


# HEALTH CARE ACCESS:



## A GUIDE TO HEALTH CARE PROGRAMS IN SAN FRANCISCO

San Francisco Bringing Up Healthy Kids Coalition  
Revised May 2008



This booklet was developed by the San Francisco Bringing Up Healthy Kids Coalition, local organizations dedicated to health and well-being by increasing health care coverage among San Francisco's children and youth.

Participating agencies in the San Francisco Bringing Up Healthy Kids Coalition include:

Bay Area Legal Aid  
Blue Cross of California, State Sponsored Programs  
Community Health Programs for Youth  
Children's Defense Fund  
First 5 - San Francisco  
Health Access  
Mission Neighborhood Health Center  
NICOS Chinese Health Coalition  
San Francisco Adolescent Health Working Group  
San Francisco Community Clinic Consortium  
San Francisco Department of Children, Youth, and Their Families  
San Francisco Department of Public Health  
San Francisco Health Plan  
San Francisco Human Services Agency  
San Francisco Unified School District  
South of Market Health Center

For corrections or comments regarding this booklet, or to order additional copies contact the San Francisco Bringing Up Healthy Kids Coalition at (415) 554-2795.

To view this guide online, please visit the Department of Public Health website <http://www.sfdph.org/dph/files/reports/PolPlanRpts.asp>

# HEALTH CARE ACCESS: A GUIDE TO HEALTH CARE PROGRAMS IN SAN FRANCISCO

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## HEALTH CARE RESOURCES FOR KIDS BY FEDERAL POVERTY LEVEL (FPL), FAMILY SIZE, AND AGE

*Instructions:*

1. Find the family size in the left column. A pregnant woman is counted as 2 - herself and the unborn child.
2. Follow across the row to the right until you find the range where the family's income fits.
3. Look straight down from the Monthly Income Range box to find health care resources available based on child's age.

Family Size	Monthly Income Range for 0-100% of FPL	Monthly Income Range for 100-133% of FPL	Monthly Income Range for 133-200% of FPL	Monthly Income Range for 200-250% of FPL	Monthly Income Range for 250-300% of FPL
1	\$0 - \$867	\$868- \$1,153	\$1,154 - \$1,734	\$1,735 - \$2,167	\$2,168 - \$2,600
2	\$0 - \$1,167	\$1,168 \$1,552	\$1,553 - \$2,334	\$2,335 - \$2,917	\$2,918 - \$3,500
3	\$0 - \$1,467	\$1,468 \$1,951	\$1,952 - \$2,934	\$2,935 - \$3,667	\$3,668 - \$4,400
4	\$0 - \$1,767	\$1,768 \$2,350	\$2,351 - \$3,534	\$3,535 - \$4,417	\$4,418 - \$5,300
5	\$0 - \$2,067	\$2,068 \$2,749	\$2,750 - \$4,134	\$4,135 - \$5,167	\$5,168 - \$6,200
6	\$0 - \$2,367	\$2,368 \$3,148	\$3,149 - \$4,734	\$4,735 - \$5,917	\$5,918 - \$7,100
CHDP for children under age 19.					
HEALTHY KIDS from birth through age 18.					
KAISER PERMANENTE CHILD HEALTH PLAN from birth through age 18					
MEDI-CAL from birth to age 1				HEALTHY FAMILIES from birth to age 1	
MEDI-CAL for ages 1 through 5			HEALTHY FAMILIES for ages 1 through 5		
MEDI-CAL for ages 6 through 18		HEALTHY FAMILIES for ages 6 through 18			
MEDI-CAL FOR MINORS (Minor Consent Program) for all ages for family planning and pregnancy-related services; for ages 12 to 21 for all other services.					
"SHARE OF COST" MEDI-CAL for all ages if income is over the maximum percent for the family size.					
"SHARE OF COST" MEDI-CAL has no maximum income limit.					

# FEDERAL POVERTY LEVEL CHART

*EFFECTIVE 4/1/08*

Family Size	Percent of Federal Poverty Level – Countable Income									
	100%		133%		200%		250%		300%	
	Monthly	Annual	Monthly	Annual	Monthly	Annual	Monthly	Annual	Monthly	Annual
<b>1</b>	867	10,400	1,153	13,832	1,734	20,800	2,167	26,000	2,600	31,200
<b>2</b>	1,167	14,000	1,552	18,620	2,334	28,000	2,917	35,000	3,500	42,000
<b>3</b>	1,467	17,600	1,951	23,408	2,934	35,200	3,667	44,000	4,400	52,800
<b>4</b>	1,767	21,200	2,350	28,196	3,534	42,400	4,417	53,000	5,300	63,600
<b>5</b>	2,067	24,800	2,749	32,984	4,134	49,600	5,167	62,000	6,200	74,400
<b>6</b>	2,367	28,400	3,148	37,772	4,734	56,800	5,917	71,000	7,100	85,200
<b>7</b>	2,667	32,000	3,547	42,560	5,334	64,000	6,667	80,000	8,000	96,000
<b>8</b>	2,967	35,600	3,946	47,348	5,934	71,200	7,417	89,000	8,900	106,800
<b>For each additional member add:</b>	300	3,600	399	4,788	600	7,200	750	9,000	900	10,800

Medi-Cal Conversion Factors (to determine monthly income for a family):

- Paid every week:                   Gross earnings x 4.33
- Paid every other week:           Gross earnings x 2.167
- Paid 2 times per month:         Gross earnings x 2
- Paid once per month:             Gross earnings

*Note:* Decimals are rounded up to the nearest dollar.

