Contents

NOTE: If you are an 18-year-old (or a minor living on your own) applying for insurance for yourself, each time this handbook says "you" or "your family" or "member," it means you.

Healthy Families Program

Healthy Families is low cost insurance that provides health, dental, and vision coverage to children who do not have insurance today and do not qualify for no-cost Medi-Cal.

How will Healthy Families provide health care for my children?

When you enroll your children in Healthy Families, you choose the health, dental, and vision insurance plans. The plans provide the health, dental, and vision coverage for your children. This insurance pays most of your children's costs for visits to doctors, dentists, eye doctors, and specialists. The insurance plans also contract with clinics, laboratories, pharmacies, and hospitals for your children's health care.

How you can reach us:

- On the web at ***www.healthyfamilies.ca.gov***.
- Toll-free 1-800-880-5305; to apply or to check on your application after you apply.
- Toll-free 1-866-848-9166; Healthy Families Member Services Line once you are enrolled.

Who may qualify?

- Children up to their 19th birthday; and
- Children who did not have health insurance through someone's job in the last three months; and
- Children living in California; and
- Children who are not eligible for or who are not enrolled in no-cost Medi-Cal; and
- Children who meet citizenship or immigration rules; and
- Children in families with incomes within the Healthy Families Guidelines; and
- Children born to mothers enrolled in the Access for Infants and Mothers (AIM) Program. The children can not be enrolled in the no-cost Medi-Cal or have health insurance through someone's job

See the application for Healthy Families income requirements for children.

Who can apply?

- Parents, legal guardians, stepparents, foster parents, or caretaker relatives may apply for insurance for a child living in their home. *Only the parents' income will be considered.* If you are a legal guardian, stepparent, foster parent, or caretaker relative who lives with a child, your income will not be used to see if the child qualifies for Healthy Families.
- If you are 18 years old, you may apply for your own insurance.
- If you are a minor, you may apply for your children.
- Minors who do not live with parents, legal guardians, stepparents, foster parents, or caretaker relatives may apply for Healthy Families for themselves or their children.

What types of papers do I need to send in as proof of my family's income?

The application package has information on the types of papers required as proof of income.

What if my child currently has insurance?

If the child has health insurance through someone's job; the child is not eligible for Healthy Families. If your child had health insurance through someone's job in the last 3 months, the child may not qualify for Healthy Families coverage.

If the health insurance coverage through someone's job ended in the last 3 months, the child may qualifies for Healthy Families if:

- The person or parent providing health insurance lost a job or changed jobs; ***or***
- The family moved into an area where health insurance through someone's job is not available; ***or***
- The employer discontinued health benefits to all employees; ***or***
- Coverage was lost because the person providing the insurance died, legally separated, or divorced; ***or***
- Health insurance was provided under a federal Consolidated Omnibus Budget Reconciliation Act (COBRA) policy, and the COBRA coverage ended; ***or***
- The child reached the maximum coverage of benefits allowed in the current insurance that the child is enrolled in.

How do I apply for Healthy Families?

Fill out the application and mail it in the envelope provided. A complete application includes:

1. All questions answered.
2. Copies of papers showing your income — *see the application package for examples.*
3. Copies of all other required papers.

Who can help me fill out the application?

Call Healthy Families if you need help to complete the application or have questions, at **1-800-880-5305**, 8 a.m. to 8 p.m., Monday through Friday, and Saturday from 8 a.m. to 5 p.m. The call is free.

Help in person. You can also get help in person from a Certified Application Assistant (CAA). CAAs are people from community organizations who have been trained to help you fill out the application. To find a CAA in your area, call Healthy Families or search on the web site at ***www.healthyfamilies.ca.gov***.

Phone application. Call Healthy Families and have a customer service representative fill out an application for you. The representative will ask you questions, fill out an application, then mail the application to you so you can sign and return it. The phone call will take about 20 minutes. You will need to have these items when you call:

- A pen or pencil and paper to write down information.
- A pay stub you received within 45 days or last year's Federal Income Tax Form 1040 for everyone receiving income in your household.
- If someone is self-employed, the most recent 3-month profit and loss statement or last year's Federal Income Tax Form 1040 and Schedule C.
- Birth dates for every child applying in your household.
- Amounts for child day care expenses.
- Amounts for disabled dependent care expenses.
- Amounts for any child support or alimony either paid or received.

After the call, Healthy Families will mail you a pre-printed application. You will need to make sure that the information is correct and sign the application. Mail the application back to Healthy Families with papers that are needed to see if the children qualify. The papers are: proof of income, expenses, and citizenship or immigration

papers. The application package has information on what to send.

How long will it take to process my child's complete application?

When we receive a complete application, Healthy Families will see if the children qualify within 10 calendar days. You will be notified by letter and will also receive a welcome telephone call.

When will coverage begin?

The letter gives the date the insurance coverage will begin for each enrolled child. The first day of coverage begins 10 days from the date Healthy Families determines that a child qualifies for the program. If your child's no-cost Medi-Cal coverage is ending, Healthy Families coverage begins after the Medi-Cal coverage ends. Healthy Families does not offer retroactive coverage.

How long will it take if my application is missing information?

If your application is not complete, we will notify you in writing. We will also try to reach you by phone. Healthy Families will not be able to see if your child qualifies if you do not send in the information requested. You must submit all requested information within 17 days from the date Healthy Families received your application. You will have to reapply (send in a new application) if the information is not received within 60 days after Healthy Families denies your application.

If your income is below the Healthy Families income levels, your application will be forwarded to the Department of Social Services in your county. They will contact you within 45 days to inform you if your family qualifies for no-cost Medi-Cal.

If you believe we made a mistake in not enrolling your child, you can request a review. See the Appeals section of this handbook, ***or call 1-866-848-9166***. The call is free.

If I am pregnant, and the baby will not have insurance once born, can I apply for Healthy Families before the baby is born?

Yes, you can apply for insurance when you are at least 6 months pregnant. With your application, you will need to send proof of pregnancy that shows your due date. If the application is complete and your baby is eligible, you will be notified in writing within 10 days of receiving your complete application. If your application is not complete, Healthy Families will contact you.

What do I have to do once my baby is born?

Within 30 days of the baby's birth, you must send one of the following:

- A signed letter from the health care provider who delivered the baby or the hospital where the baby was born; ***or***
- Hospital certificate of birth;

or

- Birth Certficate.

The proof of birth must have the baby's first and last name, birth date, place of birth, and gender.

If Healthy Families does not receive proof of birth 30 days after the baby is born, your case will be closed. You will need to reapply and provide all necessary documentation with a new application.

> Insurance coverage for the baby begins 13 days after Health Families receives the proof of baby's birth.

If my child's Medi-Cal coverage is ending, how soon can I apply for Healthy Families?

