

Demographic	PRIVATE HEALTH INSURANCE			PUBLICLY SPONSORED PROGRAMS						
	Employees and Small Businesses	Individuals recently covered by an employer health plan	Individuals and families	Individuals unable to obtain private health insurance due to a medical condition	Low Income Families and Medically Needy	Low Income Children	Pregnant women, infants	Low- or no-income adults	Low-income individuals & families	Immigrants awaiting legal status
Plan	<p>California Association of Health Underwriters</p> <p>800-322-5934 www.cahu.org</p> <p>California Uninsured Help Line</p> <p>800-234-1317</p>	<p>COBRA or Cal-COBRA then convert to</p> <p>HIPAA (Health Insurance Portability & Accountability Act) 866-4-USA-DOL www.dol.gov</p> <p>HIPP (Health Insurance Premium Payment) 866-298-8443 www.dhs.ca.gov/mcs or www.healthconsumer.org</p>	<p>California Association of Health Underwriters</p> <p>800-322-5934 www.cahu.org</p> <p>California Uninsured Help Line</p> <p>800-234-1317</p>	<p>MRMIP (Major Risk Medical Insurance Program)</p> <p>800-289-6574</p> <p>www.mrmib.ca.gov</p>	<p>Healthy Kids Plans (County-based programs) 800-234-1317 (Uninsured Help Line) www.champ-net.org www.100percent.org</p> <p>CaliforniaKids 818-755-9700 www.californiakids.org</p> <p>Kaiser Cares for Kids 800-255-5053 www.kaiserpermanente.org</p>	<p>Healthy Families Program</p> <p>800-880-5305 888-747-1222</p> <p>www.healthyfamilies.ca.gov</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>Medically Indigent Adult Program (MIA)</p> <p>also known as County Indigent Program</p> <p>Contact local county social services agency</p> <p>www.dhs.ca.gov</p>	<p>Medi-Cal California's Medicaid Program</p> <p>800-952-5253</p> <p>www.medi-cal.ca.gov</p> <p>Or contact local county social services agency</p> <p>www.dhs.ca.gov</p>	<p>Restricted Medi-Cal California's Medicaid Program</p> <p>800-952-5253 www.medi-cal.ca.gov</p> <p>Family PACT (Family planning)</p> <p>800-942-1054</p> <p>Or contact local county social services agency www.dhs.ca.gov</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><i>Pre-Existing Health Conditions Covered</i></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><i>Pre-Existing Health Conditions Covered</i></p>	<p>Up to \$5M, assorted deductibles depending on age and zip code</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. 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><i>Pre-Existing Health Conditions Covered</i></p>	<p>Offers a variety of health, dental, and vision plans from which to choose, includes hospitalization</p> <p><i>Pre-Existing Health Conditions Covered</i></p>	<p>Offers a variety of health, dental, vision, and prescription plans from which to choose</p> <p><i>Pre-Existing Health Conditions Covered</i></p>	<p>Under 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>After age 1, eligibility under Healthy Families Program is reviewed and those within 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><i>Pre-Existing Health Conditions Covered</i></p>	<p>Every county has a MIA program. In 34 rural counties however, the MIA program is known as CMSP, County Medical Services Program</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>Offers health, dental, vision, and prescription coverage Treatment for special health problems like breast cancer, kidney problems, nursing home needs, and AIDS</p> <p><i>Pre-Existing Health Conditions Covered</i></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>
Eligibility	<p>GUARANTEED ISSUE</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 ISSUE</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>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, see next column</p>	<p>GUARANTEED ISSUE</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>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 health plan carriers that offer post-MRMIP guaranteed issue coverage</p>	<p>GUARANTEED ISSUE</p> <p>250%-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>GUARANTEED ISSUE</p> <p>Age < 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>GUARANTEED ISSUE</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>GUARANTEED ISSUE</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>GUARANTEED ISSUE</p> <p>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</p>	<p>GUARANTEED ISSUE</p> <p>For 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</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; 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/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; \$5 copay for doctor visits and prescriptions; some check-ups are no-cost</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>

Other Programs & Resources
<p>Medicare (Age 65 and up)</p> <p>800-MEDICARE www.medicare.gov</p> <p>VA Medical Benefits Package</p> <p>877-222-8387 www.va.gov</p> <p>CCS California Children's Services</p> <p>www.dhs.ca.gov/pcfh/cms/ccs</p> <p>Or contact local county social services agency</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.

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

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

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



