

Healthcare Coverage for Adults in Los Angeles County



Medi-Cal program provides no- or low-cost healthcare coverage to persons who are aged (65 and over), blind, disabled, or pregnant, and to children up to age 21. Some parents and other adults may also be eligible for Medi-Cal, e.g., caretaker relatives, refugees, etc. In LA County, you may apply directly at the local Department of Public Social Services (DPSS) office or call toll-free 1-877-597-4777 for more information.

1931 (b)* is a Medi-Cal program for families with children up to age 18 (19 if the child is in school), where one parent is absent, disabled, deceased, or underemployed. It also covers CalWORKS-linked pregnant women. For more information call your local Department of Public Social Services office or call toll-free 1-877-597-4777.

Private/Public Partnership (PPP)* is a partnership between the Los Angeles County Department of Health Services (DHS) and community health providers who are committed to providing quality outpatient health services to low income, uninsured children and adults. For more information, call toll-free 1-800-427-8700.

Ability-To-Pay (ATP)* provides a full range of medically necessary services, including medications, at LA County hospitals or clinics for children and adults who cannot afford to pay for their care and are not eligible for full-scope Medi-Cal. For more information, call toll-free 1-800-378-9919.

Family Planning, Access, Care & Treatment (Family PACT) Low income women, men and minors without health care coverage for family planning services, may be eligible. For more information, call toll-free 1-800-942-1054.

Access for Infants and Mothers (AIM)* provides healthcare coverage for uninsured pregnant women up to 60 days post-partum. To qualify, women must be no more than 30 weeks pregnant, California residents, not eligible for no SOC Medi-Cal, uninsured, and have incomes within AIM guidelines. Women with separate maternity deductibles or co-payments over \$500 may also qualify. For more information, call toll-free 1-800-433-2611.

Health Insurance Premium Payment (HIPP) If adults are eligible for Medi-Cal and are seriously ill with high-cost medical bills and have or had access to private health coverage, this special state Medi-Cal Program can help them pay their health insurance premiums. For more information, call toll-free 1-800-952-5294 or contact your local DPSS office.

Outpatient Reduced-Cost Simplified Application (ORSA)* provides outpatient services, including emergency services and medications, to children and adults who use LA County facilities and are not eligible for any health insurance coverage. For more information, call toll-free 1-800-378-9919.

Healthy Way LA provides no-cost medically necessary outpatient primary care and preventive services to low-income adults who are age 19-64 and have one chronic condition, adults age 63-64, or frequently access care at DHS or PPP sites. Care is provided at participating health centers, clinics and hospitals. For more information, call toll-free 1-877-333-4952.

* Income tables on reverse.

For information on other free and low-cost health services for adults and pregnant women in LA County, call toll-free 1-800-427-8700

Income Levels Effective April 1, 2009 to March 31, 2010

Public / Private Partnership

Family Size	Monthly Income Limit
1	At or below \$1,204
2	At or below \$1,620
3	At or below \$2,035
4	At or below \$2,451
5	At or below \$2,867
6	At or below \$3,281
7	At or below \$3,697
8	At or below \$4,113
9	At or below \$4,528
10	At or below \$4,944

1931 (b) Applicants

Family Size	Income Limit (monthly)
1	\$903
2	\$1,215
3	\$1,526
4	\$1,838
5	\$2,150
6	\$2,461
7	\$2,773
8	\$3,085
9	\$3,396
10	\$3,708

ORSA

Family Size	Monthly Income Limit*
1	At or below \$1,204
2	At or below \$1,620
3	At or below \$2,035
4	At or below \$2,451
5	At or below \$2,867
6	At or below \$3,281
7	At or below \$3,697
8	At or below \$4,113
9	At or below \$4,528
10	At or below \$4,944

* Net family monthly income means the gross income minus deductions.

Ability-To-Pay (ATP)

*Zero Liability

Your Family Size	Monthly Income and other Resources for Emergency and Clinic Care	Monthly Income and other Resources For Hospitalizations
1	Up to \$ 901	Up to \$ 616
2	Up to \$ 1,001	Up to \$ 766
3	Up to \$ 1,201	Up to \$ 951
4	Up to \$ 1,401	Up to \$ 1,116
5	Up to \$ 1,601	Up to \$ 1,276
6	Up to \$ 1,701	Up to \$1,431

* Income amounts do not change each year.

Access for Infants And Mothers (AIM)

Household Income (after Income Deductions)		Total Cost (1.5% of Adjusted Household Income)
Family Size	Monthly Household Income	
2*	\$ 2,430 to \$ 3,644	\$ 437 to \$ 656
3	\$ 3,053 to \$ 4,579	\$ 549 to \$ 824
4	\$ 3,676 to \$ 5,514	\$ 661 to \$ 992
5	\$ 4,300 to \$ 6,449	\$ 773 to \$ 1,160
6	\$ 4,923 to \$ 7,384	\$ 885 to \$ 1,328
7	\$ 5,546 to \$ 8,319	\$ 997 to \$ 1,496

*Pregnant woman counts as 2.