Frequency-Related Move 130% FPL  Programs—Related Move 130% FP	Pregnant Women Fact Sheet						
Full-Scope Coverage  **Medi-Cal organ  **Medi-Ca	Income	Program Eligibility		Coverage	Conditions	Cost	
Pregnancy-Related  Medi-Cal  Pregnancy-Related  Pregnancy-Related Medi-Cal  Pregnancy-Related  Pregnancy-Related  Pregnancy-Related Medi-Cal  Pregnancy-Related  Pregnancy-Related Medi-Cal  Pregnancy-Re	0% up to and including 138% FPL  Me	edi-Cal Medi-Cal program Must meet all eligibility	Year Round	and dental care.  Infant is eligible for Medi-Cal at birth with no family income limit for the	Verification of citizenship or immigration status	No cost	
Pregnancy-Related Medi-Cal program  Available to pregnant women who belt of the Stim for the Sti	0% up to and including 213% FPL	regnancy-Related edi-Cal Medi-Cal program Available to pregnant women no do not qualify for Full-Scope	Year Round	Prenatal care, prescriptions, and labor and delivery, dental care, and services for other conditions that may complicate the pregnancy.  Postpartum coverage is also included and lasts until the end of the month of the 60th day following the end of the pregnancy.  Infant is eligible for Medi-Cal at birth with no family income limit for the	or immigration status. After postpartum coverage,	No cost	
Postpartum coverage is also included and lasts until the end of the month of the 60th day following the end of the pregnancy.  Infant is eligible for Medi-Cal at birth with no family income limit for the first year of life.  Presumptive Eligibility for Pregnant Women Program (PE) 1 Temporary Medi-Cal coverage for prenatal care.  The presumptive Eligibility for Pregnant Women Program (PE) 1 Temporary Medi-Cal coverage for prenatal care.  The presumptive Eligibility for Pregnant Women Program (PE) 1 Temporary Medi-Cal coverage for prenatal care.  The presumptive Eligibility for Pregnant Women Program (PE) 1 Temporary Medi-Cal coverage for prenatal care.  The presumptive Eligibility for Pregnant Women Program (PE) 1 Temporary Medi-Cal coverage for prenatal care.  The presumptive Eligibility for Pregnant Women Program (PE) 1 Temporary Medi-Cal coverage for prenatal care.  The presumptive Eligibility for Pregnant Women Program (PE) 1 Temporary Medi-Cal coverage for prenatal care.  The presumptive Eligibility for Pregnant Women Program (PE) 1 Temporary Medi-Cal coverage for prenatal care.  The presumptive Eligibility for Pregnant Women Program (PE) 2 Temporary Medi-Cal coverage for prenatal care.  The presumptive Eligibility for Pregnant Women Program (PE) 2 Temporary Medi-Cal coverage with not developed for prenatal care.  The presumptive Eligibility for Pregnant Medi-Cal Access Program 1 Medi-Cal Access Program 1 Medi-Cal Access Program 2 Medi-Cal Access Program 2 Medi-Cal Access Program 2 Medi-Cal Access Program 3 Medi-Cal Access Program 2 Medi-Cal Access Program 3 Medi-Cal Access Program 4 Medi-Cal Access Program 4 Medi-Cal Access Program 4 Medi-Cal Access Program 4 Medi-Cal Access	Above 138% up o and including	Medi-Cal  Medi-Cal program  Available to pregnant women who do not qualify for Full-Scope	Year Round		status may choose to have Pregnancy-Related Medi- Cal or enroll in a Qualified Health Plan (QHP) during open enrollment to enroll into a QHP.  If pregnant during open enrollment 11/15/2014 through 2/15/2015, she must enroll in Pregnancy-Related Medi-	No cost	
Infant is eligible for Medi-Cal at birth with no family income limit for the first year of life.  Presumptive Eligibility for Pregnant Women Program (PE) • Temporary Medi-Cal coverage for women who believe they are pregnant and who do not have Medi-Cal coverage for prenatal care (immediate and temporary) and prescription drugs for conditions related to pregnancy.  Medi-Cal coverage for prenatal care (immediate and temporary) and prescription drugs for conditions related to pregnancy.  Medi-Cal coverage for prenatal care (immediate and temporary) and prescription drugs for conditions related to pregnancy.  Medi-Cal access Program • Low-cost comprehensive coverage, with no copayments, deductibles, or coinsurance.  Year Round  Postpartum coverage is also included and lasts until the end of the month of the 60th day following the end of the pregnancy.  Total cost family is annual to experiment of the first year of life, unless enrolled in Medi-Cal or Employer Sponsored Insurance, in the second year the Infant remains eligible for the coverage with income over 213% up to 25 FPL. Infant coverage with income over 213% up to 25 FPL. Infant coverage with income over 213% up to 25 FPL. Infant program based on income level.  