You can apply for Healthy Families up to 3 months in advance when:

- A child turns 1 year old and will lose no-cost Medi-Cal (Healthy Families coverage may begin the first of the month after the child's first birthday);
  or
- A child turns 6 years old and will lose no-cost Medi-Cal (Healthy Families coverage may begin the first of the month after the child's 6th birthday);
  or
- A child's no-cost Medi-Cal ends.

Please send your most current Notice of Action letter from Medi-Cal.

How do I register for my baby's coverage if I am in the Access for Infants and Mothers (AIM) Program?

If you are in AIM (the low-cost health coverage program for pregnant women), your baby is eligible for Healthy Families if he/she is not enrolled in no-cost Medi-Cal or health insurance through someone's job. You must register your baby right after he/she is born. The AIM Program will send you a form about 30 days before your due date.

The form is also available for you to print at ***www.aim.ca.gov***.

Complete and sign the form and mail it to:

Healthy Families
PO Box 138005
Sacramento, CA 95813-9984

If your baby does not have no-cost Medi-Cal coverage or health insurance paid by an employer, Healthy Families coverage begins on the date of birth. The baby will remain enrolled in the same plan you had in AIM. If you have other children already enrolled in Healthy Families, the baby will be switched to the other children's plans beginning the first day of the third month of life. Please call Healthy Families if your baby has special health care needs, and you do not want the baby switched to another plan.

Your baby will stay enrolled in Healthy Families, if at the first Annual Eligibility Review (see page 28), you meet AIM Program income guidelines. To stay enrolled in Healthy Families, on the baby's second Annual Eligibility Review, you must be within Healthy Families Program income guidelines.

How much does it cost to cover my children?

The monthly premium for children is determined by income category. The category factors are family size, family income, and the health plan you choose. You pay a monthly premium between $4 and $17 for each child, up to a maximum of $51 for all children in a family enrolled in Healthy Families.

What About Native American Indian or Alaska Native Ancestry?

If the applicant or child applying for Healthy Families is of Native American Indian descent or Alaska Native, then you may not have to pay the premium payments and co-payments. To not have to pay for premiums and co-payments, submit one of the following papers as proof of ancestry:

- Copy of Native American Indian or Alaska Native enrollment document from a federally recognized tribe; ***or***
- A Certificate of Degree of Indian Blood (CDIB) from the Bureau of Indian Affairs; ***or***
- A letter of Indian Heritage from a California Indian Health Service clinic.

What if I cannot locate my papers of Native American Indian or Alaska Native ancestry?

Persons who claim Native American Indian or Alaska Native ancestry have 2 months from the date of enrollment to provide acceptable proof. Families will not have to pay premiums for two months, but co-payments are required until the papers are received and approved.

After Healthy Families receives acceptable papers, you will not have to pay premiums and co-payments. Healthy Families will not refund co-payments paid during the months when we had no acceptable proof of your ancestry.

How do I pay my monthly insurance premiums?

Once your child is enrolled in Healthy Families, you will get a statement (bill) in the mail each month. Your payment will be due on the 20th of the month even if you do not receive a bill.

Four ways to pay.

1. You can pay by mail with:
   - Personal check.
   - Cashier's check.
   - Money order.

   Make your payment to Healthy Families.

   Mail payments to:

   Healthy Families
   Payment Section
   PO Box 537019
   Sacramento, CA 95853-7019

2. You can pay by cash in person. Pay at any Western Union *Convenience Pay* location. Call 1-800-551-8001, option 1, to find a Western Union *Convenience Pay* location near you. There is no charge for this service.

3. You can pay your premium by credit card over the phone or through the Healthy Families website at www.healthyfamilies.ca.gov. Healthy Families accepts VISA and MasterCard. Call 1-888-256-6167 to make a one-time payment. Call 1-877-267-3729 to set up monthly automatic payments.

   If you sign up for monthly automatic payments, over the phone or online, you will get a 25% discount on your premiums.

4. You can pay with Electronic Fund Transfers (EFT). To pay by EFT, follow steps on the back of your monthly statement. You will fill out a form giving Healthy Families permission to draw money from your bank's checking or savings account each month. You will send Healthy Families the form with a voided check from your account.

   The bank account can be your own personal account or someone else's. You will automatically receive a 25% discount on your monthly premium if you pay by EFT. Please allow 6 to 8 weeks to process the EFT request.

Can I save money on my premiums?

Yes. If your account is current, and you pay in advance for 3 months in a row, you get free coverage the 4th month. To earn a free month of coverage, you must bring your account current and your 3 month payment must be received on or before the 20th of the month. *This option is not available if you pay by EFT or automatic credit card payments.*

You can also save money by choosing the "Community Provider Plan" in your area. This insurance plan has done the best job of including the providers in your area who have traditionally served uninsured persons in your community. To reward the insurance plan for its work in your community, we offer the insurance plan to you at a discount. The monthly premium listed includes a $3 discount per person. These plans are shown in the Insurance Plans by County and Premium section, starting on page 41 of this handbook.

What if I do not pay my monthly insurance premiums?

If you do not make premium payments in full for 2 months in a row, your child will be disenrolled. If your child is disenrolled for non-payment, the coverage will end at the end of the second month when you did not make a full premium payment. Healthy Families will send reminder notices before the disenrollment occurs. You will be responsible for the cost of any health care received by your child after coverage ends.

If you join Healthy Families again, you must pay any past due premiums that you owed during the last 12 months before rejoining.

How are payments applied to my family's account?

Payments or credits on your account will first be applied to the child's past due account.

Any money left is applied to the child's premium for the current month.

Healthy Families will apply any extra money you send towards future payments. If there is enough extra money in your account to pay for 3 months in advance, Healthy Families will give you your 4th month of coverage for free.

What if I do not receive a billing statement?

It is your responsibility to send in payments even if you do not get a bill. All payments are due by the 20th of the month. *Write your Family Member Number on the check or money order, and send it to:*

Healthy Families
Payment Section
PO Box 537019
Sacramento, CA 95853-7019

See pages 8-9 for other ways to make your payment.

Remember: Send only your payments to this address. Please do not send any other papers to this address.

To earn a free month of coverage, your 3 month advance payment must be received on or before the 20th of the month when it is due.

How do I determine my monthly premium?

To determine the monthly insurance premium for the children in your family, you must first see whether your monthly income falls in Category A, B, or C. You will need the following information:

- Number of family members living in the household.
- Net monthly income (gross income minus deductions allowed).

