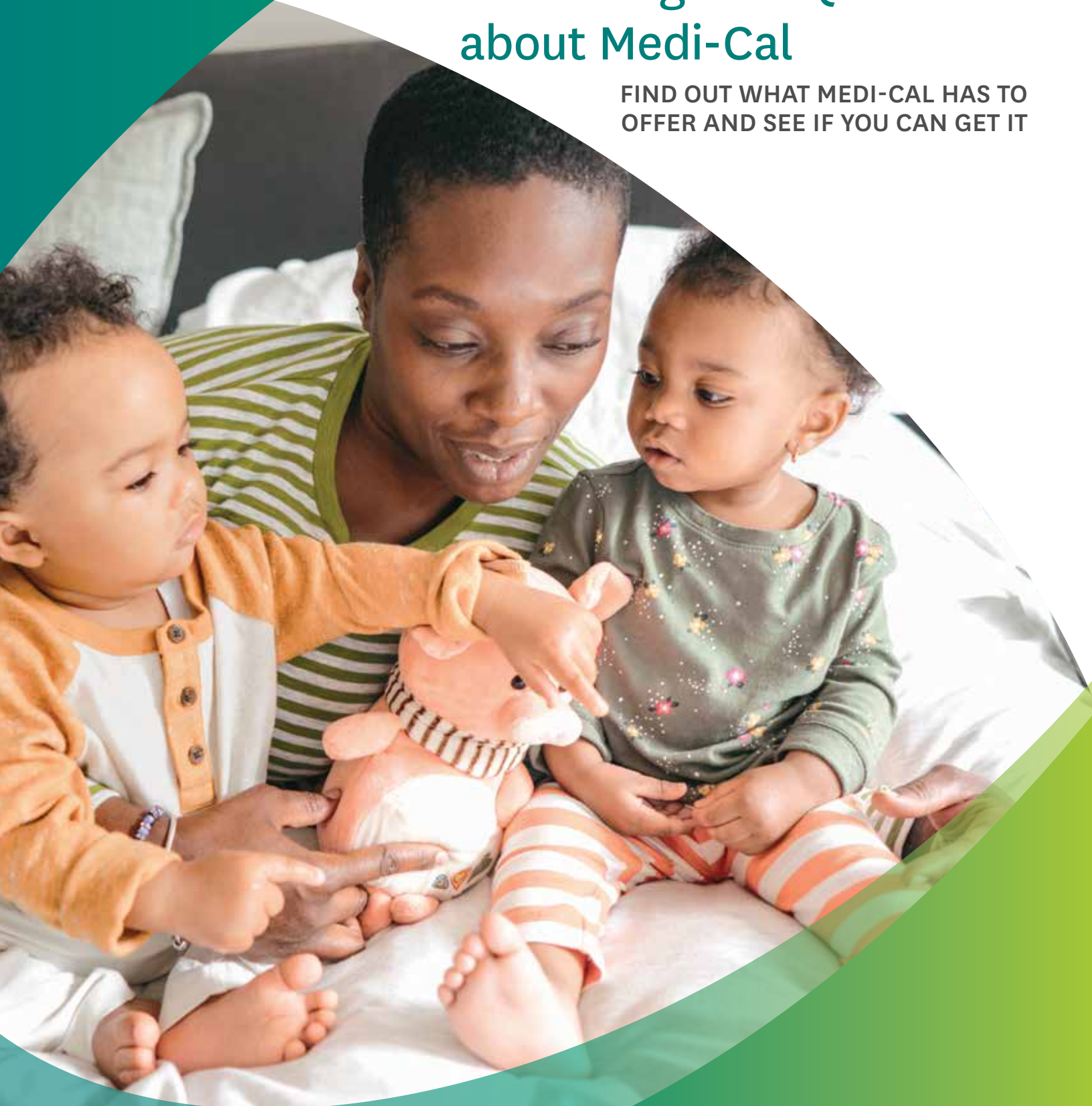




Medi-Cal 101 – Answering Your Questions about Medi-Cal

FIND OUT WHAT MEDI-CAL HAS TO
OFFER AND SEE IF YOU CAN GET IT



📍 My Medi-Cal Roadmap – Summary

APPLY FOR MEDI-CAL AND MAKE A PLAN TO BE HEALTHY

1. You can apply for Medi-Cal through CoveredCA.com, by mail, by phone or in person. Once you submit your application it will be sent to your local county human services agency. They will decide if you are able to receive Medi-Cal or if more information is needed.
2. If you are able to get Medi-Cal, you will receive a Medi-Cal benefits identification card (BIC) in the mail.
3. Select a health plan and pick a doctor.
4. Receive your ID card.
5. Start using your Medi-Cal benefits!



What benefits does Medi-Cal offer?

Medi-Cal benefits include:

- Case management
- Durable medical equipment
- Outpatient services
- Emergency services
- Hospital stays
- Hospice care
- Lab and radiology services, such as X-rays
- Maternity and newborn care
- Nurse Advice Line
- Transportation and much more!



Medi-Cal 101 – Overview

Q. What is Medi-Cal?

Medi-Cal is a state health program that offers no-cost or low cost health coverage to California:

- Adults
- Families with children
- Seniors
- Persons with disabilities
- Pregnant women
- Children in foster care
- Former foster youth up to age 26

Qualified people can enroll in Medi-Cal year-round.

All individuals living in California that are able to get Medi-Cal can get Medi-Cal regardless of immigration status. Their complete health care coverage includes:







- \$0 doctor visits
- \$0 prescription drug coverage
- \$0 monthly plan premiums
- \$0 health education programs
- \$0 vaccinations



Q. Why should I enroll in Medi-Cal?

Because health care is a part of life, Medi-Cal offers medical and dental coverage whether you can pay or not. Having preventive health care can help you reach your best long-term health goals. Plus, access to health care can help your social skills, and your mental and physical health. It can also help to increase your overall standard of living.