## San Francisco Health Care Resources for Kids

	<b>Child Health &amp; Disability Prevention (CHDP)</b>	<b>Medi-Cal for Children</b>	<b>Healthy Families</b>
<b>Services</b>	<ul style="list-style-type: none"> <li>Regular health check-ups and immunizations.</li> <li>Referral to dental care.</li> </ul> <p>Prescription medicines and hospitalizations <u>not</u> covered.</p>	<ul style="list-style-type: none"> <li>Complete medical coverage, including all preventive care.</li> <li>Dental and vision care.</li> <li>Immunizations.</li> <li>Exams for school &amp; sports.</li> <li>Hospital care.</li> <li>Mental health services.</li> <li>Substance abuse services.</li> <li>Prescription medicines.</li> </ul>	<ul style="list-style-type: none"> <li>Complete medical coverage, including all preventive care.</li> <li>Dental and vision care.</li> <li>Immunizations.</li> <li>Exams for school &amp; sports.</li> <li>Hospital care.</li> <li>Mental health services.</li> <li>Substance abuse services.</li> <li>Prescription medicines.</li> </ul>
<b>Who is eligible?</b>	<ul style="list-style-type: none"> <li>Children under age 21 with Medi-Cal.</li> <li>Children under age 19 with family income up to 200% of Federal Poverty Level (FPL).</li> </ul>	Birth through age 18, ages 19 to 21 are covered under other Medi-Cal Programs.	Birth through age 18 if not eligible for Free ("no-cost") Medi-Cal.
<b>Citizenship or legal residency requirements</b>	Can serve citizens, legal residents, and undocumented children.	Citizenship, legal residency, or many other immigration status categories required for "Full Scope" Medi-Cal. Undocumented children can get emergency services only.	Citizenship or legal residency required.
<b>Income requirements by Federal Poverty Level (FPL)</b>	Up to 200% of FPL.	<ul style="list-style-type: none"> <li>Birth to age 1: Up to 200% FPL.</li> <li>Ages 1 through 5: Up to 133% FPL.</li> <li>Ages 6 to 18: Up to 100% FPL.</li> </ul>	<ul style="list-style-type: none"> <li>Birth to age 1: 200- 250% FPL.</li> <li>Ages 1 through 5: 133 - 250% FPL.</li> <li>Ages 6 to 18: 100 - 250% FPL.</li> </ul>
<b>Cost</b>	None.	None for many beneficiaries. Amount of "Share of Cost" obligation can vary.	<ul style="list-style-type: none"> <li>\$4 - \$15 per month per child.</li> <li>Maximum of \$45 per month per family.</li> <li>\$5 co-payments for some services.</li> </ul>
<b>How to apply or get more information</b>	Call 1-800-300-9950 for more information and referral to CHDP providers; apply at CHDP providers' offices.	<u>Apply by mail!</u> Call (415) 863-9892 for a mail-in application and for more information.	<u>Apply by mail!</u> Call toll-free 1-888-747-1222 for a mail-in application form and for more information.

## San Francisco Health Care Resources for Kids

	<b>Kaiser Permanente Child Health Plan</b>	<b>Healthy Kids</b>
<b>Services</b>	<ul style="list-style-type: none"> <li>• Complete medical coverage, including all preventive care.</li> <li>• Dental and vision care.</li> <li>• Immunizations.</li> <li>• Exams for school &amp; sports.</li> <li>• Hospital care.</li> <li>• Mental health services.</li> <li>• Substance abuse services.</li> <li>• Prescription medicines.</li> </ul>	<ul style="list-style-type: none"> <li>• Complete medical coverage, including all preventive care.</li> <li>• Dental and vision care.</li> <li>• Immunizations.</li> <li>• Medical Exams for school &amp; sports.</li> <li>• Hospital care.</li> <li>• Mental health services.</li> <li>• Substance abuse services.</li> <li>• Prescription medicines.</li> </ul>
<b>Who is eligible?</b>	Children through age 18 if not eligible for employer-subsidized programs, or Medi-Cal or Healthy Families due to immigration status or family income.	Children and adolescents from birth through age 18 who reside in San Francisco and are not eligible for other government health insurance programs (Medi-Cal, Healthy Families) due to immigration status, family income, or age.
<b>Citizenship or legal residency requirements</b>	<ul style="list-style-type: none"> <li>• Citizens</li> <li>• Legal residents</li> <li>• Undocumented (not legal residents)</li> </ul>	<ul style="list-style-type: none"> <li>• Citizens</li> <li>• Legal residents</li> <li>• Undocumented (not legal residents)</li> </ul>
<b>Income requirements by Federal Poverty Level (FPL)</b>	Income must be below 300% of the Federal Poverty Level (FPL).	Income must be at or below 300% FPL.
<b>Cost</b>	Monthly premiums (maximum of three children; additional children covered free of charge): <ul style="list-style-type: none"> <li>• Up to 249% FPL - \$8 per month per child</li> <li>• 250%-300% FPL - \$15 per month per child</li> <li>• Co-payments of \$5 - \$10 for some services.</li> </ul>	Premium of \$48 or \$108 per year per child or young adult, depending on household income. Financial assistance is also available. Copayments of \$5 - \$15 for some services.
<b>How to apply or get more information</b>	Call toll-free 1-800-464-4000 to request an application packet.	For more information, call 415-777-9992.

## ACCESS FOR INFANTS AND MOTHERS (AIM)

### *WHAT SERVICES ARE OFFERED?*

Prenatal care and hospital delivery. Also, preventive, primary, and specialty health care including outpatient and inpatient services, prescription medicines, diagnostic tests (lab tests; x-rays) and mental health services. Babies are offered full-scope Healthy Families coverage.

### *WHO CAN BE COVERED?*

Women who qualify for Free ("no-cost") Medi-Cal are NOT eligible for AIM, but

- Pregnant women (not more than 30 weeks at time of application) may enroll and will retain coverage throughout the pregnancy and for 60 days thereafter; and
- Babies resulting from the AIM-covered pregnancy (birth to 2 years old) are eligible to be enrolled in the Healthy Families program.

### *IS THERE AN INCOME LIMIT?*

Yes, income must be between 200% and 300% of Federal Poverty Level.

### *IS THERE A PROPERTY LIMIT?*

No.

