

# Healthy Kids Program Application Insert

## Effective July 1, 2010



***Please replace instruction pages 1-3 with this insert.***

**HEALTHY KIDS** is a low-cost health, vision and dental insurance program for all children ages 0-18 who meet the eligibility requirements below. Membership is for twelve (12) months unless eligibility changes, premium payments are late or unpaid, or the program ends due to lack of funding.

If we do not receive member premium payments, we will contact the family to encourage participation. Families with children in the Healthy Kids 0-5 program may be eligible for premium assistance; we will discuss this option with the family. Participating child(ren) may be disenrolled if premium payments or premium arrangements are not made.

Families with more than one participating child in the Healthy Kids program for children ages 5 years old and under will only be responsible for premium payment for up to 2 children regardless of the number of children participating in the Healthy Kids 0-5 program. Families with more than one participating child in the Healthy Kids program for children ages 6-18 will only be responsible for premium payment for up to 3 children regardless of the number of children participating in the Healthy Kids 6-18 program.

Other program costs include those paid at the doctor's office, called co-payments. The co-payments for the Healthy Kids program range from \$0 to \$15 for services except for preventive services such as immunizations and regular check-ups which are covered at no charge to the member. There is a \$5 copayment for most services and prescriptions. The co-payment for emergency services is \$5 for children in the Healthy Kids 0-5 program and \$15 for children in the Healthy Kids 6-18 program. The Healthy Kids program limits the maximum amount for co-payments to \$250 per family per year.

### **WHO IS ELIGIBLE**

To be eligible for the Healthy Kids program, a child must be:

- Age 0-18
- Living at or below 300% of the Federal Poverty Level
- Living in Los Angeles County
- Ineligible for no-cost, full-scope Medi-Cal, Healthy Families, and Access for Infants and Mothers (AIM), and not covered by the Kaiser Permanente Child Health Plan
- Not covered by an employer-sponsored health insurance plan in the last three (3) months (See Section 2 for more information)

## WHAT IS NEEDED TO APPLY

Families interested in the Healthy Kids program need three things to apply:

1. Proof that they live in Los Angeles County (see page 4 of application)
2. Proof of income (see page 4 of application)
3. Completed and signed application

## WHAT TO EXPECT AFTER SUBMITTING THE APPLICATION

Once the application is completed with the help of an application assistor, the application will be submitted to L.A. Care along with any documents that may be available. L.A. Care will review the application and determine eligibility for the Healthy Kids program. After determining eligibility, the child(ren) will be enrolled in the Healthy Kids program and a welcome packet, which includes program information and an identification card, will be mailed to the family's home.

## SECTION 1

The person applying for the child must be a parent, legal guardian, step-parent or caretaker relative.

**Parent**—Biological or adoptive mother or father

**Step Parent**—Spouse of biological or adoptive mother or father

**Guardian**—Person legally responsible for the child

**Caretaker**—Biological family member who is not a parent

## SECTION 2

- Answer for each of the children in the family applying for the Healthy Kids program. Social Security numbers and ethnicity are not required. The name of the school and/or HeadStart program attended is also optional.
- If the family opts to provide the ethnicity, use the chart below to find the ethnic code number or letter.

Ethnic Codes		
1	White	A Amerasian
2	Hispanic	C Chinese
3	Black/African American	H Cambodian
4	Asian	J Japanese
5a	Native American Indian	K Korean
5b	Hispanic	M Samoan
7	Filipino	N Asian Indian
		P Hawaiian
		R Guamanian
		T Laotian
		V Vietnamese
		Z Other

- Include the name and code of the doctor/clinic and dentist selected for each child from the *Healthy Kids Provider Directory* and the *Safeguard Dental Provider Directory*.

### ***Employer Sponsored Coverage***

Children currently covered by insurance provided by their parents through their employer are not eligible for the Healthy Kids program. If the insurance coverage through an employer ends, the child(ren) may be eligible for the Healthy Kids program if:

- The person or parent providing health coverage lost a job or changed jobs; or,
- The family moved into an area where employer-sponsored health coverage is not available; or,
- The employer stopped offering health benefits to all employees; or,
- Coverage was lost because the individual providing the coverage died, legally separated or divorced; or,
- Health coverage was provided under a federal Consolidated Omnibus Reconciliation Act (COBRA) policy and the policy ended; or,
- The person reached the maximum coverage of benefit allowed in the current insurance in which the person enrolled; or,
- It has been 3 months or more since the coverage ended.

### **SECTION 3**

**Family size** is used to determine eligibility.

Who counts as an adult family member?

- Natural or adoptive parents of the child who would get benefits
- Husband of the pregnant woman applying
- Pregnant woman
- Emancipated minor or minor living on their own and self supporting
- Spouse/step-parent living in the home

Who counts as natural and adoptive children?

- Unborn child
- All children under age 21 living in the home (full, step and half siblings)
- All children under age 21 away at school and claimed as tax Dependents

**Do not count** family member(s) who get public assistance such as SSI/SSP, or CalWorks.

Use a separate sheet of paper if additional space is needed.

Answer for each child in the family living in the home and under age 21.