Deductions allowed:

Deduct the following expenses from your gross monthly income (before taxes):

- If you pay court-ordered child support or alimony, deduct the amount you pay from your gross income.
- If you receive court-ordered child support and/or alimony, you can deduct up to $50 from your family income.
- For each working parent, deduct $90 for work-related expenses. If your income is less than $90 a month, deduct only what you earned.
- For each person receiving Temporary Workman's Compensation or State Disability Insurance, deduct $90. If you receive less than $90 a month, deduct only the amount received.
- Deduct the child day care expenses you pay for each child or the amount of disabled dependent care paid. The maximum deductible amounts allowed for each child and disabled dependent are:
  - Child **under** the age of 2 = $200
  - Child 2 years old and **over** = $175
  - Disabled dependent, any age = $175

Determining Monthly Premiums

To determine net income:

1. Figure out your gross monthly income. Add up the gross amounts on your pay stubs.

   If you are self-employed; call 1-800-880-5305 for help in determining your premium.

2. Add up your total monthly deductions allowed by the program.

3. Subtract your deductions from your gross income. The difference is your monthly net income.

To determine your child's premium:

- On the chart below, locate your family size and net income column to find your income Category (i.e. A, B, or C).
- The Insurance Plan by County and Premium section begins on page 41.
- Find your county of residence and turn to that page.
- Choose your insurance plan, and find your insurance premium Category, A, B, or C.

If your income is below Category A, your children may be eligible for **free coverage** through the Medi-Cal Program.

Family Size (number of persons)	**Category A**	**Category B**	**Category C**
1	$904 - $1355	$1,355.01 - $1,805	$1,805.01 - $2,257
2	$1,216 - $1,822	$1,822.01 - $2,429	$2,429.01 - $3,036
3	$1,527 - $2,290	$2,290.01 - $3,052	$3,052.01 - $3,815
4	$1,839 - $2,757	$2,757.01 - $3,675	$3,675.01 - $4,594
5	$2,151 - $3,225	$3,225.01 - $4,299	$4,299.01 - $5,373
6	$2,462 - $3,692	$3,692.01 - $4,922	$4,922.01 - $6,153
7	$2,774 - $4,159	$4,159.01 - $5,545	$5,545.01 - $6,932
8	$3,086 - $4,627	$4,627.01 - $6,169	$6,169.01 - $7,711
9	$3,397 - $5,095	$5,095.01 - $6,792	$6,792.01 - $8,490
10	$3,709 - $5,562	$5,562.01 - $7,415	$7,415.01 - $9,269
For more than **10** persons, add amount below for each additional family member.			
	$313 - $468	$468.01 - $624	$624.01 - $780

The Healthy Families Program offers comprehensive health, dental, and vision coverage through insurance plans. The benefits in all Healthy Families' insurance plans are similar. The benefits may be administered differently.

Enrolled children have access to all covered services that are medically necessary. Healthy Families will not deny coverage based on a child's health condition. You will be notified of the date that your child can begin receiving services.

See the charts on pages 16-19 of this handbook for a summary of benefits and services offered by each plan.

Is there an additional cost for my child to get these services?

Yes. In addition to the monthly premiums, you pay a co-payment of $5 at the time of services for children's benefits. Some services are free. No individual charge will exceed $5 for children's benefits.

The *maximum* co-payment amount per benefit year that you pay for health care services is $250 per family. *A benefit year is from July 1 to June 30. Keep all your receipts for the co-payments you make at the time of receiving health care services.* Let your health plan know if you reach the maximum $250 for the benefit year of coverage. Then you will not have to make any more $5 co-payments for health care services until the next benefit year of coverage.

For children of Native American Indian descent or Alaska Natives, families do not have to pay for premiums and copayments. **See page 8.**

Pregnancy Covered

Healthy Families covers pregnancy-related services under the program. To apply for the baby, a new Healthy Families application must be submitted. See more information on page 6.

Pregnant members in Healthy Families may qualify for no-cost Medi-Cal coverage for their pregnancy related services. If the pregnant member is enrolled in no-cost Medi-Cal, the baby will be insured by no-cost Medi-Cal for the first year. For information on no-cost Medi-Cal, call your local County Department of Social Services, a local Medi-Cal provider, or call ***1-866-848-9166.***

What is California Children's Services?

California Children's Services (CCS) is a statewide program that treats children under 21 years of age (under age 19 if enrolled in Healthy Families) who have certain physical limitations and/or chronic medical, dental, or vision conditions.

If a medical, dental, or vision provider suspects that your child has a CCS-eligible condition, the provider should refer your child to the CCS program in your county. The county CCS program will determine if a Healthy Families member has an eligible condition. For a list of CCS-eligible conditions, visit **www.dhcs.ca.gov/services/ccs/Pages/medicaleligibility/aspx** or call your county health department.

If the Healthy Families member is eligible for CCS services, the local CCS program will pay for specific services and equipment that the CCS program has authorized if the services are provided by CCS-approved providers for treating your child's CCS-eligible medical condition. It is important that the services are authorized by the CCS program ***before*** your child receives them. If the services are not authorized by CCS, the CCS program will not pay for the care. For all other medical, dental, and vision care, the Healthy Families member will remain enrolled in the Healthy Families Program and receive services through the Healthy Families health, dental, and/or vision plan(s). Talk to your child's medical, dental, or vision care provider if you have questions about CCS.

Your provider should refer your child to CCS. However, if you think your child may have an eligible medical, dental, or vision condition, you can contact your local county CCS program directly and request an evaluation. You can find the CCS office in your county by contacting your local county health department.

If your child is already receiving services through CCS, tell your child's primary medical, dental, or vision care provider when you enroll your child in the Healthy Families Program so that the services your child receives are coordinated between CCS and your Healthy Families plan.

Important Note: If your child is referred to the CCS program in your county and the CCS program determines that your child is eligible for CCS services, your child must receive an authorization for services from CCS and the services must be

provided by a CCS-approved provider. ***After becoming eligible for CCS, if you take your child to the child's regular doctor, dentist, or optometrist for a CCS condition, and the doctor, dentist, or optometrist is not a CCS-approved provider, you may be responsible for paying for all CCS-related services or equipment your child receives.***

For more information about the CCS program, contact your local county health department or visit **www.dhcs.ca.gov/services/ccs**.

Are Mental Health Services Covered?

Children enrolled in Healthy Families receive mental health services through two delivery systems:

- **Health Plan**
  Children receive basic mental health services through participating health plans.

- **Local County Department of Mental Health**
  Children needing specialized mental health services for a Serious Emotional Disturbances (SED) condition may receive care from their local county department of mental health.

If your child's provider suspects that a SED condition exists, your child will be referred to the county mental health department for assessment. If your child is determined to have a SED condition, care for the SED condition will be provided by the county mental health department. Your child will remain enrolled in the Healthy Families health plan and will continue to receive all other medically necessary care not related to the SED condition.

If your child already receives services from the local county department of mental health, please contact your health providers after you have enrolled in Healthy Families. Your health plan and provider will coordinate care with the local county mental health department. If you have questions about mental health services, talk to your child's health provider.

