

# COUNTY OF SAN MATEO

## HUMAN SERVICES AGENCY

### MEDI-CAL FACTS

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| <b>WHAT IS MEDI-CAL?</b>                 | <p>The Medi-Cal Program is California’s version of Medicaid. It is a public health insurance program funded by the State and Federal governments. Medi-Cal provides health coverage for low-income individuals including families with children, seniors, individuals with disabilities, children in foster care, pregnant women, and low-income people with specific diseases such as tuberculosis, breast cancer, or HIV/AIDS.</p> <p>As a result of the implementation of Health Care Reform (HCR) on January 1, 2014, the Medi-Cal program has been separated into Modified Adjusted Gross Income (MAGI) Medi-Cal and Non-MAGI Medi-Cal. Non-MAGI Medi-Cal refers to eligibility programs that existed prior to the implementation of HCR and continue to provide medical benefits under pre-HCR regulations.</p> <p>MAGI Medi-Cal includes the following new categories: childless adults between the ages of 19 and 64 who are not blind or disabled; pregnant women; parents/caretaker relatives; and children up to age 19. Eligibility for these individuals is based on reported income. Property is not counted under Medi-Cal. Additionally, implementation of the new MAGI categories eliminated certain programs such as the 1931 (b) program.</p>   |
| <b>WHO CAN BE ELIGIBLE FOR MEDI-CAL?</b> | <ul style="list-style-type: none"> <li>• 65 or older</li> <li>• Blind</li> <li>• Disabled</li> <li>• Adults with no children/dependents</li> <li>• Pregnant</li> <li>• In a skilled nursing or intermediate care home</li> <li>• On refugee status for a limited time, depending how long you have been in the United States</li> <li>• Citizens and non-citizens (we don’t report to USCIS)</li> </ul> <ul style="list-style-type: none"> <li>• A parent or caretaker relative or a child under 21 years of age if:             <ul style="list-style-type: none"> <li>○ The child’s parent is deceased or doesn’t live with the child, or</li> <li>○ The child’s parent is incapacitated, or</li> <li>○ The child’s parent is under employed or unemployed.</li> </ul> </li> <li>• Have been screened for breast and/or cervical cancer (<a href="#">Breast and Cervical Cancer Treatment Program</a>)</li> </ul>  |
| <b>IS MEDI-CAL FREE?</b>                 | <p><b>MAGI Medi-Cal:</b> Under MAGI Medi-Cal, there are no costs associated with receiving Medi-Cal benefits. MAGI Medi-Cal beneficiaries are eligible to receive full-scope Medi-Cal benefits without a cost. There are also no co-payments or out-of-pocket costs associated with receiving benefits under MAGI Medi-Cal.</p> <p><b>Non-MAGI Medi-Cal:</b> The amount that a family or an individual must pay for Medi-Cal benefits is determined by the amount of available income that remains after appropriate exclusions and deductions are allowed. Based on income, families and individuals may be eligible to receive Medi-Cal benefits at no cost or with a cost. While <b>there are no income limits for Medi-Cal eligibility</b>, income that remains after all State-allowed deductions are applied must be paid or obligated toward the individual or family monthly medical expense before Medi-Cal will cover expenses.</p> <p>This amount to be paid or obligated is called a Share-of-Cost (SOC). The SOC must only be paid or obligated if Medi-Cal coverage is needed during the service month. Each time a beneficiary receives medical services, the service provider will check the eligibility status to determine how much, if any, is obligated to be paid. In certain cases, where a third party may be responsible for an individual’s injury or illness, DHCS will attempt to recover the cost of medical treatment from the responsible party. For persons with Medi-Cal and Medicare, the primary payer is Medicare, and the secondary payer is Medi-Cal.</p> <p><b>Subsidized Health Insurance Coverage:</b> Individuals or families that are not eligible under MAGI or Non-MAGI Medi-Cal may potentially be eligible to subsidized health care coverage through Covered California. Subsidized coverage is available in the form of an Advanced Premium Tax Credit (APTC) or Cost Sharing Reduction (CSR) subsidies. APTC provides a tax credit, which is used to reduce monthly health insurance premiums. CSR subsidies are applied to reduce out-of-pocket expenses, such as co-payments and other medical expenses at the time services are provided. Individuals or families with income between 100% and up to 400% of the Federal Poverty Level (FPL) are eligible to receive subsidized coverage. The income limit for the CA Subsidy program is up to 600% FPL.</p> |

