ObamaCare 101

Tool Kit

Change is coming. The ACA is critical in improving our health care system, and its successful implementation will require all hands on deck, including yours.

This toolkit will help you understand the health reform law so we can build a healthier California.

The Basics of Health Reform

The federal health care legislation is known by several names including the Affordable Care Act (ACA), the Patient Protection and Affordable Care Act (PPACA), and ObamaCare.

For this tool kit we will refer to it as the Affordable Care Act (ACA), which has 3 main goals:

1. Increase health care coverage
2. Reduce health care costs and improve affordability
3. Improve people's health

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Goal 1: Increase Coverage

It's no secret that many do not have health insurance because they cannot afford it, their employers do not offer it, or they do not qualify for public programs. Nor is it a secret that expanding health care coverage will make it possible for more people to see their health care providers regularly.

The ACA takes several measures to ensure that more Americans can see their health providers as frequently (or infrequently) as they would like. According to experts at the non-partisan Congressional Budget Office, the ACA is estimated to cover an additional 33 million Americans.

Goal 2: Reduce Costs

If other prices grew as quickly as health care costs did since 1945, a dozen eggs would cost $55, a gallon of milk would cost $48, and a dozen oranges would cost a staggering $134.

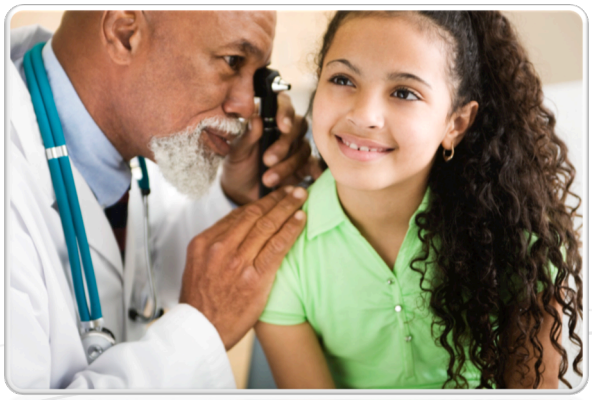
In other words, a single egg would cost more than a fancy caffeinated beverage at your neighborhood coffee chain.

The ACA aims to turn this trend around. By making health insurance an affordable reality for millions more, the ACA will help patients gain more regular access to their health providers, saving money in the healthcare system over time.

Prevention may not be the best medicine, but it's still a pretty darn good one. By preventing illnesses and identifying them earlier, not only do patients benefit medically and financially, but the overall healthcare system saves money, too.

Better Quality Care

The ACA shifts the way that health plans and providers are paid to emphasize the quality of care, not the number of procedures done or medications prescribed.



Goal 3: Improve Health

The first two goals serve as building blocks for the main one of improving our collective health. Given the complexities of our health care system, better quality at lower costs may sound too good to be true. The ACA, however, aims to make it a reality.

Coverage Expansions

The ACA includes Medicaid expansion and health insurance exchanges to help tackle the problem from a public and private approach.

Medicaid, a government insurance program for low-income individuals/families, will be expanded to include a wider range of populations. California's Medicaid program, known as Medi-Cal, currently provides coverage to over 20% of the state's non-elderly population.

Unfortunately, not all low-income Californians qualify for Medi-Cal coverage. Because of limited resources, eligibility was restricted to a narrow group within the low-income population. The program serves those most in need, including children, parents of dependent children, seniors and persons with disabilities.

In 2014, however, coverage will expand to include adults without minor children living at home, with incomes up to 133% of the federal poverty level. UCLA and UC Berkeley's CalSIM projection model finds that almost 1.5 million will become newly eligible. An additional 2.5 million are already eligible but not enrolled.

Household Size	100% FPL	133% FPL	200% FPL	300% FPL	400% FPL
1	$11,490	$15,282	$22,980	$34,470	$45,960
2	$15,510	$20,628	$31,020	$46,530	$62,040
3	$19,530	$25,975	$39,060	$58,590	$78,120
4	$23,550	$31,322	$47,100	$70,650	$94,200
5	$27,570	$36,668	$55,140	$82,710	$110,280
6	$31,590	$42,015	$63,180	$94,770	$126,360

In 2014, Californians will be able to apply for coverage online, by mail, by phone, or in person.

