



Cultivating Access to Healthcare

Equal Access to Healthcare Program
2024/2025 Annual Report

PRC's Equal Access to Healthcare Program (EAHP) is proud to share our successes as we continue to focus on cultivating and growing our diverse community of partners, clients and supporters. As we grow, EAHP remains dedicated to continuing service to our multi-cultural San Francisco communities who are facing extensive barriers to healthcare. With the growing uncertainty about healthcare eligibility and access, PRC's EAHP team provides essential advice, advocacy, and community education, striving to empower individuals and providers to understand and confidently navigate healthcare options.

The EAHP team was established in 2014 to assist people living with HIV navigate the challenges of healthcare. At the same time, advances in medication have made it possible for people living with HIV to lead long, fulfilling lives. Since its inception, the EAHP team has worked to ensure that treatment and medication is available and accessible to those who need it.

In the last year, our EAHP team has grown to include amazing representatives dedicated to this crucial work. We advocate with passion to ensure our clients get the healthcare that works for them. We know that there is not a one-size fits all solution.

This year marked an important leadership transition at PRC. We are grateful to Marc Gannon for his dedicated service and steady leadership as Interim CEO during a pivotal time. We are also proud to welcome Dr. Deborah Hawkes as our new CEO. With decades of experience and a deep commitment to health equity, Dr. Hawkes brings a bold vision for PRC's next chapter.

In this report we discuss recent changes to Medi-Cal, the AIDS Drug Assistance Program (ADAP) and Medicare. We focus on eligibility for programs based on citizenship status and highlight the Public Charge rule. We believe that sharing this information with all San Franciscans increases resilience in our communities by opening the doors to essential public benefits aimed at keeping those communities healthy. Collectively resilient, we grow stronger together.

Our work thrives because of our hard-working team of staff attorneys, benefit advocates and legal assistants. Their passion and talent drive us forward every day. We express sincere gratitude to our community partners, donors and friends who support PRC. Special thanks to the San Francisco Department of Public Health, California Department of Public Health, Bay Area Physicians for Human Rights, Costco Wholesale Corporation, Dignity/San Francisco, Gilead Sciences, Inc., Marsh McLennan Agency, Mission Analytics Group, Morrison and Foerster Foundation, Prime Finance and Sidney Stern Memorial Trust whose continuous support is integral to our mission.



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PRC Mission

To help people affected by HIV/AIDS, substance use, or mental health issues better realize opportunities by providing integrated legal, social, and health services that address the broad range of social risk factors that impact wellness and limit potential.

PRC Values

Accountability
Honesty
Integrity
Diversity & Inclusion
Respect

Services & Accomplishments 2024/2025

EAHP Client Metrics

Total hours of service
3,477

Number of Unduplicated Clients Served
397

Cases Closed Where Healthcare Access was Obtained, Preserved or Increased
90

Top Issues

- 1 AIDS Drug Assistance Program (ADAP) Enrollment
- 2 Medicare Enrollment
- 3 Lack of Coverage - No Insurance
- 4 Medi-Cal Enrollment
- 5 Navigation to resources or benefits
- 6 Medi-Cal Expansion

