

Health Care Options Matrix

Demographic Profile	Employees and Business Owners	Anyone Recently Covered By Group Health	Healthy Individuals	Individuals with Pre-Existing Conditions	Low Income Adults with Certain Needs	Uninsured and Undocumented Immigrants	Low Income Adults, Indigents and Homeless	Pregnant Women and Infants	Non-Poor Children Above 250% Federal Poverty Level	Children at or Below 250% Federal Poverty Level	Poor Children Below 100-133% Federal Poverty Level	Special Populations
Plan	<p>Group Health www.dol.gov/ebsa</p> <p>“COBRA” or “CalCOBRA”</p> <p>...then convert to</p> <p>“HIPAA” (Health Insurance Portability & Accountability Act)</p> <p>866-4-USA-DOL www.dol.gov</p>	<p>Private Health 800-927-HELP www.insurance.ca.gov</p> <p>“MRMIP” (Major Risk Medical Insurance Program) 800-289-6574 www.mrmib.ca.gov</p>	<p>“Medi-Cal” (California’s Medicaid program) 800-952-5253 916-636-1980 or (call County Social or Human Services) www.dhs.ca.gov/mcs or www.healthconsumer.org</p>	<p>“Restricted Medi-Cal” (California’s Medicaid program) 800-952-5253 or (call County Social Services) www.dhs.ca.gov/mcs or www.healthconsumer.org</p>	<p>“CMSP” (County Medical Services Plan) 916-552-8015 (call County Social or Human Services agencies) “MISP” & “MIA” (Medically Indigent Services Program & Medically Indigent Adults) (call local Health Dept.) www.healthconsumer.org</p>	<p>“Medi-Cal” (California’s Medicaid program) 800-824-0088 888-747-1222 www.dhs.ca.gov/mcs or www.healthconsumer.org</p> <p>“AIM” (Aid for Infants & Mothers) 800-433-2611 www.mrmib.ca.gov</p>	<p>“Kaiser Cares for Kids” 800-255-5053 www.champ-net.org or County Healthy Plans (call County Health Department) www.100percentcampaign.org</p>	<p>“Healthy Families” 800-880-5305 888-747-1222 www.healthyfamilies.ca.gov</p>	<p>“Medi-Cal” (California’s Medicaid program) 888-747-1222 or (call County Social or Human Services) www.dhs.ca.gov/mcs or www.healthconsumer.org</p>	<p><i>American Indians</i> <i>Disabled</i> <i>Farmers</i> <i>Homeless</i> <i>Gays & Lesbians</i> <i>Minority Groups</i> <i>Refugees</i> <i>Seniors</i> <i>Veterans</i> <i>Victims</i></p> <p>... and many more by disease, occupation or trade, demographics. . .</p>		
Coverage	<ul style="list-style-type: none"> ●Up to \$5M lifetime maximum, assorted deductibles *If uninsured for previous 1-6 months, a waiting period for coverage of pre-existing conditions, (1-6 months respectively) will apply. <p>PRE-EXISTING HEALTH CONDITIONS COVERED*</p>	<ul style="list-style-type: none"> ●Up to \$5M lifetime maximum, assorted deductibles ●COBRA coverage available for 18-36+ months depending on qualifying events; benefits are same as group program ●HIPAA individual-plan conversion benefits are based on the program selected, no expiration <p>PRE-EXISTING HEALTH CONDITIONS COVERED</p>	<ul style="list-style-type: none"> ●Up to \$5M, assorted deductibles depending on age and residence zone <p>LIMITS ON PRE-EXISTING HEALTH CONDITIONS MAY APPLY</p>	<ul style="list-style-type: none"> ●Up to \$75K annually, \$750K lifetime. After 36 mo. annual limit increases to \$200K and subscriber transitions into guaranteed coverage/individual market, major carriers *3-mo. waiting period on all benefits required for MRMIP HMOs and 3-mo. pre-existing condition exclusion period for PPOs. Waiting/Exclusion periods waived if applicant was covered under another insurance plan and applied for MRMIP within 63 days from its termination, or if he/she has been on MRMIP waiting list for 180 days +. <p>PRE-EXISTING HEALTH CONDITIONS COVERED*</p>	<ul style="list-style-type: none"> ●54 different program variations covering medical, dental and vision, prescriptions, hospitalization and more depending on program ●Specialty treatment programs for people with either MS, nursing home needs, kidney dialysis, breast and cervical cancer, AIDS, TB, hyperalimentation <p>PRE-EXISTING HEALTH CONDITIONS COVERED</p>	<ul style="list-style-type: none"> ●Emergencies, health care for pregnant women (doctor visits and medicine), giving birth, nursing home care, kidney dialysis, treatment for breast and cervical cancer. <p>PRE-EXISTING HEALTH CONDITIONS COVERED</p>	<ul style="list-style-type: none"> ●CMSP Covers everything but pregnancy, acupuncture, chiropractic, long-term nursing care, psychology ●Typically will not cover services that Medi-Cal does not cover <p>PRE-EXISTING HEALTH CONDITIONS COVERED</p>	<ul style="list-style-type: none"> ●Comprehensive care for mother not just maternity ●After birth, care for infant only up to age 1, care for mother up to 60 days ●Option to extend care for baby to age 2 for one-time fee <p>PRE-EXISTING HEALTH CONDITIONS COVERED</p>	<ul style="list-style-type: none"> ●Comprehensive preventative, primary and specialty coverage, usually hospitalization depending on program <p>PRE-EXISTING HEALTH CONDITIONS COVERED</p>	<ul style="list-style-type: none"> ●A variety of health, dental and vision plans from which to choose, includes hospitalization <p>PRE-EXISTING HEALTH CONDITIONS COVERED</p>	<ul style="list-style-type: none"> ●Comprehensive coverage for pediatrics, vision, dental, prescriptions, hospitalization <p>PRE-EXISTING HEALTH CONDITIONS COVERED</p>	<p>State resources for consumer rights and industry information:</p> <p>California Department of Insurance www.insurance.ca.gov 800-927-HELP</p> <p>Department of Managed Health Care www.dmhc.ca.gov</p> <p>Health Consumer Alliance (California) www.healthconsumer.org</p> <p>National resources for care and financial aid:</p>
