



2016 Pregnancy Coverage Quick Sheet Certified Enrollers

Pregnant Women Have Coverage Options

Pregnant women have multiple coverage options when applying on CoveredCA.com or when reporting changes in the application. These options include Medi-Cal for Pregnant Women, the Medi-Cal Access Program (MCAP), and Covered California Health Plans.

When applying for coverage on CoveredCA.com, pregnant women are **first** evaluated for their eligibility for Medi-Cal and MCAP based on the *monthly* Modified Adjusted Gross Income (MAGI) of their household (the number of expected babies is included in the household size for Medi-Cal).

New applicants who are pregnant with a household income up to 213% of the Federal Poverty Level (FPL) will be determined eligible for Medi-Cal. Pregnant women whose household income is over 213% and up to 322% FPL are eligible for MCAP, or may elect coverage with a Covered California Health Plan during open enrollment or if they have a qualifying life event for special enrollment.

While it is not necessary to report a pregnancy to Covered California, it is necessary to report the birth of a baby to Medi-Cal, MCAP, or Covered California so that eligibility can be re-determined for the household.

Pregnancy Coverage by Federal Poverty Level (FPL)



Medi-Cal for Pregnant Women (M9)

Previously was a restricted-scope aid code for pregnancy services only, and not considered Minimum Essential Coverage (MEC). **It is now considered MEC and covers all the same services full-scope Medi-Cal offers.**

- Household monthly income over [138% and up to 213% FPL](#).
- Eligibility ends at the end of the month of the 60 days after the birth of the baby (or end of pregnancy)
- Women must report a birth or end of pregnancy to their County Eligibility Worker within 30 days, at which time eligibility will be redetermined.
- For current Covered California health plan consumers, reporting a pregnancy will reevaluate eligibility for the pregnant consumer using the above FPL range. **Unless an existing Covered California consumer wants to switch to Medi-Cal or MCAP, reporting a pregnancy is not necessary nor recommended.** If a break in coverage results from reporting a pregnancy, contact the [Covered California Service Center](#).
- Consumers who are interested in switching coverage from Covered California to Medi-Cal can call the Covered California Service Center to have their eligibility reevaluated.



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Medi-Cal Access Program (MCAP)

- Household monthly income between over [213% and up to 322% FPL](#).
- Must be a resident of California and agree to pay 1.5% of the household MAGI as a subscriber contribution.
- Consumer’s information is automatically sent from the online application to the MCAP program (not the local county) and enrollee will be contacted to complete the enrollment.
- Pregnant consumers who are eligible for MCAP are allowed to switch to Covered California during open enrollment or if they have a qualifying life event for special enrollment. Consumers can contact the MCAP program at their website <http://mcap.dhcs.ca.gov> or at 800-433-2611 for any questions about the program or to check the status of an application.

Pregnancy Program Income Guidelines

The monthly income guidelines for eligibility in Medi-Cal and MCAP are listed below. These amounts are valid until the Department of Health Care Services updates them in 2016.

Monthly Federal Poverty Levels for Pregnancy Coverage			
Family Size*	138% (up to this income qualifies for Medi-Cal)	213% (up to this income qualifies for Medi-Cal for Pregnancy M9)	322% (up to this income qualifies for MCAP)
2	\$1,832	\$2,828	\$4,275
3	\$2,311	\$3,566	\$5,391
4	\$2,789	\$4,305	\$6,508
5	\$3,268	\$5,043	\$7,624
6	\$3,746	\$5,782	\$8,740
7	\$4,224	\$6,520	\$9,856
8	\$4,703	\$7,258	\$10,973

*Medi-Cal includes expected baby/babies in FPL and Covered California does not