Rest assured in knowing that health insurance through Medi-Cal is available to all Californians who qualify.

 Keep your body and mind healthy with:	 Get help when sick or hurt with:	 Plan & care for your pregnancy and baby:	 Get a no-cost ride for:
<ul style="list-style-type: none"> • Health screenings • Vaccines • Routine health checkups • Diet and exercise plans • Physical therapy • Vision care 	<ul style="list-style-type: none"> • Primary care doctor's visit • Urgent care • ER 	<ul style="list-style-type: none"> • Family planning • Pregnancy testing • Prenatal care • Vaccines and screening • Well-child visits and school physicals 	<ul style="list-style-type: none"> • Medical appointments • Dental visits • Pharmacy • Dialysis and other sustained care • Therapist, – this includes, substance use help visits • Specialist appointments • Medical equipment pick up • Hospital discharge

Q. What are some Medi-Cal preventive care screenings?



- **Initial Health Appointment (IHA)** – Your family has better health when you are healthy. Your IHA includes an age-suitable history, and physical exam. Put wellness visits at the top of your list for you and your family’s health.
- **Well-child visits and vaccinations** – It’s important to follow the American Academy of Pediatrics (AAP) well-care schedule. Well child visits and vaccinations help ensure your children’s health is taken care of before they get sick.
- **Teen visits and vaccinations** – It’s important to have teenagers get their checkups. Keep your teens healthy! Schedule a teen well child visit for their current and ongoing health.
- **Women’s health** – Mammograms can help detect lumps. Cervical cancer is slow growing so routine screenings are needed to stay healthy. Make a plan to be healthy and stick to it.
- **General health** – Includes complete diabetes prevention and care. It also includes blood pressure control. Make preventive care a top goal and feel good about taking care of you.



