

HEALTH CARE ACCESS:



A GUIDE TO HEALTH CARE PROGRAMS IN SAN FRANCISCO

San Francisco Bringing Up Healthy Kids Coalition

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Also available online - www.sfdph.org

This booklet was developed by the San Francisco Bringing Up Healthy Kids Coalition, local organizations dedicated to health and well-being by increasing health care coverage among San Francisco's children and youth. It is updated annually.

Participating agencies in the San Francisco Bringing Up Healthy Kids Coalition include:

Bay Area Legal Aid
Blue Cross of California, State Sponsored Programs
Community Health Programs for Youth
Children's Defense Fund
First 5 - San Francisco
Health Access
Mission Neighborhood Health Center
NICOS Chinese Health Coalition
San Francisco Adolescent Health Working Group
San Francisco Community Clinic Consortium
San Francisco Department of Children, Youth, and Their Families
San Francisco Department of Public Health
San Francisco Health Plan
San Francisco Human Services Agency
San Francisco Unified School District
South of Market Health Center

For corrections, comments, or to order new copies contact the San Francisco Bringing Up Healthy Kids Coalition at (415) 554-2795 or frances.culp@sfdph.org

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<http://www.sfdph.org/dph/files/reports/PolPlanRpts.asp>

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HEALTH CARE RESOURCES FOR KIDS

By Federal Poverty Level (FPL), Family Size, & Age

Instructions:

1. Find the family size in the left column. A pregnant woman is counted as 2 - herself and the unborn child.
2. Follow across the row to the right until you find the range where the family's income fits.
3. Look straight down from the Monthly Income Range box to find health care resources available based on child's age.

Family Size	Monthly Income Range for 0-100% of FPL	Monthly Income Range for 100-133% of FPL	Monthly Income Range for 133-200% of FPL	Monthly Income Range for 200-250% of FPL	Monthly Income Range for 250-300% of FPL
1	\$0 - \$908	\$909 - \$1,207	\$1,208 - \$1,815	\$1,816 - \$2,269	\$2,270 - \$2,724
2	\$0 - \$1,226	\$1,227 - \$1,631	\$1,632 - \$2,452	\$2,453 - \$3,065	\$3,066 - \$3,679
3	\$0 - \$1,545	\$1,546 - \$2,054	\$2,055 - \$3,089	\$3,090 - \$3,861	\$3,862 - \$4,634
4	\$0 - \$1,863	\$1,864 - \$2,478	\$2,479 - \$3,725	\$3,726 - \$4,657	\$4,658 - \$5,589
5	\$0 - \$2,181	\$2,182 - \$2,901	\$2,902 - \$4,362	\$4,363 - \$5,453	\$5,454 - \$6,544
6	\$0 - \$2,500	\$2,501 - \$3,324	\$3,325 - \$4,999	\$5,000 - \$6,248	\$6,249 - \$7,499
CHDP for children under age 19.					
HEALTHY KIDS from birth through age 18.					
KAISER PERMANENTE CHILD HEALTH PLAN from birth through age 18					
MEDI-CAL from birth to age 1				HEALTHY FAMILIES from birth to age 1	
MEDI-CAL for ages 1 through 5			HEALTHY FAMILIES for ages 1 through 5		
MEDI-CAL for ages 6 through 18		HEALTHY FAMILIES for ages 6 through 18			
MEDI-CAL FOR MINORS (Minor Consent Program) for all ages for family planning and pregnancy-related services; for ages 12 to 21 for all other services.					
"SHARE OF COST" MEDI-CAL for all ages if income is over the maximum percent for the family size.					
"SHARE OF COST" MEDI-CAL has no maximum income limit.					

FEDERAL POVERTY LEVEL CHART

EFFECTIVE 4/1/11

Family Size	Percent of Federal Poverty Level – Countable Income									
	100%		133%		200%		250%		300%	
	Monthly	Annual	Monthly	Annual	Monthly	Annual	Monthly	Annual	Monthly	Annual
1	908	10,890	1,208	14,484	1,816	21,780	2,270	27,225	2,724	32,670
2	1,226	14,710	1,632	19,564	2,453	29,420	3,065	36,775	3,678	44,130
3	1,545	18,530	2,055	24,645	3,090	37,060	3,863	46,325	4,635	55,590
4	1,863	22,350	2,479	29,726	3,726	44,700	4,658	55,875	5,589	67,050
5	2,181	26,170	2,902	34,806	4,363	52,340	5,453	65,425	6,543	78,510
6	2,500	29,990	3,325	39,887	5,000	59,980	6,250	74,975	7,500	89,970
7	2,818	33,810	3,748	44,967	5,636	67,620	7,045	84,525	8,454	101,430
8	3,136	37,630	4,171	50,048	6,272	75,260	7,840	94,075	9,408	112,890
For each additional member add:	318	3,820	423	5,081	636	7,640	795	9,550	954	11,460

Medi-Cal Conversion Factors (to determine monthly income for a family):

- Paid every week: Gross earnings x 4.33
- Paid every other week: Gross earnings x 2.167
- Paid 2 times per month: Gross earnings x 2
- Paid once per month: Gross earnings

Note: Decimals are rounded up to the nearest dollar.

