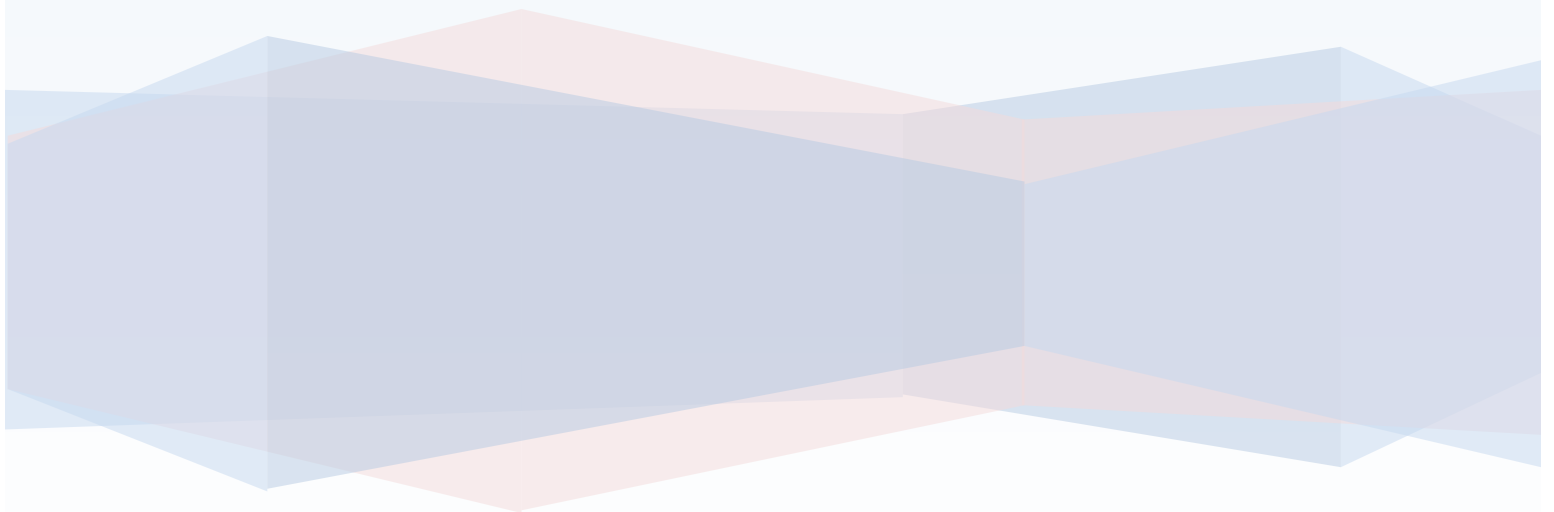


Alameda County Health Reform Guide

For Community-Based Organizations & County Partners

Version as of November 7th, 2013





Purpose of this guide

Affordable health care coverage in Alameda County is undergoing historic changes and expansion. In 2014, many people who were previously ineligible for public health coverage will become eligible for new or different programs.

Alameda County provides this guide for our community-based partners and providers who are assisting Alameda County residents with health care, whether it be through providing enrollment assistance or medical and behavioral health services.

We recognize that the many health care changes are difficult to understand and explain to clients who look to you, our community partners, to answer their questions. This guide is a resource that outlines the changes to Alameda County health care in 2014 in simple and transparent terms.

At the time of print, many questions about specific programs are still being answered. Although this guide represents the most accurate and current information available to date, many decisions are still being made at the federal and state level that may significantly impact the information provided in this guide. Alameda County will continue to make updates as new information becomes available.

This guide was created through collaboration among the Alameda County Interagency Children's Policy Council, Social Services Agency, and Health Care Services Agency.

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I. Health Care Coverage In 2014

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What This Guide Covers

As a result of health care reform, eligibility and enrollment in health care will change in Alameda County in 2014. This guide will educate Alameda County partners and providers about the various federal, state, and local changes created by health care reform.

First, the guide will provide an overview of federal health reform changes that impact the entire nation. Second, the guide will walk through changes across California as a result of health reform implementation. Third, the guide will discuss impacts to Alameda County health care coverage options and provide specific information on how low-income Alameda County residents can enroll in these various programs. Lastly, there are notes on specific populations as well as resources for those interested in learning more.

Overview of the Affordable Care Act (ACA)

The Patient Protection and Affordable Care Act (ACA), also known as Obamacare, is the comprehensive health care reform legislation enacted in 2010 by the federal government. Different pieces of the ACA have been implemented since the legislation passed, but in January 2014 a number of the major tenets will go into effect and have a significant impact on state and local governments, organizations, and individuals. The ACA expands coverage and improves affordability in California by allowing the state to increase what services are covered, providing funding for California to expand eligibility for the Medi-Cal program, and establishing a health insurance marketplace that gives California residents greater ability to choose the health care plan that best suits their needs and preferences.

Minimum Essential Coverage

Beginning in January 2014, all health plans in the United States must cover these 10 essential health benefits:

- 1) Ambulatory patient services
- 2) Emergency services
- 3) Hospitalization
- 4) Maternity and newborn care
- 5) Mental health and substance use disorder services, including behavioral health treatment
- 6) Prescription drugs
- 7) Rehabilitative and habilitative services and devices
- 8) Laboratory services
- 9) Preventive and wellness services and chronic disease management
- 10) Pediatric services, including oral and vision care.

Did You Know?

Young adults can remain on their parents' health insurance plans until the **age of 26**, even if they are married or no longer dependent on their parents.

Employers Must Offer Health Coverageⁱ

Employers with more than 50 full-time employees must offer employees a health insurance plan that pays for at least 60% of covered health care expenses for a typical population,ⁱⁱ **AND**, that isn't more than 9.5% of the employee's family income. Smaller employers (less than 50 full-time employees) are exempt, but can receive tax credits for offering health insurance plans to employees.¹

¹ See http://coveredca.com/small_businesses.html for more information on small business health coverage options.

Individuals Must Obtain Coverage: The “Individual Mandate”

Beginning in January 2014, every individual, including children, must obtain health insurance with minimum essential coverage of services. There will be a penalty imposed upon individuals who have not obtained health insurance. The penalty will increase each year and will be withheld from an individual’s federal income tax return.

Exceptions to the Individual Mandate

Some individuals may not be fined if they do not have health insurance. These include those who:

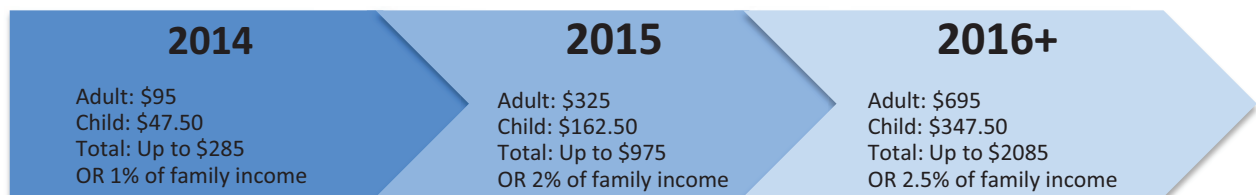
- Cannot find insurance that costs less than 8% of their household income
- Are undocumented immigrants
- Are Native Americans
- Object to health insurance on religious grounds
- Are incarcerated
- Have incomes below the threshold for filing a tax return

New Rights and Protections

The following new protections from the ACA began rolling out in 2010. All of the protections will be in place on January 1, 2014.²

- A selection of preventive care and women’s services are now free (*See Appendix C*).
- Group health plans cannot exclude enrollees under age 19 based on pre-existing conditions. For other plans, all pre-existing condition exclusions must be removed beginning in 2014.
- Insurers can no longer cancel coverage due to mistakes in forms, procedure, etc.
- Insurance companies must publicly justify any unreasonable rate increases.
- Insurance companies must spend at least 80% of the cost of consumers’ premiums on health care (not administrative costs).
- Individuals can seek emergency care at a hospital outside of their health plan’s network.
- Consumers have a right to ask their plan to reconsider when it denies payment for specific services.

Individual Mandate Penalty: 2014 and beyond*



² See <https://www.healthcare.gov/how-does-the-health-care-law-protect-me/> for more information.
*Source: Kaiser Family Foundation, 2013. “The Requirement to Buy Coverage Under the Affordable Care Act.”
<<http://kff.org/infographic/the-requirement-to-buy-coverage-under-the-affordable-care-act/>>

Changes to Health Care Coverage Across California

This section explains how certain ACA requirements, specifically the establishment of a health insurance marketplace (an “exchange”) and related features, will be implemented in California.

The Exchange: Covered California

The ACA mandates that every state create a health insurance marketplace, otherwise known as an “exchange.” Exchanges are places where uninsured consumers can compare selected private health insurance plans in their area. The idea is to make it easier for the public to see the costs, benefits, and quality of each plan before purchasing one. California has decided to run its own exchange; some other states have decided to let the federal government run their exchanges.

