on qualifying events, benefits are the same as what you had with your previous employer</p> <p><b>COBRA Subsidy:</b> 15 months of partially subsidized COBRA premium</p> <p><b>HIPAA:</b> Benefits are based on the program selected and 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><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><b>Limits on Pre-Existing Health Conditions May Apply</b></p>	<p><b>Medi-Cal:</b> Offers health, dental, vision, and prescription coverage. Also includes treatment for special health problems like breast, cervical cancer, tuberculosis, etc.</p> <p><b>Health Families:</b> Provides comprehensive coverage to children. Children with pre-existing conditions are not excluded and can receive coverage for services that are medically necessary.</p> <p><b>Healthy Kids:</b> Provides comprehensive coverage including mental health coverage</p> <p><i>Pre-Existing Health Conditions Covered</i></p>	<p><b>CHDP:</b> Only covers general check ups required for school, sports, camps, etc. (Does not cover hospital, medicines, or any emergencies)</p> <p><b>Family PACT</b> provides comprehensive family planning services</p> <p><b>KPCHP:</b> Offers a variety of health, dental, and vision plans from which to choose, includes hospitalization. Effective July 17, 2009, enrollment is now closed to new membership from Southern California. A future re-open date has not been determined</p> <p><b>California Kids:</b> Offers coverage for a variety of outpatient benefits, including physician services, health maintenance and wellness services, outpatient hospital services, emergency care, ambulance services, prescription drugs, dental services and family assistance</p> <p><i>Pre-Existing Health Conditions Covered</i></p>	<p><b>Medi-Cal:</b> Offers health, dental, vision, and prescription coverage. Also includes treatment for special health problems like breast, cervical cancer, tuberculosis, etc.</p> <p><b>AIM:</b> Provides comprehensive medical care for mother (not just maternity); mothers continue coverage up to 60 days after delivery; after birth, infant is eligible for enrollment into Healthy Families (they are not automatically enrolled, mom must notify Healthy Families Program)</p> <p><b>Healthy Families:</b> Children with pre-existing conditions are not excluded and can receive coverage for services that are medically necessary. Adult women are covered during pregnancy up to delivery.</p> <p><i>Pre-Existing Health Conditions Covered</i></p>	<p><b>Medi-Cal:</b> Offer a variety of health, dental, and vision plans from which to choose, includes hospitalization</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><i>Pre-Existing Health Conditions Covered</i></p>	
Eligibility	<p><b>GUARANTEED COVERAGE</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 COVERAGE</b></p> <p><b>COBRA or Cal-COBRA:</b> If you were involuntarily terminated between Sept 1, 2008 and May 31, 2010, you are eligible for a 65% COBRA subsidy from the Federal Government. If you become eligible for other insurance, you will no longer be eligible for the subsidy. Must have an income at or below \$125,000 for individuals or \$250,000 for couples. You have 60 days from date of termination to sign up for COBRA coverage</p> <p><b>Cal-COBRA:</b> Applies to small businesses with less than 20 employees</p> <p><b>HIPAA:</b> After you have exhausted your COBRA benefits or if you had 18 months of continuous coverage and your company went out of business, you may convert to a HIPAA individual plan, even if you have pre-existing conditions. You have 63 days from the date you lost your previous coverage to sign up for HIPAA</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>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><b>GUARANTEED COVERAGE</b></p> <p><b>Medi-Cal:</b> Age &lt; 1: Up to 200% FPL Ages 1-5: Up to 133% FPL Ages 6-18: Up to 100% FPL 0-250% FPL (for Working Disabled Program)</p> <p><b>Healthy Families:</b> Must not be covered by an employer sponsored plan now or in the last 3 months (with exceptions). Not eligible for no Share of Cost Medi-Cal. Children have to be U.S. Citizens, Nationals, or Qualified Aliens. Income Requirements are between: Age &lt; 1: 201%-250% of FPL Age 1-5: 134%-250% of FPL Age 6-18: 101%-250% of FPL</p> <p><b>Healthy Kids:</b> Income between 0%-300% of the FPL. Must not be covered by an employer sponsored plan now or in the last 3 months (some exceptions). Children must be between the ages of 0-5. Program subject to change based on continued funding for ages 6-18. Not Eligible for no-cost full-scope Medi-Cal or Healthy Families. Undocumented children are eligible. <i>Not all counties have Healthy Kids, eligibility rules may vary</i></p>	<p><b>GUARANTEED COVERAGE</b></p> <p><b>CHDP:</b> 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><b>Family PACT:</b> Income up to 200% FPL. No insurance or ineligible for Medi-Cal, or insurance does not cover family planning or birth control methods</p> <p><b>KPCHP:</b> Applicants income can range up to 300% of the FPL. California resident living near Kaiser or in county plan area. Must not be eligible for employer based coverage, no-cost full-scope Medi-Cal or Healthy Families</p> <p><b>California Kids:</b> Must not be eligible for other government plans such as Medi-Cal or Healthy Families Program. To qualify for the program, a child must be age 2-18. There are no income restrictions for the program. <i>Not all counties have California Kids, eligibility rules may vary.</i></p>	<p><b>GUARANTEED COVERAGE</b></p> <p><b>Medi-Cal:</b> Age &lt; 1: Up to 200% FPL Ages 1-5: Up to 133% FPL Ages 6-18: Up to 100% FPL Pregnant Women Up to 200% FPL</p> <p><b>AIM:</b> 201%-300% FPL for AIM If you are pregnant, your income can be up to 300% FPL; Pregnant less than 31 weeks; Live in California; California resident for at least 6 months; legal immigration status Insurance deductibles or co-payments over \$500 may qualify for AIM</p> <p><b>Healthy Families:</b> Not eligible for no Share of Cost Medi-Cal. Children have to be U.S. Citizens, Nationals, or Qualified Aliens. Income Requirements are between: Age &lt; 1: 201%-250% of FPL Age 1-5: 134%-250% of FPL Age 6-18: 101%-250% of FPL</p>	<p><b>GUARANTEED COVERAGE</b></p> <p><b>Medi-Cal:</b> 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 100% FPL or up to 250% FPL under the working disabled program</p> <p>Live in California and plan to stay</p>	<p><b>GUARANTEED COVERAGE</b></p> <p><b>Family PACT:</b> Up to 200% FPL; No insurance or ineligible for Medi-Cal; Insurance does not cover family planning or birth control methods; Have not met deductible of current insurance; Have Medi-Cal with share of cost but you have not met your share of cost.</p> <p><b>CMSP:</b> Must be between the 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.</p> <p><b>GHPP:</b> 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>
Monthly Cost	<p>Cost depends on the employer contribution and ±10% of the insurance company's index rate</p>	<p><b>COBRA or Cal-COBRA:</b> With the 65% subsidy you are responsible for 35% of the monthly premium for the first 15 months. Once subsidy expires you are responsible for full premium</p> <p><b>COBRA, Cal-COBRA, HIPAA:</b> Premiums range from 102%-150% of group health rates; individual coverage may be less expensive, see next column</p> <p><b>HIPP:</b> \$0 or minimal share of cost</p>	<p>Costs for individual coverage varies</p>	<p><b>Medi-Cal:</b> \$0 or share of cost</p> <p><b>Healthy Families:</b> \$4-\$24 per child depending on income and choice of plan, with a \$72 family maximum; \$5 co-pay for doctor visits and prescriptions (Co-payments are subject to change based on the state's final budget); some check-ups are no-cost</p> <p><b>Healthy Kids:</b> Monthly premiums are \$0-\$6. Along with \$5 co-pay for most outpatient services.</p>	<p><b>CHDP &amp; Family PACT:</b> \$0 or minimal share of cost</p> <p><b>CaliforniaKids:</b> \$49 per month per child; \$5-50 co-pays for services</p> <p><b>KPCHP:</b> \$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</p>	<p><b>Medi-Cal:</b> \$0 or share of cost</p> <p><b>AIM:</b> 1.5% of family annual income</p> <p><b>Healthy Families:</b> \$4-\$24 per child depending on income and choice of plan, with a \$72 family maximum; \$5 co-pay for doctor visits and prescriptions (Co-payments are subject to change based on the state's final budget); some check-ups are no-cost</p>	<p><b>Medi-Cal &amp; Restricted Medi-Cal:</b> \$0 or share of cost</p> <p><b>Family PACT &amp; CMSP:</b> \$0 or share of cost</p> <p><b>GHPP:</b> 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>	

