

MEDI-CAL

OVERVIEW

The California Medical Assistance Program (Medi-Cal) is California's version of the Federal Medicaid program serving low-income families, seniors, persons with disabilities, children in foster care, pregnant women, and some low-income adults. Medicaid is a 43-year-old program originating from Title XIX of the Social Security Act and provides coverage to over 50 million Americans. However, it is state administered, governed by federal and state rules, and jointly funded with federal and state dollars. Medi-Cal is California's Medicaid program that pays providers for essential primary, acute, and long-term care services and is the single largest source of health insurance coverage in the state.

HOW THEY WORK

ELIGIBILITY

Medi-Cal eligibility is based on numerous factors, including income, assets, and immigration status. To determine eligibility, one must first look at their asset levels. A beneficiary may have up to \$2,000 in assets as an individual or \$3,000 in assets as a couple. However, some personal assets are not considered when determining eligibility, including:

- Primary home
- One vehicle
- Household goods and personal belongings
- Life-insurance policy with a face value of \$1,500 per insured
- Prepaid burial plan (unlimited if irrevocable or up to \$1,500 if revocable) and burial plot

If one meets the asset requirements, their income then determines the Medi-Cal program for which they qualify.

PROGRAM	MONTHLY INCOME LIMITS
Supplemental Security Income (SSI)	Single: up to \$889.40/month Couple: up to \$1,496.20/month Note: Higher income levels apply for individuals who are blind.
Aged & Disabled Federal Poverty Level (A&D FPL) Program	Single: up to \$1,203/month Couple: up to \$1,621/month
Medi-Cal with a Share of Cost (SOC)	Single: over \$1,203/month Couple: over \$1,621/month
250% California Working Disabled (CWD)	Single: up to \$2,432/month Couple: up to \$3,278/month Note: Income excludes disability benefits



BENEFITS

A comprehensive program of health coverage is available to those who are eligible for Medi-Cal, including medical, dental, and vision benefits. Individuals not eligible for the full scope of benefits may qualify for a limited scope of coverage including pregnancy-related care, emergency services, renal dialysis, and long-term care.

For those who are covered, Medi-Cal pays for "medically necessary" expenses including:

- Physician visits
- X-ray and laboratory tests
- Hospital and nursing-home care
- Home health care
- Certain prescription drugs excluded as a Medicare Part D benefit
- Prosthetic and orthopedic devices
- Hearing aids
- Medical equipment
- Ambulance services
- Hospice care

However, Medi-Cal will only cover these costs and services if the individual uses service providers that accept Medi-Cal.

MEDI-CAL VS. MEDICARE

Many people confuse Medi-Cal with Medicare, but the two are distinctly different programs. While Medi-Cal is governed by federal and state rules, it is administered at the state and county level. In comparison, Medicare is a federal program administered at the federal level. While Medi-Cal is for low-income families and children, people with disabilities, and seniors, Medicare is only available to seniors or for those who are permanently disabled. In addition, Medicare beneficiaries must pay premiums, whereas Medi-Cal subscribers may qualify without paying premiums depending on their income level.

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