



Medi-Cal Fact Sheet

Last updated on 1/15/2025

What is Medi-Cal?

Medi-Cal is a state program that provides free or low-cost health care and dental coverage to Californians, regardless of age, assets, or immigration status.

How Do I Qualify?

Medi-Cal eligibility is based mainly on income. Once you apply, HSA will help determine whether you qualify for Medi-Cal or other affordable healthcare options.

What Is the Application Processing Timeframe?

Eligibility can take up to 45 days to determine and up to 90 days if you apply based on a disability.

What Is the Income Limit for My Household?

Income limits vary by household size. See sample below. The value will change yearly due to Cost-of-Living-Adjustment (COLA). To see if you qualify based on income, please contact one of our Service Centers.

Income Guidelines for Free Medi-Cal (2024)

Applicants	Example Income for Specific Household
Single adults 19 to 64 years old	Maximum \$1,732/month
Adults 65+, visually impaired or with disabilities	Example: Maximum \$2,352/month for a household of 2 people
Children under 19 years old	Example: Maximum \$4,533/month for a household of 2 people
Pregnant persons	Example: Maximum \$2,674/month for a single pregnant person

Are Resources/Properties Counted?

Since January 1, 2024, assets are no longer counted toward eligibility. You do not need to report assets, such as bank accounts, property, and vehicles. However, Medi-Cal Long Term Care (LTC) applications and beneficiaries require a 30-month review of asset history to determine if institutionalized individuals made asset transfers for less than fair market value to gain eligibility.



What Services Does Medi-Cal Cover?

Medi-Cal offers a full set of benefits called Essential Health Benefits. To find out if a service is covered by Medi-Cal, ask member services or review your health plan. Essential Health Benefits include outpatient services, such as a checkup at a doctor's office, emergency services, hospitalization, maternity and newborn care, and mental health services.

Is Retro-Coverage Available?

An applicant may qualify for Medi-Cal coverage for three months prior to when the application was filed, provided that all eligibility requirements are met within those months. A beneficiary is entitled to receive services for the entire month, beginning on the first day of the month they are deemed eligible.

I Have Employer-Sponsored Health Insurance, Can I Apply for Medi-Cal?

Even if you have other health coverage such as health insurance from your employer, you may still qualify for Medi-Cal. If you qualify, Medi-Cal will cover allowable costs not paid for by your primary insurance.

What Do I Do After Receiving Approval?

Once you are approved for Medi-Cal, you'll receive a Benefits Identification Card (BIC) in the mail. Within 30 days of approval, you must select a Medi-Cal managed care provider, otherwise the state will select one for you. From there, you will receive a health plan packet.

Do I Need to Renew My Medi-Cal?

You'll need to renew your Medi-Cal every 12 months. If the County is unable to verify your Medi-Cal eligibility information electronically, they will reach out to you.

What Are My Rights?

Regardless of your eligibility, you have the right to receive courteous and respectful treatment when you apply for Medi-Cal. If you believe you did not receive fair treatment, contact The Department of Human Services (DHS) Civil Rights Office at **(415) 557-6574**.

How Do I Apply?

Online: [BenefitsCal.com](https://www.benefitscal.com)

By phone: (855) 355-5757

At our Service Centers: Monday to Friday, 8:00 a.m. to 5:00 p.m. at [1440 Harrison Street](#), [1235 Mission Street](#), or [3120 Mission Street](#).

