Access for Infants and Mothers

Application & Handbook

JULY 2009 through JUNE 2010

AIM

Access for Infants and Mothers

AIM is California's Insurance Program for Mid-Income Pregnant Women

The California Managed Risk Medical Insurance Board
P.O. Box 2769
Sacramento, CA 95812-2769
(916) 324-4695 FAX: (916) 327-6560
www.mrmib.ca.gov

To request an application, get help in filling it out, or to ask questions on the status of an application, please call the AIM Program at:

1-800-433-2611
TTY: 1-800-735-2929
Monday - Friday 8:00 am - 8:00 pm
and Saturday, 8:00 am - 5:00 pm

On the web at:
www.aim.ca.gov

Mail applications to:
P.O. BOX 15559
Sacramento, CA 95852-0559
All help is free.

***NOTE: Complete application must be received before the end of the 30th week of pregnancy.**

Overnight application can be mailed to:
Access for Infants and Mothers Program
625 Coolidge Drive, Suite 100, Folsom, CA 95630

AIM
Access for Infants and Mothers

What You'll Find Inside:

Keep this handbook for future reference

AIM
Access for Infants and Mothers

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, even if money is a little tight. 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 just the helping hand you and your baby need. AIM can even help if you have health insurance but your co-payment or deductible for maternity services is more than $500.

What is AIM?

The AIM Program is low-cost health care coverage for pregnant women. Their newborns may be covered by the Healthy Families Program. 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 those who have health insurance if their deductible or co-payment for maternity services is more than $500. If you are enrolled in AIM, your baby is eligible for enrollment in Healthy Families unless your baby is enrolled in employer-sponsored insurance or no-cost Medi-Cal.

What is the Healthy Families Program?

The Healthy Families Program is low-cost health, dental, and vision coverage for children and teens up to age 19. It provides comprehensive coverage for children who do not have employer-sponsored insurance and do not qualify for no-cost Medi-Cal. If you are enrolled in AIM, your baby is eligible for enrollment in the Healthy Families Program unless your baby is enrolled in employer-sponsored insurance or no-cost Medi-Cal. If you do not register, your baby will not be covered.

How do I register my baby for Healthy Families?

Note: Babies are automatically eligible for the Healthy Families Program unless they are enrolled in employer-sponsored insurance or no-cost Medi-Cal.

AIM will mail you a Healthy Families Handbook and 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
5. Primary care provider (the doctor you want for the baby)
6. Dental and Vision plan selection (The plans available for your county by zip code are provided in the Healthy Families Handbook and at www.healthyfamilies.ca.gov.)
7. Information on whether your baby is currently enrolled in or has been enrolled in employer-sponsored insurance in the last 3 months.

Complete the Infant Registration Form and send it to Healthy Families within 30 days after your delivery. Send this information to Healthy Families at the address printed on the form. If you do not receive the Healthy Families Handbook and Infant Registration Form, call 1-800-433-2611. The Infant Registration Form is also on page 43. After your baby is enrolled, Healthy Families will start billing you for your baby's monthly premium.

Your baby's coverage will not begin until Healthy Families receives the required information.

When does my baby's Healthy Families coverage start?

Once the Healthy Families Program receives the required information and your baby is enrolled, coverage will begin as of his or her date of birth, unless your baby is enrolled in employer-sponsored insurance or no-cost Medi-Cal. If you register the baby after the month the baby was born, you will have to pay premiums back to the month after birth to keep your baby enrolled.

What Healthy Families health plan will my baby be in?

You and your baby will be in the same health plan if available with Healthy Families, though you will be in AIM and your baby will be in Healthy Families.

Your baby will stay in the same plan you had in AIM, unless you have other children already enrolled in the Healthy Families Program. If you have other children in the Healthy Families Program, your baby will be transferred to the other children's plan on the third month after birth. Please call Healthy Families if your baby has special health care needs, and you do not want your baby transferred to another plan.

Children enrolled in the Healthy Families Program must renew their eligibility once a year to see if they still qualify. Your baby will stay enrolled in Healthy Families if at the first Annual Eligibility Review you meet AIM Program's income guidelines. To stay enrolled in Healthy Families, you must be within Healthy Families' income guidelines at your baby's second Annual Eligibility Review. Healthy Families has a lower income eligibility limit than AIM.

What if I don't need Healthy Families?

If your baby will be receiving coverage through your employer or no-cost Medi-Cal, your baby will not be eligible for the Healthy Families Program. Even if you don't need the Healthy Families Program, you still must notify the AIM Program about the outcome of your pregnancy. 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 Women and Infants

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 60th day after your pregnancy has ended. The AIM Program cannot cover any medical services you received after the 60th day from when your pregnancy ended. If you submit the required Infant Registration Form, your baby will be covered from the date of birth through Healthy Families 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 6-8. While enrolled in the AIM Program, coverage includes:

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

AIM Services, *continued*

AIM Benefits*	Services for Women	Exclusions/Limitations
Prescription Drugs	• Medically necessary prescription drugs • Injectable medication, needles, syringes • Insulin, glucagon, testing and delivery systems • Oral and injectable contraceptive drugs, prescriptive contraceptive devices	• Experimental, investigational drugs • Patent or over-the-counter medicines • Medicines not requiring a prescription** • Appetite suppressants, other diet drugs or medicines • Health plan may specify generic equivalent drugs be dispensed where no contradiction exists
Health Education Services	• Effective services including information regarding personal health • Recommendations on optimal use of services, organizations affiliated with the health plan • Health services related to tobacco use prevention, cessation	None
Mental Health Care Services	• Diagnosis and treatment of a mental health condition • Diagnosis and treatment for Severe Mental Illnesses (SMI) and Serious Emotional Disturbances (SED) conditions • Outpatient and inpatient services • Certain appropriate substitutions of residential treatment, day care or outpatient treatment may be substituted for inpatient hospitalization • Some health plans may choose to provide additional visits or group therapy options	• Maximum of 30 inpatient days and 20 outpatient visits per benefit year for basic mental health care services (does not apply to SMI and SED conditions) • Unlimited days and visits for SMI and SED conditions
Emergency Health Care Services	• 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 • Provided both in and out of the health plan's service area and participating facilities	None
Medical Transportation	• Emergency ambulance for emergency services to the first hospital accepting subscriber for care • Ambulance, transport services provided through "911" response system • 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.	• Coverage for transportation by airplane, passenger car, taxi or other form of public conveyance

* 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.

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.

AIM Services, *continued*

AIM Benefits*	Services for Women	Exclusions/Limitations
Durable Medical Equipment	• Equipment appropriate for use in the home • Oxygen and oxygen equipment • Blood glucose monitors, insulin pumps, related supplies • Nebulizer machines, tubing, related supplies • Ostomy bags, urinary catheters and supplies	• Comfort, convenience items • Disposable supplies** • Experimental or research equipment • Sauna baths, elevators, other non-medical devices • Modifications to home or automobile • Deluxe equipment • More than one piece of equipment that serves the same function • Health plan may determine whether to rent or purchase
Alcohol and Drug Abuse	• Health education services and crisis intervention related to alcohol, drug abuse • **Inpatient:** As medically appropriate to remove toxic substances from the system • **Outpatient:** 20 visits per benefit year • Some health plans may choose to provide additional medically necessary visits	None
Skilled Nursing	• Medically necessary prescribed services by a health plan physician or nurse practitioner in a licensed skilled nursing facility on a 24-hour basis	• Skilled nursing benefit is limited to a maximum 100 days per benefit year
Home Health Services	• Health services provided in home by health care personnel • Prescribed or directed by attending physician or appropriate designee of the health plans	• No custodial care • Discretion of attending physician or appropriate designee of the health plan to choose between mutually appropriate health care settings • Health plans utilize case management to consider cost-effective choice of mutually appropriate alternative health care settings

* 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
Blood and Blood Products	• Inpatient and outpatient processing, storage, administration of blood and blood products • Collection and storage of autologous blood when medically indicated	None
Family Planning	• Family planning counseling services • Sterilization • Diaphragms, other FDA-approved devices • Prescription contraceptives	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 to your baby through the Healthy Families Program

The Healthy Families Program covers all medically necessary health, dental and vision services for children and teens. While enrolled in Healthy Families, your child's coverage includes:

Healthy Families Benefits*	Services for Children	Cost to Member (co-payment)
Physician Services	• Office, home visits • Allergy testing and treatment	• $5 per visit • $5 per visit • No charge if under 24 months
Preventive Care	• Periodic health examinations (including well-baby care) • Variety of voluntary family planning services • Prenatal care • Vision and hearing testing • Immunizations • Sexually transmitted disease (STD) testing • Confidential HIV/AIDS counseling and testing • Annual Pap smear exams • Health education services	• No charge (including office visits)
Prescription Drugs	• 30 day supply of brand name or generic drugs, including prescriptions for one cycle of tobacco cessation drugs • 90 day supply of maintenance drugs • While in the hospital • FDA-approved contraceptive drugs and devices	• $5 per prescription • $5 per prescription • No charge • No charge
Hospital	• Inpatient: room and board nursing care and all medically necessary services • Outpatient: diagnostic, therapeutic, and surgical services performed at a hospital or outpatient facility	• No charge

* 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.