Individuals and families eligible for exchange-based plans will enroll and manage their coverage through California’s exchange, known as **Covered California**. People can shop for plans that meet their needs and level of income using a comparison tool. Insurance companies on Covered California must offer **Qualified Health Plans (QHPs)** that provide minimum essential coverage. These QHPs vary according to the proportions of total health costs that an average person would pay.³

Many different insurance companies are participating and competing in the marketplace, which keeps premiums and costs low for participants. Covered California plans in Alameda County, plan types, and provider network information can be found to the right.

Did You Know?

The **open enrollment period** for plans through Covered California is from October 1, 2013 to March 31, 2014. Otherwise you must wait until the next period or a qualifying life event in order to enroll. **Future enrollment dates** are from October 1 to December 15th for the following January 1, 2015, start date.

Covered California Eligibility & Enrollment

Covered California is open to all citizens and legal permanent residents who wish to enroll, if they are not already covered by other public, private, or employer-sponsored insurance. Adults under the age of 30 who do not want to pay higher premiums for plans with more comprehensive coverage can enroll in a **catastrophic health plan** through Covered California, which will have low monthly premiums but less coverage.

Individuals and families can enroll in QHPs by phone, online, or by visiting a Certified Enrollment Entity (*see page 9 for partial list of eligible entities*). When individuals look to enroll, they should check to see that the physician they would like to see and the hospital that they are most likely to go to are in the network for the insurance providers that they are interested in.

Plan Name	Network Information
Alameda Alliance for Health* HMO	Website: www.alamedaalliance.org Phone: (877) 932-2738
Anthem Blue Cross PPO	Website: www.anthem.com/ca Phone: (877) 702-3074
Blue Shield EPO	Website: www.blueshieldca.com Phone: (800) 393-6130
Kaiser Permanente HMO	Website: www.kp.org Phone: (800) 464-4000

From Covered California Health Insurance Plans, last updated November 2013
* Removed from Covered California until further notice.

³ Covered California website: www.CoveredCA.com

Enrollment Online:
www.CoveredCA.com

When a client logs onto the Covered California website and completes their secure identification information, Covered California will then show a selection of customized plans that are available to the client based on age, income, and location.

When an application is completed through Covered California, there may be enough information to determine preliminary eligibility for other assistance programs (i.e., CalFresh or CalWORKs). If an applicant appears eligible for another program, they will be referred to the appropriate county agency for a final eligibility determination and enrollment into those other programs.

Behind the Scenes: CalHEERS

Covered California created a new electronic database system to manage enrollment information.

CalHEERS (**California Health Eligibility Enrollment and Retention System**) maintains all client records for Covered California plan enrollees and communicates with other databases that contain information on client income and eligibility for other programs (e.g., the Internal Revenue Service (IRS) and the Social Security Administration). CalHEERS is designed to utilize information from other county, state, and national databases that contain client identification, tax, and citizenship information.

Enrollment by Phone:
Customer Service Call Center

One new system to assist in enrolling people in Covered California QHPs is the **Covered California Customer Service Call Center**. These Centers will field enrollment, eligibility, and case management calls. Covered California will begin enrollment on **October 1, 2013**. Consumers can contact Covered CA at **1-888-975-1142**. Calls will be answered by one of the three new state call centers in California: Concord (Contra Costa), Fresno, and Rancho Cordova (Sacramento).

When Covered California Customer Service Center agents receive a call, they will ask basic questions in order to conduct a “quick sort” for enrollment eligibility:

- Number of people in the family?
- Anyone seeking coverage who is under age 19?
- Anyone seeking coverage who is pregnant?
- Anyone seeking coverage who is elderly or disabled?
- Annual income?

If a caller appears to be potentially eligible for Medi-Cal (California’s low-income health care program; *see page 11*) through the “quick sort,” the caller will be transferred to a local county-based and county-staffed customer service call center to do a Medi-Cal eligibility determination.

Covered California will also perform case management of those enrolled in Covered California health care plans, including updating information, assisting with annual renewals, and managing enrollees with Advanced Premium Tax Credits (APTC) and/or Cost-Sharing Reductions.

Advanced Premium Tax Credits (APTC) & the Reconciliation Process

Low- to middle-income individuals and families (between 138% and 400% of the Federal Poverty Level [FPL])⁴ that enroll in plans through Covered California may be eligible for federal subsidies, or **Advanced Premium Tax Credits (APTC)**, for their health care coverage. These tax credits are assessed on an income-based sliding scale when they receive insurance through Covered California. APTC will lower the amount individuals will pay towards their monthly premiums.

Individuals and families have the option of receiving their tax credits upfront each month to pay for the premium, or receiving their credit when they file their taxes at the end of the year. If they choose to take the upfront monthly credit, this money will go directly from the federal government to the health insurer to pay a portion of their premium. If they choose to receive the tax credit at the end of the year, the federal government will send the tax credit to the individual/family in a lump sum, similar to how they send tax refunds.

The upfront monthly tax credit amount will be a projected estimate based on the income documents that the individual provided from the past year.

The estimation of income is based on:

- Current income (from the IRS)
- Expected change in income (must be reported to the Exchange)

At the end of the year, Covered California will conduct a **reconciliation process** that may require repayment if the subsidy given was based on incorrectly estimated income for that year.

Cost-Sharing Reductions

Individuals or families with income between 100% and 250% FPL may also be eligible for **cost-sharing reductions**, which allow them to enroll in a plan with lower out-of-pocket costs. To access these savings, an eligible individual or family must enroll in a **Silver Plan** through Covered California. (The lower out-of-pocket costs are reflected in the Silver Plan cost calculators available through Covered California.) The exact amount of out-of-pocket support provided will depend on the income of the individual or family enrolling in the plan.

Individuals and families do not have to keep track of any cost-sharing reductions, or submit paperwork for reimbursement.

Like the premium tax credits, the cost-sharing reductions are paid directly to the health insurance plan by the federal government. However, unlike the premium tax credits, for cost-sharing reductions there is no reconciliation requirement at the end of the tax year, even if individual or family income changes during the year.

⁴ 2013 FPL Guidelines: www.medicaid.gov/Medicaid-CHIP-Program-Information/By-Topics/Eligibility/Downloads/2013-Federal-Poverty-level-charts.pdf

Certified Enrollment Entities (CEEs)

Certified Enrollment Entities (CEEs) are organizations that provide education, outreach, and enrollment assistance to consumers, and help them apply for and maintain coverage. There are two types of CEE programs – **In-Person Assistance (IPA)**, also called **Certified Enrollment Counselors**, and the **Navigator Program**.⁵

Eligible Covered California Certified Enrollment Entities include but are not limited to:

- American Indian Tribe/Tribal Organizations
- Chambers of Commerce
- City Government Agency
- Community Clinics
- Community Colleges and Universities
- Faith-Based Organizations
- Labor Unions
- Non-Profit Community Organizations
- Ranching and farming organizations
- Resource partners of Small Businesses
- School Districts
- Tax Preparers
- Trade, industry, professional organizations

What does that mean?

Certified Enrollment Entities provide in-person assistance, education, and outreach, as well as developing retention and enrollment strategies to reach people who are uninsured.

Organizations must apply to become certified entities. All entities are trained and registered to provide in-person assistance. Selection will be based on an organization’s strategy for enrolling eligible and currently uninsured individuals in coverage, educating individuals on the types of subsidized and non-subsidized health plans, and encouraging individuals to retain insurance.

Certain CEEs, mostly insurance agents, are compensated through the types of plans that the individuals they assist enroll in. Other entities, such as community clinics, are eligible to receive compensation for enrollment per person enrolled.

Certified Enrollment Counselors and the Navigator Program

There are some key differences between how Certified Enrollment Counselors (also known as IPAs) and the Navigator Program function and receive compensation.

Differences in roles and responsibilities for IPAs and the Navigator Program are:

- Navigators conduct broader public education activities to raise awareness about Covered California, the Qualified Health Plans, and associated policies and opportunities. Navigators are compensated through a grant.
- IPAs are compensated per successful application or per successful renewal.

⁵ See <https://assisters.ccgrantsandassisters.org/> to apply to be a Certified Enrollment Entity through Covered California.

