Low Income Health Program (LIHP)

The Low Income Health Program (LIHP) provides medical coverage for uninsured low-income adults (ages 19-64) who are ineligible for Medi-Cal. LIHP encompasses individuals who are between 0-200% FPL. The cost for LIHP is \$0-\$75 every 3 months.

Other eligibility requirements include:

- ♦ Must reside in Contra Costa County
- Must have citizenship status or have been a Legal Permanent Resident for a minimum of 5 years
- ◆ Has been determined to be ineligible for full scope Medi-Cal
- May not be enrolled in an HMO or PPO plan
- May not be enrolled in any private health care plan 3 months prior to applying

Where to enroll into LIHP:

- ♦ At your community health center
- ♦ Contra Costa Financial Counseling Office (800) 771-4270

What to bring when enrolling:

- 1. Proof of CA residency
- 2. Proof of income
- 3. Identification
- 4. Legal status
- 5. Proof of deductions

What about the remaining uninsured?

Even after health care reform, 3-4 million Californians will remain uninsured with 1 million of those due to documentation status. Health centers need your support to continue providing quality care to this population. Visit your local community clinic for more information on available programs and services for uninsured adults and children.

For more information, visit:

- ♦ Community Clinic Consortium www.clinicconsortium.org
- Covered California www.coveredca.com
- ◆ California Health & Human Services www.healthcare.ca.gov
- The California Endowment www.calendow.org

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Disclaimer: Please note that Community Clinic Consortium is not affiliated in any way with Covered California.

You CAN Have Healthcare!



Understanding how the Affordable Care Act (ACA) affects individuals, families, and communities



What is the ACA?

In March 2010, President Obama signed into law the **Patient Protection and Affordable Care Act (ACA).** The ACA expands health insurance coverage to an estimated **32 million Americans** and strengthens existing coverage.

Consumer Protections

It is now illegal for insurance companies to...

- ◆ **Deny coverage** because of pre-existing conditions (i.e. asthma)
- Set a lifetime cap on how much care they will pay for you if you get sick
- ♦ Cancel your coverage if you get sick
- ♦ Raise premiums by more than 10% without valid justification
- ♦ Spend more than 20 cents of every \$1 you pay them on administrative costs

Other changes:

- Private insurance must provide free preventative services for women
- ♦ Young adults under age 26 can stay on parents' private insurance

Individual Mandate

Starting in 2014, the ACA includes a mandate for most individuals to have health insurance or potentially pay a penalty for noncompliance.

Year	Adult Annual	Child Annual	Max Family Annual Penalty
2014	\$95	\$47.50	\$285 or 1% family income*
2015	\$325	\$162.50	\$975 or 2% family income*
2016+	\$695	\$347.50	\$2,085 or 2.5% family income*

^{*}Whichever amount is greater

And remember—paying the penalty still won't give you healthcare coverage when you need it!

Impact on Medicare

Under the ACA, Medicare has been strengthened.

- Many free preventative services (i.e. mammograms, colonoscopies) and a free annual wellness visit are now included.
- ♦ 50% discount on covered brand name medications for those in the prescription drug "donuthole." This resulted in average savings of nearly \$600 per person in 2011 in California.

Medi-Cal Transformation and Expansion

Medi-Cal, California's version of Medicaid, is currently the source of care for 1 in 5 California residents under the age of 65. **Starting in 2014, Medi-Cal is expanding so more Californians will be eligible.**

- ♦ Only citizens or Legal Permanent Residents are eligible to apply for Medi-Cal
- Medi-Cal eligibility will be based ONLY on family size & income
 - ◆ Adults with incomes at or below 138% FPL are eligible for Medi-Cal
 - ♦ Children at or below 250% FPL are eligible for Medi-Cal
- There will be a simplified application and enrollment process into Medi-Cal
- ♦ 2 programs will be transitioned into Medi-Cal
 - 1. Healthy Families
 - 2. Seniors & Persons with Disabilities

Covered California



Our state's Health Benefit Exchange, Covered California, was created to increase the number of insured Californians, improve quality of care, and lower costs through a competitive, innovative marketplace. Covered California is a place where individuals can buy insurance—it is NOT an insurance plan itself.

Only citizens or Legal Permanent Residents can apply for insurance through Covered California

- ♦ Individuals will have access to more than 80% of practicing physicians and 80% of acute care hospitals through 13 commercial health plans
- All 13 Health Plans in Covered California are required to offer the same 10 Essential Health Benefits:
 - 1. Ambulatory patient services
 - 2. Emergency services
 - 3. Hospitalization
 - 4. Maternity & newborn care
 - 5. Mental health & substance services
 - 6. Prescription drugs
 - 7. Rehabilitative & habilitative services
 - 8. Laboratory services
 - 9. Preventative & wellness services, chronic disease management
 - 10. Pediatric services
- All 13 Health Plans are broken out into 4 Basic Coverage Levels:

Coverage Category	% Expenses Insurance pays	% Expenses You pay
Platinum Plan	90%	10%
Gold Plan	80%	20%
Silver Plan	70%	30%
Bronze Plan	60%	40%

- ♦ Households with incomes up to 400% FPL can receive up to 2 types of cost assistance when they buy insurance through Covered California. A Premium Tax Credit lowers monthly payments. A Cost-sharing Subsidy reduces co-payments. These types of cost assistance are ONLY available if you purchase health insurance through Covered California.
- ♦ 3 ways to enroll in Covered California:
 - 1. **Online** application at www.coveredca.com
 - 2. **Call centers** throughout the state
 - In-person at community-based organizations and community health centers