

Non-MAGI Medi-Cal

What is Non-MAGI Medi-Cal?

The most common form of Medi-Cal is Modified Adjusted Gross Income (**MAGI**) Medi-Cal. It uses tax rules to see if you qualify.

Non-MAGI Medi-Cal is Medi-Cal that uses other rules to count property, household income, and size to see if you qualify.

Some people who do not qualify for MAGI Medi-Cal may qualify for one of the Non-MAGI Medi-Cal programs. These include the Medically Needy or Medically Indigent (MN/MI) program. There are also programs for people with disabilities.

Who does the MN/MI program cover?

MN/MI covers:

- Children under age 21.
 - Pregnant women,
 - Families with children under age 21 who have too much income to qualify for MAGI Medi-Cal,
- People who are 65 years or older, or those who are blind or disabled, and have too much income for other Medi-Cal programs,

What programs does Medi-Cal have for people with disabilities?

Medi-Cal has several programs for people with disabilities. These include a program for people with disabilities who work. You must request a full eligibility determination to be screened for this and other Non-MAGI programs. You must also report on your income and property.

What information must I give to find out if I qualify for Non-MAGI Medi-Cal?

You must fill out the MC604 IPS form that came with this brochure. We use it to see if you qualify for any of the Non-MAGI Medi-Cal programs. You may also need to give proof, such as paystubs or bank statements.

What are the property limits to qualify for Non-MAGI Medi-Cal?

Here are the limits for property we count, such as bank accounts:

- 1 person – \$2,000
- 2 people – \$3,000
- 3 people – \$3,150
- More people – \$3,150 plus \$150 for each added person

If your property is over the limit, you can still qualify by spending the amount over the limit.

We do **not** count:

- 1 car.
- Personal items and household furnishings.
- The home you live in.
- Money in your checking account that was counted as income in the month that it is received.
- Balances in an Individual Retirement Account (IRA), KEOGH or work-related pension fund do not count if you receive regular payments from these types of accounts. Only the income received will count. If you have a family member with one of those accounts and they do not want Medi-Cal for themselves, their account will not count and they do not have to receive regular payments for your Medi-Cal eligibility.

For more about how we count property for Non-MAGI programs, read Notice 007, [“Medi-Cal General Property Limitations.”](#)

Non-MAGI Medi-Cal

What is the income limit for Non-MAGI Medi-Cal?

Each program has its own income limit. There is an income limit for no cost Medi-Cal through the MN / MI program. If your household income is above that limit you can still qualify and have a share of cost (SOC). Read more on SOC below in **“What is share of cost (SOC)?”**

What kind of income counts?

We only count some types of income. For some income that we count, we may deduct (subtract) part first. For example, in the MN/MI program for families, we deduct from your income any court-ordered child or spousal support you pay.

If you work, we deduct \$90 from your income for work-related expenses. We may deduct some earned income of families with blind or disabled persons. We also deduct health insurance premium payments.

People with disabilities have different rules about what income counts to qualify for Non-MAGI Medi-Cal. To learn more about how we count income or how we figure the SOC, read [“Medi-Cal, What it Means to You.”](#)

Whose income counts?

For MN/MI Medi-Cal, we count:

- A spouse’s income for the other spouse, and
- A parent’s income for the children.

Sometimes we do **not** count:

- A brother or sister’s income for a child or parent,
- A stepparent’s income for a child, or
- Unmarried parents’ income for each other.

Because of these rules, members of a family with a stepparent, unmarried parents or a child with income, or families with many children and expenses, may get no cost Medi-Cal through MN/MI even if they do not qualify for MAGI Medi-Cal.

What is share of cost (SOC)?

SOC is the amount of medical costs you must pay or owe first in any month you get health services. After you meet your SOC, Medi-Cal will pay for the rest of your medically necessary health care services in that month. If you have no medical

expenses in a month, you have no SOC that month.

What are some SOC examples?

1. If the total countable income of your family of 3 is \$2,248, the income limit for no cost Medi-Cal is \$934. This is the “maintenance need level” (MNL) for 3 people. The amount over \$934 would be your SOC (\$1,314 each month). Before Medi-Cal would begin paying for that month, you would pay or owe \$1,314 of any medical care the family gets that month.
2. If a child has income or property, or there is a stepparent, stepchildren or a caretaker relative, family members might have different SOC amounts. For example, if a mother and stepfather have \$1,500 gross unemployment income, they may have a SOC of \$566 a month. If the Mom’s daughter receives child support of \$200 a month, her income calculation is different. She may have no SOC. This is because a daughters’ income cannot count toward a parent or stepparent.

For question about SOC, you can call your county worker.