Disability Benefits

Retroactive Benefits Awarded

\$945,456

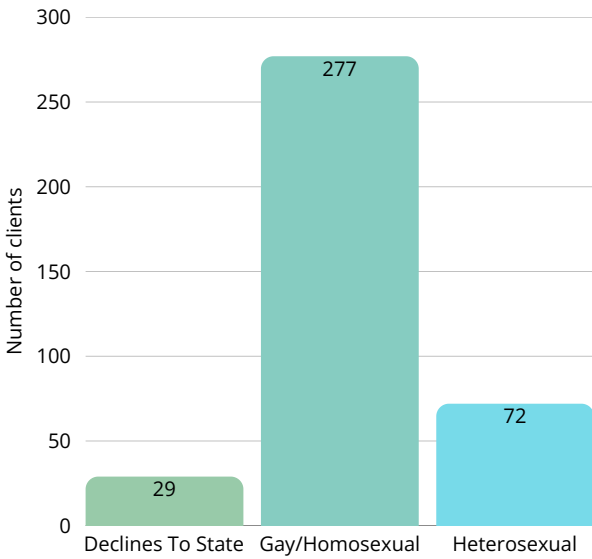
Monthly Benefits Awarded

\$46,997

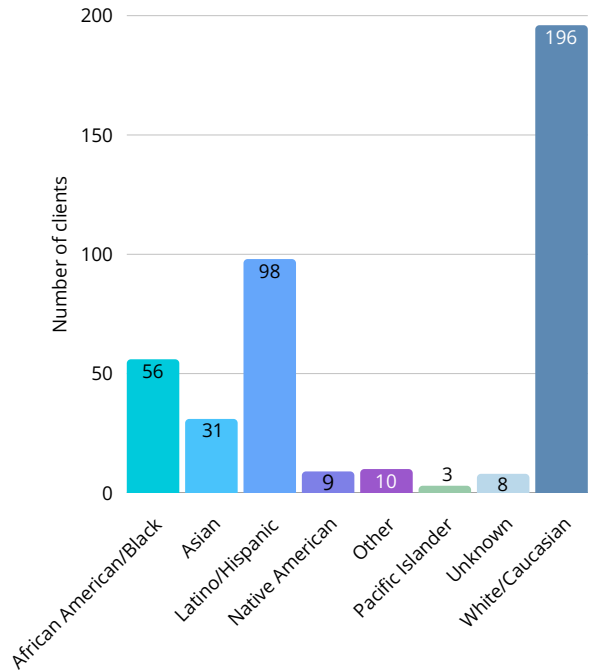


EAHP Client Demographics

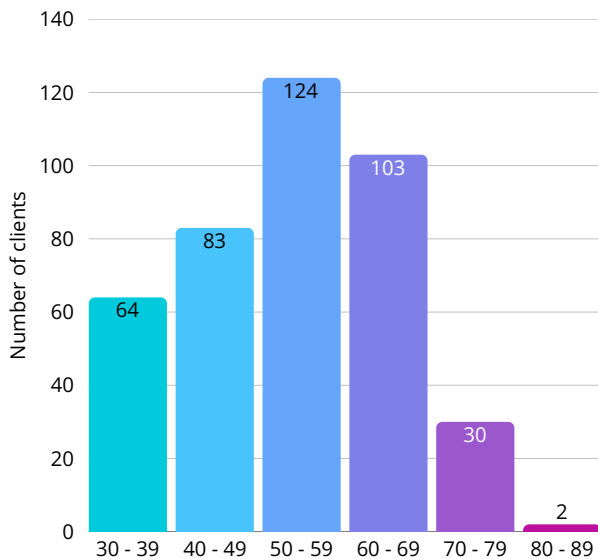
Sexual Orientation



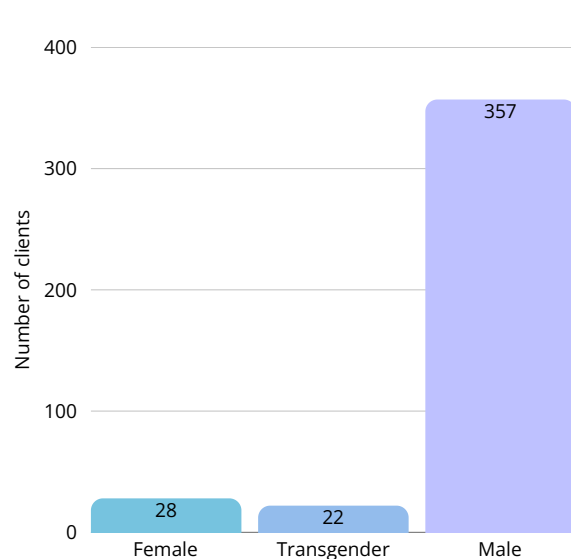
Ethnicity



Age



Gender



Medicare

The health insurance industry is complex and can be confusing. The words Medicare and Medicaid are often incorrectly used.

Medicare and Medicaid are two separate health insurance programs. You can be eligible for both at the same time, or for only one.



Medicaid is a state insurance program that, in California, is called Medi-Cal.

Medicare is a national health insurance program, primarily for individuals aged 65 and older, as well as younger people with certain disabilities or conditions. The program is administered by the Center for Medicare & Medicaid Services (CMS) and provides a range of healthcare services with national coverage. Although funded by U.S. taxpayers, Medicare asks those insured to pay some out-of-pocket costs, such as premiums, deductibles, and copayments. In general, Medicare will cover 80% of medical costs, and the insured is required to cover the remaining 20%.

Medicare plays a crucial role in providing health and financial security for those who qualify. If eligible, you can enroll during the annual open enrollment period each fall.

Medicare Eligibility

- 65+ years of age; or
- Individuals with a qualified disability after receiving SSDI benefits for two years



Part A: Hospital Insurance

Part A helps cover inpatient hospital care, skilled nursing facility care, some home health care, and hospice care. There is no premium for Part A if the insured or their spouse paid Medicare taxes for at least ten years.

Part B: Medical Insurance

Part B helps cover outpatient services like doctor visits, some preventative services, and durable medical equipment.

In 2025, the monthly premium is \$185 per month but may be higher if the insured's annual income exceeds \$106,000. Typically, premiums are taken out of their disability or retirement benefits. However, there are Medi-Cal programs that assist qualified individuals to cover Medicare premiums. Regardless, the insured is expected to pay an annual deductible of \$257. This means that once the insured pays \$257 toward medical expenses, Medicare will kick in to cover 100% of medical expenses for the rest of the year.

