

# Not Offered Health Coverage Through Your Employer

## OPTIONS FOR YOU AND YOUR FAMILY MEMBERS TO CONSIDER

### Mandate of Affordable Care Act: Get Covered or Get Fined

### Medicaid Expansion (FREE OR LOW COST HEALTH COVERAGE)

**Medi-Cal** is California's Medicaid program. This is a public health insurance program which provides needed health care services for low-income individuals including families with children, seniors, persons with disabilities, foster care, pregnant women, and low income people with specific diseases such as tuberculosis, breast cancer or HIV/AIDS.

#### You are eligible to apply for Medi-Cal if you are:

- 65 or older
- Blind
- Disabled
- Under 21
- Pregnant
- Adults without children ages 19-64
- In a skilled nursing or intermediate care home
- On refugee status for a limited time, depending how long you have been in the United States
- A parent or caretaker relative or a child under 21 if:
  - The child's parent is deceased or doesn't live with the child, or
  - The child's parent is incapacitated, or
  - The child's parent is under employed or unemployed
- Screened for breast and/or cervical cancer
- Income meets the 138% of Federal Poverty Level (*see FPL Income Chart\**)
- Countable property (taken into account of your income)
- Not offered or qualify for an employer-sponsored plan based on ACA guidelines

• **Income numbers are based on your annual yearly earnings and your family size. (see FPL Income Chart)**

#### FPL Income Chart

Family Size	138% of Federal Poverty Level
1	\$16,105
2	\$21,708
3	\$27,311
4	\$32,913
5	\$38,516
6	\$44,119
7	\$49,722
Each Additional Person	Add \$5,603

# Applying for your eligible programs

## Programs you may qualify for:

1

### **Formerly Healthy Families Program (Expanded Medi-Cal)**

Free or low-cost insurance for children or families through various programs from Medi-Cal.

2

### **Medi-Cal Access Program (Formerly AIM Program)**

Low-cost insurance for pregnant women known as Access for Infants and Mothers (AIM).

3

### **Affordable Private Health Insurance Plans**

Enrollment is closed till fall for private plans at CoveredCA.com but you or your children may still qualify for special enrollment.

4

### **Assistance Paying for Your Health Insurance**

You may qualify to receive a subsidy or assistance to pay for your qualifying health plan.

5

### **Former Foster Children**

May qualify for coverage through age 26.



*ALL IN is a school-focused statewide Campaign to equip education leaders with the tools they need to educate families and individuals in the school, early learning, and after-school communities about health coverage opportunities and connect uninsured children, parents, and employees to health coverage.*

## Why apply?

- You may qualify for a free or low-cost program even if you earn as much as \$94,000 a year for a family of 4.
- You can use the application to apply for anyone in your family, even if they already have insurance now.

## Where to apply?

Apply faster through Covered California at CoveredCA.com  
Or call: 1-800-300-1506 (TTY: 1-888-889-4500)

You can call Monday to Friday, 8 a.m. to 8 p.m.,  
Saturday, 8 a.m. to 6 p.m.

**TIPS FOR APPLYING**

## Resources for Schools Districts

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### Avoid Slowing Down Your Application for Health Coverage

Push your application through Covered California and Medi-Cal quickly with these tips!

#### ✓ Only submit ONE application

Multiple applications will slow things down and delay your approval

#### ✓ Have your Social Security card ready

List your first and last name and social security number **EXACTLY AS IT APPEARS** on your card.

- Don't have a social security card? You may still qualify for coverage.

#### ✓ Fill out the Income and Taxes sections

These sections are **REQUIRED** to determine your coverage. You must fill these out completely.

- The tax and income information is still required for everyone in order to determine coverage.

#### ✓ Provide as much information as possible

Check your application to make sure information, like your name, birth date and Social Security Number are correct before submitting.

### Include these people on your application :



Yourself



Your spouse, if you live together



Your partner, if you live together **AND** have mutual children



Your children who live with you



Anyone you claim, or who claims you as a tax dependent

If you live with your boyfriend, girlfriend, or roommate, **DO NOT** include them. They must fill out their own application to apply for health coverage.

### Use one of these ways to apply:



**Phone**  
Call the phone number listed on the application.



**Mail**  
Mail your application to your county Medi-Cal office.



**Fax**  
Fax your application to your county Medi-Cal office.



**In Person**  
Visit your county Medi-Cal office.

Once you send off your application, it will be reviewed and you will be contacted if more information is needed. All proof needed for income, address, identification, or any other items will be collected as necessary **AFTER** you send in your application.

Need additional help applying or have any questions? Contact your county human services agency or a Certified Enrollment Counselor (CEC) for help at no cost to you.

Search a list of local CECs or call 1-800-300-1506