

A Short Guide to Public Health Insurance Programs

For Adult consumers age 19 and above

Revised and Updated June 2016

Medi-Cal

Medi-Cal has more than two dozen programs available to children age 0 – 19 and adults age 19 and above. All programs cover the same benefits (unless where otherwise noted) and are free of charge for all Medi-Cal members who do NOT carry a Share of Cost. For a definition of the Share of Cost option, please check the Glossary of Medical Terms.

However, if you are an adult age 19 and above and are NOT lawfully residing in the United States, meaning you do not carry a Legal Permanent Resident card (also known as Green Card), Temporary Protected Status or a Homeland Security/USCIS issued immigration visa (including U-Visa) entitling you to temporary or permanent lawful residence in the United States, you will be only entitled to restricted benefits as specified below.

Even though all Medi-Cal programs come with the same benefits, the eligibility criteria for these programs are different per program. Please pay close attention to each program's description below.

These are the benefits provided by all Medi-Cal programs for all U.S. citizens and immigrants lawfully residing in the United States as well as all undocumented minors age 0 - 19:

- Out-patient visits, including specialty care (for some services network restrictions may apply)
- Dental coverage, offered through separate enrollment into Denti-Cal, excludes certain denture services and root canal in front teeth for adults / full service for minors age 0 - 19
- Vision coverage – Annual eye exam and other optometrist services as needed only, no coverage for glasses, frames and contact lenses
- Immunizations (for members of any age)
- Prescriptions, including psychiatric
- Laboratory Tests (Bloodwork, CT scans, etc.)
- Emergency Care, including ambulance services, if required, to and between hospitals
- Mental Health Services – In-patient and Out-patient
- Substance Use Treatment Services – In-patient and Out-patient, including Medication Assisted Treatment
- Well Child Visits
- Medical Equipment & Supplies

- Nursing Home Services (Rehabilitation and Long-Term Care Services)
- In-Home Supportive Services (some services might only be available in combination with enrollment into the Health Plan of San Mateo's CareAdvantage CalMediConnect plan, see below)

These are the benefits provided by all Medi-Cal programs for all immigrants residing in the United States without proper legal documentation issued by Homeland Security/USCIS age 19 and above:

- Out-patient visits, including specialty care related to pregnancy only
- Emergency Care, including ambulance services, if required, to and between Hospitals
- Limited in-patient / out-patient postpartum care (for women only)

Modified Adjusted Gross Income (MAGI) Medi-Cal

Insurance covers: Everyone, age 0 – 64, including childless single or married adults

Eligibility criteria:

- California resident
- U.S. citizen, lawful residency in the United States, undocumented status
- Gross monthly income must be at or below 138 % Federal Poverty Limit (see table below)

Premiums:None

Share of Cost: None

Family Medi-Cal
(also called: 1931(b) program)

Insurance covers: All minors of age 0 – 19th birthday and their (Step)-Parent of a minor child with deprivation linkage through Absent Parent, Deceased Parent, Incapacitated Parent, or Un(der)employed Parent rules

Eligibility criteria:

- California resident
- U.S. citizen, lawful residency in the United States, undocumented status
- Gross monthly income must be at or below 100 % Federal Poverty Limit
- Not eligible for MAGI Medi-Cal
- Assets must be within Property limit, home where you live and 1st car are exempt

Premiums:None

Share of Cost: None

Seniors and Person with Disabilities Medi-Cal **(also called: A&D 100 % FPL program)**

Insurance covers: All adults age 19 and above

Eligibility criteria:

- California resident
- U.S. citizen, lawful residency in the United States, undocumented status
- California's Department of Social Services Disability Determination Services Division verified valid disability claim for all adults ages 64 and below
- Gross monthly income must be at or below 100 % Federal Poverty Limit
- Not eligible for MAGI Medi-Cal
- Assets must be within Property limit, home where you live and 1st car are exempt

Premiums:None

Share of Cost: None

Note: If you are the only disabled member in your household, you can ask to be screened for eligibility separately from your spouse and/or minor child(ren).

