Who is eligible for Medi-Cal

What benefits Medi-Cal covers

How Medi-Cal works with Medicare

Medi-Cal Share of Cost

LEARN ABOUT:

The Center for Health Care Rights (CHCR) is a California Nonprofit organization that provides free information and help with Medicare. CHCR is the Health Insurance Counseling and Advocacy Program (HICAP) for Los Angeles County. HICAP can be reached statewide at 800-434-0222.
Medi-Cal is California’s health care program for low income Californians.

There are Medi-Cal programs for people of all ages and people with disabilities. Each Medi-Cal program has its own eligibility rules. This fact sheet explains the eligibility rules for the Medi-Cal Aged, Blind, and Disabled Federal Poverty Level Program. To qualify for this Medi-Cal program, you must meet all the requirements shown below:

- You live in California.
- You are age 65 or older or you are younger and you have a disability.
- Your net countable income is at or below the income limit:
  
  2023 Income Limit for the Aged, Blind and Disabled Medi-Cal Program
  
  Single person: $1,677 per month  |  Married couple: $2,269 per month
  
  • These income limits do not include the $20 standard deduction, and the deduction for monthly health insurance premiums. If you work, your earned income also gets a special earned income deduction.

- The value of your property is at or below the resource limit.
  
  Medi-Cal Resource Limits:
  
  Single person: $130,000  |  Married couple: $195,000
  
  Property that does not count toward the Medi-Cal resource limit:
  
  • The home you live in, your household items
  • Life insurance with a face value of $1500 or less

NOTE: If your income is too high for the Aged, Blind, and Disabled Federal Poverty Level Program you may be given Medi-Cal with a Share of Cost. If you have questions about how Share of Cost works or how to remove it, contact the Center for Health Care Rights.
What does Medi-Cal cover?

**Medi-Cal Benefits:**
- Hospital care
- Doctor services
- Prescription drugs
- Ambulance
- Lab, x-rays
- Emergency services
- Mental health
- Substance use services
- Hearing aids
- Medical equipment
- Foot care
- Incontinence supplies
- Vision services
- Dental care
- Transportation
- Long-term services and supports
  + Nursing home care
  + Adult day health care (CBAS)
  + In-home supportive services
  + Home and community-based services

**Medi-Cal Dental Benefits for Adults:**
- Exam and x-rays
- Teeth cleaning
- Fillings
- Tooth extractions
- Gum treatment
- Emergency services
- Root canals
- Crowns
- Full and partial dentures

To find a Medi-Cal dentist or for information on Medi-Cal dental benefits, call Medi-Cal Dental at 800-322-6384 or visit smilecalifornia.org.

<table>
<thead>
<tr>
<th>Part A Benefits</th>
<th>Time Frame</th>
<th>Your Out-of-Pocket Cost</th>
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</thead>
<tbody>
<tr>
<td>Hospital Benefit</td>
<td>Days 1-60</td>
<td>$1,600 hospital deductible</td>
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<tr>
<td></td>
<td>Days 61-90</td>
<td>$400 per day</td>
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<tr>
<td></td>
<td>Days 91-150 Lifetime reserve days</td>
<td>$800 per day</td>
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<tr>
<td>Skilled Nursing Facility</td>
<td>Days 1-20</td>
<td>$0</td>
</tr>
<tr>
<td></td>
<td>Days 21-100</td>
<td>$200 per day</td>
</tr>
</tbody>
</table>
How do I use my Medi-Cal benefits?

Most people with Medi-Cal are required to enroll in a Medi-Cal health plan. The Medi-Cal health plans are responsible for providing most Medi-Cal services.

L.A. COUNTY MEDI-CAL HEALTH PLANS

To enroll into or change your Medi-Cal plan:
Call Health Care Options, the state Medi-Cal enrollment agency at 800-430-4263. If you do not pick your own Medi-Cal plan, the State will pick one for you.

To get Medi-Cal services from your Medi-Cal health plan:
Call the plan’s customer service phone number on the back of your plan card.
• You may need a doctor’s prescription and authorization to get Medi-Cal services from your plan.
• You have the right to a Medi-Cal appeal if your health plan denies or delays treatment.
I have Medicare and Medi-Cal. How do I use both programs to get the health care I need?

Medicare is your primary insurance and will pay for most of your medical care. Your doctors will bill Medicare for the services you receive.

Medicare has 3 parts:

**Part A hospital insurance covers:**
- Hospital services
- Skilled care in a nursing facility
- Home health
- Hospice

**Part B medical insurance covers:**
- Doctors’ services
- Ambulance
- Medical equipment
- Lab, x-rays, MRIs
- Emergency services
- Outpatient mental health

**Part D covers:**
- Prescription drugs
  You must enroll into a Medicare prescription drug plan. Your prescription copayments will be no more than $1.45 for generic or $4.30 for brand name.

What does Medicare cover?

Medicare has 3 parts:

**Part A Hospital Insurance** pays for hospital services, skilled nursing facility services, hospice and home health.

**Part B Medical Insurance** pays for doctor services and other outpatient medical care.

**Part D Prescription Drug Benefit** pays for prescription drugs.
How to Choose a Part D Drug Plan

- Choose a plan that covers all your prescriptions at the lowest price.
- If you need help, call 1-800-Medicare or call the Center for Health Care Rights at 800-434-0222.

Medicare Advantage Open Enrollment Period

Between January 1 – March 31, you can make the following changes if you have a Medicare Advantage Prescription Drug plan (MAPD).

- A different Medicare Advantage Plan... → with drug coverage
- A different Medicare Advantage Plan... → with no drug coverage
- Original Medicare... → with a Part D prescription drug plan
- Original Medicare... → with no Part D prescription drug plan

Call Center for Health Care Rights at 800-434-0222 for more information about special enrollment periods.
When can I enroll or change my Part D Drug Plan?

You must use a Part D enrollment period to enroll into a plan or change your Part D plan.

**Initial Enrollment Period**

A **7 month** period that starts 3 months before you become eligible for Medicare and ends 3 months later.

**Example:** Bob becomes Medicare eligible when he turns 65 in March. His initial enrollment period starts December 1 and ends June 30.

**Annual Election Period or “Open Enrollment” October 15 – December 7**
In Los Angeles, the Medi-Cal program is run by the Department of Public Social Services (DPSS). There are several ways to apply for Medi-Cal.

To complete an online Medi-Cal application:
• Visit the new BenefitsCal website: https://benefitscal.com/
• Visit the California Department of Health Care Services website: https://www.dhcs.ca.gov/individuals/Pages/Steps-to-Medi-Cal.aspx

To apply for Medi-Cal over the phone, call the L.A. County DPSS Customer Service Center at 866–613–3777.

To apply in person, visit a local L.A. County DPSS office. Call L.A. County DPSS Customer Service Center at 866–613–3777 to find the DPSS office closest to you.

Do you have questions about Medicare and Medi-Cal?

Call Center for Health Care Rights 800–434–0222 or visit www.HealthCareRights.org