### *IS OTHER HEALTH INSURANCE ALLOWED?*

- Enrollees must not be a recipient of Free ("no-cost") Medi-Cal or Medicare Part A & Part B benefits as of the application date.
- Enrollees may have private health insurance if the insurance plan does not cover maternity care or if there is a separate maternity deductible or copay over \$500.

### *HOW MUCH DOES IT COST?*

1.5% of adjusted annual family income which can be paid over 12 months.

### *IS U.S. CITIZENSHIP OR LEGAL RESIDENCY REQUIRED?*

No, but enrollees must have lived in California for the last six months.

### *HOW TO APPLY?*

Call toll-free 1-800-433-2611 for information and an application, or visit [www.AIM.ca.gov](http://www.AIM.ca.gov)

Additional paperwork is required to enroll the eligible baby in Healthy Families. An application packet will be sent to the mother one month before the baby's due date.

## CALIFORNIA CHILDREN SERVICES (CCS)

### *WHAT SERVICES ARE OFFERED?*

Specialized medical care and rehabilitation services including diagnostic services, physical and occupational therapy, hospitalizations, medical equipment, laboratory tests and x-rays, in-home nursing services and medical case management.

### *WHO CAN BE COVERED?*

Children under 21 years of age with certain physically disabling conditions.

### *IS THERE AN INCOME LIMIT?*

- Family income must be less than \$40,000 (Adjusted Gross Income on State Tax Form) OR the child must have out-of pocket medical expenses that are expected to be more than 20% of family's adjusted gross income.
- No income limit for diagnostic services, Medical Therapy Program, high-risk infant follow-up services, and Children's HIV Program.
- Children on Medi-Cal or Healthy Families are automatically eligible (if they have a qualifying condition).

### *IS THERE A PROPERTY LIMIT?*

No.

### *IS OTHER HEALTH INSURANCE ALLOWED?*

Yes, but the CCS program may require a denial from private insurance for a service that is not covered.

### *HOW MUCH DOES IT COST?*

Some families may be required to pay an annual assessment fee (\$20) and/or annual enrollment fee based on family size and income.

### *IS U.S. CITIZENSHIP OR LEGAL RESIDENCY REQUIRED?*

No, but CCS requires permanent residency in California.

### *HOW TO APPLY?*

Call San Francisco Department of Public Health, California Children Services at (415) 575-5700 for information, to apply, and for referrals to CCS providers. Applications are also available online (but must be returned to the county office):

<http://www.dhcs.ca.gov/services/ccs/Pages/apply.aspx>

## CANCER DETECTION PROGRAMS

### *WHAT SERVICES ARE OFFERED?*

The Cancer Detection Programs: Every Woman Counts gives low-income women access to screening and diagnostic services for breast and cervical cancer.

### *WHO CAN BE COVERED?*

Women who are 40 years old or over seeking breast cancer screening and women 25 years or older seeking cervical cancer screening.

### *IS THERE AN INCOME LIMIT?*

Yes, income must be at or below 200% of the Federal Poverty Level.

### *IS THERE A PROPERTY LIMIT?*

No.

### *IS OTHER HEALTH INSURANCE ALLOWED?*

No. Women must not be covered by Medi-Cal, Medicare or other health insurance unless they cannot afford the "Share of Cost" (associated with Medi-Cal) or copayment.

### *HOW MUCH DOES IT COST?*

Nothing.

### *IS U.S. CITIZENSHIP OR LEGAL RESIDENCY REQUIRED?*

No, but the program requires permanent residency in California.

### *HOW TO APPLY?*

Women may enroll at some Department of Public Health health centers and at the AVON Comprehensive Breast Care Center (near San Francisco General Hospital at 22<sup>nd</sup> Street and Main Campus Drive). Women may also call 1-800-511-2300 to receive a program application and referrals to providers.

## CHILD HEALTH & DISABILITY PREVENTION (CHDP) PROGRAM

### *WHAT SERVICES ARE OFFERED?*

CHDP covers regular health check-ups including physical exams, immunizations, nutritional assessments, and health education as well as vision, hearing, and dental screenings. Providers will assist with diagnosis and treatment for medical and dental conditions found during the health check-up. Prescription medicines and hospitalizations are not covered.

### *WHO CAN BE COVERED?*

- Children under age 21 with Medi-Cal.
- Children under age 19 with family income at or below 200% Federal Poverty Level (FPL).

### *IS THERE AN INCOME LIMIT?*

Yes, income must be at or below 200% FPL.

### *IS THERE A PROPERTY LIMIT?*

No.

### *IS OTHER HEALTH INSURANCE ALLOWED?*

Sometimes. Ask the CHDP doctor.

### *HOW MUCH DOES IT COST?*

Nothing.

### *IS U.S. CITIZENSHIP OR LEGAL RESIDENCY REQUIRED?*

No.

### *HOW DO I OBTAIN SERVICES?*

Call a Medi-Cal Managed Care provider or a CHDP approved doctor and ask for a CHDP exam appointment.

### *HOW TO APPLY?*

Call the Department of Public Health, CHDP Program at 1-800-300-9950 for more information and for a referral to CHDP provider.

The CHDP Gateway allows eligible children to be automatically enrolled at CHDP provider offices and clinics in temporary, full-scope Medi-Cal. Families may opt to receive an application by mail and apply for an enrollment extension.

## FAMILY PACT

### *WHAT SERVICES ARE OFFERED?*

Confidential comprehensive family planning services including all FDA approved forms of emergency contraception, pregnancy testing with counseling, preconception counseling, male and female sterilization, limited infertility services, STD testing and treatment and HIV screening. Individual client reproduction health education and counseling is an ongoing component of all services.

### *WHO CAN BE COVERED?*

Any man or woman who is at risk for unwanted pregnancy or causing an unwanted pregnancy, whose family income is at or below 200% of the Federal Poverty Level (FPL) with no other source of family planning coverage is eligible. The approved Family PACT medical provider can authorize Family PACT immediately, if the client meets the income guidelines.

