

### Health Coverage Programs for Children in San Mateo County

Eligibility Criteria	No Cost Medi-Cal	\$13 monthly Premium Medi-Cal	Healthy Kids transition to Full-Scope Medi-Cal	Covered California Subsidized or Unsubsidized Plans	Healthy Kids with income 266.1%-322% FPL	Healthy Kids with income 266.1%-400% FPL
<b>Resident of San Mateo</b>	No	No	Yes	No	Yes	Yes
<b>Legal Immigration/US Citizenship</b>	Required until 3/31/16. Effective 4/1/16, it is not required.	Required until 3/31/16. Effective 4/1/16, it is not required.	Children with income below 266% FPL will transition to full scope MC regardless of immigration status.	<b>Required</b> Child must be U.S. Citizen or have satisfactory immigration status.	C-CHIP kids will continue to be eligible for Healthy Kids. U.S. Citizenship or satisfactory immigration status required.	Not required
<b>Age Limits</b>	Up to their 19 <sup>th</sup> birthday	Up to their 19 <sup>th</sup> birthday	Up to their 19 <sup>th</sup> birthday	Up to their 26 <sup>th</sup> birthday if claimed as dependent on parents' taxes.	Up to their 19 <sup>th</sup> birthday	Up to their 19 <sup>th</sup> birthday
<b>Income Limit-Federal Poverty Level (FPL)</b>	0 - 150% FPL	150.1% - 266% FPL	0 - 266% FPL	Children with income from 266.1% to 322% FPL will receive <b>unsubsidized</b> coverage. Children with income from 322.1% to 400% FPL will receive subsidized coverage.	266.1% - 322% FPL	266.1% - 400% FPL
<b>Monthly Premium</b>	None	\$13 monthly premium per child, up to a maximum of \$39 per month, per family	<b>0 - 150% FPL:</b> No premium <b>150.1% - 266% FPL:</b> \$13 monthly premium per child, up to a maximum of \$39 per month, per family	Dependent on income and plan selection - refer to Covered California Shop and Compare tool <a href="http://www.coveredca.com">www.coveredca.com</a>	\$63 quarterly premium per child, up to a maximum of \$189 per quarter, per family	<b>266% - 322% FPL:</b> \$63 quarterly premium <b>322.1% - 400% FPL:</b> \$150 quarterly premium
<b>Retroactive Coverage</b>	Yes - up to 3 complete months prior to month of application	Yes - up to 3 complete months prior to month of application	Yes - up to 3 complete months prior to month of application (no retro prior to May 1, 2016)	No	No	No
<b>Other requirements</b>	None	None	None	Must not be eligible for full scope Medi-Cal, Healthy	Must not be eligible for full scope Medi-Cal or have	Must not be eligible for full scope Medi-Cal with or

\* Transition of Healthy Kids children to Medi-Cal date has not been finalized

\*\*All children currently enrolled in CC with Premium Tax Credits with income between 266% and 322% of FPL will be responsible to pay the unsubsidized rate for coverage, if family chooses not to transition to Healthy Kids. A separate case will be opened, separating the child from the rest of the family. Family maximum Out-of-Pockets will not apply to this child - they will be considered separate from the rest of the household.

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				Kids or have access to employer sponsored insurance.	access to employer sponsored insurance.	without a share of cost or have access to employer sponsored insurance. Child's coverage would cost more than 9.5% of income through Covered California or employer sponsored insurance. (Family Glitch)
<b>System used to determine eligibility</b>	CalHEERS	CalHEERS	CalHEERS after May 1, 2016	CalHEERS	CalHEERS after March 7, 2016	One-e-App
<b>Coverage effectuates</b>	First day of the month in which application was submitted	First day of the month in which application was submitted	First day of the month in which application was submitted (not prior to May 1, 2016)	If consumers enroll by the 15th day of the month, their coverage will start on the first day of the next month. If consumers enroll after the 15th day of the month, their coverage will start on the first day of the second month. For example, if consumers enroll on June 13, their coverage will start on July 1. If they enroll on June 16, their coverage will start August 1	10 days from when eligibility is established	10 days from when eligibility is established
<b>Health Coverage, Dental and Vision Providers</b>	Health Plan of San Mateo and Denti-Cal	Health Plan of San Mateo and Denti-Cal	Health Plan of San Mateo and Denti-Cal	Depends on plans selected - refer to CC shop and compare tool	Health Plan of San Mateo and Delta Dental	Health Plan of San Mateo and Delta Dental
<b>Retro termination for non-payment of Premium</b>	Not applicable	No, disenrollment will be 60 days after non-payment	No, disenrollment will be 60 days after non-payment	Yes, disenrollment will be 90 days after non-payment. Coverage will be terminated for any months	No, disenrollment will be 60 days after non-payment	No, disenrollment will be 60 days after non-payment

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				in which premiums were not paid.		
<b>Who to call with eligibility issues</b>	Human Services Agency TeleCenter 1-800-223-8383	Human Services Agency TeleCenter 1-800-223-8383	Human Services Agency TeleCenter 1-800-223-8383	Covered California Service Center 1-800-300-1506	Health Coverage Unit 1-650-616-2002	Health Coverage Unit 1-650-616-2002
<b>Can Apply at any time?</b>	Yes	Yes	Yes	No, can only apply during open enrollment or if the consumer has a Qualifying Life Event. They will have 60 days from the date on which the qualifying life event happens to enroll in a Covered California health insurance plan or change their existing Covered California plan.	Yes	Yes
<b>Effective date of changes</b>	Not applicable	Not applicable	*No earlier than May 1, 2016	**CC with APTC will end on March 31, 2016 for children with household income between 266% - 322% FPL. State will transfer all new applicants to Healthy Kids. If they wish, families can choose to stay on CC with unsubsidized coverage for their children.	Effective March 10 <sup>th</sup> , 2016 at 6pm, logic in One-e-App will be turned off. New applicants must be entered in CalHEERS.	Not applicable

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