Summary of Benefits

Benefits*	Services	Costs to Member (co-payment)
Physician Services	◆ Office visits ◆ Home visits ◆ Inpatient/outpatient care	◆ $5 per visit ◆ $5 per visit ◆ $5 per visit ◆ No charge under 24 months of age
Preventive Care	◆ Periodic health examinations (including well-baby care) ◆ Variety of voluntary family planning services ◆ Prenatal care ◆ Vision and hearing testing ◆ Immunizations ◆ Sexually transmitted disease (STD) testing ◆ Confidential HIV/AIDS counseling and testing ◆ Annual Pap smear exams ◆ Health education services	◆ No charge (including office visits)
Prescription Drugs	◆ 30 day supply of brand name or generic drugs, including prescriptions for one cycle of tobacco cessation drugs ◆ 90 day supply of maintenance drugs ◆ While in hospital ◆ FDA approved contraceptive drugs and devices	◆ $5 per prescription ◆ $5 per prescription ◆ No charge ◆ No charge
Hospital	◆ *Inpatient:* room and board, nursing care, and all medically necessary services ◆ *Outpatient:* diagnostic, therapeutic, and surgical services performed at a hospital or outpatient facility	◆ No charge
Emergency Health Care Services	◆ 24-hour emergency for illness, injury, or severe pain requiring immediate diagnosis and treatment to avoid placing the subscriber in danger of loss of life, serious illness, or disability ◆ Provided both in and out of the health plan's service area and participating facilities	◆ $5 per visit unless hospitalized ◆ No coverage will be provided if the services received are not an emergency

* Benefits are provided if the insurance plan determines them to be medically necessary.

Benefits*	Services	Costs to Member (co-payment)
Maternity	◆ Prenatal and postnatal care, inpatient and newborn nursery care	◆ No charge
Medical Transportation	◆ Emergency ambulance transportation to the hospital, and medically necessary non-emergency transportation to transfer a member from a hospital to another hospital or facility, or facility to home.	◆ No charge
Diagnostic X-ray and Laboratory Services**	◆ Inpatient and outpatient	◆ No charge
Durable Medical Equipment**	◆ Medical equipment appropriate for use in the home, oxygen and oxygen equipment, insulin pumps and all related necessary supplies	◆ No charge
Mental Health* Basic Mental Health Services (Provided by the Plan or Plan sub-contractor).	Diagnosis and treatment of a mental health condition. ◆ Inpatient limited to 30 days hospital services ◆ Outpatient- limited to 20 visits per benefit year ◆ Outpatient and inpatient services are provided without limit for serious mental illnesses (SMIs).	◆ No charge for inpatient services ◆ $5 per visit for outpatient services
Serious Emotional Disturbance (SED) Services (Provided by the County Mental Health Department).	Diagnosis and treatment for SED condition. ◆ The member will remain enrolled in the health plan and will continue to receive medical care from Plan provider for services not related to the SED condition.	◆ No charge for SED treatment

* Benefits are provided if the insurance plan determines them to be medically necessary.

** These services may be provided by the California Children's Services (CCS) program. Families must meet residential requirements and members under the age of 19 must have a medical condition that is covered by CCS to be eligible for CCS services.

*** Members who are under 19 years of age and diagnosed as having a Serious Emotional Disturbance (SED) will receive services from the County Mental Health Department.

Summary of Benefits

Benefits*	Services	Costs to Member (co-payment)
Alcohol and Drug Abuse	◆ *Inpatient:* As medically appropriate to remove toxic substances from the system ◆ *Outpatient:* 20 visits per benefit year (Some plans may choose to increase the number of visits in a benefit year if outpatient services are determined medically necessary)	◆ No charge for inpatient services ◆ $5 per visit for outpatient services
Physical, Occupational, Speech Therapy**	◆ Therapy may be provided in a medical office or other appropriate outpatient setting, hospital, skilled nursing facility, or home. Plans may require periodic evaluations as long as therapy, which is medically necessary, is provided.	◆ No charge for inpatient services ◆ $5 per visit for outpatient services
Home Health Care	◆ Must be prescribed or directed by the attending physician or other appropriate authority designated by the plan	◆ No charge
Skilled Nursing Care	◆ Services provided in a licensed skilled nursing facility, 100 days each benefit year	◆ No charge

* Benefits are provided if the insurance plan determines them to be medically necessary.

** These services may be provided by the California Children's Services (CCS) program. Families must meet residential requirements and members under the age of 19 must have a medical condition that is covered by CCS to be eligible for CCS services.

Optional Health Benefits

Not all health insurance plans provide these benefits. See pages 93 -102 of this handbook for information on which insurance plans cover these services.

Optional Benefits	Services	Cost to Member (co-payment)
Acupuncture	◆ 20 visits per benefit year	◆ $5 per visit
Chiropractic	◆ 20 visits per benefit year	◆ $5 per visit
Biofeedback	◆ Insurance plans vary (see pages 93-102)	◆ $5 per visit
Elective Abortion	◆ Insurance plans vary (see pages 93-102)	◆ No charge

Vision Benefits

Vision Benefits*	Services	Costs to Member (co-payment)
Eye Examinations	◆ Once every 12 months	◆ $5 per examination
Prescription Glasses	◆ Once every 12 months	◆ $5 per glasses, ◆ frames, or lenses

Dental Benefits

Dental Benefits*	Services	Costs to Member (co-payment)
Preventive Care (Teeth Cleanings, Topical Fluoride)	◆ Every 6 months	◆ No charge
Fillings	◆ As needed	◆ No charge
Sealants	◆ As needed only for permanent 1st and 2nd molars	◆ No charge
Diagnostic Services	◆ X-rays (Bitewing, Full-mouth, and Panoramic) ◆ Consultations	◆ No charge
Major Services	◆ Root canals ◆ Oral surgery ◆ Crowns and bridges ◆ Dentures	◆ $5 ◆ $5 ◆ $5 ◆ $5
Orthodontia Services	◆ Provided to subscribers under the age of 19 through the California Children's Services Program (CCS) when condition meets the CCS program criteria	◆ No charge

* Benefits are provided if the insurance plan determines them to be medically necessary.

Note: The Benefits Charts on the preceding pages are only a summary of benefits provided by each plan in the Healthy Families Program. These summaries are for information only. This is not a contract. For exact terms and conditions of the benefits, provisions, exclusions, and limitations for each plan, refer to the Evidence of Coverage booklet or Certificate of Insurance available from each plan. Call the phone number listed on each plan's description page.

Selecting Insurance Plans

Healthy Families gives you a choice of health, dental, and vision insurance plans. See the Insurance Plans by County and Premium section on page 41 in this handbook for more information.

You can choose from any insurance plan available in the county where your children live. Sometimes, a plan may reach the maximum number of subscribers in a county and will not accept new subscribers. All children in one household must be enrolled in the same health, dental, and vision plans.

In general, the benefits are the same in all the Healthy Families plans, but each insurance plan administers its benefits differently. Pages 91-102 of this handbook answer questions about each insurance plan. These pages help you to compare and choose the insurance plans that are best for your family.