**Below are charts outlining the key differences between
In-Person Assistance and the Navigator Program**

Exhibit A: Differences in Roles & Responsibilities between the In-Person Assistance Program & the Navigator Program

Roles & Responsibilities:	In-Person Assistance Program	Navigator Program
1. Conduct public education activities to raise awareness of the availability of Covered California products	–	X
2. Distribute fair and impartial information concerning enrollment into qualified health plans	X	X
3. Facilitate enrollment into qualified health plan available through Covered California	X	X
4. Provide referrals to Consumer Assistance Programs	X	X
5. Provide information that are culturally and linguistically appropriate	X	X

Source: Covered California “Assisters Program: In-Person Assistance And Navigator Stakeholder Webinar” March 14, 2013

Exhibit B: Differences in Funding & Timeline between the In-Person Assistance Program & Navigator Program

	In-Person Assistance Program	Navigator Program
Funding Source	Level 2 - Initial Application Operating Costs/Self-Sustainability Funds- Renewals	Operating Costs (e.g., self-sustainability funds)
Compensation	Fee-for-enrollment program providing application assistance payment for application resulting in successful Covered California initial enrollment or renewal	Grant –based program performance-based block funding based on grantees’ Covered California QHP enrollment targets.
Payment Method	“Flat Fee Basis” Per Successful Application (\$58) Per Successful Annual Renewal (\$25)	Grant Program
Implementation Timeline	Occurs Before Open Enrollment (pre-October 2013)	Occurs After Open Enrollment (December 2013) *

* The Navigator Program has been delayed until June 2014.

Source: Covered California “Assisters Program: In-Person Assistance And Navigator Stakeholder Webinar” March 14, 2013

Health Care Coverage Options in Alameda County

There will be many changes to health care and publicly subsidized health care programs in 2014. This section explains the eligibility changes to existing Alameda County programs as well as new eligibility rules under health care reform.

Medi-Cal

Medi-Cal is California's federally funded low-income health program. Beginning in January 2014, Medi-Cal will be expanded to include income-eligible childless, non-disabled adults. Eligibility for Medi-Cal will be calculated in two ways, but the program will remain the same:

1. **Modified Adjusted Gross Income (MAGI)** is a method of calculating income based on IRS tax records. Using the MAGI method eliminates a separate asset test.⁶ Populations evaluated under this methodology include:
 - Low-income children, ages 0-19, NOT considered eligible for Medi-Cal through participation in foster care, adoption assistance, CalWORKS, and Supplemental Security Income (SSI) programs.⁷
 - Childless, non-disabled adults, ages 19-64, up to 138% FPL.
 - Parents or adult caretakers of a child who qualifies for Medi-Cal.
 - Pregnant women (women up to 138% FPL receive full-scope, no-cost Medi-Cal, while those between 138% FPL and 200% FPL are eligible for pregnancy services⁸).

⁶ The asset test looks at family resources, such as checking accounts, savings accounts, and other property. The asset limits are \$2000 for an individual and \$3000 for a couple.

⁷ Income limits are up to 138% FPL; families with incomes higher than this may have a Share of Cost. Families with incomes higher than 250% are ineligible for certain Medi-Cal Programs. See *Footnote 4 for 2013 FPL Guidelines*.

⁸ California is still debating if pregnant women above 138% to 200% FPL can receive full-scope coverage through Covered California, with state assistance. Details to be determined.

What does that mean?

MAGI is a method of calculating income based on IRS tax records.

MAGI methods eliminate the asset test and change the way that household size is calculated.

Medi-Cal provides the same services for all populations eligible under MAGI calculations, with one exception. Pending federal approval, newly eligible single adults ages 19-64 must pass an asset test to receive long-term care.⁹

2. Populations not using the MAGI methodology include those who qualify for Medi-Cal automatically through enrollment in other programs such as: foster care, adoption assistance, CalWORKS, and SSI. These programs, with the exception of foster care and adoption assistance, require an asset test. The income guidelines are usually below 133% FPL.

HealthPAC

HealthPAC, the Health Program of Alameda County, provides affordable health care to low-income, uninsured people living in Alameda County, through an approved network of local health care clinics and facilities.¹⁰ In 2014, this program will still be available to Alameda County residents under 200% FPL who are not eligible for other health care programs.

⁹ Updated as of September 11, 2013.

¹⁰ For a list of providers, go to: <http://www.acgov.org/health/documents/HealthPACbrochure-en.pdf>

Determining Eligibility for Health Care Programs

Eligibility for public health care programs is generally based on income, age, residency status, family size, and other situations such as pregnancy and disability.

Alameda County has created a comprehensive chart that shows eligibility for health care plans and programs in 2014. Use this tool to determine which plans clients are eligible for.

How to Use This Chart

The 2014 Eligibility Chart for health care programs in Alameda County is intended to make it easier to determine client eligibility for various programs. Begin by looking at the age of the client, and if he/she has any special status (e.g., disabled, pregnant). Next, look at their residency status and then estimate the household/family income. Use this information to determine which health care program the individual is likely to be eligible for.

Note: Legal Permanent Residents (LPRs) with less than 5 years residency may be treated differently in 2014. Previously, LPRs with less than 5 years residency were eligible for state-only funded Medi-Cal if they met all other eligibility requirements for the program. Beginning sometime in 2014, this will change.

- As of legislation passed in June 2013, LPRs with less than 5 years residency, between 0 and 138% FPL, and without dependent children, will be eligible for a Covered California plan. The state will cover their premium costs, cost-sharing, and any Medi-Cal benefits not offered through their plan. Starting in 2014, or when the California Department of Health Care Services and Covered California have operational capability, this group will enroll into Covered California during open enrollment but remain eligible for state-only Medi-Cal if they miss the open enrollment period. Until such operational capability is reached, LPRs with less than 5 years residency will remain covered under Medi-Cal.

- LPRs with less than 5 years residency, with Medi-Cal eligible children, will still be eligible for state-only Medi-Cal (same as current policy). LPRs with < 5 years residency and greater than 138% FPL to 400% FPL are eligible for tax credits to purchase a Covered California plan.
- Adults and families who have been Legal Permanent Residents for **5 or more years** and are below 138% FPL are eligible for Medi-Cal. Those between 138% FPL and 400% FPL are eligible for Covered California.

Expanded Program & Population Information

For more information on health care plans, including information on enrollment, coverage, payment, contact, and follow-up, see **Section II: Coverage, Service Eligibility, and Payment.**

For more information on specific populations and a description of the programs related to health and health access that clients may be eligible for, see **Section III: Context and Information for Specific Populations.**

Eligibility Chart / Health Care in Alameda County: 2014

Version as of October 31, 2013

For Provider Enrollment Questions, Contact healthreform@acgov.org

More Information at: www.achealthcare.org

Status	Residency	Income	Healthcare Eligibility in 2014	What Will I Have to Pay for Covered Services?	Who Do I Contact for Enrollment?
Child	Age 0-18 Citizen/LPR*	Linked to CalWORKS, SSI, or Adoptions	Medi-Cal	No cost Medi-Cal	
		0 - 250% FPL	Medi-Cal	0 - 138% FPL: no cost >138 - 250%: costs depends on age of children and income	
		>250-300% FPL	Medi-Cal for Access for Infants and Mothers (AIM) linked infants, ages 0-2	No cost Medi-Cal for these AIM-linked infants, ages 0-2	
Foster Child/Youth	Age 0-26 Citizen/LPR >5 years*	>250% FPL	Exchange or Private/Employer Health Insurance	Exchange/Private Premium & Plan Rates	
		≤ 300% FPL	Kaiser Child Health Plan (CHP) may be available if a child has no other access to insurance. May be available to undocumented children.	No cost for children 0-133% FPL \$10 Premium for children 134-200% FPL \$20 Premium for children 201-300% FPL	
		0 - 200% FPL	HealthPAC & Emergency/Restricted Medi-Cal ¹	HealthPAC co-pays depend on income ¹ Emergency/Restricted Medi-Cal eligibility depends on age of children and income. Details for 2014 eligibility still TBD.	
Adult	Age 19-65 Citizen/LPR >5 years*	Linked to Foster Care	Medi-Cal	0 - 138% FPL: no cost >138 - 250% +: share of cost depends on income	
		0 - 138% FPL	Medi-Cal (parents & non-parents)	No cost Medi-Cal	
		>138 - 400% FPL	Exchange with subsidy (sliding scale by need) or private/employer health insurance. >138-200% FPL – they are eligible for HealthPAC (this does not meet the federal mandate for health insurance).	Exchange Plan Rates with Tax Credit HealthPAC co-pays depend on income	
Pregnant	Pregnant Citizen/LPR >5 years*	>400% FPL	Exchange or Private/Employer Health Insurance	Exchange/Private Premium & Plan Rates	
		0 - 138% FPL	Health PAC & Emergency/Restricted Medi-Cal	HealthPAC	
		>138 - 200% FPL	HealthPAC	HealthPAC co-pays depend on income	
Disabled	Age 19-65 Citizen/LPR >5 years*	>138 - 200% FPL	Medi-Cal	No cost Medi-Cal	
		>200% - ~300% FPL	No cost Medi-Cal for Pregnancy Services Only AIM (for Mothers)	TBD if eligible for full-scope coverage on the Exchange ~ 1.5% of household income	
		0-133 % FPL	Medicare (if on SSDI for 2 years) & Medi-Cal	Depends on income; Possible Share of Cost if over 133% FPL Medicare - depends on earnings	
Aged	Age 65+ Citizen/LPR >5 years*	0-133 % FPL, Medi-Cal asset limits apply SSI/SSP	Medicare & Medi-Cal (Dual) or Medi-Cal only	Depends on income; Possible Share of Cost if over 133% FPL Medicare - depends on earnings	
		0-138% FPL	* As of legislation passed in June 2013, LPRs with < 5 years residency, between 0 and 138% FPL, and without dependent children , will be eligible for a Covered CA plan. The state will cover their premium costs, cost-sharing, and any Medi-Cal benefits not offered through their plan. Starting in 2014, or when the state and Covered CA have operational capability, this group will enroll into Covered CA during open enrollment but remain eligible for state-only Medi-Cal if they miss the open enrollment period. LPRs with < 5 years residency, with Medi-Cal eligible children , will still be eligible for state-only Medi-Cal (same as current policy). LPRs with < 5 years residency and greater than 138% FPL to 400% FPL are eligible for tax credits to purchase a Covered CA plan. This information is subject to change as additional rules become available.		
		>138% - 250+ % FPL	Medi-Cal	No cost Medi-Cal	
Refugee	Any Refugee	0-138% FPL	Exchange with subsidy (sliding scale by need) or private/employer health insurance.	Exchange Plan Rates with Tax Credit HealthPAC co-pays depend on income	
		>138 - 400% FPL	>138-200% FPL – they are eligible for HealthPAC (this does not meet the federal mandate for health insurance).		