Q. What is Federal Poverty Level?

The Federal Poverty Level (FPL) is a standard of measure. It’s used by the U. S. Department of Health and Human Services (DHHS) to find out if a person or family is able to receive government-controlled programs and services like Medi-Cal. Government agencies revise and publish FPL amounts every year. You can visit the Department of Health Care Services (DHCS) website at www.dhcs.ca.gov/services/medi-cal/Pages/DoYouQualifyForMedi-Cal.aspx for the latest FPL information.

Q. Do health plans offer any help with enrollment?

You may contact the Medi-Cal health plan of choice for more information. Call CalViva Health Enrollment Department toll-free at 877-618-0903. Or, visit the CalViva Health website at: www.calvivahealth.org.

Q. What happens after I apply?

Go to: www.dhcs.ca.gov/services/medi-cal/pages/applyformedi-cal.aspx to learn how to apply for Medi-Cal through the following choices:

- Through Covered CA.com
- By mail
- By phone
- In person

Once your application is sent in, it will go to your local county human services agency. They will decide if you are able to get Medi-Cal.

After review, if more information is needed the county will contact you. If you are able to receive Medi-Cal, you will get a Medi-Cal benefits identification card (BIC) in the mail.

Within 45-days of getting the BIC, you will receive an information packet in the mail. Contents of the packet will explain the Medi-Cal health plan options offered in your county and how to enroll.

You will have 30 days to choose a health plan. Medi-Cal will choose a plan for you if you do not choose one. The health plans offered depend on what county you live in.

Go to <https://www.healthcareoptions.dhcs.ca.gov/> to pick a health plan.

If you're enrolled in Medi-Cal and need to pick a health plan, you can do so on the Health Care Options website at <https://www.healthcareoptions.dhcs.ca.gov/>.

- Explore each plan listed, and choose the one that suits you and your family's needs. If you do not choose a plan within 30 days of getting your health plan information, Medi-Cal will choose a plan for you.

For more information, visit DHCS website at <https://www.dhcs.ca.gov/individuals/Pages/Steps-to-Medi-Cal.aspx>.

Have more questions? Read on.

Q. I had a change in income because of job loss or cut hours. Can I apply for health insurance now?

Yes. You can apply for Medi-Cal at any time. You don't have to wait for open enrollment or until your COBRA ends to apply for Medi-Cal. Visit: <https://www.coveredca.com>. Or, call Covered California toll free at: 800-300-1506 (TTY: 711) Monday through Friday 8 a.m. to 6 p.m. Saturday and Sunday closed.

Q. What are my options if I am furloughed, on unpaid leave or on a Family leave?

Medi-Cal can provide short-term coverage options until you return to work. To find out more, visit: <https://www.coveredca.com>. Or, call Covered California toll free at: 800-300-1506 (TTY: 711) Monday through Friday 8 a.m. to 6 p.m. Saturday and Sunday closed. Make sure to update your Covered California account as your status changes (e.g. if you are going back to work).



Q. I am pregnant. What pregnancy services come with Medi-Cal?

Medi-Cal covers prenatal care, labor and birth. It also covers postpartum care. To find out more, visit: www.CoveredCA.com. Or, call Covered California toll free: 800-300-1506 (TTY: 711) Monday through Friday 8 a.m. to 6 p.m. Saturday and Sunday closed.

Q. Does immigration status impact whether or not I can get Medi-Cal?

Each member of your family may be able to get Medi-Cal coverage regardless of immigration status. This means each person will have health care! You can get no-cost Medi-Cal that covers:

- Doctor visits
- Hospital care
- Lab tests
- Vision
- Transportation
- Pregnancy/newborn care, and more

Medi-Cal rules for children are different from rules for adults. Kids could get Medi-Cal while their parents have a different plan.

