

# DOLLARS & SENSE


## Six Million Uninsured Californians...Fact or Fiction?—Part Two

Last month, I saddled my high horse to talk about legislators who constantly use the “six million” uninsured number when attempting to pass legislation for state-wide medical coverage. I said I would try to publish Phil Leberherz’s matrix of the many programs available to Californians who are uninsured. Phil is Executive Director of Foundation for Health Coverage Education, a non-profit organization attempting to get to the actual number of uninsured in the state. While the matrix takes up two pages of magazine print, we felt it was such a compelling list that we would go ahead with it.

As you can see, there are many options for Californians to obtain coverage...as well as the usual individual policies, group coverage through employers and continuing coverage through COBRA.

This matrix does not include programs that are available for disabled or 65+ because the purpose of this comparison is to provide information for people who find themselves unable to obtain coverage and who are not eligible for Medicare. It also is a guide for you, as voters, to question the legitimacy of the claims of so many uninsured.

Don’t kid yourself, all of these social programs cost money – your tax money. For example, with the Healthy Families program a family of 5 earning \$4590 a month can cover their kids for \$4 a month each child, and receive \$5 co-pay doctor visits and prescription drugs. Even seniors don’t get that! And, believe me, the Healthy Families program costs millions of State and Federal monies or, should I say, your tax dollars...

My point is, don’t assume that the government is going to do any better than the private system. When you are asked to vote for a state-wide health system, here are a few personal stories I have about the National Health Service in England. My niece had to wait five years to get her knee operation...my cousin, who has high cholesterol and high blood pressure, was denied prescription drugs and told to diet and exercise—her two brothers died of the same condition—and my brother’s hospital records were lost for three years (he had Lou Gehrig’s disease) and it wasn’t until I went over there that they “found” them. Keep this in mind when you are in the voting booth! 

**Daphne Lang, president of CompTech Insurance Marketing, Inc., is a group benefits broker. You can reach her at (916) 972-7545. License numbers #0816075 and #0820372.**



**CompTalk**

Daphne Lang

Demographic Profile	Employees and Business Owners	Anyone Recently Covered By Group Health	Healthy Individuals	Individuals with Pre-Existing Conditions
<b>Plan</b>	<b>Group Health</b> <a href="http://www.dol.gov/ebsa">www.dol.gov/ebsa</a>	<b>“COBRA” or “CalCOBRA”</b> ...then convert to <b>“HIPAA”</b> (Health Insurance Portability & Accountability Act) 866-4-USA-DOL <a href="http://www.dol.gov">www.dol.gov</a>	<b>Private Health</b> 800-927-HELP <a href="http://www.insurance.ca.gov">www.insurance.ca.gov</a>	<b>“MRMIP”</b> (Major Risk medical Insurance Program) 800-289-6574 <a href="http://www.mrmib.ca.gov">www.mrmib.ca.gov</a>
<b>Coverage</b>	<ul style="list-style-type: none"> <li>Up to \$5M lifetime maximum, assorted deductibles</li> <li>*If uninsured for previous 1-6 months, a waiting period for coverage of pre-existing conditions, (1-6 months respectively will apply).</li> </ul> PRE-EXISTING HEALTH CONDITIONS COVERED *	<ul style="list-style-type: none"> <li>Up to \$5M lifetime maximum, assorted deductibles.</li> <li>COBRA coverage available for 18-36+ months depending on qualifying events; benefits are same as group program</li> <li>HIPAA individual-plan conversion benefits are based on the program selected, no expiration</li> </ul> PRE-EXISTING HEALTH CONDITIONS COVERED	<ul style="list-style-type: none"> <li>Up to \$5M, assorted deductibles depending on age and residence zone</li> </ul> LIMITS ON PRE-EXISTING HEALTH CONDITIONS COVERED MAY APPLY	<ul style="list-style-type: none"> <li>Up to \$75K annually, \$750K lifetime. After 36 mo. annual limit increases to \$200K and subscriber transitions into guaranteed coverage/individual market, major carriers</li> <li>*3-mo. waiting period on all benefits required for MRMIP HMOs and 3-mo. pre-existing condition exclusion period for PPOs. Waiting/Exclusion periods waived if applicant was covered under another insurance plan and applied for MRMIP within 63 days from its termination, or if he/she has been on MRMIP waiting list for 180 days +.</li> </ul> PRE-EXISTING HEALTH CONDITIONS COVERED
<b>Eligibility</b>	GUARANTEE ISSUE <ul style="list-style-type: none"> <li>Company size 2-50 or 50+ employees</li> <li>Two employees must be present for half of the preceding calendar quarter and work 20 hrs./week for coverage</li> <li>Owner can count as an employee</li> <li>Proprietor-name on license must draw wages</li> </ul>	GUARANTEE ISSUE <ul style="list-style-type: none"> <li>All coverage terminated within last 60 days (COBRA), or 63 days (HIPAA) for reasons other than gross misconduct or fraud</li> <li>For HIPAA: recently covered by group program or a COBRA plan for 18 continuous months (COBRA option must have been selected if available and exhausted)</li> <li>Not eligible for MediCal, MediCare</li> <li>Church organizations excluded</li> <li>California resident</li> </ul>	<ul style="list-style-type: none"> <li>Eligibility is subject to medical underwriting</li> </ul>	GUARANTEE ISSUE <ul style="list-style-type: none"> <li>Previous coverage terminated for reasons other than non-payment of premium or fraud (such as a pre-existing condition)</li> <li>Cannot be eligible for COBRA, CalCOBRA or government programs</li> <li>Must prove denial of coverage or offer of higher premium than MRMIP</li> <li>California resident</li> </ul>
<b>Monthly Cost</b>	Costs depend on employer contribution	Costs range from 102-150% of group health rates	Costs for high-deductible individual coverage range from \$41-\$188 depending on age and zone	\$178-\$1068 depending on age, zone and program, \$2,500/yr out-of-pocket max per person and no annual deductions

