



Kansas Medical Assistance Fact Sheet: 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 an ineligible non-citizen, you may be eligible for a program called SOBRA. SOBRA may provide coverage of emergency services, including labor and delivery. If applying for SOBRA – labor and delivery, apply after your baby has been born.

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.

Persons in Plan

- Household of 2: \$0 - \$2810
- Household of 3: \$2810.01 - \$3543
- Household of 4: \$3543.01 - \$4275
- Household of 5: \$4275.01 - \$5007

Add \$732.00 for each additional person.

How to Apply for Medical Coverage: You must complete and submit an application to receive medical coverage.

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

- Apply Online- Apply for all programs at the [Medical Consumer Self-Service Portal](#).
- Call the KanCare Clearinghouse at 1-800-792-4884 to request an application be sent to you. Interpreter services are available.
- If you or your family currently have an open KanCare case that has been reviewed in the last year, you can call to request coverage for an additional family member at 1-800-792-4884. We will contact you if any additional information is needed to complete the request.
- Paper applications can be downloaded for printing at [Apply for KanCare](#).
- You can also report changes or submit your review at the [Medical Consumer Self-Service Portal](#).