Alameda County Social Services
Walk-in, Call, or Online



Covered CA / Exchange
Call or Online



HealthPAC
Call for screening info



Kaiser Child Health Plan
Call for screening info



AIM
Call, Mail, or Online



Medicare
Walk-in, Call, or Online

II. Coverage, Service Eligibility, and Payment

This section provides additional information on each of the health insurance programs listed in the Eligibility Chart: Health Care in Alameda County, 2014 (page 13). Each program has its own page that can be a quick resource for community partners to get basic information. The sections briefly describe how and where to go to enroll, what services are provided under the program, what to expect after applying, and general cost information.

Medi-Cal	15
Covered California	16
HealthPAC	17
Kaiser Child Health Plan (CHP)	18
Access For Infants And Mothers (AIM).....	19
Medicare	20

Medi-Cal

Medi-Cal is California’s public health insurance program for low-income individuals who are not covered under private or employer-sponsored insurance plans. Alameda County Medi-Cal recipients have a choice between two Medi-Cal Managed Care plans: Alameda Alliance for Health or Blue Cross.

How & Where To Apply	<ul style="list-style-type: none"> • Apply in-person at an Alameda County Social Services Agency Office. • Call 510-COVER-US to request that a Medi-Cal application be mailed to you at home, or to start an application over the phone. • Check your eligibility and/or apply through Benefits CalWIN at: www.mybenefitscalwin.org • Apply at a community-based health clinic or other community-based Certified Enrollment Entity (locations to be provided when known). • Call Health Care Services’ Health Insurance Technician Unit at 1-800-422-9495 for enrollment assistance and to find an enrollment location. • Mental Health clients may call the Behavioral Health Care Health Insurance Technician Help Desk at 1-888-346-0605 to find a county mental health clinic, or visit the Alameda County Healthcare website at: www.achealthcare.org • Log in online to Covered California at: www.CoveredCA.com • Foster youth, adoption assistance recipients, SSI recipients, and other Medi-Cal linked program participants, should contact their case worker in order to enroll or verify enrollment in Medi-Cal.
What You’re Eligible For	<ul style="list-style-type: none"> • Doctor Services • Hospital Care • Emergency Services • Lab Work • Approved Prescriptions • Dental Care • Vision and Hearing Care • Mental Health • Preventive Care, CHDP Examinations, and Vaccinations • Pregnancy Care • Family Planning • STD Tests and Treatment
What to Expect After Applying	<p>After applying, you will be able to choose one of two Managed Care Health Plans through Health Care Options: Alameda Alliance for Health or Blue Cross, then choose a doctor or location as your Primary Care Provider. After April 2014, you will be able to choose a Managed Care plan as a part of the application process. If you are approved for Medi-Cal, the Department of Health Care Services will mail you a temporary Medi-Cal Beneficiary Identification Card (BIC). If you are approved and had Medi-Cal in the past, your BIC will be reactivated. You may discard the temporary Medi-Cal card upon receiving a permanent card from the managed care plan. Clients receive both a BIC card and a health insurance card from their Medi-Cal Managed Care provider (Alliance or Blue Cross). See <i>Appendix B: Health Insurance Identification Cards</i>.</p>
What You Pay	<p>No Cost if below 138% FPL. May have Share of Cost if above 138% FPL. If your income is above 250% FPL, you may be ineligible for certain Medi-Cal programs (i.e., Targeted Low-Income Children’s Program; Working Disabled).</p>

Covered California

Individuals and families eligible for Covered California will enroll and manage their coverage through California's health insurance exchange called Covered California. People can shop for plans that are right for their income and their needs using a comparison tool. Open Enrollment for Covered California is from October 1, 2013 through March 31, 2014. Consumers must enroll in a plan by December 15, 2013 for a January 1, 2014 plan start date. Enrollment after December 15 will delay plan start dates. After 2013, open enrollment will be October 1 through December 15 for the following January 1 start date.

How & Where To Apply	<ul style="list-style-type: none">• Log in online to Covered California at: www.CoveredCA.com• Call the Covered California state call center at 1-888-975-1142.• Go to a Certified Enrollment Entity (locations to be updated when known).
What You're Eligible For	<p>Minimum Essential Coverage through Qualified Health Plans. This includes the 10 essential health benefits listed in Section I, as follows:</p> <ol style="list-style-type: none">1) Ambulatory patient services2) Emergency services3) Hospitalization4) Maternity and newborn care5) Mental health and substance use disorder services, including behavioral health treatment6) Prescription drugs7) Rehabilitative and habilitative services and devices8) Laboratory services9) Preventive and wellness services and chronic disease management10) Pediatric services, including oral and vision care. <p>Other coverage options through Qualified Health Plans may also be available.</p>
What to Expect After Applying	<p>Your enrollment in the exchange will be handled by Covered California. Applicants will create a user account. With your login name and password you will be able to track your enrollment through the website or by calling Covered California directly.</p>
What You Pay	<p>Premiums and co-pays will vary according to the Qualified Health Plan selected through Covered California. See <i>Appendix D: Standard Benefits for Individuals</i>. The last day to submit payment is the 4th work day prior to the end of the month before coverage begins (i.e. December 26, 2013 for January 1, 2014 start date).</p>

* See page 6 for more detailed information on the four health plans and plan types for Alameda County through Covered California.

HealthPAC

HealthPAC is a coverage program that covers the cost of medical and behavioral health services within a limited network for low-income Alameda County residents who do not qualify for full-scope, no-cost Medi-Cal. You do not need to be a citizen to receive health services through HealthPAC.

How & Where To Apply	<ul style="list-style-type: none"> • Health clinics that are part of the HealthPAC network. Locate a clinic at: http://achealthcare.org/health-insurance-info/low-income-coverage-options/screeningenrollment/ • Call the Alameda County Health Care Services Agency Health Insurance Unit at 1-800-422-9495. 																
What You're Eligible For	<p>Hospitalization services at Highland Hospital. Medical care services at the medical home you enroll in. Or see the HealthPAC Participant website at: http://www.dhcs.ca.gov/provgovpart/Documents/LIHP/Deliv/Alameda/15.1Handbook.pdf</p>																
	<p>Covered Services:</p> <table border="0"> <tr> <td>Preventive and Routine Care</td> <td>Emergency Dental Services</td> </tr> <tr> <td>Specialty Care</td> <td>Laboratory Services/Tests</td> </tr> <tr> <td>Urgent Care</td> <td>Medical Equipment & Supplies</td> </tr> <tr> <td>Hospital Care</td> <td>Non-Emergency Transportation</td> </tr> <tr> <td>Emergency Care</td> <td>Pharmacy and Prescriptions</td> </tr> <tr> <td>Mental Health Care</td> <td>Physical Therapy</td> </tr> <tr> <td>Prosthetics and Orthotics</td> <td>Podiatry</td> </tr> <tr> <td>Radiology</td> <td></td> </tr> </table>	Preventive and Routine Care	Emergency Dental Services	Specialty Care	Laboratory Services/Tests	Urgent Care	Medical Equipment & Supplies	Hospital Care	Non-Emergency Transportation	Emergency Care	Pharmacy and Prescriptions	Mental Health Care	Physical Therapy	Prosthetics and Orthotics	Podiatry	Radiology	
Preventive and Routine Care	Emergency Dental Services																
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Hospital Care	Non-Emergency Transportation																
Emergency Care	Pharmacy and Prescriptions																
Mental Health Care	Physical Therapy																
Prosthetics and Orthotics	Podiatry																
Radiology																	
What to Expect After Applying	<p>All new HealthPAC participants will receive an ID card in the mail.</p>																
What You Pay	<p>Co-pay; amount depends on income and household size.</p>																

Kaiser Child Health Program (CHP)

The Kaiser Child Health Program (CHP) is a low-cost private health insurance option for children who do not qualify for any other insurance option (must have income less than or equal to 300% FPL). CHP was previously entitled Kaiser Child Health Plan. Current Plan beneficiaries will automatically move to the new Child Health Program effective March 1, 2014. These individuals will receive information on how this change will impact them throughout 2013 and 2014.

