



# My Path to Good Health

# Start on the Path to Good Health



1

Get health insurance for you/your family  
- page 2



2

How to choose a doctor  
- page 7



3

Use your health insurance  
- page 8



5

Keep your health insurance  
- page 13



4

Go to the Doctor  
- page 9



## Table of Contents

page 14	Is It An Emergency?
page 15	Nurse Advice Line
page 16	Know Your Rights
page 17	Filing a Complaint With Your Health Plan
page 19	Public Charge
page 21	Medi-Cal Estate Recovery
page 22	Glossary
page 23	Things to Remember



# Step

# 1

# Get Health Insurance

If you have questions regarding your particular plan, need help finding a doctor or need to make a payment, call the appropriate number below:



**Anthem** 

Member Services	1-800-333-0912
Pay by Telephone	1-855-634-3381
Pay by Mail	P.O. Box 9041, Oxnard, CA 93031-9041
No Invoice Received?	1-855-634-3381
Website	<a href="http://www.anthem.com/ca/paymentlanding">www.anthem.com/ca/paymentlanding</a>

**blue**  **of california**

Member Services	1-855-836-9705
Pay by Telephone	1-888-256-3650
Pay by Mail	P.O. Box 60514, City of Industry, CA 91716
No Invoice Received?	1-888-256-3650
Website	<a href="http://www.blueshieldca.com/coveredca">www.blueshieldca.com/coveredca</a>

 **Health Net**

Member Services	1-888-926-4988
Pay by Telephone	1-888-926-4988
Pay by Mail	P.O. Box 60515, City of Industry, CA 91716
No Invoice Received?	1-888-926-4988
Website	<a href="http://www.healthnet.com/exchange/ca">www.healthnet.com/exchange/ca</a>

 **KAISER PERMANENTE**

Member Services	1-800-464-4000
Pay by Telephone	1-888-236-4490
Pay by Mail	P.O. Box 7192, Pasadena, CA 91109-7192
No Invoice Received?	1-888-236-4490
Website	<a href="http://info.kaiserpermanente.org/html/coveredca">info.kaiserpermanente.org/html/coveredca</a>

# Step

# 1

# Get Health Insurance

If you have questions regarding your particular plan, need help finding a doctor or need to make a payment, call the appropriate number below:



Member Services	1-800-675-6110
TTY/TDD (Hearing impaired):	1-800-431-0964
Website	<a href="http://www.healthnet.com">www.healthnet.com</a>



Member Services	1-800-391-2000
Website	<a href="http://www.kernfamilyhealthcare.com">www.kernfamilyhealthcare.com</a>

## Health Care Options:

If you need assistance in selecting a plan for  
**Medi-Cal: 1-800-430-4263**

If you need to report changes to income, family size,  
address or phone number, contact the appropriate  
programs shown below:

Medi-Cal	1-877-410-8812
Covered California	1-800-300-1506

# Step

# 1

# Get Health Insurance

## What does my plan cover? 2015 Standard Benefit Designs by Metal Tier

The table below shows the costs you can expect to pay upon receiving the listed services:



Bronze       Silver       Gold       Platinum

**60%**                      **70%**                      **80%**                      **90%**

Deductible	\$5,000 Deductible for Medical & Drugs	\$2,000 Medical Deductible	No Deductible	No Deductible
Primary Care Visit Copay	\$60 for 3 visits	\$45	\$30	\$20
Specialty Care Visit Copay	\$70	\$65	\$50	\$40
Urgent Care Visit Copay	\$120	\$90	\$60	\$40
Emergency Room Copay	\$300	\$250	\$250	\$150
Lab Testing Copay	30%	\$45	\$30	\$20
Imaging (X-Ray, MRI, CT, PET)	30%	\$65	\$50	\$40
Generic Medicine Copay	\$15 or less	\$15 or less	\$15 or less	\$15 or less
Maximum Annual Out-of-Pocket	<hr/>			
Individual	\$6,250	\$6,250	\$6,250	\$4,000
Family	\$12,500	\$12,500	\$12,500	\$8,000