San Francisco Health Care Resources for Kids

	Child Health & Disability Prevention (CHDP)	Medi-Cal for Children	Healthy Families
Services	<ul style="list-style-type: none"> Regular health check-ups and immunizations. Referral to dental care. <p>Prescription medicines and hospitalizations <u>not</u> covered.</p>	<ul style="list-style-type: none"> Complete medical coverage, including all preventive care. Dental and vision care. Immunizations. Exams for school & sports. Hospital care. Mental health services. Substance abuse services. Prescription medicines. 	<ul style="list-style-type: none"> Complete medical coverage, including all preventive care. Dental and vision care. Immunizations. Exams for school & sports. Hospital care. Mental health services. Substance abuse services. Prescription medicines.
Who is eligible?	<ul style="list-style-type: none"> Children under age 21 with Medi-Cal. Children under age 19 with family income up to 200% of Federal Poverty Level (FPL). 	Birth through age 18, ages 19 to 21 are covered under other Medi-Cal Programs.	Birth through age 18 if not eligible for Free ("no-cost") Medi-Cal.
Citizenship or legal residency requirements	Can serve citizens, legal residents, and undocumented children.	Citizenship, legal residency, or many other immigration status categories required for "Full Scope" Medi-Cal. Undocumented children can get emergency services only.	Citizenship or legal residency required.
Income requirements by Federal Poverty Level (FPL)	Up to 200% of FPL.	<ul style="list-style-type: none"> Birth to age 1: Up to 200% FPL. Ages 1 through 5: Up to 133% FPL. Ages 6 to 18: Up to 100% FPL. 	<ul style="list-style-type: none"> Birth to age 1: 200- 250% FPL. Ages 1 through 5: 133 - 250% FPL. Ages 6 to 18: 100 - 250% FPL.
Cost	None.	None for many beneficiaries. Amount of "Share of Cost" obligation can vary.	<ul style="list-style-type: none"> \$4 - \$24 per month per child. Maximum of \$72 per month per family. \$10-\$15 co-payments for some services.
How to apply or get more information	Call 1-800-300-9950 for more information and referral to CHDP providers; apply at CHDP providers' offices.	<u>Apply by mail, telephone, or in person!</u> Call (415) 863-9892 for a mail-in application and for more information.	<u>Apply by mail!</u> Call toll-free 1-888-747-1222 for a mail-in application form and for more information.

San Francisco Health Care Resources for Kids

	Kaiser Permanente Child Health Plan	Healthy Kids
Services	<ul style="list-style-type: none"> • Complete medical coverage, including all preventive care. • Dental and vision care. • Immunizations. • Exams for school & sports. • Hospital care. • Mental health services. • Substance abuse services. • Prescription medicines. 	<ul style="list-style-type: none"> • Complete medical coverage, including all preventive care. • Dental and vision care. • Immunizations. • Medical Exams for school & sports. • Hospital care. • Mental health services. • Substance abuse services. • Prescription medicines.
Who is eligible?	Children ages birth to 19 who do not qualify for Medi-Cal, Healthy Families, California Children's Services (CCS), or have health coverage paid for, in any part, by an employer; child must live in a KP service area (including San Francisco).	Children and adolescents from birth through age 18 who reside in San Francisco and are not eligible for other government health insurance programs (Medi-Cal, Healthy Families) due to immigration status, family income, or age.
Citizenship or legal residency requirements	Undocumented children are eligible to apply for membership in KP Child Health Plan; however, some children who are not U.S. citizens may qualify for Medi-Cal despite immigration status.	<ul style="list-style-type: none"> • Citizens • Legal residents • Undocumented (not legal residents)
Income requirements by Federal Poverty Level (FPL)	Income must be below 300% of the Federal Poverty Level (FPL).	Income must be at or below 300% FPL.
Cost	Monthly premiums (maximum of three children; additional children covered free of charge): <ul style="list-style-type: none"> • Up to 249% FPL - \$8 per month per child • 250%-300% FPL - \$15 per month per child • Co-payments of \$5 - \$10 for some services. 	<ul style="list-style-type: none"> • Premium between \$48 and \$189 per year per child, depending on household income. Financial assistance is also available. • Copayments of \$5 - \$15 for some services.
How to apply or get more information	Call toll-free 1-800-464-4000 to request an application packet.	For more information, call 415-777-9992.

ACCESS FOR INFANTS AND MOTHERS (AIM)

WHAT SERVICES ARE OFFERED?

[AIM](#) offers prenatal care and hospital delivery. Also, preventive, primary, and specialty health care including outpatient and inpatient services, prescription medications, diagnostic tests (lab tests; x-rays) and mental health services. Babies are offered full-scope Healthy Families coverage.

WHO CAN BE COVERED?

Women who qualify for Free ("no-cost") Medi-Cal are NOT eligible for AIM, but

- Pregnant women (not more than 30 weeks at time of application) may enroll and will retain coverage throughout the pregnancy and for 60 days thereafter; and
- Babies resulting from the AIM-covered pregnancy (birth to 2 years old) are eligible to be enrolled in the Healthy Families program unless covered by employer-sponsored insurance or Free ("no-cost") Medi-Cal.

IS THERE AN INCOME LIMIT?

Yes, income must be between 200% and 300% of Federal Poverty Level.

IS THERE A PROPERTY LIMIT?

No.

IS OTHER HEALTH INSURANCE ALLOWED?

- Enrollees must not be a recipient of Free ("no-cost") Medi-Cal or Medicare Part A & Part B benefits as of the application date.
- Enrollees may have private health insurance coverage if the plan does not cover maternity care or if there is a separate maternity deductible or copay over \$500.

HOW MUCH DOES IT COST?

1.5% of adjusted annual family income that can be paid over 12 months. (This is a total cost, not a monthly premium.) Subscribers may pay this in one lump sum or in monthly installments. There is a \$50 discount when payment is sent in full with the application.

IS U.S. CITIZENSHIP OR LEGAL RESIDENCY REQUIRED?

No, but an enrollee must be a California resident.

HOW TO APPLY?

Call toll-free 1-800-433-2611 for information and an application, or visit:

<http://www.aim.ca.gov/Joining/>

Additional paperwork is required to enroll the eligible baby in Healthy Families. An application packet will be sent to the mother one month before the baby's due date.

CALIFORNIA CHILDREN SERVICES (CCS)

WHAT SERVICES ARE OFFERED?

[CCS](#) provides specialized medical care and rehabilitation services including diagnostic services, physical and occupational therapy, hospitalizations, medical equipment, laboratory tests and x-rays, in-home nursing services and medical case management.

The Medical Therapy Program (MTP) is a program within CCS that provides physical therapy (PT), occupational therapy (OT), and medical therapy conference (MTC) services for children with handicapping conditions, generally due to neurological or musculoskeletal disorders.

WHO CAN BE COVERED?

Children under 21 years of age with certain physically disabling conditions.

IS THERE AN INCOME LIMIT?

- Family income must be less than \$40,000 (Adjusted Gross Income on State Tax Form) OR the child must have out-of-pocket medical expenses that are expected to be more than 20% of family's adjusted gross income.
- No income limit for diagnostic services, MTP, high-risk infant follow-up services, and Children's HIV Program.
- Children on Medi-Cal or Healthy Families are automatically eligible (if they have a qualifying condition).

IS THERE A PROPERTY LIMIT?

No.