For more information about plan benefits, refer to the plan's Evidence of Coverage (EOC) or Certificate of Insurance (COI) Booklet. You can request an EOC or COI Booklet by calling the insurance plan at the telephone number listed on pages 145-179.

All children in the household must be enrolled in the same plans.

How do I choose the best plans for my children?

This is a decision you must make. Here are some questions that may help you:

- *Which insurance plans are available in my county?* See the Insurance Plans by County and Premium section beginning on page 41 of this handbook.
- *Which insurance plans do my doctor and dentist participate in?* Call the doctor or dentist directly, or call Healthy Families toll-free at 1-800-880-5305, 8 a.m. to 8 p.m., Monday-Friday, and Saturday from 8 a.m. to 5 p.m. for information on doctors or dentists in your area. Or, search for providers by name or by insurance plan on our web site ***www.healthyfamilies.ca.gov***.

Remember: If you do not choose a plan, Healthy Families will select one for you.

- *How do I find out which of the insurance plans I am considering has the best customer service?* Call the insurance plans and talk to them directly. For phone numbers, see the Individual Plan Descriptions section, beginning on page 145 of this handbook.
- *How do I find out what other families think about the plans?* Review the Plan Quality Comparison Guide on pages 119-140 for information about what families think about their health and dental plans.

Is there a special plan available if my family is Native American Indian or if my family moves with my seasonal job?

Yes. There is a special insurance plan called the "Special Population Plan," which offers health, dental, and vision coverage for Native American Indians. This special insurance is also available to families employed in seasonal or migrant jobs in agriculture, fishery, or forestry.

This plan combination is available statewide. The plans participating in the statewide plan combination are Anthem Blue Cross EPO, Delta Dental, and VSP. This special plan combination allows families to keep the same plans even if they move around the state due to seasonal jobs.

If you are now, or have been a seasonal or migrant worker in the last 24 months, employed in agriculture, forestry, or fishery, turn to page 89 to find the combination code for the county you live in. If you are Native American Indian, you can also choose this combination even if you are not a seasonal or migrant worker.

Write the code on the application where it asks you for your plan selection.

How do I choose a Primary Care Physician (PCP) or a Primary Care Dentist (PCD)?

You can choose a PCP and a PCD for your family on the application. In many cases, you may continue to see your current doctor and dentist.

Call Healthy Families at 1-800-880-5305 to request a list of PCPs and PCDs in your area. Check the list to find out if you can keep your current PCP and PCD or to find a doctor and dentist who:

- Speaks your language; ***and***
- Is near your home and easy to get to.

Your children will become members of the insurance plans you choose. Your children's doctor and dentist must be part of the insurance plans you choose.

What if I do not choose a PCP or PCD on my application?

Most health and dental insurance plans require members to have a PCP or PCD. When an insurance plan requires a PCP or PCD to be chosen, and you do not choose one on your application, the insurance plan will assign a PCP or PCD for each child. The insurance plan may call you to assist you in selecting one.

How do I change to a different PCP or PCD?

Each insurance plan has its own rules for how to change and how often a member is allowed to change PCPs or PCDs. See pages 91-102 in this handbook for information.

How will my family receive vision benefits?

See Insurance Plans by County and Premium on page 41 in this handbook. There you can choose a vision plan that is available in your county.

See pages 177-179 to read about the vision plans and how to contact them.

How do I choose a Primary Eye Doctor (PED)?

You can choose a PED for your children on the application. In many cases, you may continue to see your current eye doctor.

Call Healthy Families at 1-800-880-5305 to request a list of PEDs in your area. Check the list to find out if you can keep your current PED or to find an eye doctor who:

- Speaks your language; and
- Is near your home and easy to get to.

Your children will become members of the vision plan you choose. Your children's eye doctor must be a part of the vision plan you choose.

Resolving Disputes

Do all health plans resolve health care disputes in the same way?

No. Each plan has its own rules for resolving disputes about the delivery of services and other matters. Some plans say you must use binding arbitration for disputes; others do not. Some plans say that claims for malpractice must be decided by binding arbitration; others do not. If the plan you choose requires binding arbitration, you are giving up your right to a jury trail and cannot have the dispute decided in court. See pages 91-102 of this handbook to find out how a plan resolves disputes.

What are the citizenship and immigration requirements for the Healthy Families Program?

All children applying for Healthy Families must be U.S. citizens, U.S. non-citizen nationals, or eligible qualified immigrants. Questions about citizenship and immigration are asked for each child applying for Healthy Families.

Who is considered an eligible qualified immigrant?

The following is a list of qualified immigrant statuses and the papers we need from you as proof of your child's status with the U.S. Citizenship and Immigration Services (CIS), formerly the Immigration and Naturalization Service (INS).

If the immigration papers for statuses 1 through 4 are dated within the last 5 years, but the legal date of entry was before that date, please also send the document that shows the earlier date of entry. If the child entered the U.S. within the last 5 years, the child is eligible for Healthy Families, if all other requirements are met.

1. *An alien lawfully admitted for permanent residence* under the Immigration and Nationality Act (INA) must submit a copy of CIS form I-551; or an I-94 with a current I-551 stamp, or a foreign passport with a current I-551 stamp; ***or***
2. *An alien granted conditional entry* pursuant to Section 203(a)(7) of the INA must send a copy of CIS form I-94 with a stamp showing admission under 203(a)7 of the INA or CIS form I-688B showing admission under "274a.12(a)(3)"; ***or***
3. *An alien paroled into the U.S.* under Section 212(d)(5) of the INA for at least one year must send a copy of CIS form I-94 showing admission for at least one year under section 212(d)(5) of the INA; or a notice, or court order from an immigration Judge granting parole for at least one year; ***or***
4. *An alien with the appropriate immigration status* who (or whose child or parent) has been battered or subjected to extreme cruelty in the U.S. and there is a substantial connection between the battery or extreme cruelty and the need for the benefits, and who no longer resides in the household of the batterer, must send a copy of the approved CIS form I-130 or approved CIS form 360 petition filed under the Violence Against Women Act (VAWA), or CIS form I-797 indicating filing of the I-360 petition.