Qualified Medi-Cal family members can get complete health care **despite their immigration status**. For more information, visit: <https://www.coveredca.com/individuals-and-families/getting-covered/immigrants/>

Under the Affordable Care Act, most immigrants can get health coverage. This includes:

- Lawful permanent residents or “green card holders.”
- Lawful short-term residents.
- Persons fleeing oppression. This includes refugees and asylum seekers.
- Other immigrants. This includes those granted temporary protected status.
- Non-immigrant status holders (e.g. worker visas and student visas).

Applying for Medi-Cal does not change you or your family’s immigration or citizenship status. CalViva Health does not collect or report immigration status information¹

¹The government does not consider regular Medi-Cal services you receive in the community as part of the public charge determination. Public charge is defined as a non-citizen who is likely to become primarily dependent on the government for support.



Q. Can a mother enroll her newborn in Medi-Cal?

Yes! For mothers who have Medi-Cal at the time of birth, call your county Medi-Cal office. The newborn will be able to get Medi-Cal until at least age one if living in California. During the first two months, coverage will be under the mother's Medi-Cal number if the newborn has not been enrolled into Medi-Cal.

Q. What happens if I can't get Medi-Cal anymore?

If you get a Medi-Cal Notice of Action telling you that you can no longer get Medi-Cal you may enroll in a plan through Covered California.

You will have 60 days from the date listed in the Medi-Cal Notice of Action to enroll in Covered California under special enrollment.

Q. If I am enrolled in Medi-Cal, do I have to repay the state?

Estate recovery only affects Medi-Cal members who are 55 and older and who own assets at the time of death. Most Medi-Cal members and their heirs will owe nothing.

Notice of non-discrimination

Discrimination is against the law. CalViva Health follows State and Federal civil rights laws. CalViva Health does not unlawfully discriminate, exclude people or treat them differently because of sex, race, color, religion, ancestry, national origin, ethnic group identification, age, mental disability, physical disability, medical condition, genetic information, marital status, gender, gender identity or sexual orientation.

CalViva Health provides:

- Free aids and services to people with disabilities to help them communicate better, such as qualified sign language interpreters and written information in other formats (large print, audio, accessible electronic formats and other formats).
- Free language services to people whose primary language is not English, such as qualified interpreters and information written in other languages.

If you need these services, contact the CalViva Health 24 hours a day, 7 days a week by calling 1-888-893-1569. Or, if you cannot hear or speak well, please call (TTY/TDD 711) to use the California Relay Service. Upon request, this document can be made available to you in braille or accessible PDF, large print, audiocassette, or electronic form. To obtain a copy in one of these alternative formats, please call or write to: CalViva Health, 7625 N. Palm Ave., Suite #109, Fresno, CA 93711, 1-888-893-1569, California Relay 711.

HOW TO FILE A GRIEVANCE

If you believe that CalViva Health has failed to provide these services or unlawfully discriminated in another way on the basis of sex, race, color, religion, ancestry, national origin, ethnic group identification, age, mental disability, physical disability, medical condition, genetic information, marital status, gender, gender identity or sexual orientation, you can file a grievance with CalViva Health Member Services. You can file a grievance in writing, in person, or electronically:

- By phone: Contact us 24 hours a day, 7 days a week by calling 1-888-893-1569. Or, if you cannot hear or speak well, please call (TTY/TDD 711) to use the California Relay Service
- In writing: Fill out a complaint form or write a letter and send it to: CalViva Health Member Appeals and Grievances Department, P.O. Box 10348, Van Nuys, CA 91410-0348. 1-888-893-1569 (TTY/TDD 711)
Fax: 1-877-831-6019
- In person: Visit your doctor's office or CalViva Health and say you want to file a grievance.
- Electronically: Visit CalViva Health's website at www.CalVivaHealth.org.

