



Kaiser Permanente Child Health Plan

Kaiser Permanente Child Health Plan (KPHP) is a private program. This program provides comprehensive health and dental services to children.

Note: Effective July 17th, 2009, Kaiser Permanente Child Health Plan will be **temporarily closed** to new membership in Southern California until further notice. Applications for KP Child Health Plan received after July 17th, 2009, will be returned to sender. Please check the Kaiser Permanente Web site www.kp.org or call Member Services at 1-800-464-4000 (toll free) or 1-800-777-1370 (toll-free TTY for the hearing/speech impaired) for updates on when Kaiser Child Health Plan will reopen in Southern California. *If the child's family has an open, active case with Kaiser Child Health Plan you can still add a child that is not currently enrolled.*

Who is eligible?

- Uninsured children from birth thru age 18 who are not eligible for other public/private programs, such as Medi-Cal or Healthy Families.

What is the income limit?

- Family income must be at or below 300% FPL. (Use until 3-31-10)

Family Size*	GROSS MONTHLY INCOME**	
	0 to 250% FPL	251% to 300% FPL
	\$ 8 premium per child	\$ 15 premium per child
1	\$ 0 - \$ 2,257	\$ 2,258 - \$ 2,708
2	\$ 0 - \$ 3,036	\$ 3,037 - \$ 3,643
3	\$ 0 - \$ 3,815	\$ 3,816 - \$ 4,578
4	\$ 0 - \$ 4,594	\$ 4,595 - \$ 5,513
5	\$ 0 - \$ 5,373	\$ 5,374 - \$ 6,448
6	\$ 0 - \$ 6,153	\$ 6,154 - \$ 7,383
For each additional person	Add \$ 780	Add \$ 935
* Unborn babies do not count as a family member for KPCHP. Count parents, step-parents or caretaker relatives and any dependents.		
** There are no income deductions for this program. Self employed individuals use their adjusted gross income (gross receipts minus IRS allowed business deductions) for the last complete calendar month. Count income of parents, step-parents or caretaker relatives.		

What does the program cost?

There are two costs associated with this program:

- Depending on income, there is an \$8 or \$15 monthly premium per child. Maximum payment is for three children, even if the family has more than 3 children in the program. (Families who fail to pay monthly premiums may be dropped from the program and not allowed to re-enroll for 12 months).
- There are \$5 co-payments for office visits and prescriptions. There are no co-payments for services such as prenatal care, well-baby care, immunizations, and all lab tests. There is a \$250 co-payment limit per year per individual and a \$500 co-pay limit per year per family. Families should save their co-payments receipts and show them to member services when they reach their individual and family limits to avoid further co-payments.

- **What is the resource limit? (What if I have a car/house/bank accounts?)**
- Resources do not count in this program.

Does immigration status matter?

- No. A social security number is requested on the application, but it is optional and not required for eligibility.

What papers are needed to apply?

- Proof of income, such as copies of last filed federal tax return or proof of last calendar month's income including pay stubs, unemployment stubs, disability check stubs, or child support. Only use the self affidavit when no other proof of income is available e.g. an employed individual whose gets paid in cash and whose employer refuses to provide a letter.
- If self-employed: All pages of last years federal income tax return with schedule C or a profit and loss statement, included in the enrollment kit. Do not use the affidavit for self employed individuals. House cleaners and day laborers would be considered self employed.

Where can families apply?

- Call 800-255-5053 (free) to have an application mailed.
- Applications must be mailed in when complete.

How long does it take to get?

- Expect about 6 to 8 weeks for processing.

What benefits can a child get?

- Comprehensive health care services, medical office visits, medical tests, vision care, mental health services, substance abuse services, health education, hospital services, prescription drugs.
- Dental services.

How and where does a child get services?

- Through Kaiser Permanente medical offices and hospitals.
- Delta Care dentists will provide dental services.

What if the child has other health insurance?

- The child cannot have coverage that is paid for, in any part, by an employer or be eligible for government health coverage through free, full scope Medi-Cal or Healthy Families and be eligible for this program.
- Children who have California Children's Services (CCS) will be denied enrollment in KPCHP unless they were previously enrolled in another Kaiser program while receiving treatment for their CCS condition. Children who are enrolled in KPCHP and later develop a CCS eligible condition will be referred to CCS for any care not covered under KPCHP.

What should be done if a child has problems getting services?

- Call the Customer Service Office at the Kaiser Permanente Medical Center where care is received or call the Member Services Call Center at 800-464-4000 (free). Representatives will assist with explaining benefits, how to schedule a medical appointment or how to get a referral to a Plan specialty provider.
- Families may also call the Health Consumer Center of Los Angeles at 1-800-896-3203 or Maternal and Child Health Access at 1-213-749-4261.