Persumptive Eligibility for delivery, or any inpatient care.  No delivery, or any inpatient care.  Must submit a full Medi-Cal application for continuing coverage.  Must submit a full Medi-Cal application for continuing coverage.  Total cost family insurance or have health insurance or have health insurance with a high (over \$500) maternity only income afficiency or 213% up to 25 FPL. Infant coverage with income over 213% up to 25 FPL. Infant coverage with income over 213% up to 25 FPL. Infant coverage with a coverage with income over 213% up to 25 FPL. Infant program based on income level.  Enrollment into coverage with tax credits - pay for premiums, co-payments, and deductibles for her plan. Only available during Covered CA may change family's eligibility due to increase in family size or change of	wn				minimum essential coverage (MEC) and will not be		
Presumptive Eligibility for Pregnamt (Women Program (PE) • Temporary Medi-Cal coverage for women who believe they are pregnant and who do not have Medi-Cal coverage for prenatal care  **Medi-Cal coverage for prenatal care  **Medi-Cal Access Program   Vear Round    **Postpartum coverage is also included and lasts until the end of the month of the 60th day following the end of the pregnancy.  **Medi-Cal Access Program   Low-cost comprehensive coverage, with no copayments, deductibles, or coinsurance.  **Medi-Cal Access Program   Low-cost comprehensive coverage, with no copayments, deductibles, or coinsurance.  **Postpartum coverage is also included and lasts until the end of the month of the 60th day following the end of the pregnancy.  **Infant is eligible for coverage at birth based on mother's eligibility for the first year of life, unless enrolled in Medi-Cal or Employer Sponsored Insurance. In the second year the infant remains eligible for the coverage with income over 213% up to 322% FPL. Infant coverage with income over 213% up to 322% FPL. Infant coverage with income over 213% up to 322% FPL. Infant coverage with income over 213% up to 322% FPL. Infant coverage with income over 213% up to 322% FPL. Infant coverage with income over 213% up to 322% FPL. Infant coverage with income over 213% up to 322% FPL. Infant coverage with a high (over \$500) maternity only deductible or copayment.  **Health plans include general medical care, prenatal care, prescriptions and labor and delivery services. Covered California must be notified to enfolt the newborn into health coverage. The baby's coverage takes effect on the date of birth.  **Everage with income over 213% up to 322% FPL. Infant coverage with tax credits - pay for premiums, co-payments, and deductibles for her plan. Only available during Covered CA Open Enrollment.  **Postpart of birth to Covered CA and penagental mount of tax credits at the time.  **Open Enrollment Only**  **Premium Premium Premium Premium predicts at the time.  **Open Enrollment Only**  *							
**Temporary Medi-Cal coverage for women who believe they are pregnant and who do not have Medi-Cal coverage for prenatal care    Vear Round		Pregnant Women Program (PE) • Temporary Medi-Cal coverage for women who believe they are pregnant and who do not have Medi-Cal coverage for prenatal	Year Round			No cost	
Postpartum coverage is also included and lasts until the end of the month of the 60th day following the end of the pregnancy.    Medi-Cal Access Program   Low-cost comprehensive coverage, with no copayments, deductibles, or coinsurance.   Year Round   Year Round   Year Round   Program or Medi-Cal Optional Targeted Low Income Program or Medi-Cal Optional Targeted Low Income Program or Medi-Cal Access Infant Program based on income level.   Health plans include general medical care, prenatal care, prenatal care, prescriptions and labor and delivery services. Covered California must be notified to enroll the newborn into health coverage. The baby's coverage takes effect on the date of birth.   Postpartum coverage of income may be eligible for Medi-Cal Access Infant Programs   Postpartum coverage with tax credits - pay for premiums, co-payments, and deductibles for her plan. Only available during Covered CA Open Enrollment.   Postpartum coverage of income may be eligible for Medi-Cal or different amount of tax credits a labor and elivery services. Covered California must be notified to enroll the newborn into health coverage. The baby's coverage takes effect on the date of birth.   Postpartum coverage in family size or change of income may be eligible for Medi-Cal or different amount of tax credits at high (over \$500) maternity insurance or have health insurance with a high (over \$500) maternity only deductible or copayment.   