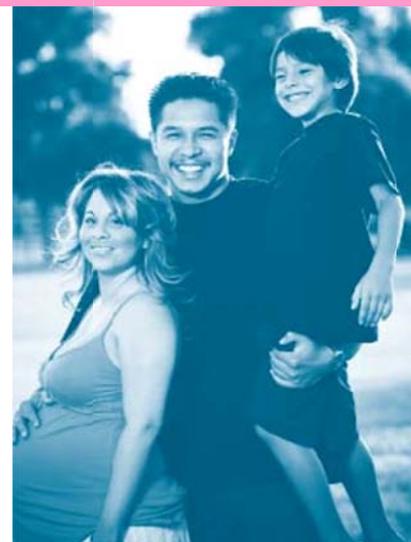


# What You'll Find Inside:

<b>Welcome to AIM</b>	<b>2</b>
— What is AIM?	2
— What is the Department of Health Care Services (DHCS)	
— Medi-Cal Health Care Delivery System?	
<b>Services Covered for Women and Infants</b>	<b>4</b>
— What services are covered in AIM?	4
— Services available to your baby through the DHCS Medi-Cal Health	
— Care Delivery System	
<b>Who Qualifies for the AIM Program?</b>	<b>14</b>
<b>Health Plans</b>	<b>14</b>
— Who will provide health care services for you and your baby?	14
<b>Meeting the AIM Income Guidelines</b>	<b>15</b>
— Your AIM family size	15
— Whose income should be counted?	15
— Your family's gross income	15
— Proof of household gross income	16
— Income deductions	17
— Do you meet the AIM income guidelines?	18
<b>Paying for Your AIM Coverage</b>	<b>19</b>
— How much will AIM cost?	19
— How do you pay for AIM?	19
— How do you apply and how long can you be enrolled in AIM?	21
— What about services received before enrolling in AIM?	22
<b>Access for Infants and Mothers Application</b>	<b>A1</b>
<b>What You Need to Know After You Are Enrolled</b>	<b>23</b>
— AIM Program privacy notification	27
<b>AIM Health Plans Available in Each County</b>	<b>28</b>
<b>AIM Health Plan Descriptions</b>	<b>32</b>
— Anthem Blue Cross of California (EPO)	32
— Anthem Blue Cross of California (HMO)	33
— CenCal Health Plan	34
— Central California Alliance for Health	35
— Contra Coast Health Plan	36
— Health Plan of San Joaquin	37
— Kaiser Permanente Northern California	38
— Kaiser Permanente Southern California	39
— Ventura County Health Care Plan HMO	40
<b>Frequently Asked Questions</b>	<b>41</b>
<b>Glossary of Terms</b>	<b>44</b>
<b>Infant Registration Form</b>	<b>47</b>
<b>AIM Early End of Pregnancy Form</b>	<b>49</b>



**AIM**

Access for Infants and Mothers

Keep this handbook for future reference

# Welcome to AIM

## Congratulations!

You have a baby on the way! The State of California wants to help you get good health care during your pregnancy. Going without prenatal care can cause many problems for you and your baby. Studies show that women who do not get prenatal care often have more complicated (and expensive) births. If you don't have insurance to cover your pregnancy and are not receiving no-cost Medi-Cal or Medicare Part A and Part B, the Access for Infants and Mothers (AIM) Program may be the helping hand you and your baby need. AIM can also help if you have other health insurance that doesn't cover maternity services or with a maternity-only deductible or copayment greater than \$500. Check with your other health insurance plan to see if your deductible or copayment is for maternity-only services.

## What is AIM?

The AIM Program provides pregnant women with comprehensive coverage for a low cost with no co-payments or deductibles for its covered services. Their newborns may be covered by the DHCS AIM-Linked Infant and Children's Program (DHCS-DHCS-ALICP). AIM is for middle-income families who don't have health insurance and whose income is too high for no-cost Medi-Cal. AIM is also available to women who have other health insurance plans that doesn't cover maternity services or with a maternity-only deductible or copayment greater than \$500. You can read more about Coordination of Benefits between your other health insurance plan and the AIM health plan in the Glossary of Terms in this AIM handbook. If you are enrolled in AIM, your baby is eligible for coverage in the DHCS-DHCS-ALICP for up to two years, unless your baby is enrolled in employer-sponsored insurance or no-cost Medi-Cal or your income no longer qualifies at your infant's first birthday.

## What is the DHCS Medi-Cal Health Care Delivery System?

## DHCS Verbiage is pending

## How do I register my baby in the Department of Health Care Services AIM-Linked Infant and Children's Program (DHCS-DHCS-ALICP)?

When you send in your Infant Registration Form, your baby will be enrolled in the DHCS-DHCS-ALICP. Your baby will receive medical, dental and vision care through Medi-Cal health care providers and managed health care plans.

AIM will mail you an Infant Registration Form 30 days before your expected due date. The Infant Registration Form asks for the following information:

1. First, middle, and last name of your baby
2. Date of birth
3. Gender (sex)

## 4. Weight at birth

Complete the Infant Registration Form and send it to the AIM Program within 30 days after your delivery. Send the complete form to AIM at the address printed on the form. If you do not receive the Infant Registration Form, call 1-800-433-2611. The Infant Registration Form is also on page **XX** and on the AIM website at [www.aim.ca.gov](http://www.aim.ca.gov). After your baby is registered, if there is a premium for your baby, DHCS-ALICP will start billing you for your baby's monthly premium.

**Your baby's coverage will not begin until the DHCS-ALICP receives the required Infant Registration Form.**

## When does my baby's DHCS-ALICP coverage start?

Once DHCS-ALICP receives the Infant Registration Form and your baby is registered, your baby's health coverage begins as of the date of birth. The infant's coverage continues until the first birthday based on mother's AIM eligibility and infant's second year of coverage can continue if the family income continues to qualify.

## What health plan will my baby be in?

Your baby will get their care through Medi-Cal health care delivery system. Once you deliver, your baby's health, dental, and vision care coverage will be provided by DHCS through its Medi-Cal providers and managed care plans. Your newborn baby will receive **medical and vision** services through a Medi-Cal Health Plan and **dental** services through the Medi-Cal Dental Program. You will receive a notice in the mail about how your child will receive these services after you have registered your infant.

## What if I don't need coverage for my baby through the DHCS-ALICP?

Even if you don't need the DHCS-ALICP for your baby, you still must notify the AIM Program about the outcome of your pregnancy by completing the Infant Registration Form and checking the box that I **do not** want DHCS-ALICP. You need to notify the AIM Program within 30 days from the end of your pregnancy.

## Questions?

Call the AIM Program at 1-800-433-2611, Monday - Friday, 8 a.m. to 8 p.m. and Saturday, 8 a.m. to 5 p.m.

# Services covered for Pregnant Women

## What services are covered in AIM?

The AIM Program covers all your medically necessary services from your start date of coverage in the AIM Program until the

AIM Benefits*	Services for Women	Exclusions/Limitations
<b>Physician and Professional Services</b>	<ul style="list-style-type: none"> <li>• Services and consultations by a physician or other licensed health care provider</li> <li>• Hospital and skilled nursing facility visits</li> <li>• Professional office visits</li> <li>• Allergy testing and treatment</li> <li>• Hearing test, hearing aids and services</li> <li>• Eye examinations/refractions, to determine need for corrective lenses, dilated retinal eye exams</li> <li>• Medically necessary home visits</li> </ul>	<ul style="list-style-type: none"> <li>• Batteries, ancillary equipment other than included in the original covered hearing aids purchase</li> <li>• Replacement parts or repair for hearing aids after the covered one-year warranty period</li> <li>• Replacement of hearing aid more than once in any 36-month period</li> <li>• Surgically implanted hearing devices</li> </ul>
<b>Preventive Care</b>	<ul style="list-style-type: none"> <li>• Periodic exams, routine diagnostic testing and laboratory services</li> <li>• Cancer screening tests</li> <li>• Direct patient care nutrition services, nutritional assessment</li> </ul>	None
<b>Maternity Care</b>	<ul style="list-style-type: none"> <li>• Prenatal care, postnatal care</li> <li>• Inpatient delivery, complications of pregnancy</li> </ul>	None
<b>Hospital Services</b>	<ul style="list-style-type: none"> <li>• Inpatient or outpatient general services and related supplies</li> </ul>	<ul style="list-style-type: none"> <li>• Personal, comfort items</li> <li>• Private room unless medically necessary</li> </ul>
<b>Diagnostic X-ray and Laboratory Services</b>	<ul style="list-style-type: none"> <li>• Diagnostic services necessary to evaluate, diagnose and treat</li> <li>• X-ray, laboratory procedures</li> <li>• Electrocardiography, electro-encephalography</li> <li>• Prenatal diagnosis of genetic disorders of the fetus in high risk pregnancies</li> <li>• Lab test for management of diabetes, including cholesterol, triglycerides, microalbuminuria, HDL/LDL and Hemoglobin A-1 (Glycohemoglobin)</li> <li>• Radiation therapy, chemotherapy, dialysis treatment</li> </ul>	None

end of the month following the 60th day after your pregnancy has ended. The AIM Program cannot cover any medical services you receive after your enrollment ends. If you submit the required Infant Registration Form, your baby will be covered from the date of birth through the DHCS Medi-Cal health care delivery system unless your baby is enrolled in employer-sponsored insurance or no-cost Medi-Cal (as explained on page 2). For a list of benefits and services available for your baby, see pages X-XX. While enrolled in the AIM Program, coverage includes:

\* Benefits are provided if the insurance plan determines them to be medically necessary. Benefits, exclusions and limitations described in this handbook are representative and not intended to be all-inclusive or comprehensive. Refer to the health plan's Evidence of Coverage or Certificate of Insurance for further details

## AIM Services, *continued*

AIM Benefits*	Services for Women	Exclusions/Limitations
<b>Prescription Drugs</b>	<ul style="list-style-type: none"> <li>• Medically necessary prescription drugs</li> <li>• Injectable medication, needles, syringes</li> <li>• Insulin, glucagon, testing and delivery systems</li> <li>• Oral and injectable contraceptive drugs, prescriptive contraceptive devices</li> </ul>	<ul style="list-style-type: none"> <li>• Experimental, investigational drugs</li> <li>• Patent or over-the-counter medicines</li> <li>• Medicines not requiring a prescription**</li> <li>• Appetite suppressants, other diet drugs or medicines</li> <li>• Health plan may specify generic equivalent drugs be dispensed where no contradiction exists</li> </ul>
<b>Health Education Services</b>	<ul style="list-style-type: none"> <li>• Effective services including information regarding personal health</li> <li>• Recommendations on optimal use of services, organizations affiliated with the health plan</li> <li>• Health services related to tobacco use prevention, cessation</li> </ul>	None
<b>Emergency Health Care Services</b>	<ul style="list-style-type: none"> <li>• 24-hour emergency care for illness, injury or severe pain requiring immediate diagnosis and treatment to avoid placing the subscriber in danger of loss of life, serious illness or disability</li> <li>• Provided both in and out of the health plan's service area and participating facilities</li> </ul>	None
<b>Medical Transportation</b>	<ul style="list-style-type: none"> <li>• Emergency ambulance for emergency services to the first hospital accepting subscriber for care</li> <li>• Ambulance, transport services provided through "911" response system</li> <li>• Medically necessary non-emergency transportation to transfer a member from a hospital to another hospital or facility, or facility to home. Prior authorization from the Health Plan is required</li> </ul>	<ul style="list-style-type: none"> <li>• Coverage for transportation by airplane, passenger car, taxi or other form of public conveyance</li> </ul>

\* Benefits are provided if the insurance plan determines them to be medically necessary. Benefits, exclusions and limitations described in this handbook are representative and not intended to be all-inclusive or comprehensive. Refer to the health plan's Evidence of Coverage or Certificate of Insurance for further details.

\*\* Insulin and smoking cessation drugs are not excluded from coverage.

## AIM Services, *continued*

AIM Benefits*	Services for Women	Exclusions/Limitations
<b>Durable Medical Equipment</b>	<ul style="list-style-type: none"> <li>• Equipment appropriate for use in the home</li> <li>• Oxygen and oxygen equipment</li> <li>• Blood glucose monitors, insulin pumps, related supplies</li> <li>• Nebulizer machines, tubing, related supplies</li> <li>• Ostomy bags, urinary catheters and supplies</li> </ul>	<ul style="list-style-type: none"> <li>• Comfort, convenience items</li> <li>• Disposable supplies**</li> <li>• Experimental or research equipment</li> <li>• Sauna baths, elevators, other non-medical devices</li> <li>• Modifications to home or automobile</li> <li>• Deluxe equipment</li> <li>• More than one piece of equipment that serves the same function</li> <li>• Health plan may determine whether to rent or purchase</li> </ul>
<b>Mental Health Care</b>	<ul style="list-style-type: none"> <li>• Diagnosis and treatment of a mental health condition</li> <li>• Diagnosis and treatment for Severe Mental Illness (SMI) and Serious Emotional Disturbances (SED) conditions</li> </ul>	<ul style="list-style-type: none"> <li>• Maximum of 30 inpatient days and 20 outpatient visits per benefit year for basic mental health care services (does not apply to SED or SMI)</li> <li>• Unlimited days and visits for SED and SMI</li> <li>• Certain appropriate substitutions of residential treatment, day care or outpatient treatment may be substituted for inpatient hospitalization</li> <li>• Some health plans may choose to provide group therapy sessions</li> </ul>
<b>Alcohol and Drug Abuse Treatment</b>	<ul style="list-style-type: none"> <li>• Health education services and crisis intervention related to alcohol, drug abuse</li> </ul>	<ul style="list-style-type: none"> <li>• <b>Inpatient:</b> as medically appropriate to remove toxic substances from the system</li> <li>• <b>Outpatient:</b> 20 visits per benefit year</li> <li>• Some health plans may choose to provide additional medically necessary visits</li> </ul>
<b>Skilled Nursing</b>	<ul style="list-style-type: none"> <li>• Medically necessary prescribed services by a health plan physician or nurse practitioner in a licensed skilled nursing facility on a 24-hour basis</li> </ul>	<ul style="list-style-type: none"> <li>• Skilled nursing benefit is limited to a maximum 100 days per benefit year</li> </ul>

\* Benefits are provided if the insurance plan determines them to be medically necessary. Benefits, exclusions and limitations described in this handbook are representative and not intended to be all-inclusive or comprehensive. Refer to the health plan's Evidence of Coverage or Certificate of Insurance for further details.

