



OAKLAND UNIFIED SCHOOL DISTRICT

Community Schools, Thriving Students

Does everyone in your family have health coverage? OUSD is here to help!

Oakland Unified School District cares about your family's health. You can get help signing anyone in your family up for health coverage through the OUSD Central Family Resource Center, which is located at the Lakeview Campus, 746 Grand Avenue. Please call for an appointment at (510) 273-1516. Phones are answered daily between 9 AM – 1 PM and messages are returned the following day. The Center can also help families sign up for the CalFresh program (food stamps).

Below is information about the different health programs you may qualify for. Look at the back of this page for income charts with additional eligibility information. Call us if you have questions or need assistance!

MEDI-CAL

Medi-Cal is California's Medicaid program that offers free or low-cost insurance to adults and children with limited income. Adults must have legal presence in the U.S. (citizenship, legal permanent residency, U or T Visa, asylum, DACA) to qualify for this program. According to a new state law, children without legal presence in the U.S. may now be eligible for full-scope Medi-Cal.

Example: If you are a family of 4 that makes \$2,829 or less each month and has legal presence in the U.S., all family members would qualify for Medi-Cal. Children may still qualify even if their parents do not have legal presence in the U.S. Income limits for children are higher than for adults.

COVERED CALIFORNIA

Covered California is the insurance marketplace created by the Affordable Care Act (ObamaCare). If your income is too high to qualify for Medi-Cal, you can buy insurance through Covered California. You must have legal presence in the U.S. to qualify for Covered California. Premium (monthly payment) assistance and cost-sharing reductions are available to families under a certain income.

Example: If you are a family of 4 that makes between \$2,830 and \$8,200 each month and has legal presence in the U.S., all family members would qualify for Covered CA with premium assistance (the government helps you pay for it). Sometimes parents qualify for Covered CA while children qualify for Medi-Cal due to different income limits for children and adults.

HEALTH PROGRAM OF ALAMEDA COUNTY (HealthPAC)

The Health Program of Alameda County (HealthPAC) is an Alameda County program that offers free or low cost health care access to adults and children that have a limited income and don't qualify for full-scope Medi-Cal. U.S. citizenship is not required for this program. HealthPAC is not insurance, but is a way to receive medical services at a specific clinic in Alameda County.

Example: If you are a family of 4 that makes \$4,100 or less each month and does not have legal presence in the U.S., all family members would qualify for HealthPAC.

NOTE: all income ranges are listed for income before taxes. Family size includes parents/guardians and children.

Medi-Cal serves children regardless of immigration status and serves adults with legal presence in the U.S. See income limits for the programs below:

MEDI-CAL INCOME LIMITS			
Family Size	ADULTS AGES 18 - 64*	AGED & DISABLED	CHILDREN AGES 0 - 18
	Max monthly income	Max monthly income	Max Monthly income
1	\$1,387	\$1,005	\$2,674
2	\$1,868	\$1,354	\$3,600
3	\$2,349	\$1,702	\$4,527
4	\$2,829	\$2,050	\$5,453
5	\$3,310	\$2,399	\$6,380

*For pregnant women making more than the monthly limit, you may still qualify for "pregnancy only" services during your 1st and 2nd trimesters.

Covered CA serves families that have legal presence in the U.S. See income limits for the programs below:

COVERED CALIFORNIA INCOME LIMITS				
Family Size	Yearly Income	Monthly income	Yearly Income	Monthly income
1	\$16,644 - \$30,150	\$1,388 - \$2,513	\$30,151 - \$48,240	\$2,514 - \$4,020
2	\$22,413 - \$40,600	\$1,869 - \$3,384	\$40,601 - \$64,960	\$3,385 - \$5,414
3	\$28,181 - \$51,050	\$2,350 - \$4,255	\$51,051 - \$81,680	\$4,256 - \$6,807
4	\$33,949 - \$61,500	\$2,830 - \$5,125	\$61,501 - \$98,400	\$5,126 - \$8,200
5	\$39,718 - \$71,950	\$3,311 - \$5,996	\$71,951 - \$115,120	\$5,997 - \$9,594
Monthly premium	Assistance & cost sharing reductions		Assistance only	

HealthPAC serves families that do not have legal presence in the U.S. See income limits for both programs below:

HEALTH PROGRAM OF ALAMEDA COUNTY (HealthPAC) INCOME LIMITS			
Family Size	Monthly income	Monthly income	Monthly income
1	\$0 - \$1,387	\$1,388 - \$1,508	\$1,509 - \$2,010
2	\$0 - \$1,868	\$1,869 - \$2,030	\$2,031 - \$2,707
3	\$0 - \$2,349	\$2,350 - \$2,553	\$2,554 - \$3,404
4	\$0 - \$2,829	\$2,830 - \$3,075	\$3,076 - \$4,100
5	\$0 - \$3,310	\$3,311 - \$3,598	\$3,599 - \$4,797
CO-PAYMENTS			
Emergency	\$0	\$35	\$50
Inpatient	\$0	\$100	\$100
Outpatient	\$0	\$10	\$15
Pharmacy	\$0	\$5	\$5
Special Procedure	\$0	\$100	\$100