

CHEAT SHEET 2015

48 Contiguous States and DC

Note: The 100% column shows the federal poverty level for each family size, and the percentage columns that follow represent income levels that are commonly used as guidelines for health programs.

Household Size	100%	138%	400%
1	11,770	16,243	47,080
2	15,930	21,983	63,720
3	20,090	27,724	80,360
4	24,250	33,465	97,000
5	28,410	39,206	113,640
6	32,570	44,947	130,280
7	36,730	50,687	146,920
8	40,890	56,428	163,560
For each additional person, add	4,160	5,741	16,640

100% = Base Line

138% = Federal Poverty Level for ACA New Adults Ages 19-64.

400% = Allowable qualification for advanced tax credit (Subsidy) for Covered California. (Open Enrollment 11/15/14 thru 2/15/15.

As of **1-22-2015**



Medi-Cal provides a comprehensive set of health benefits which may be accessed as medically necessary:

<p>Ambulatory Patient Services</p> <ul style="list-style-type: none"> • Physician Services • Hospital Outpatient & Outpatient Clinic Services • Outpatient Surgery (Includes anesthesiologist services.) • Podiatry • Chiropractic • Allergy Care • Treatment Therapies (Chemotherapy, radiation therapy, etc.) • Dialysis/Hemodialysis 	<p>Prescription Drugs</p> <ul style="list-style-type: none"> • Coverage is at least the greater of one drug in each U.S. Pharmacopeia (USP) category and class. • Beneficiaries may receive up to a 100-day supply of many medications.
<p>Emergency Services</p> <ul style="list-style-type: none"> • ER: All inpatient and outpatient services that are necessary for the treatment of an emergency medical condition, including dental services, as certified by the attending physician or other appropriate provider. • Ambulance Services 	<p>Rehabilitative and Habilitative Services and Devices</p> <ul style="list-style-type: none"> • Physical Therapy • Durable Medical Equipment • Hearing Aids • Speech Therapy • Occupational Therapy • Acupuncture • Cardiac Rehabilitation • Pulmonary Rehabilitation • Medical Supplies, Equipment, Appliances (Including implanted hearing devices). • Orthotics/Prostheses • Home Health Services • Skilled Nursing Facility Services (90 days)
<p>Hospitalization</p> <ul style="list-style-type: none"> • Inpatient Hospital Services • Anesthesiologist Services • Surgical Services (Bariatric, Reconstructive Surgery, etc.) • Organ & Tissue Transplantation 	<p>Laboratory Services</p> <ul style="list-style-type: none"> • Outpatient Laboratory and X-Ray Services <ul style="list-style-type: none"> o Various advanced imaging procedures are covered based on medical necessity.
<p>Maternity and Newborn Care</p> <ul style="list-style-type: none"> • Prenatal Care • Delivery and Postpartum Care • Breastfeeding Education • Nurse Midwife Services 	<p>Preventive and Wellness Services and Chronic Disease Management</p> <ul style="list-style-type: none"> • United States Preventive Services Task Force A & B Recommended preventive services • Advisory Committee for Immunization Practices recommended Vaccines • HRSA's Bright Futures Recommendations • Preventive services for women recommended by the Institute of Medicine • Family Planning Services • Smoking Cessation Services
<p>Mental health and Substance Use Disorder (SUD) services including behavioral health treatment.</p> <ul style="list-style-type: none"> • Outpatient Mental Health Services • Outpatient Specialty Mental Health Services • Inpatient Specialty Mental Health Services • Outpatient Substance Use Disorder Services <ul style="list-style-type: none"> o Residential Treatment Services • Voluntary Inpatient Detoxification 	<p>Pediatric Services Including Oral and Vision Care</p> <p>Early and Periodic Screening, Diagnosis, and Treatment (EPSDT) is a Medi-Cal benefit for individuals under the age of 21 who have full-scope Medi-Cal eligibility. EPSDT provides for periodic screenings to determine health care needs and in addition to the standard Medi-Cal benefits, a beneficiary under the age of 21 may receive extended services as medically necessary.</p>
<p>OTHER:</p>	
<p>Dental</p>	<ul style="list-style-type: none"> • Emergency dental services • Dentures • Dental implants and implant-retained prostheses • EPSDT and Pregnant Women receive extended dental benefits.
<p>Vision</p>	<ul style="list-style-type: none"> • 1 routine eye exam in 24 months: test for prescription eyeglasses or contact lenses, test for low vision. • EPSDT and Pregnant Women receive extended vision benefits.
<p>Non-Emergency Medical Transportation Services</p>	<p>Ambulance, litter van, or wheelchair van only when ordinary public or private conveyance is medically contra-indicated and transportation is required for obtaining needed medical care for a Medi-Cal benefit.</p>
<p>Long Term Services and Supports</p>	<ul style="list-style-type: none"> • Skilled Nursing Facility Services (91+days) • Personal Care Services • Self-Directed Personal Assistance Services • Community First Choice Option • Home and Community Based Services

Medi-CAL Processing Instructions

You can mail your completed and signed application to:

Covered California
Attn: Medi-CAL enrollment team
P.O. Box 989725
West Sacramento, CA 95798-9725

Department of Public Social Services (Los Angeles County)

1 (877) 597-4777 Toll Free
1 (866) 613-3777 Customer Service Center

<http://dpss.lacounty.gov/dpss/health/default.cfm> (Search for the nearest District office to Apply)

Department of Human Services (Kern County)

100 E. California Avenue,
Bakersfield, CA 93307
(661) 631-6807

Social Services Agency (Orange County)

1 (800) 281-9799 Existing Clients
(949) 389-8456 24-Hour Automated Assistance
(714) 541-4895 24-Hour Automated Assistance

To apply for benefits:

1 (855) 478-5386

<http://ssa.ocgov.com/health/> (Call for the nearest district office)