\*\* Ostomy bags, urinary catheters and related supplies consistent with Medicare coverage guidelines are not excluded from coverage.

## AIM Services, *continued*

AIM Benefits*	Services for Women	Exclusions/Limitations
<b>Home Health Services</b>	<ul style="list-style-type: none"> <li>• Health services provided in home by health care personnel</li> <li>• Prescribed or directed by attending physician or appropriate designee of the health plans</li> </ul>	<ul style="list-style-type: none"> <li>• No custodial care</li> <li>• Discretion of attending physician or appropriate designee of the health plan to choose between mutually appropriate health care settings</li> <li>• Health plans utilize case management to consider cost-effective choice of mutually appropriate alternative health care settings</li> </ul>
<b>Blood and Blood Products</b>	<ul style="list-style-type: none"> <li>• Inpatient and outpatient processing, storage, administration of blood and blood products</li> <li>• Collection and storage of autologous blood when medically indicated</li> </ul>	None
<b>Family Planning Services</b>	<ul style="list-style-type: none"> <li>• Counseling and surgical procedures for sterilization, as permitted by state and federal law.</li> <li>• Coverage for diaphragms and other federal Food and Drug Administration approved devices pursuant to the prescription drug benefit.</li> <li>• Voluntary Termination of Pregnancy</li> </ul>	None

\* Benefits are provided if the insurance plan determines them to be medically necessary. Benefits exclusions and limitations described in this handbook are representative and not intended to be all-inclusive or comprehensive. Refer to the health plan's Evidence of Coverage or Certificate of Insurance for further details.

## Services available for your baby through the DHCS Medi-Cal Health Care Delivery System

**DHCS Benefit Chart is pending**

### Who Qualifies for the AIM Program?

#### To qualify for AIM, you must be:

- 1. Pregnant:** You must be pregnant, but not more than 30 weeks pregnant, as of the application date. The application date is the date the **complete** and eligible application is sent to the AIM Program as shown by the U.S. Postal postmark date on the application envelope, or documentation from other delivery services. Count your weeks of pregnancy by counting back from your estimated delivery date or go to the AIM website at [www.aim.ca.gov](http://www.aim.ca.gov) to use a pregnancy calculator; **and**
- 2. A California resident:** A person living in California who plans to stay; **and**
- 3. Not enrolled in other programs:** You cannot be receiving no-cost Medi-Cal or Medicare Part A and Part B benefits as of the application date; **and**
- 4. Not covered by a other health insurance plan:** You cannot have other health insurance, unless your other health insurance plan that doesn't cover maternity services or has a maternity-only deductible or copayment greater than \$500 as of your date of

application; **and**

- 5. Within the AIM income guidelines:** You must have a Federal Modified Adjusted Gross Income within AIM income guidelines. Read about income guidelines on page XX.



### Health Plans

#### Who will provide health care services for you and your baby?

When you apply for AIM, you will choose a health plan available in your county. Then, when your AIM coverage starts, your health plan will manage your health care. The plan will let you know what doctors, midwives, medical groups, hospitals, and other providers you can use and what services are available. The plan will let you know how to get the services you need. Once you are enrolled in AIM, your baby will be registered in the DHCS-ALICP when you submit the Infant Registration Form. Your baby will receive medical, dental and vision care through Medi-Cal health care providers and managed health care plans. Your baby **will not** be covered until the DHCS-ALICP receives the required Infant Registration Form (as explained on page 2). Your baby will stay covered in the DHCS-ALICP if, at the first Annual Eligibility Review, you meet

the DHCS-ALICP's income guidelines. At your baby's second Annual Eligibility Review, your family income will be evaluated to see what coverage the infant qualifies for. The Medi-Cal Program has a lower income limit than AIM.

All plans in AIM offer the same health coverage. Differences among plans are in the choices of providers and special services offered. To find out which doctors and hospitals work with a plan, call the plan directly. To find out the special services a plan offers, read the plan descriptions on pages **XX-XX** in this handbook. Wellness classes or a telephone help line are examples of special services.

Many providers work with AIM and its health plans. You may be able to use the same doctor, hospital, or pharmacy that you use now. Call the health plans in your county to see if they work with a provider that you want.

# Meeting the AIM Income Guidelines

To see if you meet the AIM Modified Adjusted Gross Income (MAGI) guidelines, we look at your federal income tax household:

1. What is Modified Adjusted Gross Income (MAGI)
2. Whose income should be counted?
3. What income is counted?
4. Family Size

## 1. What is Modified Adjusted Gross Income (MAGI)?

MAGI counts income and include people in the federal income tax household as you file with your annual federal taxes. AIM then compares the federally countable MAGI to the Federal Poverty Level (FPL) by household size you claim on your federal taxes.

### 2. Whose income should be counted?

To see if you meet the AIM income guidelines, only count the income of the family members included or

who will be included in your federal income tax form.

### 3. What income should be counted?

Only list the income that you will report on your federal tax form for individuals that will be included on your federal tax form.

### 4. Family Size

The family size is the Tax filer plus all persons expected to be claimed as tax dependents on your federal tax form. A pregnant woman counts as one PLUS the number of expected child (ren).

If your Social Security Number (SSN) or Individual Tax Payer Identification Number (ITIN) is provided your income will be electronically verified using the State and Federal systems. If you cannot provide a SSN/ITIN for each person in your federal tax household, show either your last year's gross income or current gross income. Include a copy of the proof along with your application.

## Proof of last year's income:

1. 1040 Federal Income Tax return from previous year; *or*
2. Documents to show self-employed or other income for each person in your federal tax household.

## Proof of current income:

1. Paycheck or unemployment stub for each person in your federal tax household; *or*
2. Letter from Employer for each person in your federal tax household; *or*  
The following must be included in the letter or it

will not be accepted:

- a) Letterhead identifying business name, address and phone number.
- b) Date of the employer letter.
- c) Employee's name.
- d) Employee's current gross monthly income for a period ending 45 days from when the program receives the document.
- e) Statement: "Information provided is true and correct to the best of the signer's knowledge."
- f) Signature and job title of authorized personnel.

For a sample employer letter, go to [www.aim.ca.gov](http://www.aim.ca.gov) and click on the downloads tab.

### 3. Other Income

Documents to show other income.

### 4. Medi-Cal Notice of Action (NOA)

The NOA issued after 1/1/14 must include the MAGI income amount or a budget worksheet (may be separate), and must be issued within two

months of the date of your application and after 1/1/14, showing that you do not qualify for no-cost Medi-Cal based on MAGI limits.

**4. Income deductions** If you cannot provide a SSN/ITIN, provide documents on federal income tax deductions claimed for alimony paid, student loan interest paid or other federal income deduction taken. These deductions will be subtracted from your MAGI to see if you qualify for the AIM Program. Send proof for each deduction that is taken by your federal tax household

# Paying for Your AIM Coverage

## Do you meet the AIM eligibility guidelines?

Based on federal tax household and the family size of that tax household, the AIM Program will determine if you meet the AIM eligibility guidelines. If not eligible, you have other options for health coverage that you may qualify for including Medi-Cal or Covered CA coverage.

### **If your income is below the AIM eligibility guidelines, you may qualify for no-cost Medi-Cal.**

If you do not qualify for AIM, because your income for your family size is below the AIM eligibility guidelines, you may qualify for no-cost Medi-Cal. We will forward your application to Medi-Cal for an eligibility determination. Presumptive Eligibility is available to any woman whose family income is at or below 200% of the federal income guidelines. Presumptive Eligibility is a federal/state program designed to provide access to prenatal care for pregnant women by offering immediate Medi-Cal coverage pending a formal Medi-Cal application. For more information about Presumptive Eligibility please call 1-800-824-0088 or go to [www.dhcs.ca.gov/services/medi-cal/eligibility/Pages/PE\\_Info\\_women.aspx](http://www.dhcs.ca.gov/services/medi-cal/eligibility/Pages/PE_Info_women.aspx).

### **If your income is above the AIM eligibility guidelines, you may qualify for Covered CA and may be eligible for tax credits to help you pay your Covered CA premiums.**

If you do not qualify for AIM, because your income for your family size is too high for the AIM eligibility guidelines, you may qualify for Covered CA. We will forward your application to Covered CA for an eligibility determination.

## How much will AIM cost?

- There is a small cost that you will have to pay to be an AIM subscriber, but it is the only amount you will have to pay. Unlike most insurance plans, AIM does not charge co-payments or deductibles.
- Your total cost will be exactly 1.5% of your MAGI. This is a total cost, not a monthly premium.
  - You may pay your 1.5% cost when you submit your application,

### **Medi-Cal Privacy Notice**

*Federal and State law requires us to provide the following information: Welfare and Institutions Code §14011 requires Medi-Cal applicant' to provide the information requested in the application. It may be shared with federal, state, and local agencies for purposes of verifying eligibility and for verification of the immigration status of those persons seeking full scope Medi-Cal benefits. (Federal law says the U.S. Citizenship and Immigration Services [CIS]; formerly the Immigration and Naturalization Service [INS] cannot use the information for anything else except cases of fraud.) It will also be used to process Medi-Cal claims and make Benefits Identification Cards (BICs). Failure to provide the required information may result in denial of the application. Information required by this form is mandatory. Social Security Numbers are required by §1144(a) (1) of the Social Security Act unless applying for emergency or pregnancy-related benefits only.*

***You have a right to access your Medi-Cal records. Contact your county Medi-Cal office.***



or you may make monthly payments for one year. A \$50 discount will be given if you send your full 1.5% cost with your application.

Your 1.5% of MAGI covers you throughout your pregnancy and for coverage through the last day of the month in which the 60<sup>th</sup> day following the end of the pregnancy occurs. The AIM Program cannot cover any medical services you received after the last day of the month in which the 60<sup>th</sup> day from when your pregnancy ended.

## How do you pay for AIM?

**The total cost is 1.5% of MAGI.** You don't have to pay this all at once. The AIM Program will divide the total cost into 12 monthly installments for you. Once you are accepted into the AIM Program, you will receive billing statements from the AIM Program. You are responsible for making your monthly payments even if you do not receive our monthly bill. Payments must be received by the 1st of each month. ***Mail your payments to:***

Please remember that it is very important that you do not fall behind on your payments. This could negatively affect your credit rating. If you do not pay on time, reminder notices will be sent to you. You will be reported to a credit reporting agency if you are more than 90 days late. This may impact your ability to receive credit in the future when buying a car or home or when applying for a credit card. If account is paid in full late, the credit reporting agency's record will be updated but will still reflect the late payment.

It is against state regulations for any health care provider or any government entity to pay the cost for you. However, a federally recognized California Indian Tribal Government may make required subscriber contributions on behalf of a member of the tribe.

**You must pay for AIM even if you cancel your AIM coverage**

## How do you apply?

### Who can be an applicant?

An applicant can be a pregnant woman age 18 or older applying for herself, or an applicant can be the husband of a pregnant woman. An applicant can also be a legal guardian or natural parent, foster parent, or stepparent with whom a pregnant child lives. An emancipated-minor, who is not living in the home of a natural parent or adoptive parent, a legal guardian, foster parent, or stepparent, may also be an applicant.

### How do you apply?

Fill out the application on pages XX-XX and mail it in, along with SSNs/ITINs. If you didn't list SSNs/ITINs on the application send it in along with the proof of your income for your federal tax household members.

### When does AIM Coverage Begin?

### AIM Program

P.O. Box 15207

Sacramento, CA 95851-0207

Or, you may choose to pay your 1.5% cost in one single payment with your application. A \$50 discount will be given if you send your full 1.5% cost with your application.

It is your responsibility to pay your full 1.5% cost even if you cancel AIM for yourself on or after the first day your coverage begins. This also applies if you have complications with your pregnancy; or your pregnancy ends on or after your first day of coverage; or you choose not to use the services offered to you by the Program.

However, if your pregnancy ends within the first trimester and the AIM Program receives documentation; your subscriber contribution amount may be reduced to 1/3 of the original cost. You need to notify the AIM Program within 30 days after the end of your pregnancy. You may use the Early End of Pregnancy Form on page **XX** or you may use a different format as long as it contains the same information. The AIM Program will notify you if your cost has been reduced and will refund any overpayments.

The 1.5% cost you pay is a small portion of the amount the State pays your health coverage.

If your application is complete, AIM will process your application within 10 calendar days of receipt. If your application is incomplete, you will be notified in writing of what is missing and AIM will also call you to request missing information. If you need help filling out the application, call the AIM Program at 1-800-433-2611. All help is free. Your complete and eligible application must be postmarked before the end of your 30<sup>th</sup> week of pregnancy.