The following groups of immigrants do not have restrictions on the date of entry:

5. *An alien granted asylum* under Section 208 of the INA must send a copy of CIS form I-94 showing grant of asylum under section 208 of the INA; or CIS form I-688B under section "274a.12(a)(5)"; or CIS form I-766 with the code "05," or a grant letter from the asylum office of the CIS; or an order from an Immigration Judge granting asylum; ***or***
6. *A refugee admitted to the U.S.* under Section 207 of the INA must send a copy of form I-94 showing admission as a Refugee under section 207 of the INA, or CIS form I-688B under section 274a.12(a)(3), or CIS form I-766 with the code "A3," or CIS form I-551 with the code "RE" or CIS form I-571, Refugee Travel Document; ***or***
7. *An alien whose deportation is being withheld* by order of an immigration judge under section 243(h) of the INA as in effect prior to April 1, 1997, or whose removal is being withheld under Section 241(b)(3) of the INA must send a copy of CIS form I-688B with the code "274a.12(a)(10)," or CIS form I-766 with the code "A10"; ***or***
8. *An alien who is a Cuban or Haitian entrant* as defined in Section 501(e) of the Refugee Education Assistance Act of 1980 must send a copy of CIS form I-551 with the codes CU6, CU7 or CH6; or a current I-551 stamp with the codes CU6 or CU7 on the CIS form I-94; or a current I-551 stamp on a foreign passport with the codes CU6 or CU7; or a CIS form I-94 with a stamp showing parole as a "Cuban/ Haitian entrant" under section 212(d)(50) of the INA; ***or***
9. *Qualified aliens lawfully residing in any state who are honorably discharged veterans* who fulfill minimum active duty service requirements, or who are on non-training active duty in the U.S. armed forces, must send a copy of DD form 214 or a copy of their military identification card if on active duty, or a copy of current military orders; ***or***

(continued)

10. *The spouse or unmarried dependent or the unmarried surviving spouse* whose marriage satisfies the requirements of 38 U.S.C. 1304 of those veterans or persons on active duty described in the previous sentence, must send a copy of a current military identification card to establish marital relationship to the veteran, or parent-child relationship to the veteran; ***or***
11. *An Amerasian immigrant admitted to the U.S.* pursuant to Section 584 of the Foreign Operations, Export Financing, and Related Programs Appropriations Act of 1988 as described in Section 1612(a)(2)(A)(1)(V) of Title 8 of the United States Code must send a copy of CIS form I-551 with the code AM6, AM7, or AM8. A current temporary I-551 stamp in a foreign passport with the code AM1, AM2 or AM3; or CIS form I-94 with the codes AM1, AM2 or AM3.

When must papers be submitted?

You have two months from the date of enrollment to provide proof of citizenship or immigration status papers.

If a child is disenrolled because you did not submit the necessary papers, you can reapply again but you must submit copies of the birth certificate, certificate of naturalization, U.S. passport, or CIS documents at the time you reapply.

If you have questions about acceptable papers, ***call 1-800-880-5305.*** The call is free.

Changes of Address, Income or Family Size

How do I report a change of address?

To report a change, ***call 1-866-848-9166.*** You can call between 8 a.m. and 8 p.m., Monday through Friday, and Saturday from 8 a.m. to 5 p.m.

Or write to:

Healthy Families Program
Attn: Address Change
P.O. Box 138005
Sacramento, CA 95813-8005

Make sure that Healthy Families has your correct mailing address and the correct home address of your children enrolled in the program. You must notify Healthy Families within 30 days if you have a change of address because your children may need to transfer to a different health, dental, or vision plan.

If my income or family size changes, do I submit new information?

You do not have to submit new information until the Annual Eligibility Review (AER), or when you add a person. Once children qualify, they are covered for a 12-month period (one year). Children may lose Healthy Families coverage before the 12 month period when they turn 19, if you do not pay premiums for 2 months in a row, or you request the coverage to end.

If your family income decreases at any time before your AER and you would like us to re-evaluate your child's eligibility or to see if your premiums can be lowered, ***call 1-866-848-9166 and ask for a Premium Re-evaluation Form.*** This form is also available for you to print and mail at www.healthyfamilies.ca.gov.

Changes in your income or family size may impact your children's future eligibility for Healthy Families. If your income falls below Healthy Families guidelines, your children may be eligible for free health coverage through the no-cost Medi-Cal program.

Annual Eligibility Review (AER)

What is the Annual Eligibility Review (AER)?

Each year you will be asked to renew your child's coverage for Healthy Families. We will notify you by mail of the Annual Eligibility Review process.

You will receive a notice about 60 calendar days before the end of your family's anniversary date in Healthy Families. In the notice, we will ask you to verify your family size and income.

We must receive your AER Form and income papers by the due date on the packet. If the child still qualifies for the program, coverage will continue for another 12 months.

Each time you add a new child in the program, you requalify all your children who are already enrolled in Healthy Families for another 12 months.

The eligibility review date for your children will be 12 months from the date the last child is enrolled.

The monthly premium will be recalculated. The new premium may change depending on the household income.

What if my income is lower?

If your child does not requalify for the program during AER because your household income is below the program's guidelines, Healthy Families will forward your AER form to Medi-Cal. Your child may receive free temporary health coverage from Medi-Cal. If your child qualifies, you child's free temporary Medi-Cal coverage will continue until Medi-Cal makes a final decision.

How do I keep my children's coverage in Healthy Families?

Sometimes children are disenrolled (taken out of the program). When this happens, they will lose their health, dental, and vision coverage. Here are ways to keep your child's coverage in Healthy Families:

- Send us papers requested when they are due, including birth certificates or papers from the Citizenship and Immigration Services (CIS), formerly Immigration and Naturalization Service (INS).
- Make sure the declarations you made about your child's eligibility are correct.
- Pay your total monthly premium every month.
- Send us all the information we ask for with your children's Annual Eligibility Review Form.
- Return your Annual Eligibility Review Form by the due date.

YOUR CHILDREN WILL BE DISENROLLED (TAKEN OUT OF THE PROGRAM) IF:

- At your Annual Eligibility Review, your children are not eligible for Healthy Families anymore. For example, your income might be higher or lower than Healthy Families guidelines. If it is lower, your child may qualify for no-cost Medi-Cal.
- At your Annual Eligibility Review, your child is enrolled in no-cost Medi-Cal or has health insurance through someone's job. A child who had health insurance through someone's job in the last 3 months may not qualify for Healthy Families.
- You wrote a letter to Healthy Families asking to end the coverage.
- You did not pay your total monthly premium for 2 months in a row.
- You did not return papers that we asked for by the due date. For example, the Annual Eligibility Review Form and income papers.
- Also, a child is disenrolled when he/she turns 19 years old. Coverage ends the last day of the month when he/she turns 19.

You will receive a written disenrollment notice before the health, dental, and vision coverage ends for a child.

The letter gives the reason and the date of the disenrollment. If you disagree with the decision, see the Appeals Process Section on page 33 in this handbook.

How do I re-enroll my child in Healthy Families?

If your child is disenrolled, you must complete the Re-Enrollment Form and mail it in within 60 days of the disenrollment.

If you join Healthy Families again, you must pay any past due premiums that you owed during the last 12 months before re-joining.

For information about any required payment for re-enrollment or to request a Re-Enrollment Form or an application, please call 1-866-848-9166 or download the form from our web site at ***www.healthyfamilies.ca.gov***.

