

MAGI MEDI-CAL FACT SHEET

WHAT IS MAGI MEDI-CAL?

The Modified Adjusted Gross Income (MAGI) Medi-Cal program is a new type of Medi-Cal established with the implementation of Healthcare Reform or ACA. It is a public health insurance program just like Non-MAGI Medi-Cal. It provides health coverage for low-income individuals and low-income families with or without children.

WHO MAY BE ELIGIBLE FOR MAGI MEDI-CAL?

- Individuals age 19 or older and under age 65
- Parents/Caretaker Relatives
- Pregnant women
- Children under the age of 19
- Non-Medicare recipients who are age 19 up to age 65
- Medicare recipients who are also Parents/Caretaker Relatives of a child under 18

WHAT SERVICES WILL MAGI MEDI-CAL COVER?

- Outpatient services
- Emergency services
- Hospitalizations
- Maternity and newborn care
- Mental health and substance use disorder services including behavioral health treatment
- Prescription drugs
- Rehabilitative and habilitative services and devices
- Laboratory services
- Preventive and wellness services & chronic disease management
- Pediatric services (including oral and vision care)

IS MAGI MEDI-CAL FREE OR IS THERE A CO-PAYMENT?

There is no co-payment for MAGI Medi-Cal, which means that those who qualify do not have to pay any type of co-payment to use it.

WILL I HAVE A SHARE OF COST?

No, there is no share of cost with MAGI Medi-Cal.

WHAT IS CONSIDERED INCOME?

Income includes things such as earnings from a job, unemployment benefits, self-employment income, retirement benefits, Social Security Administration income; taxable royalties, interest, dividends, and capital gains, just to name a few.

WHAT ABOUT MY RESOURCES?

Property is NOT a factor in determining eligibility for MAGI Medi-Cal.

WHAT DOCUMENTS ARE NEEDED?

When applying for MAGI Medi-Cal for the first time, there is no documentation needed at the time of initial application. The information received with the application will be sent electronically to be verified via a number of sources. The following information can be potentially verified electronically:

- Income
- California Residency
- Social Security Number
- Immigration Status (if applicable)

If the Medi-Cal office is not able to verify the information electronically, the applicant will be contacted with a request for verifications of any information that may be needed.

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CAN I HAVE PRIVATE INSURANCE?

Yes, you can have private insurance or employer-sponsored insurance and enroll in MAGI Medi-Cal. However, if you are enrolled in a Covered California health plan you CANNOT enroll in MAGI Medi-Cal.

WHAT IS RETROACTIVE COVERAGE?

An applicant may be eligible for retroactive 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 any day of a month is entitled to services for the entire month.

INTERVIEW LANGUAGE

Applicants may be interviewed in the following languages: English, Spanish, and others, if necessary. Hearing impaired services are also available.

YOUR RIGHTS

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, physical or mental disability, ethnic group identification, sexual orientation, or domestic partnership. If you believe you have not been treated equally, contact our Human Services Department Civil Rights Coordinator at (831) 454-4117.

WHERE TO APPLY

Applications can be submitted online, in person, by fax or mail or via phone.

APPLY ONLINE by visiting: www.benefitscal.com/

IN PERSON: Visit us at one of our two Human Services Department Customer Service Centers:

- 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
- For Hearing or Speech Impaired: Call California Relay Services 711

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:

Human Services Department
P.O. BOX 1835
Santa Cruz, CA 95061

BY PHONE: Apply by phone by calling our Phone Customer Service Center at 1 (888) 421-8080

If you cannot get to the office, someone who knows your circumstances, and is authorized by you, can apply and be interviewed for you.

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.

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.

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.