Monthly Net Income Guidelines As a Percentage of The Federal Poverty Level					
Family Size (Household)	100% FPL	133% FPL	200% FPL	250% FPL	300% FPL
1	\$776	\$1,032	\$1,552	\$1,940	\$2,327
2	\$1,041	\$1,384	\$2,082	\$2,602	\$3,122
3	\$1,306	\$1,737	\$2,612	\$3,265	\$3,917
4	\$1,571	\$2,089	\$3,142	\$3,927	\$4,712
5	\$1,836	\$2,442	\$3,672	\$4,590	\$5,507
6	\$2,101	\$2,794	\$4,202	\$5,252	\$6,302
7	\$2,366	\$3,147	\$4,732	\$5,915	\$7,097
8	\$2,631	\$3,499	\$5,262	\$6,577	\$7,892

\* A pregnant woman counts as two for the purpose of this chart.  
 \* Add \$3,140 for each additional family member after eight.  
 \* **Deductions:** \$175/\$200 for child/dependent care; \$90 for working parent’s work expenses; \$50 max for alimony/child support received or court ordered amount paid.

**Source:** California Occupational Employment and Wage Data and Department of Human Services, 2004

**Note:** The Matrix is only a tool for preliminary screening of program eligibility and has been deemed accurate at the time of printing. Only County Medi-Cal Eligibility Workers and other specific program officials can determine eligibility. Programs for the disabled and adults over age 64 are not listed on the Matrix.

