



Pregnancy Coverage Quick Guide for Certified Enrollers

Overview

Pregnant women have multiple coverage options when applying on CoveredCA.com or when reporting changes in CalHEERS. These options include Medi-Cal for Pregnant Women, the Medi-Cal Access Program (MCAP), and Covered California Health Plans.

Coverage Options

When applying for coverage on CoveredCA.com, pregnant women are first evaluated for their eligibility for Medi-Cal and MCAP based on the monthly Modified Adjusted Gross Income (MAGI) of their household (the number of expected babies is included in the household size for Medi-Cal).

New applicants who are pregnant with a household income up to 213% of the [Federal Poverty Level \(FPL\)](#) will be determined eligible for Medi-Cal. Pregnant women whose household income is over 213% and up to 322% FPL are eligible for MCAP or may elect coverage with a Covered California Health Plan during open enrollment or if they have a Qualifying Life Event (QLE) for special enrollment.

While it is not necessary to report a pregnancy to Covered California, it is necessary to report the birth of a baby to Medi-Cal, MCAP, or Covered California so that eligibility can be re-determined for the household.

Medi-Cal for Pregnant Women (M9)

Previously was a restricted-scope aid code for pregnancy services only, and not considered Minimum Essential Coverage (MEC). **It is now considered MEC and covers all the same services full-scope Medi-Cal offers.** The program provides coverage for all medically necessary services, including pregnancy coverage, long-term care, and emergency-related services during their pregnancy and for one year following the end of their pregnancy, for both legal and non-legal residents.

- Household monthly income over [138% and up to 213% FPL](#).
- Eligibility ends at the end of the month of the 60 days after the birth of the baby (or end of pregnancy).
- Women must report a birth or end of pregnancy to their County Eligibility Worker within 30 days, at which time eligibility will be re-determined.
- For current Covered California health plan consumers, reporting a pregnancy will re-evaluate eligibility for the pregnant consumer using the above FPL range. **Unless an existing Covered California consumer wants to switch to Medi-Cal or MCAP, reporting a pregnancy is not necessary nor recommended.** If a break in coverage results from reporting a pregnancy, contact the [Covered California Service Center](#).



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- Consumers who are interested in switching coverage from Covered California to Medi-Cal can call the Covered California Service Center to have their eligibility re-evaluated.

Medi-Cal Access Program (MCAP)

- Household monthly income between [213% and up to 322% FPL](#).
- Must be a resident of California and agree to pay 1.5% of the household MAGI as a subscriber contribution. Consumers have the option to pay the cost in a single payment or over 12 monthly payments.
- Consumer's information is automatically sent from CalHEERS to the MCAP program (not the local county), and the enrollee will be contacted to complete the enrollment.
- It is possible to qualify for both Covered CA and MCAP. **The consumer cannot enroll in both programs, they must choose one.**
- Pregnant consumers who are eligible for MCAP are allowed to switch to Covered California during open enrollment or if they have a QLE for [special enrollment](#).
- Consumers can contact the MCAP program on the [DHCS website](#) or at (800) 433-2611 for any questions about the program or to check the status of an application.