Part C: Medicare Advantage

Medicare Advantage plans are offered by private insurance companies that have been approved by Medicare. In California these plans bundle together Part A, Part B, and Part D (collectively "Original Medicare"). Some plans charge a premium in addition to the Part B premium. Most advantage plans require the insured to use doctors and hospitals in their network. They may also offer lower out-of-pocket costs and extra benefits that Original Medicare does not, such as vision, dental, hearing aids, and fitness programs.

When switching to a Medicare Advantage plan, it is important to make sure the selected plan will allow the insured to continue visiting their current providers.

Part D: Prescription Drug Coverage

Part D includes Medicare approved private health insurance plans that cover prescription drugs. They are required to cover key drug categories based on the plans' formularies, such as cancer drugs, HIV medications and antidepressants. Similar to Part C plans, individual Part D plans may have additional premiums, copays and deductibles.

NEW IN 2025 **Yearly out-of-pocket drug costs** are capped at \$2,000. Under Part D, once you or a third-party have paid \$2,000 in copays for medication, the cost of medication for the rest of the year is 100% covered.

Coverage for mental health care has been expanded to include intensive outpatient program services in certain locations, as well as services from marriage therapists, family therapists and mental health counselors. Telehealth mental health services are now permanently available for all Medicare recipients.

Eligibility for Medicare is now limited to Lawful Permanent Residents, certain Cuban and Haitian immigrants and individuals residing in the U.S. under a Compact of Free Association. Beginning July 4, 2025, an 18-month grace period is granted for those who no longer qualify, after which, their Medicare will be terminated unless there is a change in their immigration status.

Medi-Cal

Medi-Cal is California's implementation of the Medicaid program.

It is funded by both the Federal Government and the State Government to ensure that health insurance is accessible and affordable to its citizens.

For all programs, the basic requirement is that the individual applying for Medi-Cal must be a California resident. As of July 2025, U.S. Citizenship is not a requirement if the individual is a California resident. (See "New in 2026" below).

Here are the five most common Medi-Cal programs and their specific eligibility requirements.

Aged, Blind, & Disabled Medi-Cal (ABD)

For individuals who have not been approved for Supplemental Security Income (SSI) but are aged or disabled.

- 65+, blind, or disabled; and
- In 2025, countable monthly income is less than \$1,821 for an individual, or \$2,453 for a couple.

250% Working Disabled Program

Individuals who are disabled and working may qualify for Medi-Cal under this program:

- Disabled; and
- Verifiable employment; and
- In 2025, countable monthly income is less than \$3,283 for individuals, or \$4,428 for couples.

SSI Linked Medi-Cal

For California residents who are approved for Supplemental Security Income (SSI) by the Social Security Administration (SSA). An individual receiving SSI is automatically qualified for Medi-Cal.

- 65+ or disabled; and
- In 2025, countable monthly income is less than \$1,207 for an individual or \$2,058 for a couple; and
- ABD is restricted to the SSI asset limits of \$2,000 for an individual and \$3,000 for a couple.

Modified Adjusted Gross Income (MAGI)

Allows Californians to qualify for Medi-Cal even if they are below 65 years, or if they are not disabled. This is also known as the Medi-Cal Expansion Program and is primarily based on income.

- Age 19-64; and
- Not entitled to Medicare; and
- In 2025, countable monthly income is less than or equal to \$1,801 for an individual, or \$2,432 for couples.

Share of Cost (SOC)

Medi-Cal's SOC program requires beneficiaries to pay a certain amount each month before Medi-Cal will cover the remaining medical expenses. The amount the insured is required to pay is based on that person's income, which is equal to their monthly countable income minus \$600. The difference is their share of cost. For couples, Medi-Cal will subtract \$934 from the monthly income to calculate their share of cost.

- 65+, or blind, or disabled; and
- In 2025, countable monthly income is over \$1,821 for an individual, or \$2,453 for a couple.

NEW IN 2026 ASSET LIMIT

There are two changes regarding assets for Medi-Cal recipients. 1) Starting January 1, 2026, individuals enrolled in MAGI Medi-Cal will be evaluated based on an asset limit of \$130,000 (plus \$65,000 for each additional household member). 2) Individuals enrolled in Aged, Blind or Disabled Medi-Cal, will have an asset limit of \$2,000 for an individual and \$3,000 for couples.