### *IS THERE ANY INCOME LIMIT?*

Yes. Family income must be at or below 200% FPL. If applicant is under 18 years of age, only his/her income is considered in the application.

### *IS THERE A PROPERTY LIMIT?*

No.

### *IS OTHER HEALTH INSURANCE ALLOWED?*

Yes.

### *HOW MUCH DOES IT COST?*

Nothing.

### *IS U.S. CITIZENSHIP OR LEGAL RESIDENCY REQUIRED?*

No, but the program requires permanent residency in California. Verification of residency or income is not required.

### *HOW TO APPLY?*

Apply at an approved Family PACT provider's office or clinic. Call 1-800-300-9950 for more information or to get referrals to local providers participating in the Family PACT program.

## HEALTHY FAMILIES

### *WHAT SERVICES ARE OFFERED?*

A comprehensive program which covers regular health check-ups, immunizations, labs and x-rays, prescription medicines, hospitalizations, dental and vision care, substance abuse and mental health services.

### *WHO CAN BE COVERED?*

Children from birth through age 18 who are NOT eligible for Free (“no-cost”) Medi-Cal.

### *IS THERE ANY INCOME LIMIT?*

Yes, income must be at or below 250% of Federal Poverty Level (FPL).

### *IS THERE A PROPERTY LIMIT?*

No.

### *IS OTHER HEALTH INSURANCE ALLOWED?*

No.

### *HOW MUCH DOES IT COST?*

- Monthly premiums of \$4 to \$15 per child to a maximum of \$45 per family. (The Community Provider Plan has the lowest cost premiums; the CPP in San Francisco is San Francisco Health Plan.)
- \$5 co-payments for some services.

### *IS U.S. CITIZENSHIP OR LEGAL RESIDENCY REQUIRED?*

Yes. No coverage time limit for legal immigrant children who entered the U.S. before August 22, 1996; one year coverage limit for legal immigrant children who entered the U.S. on or after August 22, 1996. Parents do not have to be citizens or qualified immigrants in order to apply for their children. A copy of the birth certificate is required when applying.

### *HOW TO APPLY?*

Call toll-free 1-888-747-1222 (Healthy Families/Medi-Cal for Children General Program Information) for more information and a mail-in application (available in 11 languages) or to find out what organizations can help fill-out an application in-person for free. Assistance is available in many languages.

Call toll-free 1-800-880-5305 (Healthy Families Information Line) for more information and to get help with filling-out an application. Assistance is available in 10 languages.

## HEALTHY KIDS

### *WHAT SERVICES ARE OFFERED?*

Healthy Kids (formerly Healthy Kids & Young Adults) offers comprehensive medical, dental, and vision services which includes regular health check-ups, immunizations, labs and x-rays, prescription medicines, hospitalizations, substance abuse and mental health services.

### *WHO CAN BE COVERED?*

The program covers children and adolescents from birth through age 18 who are uninsured, reside in San Francisco, and are not eligible for other government health insurance programs (No Cost Full-Scope Medi-Cal or Healthy Families) due to income, immigration status, or age.

Please note: In March 2008, the program closed to persons aged 19 through 24 due to a City budget deficit. Members aged 19 through 24 who enrolled prior to March 2008 will remain in the program and be phased out sometime during the remainder of 2008 and the beginning of 2009.

### *IS THERE ANY INCOME LIMIT?*

Yes. Income must be at or below 300% of the federal poverty limit (FPL).

### *IS THERE A PROPERTY LIMIT?*

No.

### *IS OTHER HEALTH INSURANCE ALLOWED?*

No.

### *HOW MUCH DOES IT COST?*

The cost (premium) is \$48 or \$108 per year per child or young adult, depending on household income. Financial assistance is also available.

### *IS U.S. CITIZENSHIP OR LEGAL RESIDENCY REQUIRED?*

No. Children and adolescents who are undocumented may apply.

### *HOW TO APPLY?*

For more information or to make an appointment to apply, call (415) 777-9992. The health insurance plan for Healthy Kids is San Francisco Health Plan.

## HEALTHY SAN FRANCISCO

### *WHAT SERVICES ARE OFFERED?*

A comprehensive program which covers preventive and routine care/primary care, specialty care, urgent care, emergency care, ambulance services, hospital care, alcohol and drug abuse care, laboratory services and tests, mental health care, family planning, durable medical equipment and prescription medicine.

### *WHO CAN BE COVERED?*

All San Francisco residents, age 18 through 64, who have not been covered by employer-sponsored or private insurance for at least 90 days, and who are ineligible for full-scope public insurance programs such as Medi-Cal, Healthy Families and Healthy Kids.

### *IS THERE AN INCOME LIMIT?*

Healthy San Francisco participants must have a household income and liquid assets at or below 300% of the federal poverty level (FPL). Certain liquid assets count toward an applicant's income.

### *IS THERE A PROPERTY LIMIT?*

No.

### *IS OTHER HEALTH INSURANCE ALLOWED?*

No.

### *HOW MUCH DOES IT COST?*

Healthy San Francisco participants that have an income at or below 100% of the FPL have no program costs. Participants that have an income at or above 101% of the FPL are required to pay a quarterly participant fee and a small point of service fee. The quarterly participant fee can range from \$60 to \$150 depending on a participant's income. The point of service fee is an additional fee that will be paid each time a participant visits a physician, emergency room, picks up a prescription, etc. The amount of the point of service fee depends on the service rendered.

### *IS U.S. CITIZENSHIP OR LEGAL RESIDENCY REQUIRED?*

United States citizenship or legal residency is not required. However, applicants are required to provide proof of San Francisco residency, with self-declaration accepted for homeless individuals.