# DOLLARS & SENSE

Low Income Adults with Certain Needs	Uninsured and Undocumented Immigrants	Low Income Adults, Indigents and Homeless	Pregnant Women and Infants	Non-Poor Children Above 250% Federal Poverty Level	Children at or Below 250% Federal Poverty Level	Poor Children Below 100-133% Federal Poverty Level	Special Populations
<p><b>"Medi-Cal"</b> (California's Medicaid program)</p> <p>800-952-5253 916-636-1980 or (call County Social or Human Services)</p> <p>www.dhs.ca.gov/mcs or www.healthconsumer.org</p>	<p><b>"Restricted Medi-Cal"</b> (California's Medicaid program)</p> <p>800-952-5253 or (call County Social Services)</p> <p>www.dhs.ca.gov/mcs or www.healthconsumer.org</p> <p><b>"Family PACT"</b> 800-942-1054</p>	<p><b>"CMSP"</b> (County Medical Services Plan) 916-552-8015 (call County Social or Human Services agencies)</p> <p><b>"MISP" &amp; "MIA"</b> (Medically Indigent Services Program &amp; Medically Indigent Adults) (call local Health Dept.) www.healthconsumer.org</p>	<p><b>"Medi-Cal"</b> (California's Medicaid program) 800-824-0088 888-747-1222 www.dhs.ca.gov/mcs or www.healthconsumer.org</p> <p><b>"AIM"</b> (Aid for Infants &amp; Mothers) 800-433-2611 www.mrmib.ca.gov</p>	<p><b>"Kaiser Cares for Kids"</b> 800-255-5053 www.champ-net.org or <b>County Health Plans</b> (call County Health Department) www.100percentcampaign.org</p>	<p><b>"Healthy Families"</b> 800-880-5305 888-747-1222 www.healthyfamilies.ca.gov</p>	<p><b>"Medi-Cal"</b> (California's Medicaid program) 888-747-1222 or (call County Social or Human Services)</p> <p>www.dhs.ca.gov/mcs or www.healthconsumer.org</p>	<p>American Indians Disabled Farmers Homeless Gays &amp; Lesbians Minority Groups Refugees Seniors Veterans Victims</p>
<ul style="list-style-type: none"> <li>• 54 different program variations covering medical, dental and vision, prescriptions, hospitalization and more depending on program</li> <li>• Specialty treatment programs for people with either MS, nursing home needs, kidney dialysis, breast and cervical cancer, AIDS, TB, hyperalimantation</li> </ul>	<ul style="list-style-type: none"> <li>• Emergencies, health care for pregnant women (doctor visits and medicine), giving birth, nursing home care, kidney dialysis, treatment for breast and cervical cancer.</li> </ul>	<ul style="list-style-type: none"> <li>• CMSP Covers everything but pregnancy, acupuncture, chiropractic, long-term nursing care, psychology</li> <li>• Typically will not cover services that Medi-Cal does not cover</li> </ul>	<ul style="list-style-type: none"> <li>• Comprehensive care for mother not just maternity</li> <li>• After birth, care for infant only up to age 1, care for mother up to 60 days</li> <li>• Option to extend care for baby to age 2 for one-time fee</li> </ul>	<ul style="list-style-type: none"> <li>• Comprehensive preventative, primary and specialty coverage, usually hospitalization depending on program</li> </ul>	<ul style="list-style-type: none"> <li>• A variety of health, dental and vision plans from which to choose, includes hospitalization</li> </ul>	<ul style="list-style-type: none"> <li>• Comprehensive coverage for pediatrics, vision, dental, prescriptions, hospitalization</li> </ul>	<p>...and many more by disease, occupation or trade, demographics...</p> <p>State resources for consumer rights and industry information:</p> <p><b>California Department of Insurance</b> www.insurance.ca.gov 800-927-HELP</p> <p><b>Department of Managed Health Care</b> www.dmhc.ca.gov</p> <p><b>Health Consumer Alliance (California)</b> www.healthconsumer.org</p> <p>National resources for care and financial aid:</p> <p><b>Government Benefits Finder</b> www.govbenefits.gov</p> <p><b>Health and Human Services</b> www.hhs.gov</p> <p><b>Healthfinder</b> (bilingual guide to care) www.healthfinder.gov</p> <p><b>American Self-Help Group Clearinghouse</b> http://www.mentalhelp.net/selfhelp/</p> <p><b>Catalog of Federal Domestic Assistance</b> www.cfda.gov</p> <p><b>Veterans Health Administration</b> www.va.gov</p>
PRE-EXISTING HEALTH CONDITIONS COVERED	PRE-EXISTING HEALTH CONDITIONS COVERED	PRE-EXISTING HEALTH CONDITIONS COVERED	PRE-EXISTING HEALTH CONDITIONS COVERED	PRE-EXISTING HEALTH CONDITIONS COVERED	PRE-EXISTING HEALTH CONDITIONS COVERED	PRE-EXISTING HEALTH CONDITIONS COVERED	
<p>GUARANTEE ISSUE</p> <ul style="list-style-type: none"> <li>• Under 100% FPL with assets less than \$3K for one person (after care, house, clothing), AND...</li> <li>• Parents of children living in household OR...</li> <li>• Adults with certain diseases see above, OR...</li> <li>• On Cash Assistance, Welfare or CalWorks or children leaving Foster Care at age 18</li> <li>• No job-based coverage within three months (certain exceptions apply)</li> <li>• California resident and documented immigrant</li> </ul>	<p>GUARANTEE ISSUE</p> <ul style="list-style-type: none"> <li>• Low income, California resident</li> <li>• No immigration requirements</li> <li>• The federal Emergency Medical Treatment and Active Labor Act (EMTALA) require hospitals to treat and stabilize patients in an emergency.</li> </ul>	<p>GUARANTEE ISSUE</p> <ul style="list-style-type: none"> <li>• Income does not make someone ineligible; liquid assets less than \$2K for one person</li> <li>• Age 21-64 and ineligible for Medi-Cal</li> <li>• CMSP available in 34 rural counties</li> <li>• CMSP and MISP/MIA program equivalents are available in all other counties</li> <li>• County resident with legal immigration status (treatment for emergency care and follow-up available for those with undetermined status)</li> </ul>	<p>GUARANTEE ISSUE</p> <ul style="list-style-type: none"> <li>• Low income, 200-300% FPL and below</li> <li>• Pregnant less than 31 weeks for AIM</li> <li>• California resident (at least 6 months for AIM)</li> </ul>	<p>GUARANTEE ISSUE</p> <ul style="list-style-type: none"> <li>• 250-400% FPL range</li> <li>• Not eligible for other government plans such as Medi-Cal or Healthy Families</li> <li>• California resident living near Kaiser or in county plan area</li> <li>• Social security number requested but not required</li> </ul>	<p>GUARANTEE ISSUE</p> <ul style="list-style-type: none"> <li>• Children under 1: 200-250% FPL Age 1-5: 134-250% FPL Age 6-18: 101-250% FPL</li> <li>• Assets less than \$3K (after car, house, clothing)</li> <li>• must be ineligible for No-Cost Medi-Cal or employer-based coverage</li> <li>• Without job-based coverage for 3 months (certain exceptions apply)</li> <li>• California resident and legal immigration status (exceptions granted for certain groups)</li> </ul>	<p>GUARANTEE ISSUE</p> <ul style="list-style-type: none"> <li>• Children under 1: up to 200 FPL Age 1-5: 133% FPL Age 6-18: 100% FPL Age 19-21: to 92% FPL</li> <li>• Assets less than \$3K (after car, house, clothing)</li> <li>• Without job-based coverage for 3 months (certain exceptions apply)</li> <li>• California resident and legal immigration status (exceptions granted for certain groups)</li> </ul>	
\$0 minimal share-of-cost	\$0 or sliding-scale payment arrangements	\$0 or sliding-scale copays	\$0 for Medi-Cal and 2% of family income for AIM	\$5-15 copays and often \$5-35 monthly premiums or annual application fee	\$0 basic care, \$4 per child per month up to \$27, \$5 copays for doctor visits and prescription	\$0 and share-of-cost plans	