OFFICE OF CIVIL RIGHTS – CALIFORNIA DEPARTMENT OF HEALTH CARE SERVICES

You can also file a civil rights complaint with the California Department of Health Care Services, Office of Civil Rights by phone, in writing, or electronically:

- By phone: Call **916-440-7370**. If you cannot speak or hear well, please call **711 (Telecommunications Relay Services)**.
- In writing: Fill out a complaint form or write a letter and send it to Deputy Director, Office of Civil Rights, Department of Health Care Services, Office of Civil Rights, P.O. Box 997413, MS 0009, Sacramento, CA 95899-7413.
Complaint forms are available at http://www.dhcs.ca.gov/Pages/Language_Access.aspx
- Electronically: Send an email to CivilRights@dhcs.ca.gov

OFFICE OF CIVIL RIGHTS – U.S. DEPARTMENT OF HEALTH AND HUMAN SERVICES

If you believe you have been discriminated against because of race, color, national origin, age, disability or sex, you can also file a civil rights complaint with the U.S. Department of Health and Human Services, Office for Civil Rights by phone, in writing or electronically:

- By phone: Call **1-800-368-1019**. If you cannot speak or hear well, please call **TTY/TDD: 1-800-537-7697** or **711** to use the California Relay Service.
- In writing: Fill out a complaint form or send a letter to: U.S. Department of Health and Human Services, 200 Independence Avenue SW, Room 509F, HHH Building, Washington, DC 20201
Complaint forms are available at <http://www.hhs.gov/ocr/office/file/index.html>
- Electronically: Visit the Office for Civil Rights Complaint Portal at <https://ocrportal.hhs.gov/ocr/portal/lobby.jsf>

English: If you, or someone you are helping, need help language services, call Toll-Free 1-888-893-1569 (TTY: 711). Aids and services for people with disabilities, like documents in braille, accessible PDF and large print, are also available. These services are at no cost to you.

Arabic: إذا كنت أنت أو أي شخص تقوم بمساعدته، بحاجة إلى المساعدة في الحصول على الخدمات اللغوية، فاتصل بالرقم المجاني (TTY: 711) 1-888-893-1569. المساعدات والخدمات للأشخاص ذوي الإعاقة، مثل المستندات بطريقة برايل، والملفات المنقولة (PDF) التي يمكن الوصول إليها، والطباعة الكبيرة، متوفرة أيضاً. تتوفر هذه الخدمات بدون تكلفة بالنسبة لك.

Armenian: Եթե դուք կամ որևէ մեկը, ում դուք օգնում եք, ունեն լեզվական օգնության կարիք, զանգահարեք անվճար 1-888-893-1569 (TTY՝ 711) հեռախոսահամարով: Հաշմանդամություն ունեցող մարդկանց համար հասանելի են օգնություն և ծառայություններ, ինչպես օրինակ՝ բրեյլով փաստաթղթեր, մասշտաբի PDF և մեծ տպագրությամբ փաստաթղթեր: Այս ծառայությունները ձեզ համար անվճար են:

Cambodian: ប្រសិនបើអ្នក ឬនរណាម្នាក់ដែលអ្នកកំពុងជួយ ត្រូវការសេវាផ្នែកភាសា សូមទូរសព្ទទៅលេខទូរសព្ទដោយគិតថ្លៃ 1-888-893-1569 (TTY: 711) ។ ជំនួយ និងសេវាកម្មផ្សេងៗសម្រាប់មនុស្សពិការ ដូចជា ឯកសារជាអក្សរសម្រាប់មនុស្សពិការ PDF ដែលអាចប្រើសម្រាប់មនុស្សពិការ និងឯកសារត្រីសអក្សរធំៗ ក៏ត្រូវបានផ្តល់ជូនផងដែរ។ សេវាកម្មទាំងនេះមិនមានគិតថ្លៃសម្រាប់អ្នកទេ។

Chinese: 如果您或者您正在帮助的人需要语言服务，请免费致电 1-888-893-1569 (TTY: 711)。还可提供面向残障人士的帮助和服务，例如盲文、无障碍 PDF 和大字版文档。这些服务免费为您提供。

Farsi: اگر شما یا هر فرد دیگری که به او کمک می‌کنید نیاز به خدمات زبانی دارد، با شماره رایگان 1-888-893-1569 (TTY: 711) تماس بگیرید. کمک‌ها و خدماتی مانند مدارک با خط بریل، چاپ درشت و PDF دسترس‌پذیر نیز برای معلولان قابل عرضه است. این خدمات هزینه‌ای برای شما نخواهد داشت.