If your application is complete and you qualify, you will receive a written letter notifying you that you have been enrolled in AIM. The letter will provide you with the date your coverage starts. **Your coverage starts 10 calendar days after the date your application is approved.**

If you do not qualify, you will receive a written letter stating why you do not qualify.

Once you are enrolled, you will receive an Evidence of Coverage (EOC) booklet and an insurance card from your chosen health plan. **It is IMPORTANT for you to read the plan's EOC booklet to understand the benefits,**

### **How long can you be enrolled in AIM?**

#### **When will your coverage end?**

If you are enrolled, the AIM Program will provide comprehensive health care during your pregnancy and for coverage through the last day of the month in which the 60<sup>th</sup> day following the end of the pregnancy occurs. The AIM Program is only for one pregnancy at a time and cannot cover services received after the last day of the month in which the 60<sup>th</sup> day from when your pregnancy ended. You must notify the AIM Program within 30 days after the end of your pregnancy.

#### **What you need to do once your baby is born?**

AIM will mail you an Infant Registration Form 30 days before your estimated date of delivery and you need to return the completed form. You may also use the Infant Registration Form on page **xx**. If you have your baby early or you do not want to register your baby for public coverage, you still must notify the AIM Program within 30 days from when your pregnancy ends. The AIM Program cannot cover any medical services you receive after the last day of the month in which the 60<sup>th</sup> day from when your pregnancy ended.

#### **What if you have a difficult pregnancy?**

The AIM Program provides comprehensive health care for your pregnancy in an effort to help you. AIM understands that sometimes women have difficult pregnancies, and is

#### **What if you are no longer pregnant after your start date of coverage?**

If you are no longer pregnant by the end of your first trimester, you may be eligible for a reduced subscriber contribution. If your pregnancy ends after your first trimester, you will still be responsible for the full 1.5% cost.

You must notify the AIM Program within 30 days from when your pregnancy ends, to inform us of the date that you were no longer pregnant. The AIM Program cannot cover any medical services you receive after the last day of the month in which the 60<sup>th</sup> day from when your pregnancy ended.

You may use the Early End of Pregnancy Form on page **xx** to inform AIM that your pregnancy has ended. If you want to be considered for a reduced subscriber contribution, documentation by a licensed or certified

**exclusions, limitations, and the terms of the agreement between you and the health plan. If you do not receive your insurance card within 10 days of your enrollment in AIM, please call your health plan directly.**

sorry for any difficulties you may experience. If you are still pregnant after your start date of coverage, the AIM Program will provide comprehensive health care during your pregnancy and through the last day of the month in which the 60<sup>th</sup> day following the end of the pregnancy occurs.

The AIM Program cannot cover any medical services you receive after the last day of the month in which the 60<sup>th</sup> day from when your pregnancy ended. You need to notify the AIM Program within 30 days after the end of your pregnancy.

#### **What if you are no longer pregnant before your start date of coverage?**

If you are no longer pregnant before the first day that your AIM coverage starts, your coverage will not begin. You must immediately inform the AIM Program within 30 days of the date that you were no longer pregnant. The AIM Program cannot cover any medical services you receive if you are no longer pregnant before your start date of coverage.

You must notify the AIM Program within 30 days of the end of your pregnancy, even if you have an early end to your pregnancy. You may use the Early End of Pregnancy Form on page **xx**. **If notification to the program is received after the start date of coverage, documentation by a licensed or certified health care professional must be submitted indicating the end date of your pregnancy.**

health care professional must be submitted indicating the end date of your pregnancy.

#### **How do you notify AIM?**

You must notify the AIM Program within 30 days of the date that your pregnancy ended.

*Mail or fax your letter to:*

**AIM Program  
P.O. Box 15559  
Sacramento, CA 95852-0559  
Fax: 1-888-889-9238**

If you would like to request a form or have questions regarding your AIM coverage, please call the AIM Program Monday through Friday, 8:00 a.m. to 8:00 p.m., or on Saturday, 8:00 a.m. to 5:00 p.m. at 1-800-433-2611.

## What about services received before enrolling in AIM?

AIM will reimburse you up to \$125 for medical services which you have already paid. The services must be pregnancy-related and medically needed. Services can include pregnancy testing, certificate of pregnancy, and prenatal visits. You can be eligible if the following occurs:

- You receive services within 40 calendar days before AIM received your completed application and ending on the start date of coverage, **and**
- You submit proof of payment to AIM within **90 calendar days** of the date you received the services.

The following information must be provided or it will not be accepted:

1. A photocopy of the bill which includes the name and business address of the medical provider.
2. Your name, address, date of birth and Social Security

Number (optional) on the request.

3. The date(s), amount **PAID**, and type of medical service you received.

*Mail or fax your request to:*

**AIM Program**  
**P.O. Box 15559**  
**Sacramento, CA 95852-0559**  
**Fax: 1-888-889-9238**

**Claims with dates of services on or after your AIM start date of coverage should be sent directly to your health plan.** The AIM Program cannot cover any medical services you receive after the last day of the month in which the 60th day from when your pregnancy ended.



# Access for Infants and Mothers Application

## SECTION 1

**PREGNANT WOMAN INFORMATION:** This section gives us basic information about the pregnant woman. If a question does not apply, write "N/A". If you don't have a Social Security Number or Individual Taxpayer Identification Number you may still qualify for benefits. Answering "YES" to the question(s) about smoking will not affect the enrollment in any way.

Last Name		First Name, M.I.		Social Security Number or Individual Taxpayer Identification Number (if you have one)		Birthdate	
Street Address (P.O. Box not accepted)				Unit/Apt.Number		Phone Number ( )	
City		County		State		Zip Code	
Expected Delivery Date - (required)		How many babies are expected?		Do you or anyone in your household smoke? YES/NO			
<b>PRINT BILLING AND MAILING ADDRESS, IF DIFFERENT FROM ABOVE:</b>							
Last Name				First Name			
Street Address or P.O. Box				Unit/Apt. Number			
City		County		State		Zip Code	

**Race/Ethnicity:** (Optional: Check which best applies)

<input type="checkbox"/> White	<input type="checkbox"/> Alaska Native	<input type="checkbox"/> Japanese	<input type="checkbox"/> Guamanian
<input type="checkbox"/> Hispanic	<input type="checkbox"/> Filipino	<input type="checkbox"/> Korean	<input type="checkbox"/> Laotian
<input type="checkbox"/> Black/African American	<input type="checkbox"/> Amerasian	<input type="checkbox"/> Samoan	<input type="checkbox"/> Vietnamese
<input type="checkbox"/> Asian	<input type="checkbox"/> Chinese	<input type="checkbox"/> Asian Indian	<input type="checkbox"/> Other
<input type="checkbox"/> Native American Indian	<input type="checkbox"/> Cambodian	<input type="checkbox"/> Hawaiian	
What language do you speak best? _____		What language do you read best? _____	

## SECTION 2

<b>Pregnant Woman's Information</b>	
At the time of application, do you have health insurance? YES/NO	Does the insurance cover your pregnancy? YES/NO
If applicable, what is the dollar amount of your <b>maternity-only</b> deductible or co-payment? \$ _____	

**\*Applicants may have other health insurance plan and still be eligible for AIM if the other plan has a maternity-only deductible or copayment greater than \$500 or does not cover maternity.**

**CHOICE OF HEALTH PLAN:** (Applicant must fill out this section)

Instructions: Turn to page xx in this application to see which AIM health plans are available in your county. Beginning on page xx you will find a description of each health plan for your review.	
<b>Choice of Health Plan:</b>	
Choice of Medical Group/Provider:	Provider Code:

# Access for Infants and Mothers Application

## SECTION 3

**FAMILY SIZE and INCOME:** This section will give us information on the pregnant woman's household family size, and income.

<b>Part A:</b> To be completed by the applicant about the father of the unborn child. <b>Only</b> complete this section if the father of the unborn child is living with the pregnant woman is married to her and is part of the federal tax household.		
Name of father of baby		Birthdate
Are you married to the pregnant woman? YES/NO	Are you part of her federal tax household? YES/NO	Social Security Number or Individual Taxpayer Identification Number (if you have one)

Part B:	Household member 1	Household member 2	Household member 3	Household member 4	Household member 5
Federal Tax Household Person Name (*F or D and Member #)	(First, Last Name)				
Relationship to Pregnant Woman					
Social Security Number or Taxpayer Identification Number (if you have one)					
<b>Current Income</b>					
Currently employed? Yes/No					
Employer Name					
How often is income received (weekly, bi-weekly, twice a month, monthly, yearly)					
How much income is received? (total gross income)					
<b>Self-Employment Income</b>					
Are you Self-employed? Yes/No					
Type of self-employed business?					
Net Self-Employment Income Amount					
How often is income received (weekly, bi-weekly, twice a month, monthly, yearly)					
<b>Other Income not listed above</b>					
Do you have other income? Yes/No (income from something other than your job)					
Type of Income					
Gross Income Amount					
How often is income received (weekly, bi-weekly, twice a month, monthly, yearly)					
<b>Information on Modified Adjusted Gross Income (MAGI) and household composition</b>					
Did you file taxes last year? Yes or No					
Were you the primary tax filer? Yes or No					
If you filed taxes last year what did you file as? Head of household, Single, Married filing jointly, Married filing separately, or dependent					
Are you going to file taxes for the benefit year? Yes or No					
If yes, how will you file? Head of household, Single, Married filing jointly, Married filing separately, or dependent					

\*Please indicate if Tax Household Person is Tax Filer or Dependent. F=Tax Filer D=Dependent. If D indicate household member # of who claims you as a dependent

\*\*If more than 5 people in household, add names on separate sheet of paper\*\*

# Access for Infants and Mothers Application

See page XX for more information about federal tax deductions

<p>Does the pregnant woman pay alimony? YES/NO If yes, how much alimony? \$ _____ How often do you get or pay for this deduction?</p> <p><input type="checkbox"/> Hourly: How many hours per week? _____  <input type="checkbox"/> Daily: How many days per week? _____  <input type="checkbox"/> Weekly <input type="checkbox"/> Every two weeks  <input type="checkbox"/> Monthly <input type="checkbox"/> Twice a month  <input type="checkbox"/> One-time payment</p> <p>Does the pregnant woman pay student loan interest? YES/NO If yes, how much student loan interest? \$ _____ How often do you get or pay for this deduction?</p> <p><input type="checkbox"/> Hourly: How many hours per week? _____  <input type="checkbox"/> Daily: How many days per week? _____  <input type="checkbox"/> Weekly <input type="checkbox"/> Every two weeks  <input type="checkbox"/> Monthly <input type="checkbox"/> Twice a month  <input type="checkbox"/> One-time payment</p>	<p>Does the father of the baby, listed in part B, pay alimony? YES/NO If yes, how much alimony? \$ _____ How often do you get or pay for this deduction?</p> <p><input type="checkbox"/> Hourly: How many hours per week? _____  <input type="checkbox"/> Daily: How many days per week? _____  <input type="checkbox"/> Weekly <input type="checkbox"/> Every two weeks  <input type="checkbox"/> Monthly <input type="checkbox"/> Twice a month  <input type="checkbox"/> One-time payment</p> <p>Does the father of baby, listed in part B, pay student loan interest? YES/NO If yes, how much student loan interest? \$ _____ How often do you get or pay for this deduction?</p> <p><input type="checkbox"/> Hourly: How many hours per week? _____  <input type="checkbox"/> Daily: How many days per week? _____  <input type="checkbox"/> Weekly <input type="checkbox"/> Every two weeks  <input type="checkbox"/> Monthly <input type="checkbox"/> Twice a month  <input type="checkbox"/> One-time payment</p>
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Where did you first learn about the AIM Program? (circle one)		
1. Doctor's Office	6. Government Office	11. TV/Radio
2. Community Clinic	7. 1-800-BABY-999	12. Health Fair/Community Event
3. Newspaper	8. Employer	13. Insurance Agent
4. Internet	9. School/Church	14. Covered CA
5. Hospital	10. Friend/Relative	15. Other (specify) _____

## SECTION 4

<p><b>PREGNANT WOMAN'S DECLARATIONS</b></p> <p>I declare that:</p> <ul style="list-style-type: none"> <li>• If my application is not eligible for AIM, I understand that my application will be forwarded to the county for a Medi-Cal determination or to CoverdCA for a determination.</li> <li>• I understand my coverage through the AIM Program will end the last day of the month in which the 60<sup>th</sup> day following the end of the pregnancy occurs.</li> <li>• I attest that I am pregnant and not over 30 weeks pregnant as of the application date.</li> <li>• I live in the State of California and plan to stay.</li> <li>• I am not and will not be reimbursed by any health care provider or government entity for the payment of my subscriber contribution, with the exception of a California Indian Tribal Government, if applicable.</li> <li>• I do not have health insurance to cover my pregnancy or I have a <b>maternity-only</b> deductible or copayment over \$500 through my other insurance plan.</li> <li>• I am not currently enrolled in no-cost Medi-Cal or Medicare Part A and Medicare Part B at the time of application.</li> <li>• I give the AIM Program permission to verify my family income, health insurance status, residency and other information presented in the application.</li> <li>• I will abide by the rules of participation, the utilization review process and the AIM dispute resolution process of any AIM participating health plan in which I am enrolled.</li> <li>• I will follow the rules and regulations of the AIM Program.</li> <li>• I agree to pay the required subscriber contribution even if I do not take full advantage of the coverage or services offered by AIM, and I acknowledge that the AIM Program will take action to collect the full subscriber contribution.</li> </ul>
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## SECTION 5

### AUTHORIZATIONS AND CONDITIONS OF ENROLLMENT

Required by the Confidentiality of Medical Information Act of 1/1/80, Section 56 et. seq. of the California Civil Code for all applicants of 18 years and over: I authorize any insurance company, physician, hospital, clinic or health care provider to provide the Access for Infants and Mothers Administrator any and all records pertaining to any medical history, services or treatment provided to the applicant and for the baby born of the applicant's pregnancy listed on this application for purpose of review, investigation or evaluation. This authorization becomes immediately effective and shall remain in effect as long as the Administrator requires it. A photocopy of this Authorization is as valid as the original.