In addition to these benefits some services are also provided by the California Children's Services (CCS) program and by County Mental Health Departments. Families must meet residential requirements and members under the age of 19 must have a medical condition that is covered by CCS to be eligible for CCS services. Members who are under 19 years of age and diagnosed as having a Serious Emotional Disturbance (SED) may receive services from their County Mental Health Department.

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.

Healthy Families Services, *continued*

Healthy Families Benefits*	Services for Children	Cost to Member (co-payment)
Emergency Health Care Services	• 24-hour emergency 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 • Provided both in and out of the health plan's service area and participating facilities	• $5 per visit unless hospitalized • No coverage will be provided if the services received are not an emergency
Maternity	• Prenatal and postnatal care, inpatient and newborn nursery care	• No charge
Medical Transportation	• Emergency ambulance transportation to the hospital, and medically necessary non-emergency transportation to transfer a member from a hospital to another hospital or facility, or facility to home.	• No charge
Diagnostic X-ray and Laboratory Services	• Inpatient and outpatient	• No charge
Durable Medical Equipment	• Medical equipment appropriate for use in the home, oxygen and oxygen equipment, insulin pumps and all related necessary supplies.	• No charge
Mental Health Care Services	• Diagnosis and treatment of a mental health condition. Outpatient and inpatient services are provided without limit for Severe Mental Illnesses (SMI) and Serious Emotional Disturbances (SED) conditions in children. All basic mental health care services are limited to 20 outpatient visits and 30 inpatient hospital days.	• No charge for inpatient services • $5 per visit for outpatient services
Alcohol and Drug Abuse	• Inpatient: As medically appropriate to remove toxic substances from the system • Outpatient: 20 visits per benefit year (Some plans may choose to increase the number of visits in a benefit year if outpatient services are determined medically necessary)	• No charge for inpatient services • $5 per visit for outpatient services
Physical, Occupational, Speech Therapy	• Therapy may be provided in a medical office or other appropriate outpatient setting, hospital, skilled nursing facility, or home. Plans may require periodic evaluations as long as therapy, which is medically necessary, is provided.	• No charge for inpatient services • $5 per visit for outpatient services
Home Health Care	• Must be prescribed or directed by the attending physician or other appropriate authority designated by the plan	• No charge
Skilled Nursing Care	• Services provided in a licensed, skilled nursing facility, 100 days each benefit year	• No charge

Optional Health Benefits in Healthy Families

Not all health insurance plans provide these benefits. Please refer to the Healthy Families Handbook or go to www.healthyfamilies.ca.gov for information on which insurance plans cover these services.

Healthy Families Optional Benefits*	Services for Children	Cost to Member (co-payment)
Acupuncture	• 20 visits per benefit year	• $5 per visit
Chiropractic	• 20 visits per benefit year	• $5 per visit

* 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.

In addition to these benefits some services are also provided by the California Children's Services (CCS) program and by County Mental Health Departments. Families must meet residential requirements and members under the age of 19 must have a medical condition that is covered by CCS to be eligible for CCS services. Members who are under 19 years of age and diagnosed as having a Serious Emotional Disturbance (SED) may receive services from their County Mental Health Department.

Optional Health Benefits in Healthy Families, *continued*

Healthy Families Optional Benefits*	Services for Children	Cost to Member (co-payment)
Biofeedback	• 8 visits per benefit year	• $5 per visit
Elective Abortion	• Insurance plans vary	• No charge

Vision Benefits in the Healthy Families Program

Healthy Families Vision Benefits*	Services for Children	Cost to Member (co-payment)
Eye Examinations	• Once every 12 months	• $5 per examination
Prescription Glasses	• Once every 12 months	• $5 per glasses, frames, or lenses

Dental Benefits in the Healthy Families Program

Healthy Families Dental Benefits*	Services for Children	Cost to Member (co-payment)
Preventive Care (Teeth Cleanings, Topical Fluoride)	• Every 6 months	• No charge
Fillings	• As needed	• No charge
Sealants	• As needed only for permanent 1st and 2nd molars	• No charge
Diagnostic Services	• X-rays (Bitewing, Full-mouth, and Panoramic) • Consultations	• No charge
Major Services	• Root canals • Oral surgery • Crowns and bridges • Dentures	• $5 • $5 • $5 • $5
Orthodontia Services	• Provided to subscribers under the age of 19 through the California Children's Services program (CCS) when condition meets the CCS program criteria	• No charge

* 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.

In addition to these benefits some services are also provided by the California Children's Services (CCS) program and by County Mental Health Departments. Families must meet residential requirements and members under the age of 19 must have a medical condition that is covered by CCS to be eligible for CCS services. Members who are under 19 years of age and diagnosed as having a Serious Emotional Disturbance (SED) may receive services from their County Mental Health Department.

Note: The Benefits Charts on the preceding pages are only a summary of benefits provided by each health plan in the AIM and Healthy Families programs. These summaries are for information only. This is not a contract. For exact terms and conditions of the health care benefits, provisions, exclusions, and limitations for each plan, refer to the Evidence of Coverage booklet or Certificate of Insurance available from each health plan. Call the phone number listed on each health plan's description page for more information.

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.

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 starting at the first day of your last menstrual period or go to the AIM website at *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 private insurance costing $500 or less:** You cannot have maternity benefits through private insurance, unless your coverage has a deductible or co-payment specifically for maternity services that is more than $500 as of the application date; **and**
5. **Within the AIM income guidelines:** You must have a monthly household income (after income deductions) within AIM income guidelines. Read about income guidelines on page 13.

The number of women enrolling in AIM is limited by state funding. While adequate funding is generally available, once the program is full, you will not be enrolled even if you qualify and your application is complete. If this happens, you will be notified by mail, and your initial payment will be refunded.

Health Plans

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

When you apply for AIM, you will choose a health plan from a list of plans 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.

If you are enrolled in AIM, your baby automatically qualifies to be in the Healthy Families Program, unless your baby is enrolled in employer-sponsored insurance or no-cost Medi-Cal. Your baby will have the same health coverage and be in the same health plan, as you if available with Healthy Families. Your baby will not be covered until Healthy Families receives the required information (as explained on page 2).

Your baby will remain enrolled in the same plan you had in AIM if available in Healthy Families, unless you have other children already enrolled in the Healthy Families Program. If you have other children enrolled in the Healthy Families Program, the baby will be transferred to the other children's plans on the third month after birth. Please call the Healthy Families Program if your baby has special health care needs, and you do not want the baby transferred to another plan. Your baby will stay enrolled in Healthy Families if, at the first Annual Eligibility Review, you meet the AIM Program's income guidelines. To stay enrolled in Healthy Families, you must be within Healthy Families income guidelines at your baby's second Annual Eligibility Review. Healthy Families has a lower income limit than AIM.

All plans in AIM and Healthy Families 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 28-38 in this handbook. Wellness classes or a phone help line are examples of special services.

Many providers work with AIM and with the health plans in AIM. 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 income guidelines, we look at:

1. Your family size.
2. Whose income should be counted.
3. Gross income (total income before certain expenses are deducted).
4. Income deductions (expenses that will be deducted from your gross income).

1. Your AIM family size

Use the chart below to find out what your family size is for AIM.

