



Access for Infants and Mothers (AIM)

AIM is a state insurance program for pregnant women with too much family income for Medi-Cal, and their newborns.

Who is eligible?

- Pregnant women who are not more than 30 weeks pregnant at the time the application is received, are uninsured or responsible for \$500 or more for maternity coverage under a private health insurance policy, and meet the income requirements.
- The child of an AIM participant may qualify for the Healthy Families program under more generous rules.
- For additional information or to receive an application call (800) 433-2611.

What is the income limit?

- AIM uses the “Federal Poverty Level” (FPL) to see if the family’s income meets the program eligibility limits.
- The income of the pregnant woman and her spouse is counted, if they live together, or her boyfriend, if they live together and she already has a child in common with the boyfriend. (This is different from the Medi-Cal rule.) If problems result because of this discrepancy, contact Maternal and Child Health Access.
- Pregnant women with income at 201% to 300% of the FPL are eligible.
- AIM allows the same income deductions as the and Healthy Families program and Medi-Cal’s FPL program for pregnant women. Deduct \$90 a month for each working parent, and, if self-employed, deduct allowable business expenses. You may deduct childcare expenses; up to \$175 a month for each child over age two, up to \$200 for each child under age two and \$175 for a disabled dependent living in the home of any age. Court-ordered child support paid and alimony paid can be deducted, as well as \$50 from child support or alimony received. Please refer to the income chart below.

Effective 4/1/11 – 3/31/12

Family Size	Countable Monthly Family Income (After AIM deductions)	Total Cost Payments of: (1.5% of your Countable Monthly Income x 12)**	12 Monthly***
*2	\$2,464 to \$3,678	\$444- \$663	\$37- \$56
3	\$3,104 - \$4,633	\$559- \$834	\$47 - \$70
4	\$3,744-\$5,588	\$674- \$1,006	\$57 - \$84
5	\$4,384 - \$6,543	\$790- \$1178	\$66 - \$99
6	\$5,024- \$7,498	\$905- \$1,350	\$76 - \$113

* A pregnant woman counts as two.

** If income falls within Annual Family Income Chart, multiply income by 1.5% to get cost of participation.

*** After initial \$50 application fee

What does it cost?

- Every AIM enrollee must pay \$50 to apply. The \$50 is applied to the additional “subscriber fee” of exactly 1.5% of the family’s annual income after AIM deductions. This can be paid up front or over the course of 12 consecutive months. If the fee is completely paid up front, the amount is reduced by \$50. Once eligibility is determined and coverage begins, the applicant is responsible for the full payment, unless the pregnancy ends during the first trimester.
- **Important:** After July 1, 2008, if the applicant’s pregnancy ends during the first trimester, she may have her contribution reduced to one-third of the original cost. To qualify for the cost reduction the applicant must notify the AIM Program within 30 days of the date the pregnancy ended. This can be done in either of two ways:
 1. Complete the Early End of Pregnancy Form that comes with the AIM “Welcome letter” notifying of eligibility, or
 2. Send a letter from a doctor or other licensed or certified health care professional as long as it contains the same information as the Early End of Pregnancy form.

AIM coverage will still end EXACTLY 60 days after the end of pregnancy and any medical care received after that time will be the woman’s responsibility, even if she hasn’t been disenrolled yet from her health plan.

- There are no co-payments or deductibles in AIM.
- Infants born to women enrolled in AIM may be enrolled in the Healthy Families program, but must pay the regular Healthy Families premiums and co-payments (see below).

What is the resource limit? (What if the woman has a car/house/bank account?)

- Resources do not count in this program.

Does immigration status matter?

- No. But the applicant must be a current resident of California, no matter what her immigration status is.
- Note: as of February, 2009, applicants NO LONGER must have been California residents for the six months before applying.

What papers are needed to apply?

- One of the following as proof of income: Federal Income Tax form from the previous year (1040), or a letter from the current employer, paycheck stubs for the current year, or a W-2 or a 1099 form. If self-employed, a federal 1040 form or a three-month profit and loss statement is required.
- Proof of pregnancy. The pregnancy certification in the AIM application can be used, or a similar document that contains the same information signed by a medical professional or a staff person authorized by Planned Parenthood.

