

Frequently Asked Questions

About Medi-Cal Expansion

1. Who can get Medi-Cal benefits?

Starting **January 1, 2024**, a new law in California will give Medi-Cal to people 26 through 49 years old who qualify for Medi-Cal. Unlike before, immigration status does not matter. This new law means that all California residents who qualify for Medi-Cal are eligible for Medi-Cal benefits.

2. What if I have questions about Medi-Cal and my immigration status?

The U.S. Department of Homeland Security and U.S. Citizenship and Immigration Services does NOT consider health, food and housing services as part of the public charge determination. Therefore, using Medi-Cal benefits (except for nursing home or mental health institution care) will NOT hurt your immigration status. The new law that expands Medi-Cal is funded by California. When you apply for state-funded benefits, your information is only used to see if you can get Medi-Cal. State laws protect the privacy of your information.

The California Department of Health Care Services (DHCS) and county social services agencies cannot answer questions about immigration or public charge. If you have questions, talk to a qualified immigration lawyer.

The California Department of Social Services funds qualified nonprofit organizations to give services to immigrants who live in California. There is a list of organizations at bit.ly/immigration-service-contractors.

For immigration information and resources, go to California's Immigrant Guide at immigrantguide.ca.gov/.

To learn about public charge, go to the California Health and Human Services Agency Public Charge Guide at chhs.ca.gov/public-charge-guide/.

3. What services can I get with Medi-Cal?

You can get:

- Preventive care services
- Dental services
- Mental health services
- Alcohol and drug treatment services
- Family planning and contraception services
- Pharmacy services
- Transportation

4. Will I pay copayments?

No. There are no copayments for medical care. CalOptima Health covers all medical costs that are medically necessary.

5. Will I have a share of cost (SOC)?

Some people with Medi-Cal have a share of cost (SOC). A SOC is an amount you are responsible for paying before your Medi-Cal coverage starts that month. If you have Medi-Cal with a SOC and meet your SOC for a month, Medi-Cal pays for the rest of your health care costs for that month.

6. Who will be my primary care doctor if I am in CalOptima Health?

Once you join CalOptima Health, you need to choose a primary care doctor who works with us. If you do not choose a doctor within **30 days** of the date you enroll, CalOptima Health will choose one for you.

If you want to keep your doctor:

- Ask your doctor if they work with CalOptima Health.
- Choose a health network your doctor works with.

If you want to find a new doctor or change your doctor:

- Call CalOptima Health Customer Service at **1-888-587-8088** or visit **caloptima.org**.

7. Can I keep my doctor if they don't work with CalOptima Health?

Continuity of care means that you may be able to continue seeing your current doctor or therapist for up to 12 months, or more in some cases, after you have been enrolled in CalOptima Health. This includes your Medi-Cal doctors, specialists and therapists. The provider has to agree to work with CalOptima Health.

8. Where can I learn more or get help?

- Call CalOptima Health Customer Service at **1-888-587-8088** (TTY 711), Monday through Friday, from 8 a.m. to 5:30 p.m. We have staff who speak your language. Visit us at **www.caloptima.org/CoverageForAll**.
- Visit **BenefitsCal.com** or call the County of Orange Social Services Agency at **1-800-281-9799**.