### **SECTION 4**

Determine family income. Next, determine family deductions.

Subtract family deductions from the family income to calculate the total countable family income.

Use a separate sheet of paper if additional space is needed.

## ***Income***

- Income should be calculated to only count the income of those financially responsible for child being applied for. This includes:
  - The monthly income of that child's parent who is in the home; and,
  - The monthly countable income for that child, such as that child's amount of child support payment or Social Security benefits; and,
  - Other income if one of the adults has more than one source of income that should be included.
- List the monthly income of all parents who are responsible for the child(ren) being applied for who live in the home.
- Identify the source of income for each family member. Two categories are counted: Earned (wages) and Unearned (Social Security, child support). Public Assistance is not counted.
- Use a separate line for each parent of the child(ren) being applied for who receives income. List all sources of income for each parent.
- Use a separate piece of paper for any expected changes in income during the next few months due to overtime, promotion, raises in pay, expected increase in child support/alimony, layoffs, furloughs, etc.
- If self-employed, write net profit from Schedule C of last year's federal income tax return or provide the last 3 month's profit and loss statements.
- If applicant is self-reporting income, the section at the bottom of application (page 3) may be used as an affidavit.

## ***Deductions***

- Child Care and Disabled Care: Maximum allowable deductions depend on the age of the person receiving care. Monthly maximum deductible amounts for each child's care and disabled dependent care are:
  - Child under the age of 2 \$200
  - Child age 2 and older \$175
  - Disabled dependent of any age \$175
- Work/Business/School Expense Deductions:  
A \$90 deduction will be given for each person in your family listed in Sections 3 and 4 of the application working or receiving State Disability Insurance or Worker's Compensation. School related expenses for the child(ren) include but are not limited to tuition, books and uniforms.
- Child Support and Alimony Deductions:
  - A \$50 deduction will be made to the family income for income from child support or alimony received.
  - The total amount of expenses for child support/alimony paid, if court ordered, should be deducted.

## SECTION 5

Using the Family Income Chart (below), determine income category based on family's total countable income from Section 4. (See Section 4 for a definition of how to calculate total countable family income.) Note: If you have children in the Healthy Kids 0-5 program only your monthly premium payment amount may range from \$0 - \$12. If you have children in the Healthy Kids 6-18 program only your monthly premium payment may range from \$15 - \$45. If you have children in both the Healthy Kids 0-5 and Healthy Kids 6-18 program your monthly premium payment amount may range from \$15 - \$57.

### MAXIMUM MONTHLY FAMILY TOTAL COUNTABLE INCOME

Monthly premium payment amount for children in the Healthy Kids 0-5 program			
	\$0 premium/child	\$4 premium/child (up to maximum of \$8 per family)	\$6 premium/child (up to maximum of \$12 per family)
Monthly premium payment amount for children in the Healthy Kids 6-18 program			
	\$15 premium/child (up to a maximum of \$45 per family)	\$15 premium/child (up to a maximum of \$45 per family)	\$15 premium/child (up to a maximum of \$45 per family)
Family Size	0-133% FPL	134–150% FPL	151–300% FPL
1	\$1,200	\$1,354	\$2,708
2	\$1,615	\$1,821	\$3,643
3	\$2,029	\$2,289	\$4,578
4	\$2,444	\$2,756	\$5,513
5	\$2,858	\$3,224	\$6,448
6	\$3,273	\$3,691	\$7,383
7	\$3,687	\$4,159	\$8,318
8	\$4,102	\$4,626	\$9,253
9	\$4,516	\$5,094	\$10,188
10	\$4,931	\$5,561	\$11,123

Effective April 1, 2009–March 31, 2011.

### **Premium Payments**

Families will be informed of the premium payment amount for each child in the first bill which will be sent within 30 days after their child(ren)'s enrollment. If you have children in both the Healthy Kids 0-5 program and Healthy Kids 6-18 program you will receive a separate bill for each program. DO NOT send a premium payment with your application.

### ***Premium Assistance Fund***

A Premium Assistance Fund has been created to help families who cannot afford the premium payments for children age 5 and under. Families can call L.A. Care at 1-888-839-9909 when they receive their first bill or anytime during the child's enrollment to request access to the Premium Assistance Fund.

### **SECTION 6**

The Healthy Kids program requires proof that the family lives in Los Angeles County and proof of the family's income. Copies of the forms of proof should be attached to the application when submitted to L.A. Care. Proof of income may also be used as proof that the family lives in Los Angeles County if it shows the family's address. If the family is self-declaring income using the affidavit on page 3 of the application, a different proof of address must be provided. A checklist of applicable forms of documentation is attached.

### **RELEASE FORMS AND DECLARATIONS/PRIVACY NOTICE**

These forms allow L.A. Care Health Plan to provide pertinent information (medical records, medical information or personal information) when necessary in coordinating care for the enrolled child with providers or other insurers.

Families will declare that they understand their rights and responsibilities under Healthy Kids. These include informing L.A. Care of any address changes or family circumstances, releasing L.A. Care to confirm all information contained on the application, agreeing to pay premiums unless family accesses the Premium Assistance Fund due to financial circumstances.