#### Privacy Notification

The Information Practices Act of 1977 and the Federal Privacy Act require this Program to provide the following to individuals who are asked by the Access for Infants and Mothers Program (established by Part 6.3 of Division 2 of the Insurance Code) to supply information: The principal purpose for requesting personal information is for subscriber identification and program administration. Program regulations require every individual to furnish appropriate information for application to the Access for Infants and Mothers Program. Failure to furnish this information may result in non-eligibility determination. The following information on the application is voluntary: social security numbers, race/ethnicity information, and source of referral.

An individual has a right to records containing his/her personal information that are maintained by the Managed Risk Medical Insurance Board. The official responsible for maintaining the information is: Deputy Director, Eligibility, Enrollment and Marketing Division, Managed Risk Medical Insurance Board, P.O. Box 2769, Sacramento, CA 95812-2769. The Board may charge a small fee to cover the cost of duplicating this information.

I understand that this is a State and Federal program and my rights and obligations under it will be determined under Part 6.3 of Division 2 of the California Insurance Code and Title 10, Part 5.6 of the California Code of Regulations.

**Each AIM plan has its own rules for resolving disputes about the delivery of services and other matters. Some AIM plans say you must use binding arbitration for disputes; others do not. Some AIM plans say that claims for malpractice must be decided by binding arbitration; others do not. If the AIM plan you choose requires binding arbitration, you are giving up your right to a jury trial and cannot have the dispute decided in court. To find out more about how an AIM plan resolves disputes, you can call the AIM plan and request an Evidence of Coverage (EOC) booklet.**

I understand that AIM coverage is secondary to my other health insurance which means that AIM will only pay for benefits not covered by my other health insurance. **I will immediately notify my AIM health plan that I have other health insurance so the AIM Plan will coordinate my benefits.**

I, the applicant, certify that I have read and understand the foregoing affidavit and declarations. I also declare under penalty of perjury that the information I have given on this form is true and correct to the best of my knowledge. I, the applicant, agree to pay the required subscriber contribution and understand that the State will take appropriate actions to collect the full subscriber contributions as outlined in this contract.

**I declare under penalty of perjury that the information on this form is true and correct to the best of my knowledge and belief.**

X \_\_\_\_\_  
Signature of Applicant (required)

\_\_\_\_\_  
Date

***Note: If enrolled, AIM coverage will end the last day of the month in which the 60<sup>th</sup> day following the end of the pregnancy occurs.***

#### Mail your application and other materials to:

##### Mail Address:

Access for Infants and Mothers Program  
P.O. Box 15559  
Sacramento, CA 95852-0559

##### Overnight Address:

Access for Infants and Mothers Program  
625 Coolidge Drive  
Suite 100  
Folsom, CA 95630

If you need help filling it out, call the AIM Program at 1-800-433-2611. All help is free.

**Note: Your complete application must be received by the AIM Program prior to the end of your 30th week of pregnancy in order to be considered for the AIM Program. If you are near your 30th week of pregnancy, you may send your application overnight via Fed-Ex, US Postal Service, etc.**



# What You Need to Know After You Are Enrolled

## Changing your address

You must write to the AIM Program to inform them of any changes with your home phone or billing address or if you move out of state. This letter must be sent 30 days before you move. *Mail or fax your letter to:*

**AIM Program**  
**P.O. Box 15559**  
**Sacramento, CA 95852-0559**  
**Fax: 1-888-889-9238**

## If you get other insurance

If you get other insurance after you are enrolled in AIM, you must write to the AIM Program (at the address shown above) right away. This is very important because AIM only pays for benefits not covered by your other insurance. You will still have to pay your share of the cost for AIM coverage (1.5% of your income).

## Transferring to another Health Plan within AIM

In most cases, the health plan you sign up will be the plan you will stay with until your coverage ends. There are only three reasons for which you may transfer or be transferred to another AIM health plan.

1. You may request to transfer from one AIM health plan to another if you move to an area that your original health plan does not serve.

The request must be submitted in writing within 30 days before you move.

If approved, the transfer will take effect within 17 calendar days of the date the program received your request.

2. You or your health plan may request a transfer because the two of you do not have a good relationship. These requests will only be approved if the transfer is in the best interest of the program. There must also be another AIM plan available where you live.

The transfer will take effect within 15 calendar days from approval of the transfer.

3. You may be transferred to another AIM health plan if the one that you are enrolled in is no longer participating with AIM. The transfer would take effect prior to the end of the health plan contract.

All transfer requests must be approved by the AIM Program. *Mail or fax your request to:*

**AIM Program**  
**P.O. Box 15559**  
**Sacramento, CA 95852-0559**  
**Fax: 1-888-889-9238**

## How you may be disenrolled

*You will be disenrolled if:*

1. You write to the AIM Program and ask that your coverage be cancelled. If you ask on or after your first day you are enrolled in AIM, **you will still have to pay the 1.5% cost.**
2. You no longer live in California. You must write to the AIM Program within 30 days to notify them of this move.
3. You commit fraud against the AIM Program. This includes giving false information on your application.
4. You are no longer pregnant on your start date of coverage. Your AIM coverage will not begin. You must notify AIM within 30 days after the end of your pregnancy. If notification to the program is received after the start date of coverage, documentation by a licensed or certified health care professional must be submitted indicating the date your pregnancy ended. You may use the Early End of Pregnancy Form on page XX. Refer to page XX for details. The AIM Program cannot cover any medical services you receive if you are no longer pregnant before your start date of coverage in AIM.



5. You will be disenrolled the last day of the month in which the 60<sup>th</sup> day following the end of the pregnancy occurs. You must notify the AIM Program within 30 days after your pregnancy ends. The AIM Program cannot cover any medical services you receive if you are no longer pregnant before your start date of coverage in AIM.

The AIM Program will inform you of the disenrollment and the reason. If you are disenrolled for reasons 1-3 above, your AIM coverage will end at the end of the calendar month in which the request was received or at the end of a future calendar month as requested. **You are still responsible for paying all of your cost if you are disenrolled for reasons 1, 2, 3, and 5 above.** Once you are disenrolled from the AIM Program, you cannot reenroll for the same pregnancy.

### Registering your baby in DHCS-ALICP

AIM will mail you an Infant Registration Form 30 days before your expected due date. The Infant Registration Form asks for the following information:

1. First, middle, and last name of your baby
2. Date of birth
3. Gender (sex)
4. Weight at birth

Complete the Infant Registration Form and send it to the AIM Program within 30 days after your delivery. Send this information to AIM at the address printed on the form. If you do not receive the Infant Registration Form, call 1-800-433-2611. The Infant Registration Form is also on page xx. After your baby is registered, Medi-Cal for Families Monthly Invoices will bill you for your baby's monthly premium if your baby has a monthly premium.

**Your baby's coverage will not begin until DHCS-ALICP receives the required Infant Registration Form.**

### Notifying AIM when your pregnancy has ended

AIM health coverage instead. It is also illegal for an employer to charge an employee more money or make changes to the woman's maternity insurance, so that the woman enrolls into AIM.

California law states that it is an unfair labor practice for an employer to refer or arrange for an individual employee or their dependent to apply for the AIM Program for the purpose of separating that employee or their dependent from employer-based group health coverage. This provision is enforceable under Section 95 of the California Labor Code and will result in employer penalties.

Within 30 days, you must notify the AIM Program of the date that your pregnancy ended by submitting the Infant Registration Form.

***Mail or fax your letter to:***

**AIM Program  
P.O. Box 15559  
Sacramento, CA 95852-0559  
Fax: 1-888-889-9238**

If you would like to request the form or have questions regarding your AIM coverage, please call the AIM Program Monday through Friday, 8:00 a.m. to 8:00 p.m., or on Saturday, 8:00 a.m. to 5:00 p.m. at 1-800-433-2611.

### Eligibility appeals

If you disagree with a decision that the AIM Program has made regarding your eligibility, disenrollment, or transfer, you may appeal to the Executive Director. Your appeal must be in writing and submitted to the address provided below within 60 calendar days from the date of the decision letter. An appeal shall include all of the following:

1. A statement specifically describing the issues which are disputed.
2. A statement of the resolution requested.
3. Any other relevant information. This includes copies of the decision letter and all the documentation submitted with the AIM application (except for the payment).

***Mail your appeal to:***

**Executive Director-Eligibility Appeal  
AIM Program  
P.O. Box 15559  
Sacramento, CA 95852-0559**

### Employer health coverage

**NOTE: To employers, insurance agents, brokers, and potential subscribers regarding employer-based health insurance and the AIM Program:**

It is against the law for an employer to take away a pregnant woman's maternity insurance and offer her

California law also states that it is an unfair labor practice for any employer to change the employee-employer share-of-cost ratio or to make any other modification of maternity care coverage for employees or employees' dependents that results in the enrollment of the employees or employees' dependents in the AIM Program. This provision is enforceable under Section 95 of the California Labor Code and will result in employer penalties.

California law also states that it is unfair competition for an insurance agent, broker, or administrator to refer or arrange an individual employee or their dependent to apply

for the AIM Program for the purpose of separating that employee or their dependent from employer-based group health coverage. California state law states that an employee shall have a personal right of action to enforce this provision.

## **Disability access**

### **Physical Access**

Applying for AIM is done through the mail with follow up by phone. However, our office in Folsom, California is fully accessible to our disabled clients to pick up applications or drop off complete applications only.

### **Access for the Hearing-Impaired**

The hearing-impaired may contact one of our AIM customer service representatives by calling our **TTY number: 1-800-735-2929**.

### **Access for the Vision-Impaired**

This application will be made available in alternate formats for the vision-impaired. Large print formats are available. Our AIM customer service representatives are available by phone to explain all aspects of AIM eligibility and enrollment to the visually impaired.

### **Americans with Disabilities Act**

Section 504 of the Rehabilitation Act of 1973 requires that no qualified disabled person shall, on the basis of disability, be excluded from participation in, be denied the benefits of, or otherwise be subjected to discrimination under any program or activity which receives or benefits from Federal financial assistance.

The Americans with Disabilities Act of 1990 prohibits the Managed Risk Medical Insurance Board and its contractors from discriminating on the basis of disability, protects its applicants and enrollees with disabilities in program services, and requires the Board to make reasonable accommodations to applicants and enrollees.

### **Disability Access Grievances**

If you believe the AIM Program has failed to respond to our disability access needs, you may file a complaint or grievance with the ADA Coordinator at the Managed Risk Medical Insurance Board at the following address:

**ADA Coordinator  
Managed Risk Medical Insurance Board  
P.O. Box 2769  
Sacramento, CA 95812-2769  
(916) 324-4695 (Voice)  
1-800-735-2929 (California Relay Service  
for the hearing-impaired)**

## Health plan's dispute resolution process

If you are unhappy with something your health plan did (or did not do), you must resolve your problems with the plan according to its policies and procedures. The procedures are listed in the Evidence of Coverage (EOC) booklet. You will receive the booklet from the health plan. You may review the document prior to selecting a health plan. Call the plan directly and ask for a copy.

If you are unable to resolve your dispute with the plan, and your insurance plan is licensed by the state, contact the state government agency, Department of Managed Health Care which licenses the insurance plan. The number is listed in the EOC.

### What is Binding Arbitration?

Binding Arbitration is an agreement between some insurance plans and subscribers to have health care disputes reviewed by a neutral person. If you choose an insurance plan with arbitration, you give up the right to a

jury or court trial to resolve disputes you may have with your insurance plan. The neutral person makes a decision after reviewing and hearing all the facts from both parties. Both parties agree to accept the decision.

### Which plans require their members to use Binding Arbitration to resolve disputes?

- Anthem Blue Cross EPO and HMO: Yes (includes medical malpractice)
- CenCal Health's Santa Barbara Prenatal Plus 2: Yes (includes medical malpractice)
- Central California Alliance for Health: No
- Contra Costa Health Plan: No
- Health Plan of San Joaquin: Yes (includes medical malpractice)
- Kaiser Permanente: Yes (includes medical malpractice)
- Ventura County Health Care Plan HMO: Yes (includes medical malpractice)

## The Managed Risk Medical Insurance Board (MRMIB) benefits appeal process

You should first attempt to resolve disputes with the plan according to its established policies and procedures. If you are dissatisfied with the resolution of your grievance you can appeal to the California Managed Risk Medical Insurance Board (MRMIB).

The benefit appeal must be submitted to MRMIB in writing within sixty (60) calendar days following the Plan's decision. The appeal must include the following:

- A copy of any decision being appealed or a written statement of the action or failure to act being appealed;
- A statement specifically describing the issue you are disputing;
- A statement of the resolution you are requesting; and
- Any other relevant information you would like to include.

Appeals that do not include the above information will be returned. You may resubmit the complete appeal within the sixty (60) calendar days from the plan's denial or within twenty (20) calendar days of the receipt of the returned appeal, whichever is later.