Former Foster Care Medi-Cal

Insurance covers: Young adults age 19 – 26th birthdate

Eligibility criteria:

- California resident
- Proof of former Foster Care enrollment at age 18 in any of the 50 States

Premiums: None

Share of Cost: None

Traditional Medi-Cal (follows federal Medicaid guidelines)

Insurance covers: Everyone age 0 and above

Eligibility criteria:

- California resident
- U.S. citizen, lawful residency in the United States, undocumented status
- Gross monthly income must be over 138.01 % Federal Poverty Limit
- Not eligible for MAGI Medi-Cal or Covered California
- Assets must be within Property limit, home where you live and 1st car are exempt

Premiums: None

Share of Cost: Varies based on determined countable income after all applicable deductions

Online Link for all Medi-Cal programs: http://www.dhcs.ca.gov/services/medi-cal/eligibility/Pages/Medi-Cal_CovCA_FAQ.asp

250 % FPL Working Disabled Program

Covers: All adults age 21 and above who are actively receiving Title II Social Security benefits (SSDI) or have been approved by California's Department of Social Services Disability Determination Services Division for a chronic disability

Eligibility criteria:

- California resident
- U.S. citizen, lawful residency in the United States
- Assets must be within Property limit, home where you live, 1st car and any retirement account (IRA, 401(k), etc.) are exempt
- Applicant must work on a regular basis for a minimum of 1 hour/month in exchange for a salary of any amount above \$1/month (excluding any unpaid volunteer work), or in exchange for at least one regular meal or other service paid by the employer (receipt must be submitted with employer letter verifying exchange arrangement)

Premiums: Sliding scale, \$20 - \$300/month (Note: Any deemed income from a spouse and unearned non-disability income is countable towards the premium, but all disability-based income is exempt)

Co-Payments: None

Other Program Benefits:

- Eligible for program for up to 6 months after loss of employment as long as monthly premium payment continues
- Program recipient is allowed to establish a separate bank account for the deposit of excess earnings to save for future use which will remain exempt under **any Medi-Cal program**

Online Link: <http://healthconsumer.org/cs032WorkingDisabled.pdf>

SSI Medi-Cal

Adults and/or children can potentially qualify for SSI Medi-Cal if the following applies:

- Verified U.S. Citizenship or Naturalized Citizenship, Legal Permanent Resident Status (some restrictions apply due to length of residency, prior work status and sponsorship rules)
- Verified severe legal disability (eligible under Social Security criteria) and/or legal retirement age (65 or older)
- Available earned and/or unearned income is below SSI payment level
- Property is within Medi-Cal Asset Limit

Online Link: <http://www.ssa.gov/pubs/index.html#SSI>

Covered California

Per Affordable Care Act these eleven essential benefits **MUST** be covered by any insurance carrier partnering with the State of California under this program:

1. Ambulatory Patient Services (including transportation to and from a hospital)
2. Emergency Services (including psychiatric)
3. Hospitalizations (including psychiatric)
4. Maternity and newborn care (including initial immunizations and well baby check ups)
5. Mental Health and Substance Use Disorder (Outpatient, In-patient Detox, Day Treatment, Individual or Group Counseling, Outpatient Detox, Transitional Residential Recovery etc.)
6. Prescription Drugs (coverage may vary by formulary)
7. Rehabilitative services and devices (including prosthetics)
8. Laboratory Services
9. Preventive and wellness services (free of charge), including incentive programs such as free or reduced price gym memberships (will vary in scope and access by plan)
10. Chronic disease management
11. Pediatric oral and vision care (for minors age 19 and below)

Adult dental and vision care is available through enrollment into additional coverage plans through the Covered CA website, but are not included in the initial plan.

Covers: Everyone age 0 - 64

General Eligibility criteria:

- California residency
- U.S. citizenship, legal residency in the United States
- Not eligible for fullscope Medi-Cal, Medicare, Veteran's Health Insurance, Tricare and not covered by an employer-sponsored (!) private insurance plan
- Family countable gross income is above 138 % Federal Poverty Limit

Premiums: Vary widely and are adjusted by each insurance carrier annually, four metal tiers available with bronze being the cheapest option and platinum the most expensive, partial reimbursement for monthly premium payment through applicable tax credits are only given at silver tier – rates, most bronze options are a nominal \$1/month only, check Covered Ca website for details

Co-Payments/Co-Insurance: Vary widely and are adjusted annually based on cost effectiveness study, however, are regulated by Covered CA and are the same per carrier across CA, the lower the metal tier – premium the higher the charged co-payment/co-insurance, low income members with incomes below 200 % FPL can receive additional subsidies for their co-payment/co-insurance in addition to tax credit to lower monthly premium. Amounts vary by countable income, check Covered Ca website for details