Health insurance exchanges, often referred to as just plain exchanges, are virtual insurance marketplaces for people to learn about, compare, and eventually purchase health insurance. Imagine if your favorite flight search engine and tax preparation software had a child.

States have the option of operating one themselves, or rely on the federal government's exchange instead. Being the overachievers that we are, California has opted for the former, which is called Covered California.

COVERED CALIFORNIA

A wide range of health plans with varying monthly premium costs will be available for purchase. Whether you plan on visiting your doctor frequently or not, Covered California has selected an array of competitive, high-quality plans that will suit your needs. Starting January 2014, Covered California will be open for business, with pre-enrollment starting October 2013.

Many low to middle income individuals/families will also be eligible for financial help from the federal government. Don't worry, there's lots more on that later.

Medi-Cal Expansion

While Medi-Cal does indeed provide health coverage to low-income Californians, it's a little more complicated than that. Not only must people have sufficiently low income and be citizens or legal permanent residents of the US, there are some additional limitations on who's eligible for the program.

Who's currently eligible?

- Children with household incomes up to 250% of FPL
- Parents with dependent children (100% of FPL)
- Pregnant women (200% of FPL)
- Low income seniors (133% of FPL)
- People with disabilities (133% of FPL)

Who will be newly eligible?

Through the ACA, states can choose to expand their Medicaid programs to cover adults *without* dependent children living at home. Residency and income rules still apply, but the latter requirement will be increased to 133% of FPL (about $15,000/year for an individual) plus a 5% income disregard. For the majority of those eligible, the asset test is gone.

This population will receive the same benefits package as current Medi-Cal enrollees:

- Clinic services
- Inpatient and outpatient hospital services
- Physician services
- Mental health care
- Substance use disorder treatment
- Physician prescribed drugs
- Durable medical equipment

Adults will receive limited dental services, while kids receive dental and vision benefits.

To help pay for this expansion, the federal government has generously offered to pitch in. A lot. In the first few years, the federal government will pay 100% of the costs to care for the newly eligible, eventually winding down to a still-very-generous 90% of costs by 2020.

What about the undocumented?

Emergency Medi-Cal – which is just what it sounds like – emergency services with no follow up coverage. The undocumented cannot receive full-scope (comprehensive) benefits through Medi-Cal.

Undocumented pregnant women may be eligible for full scope services.

The undocumented may be eligible for other programs – please refer to the "Other Coverage Options" section on pages 11-12.

What is considered low income?

The ACA was constructed with 133% of FPL being the income threshold between expanded Medicaid and health exchange plans. This figure ($15,252 for an individual, $31,322 for a family of four) is often considered the upper limit for "low income."

Why are 133% and 138% used interchangeably?

The ACA simplified the Medicaid income test by creating a blanket 5% income disregard, which means that 5% of income isn't counted. In other words, a 133% FPL threshold is effectively 138% of FPL, thanks to this simplified income disregard. Note that it only pertains to the Medicaid program, and not health exchanges.

Eligibility & Enrollment Simplification

It would be an understatement to say that the Medi-Cal program is a little complicated. The requirements, tests and income disregards are highly variable for different eligibility categories, of which there are over 150. The ACA, mercifully, will simplify several of these.

MAGI? I've heard of it, but couldn't really tell you what it means.

MAGI, or modified adjusted gross income, is the income counting standard that will be used to determine eligibility for most populations in 2014. Compared to the income counting standards being used now, MAGI is a significant simplification that's actually used by the IRS to calculate income for tax purposes.

*If modified adjusted gross income (MAGI) sounds vaguely familiar to you, it might be because it's **line 38 on Form 1040**, the form used for most tax returns.*

Who are the MAGI-eligible?

These groups will be able to enroll in Medi-Cal in a more simplified fashion without an asset test*:

- Children (up to 250% of FPL)
- Parents of dependent children (up to 133% of FPL)
- Pregnant women (up to 200% of FPL)
- Adults without dependent children living at home (up to 133% of FPL)

All other groups will still be subject to current Medi-Cal rules, including the asset test, when they apply for or renew coverage.