Who lives in your household?	
Pregnant woman and an unborn baby or babies, count as 2 (If you are pregnant with two or more babies, you are still considered 2 family members until birth.)	+ **2**
Husband, count as 1	+ _____
Father of the baby, if you are not married, count as 1 (Only if you have another baby together, and the father and the child are living in the home with you.)	
Other children, count each child as 1 (Count your children or those of your husband or of the father of the unborn baby if you have a child in common. The children must be under 21, living in the home or away at school, and claimed as tax dependents by the parents in this household.)	+ _____
Total Family Size	+ _____

2. Whose income should be counted?

To see if you meet the AIM income guidelines, only count the income of the following family members:

1. You, the pregnant woman

2. Your husband ***or***

3. The father of the baby (but only if he lives in the home with **you** and **you** have another child together)

3. Your family's gross income

To see if you meet the AIM income guidelines, you need to show your family's **gross income** (total income before any deductions). *(See Whose Income Should Be Counted, page 10.)* Income includes:

- wages before taxes
- commissions
- tips
- bonuses/overtime pay
- self-employment net profit
- unearned income (for example: unemployment, disability, social security, alimony, pensions)
- income earned in other states or foreign countries

The income you count can be from last year, or current income, or a combination of the two, depending on your employment situation. For example, you can use your current income and your husband's income from last year.

Do not include child support and public assistance program benefits as income.

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.

Proof of Household Gross Income

For each person, 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. **All documents to show unearned income.**

   For example, copies of award letters for the calendar year, checks or bank statements showing the amount of Social Security, disability insurance, alimony, spousal support, etc., from previous year.

Income from self-employment, partnerships or independent contracts requires:

a. Submission of the previous year's Federal Income Tax Form 1040 AND the Schedule C (or equivalent schedule); *or*

b. A profit and loss statement for the most recent three-month period prior to the date the program receives the application.

Note: Countable income is Net Profit. Depreciation, meals and entertainment expenses are added back into net profit. Negative figures (losses) on the 1040 and profit and loss statement are counted as zero.

The following must be included in the profit and loss statement:

1) Date.
2) Name, address and phone number of the business.
3) Itemized gross income and expenses for each separate month in the three-month period.
4) Signature of the person who earned the income along with the following sentence, "Information provided is true and correct."

Proof of current income:

1. **Paycheck or unemployment stub**

   Showing gross income for a period which ended within 45 days of the date the program receives the document. The following must be included on the stub:

   a) Gross and net wages.
   b) Name of employee.
   c) Pay date or pay period.
   d) Name of business; or

2. **Letter from Employer**

   The following must be included in the letter:

   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.

3. **Unearned Income**

   All documents to show unearned income. For example, copies of award letters for the current calendar year, checks or bank statements showing the amount of Social Security, disability insurance, alimony, spousal support, etc.

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

   The NOA must include an income amount or a budget worksheet (may be separate), and must be issued within two months of the date of your application, showing that you do not qualify for no-cost Medi-Cal.

4. Income deductions

Income deductions are expenses that will be subtracted from your gross monthly income to see if you qualify for the AIM Program. Expenses you can deduct are listed below. Child care and disabled dependent care expenses will be deducted (up to the maximum allowed) if you and your husband (or father of the baby) are working or in job-training and are not at home to provide care. Send proof for each deduction that you take.

Deductions	Amount	Proof
Work-related. Each adult who is working or receiving State Disability Insurance or Workers Compensation will take a deduction of $90. If one's earnings are less than $90, only take a deduction for the amount earned.	$90	None. Automatically applied to each working adult and those receiving State Disability Insurance or Workers Compensation. If earnings are less than $90, the deduction will only be for the amount earned.
Court-ordered alimony or spousal support received.	$50	Copy of the previous month's alimony or spousal support check received.
Monthly child day care expense for each child under age 2.	$200 each (maximum)	Previous month's child day care expense receipts or cancelled checks.
Monthly child day care expense for each child age 2 and over.	$175 each (maximum)	Previous month's child day care expense receipts or cancelled checks.
Monthly disabled dependent living in the home (any age) expense.	$175 each (maximum)	Previous month's expense receipts or cancelled checks.
Monthly court-ordered alimony or child support you or your husband or father of the baby (as defined on page 10) pays.	Full payment amount	Copies of cancelled checks, pay stubs showing support deductions or statement from the District Attorney's Family Support Division for the most recent one-month period.

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.

Do you meet the AIM income guidelines?

Find your AIM family size on the chart below. *(Read about AIM family size on page 10.)* See if your family household income per month is within the AIM Income Guidelines listed for your family size. *(Read about income and deductions, pages 10-12.)* If it is, you meet the AIM income guidelines.

You will need to send us proof of your income and expenses to qualify for AIM.

AIM Income Guidelines

April 1, 2009 to March 31, 2010

AIM Family Size (count pregnant woman as 2)	Monthly Household Income (gross income after AIM deductions)
2	$2,430 to $3,644
3	$3,053 to $4,579
4	$3,676 to $5,514
5	$4,300 to $6,449
6	$4,923 to $7,384
7	$5,546 to $8,319
8	$6,170 to $9,254

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

If you do not qualify for AIM, because your income (after applying income deductions) for your family size is below the lowest amount listed, you may qualify for no-cost Medi-Cal. 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. If you give us authorization, we will forward your AIM application to Medi-Cal. *(See the AIM Application, A-4, after page 17.)*

Medi-Cal Privacy Notice

Federal and State law requires us to provide the following information: Welfare and Institutions Code §14011 requires Medi-Cal applicants to provide the information requested in this 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.

Paying for Your AIM Coverage

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 adjusted annual household income after income deductions. This is a total cost, not a monthly premium.
- You may pay your 1.5% cost when you submit your application, 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% cost covers you throughout your pregnancy and for 60 days after your pregnancy has ended. The AIM Program cannot cover any medical services you received after the 60th day from when your pregnancy ended.

The chart below shows what your AIM cost will be.

PLEASE NOTE: If your baby is enrolled in the Healthy Families Program, you will have to pay a low monthly premium. The amount of your monthly premium depends on which health plan your baby is enrolled in and if you have any other children enrolled in the Healthy Families Program. For questions regarding Healthy Families premiums, please call 1-800-433-2611.

Cost of AIM Coverage
April 1, 2009 - March 31, 2010

AIM Family Size (count pregnant woman as 2)	Monthly Household Income (gross income after AIM deductions)	Total Cost of AIM Coverage (1.5% of adjusted annual household income)
2	$2,430 to $3,644	$437 to $656
3	$3,053 to $4,579	$549 to $824
4	$3,676 to $5,514	$661 to $992
5	$4,300 to $6,449	$773 to $1,160
6	$4,923 to $7,384	$885 to $1,328
7	$5,546 to $8,319	$997 to $1,496
8	$6,170 to $9,254	$1,109 to $1,664

How do you pay for AIM?

The total cost is 1.5% of your adjusted annual household income after applying income deductions. Don't worry; you don't have to pay this all at once. The AIM Program will divide the cost into 12 monthly installments for you. You will need to send a $50 cashier's check or money order with your complete application. The money you send with your application goes toward your 1.5% cost. **Personal checks are not accepted for this payment.**

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:***

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.

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.

Meeting the AIM Guidelines and Figuring Your Total AIM Cost: An example

For example, if you and your husband are having your first baby, you would be counted as a family size of three. If you and your husband's monthly income after deductions is $3,000, your cost would be $540. This is based on first calculating to see if your monthly income (after deductions) qualifies and then determining an annual income (multiplying your monthly adjusted household income by 12) and then multiplying by 1.5%.

The chart below shows the family's income, deductions, and total AIM cost.

Gross Monthly Household Income	Determine the gross monthly household income. See page 11 for a listing of acceptable income to submit.	$3,180.00
Total Household Income Deductions	Determine the Total Income Deductions (example: two working adults; $90 work deduction for each adult, no other deductions). See page 12 for a listing of other acceptable income deductions to apply.	– $180.00
Adjusted Monthly Household Income	Subtract the Total Income Deductions from the Gross Monthly Income. This is the Adjusted Monthly Household Income. Look up this amount in the **Cost of AIM Coverage** chart on page 14 to see if you may qualify for AIM.	= $3,000.00
	Multiply the Adjusted Monthly Household Income by 12 months to determine the Adjusted Annual Household Income.	x 12 months
Adjusted Annual Household Income	This is the Adjusted Annual Household Income	= $36,000.00
	Multiply the Adjusted Annual Household Income by 1.5% to calculate the cost to participate in the AIM program	x 1.5%
Total Annual AIM Contribution	**This is the Total Cost to participate in the AIM Program.**	**= $540.00**

Remember, this cost covers you for 60 days after your pregnancy has ended.

