

**San Andreas Regional Center
Health Insurance Co-pay Mandate**

July 2018

Welfare and Institutions Code 4659.1 Section 7 was signed into law on June 27, 2013. It states that regional centers *may* pay co-pay/co-insurance for services specified on the IFSP/IPP if all three conditions below can be met.

1. Consumer is covered by an insurance plan
2. **Annual gross income** does not exceed 400% of federal poverty level.
3. There is no 3rd party liability for cost of service

It then goes on to say that an **exception can be made to the income requirement if family provides proof of one of the following**

- A. Extraordinary event that impacts caregiver's ability to provide care, or pay the co-payment (event not specified) or
- B. Catastrophic loss (natural disaster, accident involving major injury to immediate family member) that has direct economic impact,
- C. Significant unreimbursed medical expenses for another child who is also a regional center consumer.

Parents will be required to provide a copy of the prior year's state income tax return. W-2s, payroll stubs or other documents may be required as proof of income.

The table below shows the Regional Center income requirements.

Regional Center Means Testing Guidelines for Co-Pays

Persons in family/household	Poverty guideline	400% of Poverty Guideline
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For families/households with more than 8 persons, add \$4,320 for each additional person.

1	\$12,140	48,560
2	16,460	65,840
3	20,780	83,120
4	25,100	100,400
5	29,420	117,680
6	33,740	134,960
7	38,060	152,240
8	42,380	169,520