### *HOW TO APPLY?*

Enrollment occurs at various locations. For more information, call the Healthy San Francisco Hotline at 415-615-4500, Monday through Friday, 8:30am to 5:30pm or the SF City Information Line at 3-1-1 (within San Francisco only), 24-hours per day/7 days per week. For more information on Healthy San Francisco, please visit: [www.healthysanfrancisco.org](http://www.healthysanfrancisco.org)

## KAISER PERMANENTE CHILD HEALTH PLAN

### *WHAT SERVICES ARE OFFERED?*

Comprehensive preventive, primary, and specialty health care including medical office visits, vision care, prescription medicines, mental health services, substance abuse services, hospital services and lab tests. Services are provided at Kaiser Permanente medical offices and hospitals. PMI Dental Health Plan provides dental coverage and care.

### *WHO CAN BE COVERED?*

Children from birth through age 18 who are NOT eligible for employer-subsidized coverage, or Medi-Cal or Healthy Families due to immigration status or family income.

### *IS THERE AN INCOME LIMIT?*

Yes, family income must be below 300% of Federal Poverty Level (FPL).

### *IS THERE A PROPERTY LIMIT?*

No.

### *IS OTHER HEALTH INSURANCE ALLOWED?*

No.

### *HOW MUCH DOES IT COST?*

Monthly premiums (for a maximum of three children per family; additional children are covered free of charge) are:

- Up to 249% FPL - \$8 per month per child
- 250%-300% FPL - \$15 per month per child
- Co-payments of \$5 to \$10 for some services.

### *IS U.S. CITIZENSHIP OR LEGAL RESIDENCY REQUIRED?*

No, the program serves citizens, legal residents and undocumented residents. The child's Social Security Number is requested, *but not required*, on the application.

### *HOW TO APPLY?*

Call toll-free 1-800-464-4000 to request an application packet, or online at [https://ckp.kp.org/locations/california/mod65/Child\\_Health\\_Plan/enrollment.html](https://ckp.kp.org/locations/california/mod65/Child_Health_Plan/enrollment.html)

## MEDI-CAL FOR ADULTS

### *WHAT SERVICES ARE OFFERED?*

Comprehensive preventive, primary and specialty health care including medical office visits, vision care, dental care, mental health services, hospitalizations and prescription medicines.

### *WHO CAN BE COVERED?*

- Persons age 65 or older, legally blind or disabled according to Social Security standards.
- Persons under age 21 who are "emancipated minors."

### *IS THERE AN INCOME LIMIT?*

- Free ("no cost") Medi-Cal is based on family size and income after deductions for child care, paid health insurance premiums and work expenses.
- Persons with income above certain limits may have to pay a "Share of Cost," a portion of their monthly medical bills before Medi-Cal pays the remainder of medical expenses.

### *IS THERE A PROPERTY LIMIT?*

Yes, depending on family size. For example, \$2,000 for one person; \$3,000 for two persons.

### *IS OTHER HEALTH INSURANCE ALLOWED?*

Yes, but the client must utilize your other coverage before Medi-Cal coverage is applied.

### *HOW MUCH DOES IT COST?*

Nothing for Free ("no cost") Medi-Cal. Individuals who do not qualify for "no cost" Medi-Cal may have to pay a "Share of Cost," depending on the amount of monthly income (see "Income Limit"). If there are no medical bills in a month, there is no "Share of Cost."

### *IS U.S. CITIZENSHIP OR LEGAL RESIDENCY REQUIRED?*

Citizenship or legal residency is required for full coverage. Undocumented residents are eligible for emergency or pregnancy-related services (pg. 20) only.

### *HOW TO APPLY?*

Call Medi-Cal Health Connections (San Francisco Department of Human Services) at (415) 863-9892 to request a mail-in application, apply by phone, and for more information.

Mail completed applications to Medi-Cal Health Connections (San Francisco Department of Human Services), P.O. Box 7988, Y71N, San Francisco, CA 94120.

Apply in person at Medi-Cal Health Connections (San Francisco Department of Human Services), 1440 Harrison, San Francisco, 94120, phone (415) 863-9892.

## MEDI-CAL FOR CHILDREN

### *WHAT SERVICES ARE OFFERED?*

Comprehensive preventive, primary and specialty health care including medical office visits, vision care, dental care, mental health services, hospitalizations and prescription medicines.

### *WHO CAN BE COVERED?*

Children birth through age 18, ages 19 to 21 are covered under other Medi-Cal Programs.

### *IS THERE AN INCOME LIMIT?*

- Birth to age 1: Income must be at or below 200% of Federal Poverty Level (FPL).
- Ages 1 to 5: Income must be at or below 133% of FPL.
- Ages 6 through 18: Income must be at or below 100% of FPL.

### *IS THERE A PROPERTY LIMIT?*

No.

### *IS OTHER HEALTH INSURANCE ALLOWED?*

Yes, but the client must utilize other coverage before Medi-Cal coverage is applied.

### *HOW MUCH DOES IT COST?*

Nothing.

### *IS U.S. CITIZENSHIP OR LEGAL RESIDENCY REQUIRED?*

Citizenship or legal residency is required for full coverage. Children without citizenship documentation, who may otherwise qualify, should be referred to Healthy Kids (pg. 12).

### *HOW TO APPLY?*

Call Medi-Cal Health Connections (San Francisco Department of Human Services) at (415) 863-9892 to request a mail-in application, apply by phone, and for more information.

Mail completed applications to Medi-Cal Health Connections (San Francisco Department of Human Services), P.O. Box 7988, Y71N, San Francisco, CA 94120.

Apply in person at Medi-Cal Health Connections (San Francisco Department of Human Services), 1440 Harrison, San Francisco, 94120, phone (415) 863-9892.

CHDP Gateway: Eligible children are automatically enrolled at CHDP provider offices and clinics in temporary, full-scope Medi-Cal. Families may extend enrollment by completing an application.

Call toll-free (statewide) Medi-Cal/Healthy Families at 1-(888)-747-1222 for more information and a mail-in application (available in 12 languages).

## MEDI-CAL FOR FAMILIES

### *WHAT SERVICES ARE OFFERED?*

Comprehensive preventive, primary and specialty health care including medical office visits, vision care, dental care, mental health services, hospitalizations and prescription medicines.

