



california  
health & wellness™

# Medi-Cal 101 – Answers to Your Questions about Medi-Cal

LEARN WHAT MEDI-CAL HAS TO OFFER AND FIND OUT IF YOU QUALIFY



[cahealthwellness.com](http://cahealthwellness.com)



*Many Californians are facing income changes due to COVID-19. The reduced income could be from working fewer hours, not having a job, or loss of employer health coverage. If this is you, you may want to learn about Medi-Cal and if you are able to get it. Use this brochure to help answer some of your questions about Medi-Cal and what it has to offer.*

# 📍 My Medi-Cal Roadmap – Summary

## APPLY FOR MEDI-CAL AND MAKE A PLAN TO BE HEALTHY

1. You can apply for Medi-Cal through CoveredCA.com, by mail, by phone or in person. Once you submit your application it will be sent to your local county human services agency. They will decide if you are able to receive Medi-Cal. Or, if more information is needed.
2. If you do qualify, you will receive a Medi-Cal benefits identification card (BIC) in the mail.
3. Select a health plan and pick a doctor.
4. Receive your ID card.
5. Start using your Medi-Cal benefits!



### What benefits does Medi-Cal offer?

Medi-Cal benefits include:

- Case management
- Dental care
- Durable medical equipment
- Outpatient services
- Emergency services
- Hospitalization
- Hospice care
- Lab and radiology services, such as X-rays
- Mental health services
- Maternity and newborn care
- Nurse Advice Line
- Prescription drugs
- Transportation

And much more!





# Medi-Cal 101 – Overview

## Q. What is Medi-Cal?

Medi-Cal is a state health program that offers no-cost or low cost health coverage to California:

- Adults<sup>1</sup>
- Families with children
- Seniors
- Persons with disabilities
- Pregnant women
- Children in foster care
- Former foster youth up to age 26

Qualified people can enroll in Medi-Cal year-round.



All children living in California that are able to get Medi-Cal can get Medi-Cal regardless of immigration status. Their complete health care coverage includes:



- \$0 doctor visits
- \$0 prescription drug coverage
- \$0 monthly plan premiums
- \$0 health education programs
- \$0 vaccinations



<sup>1</sup>As of May 2022, this includes all adults age 50 and up, regardless of immigration status.

## Q. Why should I enroll in Medi-Cal?

Because health care is a part of life, Medi-Cal offers medical and dental coverage whether you can pay or not. Maintaining preventive health care can help you reach your best long-term health goals. Plus, access to health care can better affect your social skills, and your mental and physical health. It can also help to increase your overall standard of living.

Rest assured in knowing that health insurance through Medi-Cal is offered to all Californians who qualify.

 <p>Keep your body and mind healthy with:</p>	 <p>Get help when sick or hurt with:</p>	 <p>Keep on smiling with:</p>	 <p>Plan &amp; care for your pregnancy and baby:</p>	 <p>Get your medication with:</p>	 <p>Get a no-cost ride for:</p>
<ul style="list-style-type: none"> <li>• Health screenings</li> <li>• Vaccines</li> <li>• Routine health checkups</li> <li>• Behavioral health</li> <li>• Diet and exercise plans</li> <li>• Physical therapy</li> <li>• Dental and vision care</li> </ul>	<ul style="list-style-type: none"> <li>• Primary care doctor's visit</li> <li>• Telehealth appointments</li> <li>• Urgent care</li> <li>• ER</li> </ul>	<ul style="list-style-type: none"> <li>• Teeth cleaning</li> <li>• Emergency services</li> <li>• Fluoride treatment</li> <li>• Dental exam</li> </ul>	<ul style="list-style-type: none"> <li>• Family planning</li> <li>• Pregnancy testing</li> <li>• Prenatal care</li> <li>• Vaccines and screening</li> <li>• Well-child visits and school physicals</li> </ul>	<ul style="list-style-type: none"> <li>• No cost prescriptions</li> </ul>	<ul style="list-style-type: none"> <li>• Medical appointments</li> <li>• Dental visits</li> <li>• Pharmacy</li> <li>• Dialysis and other sustained care</li> <li>• Therapist, including substance use help visits</li> <li>• Specialist appointments</li> <li>• Medical equipment pick up</li> <li>• Hospital discharge</li> </ul>