Eligibility	<p>GUARANTEE ISSUE</p> <ul style="list-style-type: none"> ●Company size 2-50 or 50+ employees ●Two employees must be present for half of the preceding calendar quarter and work 20 hrs/week for coverage ●Owner can count as an employee ●Proprietor-name on license must draw wages 	<p>GUARANTEE ISSUE</p> <ul style="list-style-type: none"> ●All coverage terminated within last 60 days (COBRA), or 63 days (HIPAA) for reasons other than gross misconduct or fraud ●For HIPAA: recently covered by group program or a COBRA plan for 18 continuous months (COBRA option must have been selected if available and exhausted) ●Not eligible for MediCal, Medicare ●Church organizations excluded ●California resident 	<ul style="list-style-type: none"> ●Eligibility is subject to medical underwriting 	<p>GUARANTEE ISSUE</p> <ul style="list-style-type: none"> ●Previous coverage terminated for reasons other than non-payment of premium or fraud (such as a pre-existing condition) ●Cannot be eligible for COBRA, CalCOBRA or government programs ●Must prove denial of coverage or offer of higher premium than MRMIP ●California resident 	<p>GUARANTEE ISSUE</p> <ul style="list-style-type: none"> ●Under 100% FPL with assets less than \$3K for one person (after car, house, clothing), AND... ●Parents of children living in household OR... ●Adults with certain diseases see above, OR... ●On Cash Assistance, Welfare or CalWorks or children leaving Foster Care at age 18 ●No job-based coverage within three months (certain exceptions apply) ●California resident and documented immigrant 	<p>GUARANTEE ISSUE</p> <ul style="list-style-type: none"> ●Low income, California resident ●No immigration requirements ●The federal Emergency Medical Treatment and Active Labor Act (EMTALA) require hospitals to treat and stabilize patients in an emergency. 	<p>GUARANTEE ISSUE</p> <ul style="list-style-type: none"> ●Income does not make someone ineligible; liquid assets less than \$2k for one person ●Age 21-64 and ineligible for Medi-Cal ●CMSP available in 34 rural counties ●CMSP and MISP/MIA program equivalents are available in all other counties ●County resident with legal immigration status (treatment for emergency care and follow-up available for those with undetermined status) 	<p>GUARANTEE ISSUE</p> <ul style="list-style-type: none"> ●Low income, 200-300%FPL and below ●Pregnant less than 31 weeks for AIM ●California resident (at least 6 months for AIM) 	<p>GUARANTEE ISSUE</p> <ul style="list-style-type: none"> ●250-400% FPL range ●Not eligible for other government plans such as Medi-Cal or Healthy Families ●California resident living near Kaiser or in county plan area ●No immigration requirements 	<p>GUARANTEE ISSUE</p> <ul style="list-style-type: none"> ●Children under 1: 200-250% FPL Age 1-5: 134-250% FPL Age 6-18: 101-250% FPL ●Assets less than \$3K (after car, house, clothing) ●Must be ineligible for No-Cost Medi-Cal or employer-based coverage ●Without job-based coverage for 3 months (certain exceptions apply) ●California resident and legal immigration status (exceptions granted for certain groups) 	<p>GUARANTEE ISSUE</p> <ul style="list-style-type: none"> ●Children under 1: up to 200%FPL, Age 1-5: up to 133% FPL Age 6-18: to 100% FPL Age 19-21: to 92% FPL ●Assets less than \$3K (after car, house, clothing) ●Without job-based coverage for 3 months (certain exceptions apply) ●California resident and legal immigration status (exceptions granted for certain groups) 	<p>Government Benefits Finder www.govbenefits.gov</p> <p>Health and Human Services www.hhs.gov</p> <p>Healthfinder (bilingual guide to care) www.healthfinder.gov</p> <p>American Self-Help Group Clearinghouse http://www.mentalhelp.net/selfhelp/</p> <p>Catalog of Federal Domestic Assistance www.cfda.gov</p>
Monthly Cost	<p>Costs depend on employer contribution</p>	<p>Costs range from 102-150% of group health rates</p>	<p>Costs for high-deductible individual coverage range from \$41-\$188 depending on age and zone</p>	<p>\$115- \$333 depending on age, zone and program, \$2,500/yr out-of-pocket max per person</p>	<p>\$0 - minimal share-of-cost</p>	<p>\$0 or sliding-scale payment arrangements</p>	<p>\$0 or sliding-scale co-pays</p>	<p>\$0 for Medi-Cal and 2% of family income for AIM</p>	<p>\$5-15 copays and often \$5-35 monthly premiums or annual application fee</p>	<p>\$0 for basic care, \$4 per child per month up to \$27, \$5 copays for doctor visits and prescriptions</p>	<p>\$0 and share-of-cost plans</p>	<p>Veterans Health Administration www.va.gov</p>