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 accounts are paid in full later, the credit reporting agency's records will be updated.

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

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 45 or you may use a different form 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 plan. In fact, the State pays the health plan in advance for your health care at the time you are enrolled into the AIM Program

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; however, income of a parent or legal guardian is NOT used to determine eligibility. 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 A1-A5 and mail it, along with proof of your income and expenses to the AIM Program. If complete, AIM will process your application within 10 days of receipt. If you need help filling it out, 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 30th week of pregnancy.

If your application is complete and you qualify, you will receive a 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 days after the date your application is approved.**

If your application is incomplete, AIM will contact you to request what is missing. If you do not qualify, you will receive a letter stating why you do not qualify. Your $50 initial payment will be refunded to you within approximately 6-8 weeks.

Once you are enrolled, you will receive an evidence of coverage booklet and an insurance card from your chosen health plan. **If you do not receive your insurance card within 10 days of your enrollment in AIM, please call your health plan directly.**

Your coverage in the AIM Program ends 60 days after the end of a pregnancy. You must apply again for each pregnancy, if you would like to be enrolled in AIM for that pregnancy.

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 60 days after your pregnancy ends. The AIM Program is only for one pregnancy at a time and cannot cover services received after the 60th day from when your pregnancy ends. 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. You may also use the Infant Registration Form on page 43. If you have your baby early or you do not want to register your baby for the Healthy Families Program, you still must notify the AIM Program within 30 days from your delivery. The AIM Program cannot cover any medical services you receive after the 60th 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 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 for 60 days after your pregnancy ends. The AIM Program cannot cover any medical services you receive after the 60th 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. Your money will be refunded. 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 45. **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.**

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.

How long can you be enrolled in AIM? *(continued)*

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 ended 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 ended, to inform us of the date that you were no longer pregnant. The AIM Program cannot cover any medical services you receive after the 60th day from when your pregnancy ended.

You may use the Early End of Pregnancy Form on page 45 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 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 must have received 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:

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 60th day from when your pregnancy ended.

This page is intentionally blank.

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". Submitting a Social Security Number is optional. 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	Birthdate	
Street Address (P.O. Box not accepted)			Unit/Apt. Number	Phone Number ( )
City	County		State	Zip Code
First day of last menstrual period - (required)		Do you smoke? YES/NO	Does anyone in your household smoke? YES/NO	
PRINT BILLING AND MAILING ADDRESS, IF DIFFERENT FROM ABOVE:				
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)

☐ White	☐ Alaska Native	☐ Japanese	☐ Guamanian
☐ Hispanic	☐ Filipino	☐ Korean	☐ Laotian
☐ Black/African American	☐ Amerasian	☐ Samoan	☐ Vietnamese
☐ Asian	☐ Chinese	☐ Asian Indian	☐ Other
☐ Native American Indian	☐ Cambodian	☐ Hawaiian	

What language do you speak best? _____ What language do you read best? _____

SECTION 2

1st CHOICE OF HEALTH PLAN: (Applicant must fill out this section)

Instructions: Turn to page 24 in this application to see which AIM health plans are available in your county. Beginning on page 28 you will find a description of each health plan for your review.	
1st Choice of Health Plan:	
Choice of Medical Group/Provider **(if required):**	Provider Code **(if required):**

2nd CHOICE OF HEALTH PLAN: (Applicant must fill out this section)

2nd Choice of Health Plan: (if 1st Choice is not available)	
Choice of Medical Group/Provider **(if required):**	Provider Code **(if required):**

Access for Infants and Mothers Application

SECTION 3

FAMILY SIZE, INCOME and INSURANCE INFORMATION: This section will give us information on the pregnant woman's household family size, income, and whether insurance is available for the pregnant woman.

Part A: Pregnant Woman's Information

Name		Are you currently employed? YES/NO	
Employer's Name (if employed)		Employer's Phone Number ( ) Ext.	
Employer's Street Address		City	State / Zip Code
Source of income (job, social security, pension, etc.):	How often is income received? (weekly, bi-weekly, twice a month, monthly, yearly)	How much income is received?	
At the time of application, do you have health insurance? YES/NO		If you answer yes to any of the questions, you are REQUIRED to provide the following information:	
Does the insurance cover your pregnancy? YES/NO		Name of insurance policy or health plan:	
If applicable, what is the dollar amount of your deductible or co-payment specifically for maternity services? $ _____		Address: Policy Number:	

Part B: To be completed by the father of the unborn child. **Only** complete this section if the father of the unborn child is living with the pregnant woman **and** is married to her, or has at least one other child in common.

Name of father of baby (if living with the pregnant woman)		Birthdate Social Security Number (Optional)	
Are you married to the pregnant woman? YES/NO	If no, do you have at least one other child together? YES/NO	Are you currently employed? YES/NO	
Employer's Name (if employed)		Employer's Phone Number ( ) Ext.	
Employer's Street Address		City	State / Zip Code
Source of income (job, social security, pension, etc.):	How often is income received? (weekly, bi-weekly, twice a month, monthly, yearly)	How much income is received?	
At the time of application, do you have health insurance? YES/NO		If you answer yes to any of the questions, you are REQUIRED to provide the following information:	
Does the insurance cover the pregnancy? YES/NO		Name of insurance policy or health plan:	
If applicable, what is the dollar amount of your deductible or co-payment specifically for maternity services? $ _____		Address: Policy Number:	

Access for Infants and Mothers Application

Part C: See page 12 for more information about income deductions and the documentation the pregnant woman is required to submit. List all unmarried children/stepchildren under age 21 of married persons or of unmarried persons who have a child in common, living in the home or away at school who are claimed as tax dependents. Include disabled dependents who live in the home of the pregnant woman and the applicable monthly child day care expense or disabled dependent care expense paid by either the pregnant woman or the father of the baby (if living with the pregnant woman). If there are no expenses write N/A or zero. If more space is needed, write the information on a separate piece of paper and mail it with the application.

Name of Child or Disabled Dependent	Date of Birth	Relationship to the Pregnant Woman	Monthly Amount Paid

Does the pregnant woman pay court-ordered monthly child support or spousal support? YES/NO	Does the father of the baby, listed in part B, pay court-ordered monthly child support or spousal support? YES/NO
If yes, how much child support? $_____	If yes, how much child support? $_____
How much spousal support? $_____	How much spousal support? $_____
Documentation Required	**Documentation Required**

See page 12 for more information about income deductions and the documentation the pregnant woman is required to submit.

Where did you first learn about the AIM Program? (circle one)

1. Doctor's Office
2. Community Clinic
3. Newspaper
4. Internet
5. Hospital
6. Government Office
7. 1-800-BABY-999
8. Employer
9. School/Church
10. Friend/Relative
11. TV/Radio
12. Health Fair/Community Event
13. Insurance Agent
14. Other (specify) _____

SECTION 4

PREGNANT WOMAN'S DECLARATIONS

I declare that:

- I have a reasonable good faith belief that I am not over 30 weeks pregnant as of the application date, and I have enclosed a document certifying that I am pregnant.
- I live in the State of California and plan to stay.
- 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.
- I do not have health insurance to cover my pregnancy or have a deductible or co-payment specifically for maternity services of more than $500 through my health insurance policy.
- I am not currently enrolled in no-cost Medi-Cal or Medicare Part A and Medicare Part B at the time of application.
- I give the AIM Program permission to verify my family income, health insurance status, residency and other information presented in the application.
- I will abide by the rules of participation, the utilization review process and the dispute resolution process of any participating health plan in which I am enrolled.
- I have reviewed the benefits offered by the participating health plans.
- I understand and will follow the rules and regulations of the AIM Program.
- 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.

Access for Infants and Mothers Application

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 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 plan has its own rules for resolving disputes about the delivery of services and other matters. Some plans say you must use binding arbitration for disputes: others do not. Some plans say that claims for malpractice must be decided by binding arbitration; others do not. If the 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 a plan resolves disputes, you can call the plan and request an Evidence of Coverage or Certificate of Insurance booklet.

I, the applicant, certify that I have read and understand the foregoing affidavit and declarations. I also certify 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.