## Q. What are some Medi-Cal preventive care screenings?

- **Initial Health Assessment (IHA)** – Your family has better health when you are healthy. Your IHA includes an age-suitable history, physical exam and Individual Health Education Behavioral Assessment (IHEBA). Put wellness visits at the top of your list for your health and your family’s health.
- **Well-child visits and vaccinations** – It’s important to follow the American Academy of Pediatrics (AAP) well-care schedule. Well child visits and vaccinations help ensure your children’s health is taken care of before they get sick.
- **Teen visits and vaccinations** – It’s important to have teenagers get their checkups. Keep your teens healthy! Schedule a teen well child visit for their current and ongoing health.
- **Women’s health** – Mammograms can help detect lumps. Cervical cancer is slow growing so routine screenings are needed to stay healthy. Make a plan to be healthy and stick to it.
- **General health** – Includes complete diabetes prevention and care along with blood pressure control. Make preventive care a top goal and feel good about taking care of you.

## Q. What is Federal Poverty Level?

The Federal Poverty Level (FPL) is a standard of measure. It’s used by the U. S. Department of Health and Human Services (DHHS) to find out if a person or family is able to receive government-controlled programs and services like Medi-Cal. FPL amounts are revised every year. They are published by many government agencies. You can visit the Department of Health Care Services (DHCS) website at [www.dhcs.ca.gov/services/medi-cal/Pages/DoYouQualifyForMedi-Cal.aspx](http://www.dhcs.ca.gov/services/medi-cal/Pages/DoYouQualifyForMedi-Cal.aspx) for the latest FPL information.



# Program Eligibility by Federal Poverty Level for 2023

**YOUR FINANCIAL HELP AND WHETHER YOU QUALIFY FOR VARIOUS COVERED CALIFORNIA OR MEDI-CAL PROGRAMS DEPENDS ON YOUR INCOME, BASED ON THE FEDERAL POVERTY LEVEL (FPL).**

		Federal Premium Tax Credit*										
		SEE NOTE BELOW FOR INCOMES IN THIS RANGE										AIAN Limited Cost Sharing (over 300%)
		American Indian / Alaska Native (AIAN) Zero Cost Sharing (100%-300%)										
		Silver 94 (100%-150%)			Silver 87 (>150%-200%)		Silver 73 (>200%-250%)					
		0%	100%	138%	150%	200%	213%	250%	266%	300%	322%	400%*
Household Size	1	\$0	\$13,590	\$18,755	\$20,385	\$27,180	\$28,947	\$33,975	\$36,150	\$40,770	\$43,760	\$54,360
	2	\$0	\$18,310	\$25,268	\$27,465	\$36,620	\$39,001	\$45,775	\$48,705	\$54,930	\$58,959	\$73,240
	3	\$0	\$23,030	\$31,782	\$34,545	\$46,060	\$49,054	\$57,575	\$61,260	\$69,090	\$74,157	\$92,120
	4	\$0	\$27,750	\$38,295	\$41,625	\$55,500	\$59,108	\$69,375	\$73,815	\$83,250	\$89,355	\$111,000
	5	\$0	\$32,470	\$44,809	\$48,705	\$64,940	\$69,162	\$81,175	\$86,371	\$97,410	\$104,554	\$129,880
	6	\$0	\$37,190	\$51,323	\$55,785	\$74,380	\$79,215	\$92,975	\$98,926	\$111,570	\$119,752	\$148,760
	7	\$0	\$41,910	\$57,836	\$62,865	\$83,820	\$89,269	\$104,775	\$111,481	\$125,730	\$134,951	\$167,640
	8	\$0	\$46,630	\$64,350	\$69,945	\$93,260	\$99,322	\$116,575	\$124,036	\$139,890	\$150,149	\$186,520
	add'l, add	\$0	\$4,720	\$6,514	\$7,080	\$9,440	\$10,054	\$11,800	\$12,556	\$14,160	\$15,199	\$18,880



Medi-Cal for Adults

Medi-Cal for Pregnant Women

Medi-Cal Access Program (for Pregnant Women)

Medi-Cal for Kids (0-18 Yrs.)