IMMIGRATION STATUS

There are three significant changes for Medi-Cal recipients who are non-citizens. 1) Beginning January 1, 2026, there will be a freeze on new enrollments for full scope Medi-Cal applicants who are non-citizens without legal status. Individuals in this category remain eligible for pregnancy-related services and emergency medical treatment. 2) Non-citizens without legal status who are currently receiving Medi-Cal will continue to receive benefits under the new rule. However, beginning in July 2026, non-citizens without legal status receiving Medi-Cal will lose routine dental coverage, but retain emergency coverage. 3) Beginning July 1, 2027, Medi-Cal recipients who are non-citizens without legal status between the ages of 19-59 will be charged a premium of \$30 per month for full-scope Medi-Cal.

AIDS Drug Assistance Program (ADAP)

The ADAP program plays a critical role in ensuring that lower income people living with HIV/AIDS have access to the medications they need to manage their condition, as well as assistance to help them obtain health insurance. There is also a program that covers medication and related services to prevent HIV infection.

Eligibility



In 2025, ADAP enrollment is available to individuals living with HIV, 18 years of age or older, residing in California with an annual income up to \$93,900 for individuals, or \$126,900 for couples. If an individual is enrolled in Medi-Cal, they are generally not eligible for enrollment in ADAP, although limited exceptions may apply.

There is no citizenship requirement for ADAP assistance and ADAP is not considered for Public Charge purposes.

Medications and Copays

ADAP assists people living with HIV (PLWH) with emergency access to medications and copays for a variety of antiretroviral therapies as well as many medications for the treatment of HIV/AIDS-related opportunistic infections and other diseases prevalent in PLWH (such as cardiovascular disease and diabetes).

Assistance with Premiums

In addition to assisting individuals with the cost of their medication, ADAP has programs available to assist enrollees with their health insurance premium payments. ADAP may provide premium assistance for employer-based health insurance, COBRA, Medicare health insurance plans (Medicare Supplemental, Part C, and Part D) and health insurance purchased through a broker or obtained through Covered California.

Coverage for Family Members

In some situations, ADAP health insurance programs will cover an enrollee's spouse or dependent children, even if they are not living with HIV.

ADAP enrollment or reenrollment requires verification of eligibility by a certified ADAP Enrollment Worker, with annual reenrollment due by the enrollee's birthday.

PRC is a certified ADAP enrollment site, and PRC's EAHP staff attorneys are certified ADAP Enrollment Workers. They are available to assist HIV+ San Francisco residents with enrollment and re-enrollment in ADAP.

Funding

ADAP in California is administered by the California Office of AIDS, a division within the California Department of Public Health, and is funded through a combination of federal and state sources, including grants under the Ryan White HIV/AIDS Program for HIV+ individuals defined as low-income by the State.

NEW IN 2025

ADAP increased the income limit from 500% to 600% of the Federal Poverty Level based on an individual's Modified Adjusted Gross Income (MAGI).

Single individuals are now eligible for ADAP if their MAGI is \$93,900 or less, or \$126,900 for a married couple.

ADAP also increased its limit for monthly health insurance premium payment assistance in CA.

Individuals can now receive help paying for health and dental insurance. It also includes vision if it is part of a health or dental plan. The assistance can be up to \$2,996 a month per enrollee. If a client and their spouse or registered domestic partner are both enrolled in ADAP, they may receive premium assistance up to \$5,992 per month.

Public Benefits for Immigrants

The EAHP team is dedicated to preserving access to healthcare for those who have been historically marginalized and disenfranchised. This section is to provide accurate information about how accessing public benefits may impact an immigrant's application for legal status.

It is important to speak with an immigration attorney to determine whether receiving public benefits will impact your application.

An individual applying for status in the U.S. will undergo an assessment to determine whether they are likely to become a Public Charge. A finding of Public Charge is made when an individual is determined to become primarily dependent on the U.S. government for support through cash assistance or long-term institutional care. An application for U.S. citizenship or renewal of legal status may be negatively impacted if the applicant is receiving specific public benefits.

There is a belief that immigrants should avoid applying for any public benefits. However, the current definition of Public Charge allows non-U.S. citizens access to necessary and life-saving public benefits. Under this definition, public benefits that provide food, housing, and healthcare will not be considered when determining an individual's application for legal status. Accepting any monetary benefit may have a higher chance of affecting an application for legal permanent resident status than other immigration statuses.

Even if a person receives cash benefits, the recipient is not automatically considered a Public Charge. Immigration officials look at a variety of factors, such as age, health, family status, assets, education, and skills.

Access in California

In California, the state legislature adopted a proactive stance to ensure immigrants have access to public benefits.

The following is a list of public benefits that are safely accessible to immigrants:

- Medi-Cal
- CalFresh
- Medicare
- AIDS Drug Assistance Program (ADAP)
- Social Security Disability Insurance (SSDI)
- State Disability Insurance (SDI)

These are some of the public benefits that may affect an application for immigration, citizenship, or renewal of legal status:

- Cash Assistance Program for Immigrants (CAPI)
- Supplemental Security Income (SSI)
- General Assistance (GA)

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