

## Medi-Cal Eligibility by Program and Category

Medi-Cal for US Citizens and Legal Residents (More than 5 Years)			
Category	Definition	Eligibility	How to Apply and Basic Documentation Requirements
Families (with minors)	With children (minor) without disabilities or special needs	Income below 100% FPL or enrolled in: <ul style="list-style-type: none"> <li>• SSI/SSP</li> <li>• CalWorks (AFDC)</li> <li>• Refugee Assistance</li> <li>• Foster Care or Adoption Assistance Program</li> <li>• In-Home Supportive Services (IHSS)</li> </ul>	<p>There are a number of ways to apply for coverage:</p> <ul style="list-style-type: none"> <li>• On-line at <a href="https://www.benefitscalwin.org/">https://www.benefitscalwin.org/</a>. Benefits CalWIN is a State website where you can find out about eligibility for Medi-Cal benefits, CalFresh (formerly Food Stamps) and CalWORKS (cash assistance). You can begin the application process by completing an easy online application and submitting electronic copies of your verifications. Simply select the <a href="http://www.benefitscalwin.org">www.benefitscalwin.org</a> link to begin the process.</li> <li>• Contact the County of San Diego's ACCESS Customer Service Center               <ul style="list-style-type: none"> <li>• Toll-Free: 1-(866) 262-9881</li> <li>• TDD (hearing impaired): (858) 514-6889</li> <li>• Fax: (858) 467-9088</li> <li>• E-mail: <a href="mailto:pubassist.HHSA@sdcounty.ca.gov">pubassist.HHSA@sdcounty.ca.gov</a></li> <li>• Walk-in or call for an appointment at any Family Resource Center (link to list of FRCs).</li> </ul> </li> </ul> <p><b>Basic Documentation Requirements</b> (One from each category)</p> <p><u>Identity of applicant:</u></p> <ul style="list-style-type: none"> <li>• Birth certificate</li> <li>• Driver's license</li> <li>• Paycheck</li> <li>• School records</li> <li>• U.S. Passport</li> <li>• U.S. American Indian/Alaska Native Tribal document</li> <li>• U.S. military ID</li> <li>• Fed, State or local ID</li> </ul> <p><u>Social Security Numbers:</u></p> <ul style="list-style-type: none"> <li>• Social Security cards</li> <li>• Award letter</li> <li>• Medicare card</li> </ul>
Pregnant women and families	With infant up to 1 year old	Income below 200% FPL	
Children	0 – 1 years	Family income below 200% FPL (See AIM program for infants up to 2 years and families with income between 200% and 300% FPL)	
	1 - 6 years	Family income at or below 133% FPL	
	6 - 19 years	Family income at or below 100% FPL	
Individuals and families without children	(18-64) years with no dependent children	Incomes up to 133% FPL	
Young adults	(under 26 years) not covered under parent/spouse insurance plan	Annual incomes up to about \$15,000 for a single individual (beginning 2014 )	
Seniors (Aged)	Age 65+	Annual incomes up to \$1138/month (may include a share of cost over \$830. For more information, go to <a href="http://www.cahealthadvocates.org/low-income/medi-cal.html#qualify">http://www.cahealthadvocates.org/low-income/medi-cal.html#qualify</a>	
Aged, Blind, Disabled (working and non-working)		Less than 250% FPL. To qualify for the A&D FPL program, a person must be 65 years of age or older, blind or disabled. Program members can make a countable income up to \$1,133 a month for individuals or \$1,525 a month for couples	

Medi-Cal for Low-Income People with Specific Diseases		
Category	Definition	Eligibility
Breast & Cervical Cancer	BCCTP provides urgently needed cancer treatment coverage to individuals diagnosed with breast and/or cervical cancer, who require treatment and have met the Centers for Disease Control and Prevention (CDC) screening criteria, or were screened by a CDC provider	<ul style="list-style-type: none"> <li>Female</li> <li>Under 65 years of age</li> <li>Income below 200% FPL</li> <li>Citizen or national of the United States or satisfactory immigration status</li> <li>No creditable health insurance</li> <li>Breast and/or cervical cancer diagnosis and in need of treatment</li> </ul>
End-Stage Renal Failure	Persons who have been diagnosed with End-Stage Renal Failure	Call the ACCESS line Toll-Free: 866-262-9881
Tuberculosis	Persons who have been diagnosed with Tuberculosis	At or below 200% FPL
HIV/AIDS	Persons who have been diagnosed with HIV/AIDS	Call 619-293-4700 for more information
Medi-Cal for Undocumented persons and Legal California Residents (less than 5 years)		
Category	Definition	Eligibility
Non-citizens	Emergency services, family planning, prenatal, and childbirth services, or certain other limited services	Limited benefits. Medi-Cal eligibility requirements as listed above under <b>Medi-Cal for US Citizens and Legal Residents (More than 5 Years)</b> above

Immigration status:

- INS documents

Residence:

- Driver's license
- Check stub
- Rent or mortgage receipt
- Utility bill
- Government or any document showing a CA address

Earned income:

- Dated check stubs for the last 30 days
- statement from your employer
- Copy of last year's tax return
- Bank statement showing direct deposit

Other income:

- A current benefit check
- Copies of child support checks
- Alimony checks
- Award letter

Resources:

- Bank statements showing savings and checking accounts
- Mortgage statements
- Life insurance policies
- Statements of stocks, bonds or certificates of deposit (CDs)
- Trust documents

Vehicle registration:

- Department of Motor Vehicle registration certificate

Medical bills:

- Medical bills for all members

\*Note: Some "share of cost" will be applied to applicants who do not meet minimum income criteria