# Step

# 1

# Get Health Insurance

## What does my plan cover? 2015 Standard Benefit Designs by Metal Tier

The table below shows the costs you can expect to pay upon receiving the listed services:

Coverage Category       Enhanced Silver 94     Enhanced Silver 87     Enhanced Silver 73

Eligibility Based on Income and Premium Assistance	<b>94%</b>	<b>87%</b>	<b>73%</b>
Deductible (if any)	No Deductible	\$500	\$1,500
Primary Care Visit Copay	\$3	\$15	\$40
Specialty Care Visit Copay	\$5	\$20	\$50
Urgent Care Visit Copay	\$6	\$30	\$80
Emergency Room Copay	\$25	\$75	\$250
Lab Testing Copay	\$3	\$15	\$40
X-ray Copay	\$5	\$20	\$50
Imaging (MRI, CT, PET)	10%	15%	30%
Generic Medicine Copay	\$3	\$5	\$15 or less
<b>Maximum Annual Out-of Pocket</b>			
Individual	\$2,250	\$2,250	\$5,200
Family	\$4,500	\$4,500	\$10,400



For assistance in getting insured call 661.632.5018. We will refer you to a location near your home anywhere in Kern County. We work with many schools, clinics, and Family Resource Centers that can help you complete and submit everything you need to apply for health insurance. All assistance is FREE!

# Step

# 1

# Get Health Insurance

## Membership Cards



## What to expect next

### If Your Application is approved

You will receive a welcome packet from your insurance provider within a few weeks. Packet will include:

- Membership Cards
- Provider Directory (not all plans provide directory)
- Evidence of Coverage
- Information on other services provided



*If you do not receive these materials call the appropriate member services number listed on pages 2 and 3.*

### If Your Application is Approved – Medi-Cal Only

You will receive your Medi-Cal cards in the mail and instructions on how to choose a health plan in about 45 days. If you do not choose a health plan, a health plan will be chosen for you.

The Membership Card has the phone number to the health plan’s Member Services. This is the phone number you can use to call the health plan directly. You can ask them any questions you have regarding coverage, usage, choosing a doctor, changing doctors, or any other service. If you lose your membership card, please call your health plan to request a replacement.

### If Your Application is denied

You will receive a letter from the program stating the reason(s) for denial and, if applicable, instructions on how to appeal the decision.



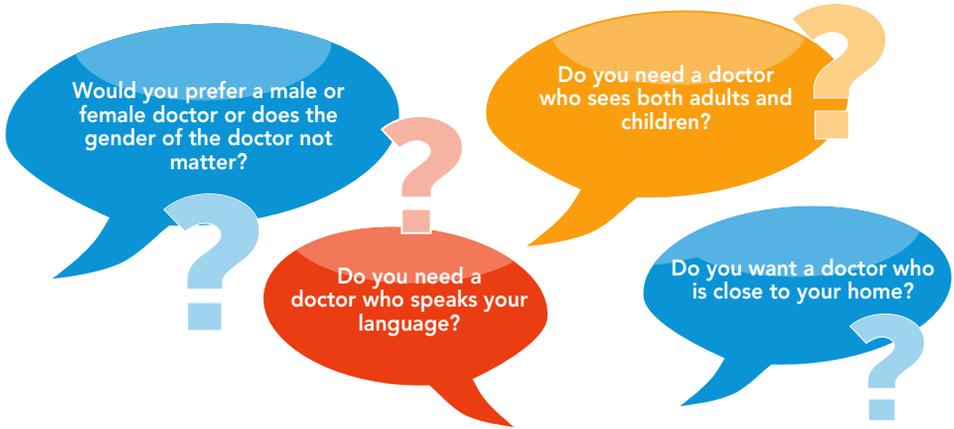
The membership card is the key to accessing your health insurance. DO NOT LOSE IT!