## Using the California Health Care Options Matrix

The matrix is a helpful starting point for determining an applicant's potential health care options. All California residents, citizens or non-citizens, have access to health care coverage...

- Step 1** Check the **Monthly Net Income Guidelines** to determine the applicant's family/household income as a percentage of the Federal Poverty Level (FPL).
- Step 2** Based on the applicant's **Demographic Profile** and **Eligibility**, determine for which Plans the applicant may qualify.
- Step 3** Create a list of websites and phone numbers for the applicant using the resources listed under **Special Populations** and the **Plan Contact Information List**.

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Created by Philip Lebherz, Executive Director

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# DOLLARS & SENSE

## Advanced Health Care Directives—And California Case Law

The evolution of the law that gives individuals the right to make health care decisions and control his or her own medical treatment began in the early 1970s. From that time until now, there have been striking changes that have given us all the ability to control our own medical choices. Today it is well established in California case law that an adult has a right to control his or her own medical treatment, and, more importantly, an adult who has the capacity to make health care decisions has the right to accept or refuse medical treatment, including life-sustaining procedures such as artificial nutrition and hydration.

It might be interesting for you to see how the laws evolved. The following are some of the cases from the beginning that have led to our present Health Care Directives:

*Cobbs v Grant (1972)*: this was the first case where the California courts first acknowledged an individual's right to control his or her own medical treatment. The court further indicated that any treatment performed without the patient's consent

### Estate Planning

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was battery and that the consent necessary must be "informed" consent.

*Barber v Superior Court (1983)*: the court recognized the right of a patient to delegate health care decision making. In this case murder charges were dismissed against two physicians who allowed life support measures to be terminated for a comatose patient in accordance with his family's wishes. The court held that formal conservatorship proceedings were unnecessary and that there was no legal requirement for prior judicial approval to withdraw treatment.

*Bartling v Superior Court (1984)*: held that the right of a competent adult patient to refuse treatment was constitutionally guaranteed.

*Bouvia v Superior Court (1986)*: held that a patient suffering from severe cerebral palsy and painful, crippling arthritis had the right to refuse nutrition and hydration.