Those who would like to receive long term care will still have to pass the asset test.

Do-It-Yourself Asset Tests

Initially established to ensure that Californians are fully destitute before relying on public programs, the asset test has become a cumbersome roadblock to many potential beneficiaries.

Fortunately, the asset test will be removed for most newly MAGI-eligible. Only those applying for long-term care benefits will have to pass the asset test.

The asset test includes:

- *Cash and uncashed checks, checking/savings accounts*
- *Stocks, bonds, mutual funds*
- *Real property (excludes value of family home)*
- *Motor vehicles (excludes value of one car)*
- *Promissory notes, mortgages or deeds of trust*
- *Motor vehicles or equipment used for a business*
- *Revocable trusts*
- *Court judgments/settlements*
- *Oil or mineral rights*
- *Jewelry and precious metals, coins and gems (other than wedding/engagement rings and heirlooms)*
- *Burial trusts or funds (excludes first $1,500 paid)*
- *Life insurance policies (exempt if face value under $1,500)*

Health Insurance Exchanges

Remember the good old days when we had to arrange flights through a travel agent? No? Maybe?

One day, purchasing health insurance will become as simple as booking a flight today. The ACA helps us move towards that goal with health insurance exchanges.

What exactly is an exchange?

It's a virtual health insurance marketplace with educational tools, price calculators and additional comparative information that will help people make informed decisions about the insurance products they purchase. Our state's is called Covered California (coveredca.com), and has two separate markets: one for individuals and families, and another for small businesses.

What kind of insurance plans can you buy?

Most insurance companies will be selling levels of coverage through Covered California. While they will all cover the same essential health benefits, the variation is in cost. Because the product remains the same, comparing Covered California plans will be less like comparing apples to tomatoes and more like apples to other apples.

Different levels of coverage are available so consumers can choose the plan that will best suit their needs. A bronze-level plan will cover 60% of a person's expected medical costs, while a platinum plan will cover 90% of expected medical costs. In other words, bronze plans will have lower monthly premium costs but higher copays per visit; platinum plans will have higher monthly premium costs but lower copays.

The chart below summarizes the projected costs for a 40 year old individual residing in Los Angeles. The average premium costs do *not* take into consideration any federal subsidies the individual may receive.

	Bronze	Silver	Gold	Platinum
Average monthly premium	$235	$277	$328	$371
Preventive care copay*	$0	$0	$0	$0
Primary care visit copay	$60 for 3 visits	$45	$30	$20
Specialty care visit copay	$70	$65	$50	$40
Urgent care visit copay	$120	$90	$60	$40
Emergency room copay	$300	$250	$250	$150
Lab testing copay	30%	$45	$30	$25
X-ray copay	30%	$65	$50	$40
Generic medicine copay	$25 or less	$25 or less	$20 or less	$5 or less

10 Essential Health Benefits

- *Ambulatory patient services*
- *Emergency services*
- *Hospitalization*
- *Maternity and newborn care*
- *Mental health and substance use disorder services*
- *Prescription drugs*
- *Rehabilitative and habilitative services and devices*
- *Laboratory services*
- *Preventive and wellness services; chronic disease management*
- *Pediatric services, including oral and vision care*

Metal Levels of Coverage

- Bronze plans: *60% actuarial value (i.e. plan will pay for 60% of the person's expected medical costs, with 40% coming out of the consumer's pocket)*
- Silver plans: *70% actuarial value (AV)*
- Gold plans: *80% AV*
- Platinum plans: *90% AV*

Premium Assistance

Affordability is relative and can mean very different things depending on one's circumstance. To that end, the federal government will provide subsidies to help moderate and middle income Americans purchase health insurance through the exchanges. The ACA sets monthly maximums that people will pay for health care based on their incomes.

A person earning 100% of FPL will only have to pay 2% of his/her income on health insurance premiums, while those earning 400% of FPL will have to pay up to 9.5% of his/her income; anyone earning more than 400% of FPL will not be eligible for premium assistance. The table below summarizes the maximum monthly amounts that people will pay for health care premiums.

