



**Medical Coverage for Pregnant Women**

**GENERAL REQUIREMENTS**

This program is available to pregnant women. To be eligible, you must be a Kansas resident. You also must be a US citizen or eligible non-citizen. If you are not an eligible non-citizen you may be eligible for a program called SOBRA. SOBRA may provide coverage of emergency services, including labor and delivery.

**FAMILY SIZE**

Your family size is usually determined by your income tax unit. Your unborn child is also included. Your family size may also include your parents if you are a minor or they claim you as a tax dependent.

**ASSETS**

We don't count resources or assets for this program.

**INCOME**

The income of all individuals in your family size is counted. This includes wages from a job, self-employment, unemployment benefits, and Social Security (except SSI). This may also include your parents if you are a minor or if they claim you as a tax dependent.

**INCOME STANDARDS**

The monthly countable income of your family is compared to the monthly income standards listed below, which are based on family size. If the income is below the appropriate standard, you would qualify for medical coverage.

<b>Family Size</b>	<b>Monthly Income Standard</b>
2	\$2,271
3	\$2,863
4	\$3,456
5	\$4,049

\*Add \$593 for each additional person

## **HOW TO APPLY**

To apply for medical coverage use any of the following choices:

- Apply Online – [Click Here](#)
- Call the KanCare Clearinghouse at 1-800-792-4884 to request an application. Interpreter services are available.
- Applications can be downloaded from the [KDHE DHCF website](#).