Total cost family's eligibility for the first year of life, unless enrolled in Medi-Cal or Employer Sponsored Insurance with a high (over \$500) maternity only deductible or copayment.   Postpartum coverage with tax credits - pay for premiums, co-payments, and deductibles for her plan. Only available during Covered CA Open Enrollment.   Postpartum coverage in family size or change of income may be eligible for Medi-Cal or different amount of tax credits at the time.   Premium Premium   Premium   Premium   Premium   Premium   Premium   Premium   Premium   Premium   Premium   Premium   Premium	0 % up to and including for 213% FPL						
Medi-Cal Access Program  • Low-cost comprehensive coverage, with no copayments, deductibles, or coinsurance.  Year Round  Total cost family's eductibles, or coinsurance.  Year Round  Total cost family's eductibles, or coinsurance.  Year Round  Total cost family's eductibles, or coinsurance.  Year Round  Total cost family's eductible or copayments, deductibles, or coinsurance.  Infant is eligible for coverage at birth based on mother's eligibility for the first year of life, unless enrolled in Medi-Cal or Employer Sponsored Insurance with a high (over \$500) maternity only deductible or copayment.  Total cost family's eligiblity for the first year of life, unless enrolled in Medi-Cal or Employer Sponsored insurance with a high (over \$500) maternity only deductible or copayment.  Total cost family's eligiblity for the first year of life, unless enrolled in Medi-Cal or Employer Sponsored Insurance with a high (over \$500) maternity only deductible or copayment.  Total cost family's eligiblity for the first year of life, unless enrolled in Medi-Cal or Employer Sponsored Insurance with a high (over \$500) maternity insurance or have health insurance with a high (over \$500) maternity only deductible or copayment.  Total cost family's eligiblity for the first year of life, unless enrolled in Medi-Cal or Employer Sponsored Insurance with a high (over \$500) maternity only deductible or copayment.  Total cost family's eligiblity of the first year of life, unless enrolled in Medi-Cal or Employer Sponsored Insurance with a high (over \$500) maternity only deductible or copayment.  Total cost family's eligiblity for the first year of life, unless enrolled in Medi-Cal or Employer Sponsored Insurance with a high (over \$500) maternity only deductible or copayment.  Total cost family's eligiblity for the first year of life, unless enrolled in Medi-Cal or deductible or the coverage with tax credits - pay for premiums, co-payments, and deductibles for her plan. Only available during Covered CA Medi-Cal or different amount of tax cred							
Above 213% up o and including 322% FPL  Near Round  Near Round  Year Round  Year Round  Infant is eligible for coverage at birth based on mother's eligibility for the first year of life, unless enrolled in Medi-Cal or Employer Sponsored insurance with a high (over \$500) maternity only deductible or copayment.  Cannot have maternity insurance or have health insurance or		Low-cost comprehensive coverage, with no copayments,	Year Round			Total cost of 1.5% o family's adjusted annual household income after applying standard deduction.	
and labor and delivery services. Covered California must be notified to enroll the newborn into health coverage. The baby's coverage takes effect on the date of birth.    Covered California Programs	to and including			the first year of life, unless enrolled in Medi-Cal or Employer Sponsored Insurance. In the second year the infant remains eligible for the coverage with income over 213% up to 322% FPL. Infant coverage will be through either the Medi-Cal Optional Targeted Low Income	insurance with a high (over \$500) maternity only		
of tax ordains at the time.				and labor and delivery services. Covered California must be notified to enroll the newborn into health coverage. The baby's coverage takes effect on the date of birth.	premiums, co-payments, and deductibles for her plan. Only available during Covered CA Open Enrollment.  Report of birth to Covered CA may change family's eligibility due to increase in family size or change of income may be eligible for Medi-Cal or different amount		
	and including exc					Premium will depend on selected plan and tax credit subsidy.	

Beneficiary must enroll in Pregnancy-Related Medi-Cal coverage if applying while pregnant during open enrollment. If pregnancy occurs after enrollment; individual may choose to remain in health plan or enroll in Pregnancy-Related Medi-Cal.