### *Mail or FAX your appeal to:*

**Executive Director-Benefits Appeal  
Managed Risk Medical Insurance Board  
P.O. Box 2769  
Sacramento, CA 95812-2769  
PHONE: (916) 324-4695  
FAX: (916) 327-9661**

## AIM Program privacy notification

### **THIS NOTICE DESCRIBES HOW MEDICAL INFORMATION ABOUT YOU MAY BE USED AND DISCLOSED AND HOW YOU CAN GET ACCESS TO THIS INFORMATION. PLEASE REVIEW IT CAREFULLY.**

When you apply for the AIM Program, the information you provide in the application is reviewed by a private contractor. The private contractor is hired by the State of California to assist in the administration of the AIM Program. The contractor uses your information to determine whether you are eligible for AIM. The contractor and the State will use your information for administration and evaluation of the program and for necessary purposes authorized by law.

If you are determined eligible for AIM, the contractor will then send your information to the health insurance plan and provider that you select, so you can begin to receive health insurance coverage under that plan.

Once your baby is born, your health plan and provider may send to the State information regarding your baby and the health care you and your baby received. This information will include what is required under State law for your baby's birth certificate, such as your baby's name, sex, date of birth, weight, and your pregnancy history. In addition, the State will also receive summary information on treatment you and your baby received while being covered by AIM. This information includes the number of doctor visits you received before and after delivery, and the number of immunizations provided to your baby.

Uses and disclosures that are not part of the operations of the Program will only be made with your written authorization. This authorization may later be revoked at your written request.

### **Your rights regarding how your personal information is used**

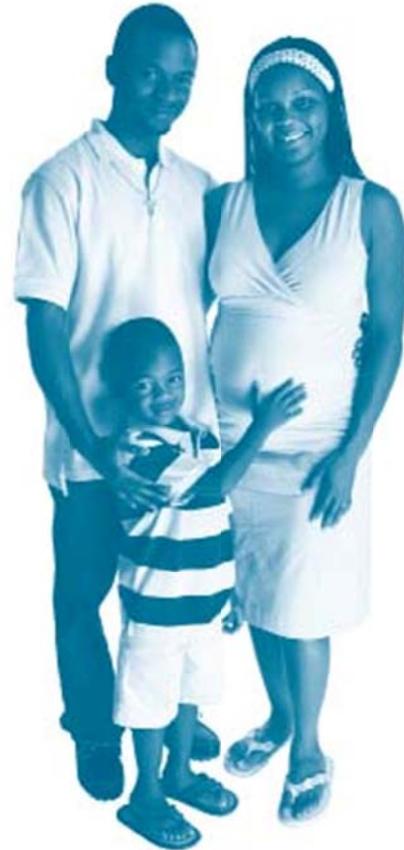
You have the right to request the AIM Program to restrict the use of your personal information. The Program may not agree to restrictions if it would interfere with its normal operations and administration. You also have the right to obtain a copy, or request to change the personal information you provided to the AIM Program as long as the Program retains such information. You have the right to obtain an explanation of how your personal information was disclosed,

other than the use of your information by the AIM Program to carry out the operations of the Program.

AIM may revise the privacy practices described here. The Program will notify its subscribers in updated Program handbooks or through direct mailed notices prior to such revisions becoming effective. You may contact the AIM Program if you believe your privacy rights have been violated by contacting:

**Privacy Officer  
AIM Program  
Managed Risk Medical Insurance Board  
P.O. Box 2769  
Sacramento, CA 95812-2769  
(916) 324-4695**

New subscribers will receive a copy of the Notice of Privacy Practices with their enrollment confirmation.



# AIM Health Plans Available in Each County

1. Find the county where you live and determine which plans are available in your county. In certain counties only Anthem Blue Cross EPO is available. Please refer to the description of Anthem Blue Cross EPO on page XX.  
Remember, the health plan you choose is the plan you will stay in throughout your pregnancy.
2. Read descriptions of the Health Plans, beginning on page XX. The descriptions include phone numbers.
3. Visit our Web site at [www.aim.ca.gov](http://www.aim.ca.gov) to review the available OB/GYN providers in your county or call the AIM Program at 1-800-433-2611 for more information on provider availability.

## AIM Health Plans Available in Each County

<b>Alameda</b> Anthem Blue Cross HMO	<b>El Dorado</b> Anthem Blue Cross EPO
<b>Alpine</b> Anthem Blue Cross EPO	<b>Kaiser Permanente Northern California</b> (coverage for these Zip codes only: 95613-14, 95619, 95623, 95633-35, 95651, 95664, 95667, 95672, 95682, 95762 )
<b>Amador</b> Anthem Blue Cross EPO	<b>Fresno</b> Anthem Blue Cross HMO
<b>Butte</b> Anthem Blue Cross EPO	<b>Glenn</b> Anthem Blue Cross EPO
<b>Calaveras</b> Anthem Blue Cross EPO	<b>Humboldt</b> Anthem Blue Cross EPO
<b>Colusa</b> Anthem Blue Cross EPO	<b>Imperial</b> Anthem Blue Cross EPO
<b>Contra Costa</b> Contra Costa Health Plan Kaiser Permanente Northern California	<b>Inyo</b> Anthem Blue Cross EPO
<b>Del Norte</b> Anthem Blue Cross EPO	<b>Kern</b> Anthem Blue Cross HMO

*continued*

**AIM Health Plans Available in Each County, *continued***

<p><b>Kings</b> Anthem Blue Cross EPO</p>	<p><b>Mono</b> Anthem Blue Cross EPO</p>
<p><b>Lake</b> Anthem Blue Cross EPO</p>	<p><b>Monterey</b> Central California Alliance for Health</p>
<p><b>Lassen</b> Anthem Blue Cross EPO</p>	<p><b>Napa</b> Anthem Blue Cross EPO Kaiser Permanente Northern California (coverage for these Zip codes only: 94503, 94508, 94515, 94558-59, 94562, 94567, 94573-74, 94576, 94581, 94599)</p>
<p><b>Los Angeles</b> Anthem Blue Cross HMO (EXCEPT Catalina Island)</p>	<p><b>Nevada</b> Anthem Blue Cross EPO</p>
<p><b>Madera</b> Anthem Blue Cross EPO</p>	<p><b>Orange</b> Anthem Blue Cross EPO</p>
<p><b>Marin</b> Anthem Blue Cross EPO Kaiser Permanente Northern California</p>	<p><b>Placer</b> Anthem Blue Cross EPO Kaiser Permanente Northern California (coverage for these Zip codes only: 95602-04, 95648, 95650, 95658, 95661, 95663, 95677-78, 95681, 95703, 95722, 95736, 95746-47, 95765)</p>
<p><b>Mariposa</b> Anthem Blue Cross EPO</p>	<p><b>Plumas</b> Anthem Blue Cross EPO</p>
<p><b>Mendocino</b> Anthem Blue Cross EPO</p>	
<p><b>Merced</b> Anthem Blue Cross EPO</p>	
<p><b>Modoc</b> Anthem Blue Cross EPO</p>	

*continued*

**AIM Health Plans Available in Each County, *continued***

<p><b>Riverside</b></p> <p><b>Anthem Blue Cross HMO</b></p> <p><b>Kaiser Permanente Southern California</b> (coverage for these Zip codes only: 91752, 92220, 92223, 92320, 92501-09, 92513-19, 92521-22, 92530-32, 92543-46, 92548, 92551-57, 92562-64, 92567, 92570-72, 92581-87, 92595-96, 92599, 92860, 92877-83)</p>	<p><b>San Luis Obispo</b></p> <p><b>Anthem Blue Cross EPO</b></p>
	<p><b>San Mateo</b></p> <p><b>Kaiser Permanente Northern California</b></p>
	<p><b>Santa Barbara</b></p> <p><b>CenCal Health/Prenatal Plus 2</b></p>
<p><b>Sacramento</b></p> <p><b>Anthem Blue Cross HMO</b></p>	<p><b>Santa Clara</b></p> <p><b>Anthem Blue Cross HMO</b></p>
<p><b>San Benito</b></p> <p><b>Anthem Blue Cross EPO</b></p>	<p><b>Santa Cruz</b></p> <p><b>Anthem Blue Cross EPO</b></p>
<p><b>San Bernardino</b></p> <p><b>Anthem Blue Cross HMO</b></p> <p><b>Kaiser Permanente Southern California</b> (coverage for these Zip codes only: 91701, 91708-10, 91729-30, 91737, 91739, 91743, 91758, 91761-64, 91784-86, 92305, 92307-08, 92313-18, 92321-22, 92324-26, 92329, 92331, 92333-37, 92339-41, 92344-46, 92350, 92352, 92354, 92357-59, 92369, 92371-78, 92382, 92385-86, 92391-95, 92397, 92399, 92401-08, 92410-15, 92418, 92423-24, 92427)</p>	<p><b>Shasta</b></p> <p><b>Anthem Blue Cross EPO</b></p>
<p><b>San Diego</b></p> <p><b>Anthem Blue Cross EPO</b></p>	<p><b>Sierra</b></p> <p><b>Anthem Blue Cross EPO</b></p>
<p><b>San Francisco</b></p> <p><b>Anthem Blue Cross HMO</b></p>	<p><b>Siskiyou</b></p> <p><b>Anthem Blue Cross EPO</b></p>
<p><b>San Joaquin</b></p> <p><b>Health Plan of San Joaquin</b></p> <p><b>Kaiser Permanente Northern California</b></p>	<p><b>Solano</b></p> <p><b>Kaiser Permanente Northern California</b></p> <p><b>Sonoma</b></p> <p><b>Anthem Blue Cross EPO</b></p> <p><b>Kaiser Permanente Northern California</b> (coverage for these Zip codes only: 94922-23, 94927-28, 94931, 94951-55, 94972, 94975, 94999, 95401-07, 95409, 95416, 95419, 95421, 95425, 95430-31, 95433, 95436, 95439, 95441-42, 95444, 95446, 95448, 95450, 95452, 95462, 95465, 95471-73, 95476, 95486-87, 95492)</p>

*continued*

**AIM Health Plans Available in Each County, *continued***

<b>Stanislaus</b> Health Plan of San Joaquin	
<b>Sutter</b> Anthem Blue Cross EPO	
<b>Tehama</b> Anthem Blue Cross EPO	
<b>Trinity</b> Anthem Blue Cross EPO	
<b>Tulare</b> Anthem Blue Cross EPO	
<b>Tuolumne</b> Anthem Blue Cross EPO	
<b>Ventura</b> Anthem Blue Cross EPO Ventura County HCP HMO	
<b>Yolo</b> Anthem Blue Cross EPO	
<b>Yuba</b> Anthem Blue Cross EPO	

# AIM Health Plan Descriptions

## Anthem Blue Cross of California

### **Anthem.** **Exclusive Provider Organization (EPO)**

Customer Service Number: 1-877-687-0549, TDD: 1-888-757-6034 (English and Spanish)

Monday - Friday from 8.30 a.m. to 7 p.m.

#### **Who Can Join the Anthem Blue Cross EPO Plan**

The Anthem Blue Cross EPO Plan is available to AIM eligible pregnant women in the counties of: Alpine, Amador, Butte, Calaveras, Colusa, Del Norte, El Dorado, Glenn, Humboldt, Imperial, Inyo, Kings, Lake, Lassen, Madera, Marin, Mariposa, Mendocino, Merced, Modoc, Mono, Napa, Nevada, Orange, Placer, Plumas, San Benito, San Diego, San Luis Obispo, Santa Cruz, Shasta, Sierra, Siskiyou, Sonoma, Sutter, Tehama, Trinity, Tulare, Tuolumne, Ventura, Yolo and Yuba.

In some rural areas, there are only a limited number of EPO Plan providers. If you live in a rural area, please contact Anthem Blue Cross regarding the availability of providers.

#### **Plan Highlights**

As a member of the Anthem Blue Cross EPO Plan for AIM, you have your choice of Anthem Blue Cross EPO providers within your area. This includes physicians, hospitals and other health care professionals. The Anthem Blue Cross EPO Plan for AIM includes the following benefits:

- You can go to any doctor in our Anthem Blue Cross EPO Plan network.
- The Anthem Blue Cross EPO Plan network has a large selection of doctors to choose from near you.
- Our Prenatal Program, a voluntary wellness program, is designed to reduce risks to babies by educating expectant mothers and offers you free gifts for participation.
- MedCall® is a toll-free 24 hour free nurse help line staffed by registered nurses. Services include health education, health counseling and access to recorded information on more than 300 health topics including smoking and pregnancy.
- We have a large selection of participating pharmacies from which you can choose. For your convenience, a mail order prescription drug program is also included.

#### **Plan Providers**

The Anthem Blue Cross EPO Plan for AIM offers an extensive, statewide network of physicians, hospitals and other health care professionals that you can choose from for your care.

You must use a provider participating in the Anthem Blue Cross EPO Plan network or you will not be eligible for benefits, except in an emergency. Once your AIM Program application

has been approved, an Anthem Blue Cross Provider Directory will be sent to you so that you can choose providers near your home or work.

#### **How the Plan Works**

##### **How to Enroll**

Simply write “Anthem Blue Cross EPO Plan” on the “Choice of Health Plan” line on the AIM application. No choice of Medical Group/Provider or Provider Code is required.

##### **Once Accepted**

**First, select an EPO Plan participating physician from your Anthem Blue Cross Provider Directory. You must choose a participating physician from this directory.**

**Second, call and make an appointment with your provider as soon as you receive your Anthem Blue Cross I.D. card.** Remember, when you are pregnant it is important to begin your health care right away!

**Third, call us so we can verify if the hospital where you want to deliver your baby is contracted with us.**

If you need to consult a physician, your provider is available by phone, 24-hours a day. Also, it is very important to remember that no benefits are available for services performed by a provider not participating in the Anthem Blue Cross EPO Plan network, unless authorized and approved by Anthem Blue Cross, or in an emergency. For more information about the Anthem Blue Cross EPO Plan for AIM, please call **1-800-289-6574**. We will be happy to answer any questions you may have regarding the Anthem Blue Cross EPO Plan for AIM.