# Step

# 2

# Choosing a Doctor

Once you've selected a plan, it's time to select a doctor... Consider what is important to you:



Once you know what you're looking for in a doctor, here's what you do to find a doctor:

- Contact your health plan and find which doctors, who meet your criteria, are accepting new patients.
- Your Certified Enrollment Counselor may also be helpful in selecting a doctor within your health plan.
- You may also want to check with family members and friends to see if they have a doctor recommendation which meet your criteria needs.



*\*Note: It is always your responsibility to confirm that the doctor you've selected accepts your insurance, and is in network.*



You have options when selecting a doctor. You also have the option to change your doctor if the one you initially chose does not seem to be a good fit for you. It is important that you feel comfortable with your choice in doctor.



## Make the Most of Your Doctor Visits

Most visits to the doctor are short, so make every minute count by taking an active part in your doctor visit. This means asking and answering questions when you go for medical, dental, and vision check-ups.

All questions are good questions. Even if it seems embarrassing, ask your doctor. The more questions you ask, the more information you will have to make good decisions for your health.

Explain exactly what has been going on with your health. If you are worried about something the doctor suggests, make sure you tell him/her.

### Before the Visit —Things to Bring:

- Insurance Membership Card
- Photo ID
- Immunization Card (for child)
- Be prepared to make a co-pay
- A list of medicines and doses, including home remedies such as herbs, etc

#### These items will improve my visit:

- A list of questions and concerns
- Be familiar with my family's health history
- Note any things or events that may have affected my health

### During the Visit:

- Answer all questions honestly
- Review questions and concerns with my doctor
- Ask my doctor to write down my treatments or diagnosis
- Ask about shots, routine tests, and screenings I should have
- Review my medicines, including possible side effects
- Get copies of test results

### Before I leave the doctor's office, don't forget:

- Paperwork for tests
- Prescription slips
- Names and phone numbers of referrals
- To Schedule a follow-up appointment

### After the visit:

- Follow all directions that the doctor gives me
- Fill my prescriptions as soon as I can
- Follow the directions for any medicine, even if I get better
- Call my doctor if I have questions
- Call my doctor if I do not get better within a few days
- Watch for side effects and call the doctor if I notice anything unusual
- If I do not hear from my doctor or nurse about test results, call and ask. If I don't understand the results, ask what they mean
- Make and keep my follow-up appointments

# Step

# 4

# Go to the Doctor

## Healthy People Should See the Doctor Too!

Regular check-ups allow your doctor to prevent, find, and treat problems before they become serious.

In the chart below when you see one check ✓ make an appointment with that doctor or dentist. If you see two checks ✓✓, go twice that year. Check-ups are FREE!



for a sample list of exams, scan this code

## Check-up Schedule

Age	 Doctor	 Dentist	 Vision	Appointment Date
3-4 Days	✓			
2-4 Weeks	✓✓			
2 Months	✓✓			
4 Months	✓✓			
6 Months	✓✓		✓	
9 Months	✓✓			
12 Months	✓✓	✓✓		
15 Months	✓✓	✓✓		
18 Months	✓✓	✓✓		
24 Months	✓✓	✓✓		
3 Years	✓✓	✓✓ ✓	✓	
4 Years	✓✓	✓✓ ✓	✓	
5 Years	✓✓	✓✓ ✓	✓✓	
6 Years	✓✓	✓✓ ✓	✓✓	
Every Year thru age 20	✓	✓ ✓	✓	
<b>*Adult - specific screening to make sure everything is healthy</b>				
20 - 39 years	✓	✓ ✓	✓	
40 - 64 years	✓✓	✓✓ ✓	✓✓	
Over 64 years	✓	✓ ✓	✓	

\*Please check with your Doctor about your age and gender-necessary medical exams

# Step 4 Go to the Doctor

## Seeing a Specialist



A specialist is a doctor who has extra training in one area of medicine, such as heart, lung, or throat care. To see a specialist, you must need care that your primary care doctor cannot give you.