### *WHO CAN BE COVERED?*

Parents or caretakers and children up to their 21st birthday.

### *IS THERE AN INCOME LIMIT?*

- Free (“no cost”) Medi-Cal is based on monthly income after deductions for child care, paid health insurance premiums and work expenses.
- Families with income above certain limits may have to pay a “Share of Cost” for medical services.

### *IS THERE A PROPERTY LIMIT?*

Yes, depending on family size. For example, \$3,000 for a family of two; \$3,150 for a family of three; and \$4,200 for a family of ten.

### *IS OTHER HEALTH INSURANCE ALLOWED?*

Yes, but the client must utilize other coverage before Medi-Cal coverage is applied.

### *HOW MUCH DOES IT COST?*

- Nothing if the family qualifies for free (“no cost”) Medi-Cal.
- Families who do not qualify for free (“no cost”) Medi-Cal may have to pay a “Share of Cost” which depends on the amount of monthly income (see “Income Limit” above).

### *IS U.S. CITIZENSHIP OR LEGAL RESIDENCY REQUIRED?*

- Yes, for full coverage.
- No, if a person is an undocumented resident, he/she is eligible for emergency services only.

### *HOW TO APPLY?*

Call Medi-Cal Health Connections (San Francisco Department of Human Services) at (415) 863-9892 to request a mail-in application, apply by phone, and for more information.

Mail completed applications to Medi-Cal Health Connections (San Francisco Department of Human Services), P.O. Box 7988, Y71N, San Francisco, CA 94120.

Apply in person at Medi-Cal Health Connections (San Francisco Department of Human Services), 1440 Harrison, San Francisco, 94120, phone (415) 863-9892.

Call toll-free (statewide) Medi-Cal/Healthy Families Information Line at 1-(888)-747-1222 for more information and a mail-in application (available in 12 languages).

## MEDI-CAL FOR LONG TERM CARE

### *WHAT SERVICES ARE OFFERED?*

Nursing Home and Convalescent Care (skilled nursing and intermediate care facility services) in addition to comprehensive preventive, primary and specialty health care including medical office visits, vision care, dental care and mental health services, hospitalization and prescription medicines.

### *WHO CAN BE COVERED?*

Persons in long-term care facilities.

### *IS THERE AN INCOME LIMIT?*

- No, but clients pay a "Share of Cost" based on income after allowing a deduction for health insurance premiums and certain limited other expenses.
- A spouse living at home, who is not aided on Medi-Cal, is allowed to retain up to \$2,610 in family income per month.

### *IS THERE A PROPERTY LIMIT?*

- Yes, the person in the nursing home may keep up to \$2,000 in property.
- A spouse living at home, who is not aided on Medi-Cal is allowed to retain up to \$104,400 in family assets.

### *IS OTHER HEALTH INSURANCE ALLOWED?*

Yes.

### *HOW MUCH DOES IT COST?*

See "Income Limit" above.

### *IS U.S. CITIZENSHIP OR LEGAL RESIDENCY REQUIRED?*

- Yes, for full coverage.
- No, if a person is an undocumented resident, he/she is eligible for emergency services only.

### *HOW TO APPLY?*

Applications are available at most long term care facilities.

Apply at Medi-Cal Health Connections (San Francisco Department of Human Services), 1440 Harrison, San Francisco, 94120, phone (415) 863-9892.

## MEDI-CAL MINOR CONSENT PROGRAM

### *WHAT SERVICES ARE OFFERED?*

Confidential family planning and pregnancy-related services, sexually transmitted disease screening and treatment, mental health services, and substance abuse services.

### *WHO CAN BE COVERED?*

Age 12 through age 20 for all above services.

### *IS THERE AN INCOME LIMIT?*

No.

### *IS THERE A PROPERTY LIMIT?*

No.

### *IS OTHER HEALTH INSURANCE ALLOWED?*

Yes.

### *HOW MUCH DOES IT COST?*

Nothing.

### *IS U.S. CITIZENSHIP OR LEGAL RESIDENCY REQUIRED?*

Information about citizenship and legal status is requested, but documentation is not required. Social Security Number is also not requested.

### *HOW TO APPLY?*

Apply at Medi-Cal Health Connections (San Francisco Department of Human Services), 1440 Harrison, San Francisco, 94120, phone (415) 863-9892.

NOTE: The individual requesting services must apply in person to receive all covered services except for mental health services. A person may apply on behalf of the individual requesting services for mental health services.

## PRESUMPTIVE ELIGIBILITY MEDI-CAL

### *WHAT SERVICES ARE OFFERED?*

Pregnancy tests, immediate prenatal care, prescriptions and abortions are covered. Presumptive Eligibility covers outpatient services only. Delivery, inpatient care and family planning services are not covered.

### *WHO CAN BE COVERED?*

Any woman who thinks she is pregnant; whose family income is at or below 200% of the Federal Poverty Level (FPL) is eligible. The approved Presumptive Eligibility medical provider can authorize Presumptive Eligibility Medi-Cal *immediately*, if the woman meets income guidelines.

Presumptive Eligibility will provide a temporary Medi-Cal coverage for prenatal care while the woman's application for Medi-Cal is being processed. A woman who thinks she may be pregnant can be covered for a pregnancy test and visit, even if the pregnancy test is negative. See Family PACT section for family planning services.

### *IS THERE AN INCOME LIMIT?*

Yes, income must be at or below 200% of FPL. A pregnant woman is counted as a family of two (herself and her unborn child).

### *IS THERE A PROPERTY LIMIT?*

No.

### *IS OTHER HEALTH INSURANCE ALLOWED?*

No. Presumptive Eligibility is for uninsured females.

### *HOW MUCH DOES IT COST?*

Nothing.

### *IS CITIZENSHIP OR LEGAL RESIDENCY REQUIRED?*

California residency is required. No verification of residency or income is required.

### *HOW TO APPLY?*

Apply at an approved Presumptive Eligibility Medi-Cal provider's office or clinic. Call 1-800-300-9950 for referrals.

