

HEALTH CARE RESOURCES FOR RIVERSIDE COUNTY CHILDREN

	Medi-Cal	Healthy Families	Healthy Kids (IEHP)	Kaiser Child Health Plan	Child Health & Disability Prevention Program CHDP
Program Summary 	<ul style="list-style-type: none"> ■ No-cost health, dental and vision care for children and pregnant women. Must be US citizen/national or have satisfactory immigration status. Covers children under age 19, adults may be eligible. 	<ul style="list-style-type: none"> ■ Low-cost health, dental and vision care for children who are not eligible for no-cost Medi-Cal. Must be US citizen/ national or have satisfactory immigration status. Covers children under age 19. Cost based on family size and income. 	<ul style="list-style-type: none"> ■ Low-cost health, dental and vision care for children who are not eligible for Medi-Cal or Healthy Families. Covers undocumented children. Covers children under age 19. There may be a waiting list for some age groups. 	<ul style="list-style-type: none"> ■ Low-cost health insurance for children who are not eligible for Medi-Cal or Healthy Families. Covers children under age 19 in Kaiser Permanente California's area. 	<ul style="list-style-type: none"> ■ Well child exams for uninsured children through age 18. Young adults 19-20 years, with Medi-Cal, may also be eligible. Exams may find health problems before they become serious.
Services 	<ul style="list-style-type: none"> ■ Check-ups, immunizations (shots), sick care, specialty care, medicine, vision, dental and hospitalization. 	<ul style="list-style-type: none"> ■ Check-ups, immunizations (shots), sick care, specialty care, medicine, vision, dental and hospitalization. 	<ul style="list-style-type: none"> ■ Check-ups, immunizations (shots), sick care, specialty care, medicine, vision, dental and hospitalization. 	<ul style="list-style-type: none"> ■ Check-ups, immunizations (shots), sick care, specialty care, medicine, vision and hospitalization. 	<ul style="list-style-type: none"> ■ Check-ups, and immunizations (shots). ■ Help with finding further medical or dental services, if needed.
Cost 	<ul style="list-style-type: none"> ■ No monthly cost. No co-payments. 	<ul style="list-style-type: none"> ■ \$4 - \$15 per child monthly. ■ \$5 co-payment for some visits. 	<ul style="list-style-type: none"> ■ No monthly cost. \$20 application fee per year. ■ \$5 co-payment for some visits. 	<ul style="list-style-type: none"> ■ \$15 per child monthly (4th child free). ■ \$5 co-payment for some visits. 	<ul style="list-style-type: none"> ■ Free check-ups for those who qualify.
To apply: 	<p style="text-align: center;">For application assistance call 1-888-934-5437 For State assistance call: 1-888-747-1222 www.medi-cal.ca.gov</p>	<p style="text-align: center;">For application assistance call 1-888-934-5437 For State assistance call: 1-888-747-1222 www.healthyfamilies.ca.gov</p>	<p style="text-align: center;">Call 1-866-294-4347 www.iehp.org</p>	<p style="text-align: center;">Call 1-800-255-5053 www.kp.org</p>	<p style="text-align: center;">Call 1-800-346-6520 www.rivcoph.org/cms/chdp.htm</p>