		Individual		Family of Four	
Federal Poverty Level (%)	Maximum % spent on insurance premiums	Annual Income	Maximum $ spent on monthly premiums	Annual Income	Maximum $ spent on monthly premiums
100%	2%	$11,490	$19	$23,550	$39
133%	3%	$15,282	$38	$31,322	$78
150%	4%	$17,235	$57	$35,325	$118
200%	6.30%	$22,980	$121	$47,100	$247
250%	8.05%	$28,725	$193	$58,875	$395
300%	9.50%	$34,470	$273	$70,650	$559
400%	9.50%	$45,960	$364	$94,200	$746

For example, John Doe has an annual income of $17,235 (150% of FPL) and would like to purchase a silver tier plan, which hypothetically costs $250 per month. His maximum monthly premium contribution is capped at 4% of his income, meaning he would pay a monthly maximum of $57. The federal government will pay the difference of $193.

Premium assistance amounts are determined by the *second lowest-cost silver plan*. Consumers eligible for premium assistance can purchase plans from any metal tier, but will be responsible for the cost difference for more expensive plans (higher-cost silver plans, or any gold or platinum plans). Conversely, those who purchase a less costly silver or bronze plan will pay *less*.

Additional Cost-Sharing Subsidies Available

In addition to premium assistance, cost-sharing subsidies are available to lower income Covered California consumers. These subsidies will reduce the amount you pay when you seek care (copayments or coinsurance). If your income is less than $28,000 for an individual or $58,000 for a household of 4 (under 250% of FPL), you may be eligible.

Reconciliation Time

At the end of the calendar year, the federal government will determine if premium assistance recipients got the proper amount.

This means that some consumers will receive refunds for overpaying, but may also have to pay back a portion if they received too much.

It's critical for consumers to update their income information if there are significant changes throughout the year.

Covered California and Medi-Cal

Even with premium assistance, many low-income individuals and families will have difficulty affording health insurance plans. Additional plans are available to certain groups of people.

Bridge Plans

The bridge plan is what it sounds like – bridging the gap between Medi-Cal and Covered California plans, and helping consumers transition between programs. It is a hybrid product that will be operated by Medi-Cal managed care plans, but sold through Covered California with premium assistance available from the federal government. Cost-wise, bridge plans will have much lower premiums than other Covered California plans.

Bridge plans are only available to 2 groups:

- Medi-Cal beneficiaries whose incomes rise above 133% FPL and are under 250% FPL: Purchasing a bridge plan would allow this population to stay with the same plan and doctor network, while keeping costs low.
- Parents of children with Medi-Cal coverage, including other household members, whose incomes are between 133-250% of FPL: Since the Medi-Cal program has a higher income threshold for children (up to 250% of FPL), a bridge plan allows parents and their children to be on the same plan.

Minimum Coverage Plans

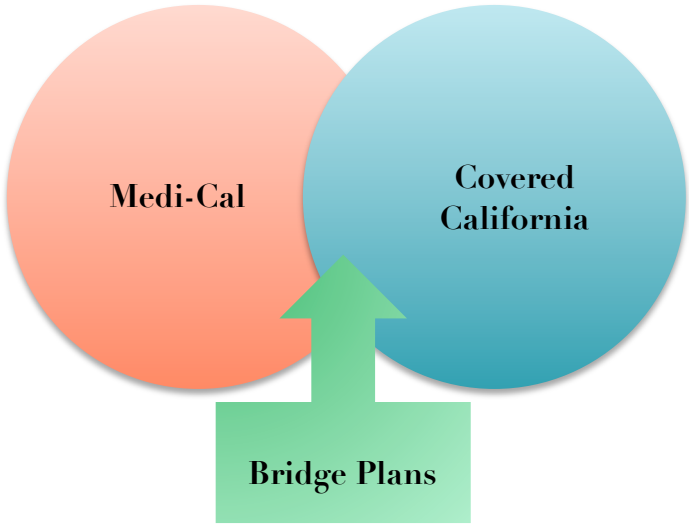
Also known as catastrophic plans, minimum coverage plans (MCP) are not designed for day-to-day medical expenses like doctor visits, prescription medication or even emergency room visits. Instead, they're meant to cover excessive medical bills above the limit that you'd be able to manage financially.

How are these plans different from other Covered California plans?

