HEALTH SERVICES & HEALTH COVERAGE RESOURCES FOR CHILDREN & TEENAGERS IN LA COUNTY

FREE & LOW-COST HEALTH SERVICES FOR KIDS & TEENS	CONTACT	NOTES ON ELIGIBILITY / REQUIREMENTS
CALIFORNIA CHILDREN'S SERVICES (CCS) Diagnostic and treatment services Medical case management Physical and occupational therapy services	Toll-free: 1-800-288-4584 Website: publichealth.lacounty.gov/c ms/ccs.htm	AGES 0-20 LA County Resident CCS eligible condition (physical disability or medical condition) Child has Medi-Cal or Healthy Families; Family's adjusted gross income is less than \$40,000
CHILD HEALTH AND DISABILITY PREVENTION (CHDP) Assists families with medical appointment scheduling, transportation, and access to diagnostic/treatment services Physical examinations Oral health Nutritional, behavioral assessments Immunizations Vision and hearing screenings Lab tests Health education and guidance	Toll-Free: 1-800-993-2437 Email: CHDP@ph.lacounty.gov	AGES 0-18 without full-scope* Medi-Cal, but income eligible AGES 0-21 with full-scope*, no share-of-cost Medi-Cal *Full-scope Medi-Cal includes emergency health care, medical, dental, mental health, family planning, vision (eye) care; covers treatments for alcohol and drug use, medicine your doctor orders
COACH FOR KIDS (PEDIATRIC MOBILE CLINIC) Connections to a medical, dental, vision provider Physical examinations (ages 0-18) Immunizations, including childhood, pediatric/adult flu and COVID-19 Pediatric hearing and vision screenings Pediatric laboratory testing Tuberculosis screenings for children and adults Crisis intervention	Request an appointment: 1-888-9-COACH-9	AGES 0-18 Children with no private insurance
ST. JOHN'S COMMUNITY HEALTH Annual Exams and Checkups Immunizations and free vaccine program School physicals Hearing screenings for babies and toddlers Pediatric weight management Childhood Development assessment and support Parenting classes	Schedule an appointment: 1-323-541-1411 Website: www.sjch.org	Anyone is eligible to receive services (i.e., low-income, underinsured, and uninsured)
LOS ANGELES UNIFIED SCHOOL DISTRICT STUDENT MEDICAL SERVICES Physical exams Child Health and Disability Prevention (CHDP) services Immunization Nutrition assessment and counseling Primary care visits Reproductive health care Vision services	Request an appointment: 1-213-202-7590	LAUSD students and their siblings AGES 0-18 Special Education students AGES 0-22





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MEDI-CAL FOR KIDS ENROLLMENT ASSISTANCE	CONTACT	NOTES ON ELIGIBILITY / REQUIREMENTS			
COVERED CALIFORNIA Help with applying for Medi-Cal coverage Discounted health insurance plans	Toll-free: 1-800-300-1506 Website: www.coveredca.com				
BENEFITSCAL Application for Medi-Cal, CalFresh, and CalWORKS	Website: www.benefitscal.com				
HEALTHNET Help with Medi-Cal enrollment LA CARE Help with Medi-Cal enrollment LA COUNTY DEPARTMENT OF PUBLIC SOCIAL SERVICES CUSTOMER SERVICE CENTER Help with Medi-Cal, CalFresh, CalWORKS, and general relief application	1-866-613-3777 LA County:	AGES 0-18 Below 138% Federal Poverty Level (FPL)* *see attached for FPL chart			
	1-626-569-1399 1-310-258-7400 1-818-701-8200 Website: www.dpss.lacounty.gov				
MATERNAL & CHILD HEALTH ACCESS (MCHA) Help with Medi-Cal and other low-cost health care coverage LA County health services referral	Call: 1-213-749-4261 Website: www.mchaccess.org				

INFORMATIONAL RESOURCES	CONTACT
2-1-1 LA COUNTY	Toll-free:
Information on Health and Social Services	2-1-1
(Veterans, Disability, LGBTQ, Immigration,	
Transportation, etc.)	Website:
	www.211la.org
ONE DEGREE	Website:
Information and services regarding healh	www.1degree.org
and human services, housing, and	
educational services	





Program Eligibility by Federal Poverty Level for 2023

Your financial help and whether you qualify for various Covered California or Medi-Cal programs depends on your income,

based on the Federal Poverty Level (FPL).