Enrollment will now be limited to an open enrollment period once a year. However, qualifying events will allow for enrollment outside of the open enrollment period. The previously named Child Health Plan will end February 28, 2014 and the newly named Child Health Program will begin March 1, 2014. Open enrollment will be from January 16 through March 31, 2014 (individuals can still apply for the previously named Plan through January 15, 2014).

In certain circumstances, you must provide proof of denial for full-scope, no-cost Medi-Cal (or proof of enrollment in Restricted/Emergency Medi-Cal or Share of Cost Medi-Cal) in order to be eligible.

How & Where To Apply	<ul style="list-style-type: none">• Call the Health Insurance Technician Unit at 1-800-422-9495 to set up an enrollment appointment.• Visit the CHP website for enrollment information at: http://info.kaiserpermanente.org/html/child_health_plan• Visit an enrollment agency. Find a location at: http://info.kaiserpermanente.org/info_assets/child_health_plan/pdfs/2013_chp_assister_flyer_ncal.pdf
What You're Eligible For	<i>See information on CHP website.</i>
What to Expect After Applying	<p>It may take at least 45 business days to process your application. You will receive a postcard confirming that Kaiser received your application. You may be asked to provide additional information to confirm your children's eligibility.</p> <p>Recertification is required every 2 years for continued CHP membership. A few months before the 24th month of membership, you will be asked to complete a recertification application and submit updated proof of income.</p>
What You Pay	<p>There is a no premium for families with incomes 0-133% FPL. Monthly premium of \$10 or \$20 per child depending on income over 133% FPL. See website for more details.</p>

Access for Infants and Mothers (AIM)

Women between 200% and 300% FPL and residing in California may enroll in the **AIM (Access for Infants and Mothers)** program through her pregnancy and up to 60 days after birth. A mother’s enrollment in AIM will enroll her child in Healthy Families¹¹ for that period of time (it is still to be determined whether and how these AIM-linked infants will enroll in Medi-Cal instead of Healthy Families in 2014).

How & Where To Apply	<ul style="list-style-type: none"> • Visit the AIM website at www.aim.ca.gov for information on how to enroll, eligibility, and a paper mail-in application. • Call 1-800-433-2611 for Enrollment Assistance. • Enrolling in AIM as a resident of Alameda County will enroll you in Anthem Blue Cross HMO, which will manage your plan post enrollment.
What You’re Eligible For	<p>More detail on benefits and cost see the AIM program handbook on website</p> <p>Mothers and infants enrolled in AIM are eligible for the following:</p> <ul style="list-style-type: none"> • Physician & Professional Services • Preventive Care • Maternity Care • Hospital Services • Diagnostic X-ray and Laboratory Services • Prescription Drugs • Health Education Services • Emergency Health Care Services • Medical Transportation • Durable Medical Equipment (Appropriate for use in home) • Mental Health Care • Alcohol & Drug Abuse Treatment • Skilled Nursing • Home Health Services • Blood & Blood Products • Family Planning Services • Maternity Care • Serious Emotional Disturbance • Inpatient/Outpatient Alcohol & Drug Abuse • Physical, Occupational, Speech Therapy • Home Health Care Services • Skilled Nursing Care
What to Expect After Applying	<p>Normal processing time for a complete application is 10 days. You will receive a letter from the AIM Program once enrolled. If the application is incomplete, you will receive a letter requesting the additional information needed and the processing time will be longer. You will receive an evidence of coverage booklet and an insurance card from the health plan you selected once enrolled in AIM. The effective date of coverage is 10 days after enrollment.</p>
What You Pay	<p>Cost is 1.5% of your total adjusted annual household income after income deductions (total cost, not monthly premium).</p>

¹¹ Healthy Families is a low-cost insurance program that provides health, dental and vision coverage to children who do not have insurance and do not qualify for Medi-Cal. The Healthy Families program began transitioning to Medi-Cal in January 2013. It is still to be determined whether and how these AIM-linked infants will enroll in Medi-Cal instead of Healthy Families in 2014.

Medicare

Medicare is the federal health insurance program for people age 65 and older and individuals with disabilities.

How & Where To Apply	<ul style="list-style-type: none">• You are eligible to enroll 3 months before you turn age 65. After that initial eligibility period, you can enroll between January 1st and March 31st of each year.• If you're automatically enrolled, you will receive your Medicare card in the mail 3 months before your 65th birthday or during the 25th month of disability.• Apply online using the online application at: http://www.socialsecurity.gov/medicareonly/• Visit your local Social Security office. Find a location at: https://secure.ssa.gov/ICON/main.jsp
What You're Eligible For	Coverage for services depends on the plan you choose and which parts of Medicare you opt into. For more information visit http://www.medicare.gov/your-medicare-costs/index.html
What to Expect After Applying	<ul style="list-style-type: none">• For online and paper applications, check your enrollment status online at: https://www.medicare.gov/find-a-plan/(S(4sful245ez30hm55m5eubnmw))/enrollment/check-enrollment.aspx• Coverage begins 1 month after you sign up and are determined eligible.• Call Medicare at 1 (800) 633-4227
What You Pay	Depends on the type of Medicare you are eligible for, and the plan you are enrolled in. Below is limited information on what Parts A, B, C and D cover. <ul style="list-style-type: none">• Part A: Hospital Insurance – Available to qualified people at no cost.• Part B: Medical Insurance – Monthly premium• Part C: Medicare Advantage Plans – Private contract under the plan that you select, which combines coverage for Part A & Part B• Part D: Prescription Drug Plan – Premium, Co-pays, deductibles depending on income and specific plan chosen

III. Context & Information about Specific Populations

Although the ACA introduces sweeping changes for everyone, specific populations will be affected in many different ways. This section details other changes and other health-related programs that are applicable to individuals of the following categories.

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Disabled Individuals	23
Mental/Behavioral Health Consumers	23
Immigrants	24
Refugees	24
Homeless	25
Persons With HIV/Aids	25
Pregnant Women	25

AGED INDIVIDUALS

Medicare

Medicare is the federal health insurance program for people age 65 and older. For more information on enrollment and eligibility see *Section II: Coverage, Service Eligibility and Payment (Medicare)*.

The ACA expanded Medicare's coverage of free preventive services, such as screenings for colon, prostate, and breast cancer.

Did You Know?

Individuals may be eligible for no-cost Medicare options if they, or their spouse, worked and paid Medicare taxes for at least 10 years, or 40 quarters.

Medicare Part D Prescription Drug Plan

The ACA has narrowed the gap in Medicare Part D prescription drug plan costs to make it more affordable. Previously, when a Medicare beneficiary entered the "donut hole" they became responsible for the total cost of a covered drug until they spent enough on medications to be considered "catastrophic," after which point the prescription drug plan would again share the cost of the covered drug. As a result of the ACA, that coverage gap will be closed entirely by 2020. Aged individuals will still be responsible for 25 percent of their prescription drug costs.

Alliance CompleteCare

Alliance CompleteCare is a health plan for residents of Alameda County that combines Medicare, Medi-Cal and Part D prescription drug coverage with no premiums, deductibles, or co-pays, as well as dental and vision care.

Call 1(877) 585-7526 or visit their website at: <http://www.alamedaalliance.org/visitors/health-plans/alliance-complecare/>

Supplemental Security Income (SSI)

Supplemental Security Income is a federal cash assistance program for low-income, low-resourced individuals. Aged individuals and/or couples are eligible for SSI if income is not greater than the current SSI monthly benefit in California (\$886.40 for an individual/\$1122 for a couple). Assets are limited to \$2000 per individual, or \$3000 for a couple. These individuals are automatically linked to Medi-Cal.

CHILDREN

Most low-income children are eligible for Medi-Cal. Families with higher incomes may have a share of cost.

Immigrant children who have not been Legal Permanent Residents for over 5 years may qualify for health care coverage through Medi-Cal, while their parents may qualify for health insurance through Covered California.

One option for children who do not qualify for Medi-Cal due to their family's income/assets being too high is the **Kaiser Child Health Program (CHP)**, which is available through Kaiser as of November 7th at: http://info.kaiserpermanente.org/html/child_health_plan/eligibility.html. Eligibility requirements for CHP can be found on page 18, Kaiser Child Health Program.