| <b>INCOME</b>  | <p>Income is considered when determining Medi-Cal eligibility. Income includes things such as, earnings from a job, unemployment benefits, disability benefits, self-employment income, retirement benefits, interest on assets, child or spousal support, and other means of income or support. To see if you qualify based on income, look at the chart below. Income numbers are based on your monthly earnings.</p> <table border="1" data-bbox="669 199 1218 745"> <thead> <tr> <th>Family Size</th> <th>138% of Federal Poverty Level (2024)</th> </tr> </thead> <tbody> <tr><td>1</td><td>\$1,732</td></tr> <tr><td>2</td><td>\$2,352</td></tr> <tr><td>3</td><td>\$2,970</td></tr> <tr><td>4</td><td>\$3,588</td></tr> <tr><td>5</td><td>\$4,208</td></tr> <tr><td>6</td><td>\$4,826</td></tr> <tr><td>7</td><td>\$5,445</td></tr> <tr><td>8</td><td>\$6,064</td></tr> <tr><td>9</td><td>\$6,682</td></tr> <tr><td>10</td><td>\$7,301</td></tr> <tr><td>11</td><td>\$7,920</td></tr> <tr><td>12</td><td>\$8,539</td></tr> <tr><td>Each Additional Person</td><td>Add \$620</td></tr> </tbody> </table> | Family Size | 138% of Federal Poverty Level (2024) | 1 | \$1,732 | 2 | \$2,352 | 3 | \$2,970 | 4 | \$3,588 | 5 | \$4,208 | 6 | \$4,826 | 7 | \$5,445 | 8 | \$6,064 | 9 | \$6,682 | 10 | \$7,301 | 11 | \$7,920 | 12 | \$8,539 | Each Additional Person | Add \$620 |
|--|--|-------------|--------------------------------------|---|---------|---|---------|---|---------|---|---------|---|---------|---|---------|---|---------|---|---------|---|---------|----|---------|----|---------|----|---------|------------------------|-----------|
| Family Size  | 138% of Federal Poverty Level (2024)   |             |                                      |   |         |   |         |   |         |   |         |   |         |   |         |   |         |   |         |   |         |    |         |    |         |    |         |                        |           |
| 1  | \$1,732  |             |                                      |   |         |   |         |   |         |   |         |   |         |   |         |   |         |   |         |   |         |    |         |    |         |    |         |                        |           |
| 2  | \$2,352  |             |                                      |   |         |   |         |   |         |   |         |   |         |   |         |   |         |   |         |   |         |    |         |    |         |    |         |                        |           |
| 3  | \$2,970  |             |                                      |   |         |   |         |   |         |   |         |   |         |   |         |   |         |   |         |   |         |    |         |    |         |    |         |                        |           |
| 4  | \$3,588  |             |                                      |   |         |   |         |   |         |   |         |   |         |   |         |   |         |   |         |   |         |    |         |    |         |    |         |                        |           |
| 5  | \$4,208  |             |                                      |   |         |   |         |   |         |   |         |   |         |   |         |   |         |   |         |   |         |    |         |    |         |    |         |                        |           |
| 6  | \$4,826  |             |                                      |   |         |   |         |   |         |   |         |   |         |   |         |   |         |   |         |   |         |    |         |    |         |    |         |                        |           |
| 7  | \$5,445  |             |                                      |   |         |   |         |   |         |   |         |   |         |   |         |   |         |   |         |   |         |    |         |    |         |    |         |                        |           |
| 8  | \$6,064  |             |                                      |   |         |   |         |   |         |   |         |   |         |   |         |   |         |   |         |   |         |    |         |    |         |    |         |                        |           |