*Conservatorship of Drabick (1988)*: held that the conservator of a person in a persistent vegetative state has the power to decide whether to withhold or withdraw life-sustaining treatment, including artificially administered nutrition and hydration. In this case the conservatee's family and the physician agreed that removing a feeding tube was in the conservatee's best interests. This principle has since been added to the Probate Code, Section 4617.

*Thor v Superior Court (1993)*: the supreme court reiterated that a mentally competent adult has the fundamental right to refuse or demand the withdrawal of any form of medical treatment regardless of the consequences.

*Conservatorship of Wendland (2001)*: here, the supreme court ruled that a conservator of a minimally conscious individual who is neither terminal, comatose, nor in a persistent vegetative state must prove by clear and convincing evidence that the conservatee wished to refuse life-sustaining treatment or that to withhold such treatment would have been in the patient's best interests. The court ruled that the conservatee's prior statements did not meet the "clear and convincing" standard. The court indicated that it needed to hear something more explicit that "I don't want to live like a vegetable" to justify a conservator's removing life support from a conscious conservatee.

The court did point out, however, that this

decision does not apply to persons who have executed Advanced Health Care Directives or who have designate agents or surrogates to make health care decisions. The court's decision in this case emphasizes the importance of advanced directives.

Additionally agents and surrogates are protected from liability when they make health care decisions in good faith that they are enforcing the patient's wishes or acting in what they believe to be the patient's best interests.

There are some states that do not yet recognize the power of attorney for health care. If you are traveling outside of California, check out the laws of the state in which you are traveling. A written health care directive executed in another state and in compliance with the laws of that other state or of California is enforceable in California as if it were executed in California.

The Health Care Decisions Law strongly disfavors judicial intervention in health care decision making: "In the absence of controversy, a court is normally not the proper forum in which to make health care decisions regarding life-sustaining treatment." Still, court proceedings are available for several purposes including the following:

To determine whether the patient has the capacity to make health care decisions;

To determine whether an Advanced Health Care Directive (AHCD) is in effect or has terminated;

To determine whether an the agent's acts or proposed acts are consistent with the patient's desires as expressed in the AHCD or otherwise made known to the court, or, if unknown, are consistent with the patient's best interests;

To declare that the agent's authority has terminated or to approve the agent's resignation; and

To compel a third person to honor an individual health care instruction or the authority of an agent or surrogate.

Much of the information in this article is provided from *Elder Law Resources, Benefits, and Planning: An Advocate's Guide* edited and published by the Continuing Education of the Bar 2004. **\$**

**Betty Muegge, Attorney at Law, is the author of *Who Gets My Pets, The Handy Estate Planning Guide*. For a free consultation and a free copy of her book, call her at 916-782-4048.**

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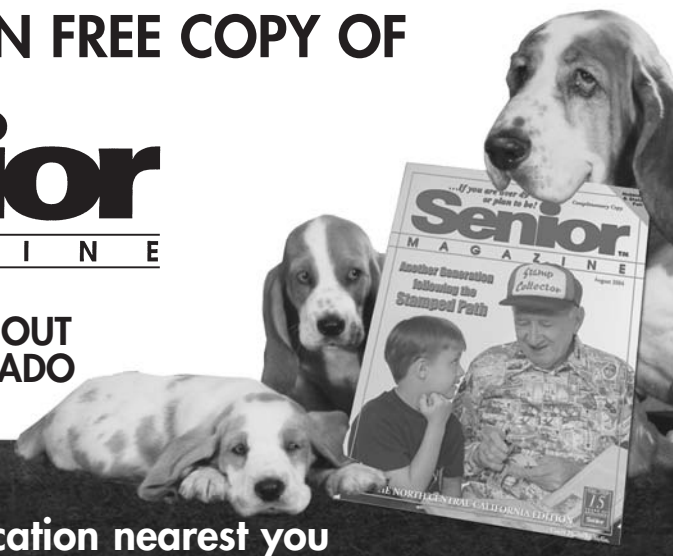
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## A New Tool to Make Filing for Disability Benefits Easier

If you are disabled and thinking about filing for Social Security disability benefits, we have something that will make it easier for you. The new "Disability Starter Kit" helps you get ready for your disability interview and guides you through the application process.

What is the starter kit? It gives you general information about the disability programs and about the process we use to decide whether or not you qualify for disability benefits. It explains the specific information and documents we will ask you for during the interview. The kit helps you to be prepared for the interview and allows you to complete the forms at your own pace in the comfort of your home.