The information presented on this page is only a summary. For exact terms and conditions, please refer to the Evidence of Coverage booklet for the Anthem Blue Cross EPO Plan for AIM.

# Anthem Blue Cross of California

## **Anthem.** **Health Maintenance Organization (HMO)**

**Customer Service Number: 1-877-687-0549, TDD: 1-888-757-6034 (English and Spanish)**  
**Monday - Friday from 8.30 a.m. to 7 p.m.**

### **Who Can Join the Anthem Blue Cross HMO Plan**

The Anthem Blue Cross HMO Plan is available to AIM-eligible pregnant women who reside in the counties of: Alameda, Fresno, Kern, Los Angeles (except Catalina Island), Riverside, Sacramento, San Bernardino, San Francisco and Santa Clara.

### **Plan Highlights**

As a member of the Anthem Blue Cross HMO plan for AIM, you have access to an extensive program of quality health care. The Anthem Blue Cross HMO plan for AIM offers the following benefits:

- Voluntary wellness programs, such as nutritional services and smoking cessation programs.
- Our prenatal program, a voluntary wellness program, is designed to reduce risks to babies by educating expectant mothers and offers you free gifts for participation.
- MedCall® is a toll-free 24-hour nurse help line staffed by registered nurses. (Services include health education, health counseling and access to recorded information on more than 300 health topics including smoking and pregnancy.)
- We have a large selection of Anthem Blue Cross participating pharmacies to choose from (A mail-order prescription drug program is also included for your convenience.)
- You can choose your primary care physician by calling Anthem Blue Cross Customer Service at 1-877-687-0549 when you enroll or once you are accepted into the plan.

### **Plan Providers**

The Anthem Blue Cross HMO plan for AIM offers an extensive network of physicians, hospitals and other health care professionals that you can choose.

Once your AIM Program application has been approved and if you live in Fresno, Kern, Los Angeles, Riverside, San Bernardino, or Santa Clara County, an Anthem Blue Cross Provider Directory will be sent to you so that you can choose providers that are near your home or work.

### **How to Enroll**

Simply write, “Anthem Blue Cross HMO Plan” on the “Choice of Health Plan” line on the AIM application. If you already know which of our primary care physicians you would like to choose, write your choice under the “Choice of Medical Group/Provider” and the provider code in the “Provider Code” box. You must select a location within 30 miles of your home. If you didn’t select a primary care physician, Anthem Blue Cross will assign you one after; you are accepted in the Program.

### **Once Accepted**

**First, if the assigned primary care physician is not the right one for you, please call Anthem Blue Cross Customer Service at 1-877-687-0549 to change to a new provider.**

**Second, call and make an appointment with your provider as soon as you receive your Anthem Blue Cross I.D. card.** Remember, when you are pregnant it is important to begin your health care right away!

**Third, call us so we can verify if the hospital where you want to deliver your baby is contracted with us.**

If you need to consult a physician, your provider is available by phone 24-hours a day.

As an Anthem Blue Cross HMO member, you are covered in an emergency 24-hours a day, seven days a week.

For more information about the Anthem Blue Cross HMO plan for AIM, please call **1-800-289-6574**. We will be happy to answer any questions you may have regarding the Anthem Blue Cross HMO Plan for AIM.

The information presented on this page is only a summary. For exact terms and conditions, please refer to the Evidence of Coverage booklet for the Anthem Blue Cross HMO Plan for AIM.

# CenCal Health's AIM Program

## CenCal Health's AIM Program

Customer Service Call Center: Toll free 1-877-814-1861 8:00 a.m. - 5:00 p.m., Monday- Friday

## Se habla español

## Who can join CenCal Health's AIM Program

If you live in Santa Barbara County, and are an AIM eligible pregnant woman, you can become a member of **CenCal Health's AIM Program**, a program serving all communities in Santa Barbara County.

## Plan Highlights

### Confidence

Women enrolled in **CenCal Health's AIM Program** will benefit from an established network of health professionals, including doctors, hospitals and pharmacies within Santa Barbara County. We are a local organization, with our headquarters in Santa Barbara. Created in 1983, we arrange and pay for health care services in Santa Barbara County. You can trust our dedicated staff.

### Special Benefits

As a member of **CenCal Health's AIM Program**, you will receive these special benefits free of charge:

- A visit by a licensed nurse—after you return home—to see how you are doing and answer any questions you may have.
- Nutrition counseling, because good health during your pregnancy will make it more likely that you will have a healthy baby.
- A lactation specialist, if needed, who can help you learn how to avoid breast feeding problems if you choose to breast feed your baby.
- Free smoking cessation classes or use of acupuncture for smoking cessation.

## Plan Providers

**CenCal Health's AIM Program** offers a comprehensive provider network in Santa Barbara County including Obstetricians/Gynecologists (OB/GYN), hospitals, pharmacies, and a full range of specialty providers to support your health care needs.

## How to Enroll

Simply write: "**CenCal Health's AIM Program**" on the "Choice of Health Plan" line on the AIM application.

## Once Accepted—Starting Care

### Your Health Plan Card

Once enrolled, and after you have selected an OB/GYN, you will receive an identification card from **CenCal Health's AIM Program**. Present your card whenever you go to your doctor.

### Your OB/GYN as Your Primary Care Provider

You can choose an OB/GYN for your prenatal care and coordination of all of your other health care needs.

### In Case of Emergency

24-hour emergency care is available without prior authorization at all hospital emergency rooms in and outside of Santa Barbara County or by dialing "911." However, it is very important to first contact your primary care provider (if possible) to make sure he/she can provide guidance and advice.

### If You Need Assistance

Just pick up your phone, call toll free 1-877-814-1861 and choose AIM Program. You will speak with a representative who will:

- Explain AIM Program benefits to you.
- Help you select an OB/GYN from our list of participating providers for your pregnancy.

## Important Information

The information presented here is only a brief summary. For exact terms and conditions, please refer to the Evidence of Coverage booklet for **CenCal Health's AIM Program**. **Also please note:** Beginning January 1, 2014, your AIM coverage will end on the last day of the month in which the 60<sup>th</sup> day following the end of the pregnancy occurs.

# Central California Alliance for Health



## Alliance Care AIM Program

Member Services: 1-800-700-3874. Se habla español.

TTY: 1-877-548-0857 Monday – Friday, 8:00 a.m. to 5:00 p.m.

## Who Can Join Central California Alliance for Health's Alliance Care AIM Program?

Central California Alliance for Health's Alliance Care AIM Program is available to AIM eligible pregnant women living in Monterey County.

## Plan Highlights

When you choose Central California Alliance for Health's Alliance Care AIM Program, you are selecting a comprehensive program that offers the benefits you need for a healthy pregnancy. You will have access to quality health care from a network of local physicians, hospitals and pharmacies.

Special benefits include:

- Diabetes education
- Resources for stopping smoking
- A lactation specialist, if needed, who can help you learn how to avoid breast feeding problems
- A breast pump
- A \$20 gift card if you see your doctor for a postpartum visit within a certain time after you have your baby

## Plan Providers

With over 1,000 doctors and specialists and all local hospitals in our network, you get the care you need in a location convenient to you.

## How to Enroll

Just write "Central California Alliance for Health" on the "Choice of Health Plan" line on your AIM application. Then write the name and provider code of the doctor or clinic you want as your Primary Care Provider. To find out which doctors and clinics are available, you can visit the AIM website at [www.aim.ca.gov](http://www.aim.ca.gov) or call our Member Services Department at 1-800-700-3874.

## Once Accepted – Starting Care

### ID Card

Once you are enrolled and have selected an Obstetrician/Gynecologist (OB/GYN) as your Primary Care Provider (PCP), we will send you an identification card. Your ID card will have

your PCP's name on it. You will need to show it whenever you need medical care or go to the pharmacy. We will also send you an Evidence of Coverage, which explains your benefits and a Provider Directory, which lists the providers in our network.

### Your Primary Care Provider

You will have an OB/GYN as your Primary Care Provider (PCP). If you did not pick a PCP when you enrolled, we will assign one. Your PCP is the doctor you will see for your prenatal care and any primary or preventive care you need. If you need to see a specialist or get a special test, your PCP will refer you. He or she will coordinate any other care that you receive.

Your PCP is available by phone, 24 hours a day, 7 days a week, for all your health care needs. If you need care after hours or on a weekend, call your PCP's office.

### New Patient Exam

You should make an appointment to see your PCP right away. It is important to get to know your doctor and start getting prenatal care soon.

### Emergency Care

You are covered for emergency care 24 hours a day, 7 days a week. No prior authorization is required for emergency care. If you think you need emergency care, call your PCP if you are able to, to ensure the best course of treatment. If you cannot call your PCP, call 911 or go to the nearest emergency room. After an emergency, you should call your PCP as soon as possible.

### Important Information

For more information about Central California Alliance for Health's Alliance Care AIM Program, please call 1-800-700-3874. We will be happy to answer your questions and help you choose a doctor.

The information presented on this page is only a summary. For exact terms and conditions, you should refer to the Alliance Care AIM Evidence of Coverage.

# Contra Costa Health Plan



1-877-661-6230 Member Services (press 2) Marketing (press 6)

595 Center Ave., Ste 100 Martinez, CA 94553 Hours: Monday - Friday from 8:00 a.m. to 5:00 p.m.

925-313-6000 [www.contracostahealthplan.org](http://www.contracostahealthplan.org)

## Who Can Join Contra Costa Health Plan (CCHP)

CCHP is available to pregnant women living in Contra Costa County who meet AIM eligibility requirements.

## Plan Highlights

Contra Costa Health Plan, founded in 1973, is sponsored by the County of Contra Costa, licensed by the California State Department of Managed Health Care, and is a federally qualified Health Maintenance Organization.

We serve over 120,000 people and meet the highest standards of care.

Our members have the benefits of our:

- Neighborhood Health Centers with extended hours for primary and urgent care services
- Extensive network of private primary care and specialty care physicians in the community
- 24-hour expert Advice Nurse Service available 365 days a year
- Worldwide coverage for Emergency services
- Friendly, bilingual Member Services Representatives to help you 8am-5pm, Monday through Friday.

## Plan Providers

CCHP offers a choice of two “provider networks”: The Regional Medical Center Network (RMCN) offers primary care and access to specialty care through eight Health Centers and the newest hospital in the region, the Contra Costa Regional Medical Center. Members will select the Health Center that is most convenient, and select a primary doctor and Obstetrician/Gynecologist (OB/GYN) who works at that Health Center. Preventive, routine and specialty services will be coordinated for the member.

The other group of providers is the CCHP Community Provider Network (CPN). When selecting a Primary Care Physician from CPN, the OB/GYN provider should also be from this network. Hospital care will be provided through whatever hospital the member’s doctor is contracted with.

## How to Enroll

Write “Contra Costa Health Plan” on the “Choice of Health Plan” line in Section 2 of your application. On the next line, please indicate your “Choice of Medical Group/Provider” as either “Regional Medical Center Network” or “Community Provider Network.”

## Once Accepted - Starting Care

When you are enrolled, CCHP will mail your Identification Card, Member Handbook, Provider Directory, and Combined Evidence of Coverage & Disclosure Form Booklet.

We encourage all our new members to call our Member Services Department right away. Our Representatives can help you select a Primary Care Physician, as well as answer any other questions you may have about how to access your plan services.

You can change your primary care doctor or OB/GYN, and even switch to the other provider network, by calling Member Services.

## Important Information

The information presented on this page is only a summary. For specific terms and conditions, please refer to the Evidence of Coverage (EOC) and Disclosure Form for Contra Costa Health Plan.

# Health Plan of San Joaquin



1-888-936-PLAN (7526) Call 8 a.m. to 5 p.m., Monday–Friday

English, Spanish, Hmong, Vietnamese, and Cambodian

## Who Can Join Health Plan of San Joaquin (HPSJ)?

If you live in San Joaquin County or Stanislaus County, and are eligible for the AIM Program, you can now become a Health Plan of San Joaquin member!

## Plan Highlights

At Health Plan of San Joaquin, you will have access to high quality health care in a timely, caring and culturally sensitive manner. When you join HPSJ, you will receive:

- **Access**

You can choose from many doctors, hospitals and pharmacies close to where you live and work. With HPSJ you will have access to most area pharmacies, including neighborhood pharmacies and well known chains, such as Walgreen's, Rite-Aid, CVS, Save Mart, Target, and Wal-Mart.

- **Health Information**

You can speak to an Advice Nurse by phone 24 hours a day. We also offer an audio-library to learn more about parenting, what to expect during your pregnancy, and many other health related topics.

In addition, we will send you newsletters keeping you up to date on the latest healthcare topics!

- **Personalized Service**

HPSJ is conveniently located in the Central Valley and just a phone call away. You can receive application assistance or meet with a representative from our Customer Service Department to discuss your benefits.

## Plan Providers

As an HPSJ member you have your choice of many doctors and hospitals throughout San Joaquin and Stanislaus County. With HPSJ, your personal physician can refer you to hospitals with specialized inpatient care available through hospital partnerships in the Central Valley and Bay Area.

For a complete AIM provider directory, please visit the AIM website at [www.aim.ca.gov](http://www.aim.ca.gov) or call our Customer Service Department at 1-888-936-PLAN (7526).

## How to Enroll

If you want to receive AIM services from HPSJ, simply write "Health Plan of San Joaquin" in the "Choice of Health Plan" box on the AIM application.