IS OTHER HEALTH INSURANCE ALLOWED?

Yes, but the CCS program may require a denial from private insurance for a service that is not covered.

HOW MUCH DOES IT COST?

Some families may be required to pay an annual assessment fee (\$20) and/or annual enrollment fee based on family size and income.

IS U.S. CITIZENSHIP OR LEGAL RESIDENCY REQUIRED?

No, but CCS requires permanent residency in California.

HOW TO APPLY?

Call San Francisco Department of Public Health, CCS at (415) 575-5700 for information, to apply, and for referrals to CCS providers. Applications are also available [online](#) (but must be returned to the county office).

Anyone, such as a parent, teacher, school nurse, or physician, may refer a child to CCS or MTP. Examples of qualifying conditions include: Cerebral palsy, spina bifida, muscular dystrophy, rheumatoid arthritis, spinal cord injuries, head injuries, etc.

CANCER DETECTION PROGRAMS: EVERY WOMAN COUNTS

WHAT SERVICES ARE OFFERED?

The [Cancer Detection Programs: Every Woman Counts](#) gives low-income women access to screening and diagnostic services for breast and cervical cancer.

WHO CAN BE COVERED?

- Breast cancer screening: Women who are 40 years old or older. (*The eligibility age was lowered from 50 to 40 in December 2010.*)
- Cervical cancer screening: Women who are 25 years old or older.

IS THERE AN INCOME LIMIT?

Yes, income must be at or below 200% of the Federal Poverty Level.

IS THERE A PROPERTY LIMIT?

No.

IS OTHER HEALTH INSURANCE ALLOWED?

Women can be covered by other health insurance or a public program (like Medi-Cal) under some conditions. For example, if the applicant has a high deductible, copayment or share-of-cost, or the insurance coverage does not cover these screening procedures, they may qualify for free services through this program.

HOW MUCH DOES IT COST?

Nothing.

IS U.S. CITIZENSHIP OR LEGAL RESIDENCY REQUIRED?

No, but the program requires permanent residency in California.

HOW TO APPLY?

Women may enroll at some Department of Public Health health centers, including the Women's Health Center at San Francisco General Hospital, through a Primary Care Provider who is associated with the Cancer Detection Program. Women may also call The state of California's Cancer Detection Programs, Every Woman Counts toll-free line 1-800-511-2300 to receive a program application and referrals to providers.

*-- Local Health Services Referrals for
Free or Low-Cost Health Care --*

San Francisco
Department of Public Health

Health Care for Women & Children
Toll-Free line:

1-800-300-9950

CHILD HEALTH & DISABILITY PREVENTION PROGRAM

WHAT SERVICES ARE OFFERED?

[The CHDP program](#) covers regular health check-ups including physical exams, immunizations, nutritional assessments, and health education as well as vision, hearing and dental screenings. Providers will assist with diagnosis and treatment for medical and dental conditions found during the health check-up. Prescription medicines and hospitalizations are not covered.

WHO CAN BE COVERED?

- Children under age 21 with Medi-Cal.
- Children under age 19 with family income at or below 200% Federal Poverty Level (FPL).
The program will provide health, vision, and dental screening to children and adolescents in low-income families who do not qualify for Medi-Cal or to families in need of health screening services for their child(ren) but are waiting for final Medi-Cal determination.

IS THERE AN INCOME LIMIT?

Yes, income must be at or below 200% FPL.

IS THERE A PROPERTY LIMIT?

No.

IS OTHER HEALTH INSURANCE ALLOWED?

Sometimes. Ask the CHDP doctor.

HOW MUCH DOES IT COST?

Nothing.

IS U.S. CITIZENSHIP OR LEGAL RESIDENCY REQUIRED?

No.

HOW DO I OBTAIN SERVICES?

Call a CHDP approved doctor or a Medi-Cal Managed Care provider and ask for a CHDP exam appointment. A child qualifies for this service when his or her family submits a 1-page eligibility form at the time of the doctor's visit that attests to the eligibility criteria.

HOW TO APPLY?

Call the Department of Public Health, CHDP Program at 1-800-300-9950 for more information and for a referral to CHDP provider.

The *CHDP Gateway* allows eligible children to be automatically enrolled at CHDP provider offices and clinics in temporary, full-scope Medi-Cal. Families may then opt to receive an application by mail and apply for an enrollment extension. If found eligible, the child will have coverage through full-scope Medi-Cal.

FAMILY PACT

WHAT SERVICES ARE OFFERED?

[Family Pact](#) offers confidential comprehensive family planning services including all FDA approved forms of emergency contraception, pregnancy testing with counseling, preconception counseling, male and female sterilization, limited infertility services, STD testing and treatment and HIV screening. Individual client reproduction health education and counseling is an ongoing component of all services.

WHO CAN BE COVERED?

Any man or woman who is at risk for unwanted pregnancy or causing an unwanted pregnancy, whose family income is at or below 200% of the Federal Poverty Level (FPL) with no other source of family planning coverage is eligible. The approved Family PACT medical provider can authorize Family PACT immediately, if the client meets the income guidelines.

IS THERE ANY INCOME LIMIT?

Yes. Family income must be at or below 200% FPL. If applicant is under 18 years of age, only his/her income is considered in the application.

IS THERE A PROPERTY LIMIT?

No.

IS OTHER HEALTH INSURANCE ALLOWED?

Yes.

HOW MUCH DOES IT COST?

Nothing.

IS U.S. CITIZENSHIP OR LEGAL RESIDENCY REQUIRED?

No, but the program requires permanent residency in California. Verification of residency or income is not required.

HOW TO APPLY?

Apply at an approved Family PACT provider's office or clinic. Call 1-800-300-9950 for more information or to get referrals to local providers participating in the Family PACT program.

*-- City & County of San Francisco
Information & Services --*

Questions and concerns related to health care,
transportation (MUNI, etc.), and many other issues, call

3-1-1

HEALTHY FAMILIES

WHAT SERVICES ARE OFFERED?

[Healthy Families](#) is a comprehensive program that covers regular health check-ups, immunizations, labs & x-rays, prescription medicines, hospitalizations, dental and vision care, substance abuse and mental health services.

WHO CAN BE COVERED?

Children from birth through age 18 who are NOT eligible for Free (“no-cost”) Medi-Cal.