You will need to send proof of income and deductions with your completed application or Re-Enrollment Form . You must also pay any past due premiums that you owe when you apply. Call Healthy Families at 1-866-848-9166 to find out if you have past due premiums. Healthy Families will let you know how much money to send with your application or Re-Enrollment Form.

Can someone pay my monthly premiums?

Yes. A Family Contribution Sponsor is a person or entity who is registered with Healthy Families and who pays a family's premiums on behalf of an applicant for 12 months in a row in the program. For more information about Sponsorship and to register as a sponsor, go to the Sponsorship section of our web site: ***www.healthyfamilies.ca.gov***.

What are Health Insurance Portability and Accountability Act (HIPAA) notices?

Healthy Families is considered "creditable" coverage under HIPAA for purposes of qualifying your child for other health insurance coverage after you leave Healthy Families. This is important when your child has a pre-existing health condition, and you are moving from Healthy Families to a new health insurance plan. In these cases, if your child had 18 months of coverage in Healthy Families, it may cancel any pre-existing condition exclusions or waiting periods of the new health insurance plan. Within 10 days of disenrollment, Healthy Families will send you a HIPAA notice. This notice lists your child's eligible months of creditable coverage while enrolled in the program.

If you have questions, call ***1-866-848-9166***, between 8 a.m.

and 8 p.m., Monday through Friday, and Saturday from 8 a.m. to 5 p.m. The call is free.

How can I transfer from one plan to another?

You can request a transfer for your child from one health, dental, or vision plan to another. Transfers will be allowed if:

- You request a health, dental, or vision plan transfer, one time for any reason, within the first 3 months from the original start date of coverage in the program; ***or***
- Your child moves out of the area served by the current insurance plan and at least one other insurance plan serves the area where the child lives; ***or***
- You request a health, dental, or vision plan transfer, one time for any reason, within the first 30 days of the start date of coverage in a new plan following Open Enrollment; ***or***
- Healthy Families does not renew the contract with the insurance plan where the child lives, or the contract is canceled.

Contact Healthy Families by phone, mail, or fax to request a plan transfer.

- Call us at **1-866-848-9166** to tell us your new plan choice. (The call is free.)
- Or, write your plan choice and your Family Member Number on a piece of paper and mail the paper to:

  Healthy Families Program
  P.O. Box 138005
  Sacramento, CA 95813-8005
- Or, fax the paper to:
  1-866-848-4974
  (The fax number is free.)

A transfer will also be allowed if you cannot establish a good relationship with your plan and the Executive Director of the Managed Risk Medical Insurance Board determines that the transfer is in the best interest of the child and the Program. This type of transfer request must be in writing. Write your Family Member Number on each paper you send and mail this type of transfer request to:

Managed Risk Medical Insurance Board (MRMIB)
PO Box 2769
Sacramento, CA 95812-2769

Or, fax your request to:
1-916-327-9661

Note: All transfer requests must be for one of the reasons in this list. If your reason for requesting a transfer is not one of the above, you must wait for the annual Open Enrollment. For more information about Open Enrollment, *see page 32.*

Transfers / Open Enrollment Period

Plan transfers will begin on the first day of a given month, within 40 days from the date the transfer is approved. Subscribers in inpatient facilities at the time of the scheduled date of transfer will be transferred to the new plans on the first day of the month after completion of their inpatient stay.

Monthly premium. When transfers between health plans occur, the monthly premium will be recalculated. The new premium may be higher or lower, depending on the new plan chosen. Healthy Families will notify the applicant in writing if there is a change in the monthly premium amount. A plan transfer will not change the premium amount paid by a sponsor.

When will Healthy Families ask you to choose a new plan?

If Healthy Families learns that your child no longer lives in an area served by your chosen health, dental, or vision plans, Healthy Families will notify you in writing to choose new plans.

If you do not choose new plans within 30 days from the date of the written notice, Healthy Families will enroll your child in the Community Provider Plan in your new area, if one is available.

Healthy Families will choose the dental or vision plan for you if there is more than one dental or vision plan in your area.

What is the Annual Open Enrollment period?

Each year you can choose a new health, dental, and/or vision insurance plan for your child. This process is called "Open Enrollment." It is held from April 15th to May 31st of each year. Healthy Families will mail you information in early April. This information will describe the Open Enrollment process. If you choose new insurance plans during Open Enrollment, all children in the household will be transferred to the new insurance plans. Coverage in the new plan will start on July 1st.

How do I enroll my other children who are not in Healthy Families into the program?

Call 1-866-848-9166 to request an Add a Person Form. You can call between 8 a.m. and 8 p.m., Monday through Friday, and Saturday from 8 a.m. to 5 p.m. The call is free.

Or, you can download an Add a Person Form from our web site at ***www.healthyfamilies.ca.gov*** .

If the child does not qualify for Healthy Families because your income is below Healthy Families guidelines, we will forward the Add a Person Form

to the Department of Social Services in your county to see if the child qualifies for no-cost Medi-Cal. This will happen if you give Healthy Families permission to send your information to Medi-Cal.

What types of decisions can I appeal?

You can file an appeal if you believe an eligibility, start date, or disenrollment decision was made incorrectly by Healthy Families. To "file an appeal" means to ask the program to reconsider a decision it has made about your child's eligibility.

The appeals process includes three separate levels of review:

First level appeal: This appeal must be filed within 60 days from the date of the decision letter. This process requires a written appeal from the applicant or authorized representative. The disagreement must be about eligibility (i.e. denial), disenrollment, or the start date of coverage decision made by Healthy Families.

Healthy Families will review and respond to your appeal in writing within 30 days. Send your first level appeal to:

Healthy Families
Attn: Appeals Department
PO Box 138005
Sacramento, CA 95813-8005

The postmark on the envelope or the date a fax is sent will be considered the filing date. Appeals filed after the deadline will be treated as program review requests.

To file an appeal, complete the form included with the decision letter.

Whether you use our form or write your own letter, you must do the following when you file your request for a first level appeal:

- Send us a copy of the written notice or tell us which decision you disagree with; ***and***
- Explain why you think our decision is wrong. If you think we made a mistake about the facts of your case, please tell us. If you think we made an incorrect decision about a program rule, such as a law or regulation or other written policy, please tell us; ***and***
- Tell us how you want this appeal to be resolved (what you want us to do); ***and***
- Give us any other information you want us to consider; ***and***
- Be sure to include your Family Member Number on each paper you send to Healthy Families.

Second level appeal: If you disagree with the Healthy Families decision of the first level appeal, you can file a second level appeal with the Executive Director of the Managed Risk Medical Insurance Board (MRMIB). MRMIB is the agency that oversees Healthy Families. File your second level appeal within 30 days from the date of the first appeal decision letter. Second level appeals are written appeals from an applicant or authorized representative about the decision on the first level appeal. Mail your second level appeal to:

Executive Director
Managed Risk Medical Insurance Board (MRMIB)
PO Box 2769
Sacramento, CA 95812-2769

You may also fax your appeal to 1-916-327-6560.