- *NOT comprehensive coverage*
- *NO premium assistance available*
- *NOT everyone is eligible (must be under 30, or provide certification that you're without affordable coverage or are experiencing financial hardship)*

It's similar to Medi-Cal because:

- *It has the same plan and provider networks as Medi-Cal managed care plans*
- *Monthly premium costs are closer to no-cost Medi-Cal than other Covered California plans*



And it's similar to Covered California plans because:

- *Purchased through Covered California*
- *Can receive premium assistance from federal government if eligible*

New legal permanent residents of under 5 years with incomes between 100-133% of FPL are encouraged to purchase Covered California plans since they will receive **additional premium assistance from the state**. Combined with the federal premium assistance, plan premiums are expected to be *very low*.

Covered California Cheatsheet

Who?

Only US citizens and legal permanent residents can buy plans through Covered California. Those with incomes between 100-400% of FPL may be eligible for federal subsidies. The undocumented cannot purchase any plans through the exchange, even if they do not receive federal subsidies.

What?

Research, compare and purchase the best health insurance product for you and/or your family. Learn more about and apply for federal subsidies to make health insurance more affordable.

When?

Insurance plans can only be purchased during pre-enrollment starting October 1, 2013, and during open enrollment (January 1 – March 31) annually. There are special exceptions, which would allow people to purchase insurance coverage outside of this period, such as job loss, or a change in family size (marriage, divorce, death).

Where?

- Online at coveredca.com
- Via phone through toll-free service centers in 13 different languages
- In person through a certified enrollment counselor
- By mail
- All methods of application are FREE

Insurance Market Reforms

The ACA has additional provisions for insurers to help make health care more affordable, reliable and accessible.

Pre-Existing Condition Exclusions? Not anymore!

Pre-existing conditions, no matter how trivial or life-threatening, will no longer play a part in calculating premium costs, and cannot be used as an excuse to deny coverage. Insurers cannot cancel coverage once a consumer is enrolled, and they cannot set lifetime or annual dollar limits on coverage.

The only factors that can lead to higher or lower health premiums are geographic location, family size, and age.

Premium Watch: Medical Loss Ratios

Insurers will be mandated to spend at least 85% of premiums on medical care for large group plans, and at least 80% of premiums for small group plans. In insurance terms, there will be an 85% medical loss ratio (MLR) for large group plans and an 80% MLR for small group plans. Under these rules, if insurers "overcollect" premiums, the remainder must be reimbursed back to consumers.

States will also establish a review process for unreasonable premium increases, and insurers will need to provide justification for large price increases.

The Individual Mandate

As one of the more well-known parts of the ACA, the individual mandate has been on the receiving end of much criticism. This provision would require most Americans to have health insurance, with a few exceptions.

What fulfills the mandate?

- *Individual insurance, or coverage through an employer, union, the Veteran's Administration, Indian Health Service, Medi-Cal, Medicare or Covered California*

Who are exempt?

- *People who would have to pay more than 8% of their income on health insurance* – likely eligible for Covered CA plans with premium assistance
- *People with incomes below tax filing threshold ($9,750 for an individual, $27,100 for household of 4 in 2012)* – very likely eligible for no-cost Medi-Cal
- *People who qualify for religious exemptions*
- *Undocumented immigrants*
- *Members of Native American tribes*

What are the penalties?

- *For each individual, penalties are the larger of:*
  - *$95 or 1% of income in 2014*
  - *$395 or 2% of income in 2015*
  - *$695 or 2.5% of income in 2016 and after*

Why is the mandate important?

Whether we like it or not, insurance acts as a passport, an affordable entry into the often expensive healthcare system. As anyone who has gone without health insurance will know, it is exceptionally costly to seek care as an uninsured patient.

But with insurance, we're better equipped to not only receive care when we need it, but to get annual checkups and preventive screenings to make sure we don't get sick in the first place.

Health insurance makes us healthier, and going without it is a very risky gamble.