Hindi: यदि आपको, या जिसकी आप मदद कर रहे हैं उसे, भाषा सेवाएँ चाहिए, तो इस टॉल फ्री नंबर पर कॉल करें 1-888-893-1569 (TTY: 711)। विकलांग लोगों के लिए सहायता और सेवाएं, जैसे ब्रेले लिपि में दस्तावेज़, सुलभ PDF और बड़े प्रिंट वाले दस्तावेज़, भी उपलब्ध हैं। ये सेवाएँ आपके लिए मुफ्त उपलब्ध हैं।

Hmong: Yog hais tias koj, los sis ib tus neeg twg uas koj tab tom pab nws, xav tau cov kev pab cuam txhais lus, hu rau Tus Xov Tooj Hu Dawb 1-888-893-1569 (TTY: 711). Tsis tas li ntawd, peb kuj tseem muaj cov khoom siv pab thiab cov kev pab cuam rau cov neeg xiam oob qhab tib si, xws li cov ntaub ntawv su uas cov neeg tsis pom kev siv tau, cov ntaub ntawv PDF uas tuaj yeem nkag cuag tau yooj yim thiab cov ntaub ntawv luam tawm uas pom tus niam ntawv loj. Cov kev pab cuam no yog muaj pab yam tsis xam nqi dab tsi rau koj them li.

Japanese: ご自身またはご自身がサポートしている方が言語サービスを必要とする場合は、トールフリーダイヤル1-888-893-1569 (TTY: 711) にお問い合わせください。点字、アクセシブルPDF、大活字など、障がいのある方のための補助・サービスもご用意しています。これらのサービスは無料で提供されています。

Korean: 귀하 또는 귀하가 도와주고 있는 분이 언어 서비스가 필요하시면 무료 전화 1-888-893-1569 (TTY: 711)번으로 연락해 주십시오. 장애가 있는 분들에게 보조 자료 및 서비스(예: 점자, 액세스 가능한 PDF 및 대형 활자 인쇄본)도 제공됩니다. 이 서비스는 무료로 이용하실 수 있습니다.

Laotian: ຖ້າທ່ານ, ຫຼື ບຸກຄົນໃດໜຶ່ງທີ່ທ່ານກຳລັງຊ່ວຍເຫຼືອ, ຕ້ອງການບໍລິການແປພາສາ, ໂທຫາເບີໂທຟຣີ 1-888-893-1569 (TTY: 711). ນອກນັ້ນ, ພວກເຮົາຍັງມີອຸປະກອນຊ່ວຍເຫຼືອ ແລະ ການບໍລິການສຳລັບຄົນພິການອີກດ້ວຍ, ເຊັ່ນ ເອກະສານແບບບຣາຍແລ (braille) ສຳລັບຄົນຕາບອດ, ເອກະສານ PDF ທີ່ສາມາດເຂົ້າເຖິງໄດ້ສະດວກ ແລະ ເອກະສານພິມຂະໜາດໃຫຍ່. ການບໍລິການເຫຼົ່ານີ້ແມ່ນມີໄວ້ຊ່ວຍເຫຼືອທ່ານໂດຍບໍ່ໄດ້ເສຍຄ່າໃດໆ.

Mien: Da'faanh Meih, Fai Heuc Meih Haih Tengx, Oix help Janx-kaeqv waac gong, Heuc Bieqcll-Free 1-888-893-1569 (TTY: 711). Jomc Caux gong Bun Yangh mienh Caux mv fungc, Oix dimc in braille, dongh eix PDF Caux Bunh Fiev , Haih yaac kungx nyei. Deix gong Haih buatc Yietc liuz maiv jaax-zinh Bieqc Meih.