X _____ _____

Signature of Applicant (required) Date

Note: If enrolled, AIM coverage will end 60 days after the end of your pregnancy.

Optional – Authorization to forward AIM application to Medi-Cal.

If my application is ineligible for AIM, I request that this application be forwarded to the county and treated as a Medi-Cal application. 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

Mail your application and other materials to:

Mail Address: **Access for Infants and Mothers Program** **P.O. Box 15559** **Sacramento, CA 95852-0559** ***Please do not fax application***	**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.

Don't forget to:

- ☐ fill out the application
- ☐ sign the application
- ☐ collect all necessary income and pregnancy documentation
  - pregnancy certification
  - income verification documents
  - proof of income deductions
  - $50 cashier's check or money order (signed)
- ☐ make your $50 cashier's check or money order (no personal checks or cash) payable to:
  Access for Infants and Mothers Program
- ☐ make photocopies of all documents being submitted for your records — if you choose to do so

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.

Access for Infants and Mothers Application

Pregnancy Certification to be filled out by the applicant:

Pregnant Woman's Last Name	Pregnant Woman's First Name	M.I.
Pregnant Woman's Address		Unit/Apt. Number
City	State	Zip Code

AIM Pregnancy Certification Form

A certification of pregnancy, issued in the United States, must be mailed with your application or received prior to the end of your 30th week. The form below can be used to certify pregnancy. You may use a different form as long as it contains the same information as this one and is signed by one of the individuals listed below.

To be eligible for AIM, the pregnant woman must not be more than 30 weeks pregnant as of the date the program receives the complete application. The certification of pregnancy must be signed by a licensed or certified health care professional. Individuals who can certify pregnancy for the AIM Program may include the following:

Physicians (MDs, DOs) **Registered Nurses** **Certified Nurse Midwives**
Licensed Vocational Nurses **Physician Assistants** **Medical Assistants**
Staff Person authorized by the Planned Parenthood Organization

To be filled out by the person certifying pregnancy:

I certify that the person listed above is pregnant.

Name of Facility		Date	
Address of Facility		Suite Number	
City		State	Zip Code
Area Code & Telephone Number ( )	Fax Number ( )	Estimated Date of Delivery	
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

REV 12.02.2008

AIM Application Checklist

- ☐ **Review** this handbook to learn about the eligibility requirements for the AIM Program.
- ☐ **Complete** the AIM Application on pages A1-A5 of this handbook. All questions must be answered completely. If you do not provide all necessary information (including the required documentation, signatures, and payment), your application will be incomplete, which will delay the processing of your application.
- ☐ **Sign and date** the completed AIM Application on page A5.
- ☐ **Attach** the following items:
  - ☐ **Pregnancy Certification** on page A5, **or** a different form as long as it contains the same information.

  Income Verification Documents:
  (You may be able to use other documents not listed here.)
  - ☐ **<u>One</u> document for each person living in the home who has a job:**
    - A recent pay stub (from less than 45 days ago), **or**
    - A signed, dated statement from your employer showing your gross income and how often your are paid, **or**
    - Last year's federal income tax return.
  - ☐ **<u>One</u> document for each person living in the home who is self-employed:**
    - Last year's federal income tax form with Schedule C, C-EZ or F, **or**,
    - A signed, itemized profit and loss statement for the last 3 months. For a sample profit and loss statement, got to: <u>www.aim.ca.gov</u>, then click on *Get an Application*
  - ☐ **If you have income from Disability, Pensions, Retirement, Social Security, Veteran's Benefits, Worker's Compensation, or Unemployment, send a copy of:**
    - The award letter, check **or** bank statement showing direct deposit for the most recent payment.
  - ☐ **If you receive or pay child support or spousal support, send a copy of:**
    - The court order, paycheck stub showing support deduction, receipts, or the monthly support check, **or**
    - A statement from the Department of Child Support Services, or the person who pays support that lists: the amount of monthly support, who the support is for, and who receives it.
  - ☐ **If you pay for child day care or disabled dependent care, send a copy of:**
    - A cancelled check **or** receipt, **or** a signed statement from your child day care provider showing how much you pay each month.
- ☐ **A cashier's check or money order** for $50.00 (or the entire subscriber contribution and receive a $50.00 discount) made payable to the **Access for Infants and Mothers Program**. Personal checks will not be accepted with the application.

Mail the Application (The application is on pages A1-A5) to:

The AIM Program
P.O. Box 15559
Sacramento, CA 95852-0559

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

You must write to the AIM Program (at the address shown above) if you get other insurance. This is very important to coordinate benefits or if you no longer need AIM services. If you do get other insurance, you will still have to pay the 1.5% cost for the AIM Program.

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 receives 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 provider 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 45. Refer to page 16 for details.
5. You will be disenrolled 60 days after the end of your pregnancy. 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 Healthy Families

Note: Babies are automatically eligible for the Healthy Families Program unless they are enrolled in employer-sponsored insurance or no-cost Medi-Cal.

AIM will mail you a Healthy Families Handbook and 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
5. Primary care provider (the doctor you want for the baby)
6. Dental and Vision plan selection (You can find out what plans are available in your county in the Healthy Families Handbook or on the Healthy Families website at www.healthyfamilies.ca.gov.)
7. Information on whether your baby is currently enrolled in or has been enrolled in employer-sponsored insurance in the last 3 months

Complete the Infant Registration Form and send it to Healthy Families within 30 days after your delivery. Send this information to Healthy Families at the address printed on the form. If you do not receive the Healthy Families Handbook and Infant Registration Form, call 1-800-433-2611. The Infant Registration Form is also on page 43. After your baby is enrolled, Healthy Families will start billing you for your baby's monthly premium.

Your baby's coverage will not begin until Healthy Families receives the required information.

Notifying AIM when your pregnancy has ended

Within 30 days, you must notify the AIM Program 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.

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
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 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.

California law further 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 states 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 your 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) or Certificate of Insurance (COI) booklet. You will receive these booklets from the health plan. You may review these documents 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 or Department of Insurance which licenses the insurance plan. The number is listed in the EOC or COI booklet.

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 Coast Alliance for Health: No
- Contra Costa Health Plan: No
- Health Net: Yes (includes medical malpractice)
- Health Plan of San Joaquin: Yes (includes medical malpractice)
- Kaiser Permanente: Yes (includes medical malpractice)
- Molina Healthcare of California: No
- Ventura County Health Care Plan: 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 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
Managed Risk Medical Insurance Board
P.O. Box 2769
Sacramento, CA 95812-2769
PHONE: (916) 324-4695
FAX: (916) 327-9661

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.

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 28.

   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 28. The descriptions include phone numbers.
3. Visit our Web site at *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

Alameda
Health Net HMO

Alpine
Anthem Blue Cross EPO

Amador
Anthem Blue Cross EPO

Butte
Anthem Blue Cross EPO

Calaveras
Anthem Blue Cross EPO

Colusa
Anthem Blue Cross EPO

Contra Costa
Contra Costa Health Plan
Kaiser Permanente Northern California

Del Norte
Anthem Blue Cross EPO

El Dorado
Anthem Blue Cross EPO
Kaiser Permanente Northern California
(coverage for these Zip codes only:
95613-14, 95619, 95623, 95633-35, 95651, 95664, 95667, 95672, 95682, 95762)

Fresno
Health Net HMO

Glenn
Anthem Blue Cross EPO

Humboldt
Anthem Blue Cross EPO

Imperial
Anthem Blue Cross EPO

continued

AIM Health Plans Available in Each County, *continued*

Inyo
Anthem Blue Cross EPO

Kern
Anthem Blue Cross HMO

Health Net HMO (coverage for these Zip codes only: 93203, 93205-06, 93215-16, 93220, 93222, 93224-26, 93238, 93240-41, 93243, 93249-52, 93255, 93263, 93268, 93276, 93280, 93283, 93285, 93287, 93301-09, 93311-14, 93380-90, 93501-02, 93516, 93518-19, 93531, 93560-61, 93581, 93596)

Kings
Anthem Blue Cross EPO
Health Net HMO

Lake
Anthem Blue Cross EPO

Lassen
Anthem Blue Cross EPO

Los Angeles
Anthem Blue Cross HMO
(EXCEPT Catalina Island)

Health Net HMO
(EXCEPT Catalina Island)

