

NON-MAGI MEDI-CAL - FACT SHEET

WHAT IS NON-MAGI MEDI-CAL?	<p>The Non-Modified Adjusted Gross Income (Non-MAGI) Medi-Cal program, commonly referred to as “classic Medi-Cal”, 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>								
WHO MAY BE ELIGIBLE FOR NON-MAGI MEDI-CAL?	<ul style="list-style-type: none"> • Families with children • Persons under 21 years old, or 65 years of age and older • Pregnant women • Individuals who are blind or disabled • Individuals residing in long term care facilities or nursing homes • People with tuberculosis • Refugees 								
IS NON-MAGI MEDI-CAL FREE OR IS THERE A CO-PAYMENT?	<p>Non-MAGI Medi-Cal is not always free. Income is used to determine if a person/family is eligible for free Medi-Cal or Medi-Cal with a share of cost. Income that exceeds the Medi-Cal income limit becomes the monthly share of cost. A share of cost is similar to a monthly deductible. It is the amount of medical expenses that a Medi-Cal beneficiary must pay or be obligated to pay before Medi-Cal will cover any medical expenses.</p> <p>NOTE: If Medi-Cal is not used in a given month, no share of cost will need to be paid in that month.</p>								
WILL I HAVE A SHARE OF COST?	<ul style="list-style-type: none"> • If your income is less than the Non-MAGI Medi-Cal limit for your family size, you will receive Non-MAGI Medi-Cal services at no cost to you. • If your income is more than the Non-MAGI Medi-Cal limits for your family size, you will have to pay a certain amount only in the month you have medical expenses. The amount that you pay is called your share of cost (SOC). When you pay or promise to pay that amount, we say that you have met your SOC. Once you have met your SOC, Non-MAGI Medi-Cal will pay the rest of your covered medical bills for that month. 								
WHAT IS CONSIDERED INCOME?	<p>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.</p>								
WHAT ABOUT MY RESOURCES?	<p>Property is a factor in determining eligibility for Non-MAGI Medi-Cal. Property (resources) must not be worth more than the specific Non-MAGI Medi-Cal property limit. Property includes, land, houses, bank accounts, stocks, bonds, and cash on hand, trusts and vehicles. Property limits vary according to family size and program category.</p>								
PROPERTY LIMITS FOR MOST NON-MAGI MEDI-CAL PROGRAMS:	Household Size	1	2	3	4	5	6	7	8
	Maximum Limit	\$2000	\$3000	\$3150	\$3300	\$3450	\$3600	\$3750	\$3900
	<p>NOTE: Certain types of property are excluded, such as the home you live in. Certain motor vehicles may also be exempt depending upon the specific Medi-Cal program for which you qualify.</p>								
WHAT DOCUMENTS ARE NEEDED?	<ul style="list-style-type: none"> • Personal identification • Proof of residency • Proof of household income and assets • U.S. Citizenship documentation for certain U.S. Citizens and U.S. Nationals 								
CAN I HAVE PRIVATE INSURANCE?	<p>Yes, but you are required to report the other private health insurance 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>								

<p>SPECIAL PROGRAMS FOR CHILDREN, PREGNANT WOMEN, SENIORS AND DISABLED INDIVIDUALS</p>	<p>Non-MAGI 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 and property limits exist for children and certain adults.</p> <ul style="list-style-type: none"> • Pregnant women and children may be eligible for special programs that allow higher income limits and have no property limits. • Seniors and disabled individuals may be eligible for programs that allow special income deductions and higher income limits, and programs that help pay Medicare expenses • 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.
<p>WHAT IS RETROACTIVE COVERAGE?</p>	<p>An applicant may be eligible for Non-MAGI Medi-Cal coverage in any of the three months immediately prior to 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>
<p>INTERVIEW LANGUAGE</p>	<p>Applicants may be interviewed in the following languages: English, Spanish, and others if necessary. Hearing impaired services are also available.</p>
<p>YOUR RIGHTS</p>	<p>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 Department 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.</p> <p>If you believe you have not been treated equally, contact our Human Services Department Civil Rights Coordinator at (831) 454-4117.</p>
<p>WHERE TO APPLY:</p>	<p>Applications can be submitted online, in person, by fax or mail or via phone.</p> <p>APPLY ONLINE by visiting: www.mybenefitscalwin.org</p> <p>IN PERSON: Visit us at one of our two Human Services Department Customer Service Centers:</p> <ul style="list-style-type: none"> ✓ 1020 Emeline Ave, Santa Cruz CA 95060 ✓ 18 W. Beach Street, Watsonville CA 95076 ✓ Customer Service Centers are open Monday – Friday, 8:00AM – 5:00PM ✓ TTY for Hearing Impaired (831) 454-4763 <p>BY FAX or MAIL: You may download an Application, or call our Phone Customer Service Center at 1(888) 421-8080 to have one mailed to you. Once completed, the application can be FAXED to (831) 786-7100 or MAILED to:</p> <p style="padding-left: 40px;">Human Services Department P.O. BOX 1835 Santa Cruz, CA 95061</p> <p>BY PHONE: Apply by phone by calling our Phone Customer Service Center at 1 (888) 421-8080</p> <p>If you cannot get to the office, someone who knows your circumstances, and is authorized by you, can apply and be interviewed for you.</p> <p>If you are disabled and cannot get someone to apply for you, you can apply by mail or phone by calling our Phone Customer Service Center at 1 (888) 421-8080.</p> <p>If you currently receive CalFresh, CalWORKs and/or Medi-Cal benefits and have questions, please call our Phone Customer Service Center at 1 (888) 421-8080.</p>

*This fact sheet is **NOT** to be used as a substitute for state Medi-Cal regulations.
The Santa Cruz County Department of Human Services has copies of the state regulations you may review.*