



Lessons from California: Pregnant Women's Coverage Options

THE ISSUE:

The Affordable Care Act (ACA) makes a number of changes to pregnant women's coverage options. Federal rules exclude pregnancy-related Medicaid coverage from the definition of minimum essential coverage. Thus, a woman can qualify for both pregnancy-related Medicaid coverage and advance premium tax credits (APTCs), which she can use to purchase coverage in a qualified health plan (QHP) through the Marketplace.

Currently in California, pregnant women with incomes up to 60% of the federal poverty level (FPL) are entitled to full-scope Medi-Cal benefits. Otherwise, pregnant women with incomes up to 213% of the FPL are entitled to coverage for pregnancy-related services, which is not comprehensive. In her third trimester, if income is below 109% of the FPL, a woman could get full-scope Medi-Cal coverage.

STRATEGY AND ACTIONS:

After extensive [advocacy](#) from consumer groups and providers, a new budget deal signed by the Governor, [S.B. 857](#), will give full-scope Medi-Cal benefits to pregnant women with income below 109% of the FPL (\$17,932 a year for a family of 2) starting in 2015. The state also plans to seek approval from the federal government to give pregnant women with income up to 138% of the FPL (\$21,707 a year for a family of 2) full-scope Medi-Cal benefits; these women would otherwise receive coverage for pregnancy-related services only. Pregnant women with income between 139% and 213% of the FPL (\$33,505 for a family of 2) will have the option to enroll in pregnancy-related Medi-Cal, which is not comprehensive; enroll in a QHP with APTCs; or enroll in a QHP with APTCs and Medi-Cal with Medi-Cal providing premium assistance. Under the premium assistance option, Medi-Cal would pay any portion of the premiums and cost-sharing that the pregnant woman is responsible for, and provide certain reproductive health care services and other services not otherwise covered by the QHP.

If federal approval is obtained, advocates will continue to work with the state to implement these rules. The state must ensure that IT systems are updated, so that women do not have to make any upfront payments. Systems must be in place to ensure that women have access to Medi-Cal providers for reproductive health care services and other Medi-Cal services not covered by the QHP. The state will also need to develop notices and procedures for informing women about these coverage options, including differences in benefits and costs.

ADDITIONAL RESOURCES

[NHeLP Q&A on
Pregnant Women's
Coverage](#)

[NHeLP Chart on
Coverage of
Pregnant Women in
California](#)

[Covered California
FAQ on Pregnancy
Coverage in Medi-
Cal, AIM, and
Covered California](#)