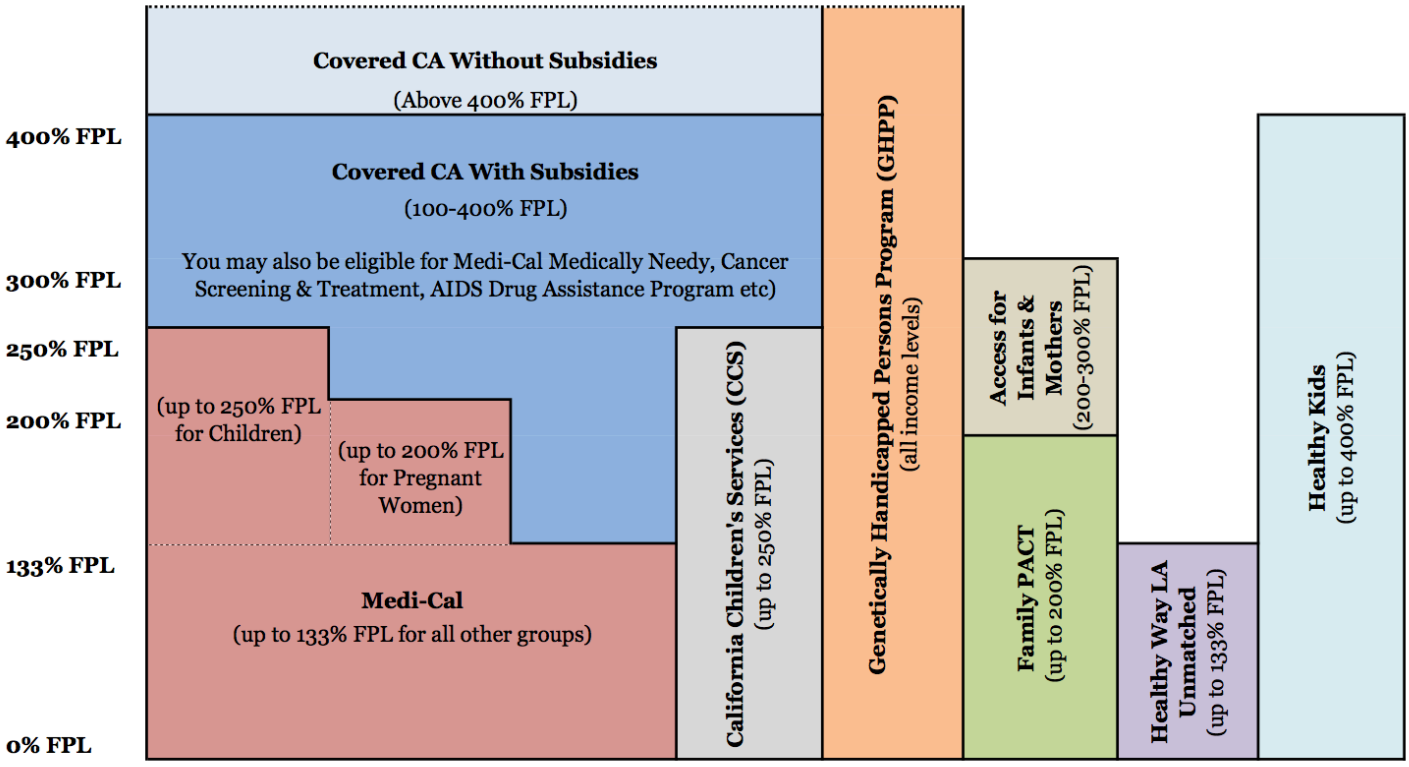
Employers & SHOP Exchange

The ACA also establishes both new opportunities for small employers and new requirements for large employers. Covered California will operate the *Small Business Health Options Program (SHOP)*, which is similar to the individual exchange, except that employers and employees will share in the decision making process. Employers will choose the level of coverage (bronze, silver, gold, platinum), with the employee choosing the health plan among those available in the SHOP. The SHOP is open for employers with 50 or fewer employees, and will expand in 2017 to include firms with up to 100 employees.

To help small employers afford health insurance for their employees, federal tax credits are available to firms with fewer than 25 employees with an average annual wage under $50,000. The employer must also pay at least 50% of the premium cost. These tax credits can cover up to 35% of the premium costs through the end of 2013, rising to 50% of premium costs in 2014.

