

## Medi-Cal Premiums for Medi-Cal for Families Program

1. Why does this program have premiums?

State Assembly Bill (AB) 1494 (Chapter 28, Statutes of 2012) authorized this premium payment program pursuant to §1916A of the federal Social Security Act for children with incomes greater than 150 percent of the Federal Poverty Level (FPL). Additional legislation raised the minimum FPL required for premium collection to 160 percent in January 2014.

2. Who does/who doesn't have premiums?

Medi-Cal premiums are required for certain children who are 1 up to 19 years of age in the Optional Targeted Low-Income Children's Program, known as the Medi-Cal for Families Program. In 2014-2015, families with incomes between 160 and 266 percent of the FPL have the monthly premium obligation.

3. How much are the premiums?

The premiums for Medi-Cal for Families are \$13 for each child and no more than \$39 per family per month.

4. What can I do if I disagree with paying a monthly premium?

Monthly premiums must be paid for the child(ren) to remain eligible for this Medi-Cal program. If you disagree or think a mistake was made, you may submit proof of income information. If the decision remains the same and you still disagree, you can appeal. See "Your Hearing Rights" on the last page of the notice to learn how to appeal. You have only 90 days to ask for a hearing. The 90 days started the day after the date on the notice.

5. What should I do if I cannot afford to pay the monthly premiums?

If your circumstances have changed, you should contact your local county eligibility worker so your eligibility may be redetermined to see if you qualify for another program.

6. Can I get a discount on my premiums?

Yes.

7. What is a premium discount and how can I get one?

There are several ways to receive a premium discount:

- a. If you pay three months in advance, you will receive the fourth month free.

- b. If you set up monthly automatic payments online or over the phone, you will get a 25 percent discount on your premiums. (Call 1-877-267-3729 to set-up monthly automatic payments.)
- c. If you pay by Electronic Fund Transfer (EFT), you will automatically receive a 25 percent discount on your monthly premium.

These options will also appear on the monthly billing invoice.

8. Is there a premium waiver for American Indians/Alaskan Natives (AI/AN)?

Yes. If you are an AI/AN, you may be eligible to have the premiums waived. To be eligible, you must be able to receive or have received an item or service from an Indian Health Service/Tribal 638/Urban Indian Health Program or through a referral under contract health services. You should contact your county eligibility worker to provide them with acceptable documentation or to self-attest to your status. If you paid premiums before requesting the waiver, those premiums will not be paid back. Premiums can only be waived once the waiver is requested and going forward.

9. When will I receive a premium bill?

You should receive a premium bill within 60 days of receiving the Medi-Cal Notice of Action (NOA)/Notice of Required Premiums.

10. What does it mean if I do not receive a monthly premium bill?

If you do not receive a monthly bill and you believe that you should be paying premiums, you should contact the Medi-Cal for Families Premium Payment Section at 1-800-880-5305 to verify:

- Invoices are being sent
- Your address is correct

If you do not have eligibility, you should contact your local county eligibility worker so your eligibility may be determined.

11. Will I be charged for previous month's premiums if a statement wasn't sent to me?

Once you start in the program, you will not be charged for any months that your child(ren) had coverage prior to the first bill. However, you are responsible for all premiums from the time when you first begin to be billed.

12. Who sends the monthly premium bill?

The Medi-Cal for Families Premium Payment Section provides billing statements for the monthly premium billing.

13. Who do I call if I have a change in circumstances?

If your circumstances have changed, you should contact your local county eligibility worker so your eligibility may be redetermined.

14. What happens if I do not pay the premium on time?

If you do not pay your premiums for at least two months, your local human services office will start the discontinuance process by sending a Notice of Action (NOA) stating your child(ren)'s Medi-Cal will be discontinued due to non-payment of premiums.

15. What if I paid my late payments before I was discontinued? What do I do?

You have the opportunity to make up your premiums prior to your child(ren)'s termination to keep their health plan. All late months must be paid in full. If you do make premium repayments, you must also contact your county eligibility worker in order to have the discontinuance action reversed.

16. What are the ways which I may pay my premium each month?

The following information is available at:

[www.dhcs.ca.gov](http://www.dhcs.ca.gov)

<http://www.dhcs.ca.gov/services/Pages/Medi-CalPremiumPayments.aspx>

**Pay by Mail:**

You can pay by mail with a personal check, cashier's check, or money order. The checks should be made payable to Medi-Cal for Families. Mail payments to:

Medi-Cal for Families  
Payment Section  
P.O. Box 138011  
Sacramento, CA 95813-8011

**Pay by Cash in Person:**

You can pay by cash in person at any Western Union Convenience Pay location. Call 1-800-551-8001, option 1, to find a Western Union Convenience Pay location near you. There is no charge for this service.

### **Pay by Credit/Debit card:**

You can pay your premium by credit/debit card over the phone or online. Medi-Cal for Families accepts VISA, MasterCard and debit cards with a VISA or MasterCard logo.

- Call 1-888-256-6167 to make a one-time payment
- Call 1-877-267-3729 to set up monthly automatic payments

### **Pay by Electronic Fund Transfer (EFT):**

To pay by EFT, follow the steps on the back of your monthly statement or complete the EFT Form on the Department of Health Care Services website (<http://www.dhcs.ca.gov/services/Documents/EFT%20Form.pdf>). You will need to fill out a form giving Medi-Cal for Families permission to draw money from your bank's checking or savings account each month. You will need to send the form to Medi-Cal for Families with a voided check or savings deposit slip from your account.

You will automatically receive a 25 percent discount on your monthly premium if you pay by EFT. Please allow six to eight weeks to process the EFT request. Payments should be sent by mail to Medi-Cal for Families at the address provided above until you receive written confirmation that your EFT is approved.

17. Do I have to pay a premium every month or can I skip some months?

You must pay each month to ensure your child(ren)'s coverage is not interrupted. Payment must be made by the monthly billing due date of the next month.

18. Who should I contact if I need information regarding my monthly premiums?

If you have questions about your premiums, you should call the Medi-Cal for Families Premium Payment Section at 1-800-880-5305, Monday to Friday, 8:00 A.M. to 8:00 P.M. or on Saturday, 8:00 A.M. to 5:00 P.M. The call is free.

19. Who should I contact if I need assistance with my Medi-Cal eligibility?

If you have questions about your eligibility for Medi-Cal, you should call your local county human services office. You may go to this link to find the listing of county offices and phone numbers: <http://www.dhcs.ca.gov/services/medi-cal/Pages/CountyOffices.aspx>.