If you believe you need to see a specialist, your first step depends on the type of plan you have.

If you have a PPO/EPO plan\*\*, make an appointment with an in-network specialist directly. Pre-authorization for specialty-care visits is not needed.

If you have an HMO plan\*\*, make an appointment with a primary care provider.

- Ask your primary care doctor for a referral.
- All specialty-care visits need to be pre-authorized by your provider. If a specialty-care visit is not pre-authorized, your insurance will not cover it.

**Q** What if I cannot get a referral?

**A** Your doctor or plan should inform you if they cannot grant you a referral for a specialist. If you do not agree with their decision, you can file a complaint with your health plan.

**Q** What if I need to see a specialist regularly?

**A** Ask your primary care doctor for a standing referral to a specialist. A standing referral allows you to go to a specialist without getting a new referral each time.

**Q** What can I do if I can't get a timely appointment to see a specialist?

**A** PPO/EPO – Refer back to your provider directory to see if another specialist is available in your area.

**HMO** - Ask your primary doctor for help with an appointment, or ask him/her to refer you to another specialist. You can ask for a referral to a specialist outside your plan's network if there is no specialist in your network who can give you the care you need, or have to wait too long for an appointment. If this does not help you, you can file a complaint with your health plan.\*

\*Go to page 17 for more information on filing a complaint.

\*\*Go to page 23 to determine what type of plan you have.

# Medical Record

In today's busy world it's easy to become overwhelmed or misplace important information. Here is a place where you can keep your family's health information safe and handy!

Simply complete basic information, and take a minute to enter and maintain current information each time you visit the doctor!

*\* To log additional doctor visits, copy these pages and secure them to this Health Toolkit, or scan this QR code for additional sheets.*



**Prescriptions and diagnoses**—Use if you or a family member has been diagnosed with an illness, or are taking ongoing medication. Complete as needed.

Date	Family Member	Diagnosed Illness	Rx - Strength & dosage					





**Doctor Visits** —Use when you or a family member has to see the doctor; simply fill this section out and take it to your appointment!

Date	Family Member Name	Doctor Name/ Place	Problems/Questions	Doctor's Findings	Rx - Strength & Dosage	Follow Up Visit, when?

It is very important that you/your family have health insurance all the time. You need to do three things to make sure you keep your health insurance:



### Pay monthly premium on time.

Monthly premiums are the fee you pay each month to keep your coverage. It is your responsibility to pay your monthly premiums even if you don't receive a bill. Call the appropriate program number listed on pages 2 and 3 if you have further questions.



### Notify the program if there are any changes with your address, phone number, income, or family size.

Covered California – 800-300-1506  
Medi-Cal – 661-327-4411

Changes in income and family size should be reported to Covered California within 10 days and to Medi-Cal within 30 days. If you do not tell them your new address, they may send important documents or bills to your old home. If you never get these documents you could be dropped from the program.

*\* Go to page 23 for information about your case*



### Fill out any forms your plan sends you.

**DO NOT IGNORE NOTICES FROM YOUR HEALTH PLAN.** You must fill out the form your plan sends you and mail it back. You will need to renew your coverage each year. **Failing to renew Covered California plans may result in losing coverage for an entire year.** If there is a form or letter you do not understand, we can help you!



Call the Community Health Initiative of Kern County at **661.632.5018** or the person who assisted you with the original application.

# Is It An Emergency?



When should I see my **REGULAR DOCTOR**?

If you are sick, but it is not life threatening, you should call your doctor and ask for an appointment. For example, you or your family member might have a:

- Cold or Flu
- Earache
- Sore Throat
- Minor Headaches, etc.



When should I go to an **URGENT CARE CENTER**?

If you need care soon, usually within 24 hours or as soon as possible, **call your doctor**. If your doctor is not available, **call your plan's Nurse Advice Line** and they will guide you on what to do next. If you cannot call, go to the nearest clinic or urgent care center.



