



Families with Medi-Cal and Covered California Eligibility

1. Why are some of my family members eligible for Medi-Cal and others eligible for a health plan through Covered California?

There are many ways to qualify for Medi-Cal and many different income requirements. Families may find that some household members qualify for Medi-Cal while other family members qualify for Covered California, possibly with premium assistance and cost-sharing subsidies. These two-program families are called “*mixed-program families*.”

In particular, there will be many families with the parents eligible for premium assistance and/or cost-sharing subsidies through Covered California and the children eligible for Medi-Cal. This is because children are eligible for Medi-Cal at significantly higher income levels than adults – 266% of the Federal Poverty Level (FPL) for children compared to 138% for most adults ages 19-64.

Covered California and Medi-Cal are committed to making enrollment and retention as simple as possible for mixed-program families. If you have any questions please contact your local County Welfare Office [here](#) or call Covered California at 1-800-300-1506.

2. I am eligible for Covered California, but my children are eligible for Medi-Cal, how much will our family’s health insurance premiums cost?

Individuals in a mixed-program family will face different, but typically lower, costs due to their eligibility for both Covered California and Medi-Cal. Covered California health plans require payment of premiums and other costs such as co-pays and coinsurance, while Medi-Cal can provide health coverage at low- to no-cost.

Scenario 1 -- For example, a 45-year old mother, Diane, has one dependent child (under age 19) and projects her yearly household income for 2014 to be \$40,000 (or approximately 260% of the Federal Poverty Level). Diane lives in El Dorado Hills (95762). Diane selects the lowest premium Silver-level plan for herself and a Medi-Cal plan for her child, bringing her total premium for herself and child to \$287 per month.

- Diane: will be eligible for a Covered California health plan with premium assistance (to help lower her monthly premium payment). The lowest premium Silver-level health plan for Diane is \$274, after applying the \$104 of premium assistance her health plan will receive from the federal government each month. See the FAQ on Tax Credits for more information about premium assistance.

- Diane's Child: Diane's child (under the age of 19) will be eligible for low-cost Medi-Cal coverage. For Diane's zip code, her child may receive Medi-Cal coverage from Anthem Blue Cross, Kaiser Permanente or California Health & Wellness at \$13 per month.

3. If my family enrolls in Covered California and Medi-Cal, can we see the same doctors?

A family with some members enrolled in a Covered California health plan and other members enrolled in a Medi-Cal plan may be able to see the same doctors, depending on the health plans available in your family's zip code. If you can select the same health insurance company and the same health plan for those who have Medi-Cal and Covered California, it will be more likely that all family members can see the same doctor(s). However, the best way to ensure your family can see some of the same doctors would be to call the health plans you are considering to check on the network prior to selecting it.

4. Can a family enroll online even though some of the family members are eligible for Medi-Cal and others are eligible for Covered California?

Yes, Covered California and Medi-Cal have a streamlined application process. When a family fills out an application online at [CoveredCA.com](https://www.coveredca.com), the application will let the family know their individual members' status. If the family has some members conditionally eligible for Covered California and others conditionally eligible for Medi-Cal, it will say so at the end of the application. The family members who are conditionally eligible for Covered California may select their health plan online. The family members who are conditionally eligible for Medi-Cal will be contacted by their local county welfare office within 45 days of submitting the application.

5. What if a family does not want mixed health care coverage? How can all members of a family be on one plan?

If a family does not want to be enrolled in multiple programs, a family can decline Medi-Cal coverage and purchase coverage through Covered California. However, those family members who are eligible for Medi-Cal and decline it, cannot qualify for premium assistance or cost-sharing subsidies through Covered California, no matter what their yearly household income is.

The family should strongly consider the increased costs before opting out of Medi-Cal as Medi-Cal offers high quality health care for very low and sometimes no costs (see

Scenario 1, above). Families eligible for Medi-Cal may not be able to afford unsubsidized coverage and going without coverage may expose the family to financial risk. Individuals can view Medi-Cal plan options here:

<http://www.dhcs.ca.gov/individuals/pages/mmchealthplandir.aspx>

6. Can family members decline Medi-Cal and get subsidies with Covered California?

No, subsidies such as premium assistance and cost-sharing subsidies are not available for individuals who are Medi-Cal eligible, even if they decline Medi-Cal.

7. How can a family all become eligible for Medi-Cal?

Medi-Cal eligibility is based on income and other factors. An entire family is eligible for Medi-Cal only if all members of the household meet the Medi-Cal criteria. If a family wants assistance with determining Medi-Cal eligibility, they can call Covered California at 1-800-300-1506 or their local [County Medi-Cal eligibility office](#).

8. What happens to a mixed-program family if their income or family size changes?

If a family's size or income changes, they should notify Covered California within 30 days of the change. Eligibility for Medi-Cal and premium assistance in Covered California is based on income and family size. A change in a family's income or family size could affect eligibility in Medi-Cal or the amount of premium assistance available through Covered California.

9. What are the income levels at which a family becomes a mixed-program family?

Medi-Cal eligibility is based on income and other factors such as a child's age. The income levels for Medi-Cal differ for different ages. For example, children between the ages of 6 to 19 may be eligible for Medi-Cal if the family income is below 266% of the Federal Poverty Level. Most adults are eligible for Medi-Cal with income up to 138% FPL. Pregnant women and infants up to age 1 may be eligible for Medi-Cal with incomes up to 313% FPL.

There are also other ways, beyond just income, that individuals and families may be Medi-Cal eligible, such as being aged (over 65), blind or disabled.

If a family wants assistance with determining Medi-Cal eligibility, they should call their County Medi-Cal eligibility office or Covered California at 1-800-300-1506.

10. Where can I get help?

If an individual needs help applying for health insurance coverage through Covered California, they should call 1-800-300-1506 (TTY: 1-888-889-4500) for assistance. If they are seeking help in a language other than English, Covered California will provide the individual an interpreter.