Foster youth are now eligible for Medi-Cal until the age of 26. **Adoption Assistance recipients** are eligible for Medi-Cal up to age 18 or later, depending on age at adoption and/or presence of a mental or physical condition.¹²

¹² More information on Foster Care and Adoption Assistance at: <http://www.childsworld.ca.gov/PG2902.htm>

DISABLED INDIVIDUALS

Social Security Disability Insurance (SSDI)^{iv}

Social Security Disability Insurance (SSDI) pays monthly benefits to individuals and certain members of their family if the disabled recipient has worked long enough and recently enough to qualify. To receive SSDI, you need 40 credits (10 years), 20 of which were earned within 10 years of becoming disabled.¹³

“Disability” under Social Security is based on your inability to work. Individuals are considered “disabled” under Social Security eligibility rules if:

- They cannot do work they did before;
- They cannot adjust to other work because of their medical condition(s);
- **AND** their disability has lasted or is expected to last for at least one year, or will result in death.

Individuals are automatically enrolled in Medicare Part A & Part B after receiving disability benefits for two years. Individuals with certain disabilities can receive Medicare sooner.

Supplemental Security Income (SSI)

Supplemental Security Income (SSI) is a federal cash assistance program for disabled individuals.¹⁴

Disabled individuals and/or families are eligible for SSI if their income is not greater than the current SSI monthly benefit in California (\$886.40 for an individual/\$1122 for a couple). Assets are limited to \$2000 for an individual and \$3000 for a couple. These individuals are automatically linked to Medi-Cal.

For disabled individuals, SSI does not count income or wages that are used to pay for items or services that facilitate employment.

¹³ More information on SSDI at: www.ssa.gov/disability

¹⁴ More information on SSI at: www.ssa.gov/pgm/ssi.htm

MENTAL/BEHAVIORAL HEALTH CONSUMERS

Treatment for mental health and substance use disorders is now a benefit category covered as a part of the package of Minimum Essential Coverage for plans starting in 2014. Services may be provided in a mental health outpatient setting or in a primary care clinic, based on an individual’s diagnosis and needs.^v

Mental Health Services:

Individuals with a mental health diagnosis are eligible for a variety of services in acute and outpatient settings. Clinicians will assess individuals seeking mental health care to determine which type of care will best meet their needs. Services include:

- Crisis Outpatient Services
- Hospitalization for psychiatric care
- Community-based care in outpatient settings
- Specialized services for children, youth, adults, and older adults based on specific criteria
- Medications
- Individual counseling
- Group therapy for qualifying individuals

Substance Use Disorders Services:

Individuals with an alcohol or other drug disorder are eligible for an expanded array of services. The design of these new benefits is currently underway at the state level and is not complete. Services include:

- Inpatient detoxification
- Residential services
- Outpatient clinical dependency care
- Individual and group chemical dependency counseling
- Methadone maintenance treatment based on specific criteria
- Counseling and support services

IMMIGRANTS

Legal Permanent Residents (LPRs)^{vi} are foreign citizens who have been granted the right to reside permanently in the United States. Adults must be LPRs for over 5 years before they are eligible for public benefits, including public health care coverage such as Medi-Cal. Children are eligible even if they have been LPRs for less than 5 years.

Adults and families who have been Legal Permanent Residents for **5 or more years** and are below 138% FPL are eligible for Medi-Cal. Those between 138% FPL and 400% FPL are eligible for Covered California.

As of legislation passed in June 2013, LPRs with less than 5 years residency, between 0 and 138% FPL, and without dependent children, will be eligible for a Covered California plan. The state will cover their premium costs, cost-sharing, and any Medi-Cal benefits not offered through their plan. Starting in 2014, or when the California Department of Health Care Services and Covered California have operational capability, this group will enroll into Covered California during open enrollment but remain eligible for state-only Medi-Cal if they miss the open enrollment period. Until such operational capability is reached, LPRs with less than 5 years residency will remain covered under Medi-Cal.

* LPRs with less than 5 years residency, with Medi-Cal eligible children, will still be eligible for state-only Medi-Cal (same as current policy). LPRs with < 5 years residency and greater than 138% FPL to 400% FPL are eligible for tax credits to purchase a Covered California plan.

Undocumented immigrants below 200% FPL are eligible for HealthPAC. Undocumented children and adult immigrants below 138% FPL and individuals ineligible for any other type of public health insurance may be eligible to receive limited services under **Emergency or Restricted Medi-Cal**.

Benefits for sensitive services or for non-legal California residents are limited, but may include:

- Emergency Care
- Prenatal Care & Delivery
- Postpartum Care
- Tuberculosis
- Renal Dialysis
- Sensitive Services (minors under 21)

Undocumented pregnant women are eligible for Pregnancy-Only Medi-Cal (*see PREGNANT WOMEN*).

REFUGEES

Under federal regulations, certain foreign citizens are considered refugees and may be eligible to receive **Refugee Medical Assistance (RMA)**. These individuals and families are eligible for limited federally funded cash benefits and subsequent linked medical coverage.

In order to receive RMA, refugees must be deemed ineligible for other Medi-Cal eligibility categories (CalWORKs, SSI, etc.). RMA Medi-Cal is limited to 8 months. The RMA program is ending on December 31, 2013. Beginning January 1, 2014 refugees will now be newly eligible for Medi-Cal. Per the California Department of Health Care Services, these individuals will receive a Notice of Action regarding their change in status, and information that informs them that they must apply for Medi-Cal or a Covered California health plan if they wish to continue receiving health benefits. Those individuals who move from RMA to another insurance affordability program (including, but not limited to Medi-Cal) will no longer have eligibility that is time-limited.

HOMELESS

For homeless individuals, **the Alameda County Health Care for the Homeless Program¹⁵ (ACHCHP)** provides health services through mobile medical clinics, visiting shelters, meal sites, and transitional and recovery housing programs. ACHCHP also makes referrals to medical providers, including the Alameda County Health System, Alameda County Clinic Consortium, and other free, volunteer, community and mobile clinics.

ACHCHP medical and social services are available to all persons who are experiencing homelessness or who are at-risk of homelessness. Shelter and program staff can find out the monthly van schedule by phoning **510-532-1930**.

ACHCHP also provides services for families through the Homeless Families Program¹⁶ if they are currently homeless, have legal and physical custody of at least one child under 18 years of age, and are willing to participate in case management services.

PERSONS WITH HIV/AIDS

Individuals with HIV/AIDS are eligible for **Ryan White Program** services. While individuals do not receive Ryan White funds directly, organizations and/or providers that receive Ryan White grants must offer individual and family-centered primary health care in outpatient settings for people living with HIV disease.

Most persons with HIV/AIDS will be eligible for either Medi-Cal or a Covered California plan, depending on income. Ryan White would cover any wrap-around services not already covered through Medi-Cal or Covered California (Ryan White is considered a payer of last resort).

¹⁵ More information on ACHCHP at: <http://www.acphd.org/hchp>

¹⁶ More information on the Homeless Families Program at: <http://www.acphd.org/homeless-families-program.aspx>

For updated information on Ryan White Program Services, visit the website at: <http://www.acgov.org/health/documents/RWhiteProgramClient-ProviderQA.pdf>

PREGNANT WOMEN

Pregnant women, below 200% FPL, are eligible for free **Pregnancy-Only Medi-Cal¹⁷** which is restricted to pre-natal care, labor and delivery services, family planning services, and postpartum care that lasts for at least 60 days after the end of pregnancy. This is available to undocumented pregnant women as well.

Presumptive Eligibility Medi-Cal¹⁸ provides immediate, temporary coverage for prenatal care to low-income pregnant women pending their Medi-Cal application.

Women residing in California who are between 200 – 300% FPL may enroll in the **AIM (Access for Infants and Mothers)** program through pregnancy and up to 60 days after birth. A mother's enrollment in AIM will enroll her child in Healthy Families for that period of time.¹⁹ The cost of the program is a monthly premium that is on a sliding scale according to income, and will not exceed more than 1.5% of a family's income.

¹⁷ More information on Pregnancy-Only Medi-Cal at: <http://achealthcare.org/health-insurance-info/pregnancy-insurance-information/>

¹⁸ More information on Presumptive Eligibility Medi-Cal at: http://www.dhcs.ca.gov/services/medi-cal/eligibility/Pages/PE_Info_women.aspx

¹⁹ It is still to be determined whether and how these AIM-linked infants will enroll in Medi-Cal instead of Healthy Families in 2014.

IV. Appendices

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Appendix A: How to Enroll in Health Coverage in Alameda County



How to Enroll in Health Coverage in Alameda County

Medi-Cal

Medi-Cal is California's public health insurance program for low-income individuals not covered under private or employer insurance plans.