Large employers will be required to contribute to their employees' health insurance costs starting in 2015. *There is no requirement for small businesses (under 50 fulltime equivalent employees) to provide health insurance.*

Other Coverage Options: At A Glance



Other Coverage Options

Even with the ACA, there will be a number of people who will remain uninsured. This group will include people exempt from the individual mandate, people who would rather pay the penalty instead of buying health insurance, and those who are undocumented and ineligible for either Medi-Cal or Covered California.

In Los Angeles County, **Healthy Way LA (HWLA) Unmatched** is a county program that provides primary care services at free clinics and community health centers to those who are undocumented. To qualify, individuals must be ineligible for Medi-Cal or other county programs, and have incomes under 133% FPL (www.ladhs.org/hwla; 1-877-333-4952).

The **Healthy Kids program** is also available in Los Angeles County for children 0-5 years in households with incomes at or below 400% FPL; children older than 5 are eligible for Healthy Way LA. Children must not be covered by Medi-Cal or any other publicly sponsored health program to be eligible (1-888-452-2273).

There are statewide programs that provide limited services to specific populations. **Access for Infants and Mothers (AIM)** provides comprehensive medical care for pregnant women (less than 31 weeks) through 60 days after delivery. Eligible individuals must have incomes between 200% and 300% FPL, be uninsured or ineligible for Medi-Cal, California residents for at least 6 months, and have legal immigration status. If insured, the maternity deductibles or copayments for their coverage must be greater than $500 (www.aim.ca.gov; 1-800-433-2611)

Family Planning, Access, Care and Treatment (Family PACT) is a state program that provides family planning services for uninsured men and women with incomes below 200% FPL who are ineligible for Medi-Cal. Services include comprehensive education, assistance, and services related to family planning. If an individual has health insurance, his or her plan must not cover family planning or birth control methods, or the patient cannot afford the deductible (www.familypact.org; 1-916-324-0389)

California Children's Services (CCS) is a state health care program for children (under 21) with specific diseases or health problems. The program only covers services related to care for the qualifying conditions. In addition, the child's family must also earn less than $40,000, the child's family must have out-of-pocket medical expenses expected to be more than 20% of family income, or the child must be enrolled in Medi-Cal (www.lapublichealth.org/cms/CCS.htm; 1-800-288-4584).

The **Genetically Handicapped Persons Program (GHPP)** also provides coverage for services related to specific conditions, such as hemophilia or cystic fibrosis, and is available for people 21 years or older. There is no income limit for the program (1-800-639-0597).

Every Woman Counts (EWC) and the **Prostate Cancer Treatment Program (PCTP)** provide cancer screening and treatment services for breast/cervical and prostate cancer, respectively. To be eligible for free EWC services, such as breast exams, mammograms, pelvic exams and Pap tests, women must be over the age of 40, have incomes under 200% of FPL, and have no or limited insurance (1-800-511-2300). Similarly for PCTP, men must be over the age of 18, have incomes under 200% of FPL, and have no or limited insurance (1-800-409-8252).

The **AIDS Drug Assistance Program (ADAP)** provides access to costly medications for the un- and under-insured living with HIV and AIDS. Eligible individuals must be over the age of 18, have incomes less than $50,000, be ineligible for Medi-Cal, and have no or limited insurance (1-888-311-7632).

The remaining uninsured can seek free or low-cost care through **Los Angeles County's clinics and hospitals. Free and community clinics** throughout LA County also provide care to the remaining uninsured at little or no cost (www.californiahealthplus.com).

Frequently Asked Questions

If I already have insurance coverage that I like, do I have to change anything?

No. If you like it, you can keep it. However, keep in mind that other more affordable options may be available to you, particularly if you're eligible for premium assistance.

Does it cost anything to apply?

No. Applying for Medi-Cal or Covered CA plans is free. Assistance from certified enrollment counselors, as well as telephone assistance through service centers, is free of cost.

Do I have to be uninsured to buy Covered California plans?

No, it's also an option for many who are currently insured through individual coverage, and can be an option for those with unaffordable employer coverage as well.

Can members of my household be eligible for different coverage programs?

Yes. For example, because Medi-Cal eligibility is different for children and adults, a Medi-Cal enrolled child may be on a different plan than his/her parent. The bridge plan is an option for such households if they want to be covered under the same plan.

