

Health Care for All Children

	Healthy Families	Medi-Cal	Kaiser Child Health Plan	California Kids (enrollment limited by funding, varies each year, call to check status)
Services	<p>Medical Dental Doctors' visits Exams Hospital care Cleanings Prescription drugs Fillings Emergency care Sealant Laboratory services Bridges & Mental health Crowns Substance abuse Some braces</p> <p>Vision Annual exams Glasses</p>	<p>Medical Dental Doctors' visits Exams Hospital care Cleanings Prescription drugs Fillings Emergency care Sealant Laboratory services Bridges & Mental health Crowns Substance abuse Some braces</p> <p>Vision Annual exams Glasses</p>	<p>Medical Dental Doctors' visits Not available Covered hospital costs Prescription drugs Emergency care Laboratory tests Mental health Substance abuse Health education</p> <p>Vision Eye exam & free pair of glasses every two years from a selected eyewear package</p>	<p>Medical Dental Doctors' visits Preventative Outpatient surgery dental care Prescription drugs Emergency care X-ray & laboratory tests Immunizations Behavioral health benefits Preventative care 24-hour nurse access</p> <p>Vision Standard eye exam Glasses</p>
Who is eligible?	Children between 0-19 years of age who are not eligible for full scope (no cost) Medi-Cal due to higher income.	Children 0-19 years of age.	Children 0-18 years of age who are not eligible for Medi-Cal or Healthy Families	Children 2-19 currently uninsured and not eligible for Medi-Cal or Healthy Families due to immigration status
Citizenship or legal residency requirements	Child must be a U.S. Citizen or legal immigrant. Exceptions will be granted for certain groups, including refugees, etc.	California resident, U.S. citizen or a national or eligible alien. Undocumented children can get emergency services only.	No requirements. Can serve undocumented child.	No requirements. Can serve undocumented child.
Income requirements Federal Poverty Level (FPL) (monthly)	Between 200-250% of FPL 2 \$2200-2750 3 \$2767-3458 4 \$3333-4167 5 \$3900-4875 6 \$4467-5583 7 \$5033-6292	FPL 2 \$1100 3 \$1383 4 \$1667 5 \$1950 6 \$2237 7 \$2517	Between 250-300 % of FPL 2 \$2750-3300 3 \$3458-4150 4 \$4167-5000 5 \$4875-5850 6 \$5583-6700 7 \$6292-7550	FPL to 250 % of FPL 2 \$1100-2750 3 \$1383-3458 4 \$1667-4167 5 \$1950-4875 6 \$2233-5583 7 \$2517-6292
Cost	\$4-\$15 per child per month to a maximum of \$45 per month for a family.	Nothing if full scope Medi-Cal. Portion patient pays under Share of Cost Medi-Cal can vary.	\$8—\$15 per month for each child; to a maximum of \$75 per month.	Nothing if income is below 200 % FPL. Families above that are subject to a low monthly premium based upon income.
How to apply	Call 877-503-9350	Call 877-503-9350	Call 877-503-9350	Call 818-755-9700