When should I go to the **EMERGENCY ROOM**?

If you need care right away because you reasonably believe your health is in serious danger go to the nearest emergency room. Emergency rooms treat illnesses or injuries that are life threatening or may cause serious damage if not treated right away. For example:

- Trouble breathing
- Passing out—fainting
- High fever with headache and stiff neck
- High fever—doesn't get better with medicine
- Heavy bleeding
- Deep wound
- Serious burn
- Coughing or throwing up blood
- Possible broken bone



When should I call **911**?

If you experience any of the below issues, call 9-1-1:

- Choking
- Stopped breathing or turning blue
- Head injury with passing out, throwing-up, not behaving normally
- Injury to neck or spine
- Severe burn
- Seizure that lasted 3-5 min

# Nurse Advice Line



**Avoid the long wait at the Urgent Care Center or Emergency Room!**

**Call the Nurse Advice Line.**

**Some injuries or illnesses do not require a visit to the doctor and can be treated at home.**

You can find assistance by calling your health plan Nurse Advice Line. The Nurse Advice Line will provide assistance in the following areas:

- Access to a Registered Nurse
- Receive care recommendations for current symptoms
- Non-emergency injury
- Emergency health concerns

Nurse Advice Line Phone Numbers:

<b>Anthem Blue Cross</b>	<b>1-800-224-0336</b>
<b>Blue Shield of CA</b>	<b>1-877-304-0504</b>
<b>Health Net</b>	<b>1-800-675-6110</b>
<b>Kaiser Permanente</b>	<b>1-888-576-6225</b>
<b>Kern Family Health Care</b>	<b>1-800-391-2000</b>



Phone numbers are subject to change. Check your membership card for the latest information.

# Know Your Rights



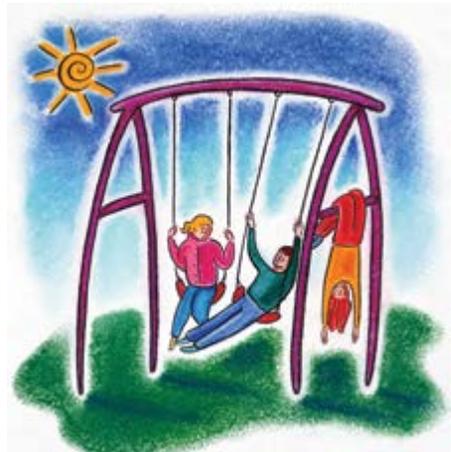
## You Have the Right To:

- Receive services in your language
- Be treated with courtesy and respect
- Get quality health care
- Get an appointment when you need it
- Choose a doctor you trust
- Understand your health problem and the risks and benefits of your treatment choices
- Get a second opinion
- Choose or refuse treatment
- File a complaint and ask for an independent medical review
- See your medical records
- Keep your medical information private

## GET LOCAL HELP

Greater Bakersfield Legal Assistance (GBLA), Kern Health Consumer Center helps consumers access the care they need. All of their assistance is FREE.

You can contact them:  
By phone: (661) 321-3982  
or 1 (800) 906-3982  
In person: 615 California Ave  
Bakersfield, CA 93304



# Filing a Complaint With Your Health Plan



If talking with your doctor or your plan does not help, you have the right to file a complaint with your health plan. A complaint is also called a grievance or appeal.

Your plan must give you a written decision within 30 days. If you disagree with your health plan's decision, you can call GBLA to provide you free assistance with how to file a complaint with the state Department of Managed Health Care.

## How Can I File a Complaint with my Health Plan?

- You can file a complaint by letter, over the phone, e-mail, or your health plan's website.
- You must file your complaint within 180 days after the incident or action that is the cause of your problem.
- Every plan in California has a member services phone number. Look on your membership card or on pages 2 and 3 of this booklet.  
State clearly that you want to file a complaint. Then explain the problem.
- Your plan must give you a written decision within 30 days, or within 3 days if your health problem is urgent.