CCHIP (San Francisco, San Mateo, and Santa Clara county residents)

**Note:** Most consumers up to 138% FPL will be eligible for Medi-Cal. If ineligible for Medi-Cal, consumers may qualify for a Covered California health plan with financial help including: federal premium tax credit, Silver (94, 87, 73) plans and Zero Cost Sharing and Limited Cost Sharing AIAN plans.

**Silver 94, 87 and 73 plans** provide lower deductibles, co-pays, and out-of-pocket maximum costs.

\* Consumers at 400% FPL or higher may receive a federal premium tax credit to lower their premium to a maximum of 8.5 percent of their income based on the second-lowest-cost Silver plan in their area. See the chart on page 2 for more information.

10/2022

## Medi-Cal Programs



**The column headings shaded in purple are associated with eligibility ranges for Medi-Cal programs:**

Medi-Cal uses FPL limits for the current year, [as calculated by the Department of Health Care Services](#), to determine eligibility for its programs.

Medi-Cal for Adults	up to 138% FPL
Medi-Cal for Children	up to 266% FPL
Medi-Cal for Pregnant Women	up to 213% FPL
MCAP (for Pregnant Individuals)	over 213%–322% FPL
CCHIP (for Children in San Mateo, San Francisco, and Santa Clara counties)	over 266%–322% FPL



## Q. How would I know if I am able to get reduced payments and cost sharing?

In order to get Medi-Cal, you must meet certain income, family size and age standards. In order to get Medi-Cal, a yearly income must be lower than 138% of the FPL. For a single person, that amount is \$1,562 per month (or \$18,755 per year). For a family of four the amount is \$3,191 per month (or \$38,295 per year).

## Q. What if I am not able to get Medi-Cal?

For financial help – such as the federal tax credit or a California state subsidy – singles or families who are not able to get Medi-Cal may qualify for a Covered California health plan. Plans include:

- Enhanced Silver plans
- American Indian/Alaska Native (AIAN) plans

To see if you are able to get Medi-Cal visit <https://www.coveredca.com/> and update your Covered California account.

## Covered California Programs



### The unshaded column headings are associated with eligibility ranges for Covered California programs and financial help:

Covered California uses FPL limits from the previous year to determine eligibility for its programs.

Federal Premium Tax Credit	100%–400%+ FPL
Silver 94	100%–150% FPL
Silver 87	over 150%–200% FPL
Silver 73	over 200%–250% FPL
AIAN Zero Cost Sharing	100%–300% FPL
AIAN Limited Cost Sharing	over 300% FPL

## Q. Does unemployment insurance (UI) count as income?

Yes. You must report your expected UI payments when you apply for health coverage through Covered California. You will need to predict your income for the coverage year as best as you can when filling out your application. This will help Covered California make the estimate.

**Note:** CARES Act supplementary UI benefits – which can increase UI benefits by \$600 per week – does not impact whether or not you can get Medi-Cal programs.

## Q. How do I apply for Medi-Cal?

You can apply for Medi-Cal by any of the methods listed below:

Method	How
 Mail	Apply for both Medi-Cal and other health care plans through Covered California. You can use a single streamlined form. To get the form in the language you prefer, visit <a href="http://www.dhcs.ca.gov/services/medi-cal/eligibility/Pages/SingleStreamApps.aspx">www.dhcs.ca.gov/services/medi-cal/eligibility/Pages/SingleStreamApps.aspx</a> .  Mail the finished form to:  <b>Covered California</b> <b>P.O. Box 989725</b> <b>West Sacramento, CA 95798-9725</b>
 By phone	Apply by calling your local county social services office. Or, call Covered California toll-free at 800-300-1506 8 a.m. to 6 p.m. Monday through Friday.
 In person	Apply at your local county social services office. You can get help filling out the form. A list of offices can be found at <a href="http://www.dhcs.ca.gov/services/medi-cal/Pages/CountyOffices.aspx">www.dhcs.ca.gov/services/medi-cal/Pages/CountyOffices.aspx</a>
 Online	<a href="http://www.coveredca.com/">www.coveredca.com/</a> <a href="http://www.dhcs.ca.gov/services/medi-cal/Pages/ApplyforMedi-Cal.aspx">www.dhcs.ca.gov/services/medi-cal/Pages/ApplyforMedi-Cal.aspx</a>

## **Q. Do health plans offer any help with enrollment?**

You may contact the Medi-Cal health plan of choice for more information. The California Health & Wellness Plan (CHWP) Enrollment Department can be contacted at (877) 618-0903 7:30 a.m. – 6 p.m. Monday through Friday.