IS THERE ANY INCOME LIMIT?

Yes, income must be at or below 250% of Federal Poverty Level (FPL).

IS THERE A PROPERTY LIMIT?

No.

IS OTHER HEALTH INSURANCE ALLOWED?

No.

HOW MUCH DOES IT COST?

- Monthly premiums range from \$4 to \$24 per child to a maximum of \$72 per family. (The Community Provider Plan has the lowest cost premiums; the CPP in San Francisco is the San Francisco Health Plan.)
- \$10 to \$15 co-payments for some services.

IS U.S. CITIZENSHIP OR LEGAL RESIDENCY REQUIRED?

Yes. No coverage time limit for legal immigrant children who entered the U.S. before August 22, 1996; one year coverage limit for legal immigrant children who entered the U.S. on or after August 22, 1996. Parents do not have to be citizens or qualified immigrants in order to apply for their children. A copy of the birth certificate is required when applying.

HOW TO APPLY?

Call toll-free 1-888-747-1222 (Healthy Families/Medi-Cal Programs Information Line) for more information and a mail-in application (available in multiple languages) and/or to find out which organizations can help complete an application in-person for free. Assistance is available in many languages.

HEALTHY KIDS

WHAT SERVICES ARE OFFERED?

[Healthy Kids](#) offers comprehensive medical, dental, and vision services which include regular health check-ups, immunizations, labs & x-rays, prescription medicines, hospitalizations, substance abuse and mental health services.

WHO CAN BE COVERED?

The program covers children and adolescents from birth through age 18 who are uninsured, reside in San Francisco, and are not eligible for other government health insurance programs ("no-cost" full-scope Medi-Cal or Healthy Families) due to income or immigration status.

IS THERE ANY INCOME LIMIT?

Yes. Income must be at or below 300% of the federal poverty limit (FPL).

IS THERE A PROPERTY LIMIT?

No.

IS OTHER HEALTH INSURANCE ALLOWED?

No.

HOW MUCH DOES IT COST?

The cost (premium) is \$48 or \$189 per year per child or adolescent, depending on household income. Financial assistance is also available.

IS U.S. CITIZENSHIP OR LEGAL RESIDENCY REQUIRED?

No. Children and adolescents who are undocumented may apply.

HOW TO APPLY?

For more information or to make an appointment to apply, call (415) 777-9992. The health insurance plan for Healthy Kids is San Francisco Health Plan. The dental plan is Delta Dental and the vision plan is Vision Service Plan (VSP).

HEALTHY SAN FRANCISCO

WHAT SERVICES ARE OFFERED?

[Healthy San Francisco](#) (HSF) is not insurance. It is a comprehensive program that provides access to preventive and routine care/primary care, specialty care, urgent care, emergency care, ambulance services, hospital care, alcohol and drug abuse care, laboratory services and tests, mental health care, family planning, durable medical equipment and prescription medicine.

WHO CAN HAVE ACCESS?

All San Francisco residents, aged 18 through 64, who are uninsured, who have not been covered by employer-sponsored or private insurance for at least 90 days (except for individuals who lost health coverage due to job loss, or who are losing COBRA), and who are ineligible for public health insurance programs such as Medi-Cal.

IS THERE AN INCOME LIMIT?

HSF participants must have a household income and liquid assets at or below 500% of the federal poverty level (FPL). Certain liquid assets count toward an applicant's income.

IS THERE A PROPERTY LIMIT?

No.

IS OTHER HEALTH INSURANCE ALLOWED?

No.

HOW MUCH DOES IT COST?

Some HSF participants have no program costs: those with income at or below 100% of the FPL, those who are homeless and those receiving General Assistance. Participants with income above 100% of the FPL are required to pay a quarterly participation fee and a point-of-service fee. The quarterly participation fee ranges from \$60 to \$450 depending on income and family size. Participants pay a point-of-service fee to access certain services, including physician visits, prescriptions, etc. The amount of the point-of-service fee depends on the service received.

IS U.S. CITIZENSHIP OR LEGAL RESIDENCY REQUIRED?

United States citizenship or legal residency is not required. However, applicants are required to provide proof of San Francisco residency, with self-declaration accepted for homeless individuals.

HOW TO APPLY?

Enrollment occurs at various locations. For more information, call the San Francisco City Information Line at 3-1-1 (within San Francisco only), 24-hours per day/7 days per week or the Healthy San Francisco Hotline at 415-615-4500, Monday through Friday, 8:30 am to 5:30 pm. For more information on HSF, please visit: www.healthysanfrancisco.org

HIGH RISK HEALTH INSURANCE PROGRAMS

California offers two programs that provide insurance to individuals otherwise unable to purchase private, individual insurance because of their “pre-existing” medical conditions.

1. [Managed Risk Medical Insurance Plan \(MRMIP\)](#); and
2. [Pre-existing Condition Insurance Plan \(PCIP\)](#).

WHAT SERVICES ARE OFFERED?

Both programs offer comprehensive medical care coverage, including inpatient and outpatient physician and hospital services, prescription drugs, and other services. Preventive care services are accessible without associated costs, as required through the Affordable Care Act of 2010 (ACA).

PCIP covers both mental health and substance abuse services, while MRMIP covers mental health only. Vision and dental are excluded. The two programs have different eligibility rules, benefits, and costs. MRMIP offers several different health plans, depending on location, and two different plan types (HMO and PPO). PCIP offers just one plan, a PPO.

WHO CAN BE COVERED?

These programs are designed for those with pre-existing conditions and require documentation to prove the condition excludes them from private coverage. Both MRMIP and PCIP have a waiting period before individuals can access the program’s benefits. PCIP will not enroll anyone until they have been uninsured for 12 months. MRMIP will enroll eligible individuals, but require a waiting period after enrollment. Only MRMIP allows for dependant coverage.

IS THERE AN INCOME LIMIT?

No. The premiums are patterned after the premium cost of private coverage, and so may not be accessible to lower income individuals.

IS OTHER INSURANCE ALLOWED?

No, with one exception: Medi-Cal beneficiaries may apply.

IS U.S. CITIZENSHIP OR LEGAL RESIDENCY REQUIRED?

PCIP requires that subscribers are residents of California, U.S. Citizens or Nationals (or lawfully present), and that they provide their Social Security Number. Of these PCIP requirements, MRMIP requires only one – California residency.