Next, select your provider by visiting the AIM website or calling our Customer Service Department. Once you have selected a provider, write your choice under the "Choice of Provider" box and the provider code in the "Provider Code" box.

## Getting Care

Once you are enrolled in HPSJ you will receive a welcome packet through the mail. This packet tells you about your benefits and how to access care.

We will send you an identification (ID) card in the mail within a few days of enrollment. Carry your card with you at all times and present it to providers whenever you receive services. If you do not select a doctor when you enroll, you will need to call our Customer Service Department to select one right away.

Emergency care is a covered benefit. For non-emergency questions, you can call your Primary Care Physician or Healthreach, HPSJ's Advice Nurse Program, available 24 hours a day. If you have an emergency, call 911 or go to the nearest emergency room. If you aren't sure if you have an emergency, call your Primary Care Physician. You can also call the Advice Nurse 24 hrs/day, 7 days/week. The advice nurse will help you decide the best way to get treatment, and if you need to go to the emergency room.

## Important Information

For questions regarding providers or HPSJ, please call HPSJ at 1-888-936-PLAN (7526). The information presented on this page is only a summary. For specific terms and conditions, please refer to the Evidence of Coverage (EOC) and Disclosure Form for HPSJ.

## Did You Know?

Health Plan of San Joaquin also participates in the Medi-Cal Program! If you or your family becomes eligible for Medi-Cal, you can choose Health Plan of San Joaquin in Stanislaus County and San Joaquin County. Call today to learn more! 1-888-896-PLAN (7526).

# Kaiser Permanente Northern California



## **24 Hours a day (except Holidays)**

### **Who Can Join Kaiser Permanente Northern California**

Kaiser Permanente Northern California is available to AIM-eligible pregnant women who live in these counties:

- Contra Costa
- San Mateo
- Marin
- Solano
- San Joaquin

And parts of the following counties:

- El Dorado
- Placer
- Napa
- Sonoma

### **Plan Highlights**

Congratulations! We wish you the very best during this special time. Thank you for considering Kaiser Permanente as your AIM provider.

To promote a healthy pregnancy for you and a healthy start for your baby, Kaiser Permanente physicians and members of your medical team work together to give you:

#### **Easy-to-use benefits:**

- No referrals needed for Obstetrician/Gynecologist (OB/GYN) doctor visits
- Virtually no paperwork (except for emergency services received at non-Plan facilities)
- Health Plan Customer Services Representatives are available by phone and at our facilities to answer your benefit and service questions.

### **Plan Providers**

As Kaiser Permanente members, the quality medical care you receive will be provided or arranged by Kaiser Permanente physicians at Kaiser Permanente facilities. Representing virtually all major medical and surgical specialties, our doctors and medical team work together to care for one special group of people – our members. Having a doctor who cares for you as an individual and whom you can trust is very important, especially during this special time. We encourage you to choose personal physicians who best meet your needs. Your delivery and other hospital services will be provided at Kaiser Foundation Hospitals or at other hospitals contracting with Kaiser Permanente.

### **How to Enroll**

Write “Kaiser Permanente North” on the “Choice of Health Plan” line on the AIM Application.

### **Getting Started**

Once you are enrolled, a Health Plan ID card and information on your new AIM coverage will be mailed to you. Please call the Appointment Center to select an OB/GYN and schedule your first appointment. We also encourage you to select a personal care physician. Please carry the ID card with you at all times and use it to make appointments. It will be all you need to receive AIM benefits and services.

### **Access to Care**

Upon your effective date of enrollment, you have immediate access to Kaiser Permanente Northern California Area’s benefits and services. At that time, we encourage you to schedule a prenatal appointment and select a personal physician. To schedule an appointment, or to request a Medical Facility Directory, just call your selected Medical Facility.

### **Important Information**

The information presented on these pages is only a summary. For exact terms and conditions, refer to the Evidence of Coverage booklet for the Kaiser Permanente Northern California Plan.

# Kaiser Permanente Southern California



**KAISER PERMANENTE®**

Customer Service Call Center: 1-800-464-4000

## **24 Hours a day (except Holidays)**

### **Who Can Join Kaiser Permanente Southern California**

Kaiser Permanente Southern California is available to AIM-eligible pregnant women who live in parts of these counties:

- Riverside
- San Bernardino

### **Plan Highlights**

Congratulations! We wish you the very best during this special time. Thank you for considering Kaiser Permanente as your AIM provider.

To promote a healthy pregnancy for you and a healthy start for your baby, Kaiser Permanente physicians and members of your medical team work together to give you:

### **Easy-to-use Benefits**

- No referrals needed for Obstetrician/Gynecologist (OB/GYN) doctor visits
- Virtually no paperwork (except for emergency services received at non-Plan facilities)
- Health Plan Customer Services Representatives are available by phone and at our facilities to answer your benefit and service questions.

### **Plan Providers**

As Kaiser Permanente members, the quality medical care you receive will be provided or arranged by Kaiser Permanente physicians at Kaiser Permanente facilities. Representing virtually all major medical and surgical specialties, our doctors and medical team work together to care for one special group of people – our members. Having a doctor who cares for you as an individual and whom you can trust is very important, especially during this special time. We encourage you to choose personal physicians who best meet your needs. Your delivery and other hospital services will be provided at Kaiser Foundation Hospitals or at other hospitals contracting with Kaiser Permanente.

### **How to Enroll**

Write “Kaiser Permanente South” on the “Choice of Health Plan” line on the AIM Application.

### **Getting Started**

Once you are enrolled, a Health Plan ID card and information on your new AIM coverage will be mailed to you. Please call the Appointment Center to select an OB/GYN and schedule your first appointment. We also encourage you to select a personal care physician. Please carry the ID card with you at all times and use it to make appointments. It will be all you need to receive AIM benefits and services.

### **Access to Care**

Upon your effective date of enrollment, you have immediate access to Kaiser Permanente Southern California Area’s benefits and services. At that time, we encourage you to schedule a prenatal appointment and select a personal physician. To schedule an appointment, or to request a Medical Facility Directory, just call your selected Medical Facility.

### **Important Information**

The information presented on these pages is only a summary. For exact terms and conditions, refer to the Evidence of Coverage booklet for the Kaiser Permanente Southern California Plan.

# Ventura County Health Care Plan HMO



Member Service: 1-800-600-8247. Se habla Español. 8:30 a.m. to 4:30 p.m., Monday through Friday

## Who Can Join Ventura County Health Care Plan?

Ventura County Health Care Plan (VCHCP) is available to AIM eligible pregnant women who reside in Ventura County.

## Plan Highlights

As a Ventura County Health Care Plan AIM member, you have access to a comprehensive program that offers the benefits you need for a healthy pregnancy:

- Case management of your high-risk pregnancy by a registered nurse.
- Wellness programs such as dietary counseling and smoking cessation.
- Newsletter with informational articles about diet, exercise, safety and illness prevention.
- Convenient mail order option for filling maintenance prescriptions. No co-pay for prenatal prescriptions.
- Plan administration offices located in Ventura County with courteous member service representatives ready to help you and who are, bilingual in Spanish and English.
- Extensive network of Board Certified Primary Care and Specialty Care Physicians, including High Risk OB Providers.
- Access to Urgent Care and Emergency Care facilities, locally and nationwide.

## Plan Providers

Ventura County Health Care Plan's Primary Care Physician offices that provide prenatal care are conveniently located in Newbury Park, Oxnard, Ventura, Simi Valley, Thousand Oaks, Santa Paula, Moorpark, Camarillo, Ojai, Fillmore and Piru. Included in our Primary Care Physician offices are the Ventura County Medical Center, Ambulatory Care Clinics, all locations of Clinicas Del Camino Real, Inc. and several private physician practices.

Our primary hospitals are Ventura County Medical Center, and Santa Paula Hospital. We are also contracted with St. John's Regional Medical Center, St. John's Pleasant Valley Hospital, and Simi Valley Hospital. For a complete AIM Provider Directory, including Obstetricians, please contact our Member Service Department at the above number.

## How to Enroll

All you need to do is write "Ventura County Health Care Plan" on the "Choice of Health Plan" line on the AIM application. Next, select your Ventura County Health Care Plan provider from the AIM website at [www.aim.ca.gov](http://www.aim.ca.gov) and write your choice under "Choice of Provider" and the provider code in the "Provider Code" box. You can also call our Member Services Department at the number above. Please select a provider located in your city of residence or within 15 miles of your home.

## Once Accepted - Starting Care

Once you are enrolled and have selected an Obstetrician/Gynecologist (OB/GYN) for your prenatal care, a VCHCP identification card and information about your new AIM coverage will be mailed to you. In addition, you will choose a Primary Care Physician (PCP) to coordinate all other necessary medical care. Upon your effective date of enrollment, you have access to AIM benefits and services. At that time we encourage you to immediately schedule your first prenatal appointment under the Plan.

Your PCP is available by phone, 24 hours-a-day, for all your health care needs. You may access any contracted Urgent Care Facility for same day illness or minor injuries if you are unable to access your PCP. In an emergency call your PCP, if possible, to ensure the best course of treatment. If you reasonably believe that an emergency medical condition exists, go to the nearest Emergency Room, or call 911.

## Important Information

For more information and assistance in selecting VCHCP, please call our Member Service Department at the number above. We look forward to serving you.

The information presented on this page is only a summary. For specific terms and conditions, please refer to the Evidence of Coverage booklet for the Ventura County Health Care Plan AIM Program.

Ventura County Health Care Plan is a not-for-profit State licensed HMO owned and operated by the County of Ventura.

# Frequently Asked Questions

**1. What do I do if my income is less than the AIM guidelines?**

If your income is less than the AIM guidelines you may be eligible for no-cost Medi-Cal. The AIM Program will forward the application to the Department of Social Services office near you for a Medi-Cal eligibility determination.

**2. What makes an application complete?**

A complete application includes copies of all required documentation if you have not provided SSNs/ITINs on the application for all members of the federal tax household, and the application form must be filled out completely including signatures.

**4. Can I fax my application?**

Yes you can fax your application to 1-888-889-9238 this fax line is free.

**5. Can I send copies of the application?**

Yes, you can use a copy of the application. Also, send valid copies of your income documents instead of originals, if you did not provide SSNs/ITINs.

**6. Can I apply in person? If not, where do I mail my AIM application?**

No, you cannot apply in person. All applications are processed via mail. Applications can be sent in via regular or priority mail to: California Access for Infants and Mothers Program, P.O. Box 15559, Sacramento, CA 95852-0559. Applications can be sent via overnight mail to: California Access for Infants and Mothers Program, 625 Coolidge Drive, Suite 100, Folsom, CA 95630.

**7. Where can I get help filling out the application? You can call AIM at 1-800-433-2611. All help is free.**

**8. How soon will I know when I'm enrolled? Normal processing time for a complete application is 10 days.**

**17. Are vision and dental covered with AIM?**

Refer to your health plan's benefits chart.

**18. Can I change doctors if it doesn't work out with my new AIM doctor?**

Any requests to transfer doctors must be made through the Health Plan.

**19. Do I list my children if they live with me only half of the time?**

Yes, if they are claimed as dependents on your federal tax return.

**20. Who selects my provider and the hospital at which I will deliver my baby?**

The pregnant woman can select her provider through the

You will receive a letter from the AIM Program once enrolled. If the application is incomplete, you will receive a letter requesting the additional information needed and the processing time will be longer. You will receive an evidence of coverage booklet and an insurance card from the health plan you selected once enrolled in AIM. The effective date of coverage is 10 days after enrollment.

**9. Can I send copies of my income documentation? Yes, do not send originals.**

**10. How soon can I see a doctor through AIM?**

You can see an AIM doctor as of the effective date of coverage. However, keep in mind that you must call the doctor to make an appointment.

**11. What are the benefits of having AIM as opposed to pregnancy-related restrictive Medi-Cal only?**

AIM offers comprehensive benefits, including pregnancy and non-pregnancy related service. For more information, you can request a copy of the evidence of coverage from the health plan of your choice.

**12. Do I still have a co-payment when I go to the doctor? No, AIM does not have co-payments or deductibles.**

**13. Will AIM pay for birth control after my baby is born? Refer to your health plan's benefits chart and evidence of coverage.**

**14. Can I see a doctor in a county neighboring the one in which I live?**

You should contact your health plan to see if they will allow you to see a specific provider.

**15. Will AIM cover high risk pregnancies? Yes.**

**16. Can I continue to see my current doctor? Please call your health plan to find out if the doctor is an AIM participating provider.**

health plan. Depending on the health plan contract, the provider will inform you of the hospital where you will deliver your baby.

**21. How do I obtain a non-obstetrical specialist while in the AIM Program?**

Call your health plan's customer or member services. If you are in an EPO, you can do a self-referral. If you are in an HMO, you need to obtain a referral from your primary care provider.

**22. How can I find out if my obstetrician and delivering hospital are part of the AIM Program?**

Call your health plan's customer or member services, or refer to your health plan's provider directory.

**23. Can I transfer to a different health plan if my doctor or delivering hospital is no longer recognized as an AIM provider by my original health plan?**

No. If your obstetrician or delivering hospital is no longer contracting with your current health plan, call your plan's customer or member services for assistance. The plan will either assist you in choosing a new provider or hospital, or allow you to continue seeing your current obstetrician and delivery hospital to provide continuity of care.

**24. Can I obtain brand name drugs when a generic substitution is available for my prescriptions?**

Only if the provider indicates that the brand name drug cannot be substituted with a generic drug.

**25. Will the AIM Program cover treatment for complications beyond the last day of the month after the 60 day following delivery of my baby?**

No., your AIM coverage will end on the last day of the month in which the 60<sup>th</sup> day following the end of the pregnancy occurs.