## MEDI-CAL FOR PREGNANT WOMEN

### *WHAT SERVICES ARE OFFERED?*

Prenatal, delivery and postpartum-related services.

### *WHO CAN BE COVERED?*

Pregnant women.

### *IS THERE AN INCOME LIMIT?*

Yes, income must be at or below 200% of Federal Poverty Level (FPL). A pregnant woman is counted as a family of two (herself and her unborn child).

### *IS THERE A PROPERTY LIMIT?*

No.

### *IS OTHER HEALTH INSURANCE ALLOWED?*

Yes.

### *HOW MUCH DOES IT COST?*

Nothing.

### *IS U.S. CITIZENSHIP OR LEGAL RESIDENCY REQUIRED?*

No.

### *HOW TO APPLY?*

Call Medi-Cal Health Connections (San Francisco Department of Human Services) at (415) 863-9892 to request a mail-in application, apply by phone, and for more information.

Mail completed applications to Medi-Cal Health Connections (San Francisco Department of Human Services), P.O. Box 7988, Y71N, San Francisco, CA 94120.

Apply in person at Medi-Cal Health Connections (San Francisco Department of Human Services), 1440 Harrison, San Francisco, 94120, phone (415) 863-9892. Women may also apply at one of the prenatal Medi-Cal outstations, including Mission Neighborhood Health Center, North East Medical Services (NEMS), St. Luke's Women's Center, Chinatown Public Health Center, and Ocean Park Health Center.

Call toll-free (statewide) Medi-Cal/Healthy Families Information Line at 1-(888)-747-1222 for more information and a mail-in application (available in 12 languages).

## MEDICARE PROGRAM

### *WHAT SERVICES ARE OFFERED?*

Hospitalizations ("Part A") and outpatient services ("Part B") and prescription drug coverage ("Part D").

### *WHO CAN BE COVERED?*

Persons eligible to receive Social Security or Railroad Retirement benefits due to age (65 years or older), disability or blindness who have received Social Security for at least 24 consecutive months, chronic renal disease.

### *IS THERE AN INCOME LIMIT?*

No.

### *IS THERE A PROPERTY LIMIT?*

No.

### *IS OTHER HEALTH INSURANCE ALLOWED?*

Yes.

### *HOW MUCH DOES IT COST?*

- Deductibles for Part A (\$1,024 per benefit period in 2008 for hospital stays of up to 60 days). Premiums for Part A may also apply.
- Monthly premium for Part B in 2008 is \$96.40. (State will pay premium if beneficiary also receives Medi-Cal.) Deductibles in 2008 for Part B of \$135 per year after which the enrollee pays 20%.

### *IS U.S. CITIZENSHIP OR LEGAL RESIDENCY REQUIRED?*

Yes.

### *HOW TO APPLY?*

Apply at local Social Security Administration offices:

- Chinatown: 560 Kearny Street (at Sacramento Street)
- Civic Center: 939 Market Street (between 5<sup>th</sup> and 6<sup>th</sup> Streets)
- Mission: 1098 Valencia Street (at 22<sup>nd</sup> Street)
- Parkside: 1569 Sloat Boulevard, Suite 300 (at Clearfield/34<sup>th</sup> Avenue)
- Western Addition: 1405 Fillmore Street

Call toll-free 1-800-772-1213 (TTY 800/325-0778) or go to [www.medi-care.gov](http://www.medi-care.gov) for more information.

## QUALIFIED MEDICARE BENEFICIARIES PROGRAM

### *WHAT SERVICES ARE OFFERED?*

- Qualified Medicare Beneficiaries Program (QMB): This program pays the cost of Medicare Part A and Part B premiums for those who are eligible.
- Specified Low-Income Medicare Beneficiary (SLMB): This program pays the cost of Medicare Part A premium for eligible individuals.
- Qualifying Individual 1 (QI 1) Program: This program pays the cost of Medicare Part B premium for eligible individuals.

### *WHO CAN BE COVERED?*

Persons eligible to receive Medicare (see previous page) and who are eligible based on the income limitations.

### *IS THERE AN INCOME LIMIT?*

- QMB: At or below 100% of the FPL.
- SLMB: At or below 120% of the FPL.
- QI 1: At least 120% of the FPL but below 135% of the FPL.

### *IS THERE A PROPERTY LIMIT?*

Yes, depending on family size: \$4,000 for a single person and \$6,000 for a couple.

### *IS OTHER HEALTH INSURANCE ALLOWED?*

Yes, as the only service is payment of the Medicare premium.

### *HOW MUCH DOES IT COST?*

Nothing.

### *IS CITIZENSHIP OR LEGAL RESIDENCY REQUIRED?*

Yes.

### *HOW TO APPLY?*

Call the San Francisco Department of Human Services at 415-558-2854. Please leave a message with your name and address; an application will be mailed to you.

## WOMEN, INFANTS AND CHILDREN (WIC)

### *WHAT SERVICES ARE OFFERED?*

- Vouchers for nutritious supplemental foods such as milk, juice, eggs, cheese, and cereal.
- Breastfeeding promotion and education.
- Nutrition education (individual and groups).
- Referral to health care services.

### *WHO CAN BE COVERED?*

Women who are pregnant, breast-feeding, or post-partum (recently had a baby) and children under age 5 who have medical or nutritional risk (as determined by a health professional).

### *IS THERE AN INCOME LIMIT?*

Yes, income must be below 185% of Federal Poverty Level (FPL)

### *IS THERE A PROPERTY LIMIT?*

No.

### *IS OTHER HEALTH INSURANCE ALLOWED?*

Yes.

### *HOW MUCH DOES IT COST?*

Nothing.

### *IS U.S. CITIZENSHIP OR LEGAL RESIDENCY REQUIRED?*

No.

### *HOW TO APPLY?*

Apply at a WIC Program site - call San Francisco Department of Public Health, WIC Program at (415) 575-5788 to find out the nearest location nearest or call toll-free 1-888-942-9675 (WIC-WORK) for statewide information.