HOW TO APPLY?

Applicants may call 1-877-428-5060 (Mon-Fri 8am-8pm and Sat. 8am-5pm) to request one or both applications, or find it [online](#). When applying for the PCIP and/or MRMIP, the application will be reviewed for both programs. In order for eligibility to be determined for both programs, MRMIB requires that applicants complete both the MRMIP application and the PCIP supplemental application.

KAISER PERMANENTE CHILD HEALTH PLAN

WHAT SERVICES ARE OFFERED?

The [KP Child Health Plan](#) offers comprehensive preventive, primary, and specialty health care including medical office visits, vision care, prescription medicines, mental health services, substance abuse services, hospital services and lab tests. Services are provided at Kaiser Permanente medical offices and hospitals. DeltaCare USA provides dental coverage and care.

WHO CAN BE COVERED?

Uninsured children ages birth to 19 years old, who do not qualify for Medi-Cal, Healthy Families, California Children's Services (CCS), or health coverage that is paid for, in any part, by an employer. Undocumented children are eligible to apply for membership in KP Child Health Plan; however, some children who are not U.S. citizens may qualify for Medi-Cal despite immigration status. Child must live in a Kaiser Permanente service area, including San Francisco.

IS THERE AN INCOME LIMIT?

Yes, family income must be below 300% of Federal Poverty Level (FPL).

IS THERE A PROPERTY LIMIT?

No.

IS OTHER HEALTH INSURANCE ALLOWED?

No.

HOW MUCH DOES IT COST?

Monthly premiums (for a maximum of three children per family; additional children are covered free of charge) are:

- Up to 249% FPL - \$8 per month per child
- 250%-300% FPL - \$15 per month per child

Co-payments of \$5 to \$10 for some services.

IS U.S. CITIZENSHIP OR LEGAL RESIDENCY REQUIRED?

No, the program serves citizens, legal residents and undocumented residents. The child's Social Security Number is requested, *but not required*, on the application.

HOW TO APPLY?

Call toll-free 1-800-464-4000 to request an application packet, or online:
<https://info.kp.org/childhealthplan/>

MEDI-CAL FOR ADULTS

WHAT SERVICES ARE OFFERED?

Comprehensive preventive, primary and specialty health care including medical office visits, mental health services, hospitalizations and prescription medicines.

WHO CAN BE COVERED?

Persons age 65 or older, legally blind or disabled according to Social Security standards.
Persons under age 21 who are "emancipated minors."

IS THERE AN INCOME LIMIT?

Free ("no cost") Medi-Cal is based on family size and income after deductions for child care, paid health insurance premiums and work expenses.

Persons with income above certain limits may have to pay a "Share of Cost," a portion of their monthly medical bills before Medi-Cal pays the remainder of medical expenses.

IS THERE A PROPERTY LIMIT?

Yes, depending on family size. For example, \$2,000 for one person; \$3,000 for two persons.

IS OTHER HEALTH INSURANCE ALLOWED?

Yes, but the client must utilize their other coverage before Medi-Cal coverage is applied.

HOW MUCH DOES IT COST?

Nothing if you qualify for Free ("no cost") Medi-Cal. Individuals who do not qualify for "no cost" Medi-Cal may have to pay a "Share of Cost," depending on the amount of monthly income (see "Income Limit"). If there are no medical bills in a month, there is no "Share of Cost."

IS U.S. CITIZENSHIP OR LEGAL RESIDENCY REQUIRED?

Citizenship or legal residency is required for full coverage. Undocumented residents are eligible for emergency or pregnancy-related services (pg. 20) only.

HOW TO APPLY?

Medi-Cal applications may be taken in person, by mail, and over the phone or internet through the [Medi-Cal Health Connections](#) office (Human Services Agency of San Francisco). Assistance is available in many languages. To request/submit an application:

- Call: 415-863-9892
- Email: SFMedi-cal@sfgov.org
- Online: <https://www.benefitscalwin.org/>
- In person: Medi-Cal Health Connections Office; 1440 Harrison Street (M-F, 8am-5pm)
- By mail: Medi-Cal Health Connections (Human Services Agency of San Francisco), P.O. Box 7988, Y71N, San Francisco, CA 94120

MEDI-CAL FOR CHILDREN

WHAT SERVICES ARE OFFERED?

Comprehensive preventive, primary and specialty health care including medical office visits, vision care, dental care, mental health services, hospitalizations and prescription medicines.

WHO CAN BE COVERED?

Children from birth through age 18. Ages 19 to 21 are covered under other Medi-Cal Programs.

IS THERE AN INCOME LIMIT?

Birth to age 1: Income must be at or below 200% of Federal Poverty Level (FPL).

Ages 1 to 5: Income must be at or below 133% of FPL.

Ages 6 through 18: Income must be at or below 100% of FPL.

IS THERE A PROPERTY LIMIT?

No.

IS OTHER HEALTH INSURANCE ALLOWED?

Yes, but the client must utilize other coverage before Medi-Cal coverage is applied.

HOW MUCH DOES IT COST?

Nothing.

IS U.S. CITIZENSHIP OR LEGAL RESIDENCY REQUIRED?

Citizenship or legal residency is required for full coverage. Children without citizenship documentation, who may otherwise be eligible, should be referred to Healthy Kids.

HOW TO APPLY?

Medi-Cal applications may be taken in person, by mail, and over the phone or internet through the [Medi-Cal Health Connections](#) office (Human Services Agency of San Francisco). Assistance is available in many languages. To request/submit an application:

- Call: 415-863-9892
- Email: SFMedi-cal@sfgov.org
- Online: <https://www.benefitscalwin.org/>
- In person: Medi-Cal Health Connections Office; 1440 Harrison Street (M-F, 8am-5pm)
- By mail: Medi-Cal Health Connections (Human Services Agency of San Francisco), P.O. Box 7988, Y71N, San Francisco, CA 94120
- CHDP Gateway: Eligible children are automatically enrolled at CHDP provider offices and clinics in temporary full-scope Medi-Cal. Families may extend enrollment by completing an application within required time-frame.

MEDI-CAL FOR FAMILIES

WHAT SERVICES ARE OFFERED?

Comprehensive preventive, primary and specialty health care including medical office visits, mental health services, hospitalizations and prescription medicines. Children under age 21 are also eligible for vision and dental care.