**33. How do I obtain urgent or emergency care during non-business hours?**

Call your primary care provider or your medical group. The answering service will connect you with the advice nurse or

**28. What if I don't notify AIM that my pregnancy ended within 30 days?**

You must notify the AIM Program that your pregnancy ended. If you do not notify AIM that your pregnancy ended within 30 days after the end of your pregnancy, you will not receive timely notification of your disenrollment. Your coverage will still end the last day of the month in which the 60<sup>th</sup> day following the end of your pregnancy occurs or of your estimated delivery date.

**29. What if I don't notify AIM that my pregnancy ended within 60 days?**

You must notify the AIM Program that your pregnancy ended. If you do not notify AIM that your pregnancy ended within 60 days, the AIM Program will disenroll you the last day of the month in which the 60<sup>th</sup> day following the end of your pregnancy occurs. The AIM Program cannot cover medical services received after the last day of the month in which the 60<sup>th</sup> day following the end of your pregnancy.

**38. What if I have medical bills after the end of my pregnancy coverage?**

If you receive medical services after the last day of the month after the 60<sup>th</sup> day from the end of your pregnancy, AIM will not pay for these services. If you have other health coverage, you will need to contact them to see if they will help with those medical bills. You will be responsible for any medical services you receive after your coverage.

**30. What if I need medical services after the end of my pregnancy coverage?**

AIM cannot pay for any services received after the last day

the doctor on call to give you further directions.

**26. What if my pregnancy is unsuccessful?**

If your pregnancy ends on or after the date your coverage starts, you're still responsible for paying the 1.5% contribution amount. However, you'll be covered through the last day of the month in which the 60<sup>th</sup> day following the end of your pregnancy occurs. If you are no longer pregnant before your start date of coverage, your coverage will not begin. If notification to the program is received after start date of coverage, documentation by a licensed or certified health care professional must be submitted indicating the date your pregnancy ended.

**27. What if my pregnancy ends in the first trimester?**

If your pregnancy ends within your first trimester on or after your coverage starts, you may be eligible for a reduced contribution. The AIM Program will need documentation by a licensed or certified health care professional indicating the end date of your pregnancy. AIM will determine if you are eligible to only pay 1/3 of your 1.5% contribution amount.

of the month in which the 60<sup>th</sup> day following the end of your pregnancy occurs. If you need other health coverage, you may qualify for Medi-Cal or the Major Risk Medical Insurance Program. Look in your local telephone White Pages for the Department of Social Services office near you to obtain information about Medi-Cal. You may also call the Major Risk Medical Insurance Program at 1-800-289-6574.

**31. I have to pay a deductible or copayment of more than \$500 for maternity-only services under my other health insurance plan. Can I still apply for AIM?**

Yes, applicants may have other health coverage with a maternity-only deductible or copayment greater than \$500 to be eligible for the AIM Program.

**32. What if my other health insurance plan has deductible or copayment more than \$500 for all benefit services, not just maternity-only services? Can I still be eligible for the AIM Program?**

You will not be eligible for the AIM Program. The deductible or copayment must be for maternity-only services.

**33. Do I have to use my other health insurance plan instead of the AIM health plan if I am eligible for the AIM Program?**

Pregnancy and non-pregnancy related services will be covered by both your private health insurance plan and your AIM coverage. However, you must use the AIM health plan network providers in order for the AIM health plan to pay for services. See the Coordination of Benefits section in your plan's Evidence of Coverage

# Glossary of Terms

booklet or call your AIM plan for more information.

## 34. What if my health coverage changes?

If your health coverage changes you must call AIM or write to the AIM Program at the address shown below.

AIM Program

P.O. Box 15559

Sacramento, CA 95852-0559

FAX: 1-888-889-9238

## 35. What if I have questions about my AIM plan?

If you have any questions about your AIM plan, contact your AIM plan.

## 36. What if I have more questions about my other coverage?

If you have any questions about your private coverage, contact your other health plan.

## 37. Are maternity benefits for a paid surrogate mother covered by the AIM Program?

Maternity benefits are not covered by the AIM Program for paid surrogate mother. A paid surrogate mother is a subscriber who in advance of her pregnancy entered into agreement to become pregnant and deliver a child for another person as intended parent, in exchange for monetary compensation other than actual medical or living expenses.



## Appeal

An appeal asks for reconsideration of an AIM program decision.

## Applicant

A pregnant woman 18 years of age or older who is applying on her own behalf, or a legal guardian or a natural parent, foster parent, or stepparent with whom the child resides, who applies for coverage under the program on behalf of a child. "Applicant" also means a pregnant woman who is applying for coverage on her own behalf who is under 18 years of age, or who is an emancipated minor, or who is a minor not living in the home of a natural or adoptive parent, a legal guardian, foster parent or stepparent.

## Application Date

The date an application is sent to the AIM Program as shown by the U.S. Postal postmark date on the application envelope, or documentation from other delivery services.

## Benefits

The health services the pregnant woman receives under the AIM Program.

## Binding Arbitration

Binding Arbitration is an agreement between some insurance plans and subscribers to have health care disputes reviewed by a neutral person. If you choose an insurance plan with binding arbitration, you give up the right to a jury or court trial to resolve disputes you may have with your insurance plan. The neutral person makes a decision after reviewing and hearing all the facts from both parties. Both parties agree to accept the decision.

## Coordination of Benefits (COB)

Coordination of Benefits (COB) means that if you are covered by another health plan, that plan will pay first and the AIM Health Plan will pay second for any services you receive under the AIM Program. The total of the two payments cannot be more than the total amount allowed by the AIM Health Plan. For more details on COB, please refer to your AIM plan's Evidence of Coverage booklet.

## Coverage

Coverage is services provided by AIM Program for the payment of benefits through a health plan participating in the AIM Program.

## DHCS AIM Linked Infant and Children's program

This program provides health care and vision coverage for your AIM Linked Infant through Medi-Cal health plans and dental coverage through the Medi-Cal dental program. Your child will receive all of the same covered benefits as a child enrolled in Medi-Cal.

## Disenrollment

Disenrollment is the end of enrollment in the AIM Program.

## Effective Date of Coverage

The date that health care coverage starts.

## Eligible

A pregnant woman who meets all the requirements to qualify for coverage in the AIM Program.

## Enroll

To accept an applicant as a subscriber by notifying a

participating health plan to begin coverage.

**Employer-Sponsored Insurance**

A benefit offered by an employer at a cost or no cost to their employees that includes health plan coverage.

**Exclusion**

A service or medical condition not covered by an insurance plan under the AIM Program.

**Exclusive Provider Organization (EPO)**

A health plan whose members must seek care from a list of contracting providers. An EPO does not require you to choose a Primary Care Physician. Members also may self-refer to a specialist in the EPO contract network.

## Glossary of Terms, *continued*

### **Family Planning Services**

Family Planning Services are for counseling, surgical procedures for sterilization as permitted by state and federal law. This includes coverage for diaphragms and other approved devices pursuant to the prescription drug benefit, and voluntary termination of pregnancy.

### **Federal Income Guidelines (FIG)**

Federal Income Guidelines are the amount of money the federal government says that a family needs to meet basic needs. The guidelines change every year on April 1st.

### **First Trimester**

First trimester means the first 13 weeks of a pregnancy, including the first two weeks before conception, as documented by a licensed health care professional.

### **Health Maintenance Organization (HMO)**

An organized system that provides a set of health care services to plan subscribers in a geographic area.

### **Infant**

A subscriber's child born to a subscriber while enrolled in the program.

### **Living in the Home**

Using the home as the primary place of residence.

### **No-Cost Full Scope Medi-Cal**

The State Medi-Cal program that pays for all services without requiring any payments or copayments by the subscriber.

### **Out-of-Network**

A service provided by a doctor, dentist, or other provider who does not have a contract with your insurance plan.

### **Primary Care Physician**

The doctor, selected by the pregnant woman who will be in charge of her health care and who will refer her to specialists as needed.

### **Resident**

A person living in California who plans to stay except when absent for temporary purposes.

### **Share of Cost Medi-Cal**

A State Medi-Cal program that requires a subscriber to pay a certain amount of the medical expenses every month before it covers benefits. Share of Cost is based on monthly income.

### **Subscriber**

A pregnant woman who is eligible for and enrolled in the AIM Program.

### **Subscriber Contribution**

The amount paid by the pregnant woman for health care services provided in the AIM Program.



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## **Infant Registration Form**

**After your baby's birth and within 30 days of birth, please complete and mail this form. Your baby's coverage will not begin unless we receive this form and you indicate you want to register your AIM Linked Infant into the DHCS Medi-Cal health care delivery system. If your family income has gone down, your baby may qualify for free Medi-Cal.**

Subscriber Name: \_\_\_\_\_ Subscriber Date of Birth: \_\_\_\_/\_\_\_\_/\_\_\_\_

AIM Family Member Number: \_\_\_\_\_

Residence Address: \_\_\_\_\_

I do not want to register my AIM Linked Infant into the DHCS Medi-Cal health care delivery system  
(Must be complete whether you want or do not want to register infant)

### **1. Infant Information:**

Is infant currently enrolled in employer-sponsored insurance? \_\_\_\_ No \_\_\_\_ Yes

If yes, provide the infant's effective date of coverage: \_\_/\_\_/\_\_ (mo/day/year)

**Note: If you answered yes, your infant is not eligible to be enrolled in Public Coverage.**

Was infant previously enrolled in employer-sponsored insurance in the last 3 months? \_\_\_\_ No \_\_\_\_ Yes

Infant's First Name \_\_\_\_\_ Middle Initial \_\_\_\_ Last Name \_\_\_\_\_

Gender: Male \_\_ Female \_\_ Birth Date: \_\_/\_\_/\_\_ Birth Weight: \_\_\_\_pounds \_\_\_\_ ounces

Primary Care Provider *optional*: \_\_\_\_\_

Dental Provider *optional*: \_\_\_\_\_

Address/Phone Number, if it has changed: \_\_\_\_\_

### **I declare that each person I am enrolling:**

- is a resident of California.
- is not eligible for Medicare Part A and Part B.

### **I further declare that:**

- All individuals listed on this form will abide by the rules of participation, the utilization review process and the dispute resolution process of the participating plans in which the individual is enrolled.
- I understand the AIM Handbook. I understand what it says about each health, dental and vision benefits through the DHCS Medi-Cal health care delivery system.
- I give permission to DHCS to check my family income, health coverage, immigration status of the people I am enrolling, and all other facts on this form.
- I agree to notify the Program within 30 days of any change of address of any person enrolled into the Program and any change in the applicant's billing address.
- I understand that if my pregnancy ends after my effective date, I will be disenrolled on the last day of the month following the 60th day after the end of my pregnancy. AIM will not cover any medical services I receive after the disenrollment date. I understand I will still have to pay any outstanding payments to AIM, even if I choose to pay the subscriber contribution over 12 months.

**I certify** that I have read and understand the information above. **I also certify** that the information I have given on this form is true and correct.

**Signature** \_\_\_\_\_ **Date** \_\_\_\_\_

**Send this completed form to: AIM Program, P.O. Box 138005, Sacramento, CA 95813-8005**

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## Access for Infants and Mothers (AIM) Early End of Pregnancy Form

If your pregnancy ends early, please complete this form. Mail or fax the completed form to:  
AIM Program, P.O. Box 15559, Sacramento, CA 95852 Fax 1-888-889-9238

### A. Subscriber Information:

- Subscriber Name: \_\_\_\_\_
- Subscriber Date of Birth: \_\_\_\_/\_\_\_\_/\_\_\_\_
- AIM Family Member Number: \_\_\_\_\_
- Residence Address: \_\_\_\_\_

### B. AIM Early End of Pregnancy Form:

You must notify the AIM Program within 30 days of the end of your pregnancy. The Early End of Pregnancy Form must be mailed or faxed to the AIM Program. This form can be used to certify the early end of a pregnancy.

You may use a different form as long as it contains the same information as this one and is signed by a licensed or certified health care professional. Individuals who can certify the early end of a pregnancy for the AIM Program may include the following:

Physicians (MDs, DOs)	Registered Nurses	Certified Nurse Midwives
Licensed Vocational Nurses	Physician Assistants	Medical Assistants

### To be filled out by the person certifying the early end of pregnancy:

*I certify that the person listed above is no longer pregnant.*

Name of Facility		Date
Address of Facility		Suite Number
City	State	Zip Code
Telephone Number ( )	Fax Number ( )	Date Pregnancy Ended (required)
Print Health Care Professional's Last Name (required)		
Print Health Care Professional's First Name (required)		M.I.
Signature of Health Care Professional (required)		
Medical Title (required)		Medical License Number

### C. To be signed by the AIM subscriber:

I understand that if my pregnancy ended before my effective date, I will not be eligible for AIM, and AIM will not cover any medical services I have received.

I understand that if my pregnancy ends after my effective date, I will be disenrolled the last day of the month in which the 60<sup>th</sup> day following the end of your pregnancy occurs AIM will not cover any medical services I receive after the 60<sup>th</sup> day from when my pregnancy ended.

I understand I will still have to pay any outstanding payments to AIM, even if I choose to pay the subscriber contribution over 12 months.

I certify that I have read and understand the information above. I also certify that the information I have given on this form is true and correct.

Signature of the subscriber \_\_\_\_\_ Date \_\_\_\_\_

If you have any questions, please call the AIM Program at 1-800-433-2611, Monday through Friday, 8:00 a.m. to 8:00 p.m., and Saturday 8:00 a.m. to 5:00 p.m.

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