Madera
Anthem Blue Cross EPO

Marin
Anthem Blue Cross EPO
Kaiser Permanente Northern California

Mariposa
Anthem Blue Cross EPO

Mendocino
Anthem Blue Cross EPO

Merced
Anthem Blue Cross EPO

Modoc
Anthem Blue Cross EPO

Mono
Anthem Blue Cross EPO

Monterey
Central Coast Alliance for Health

Napa
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)

Nevada
Anthem Blue Cross EPO

Orange
Anthem Blue Cross EPO
Health Net HMO

continued

AIM Health Plans Available in Each County, *continued*

Placer

Anthem Blue Cross EPO

Health Net HMO (coverage for these Zip codes only: 95602-04, 95631, 95648, 95650, 95658, 95661, 95663, 95677-78, 95681, 95701, 95703, 95713-14, 95717, 95722, 95736, 95746, 95747, 95765)

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)

Plumas

Anthem Blue Cross EPO

Riverside

Anthem Blue Cross HMO

Health Net HMO (coverage for these Zip codes only: 91752, 92210, 92220, 92223, 92230, 92255, 92258, 92270, 92292, 92320, 92501-09, 92513-19, 92521-22, 92530-32, 92536, 92543-46, 92548, 92551-57, 92561-64, 92567, 92570-72, 92581-87, 92589, 92590-93, 92595-96, 92860, 92877-83)

Kaiser Permanente Southern California (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)

Sacramento

Health Net HMO

San Benito

Anthem Blue Cross EPO

San Bernardino

Anthem Blue Cross HMO

Health Net HMO (coverage for these Zip codes only: 91701, 91708-10, 91729-30, 91737, 91739, 91743, 91758, 91761-64, 91784-86, 91798, 92268, 92301, 92305, 92307-8, 92311-13, 92316, 92318, 92324, 92327, 92329, 92334-37, 92339-42, 92345-47, 92350, 92354, 92356-59, 92365, 92368-69, 92371-77, 92382, 92392-95, 92397-99, 92401-08, 92410-15, 92418, 92423-24, 92427)

Kaiser Permanente Southern California (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, 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)

San Diego

Anthem Blue Cross HMO

Molina Healthcare of California

San Francisco

Health Net HMO

San Joaquin

Health Plan of San Joaquin

Kaiser Permanente Northern California

continued

AIM Health Plans Available in Each County, *continued*

San Luis Obispo
Anthem Blue Cross EPO

San Mateo
Kaiser Permanente Northern California

Santa Barbara
CenCal Health/Prenatal Plus 2

Santa Clara
Anthem Blue Cross HMO

Santa Cruz
Anthem Blue Cross EPO

Shasta
Anthem Blue Cross EPO

Sierra
Anthem Blue Cross EPO

Siskiyou
Anthem Blue Cross EPO

Solano
Kaiser Permanente Northern California

Sonoma
Anthem Blue Cross EPO

Health Net HMO

Kaiser Permanente Northern California
(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)

Stanislaus
Health Plan of San Joaquin

Sutter
Anthem Blue Cross EPO

Tehama
Anthem Blue Cross EPO

Trinity
Anthem Blue Cross EPO

Tulare
Anthem Blue Cross EPO

Health Net HMO

Tuolumne
Anthem Blue Cross EPO

Ventura
Anthem Blue Cross EPO

Ventura County HCP

Yolo
Health Net HMO

Yuba
Anthem Blue Cross EPO

AIM Health Plan Descriptions

Anthem Blue Cross of California

Anthem Blue Cross Exclusive Provider Organization (EPO)

Customer Service Number: 1-877-687-0549, TDD: 1-888-757-0634 (English and Spanish)
Monday - Friday from 7 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 Luis Obispo, Santa Cruz, Shasta, Sierra, Siskiyou, Sonoma, Sutter, Tehama, Trinity, Tulare, Tuolumne, Ventura 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 Prudent Buyer PPO 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 Prudent Buyer PPO 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 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 Prudent Buyer PPO Plan network or you will not be eligible for benefits, except in an emergency. Once your AIM Program application has been approved, a Anthem Blue Cross Prudent Buyer 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 Prudent Buyer 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 Prudent Buyer PPO 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 Blue Cross Health Maintenance Organization (HMO)

Customer Service Number: 1-877-687-0549, TDD: 1-888-757-6034 (English and Spanish)
Monday - Friday from 7 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: Kern, Los Angeles (except Catalina Island), Riverside, San Bernadino, Santa Clara, and San Diego.

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 1-800-687-0549 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 from for your care.

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

If you live in Santa Cruz or Ventura County, you may call Anthem Blue Cross Customer Service at **1-877-687-0549** for participating medical groups in your area.

How the Plan Works

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, once you are accepted in the Program.

Services for AIM members residing in Catalina will be provided in Long Beach

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 **1-877-687-0549**. 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 Santa Barbara Prenatal Plus 2

Prenatal PLUS 2

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

Who can join Santa Barbara Prenatal Plus 2

If you live in Santa Barbara County, and are an AIM eligible pregnant woman, you can become a member of Santa Barbara Prenatal Plus 2, a program serving all communities in Santa Barbara County.

Plan Highlights

Confidence

Women enrolled in Santa Barbara Prenatal Plus 2 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 Goleta. 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 Santa Barbara Prenatal Plus 2, 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

Santa Barbara Prenatal Plus 2 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: "Santa Barbara Prenatal Plus 2" on the "Choice of Health Plan" line on the AIM application.

Once Accepted–Starting Care

Your Heath Plan Card

Once enrolled, and after you have selected an OB/GYN, you will receive an identification card from Santa Barbara Prenatal Plus 2. 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 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 Santa Barbara Prenatal Plus 2. You will speak with a representative who will:

- Explain Santa Barbara Prenatal Plus 2 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 Santa Barbara Prenatal Plus 2.

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.

Central Coast 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 Coast Alliance for Health's Alliance Care AIM Program?

Central Coast 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 Coast 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 and nutrition counseling
- Smoking cessation classes
- 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 6 weeks 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 Coast 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 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 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 and Provider Directory, which explain your benefits and list 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 Coast 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

Who Can Join Contra Costa Health Plan (CCHP)

CCHP is available to AIM-eligible pregnant women who live in Contra Costa County.

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. The over 80,000 people we serve, therefore, can be assured CCHP must meet the highest standards of care.

Our members appreciate CCHP's:

- 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": Our Regional Medical Center Network (RMCN) offers primary care and access to specialty care through eight Health Centers and at the newest hospital in the region, the Contra Costa Regional Medical Center. You would simply select the Health Center most convenient for you, and select a primary doctor and OB/GYN who works at that Health Center. They will make sure you get all the preventive care, routine care, and referrals for specialty care that you need.

Our other group of providers is the CCHP Community Provider Network (CPN). If you select a Primary Care Physician from CPN, your OB/GYN must also be from this network. You will use whichever hospital your doctor uses- one of four hospitals in the area.

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 you an Identification Card, Member Handbook, Provider Directory, and Combined Evidence of Coverage & Disclosure Form booklet.

We encourage all 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.

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.

Health Net

Toll free: 1-800-327-0502, Monday - Friday 7:30 A.M. - 7:00 P.M.
Se habla Español, TDD: 1-800-995-0852

Who Can Join Health Net?

Health Net is available to AIM-eligible pregnant women who live in the counties of:

- Alameda
- Fresno
- Kings
- Los Angeles (except Catalina Island)
- Orange
- Sacramento
- San Francisco
- Sonoma
- Tulare
- Yolo

And parts of the following counties:

- Kern
- Placer
- Riverside
- San Bernardino

Plan Highlights

As one of the largest health plans in California, we offer quality medical care that's not only cost-effective, but also personal and convenient. Our business is taking care of you. Health Net offers the following benefits:

- Prenatal education program and screening, as well as dedicated Perinatal Care Manager nurses
- Emphasis on complete health care through a variety of unique wellness programs, screenings, classes and materials
- 24 hours a day, 7 days a week, multilingual Customer Service
- 24 hours nurse advice line
- Awarded the highest quality accreditation status of "excellent" by the National Committee for Quality Assurance (NCQA) for our HMO commercial product

Plan Providers

Health Net offers one of the largest provider networks in California. Statewide, our provider network offers community-based physicians, hospitals and pharmacies. Seminars offered at many physician groups focus on preventive care and offer members the opportunity to enhance and improve health and health awareness. For a list of Health Net physicians participating in the AIM Program, please call Health Net at 1-800-327-0502 or visit the AIM website at *www.aim.ca.gov* to view or print a listing of Health Net's providers who participate in the AIM Program.