WHO CAN BE COVERED?

Parents or caretakers and children up to their 21st birthday.

IS THERE AN INCOME LIMIT?

Free ("no cost") Medi-Cal is based on monthly income after deductions for child care, paid health insurance premiums and work expenses.

Families with income above certain limits may have to pay a "Share of Cost" for medical services.

IS THERE A PROPERTY LIMIT?

Yes, depending on family size. For example, \$3,000 for a family of two; \$3,150 for a family of three; and \$4,200 for a family of ten.

IS OTHER HEALTH INSURANCE ALLOWED?

Yes, but the client must utilize other coverage before Medi-Cal coverage is applied.

HOW MUCH DOES IT COST?

- Nothing if the family qualifies for free ("no cost") Medi-Cal.
- Families who do not qualify for free ("no cost") Medi-Cal may have to pay a "Share of Cost" which is based on the amount of monthly income (see "Income Limit" above).

IS U.S. CITIZENSHIP OR LEGAL RESIDENCY REQUIRED?

Yes, for full coverage.

No, if a person is an undocumented resident, he/she is eligible for emergency services only.

HOW TO APPLY?

Medi-Cal applications may be taken in person, by mail, and over the phone or internet through the [Medi-Cal Health Connections](#) office (Human Services Agency of San Francisco). Assistance is available in many languages. To request/submit an application:

- Call: 415-863-9892
- Email: SFMedi-cal@sfgov.org
- Online: <https://www.benefitscalwin.org/>
- In person: Medi-Cal Health Connections Office; 1440 Harrison Street (M-F, 8am-5pm)
- By mail: Medi-Cal Health Connections (Human Services Agency of San Francisco), P.O. Box 7988, Y71N, San Francisco, CA 94120

MEDI-CAL FOR LONG TERM CARE

WHAT SERVICES ARE OFFERED?

Nursing Home and Convalescent Care (skilled nursing and intermediate care facility services) in addition to comprehensive preventive, primary and specialty health care including medical office visits, vision care, dental care, mental health services, hospitalization and prescription medications.

WHO CAN BE COVERED?

Persons in long-term care facilities.

IS THERE AN INCOME LIMIT?

No, but clients pay a "Share of Cost" based on income after allowing a deduction for health insurance premiums and certain limited other expenses.

A spouse living at home, who is not aided on Medi-Cal, is allowed to retain up to \$2,739 in family income per month.

IS THERE A PROPERTY LIMIT?

- Yes, the person in the nursing home may keep up to \$2,000 in property.
- A spouse living at home, who is not aided on Medi-Cal is allowed to retain up to \$109,560 in family assets.

IS OTHER HEALTH INSURANCE ALLOWED?

Yes.

HOW MUCH DOES IT COST?

See "Income Limit" above.

IS U.S. CITIZENSHIP OR LEGAL RESIDENCY REQUIRED?

Yes, for full coverage.

No, if a person is an undocumented resident, he/she is eligible for emergency services only.

HOW TO APPLY?

Medi-Cal applications may be taken in person, by mail, and over the phone or internet through the [Medi-Cal Health Connections](#) office (Human Services Agency of San Francisco). Assistance is available in many languages. To request/submit an application:

- Call: 415-863-9892
- Email: SFMedi-cal@sfgov.org
- Online: <https://www.benefitscalwin.org/>
- In person: Medi-Cal Health Connections Office; 1440 Harrison Street (M-F, 8am-5pm). Applications are also available at most long-term care facilities.
- By mail: Medi-Cal Health Connections (Human Services Agency of San Francisco), P.O. Box 7988, Y71N, San Francisco, CA 94120

MEDI-CAL MINOR CONSENT PROGRAM

WHAT SERVICES ARE OFFERED?

The Medi-Cal Minor Consent program covers confidential family planning and pregnancy-related services, sexually transmitted disease screening and treatment, mental health services, and substance abuse services for youth.

WHO CAN BE COVERED?

Age 12 through age 20 for all above services.

IS THERE AN INCOME LIMIT?

No.

IS THERE A PROPERTY LIMIT?

No.

IS OTHER HEALTH INSURANCE ALLOWED?

Yes.

HOW MUCH DOES IT COST?

Nothing.

IS U.S. CITIZENSHIP OR LEGAL RESIDENCY REQUIRED?

Information about citizenship and legal status is requested, but documentation is not required. Social Security Number is also not requested.

HOW TO APPLY?

Apply In person at the Medi-Cal Health Connections Office; 1440 Harrison Street (M-F, 8am-5pm); phone (415) 863-9892.

NOTE: The individual requesting services must apply in person to receive all covered services except for mental health services. A designated person may apply on behalf of the individual requesting services for mental health services.

PRESUMPTIVE ELIGIBILITY MEDI-CAL

WHAT SERVICES ARE OFFERED?

Pregnancy tests, immediate prenatal care, prescriptions and abortions are covered. [Presumptive Eligibility](#) covers outpatient services only. Delivery, inpatient care and family planning services are not covered.

WHO CAN BE COVERED?

Any woman who thinks she is pregnant and whose family income is at or below 200% of the Federal Poverty Level (FPL) is eligible. The approved Presumptive Eligibility medical provider can authorize Presumptive Eligibility Medi-Cal *immediately*, if the woman meets income guidelines.

Presumptive Eligibility will provide a temporary Medi-Cal coverage for prenatal care while the woman's application for Medi-Cal is being processed. A woman who thinks she may be pregnant can be covered for a pregnancy test and visit, even if the pregnancy test is negative. See Family PACT section (page 10) for information regarding family planning services coverage.

IS THERE AN INCOME LIMIT?

Yes, income must be at or below 200% of FPL. A pregnant woman is counted as a family of two (herself and her unborn child).

IS THERE A PROPERTY LIMIT?

No.

IS OTHER HEALTH INSURANCE ALLOWED?

No. Presumptive Eligibility is for uninsured females.

HOW MUCH DOES IT COST?

Nothing.

IS CITIZENSHIP OR LEGAL RESIDENCY REQUIRED?

California residency is required. No verification of residency or income is required.

HOW TO APPLY?

Apply at an approved Presumptive Eligibility Medi-Cal provider's office or clinic. Call 1-800-300-9950 for local referrals.

