

Health Reform 101 – Health Coverage Options Today and in 2014

January 2013

Medi-Cal

- Low-income children and adults automatically receive Medi-Cal through “linkage” with CalWORKS, SSI, foster care, and adoption assistance
- Aged (over 65 yrs), blind, disabled and refugees in the U.S. for 8 months or less: must pass asset test; income determines if there is a share of cost (SOC)

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- Children: age (0-21) and income (up to 200% FPL) determine if there is a share of cost
 - Parents/adult caretakers with linkage through a qualifying child (up to 133% FPL)
 - Pregnant women (up to 133% FPL for full-scope Medi-Cal, 133-200% FPL for pregnancy services)

HealthPAC - Low Income Health Program, Medi-Cal Expansion (LIHP-MCE)

- Adults between 0-133% FPL, 19-64 years old
- Not eligible for Medi-Cal
- Must be a citizen or Legal Permanent Resident (LPR) for 5+ years
- Alameda County Resident

HealthPAC – LIHP Health Care Coverage Initiative (LIHP-HCCI)

- Between 133-200% FPL, 19-64 yrs old
- Not eligible for Medi-Cal
- Must be a citizen or LPR for 5+ years
- Alameda County Resident

HealthPAC County

- Between 0-200% FPL
- NOT eligible for Medi-Cal, LIHP-MCE or LIHP-HCCI
- Alameda County Resident

Private Health Insurance

- Any consumer may buy insurance on the individual market, or it is provided through their employer, with some exceptions for certain children and women’s programs (AIM, WIC, Share of Cost Medi-Cal)
- There are other private programs, such as Kaiser Permanente’s Child Health Plan, which offer insurance for certain populations (low-income children, individuals with certain disabilities, etc.) who do not otherwise qualify for a public or private health plan.

January 2014

Non-MAGI* Medi-Cal

- Low-income children and adults automatically receive Medi-Cal through “linkage” with CalWORKS, SSI, foster care, and adoption assistance
 - Aged (over 65 yrs), blind, disabled and, to be determined (TBD), refugees in the U.S. for 8 months or less: must pass asset test; income determines if there is a share of cost
- *MAGI – Modified Adjusted Gross Income - the new methodology for calculating income thresholds using IRS rules that excludes an asset test. Non-MAGI applicants will still use an asset test.*

MAGI Medi-Cal

- Children: age (0-19) and income (up to 250% FPL) determine if there is a premium
- Parents/adult caretakers with linkage through a qualifying child (up to 138% FPL)
- Pregnant women (up to 138% FPL for full-scope Medi-Cal, 138-200% FPL for pregnancy services)

-AND-

- **“Newly Eligibles:”** Adults 19-64 between 0-138% FPL, no asset test, and must be a citizen or LPR for 5+ years
 - ✓ This former LIHP MCE population will transition to Medi-Cal in 2014 and will be referred to as the “newly eligibles”

Exchange-Based Programs (Private Health Insurance Through Covered California)

- Between 138-200% FPL
- This population will be eligible for the Exchange and must enroll in a Qualified Health Plan (QHP), which is a plan that provides a comprehensive package of services, broken down into 10 essential health benefits.
- They will qualify for a federal sliding scale subsidy to help pay for the cost of insurance premiums
- May be required to be a citizen or LPR for 5+ years in order to receive subsidy (TBD)

HealthPAC County

- The County Program is still TBD, based on available funding.
- Available funding will still be dedicated towards serving the residually uninsured.

Private Health Insurance

- Federal law requires everyone to enroll in a QHP (the Individual Mandate) either outside the Exchange, on the Exchange, or through their employer
- If you do not have health insurance (public or private) and do not qualify for an exemption, you are at risk to pay a penalty
- The Exchange will offer enrollment in certain QHPs, making it easier for consumers to compare plan. Those between 138-400% FPL will be eligible for a subsidy to help pay for insurance premiums for Exchange-based programs.

This chart provides a general overview of all programs. Eligibility requirements, especially FPL, vary by specific program and require a case-by-case analysis for an accurate determination of program eligibility.