How do infants get enrolled in Healthy Families?

- Children born to women with AIM are eligible for the Healthy Families Program without regard to the family's income until age one, and with family income up to 300% FPL between ages one and two, unless they get enrolled in Medi-Cal or have employer-sponsored coverage.
- About 30 days before the expected date of delivery, the AIM mom should receive in the mail a Healthy Families handbook and a form letter requesting information about her baby for Healthy Families enrollment. The form will ask for the newborn's name, date of birth, and gender. It is best to choose a Healthy Families medical and dental provider at this point. The form letter will state the monthly Healthy Families premium amount and where to mail the completed form and premium payments.
- The form should be filled out and sent back as soon as possible after the "AIM-linked" baby is born.
- If the form is not returned to Healthy Families quickly, the baby can still get services and the mother's AIM managed care plan can still get paid for any care provided to the "AIM-linked" newborn during the birth month and the month after (maximum of two months). The family will get billed for the Healthy Families premiums for that time.
- The form for enrolling an "AIM-linked infant" into Healthy Families can be turned in any time during the infant's first year, and, if the family pays the Healthy Families premiums for any intervening months, the infant's coverage will be retroactive.
- **It is best to send the completed form in as soon as possible to get the newborn covered by Healthy Families right away and avoid confusion about who is paying for what and when.**

Where can women apply?

- Call (800) 433-2611 to get an application. For questions or additional assistance, call Maternal and Child Health Access or the Health Consumer Center (see numbers, below).

How long does it take to get?

- The AIM program has up to 10 days to approve and application.
- Health insurance doesn't begin until the "effective date of coverage" which is 10 days after the AIM application is approved. Services are not available until the effective date of coverage.
- Membership cards and an evidence of coverage booklet should be received within 10 additional days.
- Retroactive services are covered up to \$125, if the woman received services no more than 40 days before her completed application was submitted, and if she submits a request for payment within 90 days of submitting her application.

What benefits are covered?

- Pregnant women in AIM receive all medically necessary medical services, not just maternity care, including hospitalization from the time her health insurance begins until 60 days postpartum.

- The newborn can receive all infant care checkups, and sick-child care, including hospitalization, during the birth month and the month after under the mother's AIM managed care plan. To continue the infant's benefits beyond that, the infant must get enrolled into Healthy Families (see above for infant enrollment into Healthy Families).

How and where do women and children get services?

- Pregnant women choose plans (in areas where there is a choice of plans) and/or providers from a list of health plans in the appropriate county; the list is in the AIM application.
- As a general rule, once the infant's birth is reported to Healthy Families, the infant will be enrolled in the Healthy Families counterpart of the mother's AIM plan. The newborn will be expected to stay in that plan except for the following two circumstances:
 1. The family can transfer the infant to another Healthy Families plan for any reason one time within the first three months from the infant's date of birth. This request has to be made in writing to the Healthy Families plan.
 2. If the infant has one or more siblings enrolled in a Healthy Families plan different from the mother's AIM counterpart, then the infant will be transferred to the siblings' Healthy Families plan. The switch to the siblings' plan will take effect on the first day of the third calendar month after the infant's Healthy Families enrollment. Families who do not want the infant to be switched to the siblings' plan can call Healthy Families.

What if I have health insurance?

- Pregnant women are not eligible for the AIM program if they are eligible for no-cost Medi-Cal or Medicare at the time of application.
- Pregnant women can have private or employer paid insurance and still be eligible for AIM, if:
 1. They have a high deductible or co-payment (\$500 and up) for prenatal or other maternity care, or
 2. If their insurance does not cover pregnancy.
- AIM-linked infants who are enrolled in employer-sponsored insurance or free, full-scope Medi-Cal, are not eligible for Healthy Families.

What do women do if they have a problem getting services covered by AIM?

- Contact their health plan's member services department.
- Contact Maternal and Child Health Access: 1-213-749-4261.
- Contact the Health Consumer Center of Los Angeles: 1-800-896-3203.