Information available online: <http://www.sfdph.org/dph/comupg/oprograms/PHP/WIC.asp>

## SLIDING SCALE PROGRAM

COMMUNITY HEALTH NETWORK, SAN FRANCISCO DEPARTMENT OF PUBLIC HEALTH

### *WHAT SERVICES ARE OFFERED?*

All medically necessary services provided at the Community Health Network of San Francisco (CHN) through the San Francisco Department of Public Health. This includes services provided at CHN community health centers located throughout San Francisco and for outpatient clinic care, inpatient, emergency, and diagnostic services at San Francisco General Hospital.

### *WHO CAN BE COVERED?*

Individuals who:

- Reside in San Francisco;
- Meet income and property guidelines (refer to "Income Limit" and "Property Limit" sections below);
- Do not qualify for or have coverage through public or private health care insurance (refer to "Other Health Insurance" section below).

### *IS THERE AN INCOME LIMIT?*

Individuals with incomes:

- Below 100% of Federal Poverty Level (FPL) will be eligible for free care;
- Over 100% but less than 500% of FPL are eligible for sliding scale services;
- Over 500% of FPL are "full bill."

### *IS THERE A PROPERTY LIMIT?*

Inpatient Sliding Scale: Financial resources (property limits) must be within Medi-Cal guidelines. Outpatient Sliding Scale eligibility: Assets must not exceed an amount equal to 100% of FPL.

### *IS OTHER HEALTH INSURANCE ALLOWED?*

Yes, but patients must use any health insurance benefits before applying for the Sliding Scale Program. Members of HMOs (health maintenance organizations) with comprehensive inpatient and outpatient coverage generally do not qualify for the Sliding Scale Program. If insurance does not provide substantive coverage, CHN Eligibility Workers will determine eligibility for other programs, including the Sliding Scale Program.

### *HOW MUCH DOES IT COST?*

The payment amount is based on income level, family size and the cost of services. For example, the minimum monthly "Share of Cost" may range from \$10 to \$200 for primary care services and \$150 to \$550 for inpatient services (refer to "Income Limit" section above).

### *IS U.S. CITIZENSHIP OR LEGAL RESIDENCY REQUIRED?*

No, but patients must provide proof of address and be a San Francisco resident.

### *HOW TO APPLY?*

Apply at any CHN site – call (415) 206-5166 for information on nearby CHN locations.

## FREE & LOW-COST HEALTH CARE IN SAN FRANCISCO

These clinics offer free and low-cost health care services, and will also give patients information about health coverage programs, and in many cases assist with enrollment.

### **Bayview-Hunters Point**

*Southeast Health Center:* 2401 Keith St. (at Armstrong); 671-7000

### **Castro**

*Castro-Mission Health Center:* 3850 17<sup>th</sup> St., (at Noe); 487-7500

### **Civic Center**

*Lyon-Martin Women's Health Services:* 1748 Market St., #201 (at Valencia); 565-7667

*Tom Waddell Health Center:* 50 Lech Walesa (at Polk); 355-7400

### **Chinatown**

*Chinatown Public Health Center:* 1490 Mason St., (at Broadway); 364-7600

*North East Medical Services (NEMS):* 1520 Stockton (at Columbus); 391-9686

### **Haight-Ashbury**

*Cole St. Youth Clinic:* 555 Cole St. (at Haight); 386-9398

*Haight-Ashbury Free Clinic:* 558 Clayton St. (at Haight); 487-5632

*Sister Mary Philippa Health Center:* 2235 Hayes St., 5<sup>th</sup> Floor; 750-5515

### **Mission District/Excelsior/Mission Terrace**

*Balboa Teen Health Center:* 1000 Cayuga Ave; 469-4512

#### *SFGH Clinics:*

*Pediatric Medical Clinic:* 1001 Potrero Ave., Main Hosp, 6M; 206-8376

*Family Health Center:* 995 Potrero Ave, Bldg. 80, 1<sup>st</sup> Floor.; 206-5252

*General Medical Center:* 1001 Potrero Ave., Hospital Outpatient, 1<sup>st</sup> Floor; 206-8492

*Women's Health Center:* 1001 Potrero Ave., Main Hospital, 5M; 206-3409

*Mission Neighborhood Health Center:* 240 Shotwell St. (at 16<sup>th</sup> St.); 552-3870

*MNHC – Excelsior Group:* 4434 Mission St.; 406-1353

*Native American Health Center:* 160 Capp St., (at 16<sup>th</sup> St.); 621-8051

### **Inner Richmond**

*San Francisco Free Clinic:* 4900 California St. (at 11<sup>th</sup> Ave.); 750-9894

### **Oceanview/Merced/Ingleside**

*Hip Hop to Health Clinic:* 446 Randolph St.; 337-4719

### **Potrero Hill**

*Potrero Hill Health Center:* 1050 Wisconsin (at 23<sup>rd</sup> St.); 648-3022

### **South of Market**

*South of Market Health Center:* 551 Minna St.; 626-2951

*NEMS – Sunset Clinic:* 2308 Taraval St.; 391-9686

### **Sunset**

*Ocean Park Health Center:* 1351 24<sup>th</sup> Ave. (at Irving); 682-1900

### **Tenderloin**

*Larkin Street Youth Clinic:* 1138 Sutter St. (b/w Polk & Larkin); 673-0911, x. 259

*Curry Senior Service Center:* 333 Turk St. (at Hyde); 885-2274

*St. Anthony Free Medical Clinic:* 105 Golden Gate Ave.; 241-8320

### **Visitacion Valley**

*NEMS – Visitacion Valley Clinic:* 82 Leland Ave.; 391-9686

*Silver Ave. Family Health Center:* 1525 Silver Ave. (at San Bruno); 657-1700

### **Western Addition**

*Maxine Hall Health Center:* 1301 Pierce (at Ellis); 292-1300