- Apply in-person or call an Alameda County Social Services Agency Office at 1-510-268-3787
- Call the Health Insurance Technician (HIT) Unit at 1-800-422-9495
- Apply online at www.mybenefitscalwin.org
- Apply online at www.CoveredCA.com

Alameda County Social Services Agency Locations

North County Multi-Service Center
2000 San Pablo Ave.
Oakland CA 94612
(510) 891-0700

Enterprise Office
8477 Enterprise Way
Oakland, CA 94621
(510) 777-2300

Fremont Family Resource Center
39155 Liberty St Suite C330
Fremont, CA 94536
(510) 670-6000

Eden Multi-Service Center
24100 Amador St.
Hayward, CA 94544
(510) 670-6000

Eastmont Center
6955 Foothill Blvd Suite 100
Oakland CA 94605
(510)-383-5300

Livermore Outstation
3311 Pacific Ave,
Livermore, CA 94550
(925) 455-0747

HealthPAC

HealthPAC is a health program that covers the cost of medical services within a limited network for low-income Alameda County residents who do not qualify for full-scope Medi-Cal.

- Locate an enrollment assistance site online at: <http://www.acgov.org/health/documents/HealthPACbrochure-en.pdf>
- Call the HIT Unit at 1-800-422-9495

Covered California

Beginning October 1, 2013, low-income individuals and families ineligible for Medi-Cal may enroll in California's health exchange, known as Covered California.

- Visit www.CoveredCA.com
- Call the Covered CA call center at 1-888-975-1142

Kaiser Child Health Plan

The Kaiser Child Health Plan is the low-cost private health insurance option for children who do not qualify for full-scope Medi-Cal.

- Call the HIT Unit at 1-800-422-9495 to set up an enrollment appointment
- Go online to: http://info.kaiserpermanente.org/html/child_health_plan for enrollment assistance

Access for Infants & Mothers (AIM)

Women and children residing in California who are between 200 – 300% FPL, may be eligible for AIM and AIM-linked health coverage through pregnancy and up to 60 days after birth.

- Go to www.aim.ca.gov information on how to enroll, eligibility, and a paper application
- Call for enrollment help at 1-800-433-2611

Medicare

Medicare is the federal health insurance program for people age 65 and older and individuals with disabilities.

- Apply online using the online application at: <http://www.socialsecurity.gov/medicareonly/>
- Visit your local Social Security office at: <https://secure.ssa.gov/ICON/main.jsp>
- Call Medicare at 1-800-633-4227

Key Phone Numbers and Websites

Benefits CalWIN

www.mybenefitscalwin.org

Health Insurance Technician Unit

1-800-422-9495

Behavioral Health Care

Health Insurance Technician Unit

1-888-346-0605

Covered California

www.CoveredCA.com

1-888-975-1142

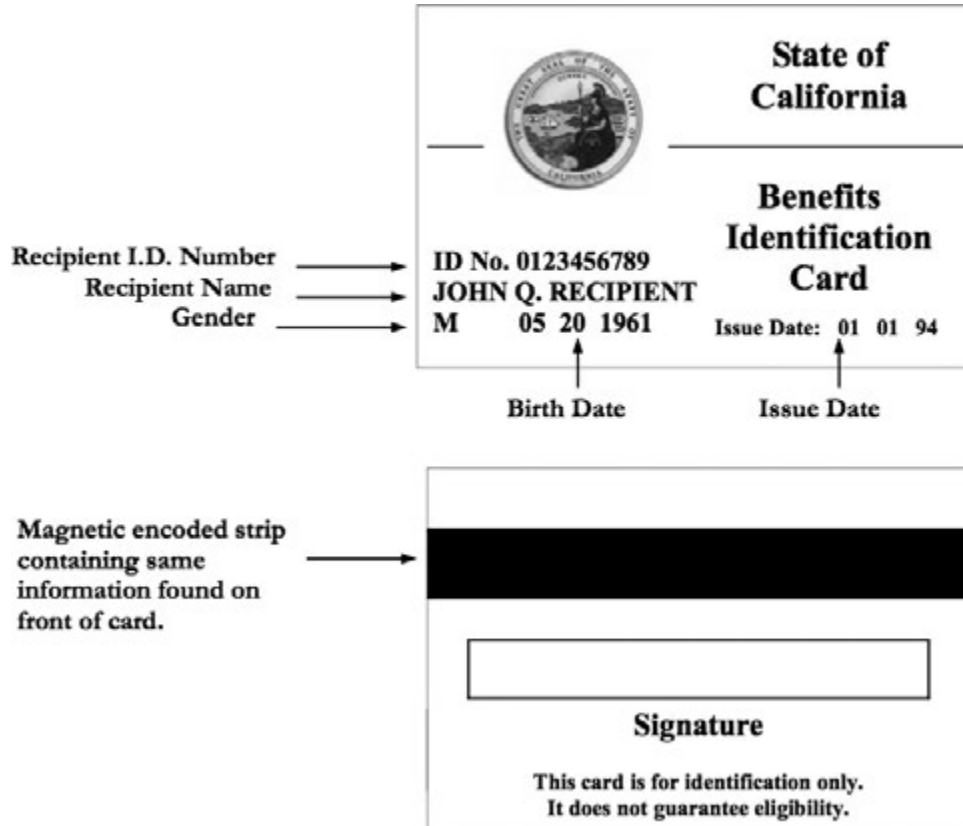
Medicare

<http://www.socialsecurity.gov/medicareonly/>

Alameda County will continue to provide the most updated information at www.achealthcare.org.
Version as of September 11, 2013


Appendix B: Health Insurance Identification Cards

Medi-Cal Benefits Identification Card (BIC)



Alameda Alliance for Health

FRONT SIDE:

	MEMBER ID CARD	Medically necessary out-of-plan emergency services provided to Alliance Members will be reimbursed by the Alliance without prior authorization.
	JANE DOE Member ID: 00000000-01 DOB: 00/00/0000 Sex: F Plang: XXX CIN: 999999999	This card does not guarantee eligibility Send Claims: 1234 Alliance Way, Anytown, CA 00000 Co pays: OV \$0 ER \$0 RX \$0
Primary Care: ARTHUR CHEN MD Phone: (510) 747-4567		ALWAYS CARRY THIS MEMBER ID CARD WITH YOU
Effective: 00/00/0000 Group: MCAL Physicians' Medical Staff Pharmacy: This card is for identification only. To verify Member eligibility, call 510-747-4505		

BACKSIDE:

For 24-hour service, after hours, and weekends	An emergency is a sudden medical problem with severe symptoms that needs treatment right away. The problem must be one that a person Without medical training could reasonably think, at the time, will place the person's life or health in serious danger, even if it is later determined not to have required immediate treatment. Severe pain may be a symptom of an emergency. An emergency also includes psychiatric screening, examination, evaluation, and treatment by a physician or other personnel to the extent permitted by applicable law and within the scope of their licensure and privileges.
<ul style="list-style-type: none"> For medical advice call the Advice Nurse toll free at 1-800-922-1242 Or, call your doctor (Primary Care Provider) Member Services is available to answer your questions from 8:00 am – 6:00 pm, Monday – Friday. Call us at 510-747-4567	
If you think you have an emergency: <ol style="list-style-type: none"> Go to the closest emergency room for help or call 911, the emergency response system. If you are not sure you have an emergency, call the 24-hour Advice Nurse at 1-800-922-1242. The nurse can help you decide what to do. 	

Blue Cross

FRONT SIDE:

Your doctor (PCP)/Su médico OAKCARE MEDICAL GROUP PFS THOMAS L. ATKINS 1411 E 31 ST ST OAKLAND, CA 94602 (510) 437-4323 JOHN J DOE 1234 ABC ST APT A ANYTOWN CA 91234	 Medi-Cal Program MEDI-CAL MANAGED CARE MEMBER JOHN J DOE MC ID CARD NO./CIN: 000 - 00 - 000D PCP EFFECTIVE DATE: 00 - 00 - 00 GROUP NO.: 0000SA COVERAGE CODE: 0000A MEMBER EFFECTIVE DATE: 00 - 00 - 00 CUSTOMER SERVICE : 1 - 800 - 407 - 4627 PLAN CODE: 00
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BACKSIDE:

<p>In an emergency: Blue Cross of California covers you for emergency services 24 hours a day. In an emergency call 911 or go to the nearest emergency room for emergency care. You do not need to get approval ahead of time for emergency services.</p> <p>En una emergencia: Blue Cross of California le da cobertura por servicios de emergencia las 24 horas. En una emergencia, marque 911 y vaya a la sala de emergencia del hospital más cercano. No necesita tener aprobación previa para servicios de emergencia. (Spanish)</p> <p><small>Blue Cross of California is an Independent Licensee of the Blue Cross Association. Registered mark of the Blue Cross Association. Medi-Cal is a registered mark of WellPoint Health Networks, Inc. www.bluecross.com</small></p>	<p>Attention provider: Routine medical care is provided through Blue Cross of California providers only. If the member is in need of EMERGENCY care, please provide the care and notify the contractor as soon as possible. This card is for identification purposes only and does not constitute proof of eligibility. The contractor is liable for EMERGENCY care provided to eligible members; call 1-800-407-4627 to verify current eligibility.</p> <p>For information on WellPoint Pharmacy Management, please call Member Services at 1-800-407-4627.</p> <p>To contact MediCalC, the 24-hour nurse health information line, call 1-800-224-0336.</p>
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Appendix C: Free Preventive Care Benefits

