DO YOU KNOW A CHILD WHO NEEDS FREE OR LOW-COST HEALTH CARE?



QUEST and **Medicaid** cover children and youth up to age 19 and include:

- regular check-ups
- emergency care
- immunizations
- prescription medicines
- doctor visits
- eyeglasses
- counseling
- dental care

211

free phone call from all islands

Please tell your friends and neighbors!



www.coveringkids.com



Health Insurance for Kids

(QUEST or Medicaid)

Why is health insurance important?

- Children with health insurance can get regular health care.
- Regular health care helps children be healthier and less likely to miss school and other activities.
- Regular health care helps avoid unnecessary emergency room visits.

Can you answer **YES** to this information about your child?

- 0 to 19 Years Old
- Hawai'i Resident
- U.S. Citizen or Legal Immigrant
- Meets Family Income Limits

QUEST and Medicaid for Kids Free Health Insurance Family Income Limits

Household Size	Gross Monthly Income
1	\$ 2,991
2	\$ 4,026
3	\$ 5,061
4	\$ 6,096
5	\$ 7,131
6	\$ 8,166
7	\$ 9,201
8	\$ 10,236
9	\$ 11,271
10	\$ 12,306
Each Additional Person	\$ 1,035

(Revised 19 February 2008)

Call for an application or more information!

211 free call from all islands







Free Health Insurance Programs for Children and Youths

QUEST and Medicaid Fee-for-Service

For more information and an application, please visit www.coveringkids.com or call 211.

Keiki Care

For more information and an application, please call 948-5555 (O'ahu) or 1-800-620-4672 (Neighbor Islands).

Information below compares the QUEST and Medicaid Fee-for-Service programs with Keiki Care.

Eligibility	QUEST and Medicaid Fee-for Service	Keiki Care
Child Currently Insured	Some programs require a child be uninsured the month of application.	Child must have been uninsured continuously for at least 6 months.*
Age Groups	0 to 19 years old	31 days to 19 years old
Citizenship Requirement	Generally must be U. S. Citizen, Lawful Permanent Resident, or from Freely Associated States. Other eligibility groups are listed in "Rights and Responsibilities" section of application.	None
Residency Requirement	Child lives in Hawai'i with the intent to remain indefinitely.	Child lives in Hawaiʻi.
Who Can Apply for Child	No requirement	Parent or court-appointed guardian must complete, sign, and submit application.
Family Income	Household gross income limit is 300% FPL.	None
Other	None	Child must be ineligible for QUEST or Medicaid Fee-for-Service.

^{*} Exceptions are: (1) if the household's income increases beyond the QUEST and Medicaid Fee-for-Service limit, a child may be enrolled upon disenrollment from a Hawai'i public health insurance program, and (2) newborn uninsured since birth.

Benefit	QUEST and Medicaid Fee-for-Service	Keiki Care
Physician Office Visits	No cost per visit; no maximum	Cost \$7 per visit; maximum 12 per year
Well-Child Care	No cost per visit	No cost; count towards maximum 12 physician visits per year
Routine Physical Examinations (school, employment, travel, etc.)	Covered	Not covered
Diagnostic, Laboratory, Pathology, and X-ray	No cost	No cost when provided during covered physician visit
Mental Health Services: Outpatient	No cost per visit; no maximum	Cost \$7 for each individual or group session; maximum 12 sessions per year
Surgery: Outpatient	No limit	Maximum 3 per year
Immunizations	Routine, mass, and new immunizations covered	Standard childhood immunizations covered
Prescription Drugs	Prescribed medication including over-the-counter prescribed drugs and supplies; no cost	Only generic antibiotics and oral contraceptives; cost \$5 per maximum 30-day supply
Contraceptives	Voluntary family planning including sterilization	Oral contraceptives only
Emergency Room Services	No cost per visit; no geographic limit	Cost \$25 per visit; Hawai'i only
Hospital: Inpatient	No cost per stay; no maximum	Cost \$100 per day; maximum 5 days per year for room and care
Surgery: Inpatient	No limit	Inpatient surgery covered if member hasn't had maximum 5 hospital days during the year
Mental Health Services: Inpatient	No cost per stay; no maximum	Cost \$100 per day; count towards 5 per year maximum hospital days
Maternity Services	No waiting period; comprehensive coverage	12-month waiting period; limited coverage
Vision Examinations	Every 12 months	One per year
Eyeglasses	Every 24 months	Not covered
Dental Care	Diagnostic and preventive services; non- emergency and emergency treatment	Diagnostic and preventive services only; treatment not covered