Each disability starter kit contains:

- A fact sheet that answers some frequently asked questions about filing for disability benefits;
- A checklist of documents and information we will request; and
- A worksheet to help you gather and organize the information you will need.

The fact sheet provides the legal definition of "disability" and explains how Social Security decides if your condition is severe enough to meet the eligibility criteria. It also gives tips on steps you can take to speed up the decision-making process.

The checklist provides a list of the information we need for most disability claims. Some examples of required documents are a birth certificate, latest W-2 form and military discharge papers. We also need the names and addresses of all the doctors, clinics, labs and hospitals that have treated you for your injury or illness.

The worksheet is important to complete because it will help you to prepare for the interview. It lists the most important questions we ask during the interview, such as a description of your impairment(s) and the date you became disabled. We also ask you to list the medications you take, the medical tests you have had, and the kinds of jobs you held in the past.

You will receive the "Disability Starter Kit" whenever you request an appointment to file for Social Security disability benefits.

### Social Security

Susan Kost



The kit can also be found online at [www.socialsecurity.gov/disability](http://www.socialsecurity.gov/disability), or you may request one by calling our toll-free number at 1-800-772-1213.

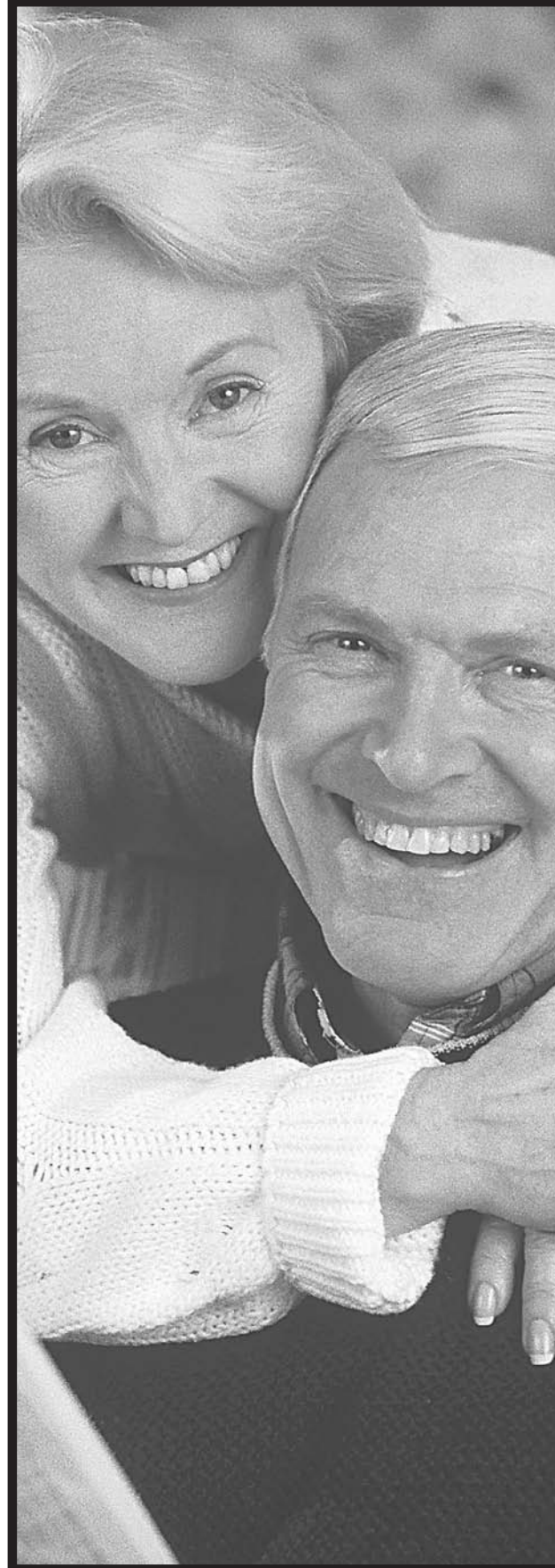
**Reminder: not all Social Security checks are delivered on the 3rd of the month**

It's important to know when you will get your Social Security check. For more than

six decades, all Social Security beneficiaries received their checks on the third of the month. Since May 1997, people who become eligible for Social Security benefits generally get paid on either the second, third or fourth Wednesday of the month.

The goal of staggering the benefit

*Continued on Page 28*



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