Adults	Age Requirement	Eligible if Higher Risk
Abdominal Aortic Aneurysm one-time screening		*
Alcohol Misuse screening and counseling		
Aspirin Use		
Blood Pressure Screening		
Cholesterol screening		
Colorectal Cancer screening	> 50	
Depression Screening		
Diabetes (Type II) Screening		
Diet Counseling		*
HIV Screening	15 - 65	
Immunization Vaccines		
Obesity screening & counseling		
Sexually Transmitted Infection (STI) Prevention counseling		*
Syphilis screening		*
Tobacco Use screening		*

Women	Age Requirement	Eligible if Higher Risk	Eligible if Pregnant
Anemia screening			*
Breast Cancer Genetic Test counseling (BRCA)		*	
Breast Cancer Mammography screenings	> 40		
Breast Cancer chemoprevention counseling		*	
Breastfeeding comprehensive support & Counseling		*	
Cervical Cancer screening		*	
Chlamydia infection screening		*	
Contraception			
Domestic & interpersonal violence screening & counseling			
Folic Acid			*
Gestational diabetes screening		*	*
Gonorrhea screening		*	
Hepatitis B screening			*
HIV screening & counseling		*	
Human Papillomavirus (HPV) DNA test	> 30		
Osteoporosis screening	> 60		
Rh Incompatibility screening		*	*
Sexually Transmitted Infections counseling		*	
Syphilis screening		*	*
Tobacco Use screening & Interventions		*	*
Urinary tract or other infection screening			*
Well-woman visits (to get recommended services)	< 65		

Children	Age Requirement	Eligible if Higher Risk
Autism screening	1.5 & 2	
Behavioral Assessments	0 - 17	
Blood Pressure Screening	0 - 17	
Cervical Dysplasia screening		*
Depression screening		
Developmental screening	< 3	
Dyslipidemia screening	1 - 17	
Fluoride Chemoprevention supplements		*
Gonorrhea preventive medication	0 - .5	*
Hearing Screening	0 - .5	
Height, Weight, BMI measurements	0 - 17	
Hematocrit or Hemoglobin screening		
Hemoglobinopathies or sickle cell screening		
HIV screening		*
Hypothyroidism screening	0 - .5	
Immunization vaccines		
Iron supplements		
Lead screening		
Medical History	0 - 17	
Obesity screening and counseling		
Oral Health risk assessment	0 - 10	
Phenylketonuria (PKU) screening for genetic disorder	0 - .5	
Sexually Transmitted Infection (STI) prevention counseling & screening		*
Tuberculin testing	0 - 17	
Vision Screening		

Appendix D: Price of Insurance With Covered California

Actual costs for insurance premiums on the Exchange depends on individual age, family size, and income. The following shows some examples to give individuals a range of possibilities.

Sample Covered California Premium Costs Silver Medal Plan Option

For a single individual			Monthly Payment After Tax Credit		
			19 years old	40 years old	60 years old
138% FPL Annual Income: \$15,860	All plans at this level: Co-pay for primary care: \$3 Co-pay for urgent care: \$6 Co-pay for ER: \$25	Blue Shield	\$24 (\$159-\$136)	\$4 (\$321-\$317)	\$1 (\$681-max)
		Anthem Blue Cross	\$44 (\$179-\$136)	\$44 (\$361-\$317)	\$44 (\$766-\$722)
		Kaiser	\$47 (\$183-\$136)	\$51 (\$369-\$317)	\$60 (\$783-\$722)
		Alameda Alliance	\$57 (\$193-\$136)	\$71 (\$388-\$317)	\$101 (\$823-\$722)
150% FPL Annual Income: \$17,235	All plans at this level: Co-pay for primary care: \$3 Co-pay for urgent care: \$6 Co-pay for ER: \$25	Blue Shield	\$38 (\$159-\$122)	\$17 (\$321-\$303)	\$1 (\$681-max)
		Anthem Blue Cross	\$57 (\$179-\$122)	\$57 (\$361-\$303)	\$57 (\$766-\$708)
		Kaiser	\$61 (\$183-\$122)	\$65 (\$369-\$303)	\$74 (\$783-\$708)
		Alameda Alliance	\$71 (\$193-\$122)	\$85 (\$388-\$303)	\$115 (\$823-\$708)
200% FPL Annual Income: \$22,980	All plans at this level: Co-pay for primary care: \$15 Co-pay for urgent care: \$30 Co-pay for ER: \$75* *Subject to \$500 deductible	Blue Shield	\$101 (\$159-\$59)	\$81 (\$321-\$240)	\$36 (\$681-\$645)
		Anthem Blue Cross	\$121 (\$179-\$59)	\$121 (\$361-\$240)	\$121 (\$766-\$645)
		Kaiser	\$125 (\$183-\$59)	\$129 (\$369-\$240)	\$138 (\$783-\$645)
		Alameda Alliance	\$134 (\$193-\$59)	\$148 (\$388-\$240)	\$178 (\$823-\$645)

**Sample Covered California Premium Costs
Silver Medal Plan Option**

For a family of four			Household Monthly Payment After Tax Credit		
			19 years old	40 years old	60 years old
138% FPL Annual Income: \$32,500	All plans at this level: Co-pay for primary care: \$3 Co-pay for urgent care: \$6 Co-pay for ER: \$25	Blue Shield	\$49 (\$319-\$269)	\$9 (\$641-\$632)	\$2 (\$1362-max)
		Anthem	\$89 (\$358-\$269)	\$89 (\$721-\$632)	\$89 (\$1531-\$1442)
		Blue Cross	\$97 (\$366-\$269)	\$105 (\$737-\$632)	\$123 (\$1565-\$1442)
		Kaiser	\$116 (\$385-\$269)	\$143 (\$775-\$632)	\$204 (\$1646-\$1442)
150% FPL Annual Income: \$35,325	All plans at this level: Co-pay for primary care: \$3 Co-pay for urgent care: \$6 Co-pay for ER: \$25	Blue Shield	\$78 (\$319-\$241)	\$38 (\$641-\$603)	\$2 (\$1362-max)
		Anthem	\$118 (\$358-\$241)	\$118 (\$721-\$603)	\$118 (\$1531-\$1414)
		Blue Cross	\$126 (\$366-\$241)	\$134 (\$737-\$603)	\$152 (\$1565-\$1414)
		Kaiser	\$145 (\$385-\$241)	\$172 (\$775-\$603)	\$233 (\$1646-\$1414)
200% FPL Annual Income: \$47,100	All plans at this level: Co-pay for primary care: \$15 Co-pay for urgent care: \$30 Co-pay for ER: \$75* *Subject to \$500 deductible	Blue Shield	\$208 (\$319-\$111)	\$167 (\$641-\$474)	\$77 (\$1362-\$1284)
		Anthem	\$247 (\$358-\$111)	\$247 (\$721-\$474)	\$247 (\$1531-\$1284)
		Blue Cross	\$255 (\$366-\$111)	\$263 (\$737-\$474)	\$281 (\$1565-\$1284)
		Kaiser	\$274 (\$385-\$111)	\$301 (\$775-\$474)	\$362 (\$1646-\$1284)

***Assumed family of four comprised of two adults at the same age indicated on the chart and two children

V. Notes & Reference

- i This tenet of the ACA (employer mandated offer of coverage) has been delayed until 2015.
- ii The Health and Human Services department determined that all estimates would be based off of the average 2009 premium for a preferred provider organization under employer-sponsored coverage, using an average population of people under age 65. (Source: Kaiser Family Foundation, *“What the Actuarial Values in the Affordable Care Act Mean”*, April 2011)
- iii Find more information on eligibility, enrollment, and service locations in the HealthPAC Participant Handbook. However, this Handbook is subject to change as new policies and program rules become available. See: http://www.acgov.org/health/documents/LowResHPACHandbook081811_ENG.pdf
- iv For more information visit the Social Security website: Benefits for People with Disabilities >> www.ssa.gov/disability
- v Department of Health and Human Services, ASPE Research Brief: Affordable Care Act Will Expand Mental Health and Substance Abuse Disorder Benefits.
See: http://aspe.hhs.gov/health/reports/2013/mental/rb_mental.pdf
- vi More information on becoming a Legal Permanent Resident here >>
See: <http://www.uscis.gov/portal/site/uscis/menuitem.eb1d4c2a3e5b9ac89243c6a7543f6d1a/?vgnextoid=ae853ad15c673210VgnVCM100000082ca60aRCRD&vgnnextchannel=ae853ad15c673210VgnVCM100000082ca60aRCRD>