Your appeal will be reviewed and a response will be sent in writing.

Third level administrative hearing: If you disagree with the decision of the MRMIB Executive Director, you have the right to request an administrative hearing. You will have 30 days from the date of the MRMIB Executive Director's decision letter to request an administrative hearing. The notice from MRMIB will contain all the information that you will need to file a request for an administrative hearing. You will be notified in writing of the date, time, and place of the administrative hearing.

Program Reviews: In addition to the appeals process, the program accepts "program reviews." Program Reviews are informal reviews of issues, such as new income documentation, billing questions, account balances, and other complaints and questions that are not formal appeals or do not meet the appeal deadlines.

Can I request continued coverage for my child until a decision on my appeal is made?

If you appeal the disenrollment decision before the disenrollment date, your child will receive Continued Enrollment (CE). CE means that your child will continue to be enrolled in Healthy Families until a decision is made on your first level appeal. Healthy Families must receive your written request for CE before the disenrollment date. Healthy Families cannot review appeals over the phone.

You can use the Continued Enrollment Form that is included with the disenrollment notice to file your appeal or write us a letter. You can also download a Continued Enrollment Form from our web site at ***www.healthyfamilies.ca.gov*** **.**

Mail your appeal to:

Healthy Families
Attn: Review Unit
P.O. Box 138005
Sacramento, CA 95813-8005

You can also fax your appeal to 1-866-848-4974.

Can I appeal a health, dental or vision plan decision?

If you are unhappy with something your health, dental, or vision plan did (or did not do), you must resolve your problems with the plan based on policies and procedures. Your child will not be dropped from the plan or suffer a penalty if you do this. The procedures are listed in the Evidence of Coverage (EOC) or Certificate of Insurance (COI) Booklet. You will receive these booklets from your child's health, dental, and vision plans. You may review these documents prior to selecting an insurance plan. Call the plans directly and ask for a copy.

If you are unable to resolve your dispute with the plans, and your insurance plan is licensed by the state, contact the state government agency, Department of Managed Health Care, or Department of Insurance which licenses the insurance plan. The number is in the EOC or COI Booklet.

Note: Enrollment in many health insurance plans requires that you waive your right to a jury trial and agree to have some or all claims or disagreements decided by binding arbitration. This requirement may include malpractice issues. See pages 91-102 in this handbook for information on which plans require binding arbitration.

Americans with Disabilities Act of 1990

The contractors utilize the California Relay Service to communicate with hearing impaired individuals as needed. All services are provided at no cost. The number is 1-800-735-2929. This is a free call.

Section 504 of the Rehabilitation Act of 1973 states that no qualified disabled person shall, on the basis of disability, be excluded from participation in, be denied the benefits of, or otherwise be subjected to discrimination under any program or activity which receives or benefits from federal financial assistance.

The Americans with Disabilities Act of 1990 (ADA) prohibits the Managed Risk Medical Insurance Board (MRMIB) and its contractors from discriminating on the basis of disability. The Act protects its applicants and enrollees with disabilities in program services. It also requires MRMIB to make reasonable accommodations to applicants and enrollees.

The Managed Risk Medical Insurance Board has designated an ADA Coordinator. This person will carry out its responsibilities under the Act. If you have questions or concerns about ADA compliance by MRMIB or its contractors, contact the Coordinator at:

ADA Coordinator
Managed Risk Medical Insurance Board
PO Box 2769
Sacramento, CA 95812-2769

1-916-324-4695

The hearing impaired can contact the ADA Coordinator through the California Relay Service at 1-800-735-2929.

Healthy Families Program Privacy Notification

This notice describes how medical information about you may be used and disclosed and how you can get access to this information. Please review it carefully.

When you apply for Healthy Families, the information you provide in the application is reviewed by a private contractor hired by the State of California to assist in the administration of the program. The contractor evaluates whether your family may be eligible for the Healthy Families and Medi-Cal programs. The contractor and the State will use this information for administration and evaluation of the program and for necessary purposes authorized by law.

If members of your family appear to be eligible for no-cost Medi-Cal and you give permission to share your information with Medi-Cal, then the information you supply with your application will be forwarded to the Department of Social Services where you live. Department of Social Services will see if your child qualifies for the no-cost Medi-Cal program.

Uses and disclosures that are not part of the operations of the program will only be made with the applicant's written authorization, which can also be later revoked through a letter from the applicant.

Healthy Families Program Privacy Notification

Your rights regarding how your personal information is used

You have the right to request Healthy Families to restrict the use of your personal information. However, the program may not agree to restrictions if it would prevent its normal operations. You also have the right to get a copy or request to change the personal information you provided to Healthy Families, as long as the program retains such information. You have the right to get an accounting of how your personal information was disclosed, other than the use of your information by Healthy Families to carry out the operations of the program.

Healthy Families is required by law to maintain the privacy of the information you provide in your application, to inform you of its privacy practices, and to abide by the terms of this notice, which became effective July 1, 2002. Healthy Families may revise the privacy practices described here and will notify program subscribers in updated program handbooks or through direct mailed notices within 60 days of such revision.

You may contact Healthy Families if you believe your privacy rights have been violated by contacting:

Privacy Officer
Healthy Families Program
Managed Risk Medical Insurance Board
PO Box 2769
Sacramento, CA 95812-2769

1-916-324-4695

Information provided by other state and federal departments may be used by Healthy Families. Other departments provide income and health care information to Healthy Families. Healthy Families only uses the information to see if your children qualify for Healthy Families. Healthy Families will not share your application information with state, local, or federal tax authorities and agencies.

Notes

Healthy Families Program Premium Chart

To determine your child's premium:

- On the chart below, locate your family size and net income column to find your income Category A, B or C.
- Find your county of residences and turn to that page.
- Choose your insurance plan, and find your insurance premium Category A, B, or C.

If your coverage is below Category A, your children may be eligible for free coverage through the Med-Cal Program.

Family Size (number of persons)	**Category A**	**Category B**	**Category C**
1	$904 - $1355	$1,355.01 - $1,805	$1,805.01 - $2,257
2	$1,216 - $1,822	$1,822.01 - $2,429	$2,429.01 - $3,036
3	$1,527 - $2,290	$2,290.01 - $3,052	$3,052.01 - $3,815
4	$1,839 - $2,757	$2,757.01 - $3,675	$3,675.01 - $4,594
5	$2,151 - $3,225	$3,225.01 - $4,299	$4,299.01 - $5,373
6	$2,462 - $3,692	$3,692.01 - $4,922	$4,922.01 - $6,153
7	$2,774 - $4,159	$4,159.01 - $5,545	$5,545.01 - $6,932
8	$3,086 - $4,627	$4,627.01 - $6,169	$6,169.01 - $7,711