## Tips to Help You Speak Up

- Act quickly.
- Be persistent.
- Ask to speak to a supervisor if you feel you are not getting the information you need.
- Take notes of your calls. Write down the date and time of each call, the name of the person you spoke with, and a summary of what you each said.
- Keep all your notes and letters in one place.
- Have someone with you for support during phone calls or meetings.
- If you are denied care, ask for the reason in writing.



# Information You Need When You File a Complaint

Have this information handy:



## Your health plan membership number

(example) *My membership number is 1234567*

My Notes: \_\_\_\_\_  
\_\_\_\_\_



## A short description of your problem

(example) *My problem is that I need more physical therapy after my accident. I had 5 sessions and my plan said I cannot have more.*

My Notes: \_\_\_\_\_  
\_\_\_\_\_



## Why you need this benefit or service

(example) *I need this service because my hip was hurt badly. I am getting better, but I cannot walk more than one block.*

My Notes: \_\_\_\_\_  
\_\_\_\_\_



## The date the problem started

(example) *My doctor asked for more physical therapy on June 13 and I got a denial on June 21.*

My Notes: \_\_\_\_\_  
\_\_\_\_\_



## If you feel this is urgent, why

(example) *My life is not in danger, but I feel this is urgent because I am in pain and cannot do things.*

My Notes: \_\_\_\_\_  
\_\_\_\_\_

To print additional copies of this page scan the QR Code. 



# Public Charge

**Q** Will using benefits hurt my chances of getting a “Green Card” or becoming a U.S. Citizen?

**A** Immigration law states that persons likely to become a public charge can be denied admission to the U.S. or denied a “green card”. Public Charge has been defined to mean an individual who is likely to become primarily dependent on the government for subsistence, as demonstrated by either the receipt of public cash assistance for income maintenance, or institutionalization for long-term care at government expense.

However, receiving public benefits does not automatically make an individual a public charge. For example:

## If you DO NOT have a green card yet



**It will not hurt your chances of getting a green card if you, your children, or other family members use:**

- Health care such as Medi-Cal, WIC, prenatal care, other free or low-cost medical care.
- Food programs such as CalFresh, WIC, school meals or other food assistance.
- Other programs that do not give cash such as public housing, disaster relief, childcare services, job training.

**You might have a problem getting your green card later only if:**

- You use cash welfare, such as CalWorks, Supplemental Security Income (SSI), General Assistance (GA), Cash Assistance Program for Immigrants (CAPI).
- Your family’s only source of support is cash welfare received by your children or other family members.
- You are in a nursing home or other long-term care paid by Medi-Cal or other government funds.



# Public Charge

## If you already have a green card



You **CANNOT** lose your green card if you, your children, or other family members use:

- Health care, food programs, or other non-cash programs.
- Cash welfare
- Long-term care

But you **MIGHT** have a problem if:

- You leave the U.S. for more than 6 months continuously and you have used cash welfare or long-term care.

Or

- In extremely rare cases, you use cash welfare or long-term care during your first 5 years in the U.S., for reasons (such as illness or disability) that existed before you entered the country.

If you are applying for U.S. citizenship

You cannot be denied U.S. citizenship for lawfully receiving benefits, including:

- Cash welfare
- Health care
- Food programs
- Other non-cash programs

## GET LOCAL HELP

**Greater Bakersfield Legal Assistance (GBLA), Kern Health Consumer Center** helps consumers access the care they need. All of their assistance is FREE.

You can contact them:

By phone: (661) 321-3982 or 1 (800) 906-3982

In person: 615 California Ave Bakersfield, CA 93304



# Medi-Cal Estate Recovery

Under certain circumstances, when a Medi-Cal recipient dies, the state can seek repayment for the cost of services received, including insurance premiums paid and payments made to managed care plans.



Can the state take my home away if I enroll in Medi-Cal?