Carriers available in San Mateo County: Anthem Blue Shield, Blue Cross of CA, Chinese Community Health Plan (CCHP, in Northern Part of San Mateo only), Health Net, Kaiser Permanente

Note: You can typically only enroll into a Covered CA plan during the annual open enrollment period in November – January. Outside of this time period, you need to proof a life changing event such as:

- Marriage
- Birth of a child / Adoption of a child
- Loss of Employment
- Loss of Employer-Sponsored Coverage
- Move from another State
- Move into a new CA County that does not support prior Covered CA plan (previous carrier is unavailable in new service area)

Enrollment into a Covered CA plan is not mandated, but recommended for all U.S. citizens and legal permanent residents who file regular annual income taxes as those who don't carry any insurance at the time of their Income Tax filing will be assessed a penalty. The penalty for 2016 and forward is \$695/adult household member (half per minor dependent) and is subject to adjustment as of 2017 based on the annual inflation rate. Undocumented residents do NOT have to carry health insurance coverage for themselves, even if filing regular income taxes, only for those who meet residency criteria.

As of January 2017 Covered CA may allow undocumented residents to purchase an individual plan at full premium price, but without the possibility to apply any federal tax credits to monthly premiums and subsidies to lower co-payment/co-insurance charges to

allow for parents of US born / legal children to enroll into a family plan covering all household members. (Pending approval by the Governor)

Online Link: <http://www.coveredca.com/get-help/faqs/>

ACE County- San Mateo Access and Care for Everyone

These benefits are provided:

- Outpatient visits, including some specialty care (network restrictions may apply)
- Vision – Eye exam and optometry services available through San Mateo Medical Center, no coverage for glasses, frames and contact lenses
- Emergency Dental services only, such as tooth extraction
- Lab Tests
- Inpatient Care at the San Mateo Medical Center only
- Prescriptions (psychiatric drugs are limited to those not requiring a prescription from a licensed psychiatrist)
- Limited counseling services (marriage etc.) through Ravenswood Family Health Clinic in Menlo Park
- Durable Medical Equipment and Supplies
- Home Health Care
- Acupuncture & Chiropractor Services

The following services are *NOT* covered:

- Emergency Admissions (which are otherwise covered under restricted Medi-Cal)
- Routine dental services, including tooth cleaning, dentures and root canals
- Mental Health Services for severe mental illness, including Psychiatric Emergency (51/50 and other holds) and inpatient admission
- Pregnancy-related services (which are otherwise covered under restricted Medi-Cal)
- Other limited medical services such as Tuberculosis testing billable under Medi-Cal

Covers: All adults age 19

General Eligibility criteria:

- San Mateo County residency
- Not eligible for fullscope Medi-Cal, Covered California, Medicare, Veteran's Health Insurance, Tricare
- Family countable gross income is below or at 200 % Federal Poverty Limit
(Note: Income limit can be extended to 225 % FPL, if regular treatment for chronic disease is necessary and financial hardship applies. A separate financial hardship appeal must be filed.)

Premiums: Individual *Non-Refundable* Annual Enrollment Fee: \$240, can be paid in monthly installments of \$20/each

Co-Payments: Vary per service, Minimum: \$7/Prescription – Maximum: \$300 for Inpatient Hospital Services, or Same-Day Surgery

Online Link: <https://www.hpsm.org/members/san-mateo-ace/benefits-and-costs.aspx>

Medicare

This is a federal *entitlement* program.

Covers:

- Senior adults age 65 and older
- Children and adults under age 65 with Social Security – certified, legal disability
- Anyone diagnosed with End-Stage Renal Disease (Permanent Kidney Failure) or with Lou Gehrig's disease

Provides:

Part A: Hospital Insurance (Inpatient, SNF, LTC, In-Home Support)

Part B: Medical Insurance (Outpatient Care, Check-Ups, Preventive Care)

Part C: Medicare Advantage Plans (Managed by private / public insurance, expansion of coverage (dental/vision/specialty care), may incl. prescriptions – often offers discounts on Part A & Part B co-pays)

Part D: Medicare Prescription Drug Coverage (Discount Programs for Drug Coverage)

Eligibility criteria:

- Citizen or Legal Permanent Resident status
- Work History (must have enough eligible work quarters)
- Must meet federal disability criteria (if under age 18) AND must have received SSDI/RSDI benefits for at least a minimum of 24 consecutive (!) months (if applying under age 65)

Premiums

Part A: Free, if on fullscope Medi-Cal without a Share of Cost and/or enough Medicare taxes paid by applicant while working. Otherwise, premium is \$411/month.