MEDI-CAL FOR PREGNANT WOMEN

WHAT SERVICES ARE OFFERED?

Prenatal, delivery, and postpartum-related services.

WHO CAN BE COVERED?

Pregnant women.

IS THERE AN INCOME LIMIT?

Yes, income must be at or below 200% of Federal Poverty Level (FPL). A pregnant woman is counted as a family of two (herself and her unborn child).

IS THERE A PROPERTY LIMIT?

No.

IS OTHER HEALTH INSURANCE ALLOWED?

Yes.

HOW MUCH DOES IT COST?

Nothing.

IS U.S. CITIZENSHIP OR LEGAL RESIDENCY REQUIRED?

No.

HOW TO APPLY?

Medi-Cal applications may be taken in person, by mail, and over the phone or internet through the [Medi-Cal Health Connections](#) office (Human Services Agency of San Francisco). Assistance is available in many languages. To request/submit an application:

- Call: 415-863-9892
- Email: SFMedi-cal@sfgov.org
- Online: <https://www.benefitscalwin.org/>
- In person at the Medi-Cal Health Connections Office; 1440 Harrison Street (M-F, 8am-5pm) or at most San Francisco community clinics.
- By mail: Medi-Cal Health Connections (Human Services Agency of San Francisco), P.O. Box 7988, Y71N, San Francisco, CA 94120

MEDICARE PROGRAM

WHAT SERVICES ARE OFFERED?

[Medicare](#) is health insurance for people age 65 and older, and for younger people deemed eligible due to disability. Coverage includes Hospitalizations (“Part A”), outpatient services (“Part B”), and prescription drug coverage (“Part D”). The information here does not refer to Medicare Advantage Plans, which may vary in costs and coverage. The [2011 Medicare Handbook](#) explains enrollment rules, services and costs.

WHO CAN BE COVERED?

Persons eligible to receive Social Security or Railroad Retirement benefits due to age (65 years or older), some with disability or blindness, or End Stage Renal Disease (ESRD).

IS THERE AN INCOME LIMIT?

No.

IS THERE A PROPERTY LIMIT?

No.

IS OTHER HEALTH INSURANCE ALLOWED?

Yes.

HOW MUCH DOES IT COST (2011)?

- Part A: Deductible – Varies by length of hospital stay (\$1,132 up to 60 days). Premium – \$450 per month, though most are exempt. Copayment - \$283/day for days 61-90 for each benefit period. Other covered services may require coinsurance payments.
- Part B: Deductible - \$162 annually. Premium – Most pay \$96.40 or \$110.50/month, as they did in 2010, others (mostly higher income) will pay \$115.40. Coinsurance: The enrollee pays 20% of the Medicare-approved amount after meeting the deductible.
- Part D: Costs vary based on the type of plan the beneficiary chooses, the prescription drug(s), whether the drug is included in the formulary, whether an in-network pharmacy is used, and if the “[Extra Help](#)” program is utilized. (People with limited income and resources may qualify for “Extra Help” paying for their drug costs.)

IS U.S. CITIZENSHIP OR LEGAL RESIDENCY REQUIRED?

Yes.

HOW TO APPLY?

San Francisco’s main Social Security Office can be found at 90 7th Street, 1st Floor. You may confirm office locations here:

<https://secure.ssa.gov/apps6z/FOLO/fo001.jsp>

The [Health Insurance Counseling & Advocacy Program \(HICAP\)](#) offers free counseling and help with program applications, call 1-800-434-0222. Or call Medicare at 1-800-633-4227 (TTY 1-877-486-2048).

QUALIFIED MEDICARE BENEFICIARIES PROGRAM

WHAT SERVICES ARE OFFERED?

- Qualified Medicare Beneficiaries Program (QMB): This program pays the cost of Medicare Part A and Part B premiums for those who are eligible.
- Specified Low-Income Medicare Beneficiary (SLMB): This program pays the cost of Medicare Part B premium for eligible individuals.
- Qualifying Individual 1 (QI 1) Program: This program pays the cost of Medicare Part B premium for eligible individuals.

WHO CAN BE COVERED?

Persons eligible to receive Medicare (see previous page) and who are eligible based on the income limitations.

IS THERE AN INCOME LIMIT?

- QMB: At or below 100% of the FPL.
- SLMB: At or below 120% of the FPL.
- QI 1: Between 120% - 135% FPL.

IS THERE A PROPERTY LIMIT?

Yes: Three times the SSI property limit plus an annual percentage increase equal to the increase in the consumer price index (CPI).

For 2010, property limits are \$6,600/single and \$9,910/couple.

IS OTHER HEALTH INSURANCE ALLOWED?

Yes, the only service is Medicare premium payment.

HOW MUCH DOES IT COST?

Nothing.

IS CITIZENSHIP OR LEGAL RESIDENCY REQUIRED?

Yes.

HOW TO APPLY?

Call the Human Services Agency of San Francisco at 415-558-1917. Please leave a message with the client's name and address, and an application will be sent by mail.

The [Health Insurance Counseling & Advocacy Program \(HICAP\)](#) offers free counseling and assistance with program applications, call 1-800-434-0222

*-- Free Counseling & Advice
regarding Medicare and
Medicare-related programs --*

Health Insurance Counseling and
Advocacy Program

HICAP
1-800-434-0222

**WOMEN, INFANTS and CHILDREN (WIC)
SUPPLEMENTAL NUTRITION PROGRAM**

WHAT SERVICES ARE OFFERED?

WIC is a nutrition program that covers

- Vouchers for nutritious supplemental foods such as milk, juice, eggs, cheese, cereal, whole grains, and fruits and vegetables;
- Breastfeeding promotion and education;
- Nutrition education (individual and groups); and
- Referral to health care services.

WHO CAN BE COVERED?

Women who are pregnant, breast-feeding, or post-partum (recently had a baby) and children under age 5 who have medical or nutritional risk (as determined by a health professional).

IS THERE AN INCOME LIMIT?

Yes, income must be below 185% of Federal Poverty Level (FPL)

IS THERE A PROPERTY LIMIT?

No.

IS OTHER HEALTH INSURANCE ALLOWED?

Yes.

HOW MUCH DOES IT COST?

Nothing.

IS U.S. CITIZENSHIP OR LEGAL RESIDENCY REQUIRED?