No, the state cannot take your home away. However, the state can make a claim against your estate for the amount of the Medi-Cal benefits paid or the value of the estate, whichever is less. This claim can only be made if:

- You were 55 or older when you received Medi-Cal benefits.
- You were permanently institutionalized at any age.
- You were in long-term care services.

Some exceptions are:

- If you are survived by a spouse, a claim is prohibited until the surviving spouse dies.
- If you are survived by a minor child or disabled child of any age, a claim cannot be made.



What can be done?

There are ways you can prepare for estate planning in order to deal with an estate recovery claim.

- For assistance on how to properly plan for these situations call Greater Bakersfield Legal Assistance: (661) 321-3982.

# Glossary

## **AFFORDABLE CARE ACT (ACA)**

Affordable Care Act, occasionally referred to as "Obamacare," provides the framework, policies, regulations and guidelines for implementation of comprehensive health care reform by the states.

## **ANNUAL HOUSEHOLD INCOME**

The total amount of income for a family in a calendar year. The modified adjusted gross income of the household used for tax purposes.

## **CERTIFIED ENROLLMENT COUNSELOR (CEC)**

A Covered California Certified Enrollment Counselor is an individual who provides in-person assistance to consumers in the individual marketplace. These counselors help consumers apply for coverage and facilitate enrollment.

## **COPAYMENT**

A fixed amount (for example, \$15) you pay for a covered health care service, usually when you receive the service. The amount can vary by the type of covered health care service.

## **COUNTY ELIGIBILITY WORKER**

County Eligibility Workers are county employees who are already trained to provide assistance in facilitating enrollment in Medi-Cal.

## **COVERED CALIFORNIA**

Covered California™ is the state marketplace established under the Patient Protection and Affordable Care Act that connects Californians to accessible, quality health coverage.

## **DEDUCTIBLE**

The amount you owe for health care services your health insurance plan covers before your plan begins to pay. For example, if your deductible is \$1,000, your plan won't pay anything until you have

met your deductible for covered health care services. The deductible may not apply to all services.

## **FEDERAL POVERTY LEVEL (FPL)**

A measure of income level issued annually by the U.S. Department of Health and Human Services. Federal poverty levels are used to determine eligibility for certain programs and benefits.

## **HEALTH MAINTENANCE ORGANIZATION (HMO)**

A type of health insurance plan that usually limits coverage to care from doctors who work for or contract with the health maintenance organization. It generally won't cover out-of-network care except in an emergency.

## **MEDI-CAL**

California's Medicaid health care program. This program provides free medical services for children and adults with limited income and resources.

## **OPEN ENROLLMENT**

A designated period of time each year — usually a few months — during which insured individuals or employees can make changes in health insurance coverage.

## **OUT-OF-POCKET COSTS**

An out-of-pocket expense is a non-reimbursable expense paid by a patient. This could include any medical benefits that a plan doesn't consider "covered services."

## **PREMIUM**

The amount that must be paid for your health insurance or plan. You or your employer, or both, usually pay it monthly, quarterly or yearly.

# Things to Remember



Today I was assisted by:

\_\_\_\_\_

Name

\_\_\_\_\_

Phone Number

The following people applied for **Covered California 1-800-300-1506**

\_\_\_\_\_

The following people applied for **Medi-Cal 1-877-410-8812**

\_\_\_\_\_

## Medical provider is:

Blue Shield of CA PPO  
1-855-836-9705

Anthem Blue Cross PPO  
1-800-333-0912

HealthNet EPO  
1-888-926-4988

Kaiser Permanente HMO  
1-800-777-1370

HealthNet Medi-Cal  
1-800-675-6110

Kern Family Healthcare  
1-800-391-2000

## Coverage type is:

Bronze (60%)  Silver (70%)  Gold (80%)  Platinum (90%)

73

87

94

In order to access your account, please keep the following information handy:

Application PIN#: \_\_\_\_\_

Access Code: \_\_\_\_\_

Case #: \_\_\_\_\_