How to Enroll

Once you have made the decision to choose Health Net, you will need to complete your AIM enrollment application. Write "Health Net" in the box marked "Choice of Health Plan."

If you know which Primary Care Provider (PCP) or medical group you would like to select, then write your selection in the "choice of Medical Group/Provider" box on the AIM application. If you do not select a PCP, Health Net will assign you one. If you need assistance with selection of a PCP, please call Health Net at 1-800-327-0502.

Once Accepted – Starting Care

Once you are enrolled, you will receive a Health Net member ID card and a packet of new member materials. We will call you to welcome you to the plan, answer any questions you may have, and help you start using your benefits immediately.

An OB/GYN or nurse midwife (if you prefer) will provide all of your prenatal care. Once you are enrolled with Health Net, you will choose a Primary Care Physician to coordinate any medical care you require that is not related to your pregnancy. You can call your Primary Care Physician for all your health care needs, wherever you are, 24 hours a day. You also have access to Health Net's 24-hour Member Services Department and 24-hour nurse advice line.

If you need urgent care, you can call your doctor 24 hours a day, seven days a week.

Emergency care is a covered benefit. In an emergency, call your Primary Care Physician if possible. If you have an emergency and it is not possible to contact your Primary Care Physician, call 911 or go to the nearest emergency room.

Important Information

If you have specific questions regarding providers or Health Net, call Health Net at 1-800-327-0502. The information presented on this page is only a summary. For specific terms and conditions, please refer to Health Net's AIM Program Evidence of Coverage booklet.

Health Plan of San Joaquin

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 and 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, we strive to provide you with 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 numerous 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, Longs, S-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 numerous doctors and hospitals throughout Stanislaus County. With HPSJ, your personal physician can refer you to hospitals in Modesto, Oakdale and Turlock, 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 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 your 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. An advice nurse will help you decide the best way to get treatment and can arrange for emergency room care. If you have an emergency and it is not possible to contact your Primary Care Physician or Advice Nurse Line, call 911 or go to the nearest emergency room.

Important Information

Should you have any 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.

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.

Kaiser Permanente Northern California

KAISER PERMANENTE®

Customer Service Call Center: 1-800-464-4000
Monday through Friday, 7:00 a.m. to 7:00 p.m., and Saturday and Sunday, 7:00 a.m. to 3:00 p.m.

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
- Marin
- San Joaquin
- San Mateo
- Solano

And parts of the following counties:

- El Dorado
- Napa
- Placer
- 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 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.

Health Care Coverage for the Years to Come

After your AIM coverage ends (60 days after the end of your pregnancy), you may want to consider joining Kaiser Permanente's Steps Plan. As a Steps Plan member, you can continue to receive care at Kaiser Permanente for up to two additional years. We'd like to take care of you and your family for many years to come!

Kaiser Permanente Southern California

KAISER PERMANENTE®

Customer Service Call Center: 1-800-464-4000
Monday through Friday, 7:00 a.m. to 7:00 p.m., and Saturday and Sunday, 7:00 a.m. to 3:00 p.m.

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 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.

Health Care Coverage for the Years to Come

After your AIM coverage ends (60 days after the end of your pregnancy), you may want to consider joining Kaiser Permanente's Steps Plan. As a Steps Plan member, you can continue to receive care at Kaiser Premanente for up to two additional years. We'd like to take care of you and your family for many years to come!

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.

Molina Healthcare of California

Member Services: 1-888-665-4621 TTY: 1-800-479-3310
Monday through Friday, 7:00 a.m. to 7:00 p.m.

Who Can Join Molina Healthcare?

Molina Healthcare is available to AIM eligible pregnant woman who live in San Diego County.

Plan Highlights

Molina Healthcare has provided quality care to California families for more than 20 years, so we know how to design our services to meet your family's needs.

At Molina Healthcare, you will get:

- 24-Hour Nurse Advice Line.
- Access to our prenatal program designed to keep you and your baby healthy.
- Large Pharmacy Network - You can go to a drugstore right in your neighborhood including Sav-on, Rite Aid, Walgreens, Longs, CVS and more.
- National Committee for Quality Assurance (NCQA) Commendable accreditations

Plan Providers

With nearly 1,072 doctors and specialists you can get a doctor right in your neighborhood. Molina Healthcare has designated general and family practitioners, pediatricians, internists and obstetricians/gynecologists (OB/GYNs) as primary care providers.

How to Enroll

Once you have decided to enroll in Molina Healthcare, your next step is to complete your AIM enrollment application. Write "Molina" in the box marked "Choice of Health Plan." Next, select your Molina Healthcare provider by writing your choice in the "Choice of Provider" section and the provider code in the "Provider Code" box. If you are undecided as to who your doctor should be please call our Member Services Department and they will help you choose the right doctor for you.

Once Accepted - Starting Care

Once you are enrolled with Molina Healthcare, you will be sent your new ID card along with a Welcome packet explaining your coverage with us. You will need to carry your ID Card with you at all times and present it when you visit your doctor's office and to get prescriptions.

Access to Care

- You can see an OB/GYN or your Primary Care Physician (PCP), if he or she is an OB/GYN, for your prenatal care. For all other specialty care you must visit your PCP first to get a referral.
- For family planning or prenatal care services you can self refer to a doctor within your PCP's network.
- Emergency care is a covered benefit. If you are not sure that you need emergency care, call your PCP or call our Nurse Advice Line. Our Nurse Advice Line is staffed with Registered Nurses that are available 24 hours a day, 365 days a year.

Important Information

The information presented is only a summary of the services provided by Molina Healthcare. For specific terms and conditions call our Member Services Department, or refer to our Member Handbook (Evidence of Coverage). Once you deliver your baby call us as soon as possible at 1-888-665-4621 to ensure that your baby's care continues coverage with Molina Healthcare.

Ventura County Health Care Plan

VCHCP Ventura County Health Care Plan

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 enrollee, you are selecting 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, 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 Oxnard, Ventura, Simi Valley, Thousand Oaks, Santa Paula, Moorpark, Camarillo, Ojai, Fillmore and Piru. Included 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; St. John's Regional Medical Center, Oxnard; 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

If you want to receive AIM services from Ventura County Health Care Plan, 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* 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 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 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.

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.

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. Look in your local telephone White Pages for the Department of Social Services office near you to receive more information about Medi-Cal.
2. **What makes an application complete?**
   A complete application includes a cashier's check or money order for $50 made payable to the AIM Program, a pregnancy certification signed by a licensed or certified health care professional, copies of all required documentation, and the application filled out completely including signatures.
3. **Can I send in a personal check with my application?**
   No, personal checks are not accepted with the application. You must submit either a money order or cashier's check made payable to the AIM program.
4. **Can I fax my application?**
   No, your original signature on the application and a money order or cashier's check are required along with copies of your income documentation and pregnancy certification.
5. **Can I send copies of the application?**
   You can use a copy of the application as long as the copy you send has your original signature. Send copies of your income documents and pregnancy certification instead of originals.
6. **Can I apply in person? If not, where do I mail my AIM application?**
   No, you can not 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. **Do I count my husband's income if he works away from home in another city, state, or country several months of the year?**
   Yes, if he is claiming that he lives in the home with you, the pregnant woman.
9. **Do I count the father of the baby and his income?**
   No, unless you already have a child in common, and live together.
10. **How soon will I know when I'm enrolled?**
    Normal processing time for a complete application is 10 days. 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.
11. **Can I send copies of my income documentation?**
    Yes, do not send originals.
12. **How soon can I see a doctor through AIM?**
    As of the effective date of coverage. However, keep in mind that you must call the doctor to make an appointment.
13. **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.
14. **Do I still have a co-payment when I go to the doctor?**
    No, AIM does not have co-payments or deductibles.
15. **Will AIM pay for birth control after my baby is born?**
    Refer to your Health Plan's benefits chart and evidence of coverage.
16. **Can I see a doctor in a county neighboring the one in which I live?**
    Yes, you should contact your Health Plan to see if they will allow you to see a specific provider.
17. **Will I receive a refund check from AIM if I am not eligible?**
    A refund check from the AIM Program will be mailed to you.
18. **Will AIM cover high risk pregnancies?**
    Yes.
19. **Can I continue to see my current doctor?**
    Please call your Health Plan to find out if the doctor is an AIM participating provider.
20. **Are vision and dental covered with AIM?**
    Refer to your health plan's benefits chart.
21. **If I have to pay 20% of my hospital bill, is that considered more than a $500 deductible?**
    It depends on the cost of the delivery.
22. **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.
23. **Is the work deduction taken if I'm not working now, but I worked last year and I'm using that income to qualify me for the program?**
    A work deduction is used for the period in which income documentation is received.
24. **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 or state tax return.
25. **Do my husband and I have to use income from the same year?**
    No. Either spouse can use previous year's income or current income.