Also, members of mixed immigration status families will be eligible for different programs. While undocumented immigrants are ineligible for full-scope Medi-Cal or Covered CA plans, they are eligible for emergency-only Medi-Cal, as well as other county health programs (see pg 12).

If I'm unhappy with my employer coverage, can I shop for a Covered CA plan? What about for my family?

Maybe, but probably not. If you have employer coverage, and your **premiums are more than 9.5%** of your income, you can opt out of your employer's plan and purchase a Covered CA plan, possibly with premium subsidies.

For family coverage, if your employer extends coverage for your spouse and/or children, then the same rules apply. If the cost of coverage for **you, the employee only,** is less than 9.5% of your income, then it is considered affordable, and you can't opt out of your employer's plan. However, if your employer **doesn't offer family coverage**, then you can purchase a Covered CA plan, possibly with premium assistance for the uninsured members of your family.

If I have an adult child under the age of 26, can he/she be covered by my health insurance plan? What if he/she is married?

Yes, under the young dependent coverage provision, your child can remain on your plan until he/she turns 26. even if they're married. His/her spouse, however, **cannot** be covered by your plan.

When do I need to enroll to receive coverage as soon as possible?

To have Covered CA coverage start on January 1, 2014, you must enroll in a plan by December 15, 2013. If you enroll between December 15-31, 2013, your coverage will start on February 1, 2014. Unlike Medi-Cal coverage, **Covered CA plans are not retroactive**. Not even bridge plan coverage.

For Medi-Cal, your coverage may begin immediately if you were eligible under the "old" Medi-Cal rules. If you're eligible under the "new" rules, you can enroll any time before January 2014 and your coverage will start on January 1, 2014.

Eligibility Flowchart

Do you have insurance? It can be individual, employer-sponsored, Medi-Cal, Medicare, VA, IHS or union coverage

Yes → If you like it, you can keep it! There's nothing else you need to do. However, more affordable options may be available to you.

No, or I'd like to explore my options

Are you a U.S. citizen or legal permanent resident?

No → Pregnant women may be eligible for full-scope Medi-Cal, while others may be eligible for emergency Medi-Cal. Other coverage programs are available to the undocumented depending on your county of residence.

Yes

Are you a legal permanent resident of under 5 years?

Yes → *If income <100% FPL*
Full scope Medi-Cal (no cost)

If income 100-133% FPL
Covered CA w/ premium assistance and additional subsidy, OR Bridge Plan w/ premium assistance and additional subsidy

No, I am a U.S. citizen or LPR of over 5 years

Do you have a child enrolled in or eligible for the Medi-Cal program?

Yes → *If income <133% FPL*
Full scope Medi-Cal (no cost)

If income 133-250% FPL
Covered CA w/ premium assistance, OR Bridge Plan w/ premium assistance

No

Legal permanent residents of under 5 years with incomes over 133% of FPL also have the options below:

If income <100% FPL
Full scope Medi-Cal (no cost)

If income 100-133% FPL
Full scope Medi-Cal (no cost), OR Covered CA w/ premium assistance & additional subsidy, OR Bridge Plan* w/ premium assistance and additional subsidy

If income 133-250% FPL
Covered CA w/ premium assistance OR Bridge Plan* w/ premium assistance

If income 250-400% FPL
Covered CA w/ premium assistance

If income >400% FPL
Covered CA without premium assistance

** The bridge plan is only available to Medi-Cal enrollees whose incomes rise above the 133% FPL threshold, or adults with children or siblings in the Medi-Cal program.*

Household Size	100% FPL	133% FPL	200% FPL	250% FPL	300% FPL	400% FPL
1	$11,490	$15,282	$22,980	$28,725	$34,470	$45,960
2	$15,510	$20,628	$31,020	$38,775	$46,530	$62,040
3	$19,530	$25,975	$39,060	$48,825	$58,590	$78,120
4	$23,550	$31,322	$47,100	$58,875	$70,650	$94,200
5	$27,570	$36,668	$55,140	$68,925	$82,710	$110,280
6	$31,590	$42,015	$63,180	$78,975	$94,770	$126,360