Using *The California Health Care Options Matrix*

The Matrix is a helpful starting point for determining an applicant's potential health care options. All California residents, citizens or non-citizens, have access to health care coverage...

Step 1 Check the *Income Guidelines* below to determine the applicant's family/household income as a percentage of the Federal Poverty Level (FPL).

Step 2 Based on the applicant's *Demographic Profile* and *Eligibility*, determine for which *Plans* the applicant may qualify.

Step 3 Create a list of websites and phone numbers for the applicant using the resources listed under *Special Populations* and the *Plan Contact Information List*.

Brought to you by the *Foundation for Health Coverage Education*
Created by Philip Lebherz, Executive Director

Monthly Net Income Guidelines

As a Percentage of The Federal Poverty Level

Family Size (Household)	100% FPL	133% FPL	200% FPL	250% FPL	300% FPL
1	\$748	\$995	\$1,497	\$1,871	\$2,245
2	\$1010	\$1,343	\$2,020	\$2,525	\$3,030
3	\$1,272	\$1,691	\$2,543	\$3,179	\$3,815
4	\$1,533	\$2,039	\$3,067	\$3,833	\$4,600
5	\$1,795	\$2,387	\$3,590	\$4,488	\$5,385
6	\$2,057	\$2,735	\$4,113	\$5,142	\$6,170
7	\$2,318	\$3,083	\$4,637	\$5,796	\$6,955
8	\$2,580	\$3,431	\$5,160	\$6,450	\$7,740

* A pregnant woman counts as two for the purpose of this chart.

* Add \$3,140 for each additional family member after eight.

* Deductions: \$175/\$200 for child/dependent care; \$90 for working parent's work expenses; \$50 max for alimony/child support received or court ordered amount paid.

Source: California Occupational Employment and Wage Data and Department of Human Services, 2003

Note: The Matrix is only a tool for preliminary screening of program eligibility. Only County Medi-Cal Eligibility Workers and other specific program officials can determine eligibility. Programs for the disabled and adults over age 64 are not listed on the Matrix.

Plan Contact Information List

- **AIM** (Access for Infants & Mothers) www.mrmib.ca.gov 800-433-2611
 - **CMSP** (County Medical Services Plan) www.dhs.cahwnet.gov/cmosp/ 916-552-8015 or call local county Social or Human Services agencies
 - **MIA/MISP** (Medically Indigent Adults Programs) www.healthconsumer.org call local County Health Department 916-552-8015
 - **COBRA, CalCOBRA and HIPAA** www.dol.gov or www.insurance.ca.gov 866-4-USA-DOL
 - **Healthy Families** www.healthyfamilies.ca.gov/ 800-880-5305 or 888-747-1222
 - **Kaiser for Kids** www.champ-net.org 800-255-5053
 - **Medi-Cal** www.dhs.ca.gov/mcs or www.healthconsumer.org General: 800-952-5253 Application by mail: 888-747-1222 or 916-636-1980
 - **Medicare** www.medicare.gov
 - **MRMIP (Major Risk Medical Insurance Plan)** www.mrmib.ca.gov 916-324-4695
 - **Pregnancy Medi-Cal** 800-824-0088
 - **Family PACT** (family planning and reproductive health) 800-942-1054
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- **California Department of Social Services** 800-952-5253 or 916-327-1400 (24- hour hotline in English and Spanish offering general information about Medi-Cal, Child Support, SSI, MediCare, SS Retirement, Disability, CalWorks, Cash Assistance, Food Stamps, Protective Services, CMSP, MISP, Healthy Families, Children Services etc.)
 - **County plans for children** www.100percentcampaign.org or county agencies
 - **Group health plans** (brokers: www.lisibroker.com or 800-944-5474; consumer rights: www.dol.gov/ebsa/)
 - **Individual health plans** (www.insurance.ca.gov)
 - **Financial resources for other benefits for special populations** (see Matrix)

View the Matrix online at www.coverageforall.org

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The California Health Care Options Matrix™