Part B: Free, if on fullscope Medi-Cal without a Share of Cost. Otherwise, premium is \$104.90/month for most recipients.

Part C: Mostly free, but premium varies by insurance carrier.

Part D: Varies by insurance carrier

Co-Payments

Most services under Part B require a 20% co-pay on total billed expenses. Charges for Mental Health Services may be slightly higher in 2016.

Note: Each hospital stay may require a \$1,288 deductible for day 1 – 60 of inpatient care.

Discounts:

SSA offers an Extra-Help program to assist with the Medicare Part D doughnut hole/premium/co-pay. Qualifying applicants must have income below or at \$17,820/annual (single) // \$24,030/annual (married couple) (can be higher if supporting a minor) AND assets below or at 13,640 (single) / \$27,250 (married couple).

Applications can be filed online via www.medicare.gov or through HICAP (1-800 434 0222).

CareAdvantage CalMediConnect

Covers: Everyone with **active** Medicare Part A & Part B coverage

Provides:

- Medical Care, incldg. in-patient/out-patient mental health & hospital care
- Prescription Coverage, incldg. Medication Therapy Management
- Dental (Pick Up of services not covered under Denti-Cal, restrictions may apply)
- Vision (Eye exam and optometrist services, one pair of eye glasses with frames or contact lenses every two years, \$100 payment towards eye glasses every two years)
- Hearing Aids
- 30 free taxi rides to/from health care service locations (includes MH appointments)
- Preventive Services, including immunizations and free health screenings for many common diseases
- In-home Supportive and Home Health Care Services

Eligibility criteria:

- San Mateo County residency
- **Free fullscope** Medi-Cal coverage or active on Working Disabled program, or residing in a Long-Term Care facility

Premiums: None

Co-Payments

- None for most non-prescription services, including mental health services
- \$0 - \$2.95 for generic drugs after that
- \$0 - \$7.40 for brand name drugs

Available Discounts

Extra help assistance with payment of premiums and co-payments may be available, determined by federal Medicare program upon enrollment

Online Link: <https://www.hpsm.org/members/careadvantage-mmp-2016/benefits-and-costs.aspx>

General Resources

Property Limits for Medi-Cal:

- 1 Person – Household = \$2,000
- 2 Persons – Household = \$3,000
- 3 Persons – Household = \$3,150
- 4 Persons - Household = \$3,300

Federal Poverty Levels 2016

This chart can be used to determine approximate income eligibility for some of the public health insurance programs with Federal Poverty Level (FPL) thresholds.

- The amount shown is equivalent to monthly gross income, including all household earnings through employment or other sources of income such as SSDI, unemployment benefits, child support. etc.
- In order to qualify for certain programs your (family) income must be at or below the amount shown after all applicable deductions have been applied. Please note that different programs allow for different deductions.

Household Size	Medi-Cal Maintenance (85 % FPL)	100 % FPL	138 % FPL	200 % FPL	225 % FPL	250 % FPL	400 % FPL
Monthly Gross Income							
1	\$600	\$990	\$1,367	\$1,980	\$2,228	\$2,475	\$3,960
2	\$750 /\$934*	\$1,335	\$1,843	\$2,670	\$3,004	\$3,338	\$5,340
3	\$ 934	\$1,680	\$2,319	\$3,360	\$3,780	\$4,200	\$6,720
4	\$1,100	\$2,025	\$2,795	\$4,050	\$4,556	\$5,063	\$8,106
5	\$1,259	\$2,370	\$3,271	\$4,740	\$5,333	\$5,925	\$9,480
6	\$1,417	\$2,715	\$3,747	\$5,430	\$6,109	\$6,788	\$10,860

*Single Parent + 1 Dependent / Married Couple

Never assume that you don't qualify for a program because of your income. Always ask an experienced health insurance screener to assist you with calculating your income eligibility.

Health Insurance Enrollment Assistance provided by:

HICAP – Selfhelp for the Elderly; 1 – 800 – 434 0222
(Assistance with Medicare Part A, B, C & D, Medi-Cal, SSI/SSDI, Extra-Help)

Health Coverage Unit Hotline: (650) 616 2002
(Assistance with ACE, Covered CA, Medi-Cal)

BHRS – Health Insurance Outreach & Coordination: (650) 573 3502
(Assistance with ACE, CareAdvantage, Covered CA, Medi-Cal, Medicare)