**Other Programs & Resources**

- Medicare**  
(Age 65 and up)  
800-MEDICARE  
www.medicare.gov
- VA Medical Benefits Package**  
877-222-8387  
www.va.gov
- Health Coverage Tax Credit**  
866-628-HCTC  
866-628-4282  
www.irs.gov (key word HCTC)
- California Children's Services**  
www.dhs.ca.gov/pcfh/cms/ccs
- Indian Health Services**  
916-930-3927  
www.ihs.gov
- MRMIP**  
(Major Risk Medical Insurance Program)  
800-289-6574  
www.mrmib.ca.gov
- IMPACT**  
800-409-8252  
www.california-impact.org
- Breast and Cervical Cancer Screening & Treatment**  
800-824-0088  
www.dhs.ca.gov/cancerdetection
- Women-Infant-Children(WIC)**  
888-WICWORKS  
888-942-9675  
www.wicworks.ca.gov
- BABY CAL**  
800-BABY-999  
800-222-9999
- CA Regional Centers**  
916-654-1690  
www.dds.ca.gov

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

Income, assets, and residency 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%	200%	250%	300%
1	\$903	\$1,200	\$1,805	\$2,256	\$2,708
2	1,214	1,615	2,428	3,035	3,643
3	1,526	2,029	3,052	3,815	4,578
4	1,838	2,444	3,675	4,594	5,513
5	2,149	2,858	4,298	5,373	6,448
6	2,461	3,273	4,922	6,152	7,383
7	2,773	3,687	5,545	6,931	8,318
8	3,084	4,102	6,168	7,710	9,253

- A pregnant woman counts as two for the purpose of this chart.
- 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: This is general information only to be used for reference.

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, [www.coverageforall.org](http://www.coverageforall.org).

© Copyright 2010 by Philip Lebherz and the Foundation for Health Coverage Education.

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, MISP, 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)

**Veterans Health Administration**  
877-222-8387  
[www.va.gov](http://www.va.gov)

**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)

## LOS ANGELES COUNTY

# Health Care Options Matrix™



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



**Anthem**  
Blue Cross  
FOUNDATION



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 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.