| 9  | \$6,682  |             |                                      |   |         |   |         |   |         |   |         |   |         |   |         |   |         |   |         |   |         |    |         |    |         |    |         |                        |           |
| 10   | \$7,301  |             |                                      |   |         |   |         |   |         |   |         |   |         |   |         |   |         |   |         |   |         |    |         |    |         |    |         |                        |           |
| 11   | \$7,920  |             |                                      |   |         |   |         |   |         |   |         |   |         |   |         |   |         |   |         |   |         |    |         |    |         |    |         |                        |           |
| 12   | \$8,539  |             |                                      |   |         |   |         |   |         |   |         |   |         |   |         |   |         |   |         |   |         |    |         |    |         |    |         |                        |           |
| Each Additional Person   | Add \$620  |             |                                      |   |         |   |         |   |         |   |         |   |         |   |         |   |         |   |         |   |         |    |         |    |         |    |         |                        |           |
| <b>I'M IN ANOTHER PROGRAM, CAN I GET MEDI-CAL?</b>   | <p>If you are enrolled in one of the following programs, you can also get Medi-Cal:</p> <ul style="list-style-type: none"> <li>• CalFresh</li> <li>• SSI/SSP</li> <li>• CalWORKS</li> <li>• Foster Care or Adoption Assistance Program</li> <li>• Cash Assistance Program for Immigrants (CAPI)</li> <li>• Refugee Assistance</li> </ul>   |             |                                      |   |         |   |         |   |         |   |         |   |         |   |         |   |         |   |         |   |         |    |         |    |         |    |         |                        |           |
| <b>REQUIRED DOCUMENTS</b>  | <ul style="list-style-type: none"> <li>• Personal identification</li> <li>• Proof of residency</li> <li>• Proof of household income and assets</li> <li>• U.S. Citizenship documentation for certain U.S. Citizens and U.S. Nationals</li> </ul> <p><i>* Most citizenship and immigration statuses can be electronically verified.</i></p>   |             |                                      |   |         |   |         |   |         |   |         |   |         |   |         |   |         |   |         |   |         |    |         |    |         |    |         |                        |           |
| <b>CAN I HAVE PRIVATE INSURANCE?</b>   | <p>Yes, but you are required to report the other private health insurance or HMO coverage that you have to the county department. Generally, your other insurance will be billed before Medi-Cal because your private insurance becomes the “primary” insurance and Medi-Cal the “secondary” insurance.</p>  |             |                                      |   |         |   |         |   |         |   |         |   |         |   |         |   |         |   |         |   |         |    |         |    |         |    |         |                        |           |
| <b>SPECIAL PROGRAMS FOR CHILDREN, PREGNANT WOMEN, SENIORS, AND INDIVIDUALS WITH DISABILITIES</b> | <p>Medi-Cal is made up of a variety of programs targeted at specific groups of people with certain attributes and income levels. Special programs with higher income limits exist for children and certain adults.</p> <ul style="list-style-type: none"> <li>• Pregnant women and children may be eligible for special programs that allow higher income limits. Effective April 1, 2022, DHCS extended the post-partum coverage period to 365 days and includes full breadth of medical services regardless of immigration status.</li> <li>• Seniors and individuals with disabilities may be eligible for programs that allow special income deductions and higher income limits, and programs that help pay Medicare expenses.</li> <li>• Youth may be eligible for the Minor Consent program which provides confidential services to children under 21 years of age who live in their parent’s home.</li> </ul>  |             |                                      |   |         |   |         |   |         |   |         |   |         |   |         |   |         |   |         |   |         |    |         |    |         |    |         |                        |           |