Frequently Asked Questions, *continued*

26. What is gross income after deductions?
The first step in determining eligibility is to look at gross income (before taxes). The Program then subtracts any applicable deduction (see page 12 for a list of allowable deductions). These deductions are mandatory.

27. Who selects my provider and the hospital at which I will deliver my baby?
The pregnant woman can select her provider through the health plan. Depending on the health plan contract, the provider will inform you of the hospital where you will deliver your baby.

28. How is self-employed income calculated?
The AIM Program uses net profit income to determine eligibility (gross income minus business expenses). There are two options to show income for self-employed individuals. They may submit last year's Federal Income Tax Form 1040 with the Schedule C. Or they may submit the most recent 3 month Profit and Loss Statement. Any deductions for meals/entertainment and/or depreciation are added back into the net profit income. Any losses (negative dollar amounts) are counted as zero ($0).

29. 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.

30. 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.

31. 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.

32. 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.

33. Will the AIM Program cover treatment for delivery complications beyond 60 days following delivery of my baby?
No. Pregnancy related treatment is covered for a maximum of 60 days following delivery of your baby.

34. How do I obtain urgent or emergency care during nonbusiness hours?
Call your Primary Care Provider or your Medical Group. The answering service will connect you with the advice nurse or the doctor on call to give you further directions.

35. How does private insurance coverage affect my AIM Program coverage?
Having private insurance should not affect your coverage as long as you have a deductible specifically for maternity services of more than $500. You must use the AIM health plan network providers in order for the AIM health plan to cover services.

36. 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 for 60 days after the pregnancy ends. If you are no longer pregnant before your start date of coverage and 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.

37. 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.

38. 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 60 days after the end of your pregnancy.

39. 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 after the end of your pregnancy, the AIM Program will retro-disenroll you. Your coverage will still end 60 days after the end of your pregnancy. The AIM Program cannot cover medical services received after the 60th day from the end of your pregnancy.

40. What if I have medical bills 60 days after the end of my pregnancy?
If you receive medical services after the 60th 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 the 60th day from the end of your pregnancy.

41. What if I need medical services more than 60 days after the end of my pregnancy?
AIM cannot pay for any services received 60 days after the end of your pregnancy. 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**.

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.

Glossary of Terms

Appeal
Asking for reconsideration of an AIM program decision or a health plan 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.

Coverage
The payment for benefits provided by a health plan participating in the AIM Program.

Disenrollment
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 his/her 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.

Family Member
The following persons living in the pregnant woman's home:

a) The unborn child of the pregnant woman.
b) Children under age 21 of married or unmarried parents living in the home.
c) The married or unmarried parents of the child or sibling children.
d) The stepparents of the sibling children.
e) The separate children of either an unmarried parent or a married parent or stepparent.
f) Children under the age of 21 of married or unmarried parents who are away at school and who are claimed as a dependent on your federal or state income tax return.

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 guideline changes every year on April 1st.

First Trimester
First trimester means the first 13 weeks starting with the first day of a pregnant woman's last menstrual period and ending at the end of the 13th week, or the first one-third of a full-term pregnancy, including the first two weeks before conception, as documented by a licensed health care professional.

Glossary of Terms, *continued*

Health Maintenance Organization (HMO)
An organized system that provides a set of health care services to plan subscribers in a geographic area.

Healthy Families Program
Low-cost medical, dental and vision coverage for California children and teens that do not have access to insurance and do not qualify for no-cost Medi-Cal coverage.

Household Income
The total income before taxes of all family members in a household.

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.

Pre-Existing Condition
Any condition that was diagnosed before enrollment in the AIM Program where medical advice, diagnosis, care, or treatment, including use of prescription drugs, was recommended or received from a licensed health practitioner during that period.

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.

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.

Healthy Families Infant Registration Form

Immediately after your baby's birth, complete and mail this form to Healthy Families. Your baby's coverage will not begin with the Healthy Families Program unless we receive this form. For more information about Healthy Families, including your dental and vision plan choices, visit www.healthyfamilies.ca.gov or call 1-800-880-5305. 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:_____

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 the Healthy Families Program.

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 Plan Selection (refer to Healthy Families Handbook) *optional*: _____

Vision Plan Selection (refer to Healthy Families Handbook) *optional*: _____

Change of Address/Phone Number: _____

2. Do you now have or have you ever had children enrolled in the Healthy Families Program? If so, please provide names and Family Member Numbers below:

Name: _____ Family Member Number: _____

Name: _____ Family Member Number: _____

Name: _____ Family Member Number: _____

Note: If you have other children currently enrolled in Healthy Families, your infant will be enrolled into the same dental and vision plans as your other children. On the third month after birth, your infant will be transferred to the same health plan as your other children.

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 have read and understand the Healthy Families Handbook. I understand what it says about each health, dental and vision plan and the benefits they offer.
- I give permission to Healthy Families to check my family income, health coverage, immigration status of the people I am enrolling, and all other facts on this application.
- 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 60 days after the end of my pregnancy. AIM will not cover any medical services I receive after the 60th 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_____ **Date**_____

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

This page is intentionally blank.

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 60 days after the end of my pregnancy. AIM will not cover any medical services I receive after the 60th 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.

This page is intentionally blank.

Notes

Notes

Notes

Notes

California's Energy Challenge

California is facing an energy challenge. To reduce the risk of power outages, everyone can help by reducing the demand for electricity by using less energy.

California has the power of the world's sixth largest economy. Your efforts, times 35 million Californians, will make a real difference.

All you have to do is FLEX YOUR POWER.

Simple things you can do right now to cut your energy costs are:

- Keep energy use low during peak demand hours from 5 a.m. to 9 a.m. and 4 p.m. to 7 p.m.
- Turn off unneeded lights and appliances. Unplug that spare refrigerator out in the garage if you don't really need it.
- Avoid using dishwashers, clothes washers, dryers and ovens during the peak demand periods. Wash full loads of clothes and dishes. Use the cold setting on your washer if you can.
- In cool weather, turn thermostats down to 68° degrees or below. Set it at 55° degrees before going to sleep or when away for the day. For every 1 degree reduction you will save up to 5% of your heating costs. Close your shades and blinds at night to keep heat from being lost through windows.
- In warm weather set your air conditioner to 78° degrees or higher. When away from home set the thermostat to 85° degrees. These tips can save you up to 20% of your air conditioning costs.
- Buy Energy Star appliances, products and lights.
- For more information on saving energy and money go to www.my.ca.gov on the web and click the FLEX YOUR POWER logo.

For Help In Your Language...
Please Call Toll-Free, 1-800-433-2611

For English information, Press 11..... **11** English

Si quiere información en español, marque 12..... **12** Spanish

Để biết thông tin bằng tiếng Việt, xin bấm số 13..... **13** Vietnamese

សំរាប់ព័ត៌មានភាសាខ្មែរ, ចុចលេខ 14..... **14** Cambodian

Rau qhia ua lus Hmoob, Nias 15..... **15** Hmong

Հայերեն տեղեկությունների համար սեղմեք 16..... **16** Armenian

以獲取粵語資料，請按17..... **17** Cantonese

한국어 사항은, 18을 누르시기 바랍니다..... **18** Korean

Чтобы получить информацию на русском языке, нажмите 19..... **19** Russian

برای کسب اطلاعات بفارسی 20 را فشار دهید. ..... **20** Farsi

ພາສາລາວໃຫ້ກົດ 21..... **21** Lao

AIM

Access for Infants and Mothers