No.

HOW TO APPLY?

In person: At a WIC Program site - call San Francisco Department of Public Health, WIC Program at (415) 575-5788 to find out the nearest location nearest or call toll-free 1-888-942-9675 (1-888-WIC-WORK) or log onto www.wicworks.ca.gov for statewide information.

SLIDING SCALE PROGRAM

SAN FRANCISCO DEPARTMENT OF PUBLIC HEALTH

WHAT SERVICES ARE OFFERED?

All medically necessary services provided at the Community Health Network of San Francisco (CHN) through the San Francisco Department of Public Health. This includes services provided at CHN community health centers located throughout San Francisco and for outpatient clinic care, inpatient, emergency, and diagnostic services at San Francisco General Hospital.

WHO CAN BE COVERED?

Individuals who:

- Reside in San Francisco;
- Meet income and property guidelines (refer to "Income Limit" and "Property Limit" sections below);
- Do not qualify for or have coverage through public or private health care insurance or other program (refer to "Other Health Insurance" section below).

IS THERE AN INCOME LIMIT?

Individuals with incomes:

- Below 100% of Federal Poverty Level (FPL) will be eligible for free care;
- Over 100% but less than 500% of FPL are eligible for sliding scale services;
- Over 500% of FPL are "full bill."

IS THERE A PROPERTY LIMIT?

Inpatient Sliding Scale: Financial resources (property limits) must be within Medi-Cal guidelines. Outpatient Sliding Scale eligibility: Assets must not exceed an amount equal to 100% of FPL.

IS OTHER HEALTH INSURANCE ALLOWED?

Yes, but patients must use or apply for other health coverage that is available to him/her prior to applying for the Sliding Scale Program. The patient must cooperate with applying for any federal, state or county program for which he/she is determined eligible. Members of HMOs (health maintenance organizations) with comprehensive inpatient and outpatient coverage generally do not qualify for the Sliding Scale Program. If insurance does not provide substantive coverage, the CHN Eligibility Worker will determine eligibility for other programs, including the Sliding Scale Program.

HOW MUCH DOES IT COST?

The payment amount is based on income level, family size and the cost of services. For example, the minimum monthly "Share of Cost" may range from \$10 to \$200 for primary care services and \$150 to \$550 for inpatient services (refer to "Income Limit" section above).

IS U.S. CITIZENSHIP OR LEGAL RESIDENCY REQUIRED?

No, but patients must provide proof of address and be a San Francisco resident.

HOW TO APPLY?

Apply at any DPH clinic site – call (415) 206-7800.

FREE & LOW-COST HEALTH CARE IN SAN FRANCISCO

This list of clinics is organized by San Francisco neighborhood. Each of these sites offer free and low-cost health care services, and provide information and enrollment assistance.

Bayview-Hunters Point

Southeast Health Center: 2401 Keith St. (at Armstrong); 671-7000

Castro

Castro-Mission Health Center: 3850 17th St., (at Noe); 934-7700

Civic Center

Lyon-Martin Women's Health Services: 1748 Market St., #201 (at Valencia); 565-7667

Tom Waddell Health Center: 50 Lech Walesa (at Polk); 355-7400

Chinatown

Chinatown Public Health Center: 1490 Mason St., (at Broadway); 364-7600

North East Medical Services (NEMS): 1520 Stockton (at Columbus); 391-9686

Haight-Ashbury

Cole St. Youth Clinic at Huckleberry Youth Programs: 555 Cole St. (at Haight); 386-9398

Haight-Ashbury Free Clinic: 558 Clayton St. (at Haight); 746-1950

Sister Mary Philippa Health Center: 2235 Hayes St., 5th Floor; 750-5515

Mission District/Excelsior/Mission Terrace

Balboa Teen Health Center: 1000 Cayuga Ave; 469-4512

Haight-Ashbury Free Clinic: 1735 Mission St; 746-1940

SFGH Clinics: Children's Health Center: 1001 Potrero Ave., Main Hosp, 6M; 206-8376

Family Health Center: 995 Potrero Ave, Bldg. 80, 1st Floor.; 206-5252

Adult Medical Clinic: 1001 Potrero Ave., Hospital Outpt, 1st Floor; 206-8492

Women's Health Center: 1001 Potrero Ave., Main Hospital, 5M; 206-3409

Mission Neighborhood Health Center: 240 Shotwell St. (at 16th St.); 552-3870

MNHC – Excelsior Group: 4434 Mission St.; 406-1353

Native American Health Center: 160 Capp St., (at 16th St.); 621-8051

Inner Richmond

San Francisco Free Clinic: 4900 California St. (at 11th Ave.); 750-9894

Oceanview/Merced/Ingleside

Hip Hop to Health Clinic (patients ages 12-24 only): 446 Randolph St.; 337-4719

OMI Family Center: 1701 Ocean Ave.; 452-2200

Potrero Hill

Potrero Hill Health Center: 1050 Wisconsin (at 23rd St.); 648-3022

South of Market

South of Market Health Center: 229 7th Street (b/w Howard & Folsom); 503-6000

Sunnydale

Hawkins Youth Clinic (patients ages 12-24 only): 1099 Sunnydale Ave; 585-2451

FREE & LOW-COST HEALTH CARE IN SAN FRANCISCO, cont.

Sunset

NEMS – Sunset Clinic: 1450 Noriega St. (at 22nd Ave.); 391-9686

Ocean Park Health Center: 1351 24th Ave. (at Irving); 682-1900

Tenderloin

Curry Senior Service Center: 333 Turk St. (at Hyde); 885-2274

Glide Health Services: 330 Ellis St., 4th Flr. (at Taylor); 674-6140

Larkin Street Youth Clinic: 1138 Sutter St. (b/w Polk & Larkin); 673-0911

St. Anthony Free Medical Clinic: 105 Golden Gate Ave.; 241-8320

Visitacion Valley/Portola

NEMS – Portola Clinic: 2574 San Bruno Ave. (at Burrows); 391-9686

NEMS – Visitacion Valley Clinic: 82 Leland Ave. (at Desmond); 391-9686

Silver Ave. Family Health Center: 1525 Silver Ave. (at San Bruno); 657-1700

Western Addition

Maxine Hall Health Center: 1301 Pierce (at Ellis); 292-1300