| <b>RETRO COVERAGE</b>  | <p>An applicant may be eligible for Medi-Cal coverage in any of the three months immediately preceding the month of application or re-application if all requirements are met for those past months. A beneficiary who is eligible for benefits on the first day of the month is entitled to services for the entire month.</p>  |             |                                      |   |         |   |         |   |         |   |         |   |         |   |         |   |         |   |         |   |         |    |         |    |         |    |         |                        |           |
| <b>INTERVIEW LANGUAGE</b>  | <p>Applicants may be interviewed in the following languages: English, Spanish, and others, if necessary. TTY is also available including providing forms in Alternate Format such as large font.</p>   |             |                                      |   |         |   |         |   |         |   |         |   |         |   |         |   |         |   |         |   |         |    |         |    |         |    |         |                        |           |

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|---|---|--|---|---|
| <b>YOUR RIGHTS</b>  | Whether you are eligible or not, you have the right to be treated with dignity, respect, and courtesy when you apply for Medi-Cal. The Human Services Agency will not discriminate against anyone because of race, color, national origin, political affiliation, religion, age, sex, marital status, sexual orientation, or condition of physical or mental disability.  |  |   |   |
| <b>FULL SCOPE MEDI-CAL</b>  | <p><b>Full Scope Medi-Cal - Provides the full range of benefits available to Medi-Cal beneficiaries</b></p> <p><b>Full Scope Benefits:</b></p> <ul style="list-style-type: none"> <li>• Alcohol and drug use treatment</li> <li>• Dental care</li> <li>• Emergency care</li> <li>• Family planning</li> <li>• Foot care</li> <li>• Hearing aids</li> <li>• Medical care</li> <li>• Medicine</li> <li>• Medical supplies</li> <li>• Mental health care</li> <li>• Personal attendant care and other services that help people stay out of nursing homes</li> <li>• Referrals to specialists, if needed</li> <li>• Tests</li> <li>• Transportation to doctor and dental visits and to get medicine at the pharmacy</li> <li>• Vision care (eyeglasses)</li> </ul>   |  |   |   |
| <b>WHAT IF I'M UNHOUSED AND/OR RESIDING IN A SHELTER</b>  | There are a variety of resources that are available for those without homes who are seeking health care. If you are experiencing homelessness, it does not exclude you from being eligible for Medi-Cal and you can and should apply.   |  |   |   |
| <b>HOW TO APPLY</b>   | <p>You can: apply online, call one of our offices listed below to have an application mailed to you, or begin the application process by phone by calling the Service Center toll-free at <b>1-800-223-8383</b>.</p> <p><b>Apply online: <a href="https://benefitscal.com">benefitscal.com</a></b></p> <p><b>Our Offices:</b></p> <table border="0" style="width: 100%;"> <tr> <td style="width: 50%; vertical-align: top;"> <p><b>NORTHERN REGION</b><br/>271 - 92nd Street<br/>Daly City, CA 94015<br/>(650) 301-8440</p> <p><b>CENTRAL REGION</b><br/>400 Harbor Blvd.<br/>Bldg. B<br/>Belmont, CA 94002<br/>(650) 802-6470</p> </td> <td style="width: 50%; vertical-align: top;"> <p><b>SOUTHERN REGION</b><br/>2500 Middlefield Road Redwood City, CA 94063<br/>(650) 599-3811</p> <p>2415 University Avenue East Palo Alto, CA 94303<br/>(650) 363-4175</p> <p><b>Offices are open Monday-Friday, 8:00AM - 5:00PM</b></p> </td> </tr> </table> |  | <p><b>NORTHERN REGION</b><br/>271 - 92nd Street<br/>Daly City, CA 94015<br/>(650) 301-8440</p> <p><b>CENTRAL REGION</b><br/>400 Harbor Blvd.<br/>Bldg. B<br/>Belmont, CA 94002<br/>(650) 802-6470</p> | <p><b>SOUTHERN REGION</b><br/>2500 Middlefield Road Redwood City, CA 94063<br/>(650) 599-3811</p> <p>2415 University Avenue East Palo Alto, CA 94303<br/>(650) 363-4175</p> <p><b>Offices are open Monday-Friday, 8:00AM - 5:00PM</b></p> |
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| <p><b><i>This Fact Sheet is not to be used as a substitute for state Medi-Cal regulations. San Mateo's Human Services Agency has copies of the state regulations you may review.</i></b></p>          |   |  |   |   |