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Important news about your health coverage

Good news! A new California law, Senate Bill (SB) 75, means you get more Medi-Cal benefits. Some children, under the age of 19, may be able to get full scope benefits. If you qualify, your restricted scope Medi-Cal benefits will change to full scope benefits.

What is the new law?
SB 75 is a new law in California. It gives full scope Medi-Cal to children under the age of 19. And your immigration status does not matter. You still have to meet all other Medi-Cal eligibility rules. SB 75 will begin on or after May 1, 2016.

What is full scope Medi-Cal?
Medi-Cal provides free or low-cost health care for some people who live in California. Full scope Medi-Cal covers more than just care when you have an emergency. It provides medical, dental, mental health, and vision (eye) care. It also covers alcohol and drug use treatment, drugs your doctor orders, and more. You can learn more about Medi-Cal at **www.dhcs.ca.gov**.

How will I know if I can get full scope Medi-Cal?
You will get a notice in the mail. It will tell you if you can get full scope Medi-Cal benefits.

What do I do now?
There will be no changes to your Medi-Cal benefits right now. So don't do anything yet. Since you have Medi-Cal, you don't need to fill out a new Medi-Cal application. But if you get a renewal packet in the mail, you should fill it out. Then you can still get your restricted scope benefits, before the new law starts. On or after May 1, 2016, you will be able to change to full scope benefits. The county may ask you for your renewal information. Any time there are changes to your information, be sure to tell your county office.

Since you get Medi-Cal services now, you should have a Medi-Cal ID card. This is called a Benefits Identification Card (BIC). The BIC is a white plastic card, with blue writing. The doctor, or clinic, needs to see your BIC when you go for care. So always take your BIC to your doctor visits. If you don't have your BIC, please call your county office for a new card.

How will I use my new full scope Medi-Cal?
You will have to enroll in a Medi-Cal managed care health plan (Medi-Cal plan). Until you enroll in a Medi-Cal plan, you will get your full scope benefits through fee-for-service Medi-Cal. This is sometimes called Regular Medi-Cal. In Regular Medi-Cal, you can go to any doctor, dentist, or drug store that takes Medi-Cal.

In a Medi-Cal plan, you must go to doctors that work with the plan. You will still get care if you have an emergency, or if you are pregnant. But in a Medi-Cal plan, you can also see a specialist, get care for a condition, or have surgery. The Medi-Cal plan will cover these services, if they are medically needed. You will get a packet from the Medi-Cal plan that tells you about all the benefits.

What is a Medi-Cal health plan?
A Medi-Cal plan is a health insurance plan that covers Medi-Cal services. The plan works with providers to make sure you get the services you need to stay healthy. A Medi-Cal plan works with your doctors to manage your care. When you are in a Medi-Cal plan, most of your health care services will be provided by the plan.

How do I pick a Medi-Cal health plan?
In the county where you live, there is only one Medi-Cal plan available. After you change to full scope Medi-Cal, your county will enroll you in the Medi-Cal plan. Your enrollment will be effective on the first of the month following the change to full scope. The Medi-Cal plan in your county is:
<insert COHS Plan Name>

How do I get care before I am enrolled in my county's Medi-Cal health plan?
The month you get full scope Medi-Cal you will have Regular Medi-Cal until you are enrolled in your county's Medi-Cal plan. You can go to any doctor that takes Regular Medi-Cal. To find a doctor, you can look on Google, ask friends, or ask a doctor you have gone to before. When you call a doctor's office, ask if they are taking new "Medi-Cal fee-for-service" patients. You can also use this online list of doctors who are in the Medi-Cal fee-for-service program: **https://chhs.data.ca.gov/Facilities-and-Services/Profile-of-Enrolled-Medi-Cal-Fee-for-Service-FFS-P/nnz9-spdi**.

Who will be my doctor when I am in my Medi-Cal health plan?
You need to choose a doctor who works with your Medi-Cal plan. Ask your doctor if he/she works with the Medi-Cal plan in your county. If your doctor works with the plan in your county, you can keep your doctor. Then choose that doctor when you enroll with the plan.

If you need help, the Medi-Cal plan will send you a list of doctors. The plan's member services can help, too. If you do not choose a doctor, the plan will choose one for you. You can change your doctor at any time.

What about dental benefits?
With full scope Medi-Cal, you will also get dental services. You can get exams, x-rays, cleanings, fillings, and more. You will be enrolled in the dental fee-for-service program. This is called Denti-Cal. Once you have full scope Medi-Cal, we will send you a letter. It will tell you about the dental program you are in.

Will using full scope Medi-Cal make me a public charge?
The Department of Health Care Services (DHCS) keeps your information private. DHCS will only use your information to check your Medi-Cal eligibility.

DHCS cannot give advice on public charge. For a public charge fact sheet, go to the United States Citizenship and Immigration Services (USCIS) website at: **http://www.uscis.gov/news/fact-sheets/public-charge-fact-sheet**. If you have more questions, please call an immigration attorney or your local legal aid office.

There is more information on the DHCS web site at: **http://dhcs.ca.gov/SB75**.
Click on the Frequently Asked Questions link.

Who can I call for more information or help?

Call the DHCS Medi-Cal Helpline. The call is toll-free. 1-800-541-5555.

For more information about your health plan, please visit:
http://www.dhcs.ca.gov/individuals/Pages/MMCDHealthPlanDir.aspx