

Medi-Cal

An Overview

Medi-Cal is California's version of the Medicaid program, which is a state and federally funded program that provides free or low-cost health coverage to eligible individuals and families with low incomes.

Coverage and Services

1.

Healthcare Coverage:

Medi-Cal provides comprehensive health-care coverage, including doctor visits, hospital stays, prescription drugs, preventive care, mental health services, and more.

2.

Managed Care Plans:

Most beneficiaries receive their healthcare through managed care plans, such as Kaiser Permanente or Anthem Blue Cross, which coordinate and manage their medical services.

3.

Long-Term Care:

Medi-Cal also covers long-term care services, including home care for eligible individuals who need ongoing care due to age, disability, or chronic illness.

Eligibility Criteria

4.

Income:

Eligibility is primarily determined by income, with households needing to earn less than 138% of the federal poverty level (FPL). The income limit fluctuates depending on household size. For instance, a single person earning \$21,000 or a family of five earning over \$49,000 in 2024 would exceed the limit.

5.

Citizenship and Residency:

Applicants must be U.S. citizens, residents of California, legal permanent residents, or meet specific immigration status requirements.

6.

Asset Limits:

Beginning in 2024, Medi-Cal no longer has strict asset limits for most categories of eligibility. However, some specific programs or services, such as long-term care coverage, may have asset or resource limits. You can sign up for Medi-Cal on the Covered California website at <https://www.coveredca.com>

7.

Categorical Eligibility:

Eligible individuals must also belong to specific categories such as:

- Low-income families with children
- Pregnant women
- Seniors (65 years and older)
- People with disabilities
- Former foster youth up to age 26
- Individuals who meet specific income and eligibility criteria related to certain medical conditions or circumstances