				Federal Premium Tax Credit*					Tax credit continues beyond 400		
	SEE NOTE BELOW FOR INCOMES IN			American Indian / Alaska Native (AIAN) Zero Cost Sharing (100%-300%)					AIAN Limited Cost Sharing (over 300%)		
LIFORNIA		THIST	ANGE	Silver 94 (100%-150%)	Silver 87 (>150%-200%)	Silver (>200%-2					
% FPL	0%	100%	138%	150%	200%	213%	250%	266%	300%	322%	400%*
1	\$0	\$13,590	\$20,121	\$20,385	\$27,180	\$31,056	\$33,975	\$38,783	\$40,770	\$46,948	\$54,360
2	\$0	\$18,310	\$27,214	\$27,465	\$36,620	\$42,004	\$45,775	\$52,456	\$54,930	\$63,499	\$73,240
3	\$0	\$23,030	\$34,307	\$34,545	\$46,060	\$52,952	\$57,575	\$66,128	\$69,090	\$80,050	\$92,120
4 5 6	\$0	\$27,750	\$41,400	\$41,625	\$55,500	\$63,900	\$69,375	\$79,800	\$83,250	\$96,600	\$111,000
5	\$0	\$32,470	\$48,494	\$48,705	\$64,940	\$74,849	\$81,175	\$93,473	\$97,410	\$113,151	\$129,880
6	\$0	\$37,190	\$55,587	\$55,785	\$74,380	\$85,797	\$92,975	\$107,145	\$111,570	\$129,702	\$148,760
7	\$0	\$41,910	\$62,680	\$62,865	\$83,820	\$96,745	\$104,775	\$120,818	\$125,730	\$146,253	\$167,640
8	\$0	\$46,630	\$69,773	\$69,945	\$93,260	\$107,693	\$116,575	\$134,490	\$139,890	\$162,804	\$186,520
add'l, add	\$0	\$4,720	\$7,094	\$7,080	\$9,440	\$10,949	\$11,800	\$13,673	\$14,160	\$16,551	\$18,880
HCS	Medi-Cal for Adults			Medi-Cal for Pregnant Women				Medi-Cal Access Program (for Pregnant Women)			
The Department of Care Services					i-Cal for Kids 0-18 Yrs.)				San Mateo, a	n Francisco, nd Santa Clara esidents)	

Note: Most consumers up to 138% FPL will be eligible for Medi-Cal. If ineligible for Medi-Cal, consumers may qualify for a Covered California health plan with financial help including: federal premium tax credit, Silver (94, 87, 73) plans and Zero Cost Sharing and Limited Cost Sharing AIAN plans.

Silver 94, 87 and 73 plans provide lower deductibles, co-pays, and out-of-pocket maximum costs.

* Consumers at 400% FPL or higher may receive a federal premium tax credit to lower their premium to a maximum of 8.5 percent of their income based on the second-lowest-cost Silver plan in their area. See the chart on page 2 for more information.

The cost of your Covered California premium is based on your household's Federal Poverty Level percentage and the cost of the plans available where you live.

Percentage of income paid for premiums, based on household FPL Based on second-lowest-cost Silver plan				
Household FPL Percentage	Percent of Income			
0-150% FPL	0% household income			
150-200% FPL	0-2% household income			
200-250% FPL	2-4% household income			
250-300% FPL	4-6% household income			
300-400% FPL	6-8.5% household income			
400+% FPL	8.5% household income			



Covered California Programs

The unshaded column headings are associated with eligibility ranges for Covered California programs and financial help: Covered California uses FPL limits from the previous year to determine eligibility for its programs.

Federal Premium Tax Credit	100%-400%+ FPL
Silver 94	100%-150% FPL
Silver 87	over 150%-200% FPL
Silver 73	over 200%-250% FPL
AIAN Zero Cost Sharing	100%-300% FPL
AIAN Limited Cost Sharing	over 300% FPL



The column headings shaded in purple are associated with eligibility ranges for Medi-Cal programs: Medi-Cal uses FPL limits for the current year, <u>as calculated by the</u>

<u>Department of Health Care Services</u>, to determine eligibility for its programs.

Medi-Cal for Adults	up to 138% FPL
Medi-Cal for Children	up to 266% FPL
Medi-Cal for Pregnant Women	up to 213% FPL
MCAP (for Pregnant Individuals)	over 213%-322% FPL
CCHIP (for Children in San Mateo, San	over 266%-322% FPL
Francisco, and Santa Clara counties)	