Punjabi: ਜੇ ਤੁਹਾਨੂੰ, ਜਾਂ ਜਿਸ ਦੀ ਤੁਸੀਂ ਮਦਦ ਕਰ ਰਹੇ ਹੋ, ਨੂੰ ਭਾਸ਼ਾ ਸੇਵਾਵਾਂ ਦੀ ਜ਼ਰੂਰਤ ਹੈ, ਤਾਂ 1-888-893-1569 (TTY: 711) 'ਤੇ ਕਾਲ ਕਰੋ। ਅਪਾਰਜ ਲੋਕਾਂ ਲਈ ਸਹਾਇਤਾ ਅਤੇ ਸੇਵਾਵਾਂ, ਜਿਵੇਂ ਕਿ ਬ੍ਰੇਲ ਵਿੱਚ ਦਸਤਾਵੇਜ਼, ਪਹੁੰਚਯੋਗ PDF ਅਤੇ ਵੱਡੇ ਫਿੰਟ, ਵੀ ਉਪਲਬਧ ਹਨ। ਇਹ ਸੇਵਾਵਾਂ ਤੁਹਾਡੇ ਲਈ ਮੁਫਤ ਹਨ।

Russian: Если вам или человеку, которому вы помогаете, необходимы услуги перевода, звоните на бесплатную линию 1-888-893-1569 (TTY: 711). Кроме того, мы предоставляем материалы и услуги для людей с ограниченными возможностями, например документы в специальном формате PDF, напечатанные крупным шрифтом или шрифтом Брайля. Эти услуги предоставляются бесплатно.

Spanish: Si usted o la persona a quien ayuda necesita servicios de idiomas, comuníquese al número gratuito 1-888-893-1569 (TTY: 711). También hay herramientas y servicios disponibles para personas con discapacidad, como documentos en braille, en letra grande y en archivos PDF accesibles. Estos servicios no tienen ningún costo para usted.

Tagalog: Kung ikaw o ang taong tinutulungan mo ay kailangan ng tulong sa mga serbisyo sa wika, tumawag nang Walang Bayad sa 1-888-893-1569 (TTY: 711). Makakakuha rin ng mga tulong at serbisyo para sa mga taong may mga kapansanan, tulad ng mga dokumentong nasa braille, naa-access na PDF at malaking print. Wala kang babayaran para sa mga serbisyong ito.

Thai: หากคุณหรือคนที่คุณช่วยเหลือ ต้องการบริการด้านภาษา โทรแบบไม่เสียค่าธรรมเนียม บริการ 1-888-893-1569 (TTY: 711) นอกจากนี้ยังมีความช่วยเหลือและบริการสำหรับผู้ทุพพลภาพ เช่น เอกสารอักษรเบรลล์, PDF ที่เข้าถึงได้, และเอกสารที่พิมพ์ขนาดใหญ่ บริการเหล่านี้ไม่มีค่าใช้จ่ายสำหรับคุณ

Ukrainian: Якщо вам або людині, якій ви допомагаєте, потрібні послуги перекладу, телефонуйте на безкоштовну лінію 1-888-893-1569 (TTY: 711). Ми також надаємо матеріали та послуги для людей з обмеженими можливостями, як-от документи в спеціальному форматі PDF, надруковані великим шрифтом чи шрифтом Брайля. Ці послуги для вас безкоштовні.

Vietnamese: Nếu quý vị hoặc ai đó mà quý vị đang giúp đỡ cần dịch vụ ngôn ngữ, hãy gọi Số miễn phí 1-888-893-1569 (TTY: 711). Chúng tôi cũng có sẵn các trợ giúp và dịch vụ dành cho người khuyết tật, như tài liệu dạng chữ nổi braille, bản in khổ lớn và PDF có thể tiếp cận được. Quý vị được nhận các dịch vụ này miễn phí.

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