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Director

State of California—Health and Human Services Agency
Department of Health Care Services



ARNOLD SCHWARZENEGGER
Governor

October 7, 2009

TO: ALL COUNTY WELFARE DIRECTORS Letter No.: 09-45
ALL COUNTY ADMINISTRATIVE OFFICERS
ALL COUNTY MEDI-CAL PROGRAM SPECIALISTS/LIAISONS
ALL COUNTY HEALTH EXECUTIVES
ALL COUNTY MENTAL HEALTH DIRECTORS

SUBJECT: MEDI-CAL NOTICE FOR BENEFICIARIES WHO MAY BE ELIGIBLE
FOR CONSOLIDATED OMNIBUS BUDGET RECONCILIATION ACT
(COBRA) HEALTH INSURANCE PREMIUM COVERAGE
(REFERENCE: ACWDL NO.: 09-30)

The purpose of this letter is to provide counties with a notice about the recent change in the COBRA Health Insurance premium assistance for individuals who have lost their job. The American Recovery and Reinvestment Act (ARRA) of 2009 provides for COBRA continuation coverage premium assistance for qualified individuals and their families to help them pay for continued health coverage. Qualified beneficiaries can get a 65 percent reduction in their COBRA premiums; provided they pay the remaining 35 percent to their group health plan or employer. Please provide the enclosed Medi-Cal notice to beneficiaries who may be eligible for the COBRA continuation coverage premium assistance. The Medi-Cal notice has been translated into Spanish only, and will not be available at the forms warehouse. The Medi-Cal notices are located on the Department of Health Care website at:

www.dhcs.ca.gov/services/medi-cal/eligibility/Pages/2009ACWDLs.aspx.

If you have any questions regarding this form, please contact Ms. Tammy Kaylor at (916) 552-9496 or by e-mail at tammy.kaylor@dhcs.ca.gov.

Original Signed By

Vivian Auble, Chief
Medi-Cal Eligibility Division

Enclosures

MEDI-CAL INFORMATION NOTICE

Premium Assistance for COBRA Coverage for Unemployed Workers

Have you recently lost your job and want to continue your current health care coverage, but can't afford the high cost of the COBRA premiums?

The COBRA continuation coverage premium assistance is for qualified individuals and their families. The premium assistance is paid to the plan or employer that pays the COBRA premium. Qualified individuals can get a **65%** reduction in their COBRA premiums, provided they pay the remaining **35%** to their group health plan or employer. Medi-Cal will reduce your countable income in an amount equal to **100%** of your COBRA premium amount (35% plus 65%).

You and your family member may qualify for the COBRA premium reduction if:

- **You were involuntarily terminated from your job between September 1, 2008 and December 31, 2009, and**
- **Elected COBRA coverage, and eligible for COBRA continuation coverage at any time between September 1, 2008 and December 31, 2009, even if you ended your enrollment.**

For information or to apply for the COBRA continuation coverage and premium reduction, call the Employee Benefits Security Administration at (866) 444-3272 or go to the Department of Labor's Web site at **www.dol.gov/COBRA**. If you have a high cost medical condition, you may also qualify for the Health Insurance Premium Payment (HIPP) Program. If you qualify, the HIPP Program will pay the premiums you would have had to pay to your group health plan or employer for COBRA continued health coverage. A Medi-Cal beneficiary must have an existing medically confirmed condition that has been determined by the Department of Health Care Services (DHCS) to be a cost-effective condition for the HIPP Program. If you have questions about the HIPP Program, please call (866) 298-8443.

If your children are uninsured, they may qualify for the Healthy Families Program or Medi-Cal. For information on how to apply, please call toll free (888) 747-1222 or visit www.healthyfamilies.ca.gov.

AVISO DE INFORMACIÓN MEDI-CAL

Asistencia de Primas para la Cobertura COBRA para Trabajadores Desempleados

¿Ha perdido su trabajo recientemente y quiere continuar con su cobertura actual de asistencia médica, pero no puede pagar los altos costos de las primas de COBRA?

La continuidad de asistencia de primas para la cobertura COBRA es para personas elegibles y sus familias. La asistencia de primas se paga al plan o al empleador que realiza los pagos de primas de la cobertura COBRA. Las personas elegibles pueden obtener una reducción del **65%** en las primas de su cobertura COBRA siempre que ellos paguen el restante **35%** a su plan de salud grupal o al empleador. Medi-Cal reducirá su ingreso contable por una cantidad equivalente al **100%** del valor de la prima de su cobertura COBRA (35% más 65%).

Usted y su familiar puede que sean elegibles para la reducción de primas de COBRA si:

- **Usted fue involuntariamente despedido de su trabajo entre el 1 de septiembre de 2008 y el 31 de diciembre de 2009, y**
- **Eligió la cobertura COBRA y es elegible para la continuación de la cobertura COBRA en cualquier momento entre el 1 de septiembre de 2008 y el 31 de diciembre de 2009, incluso si usted ha puesto fin a su inscripción.**

Para obtener información o para solicitar la continuación de la cobertura COBRA y la reducción de la prima, llame a la Employee Benefits Security Administration al (866) 444-3272 o visite el sitio web **www.dol.gov/COBRA** del Department of Labor. Si usted tiene una condición médica de alto costo, usted puede que sea también elegible para el Health Insurance Premium Payment (HIPP) Program. Si usted es elegible, el HIPP Program pagará las primas que usted tendría que haber pagado por su plan de salud grupal o al empleador para la cobertura de salud continuada de COBRA. Un beneficiario de Medi-Cal debe tener una condición médica existente confirmada que haya sido determinada por el Department of Health Care Services (DHCS) como una condición con un costo efectivo para el HIPP Program. Si usted tiene preguntas acerca del HIPP Program, por favor llame al (866) 298-8443.

Si sus hijos no están asegurados, ellos quizás pueden ser elegibles para el Healthy Family Program o Medi-Cal. Para obtener información acerca de cómo solicitarlo, por favor llame gratuitamente al (888) 747-1222 o visite el sitio web www.healthyfamilies.ca.gov.