## **Q. What happens after I apply?**

You can apply for Medi-Cal through CoveredCA.com, by mail, by phone or in person. Once your application is submitted, it will be sent to your local county human services agency. They will decide if you qualify.

If more information is needed once your application is reviewed the county will contact you. If you are able to receive Medi-Cal, you will get a Medi-Cal benefits identification card (BIC) in the mail.

Within 45-days of getting the BIC, you will receive an information packet in the mail that explains the Medi-Cal health plan options offered in your county and how to enroll.

You will have 30 days to choose a health plan. If one is not chosen, Medi-Cal will choose a plan for you. The health plans offered depend on what county you live in.

Go to <https://www.healthcareoptions.dhcs.ca.gov/> to pick a health plan.

If you're enrolled in Medi-Cal and need to pick a health plan, you can do so on the Health Care Options website at <https://www.healthcareoptions.dhcs.ca.gov/>.

- If you see only one health plan listed, the county has chosen this plan for you. Please wait for your health plan information in the mail.
- If you see more than one health plan listed, explore each plan, and choose the one that suits you and your family's needs. Don't forget, if you do not choose a plan within 30 days of getting your health plan information mailer, Medi-Cal will choose a plan for you.

For more information, visit DHCS website at <https://www.dhcs.ca.gov/individuals/Pages/Steps-to-Medi-Cal.aspx>

# Have more questions? Read on.

## **Q. I had a change in income because of job loss or cut hours. Can I apply for health insurance now?**

Yes. You can apply for Medi-Cal at any time. You don't have to wait for open enrollment or until your COBRA ends to apply for Medi-Cal. Visit: <https://www.coveredca.com>. Or, call Covered California toll free at: (800) 300-1506 (TTY: 711) Monday through Friday 8 a.m. to 6 p.m. Saturday and Sunday closed.

## **Q. What are my options if I am furloughed, on unpaid leave or on a Family leave?**

Medi-Cal can provide temporary coverage options until you return to work. To find out more, visit: <https://www.coveredca.com>. Or, call Covered California toll free at: (800) 300-1506 (TTY: 711) Monday through Friday 8 a.m. to 6 p.m. to apply. Make sure to update your Covered California account as your status changes (e.g. if you are going back to work.)



**Q. I already have coverage through Covered California, but having trouble paying for my plan because of loss of income. Am I able to get extra financial help?**

You may be able to get Medi-Cal, or you could be able to get help paying for your Covered California plan. This includes:

- Federal tax credit.
- California state subsidy.
- Enhanced Silver plans.
- American Indian/Alaska.
- AIAN plans.

To see if you're able to get extra help, visit:

<https://www.coveredca.com/> and update your Covered California account. Call Covered California toll free: (800) 300-1506 (TTY: 711) Monday through Friday 8 a.m. to 6 p.m. Saturday and Sunday closed.



**Q. Can members of the same family qualify for different coverage?**

Yes. Medi-Cal rules for kids to qualify are different than rules for adults. This is so no child is left without health care. It is possible for kids to get Medi-Cal while parents are on a different plan.

**Q. I am pregnant. What pregnancy services come with Medi-Cal?**

Medi-Cal covers prenatal care, labor and birth, and postpartum care. To find out more, visit: [www.CoveredCA.com](http://www.CoveredCA.com) Call Covered California toll free: (800) 300-1506 (TTY: 711) Monday through Friday 8 a.m. to 6 p.m. Saturday and Sunday closed.



## Q. Does immigration status impact whether or not I can get Medi-Cal?

Each member of your family may be able to get Medi-Cal coverage. This means each person will have health care! We get you covered with Medi-Cal. You can get no-cost Medi-Cal that covers:

- Telehealth
- Mental Health
- Doctor visits
- Hospital care
- Lab tests
- Vision
- Transportation
- Pregnancy/newborn care, and more

Medi-Cal rules for children are different from rules for adults. Kids could get Medi-Cal while their parents have a different plan.

Plus, qualified Medi-Cal family members ages 0–25 years – and now **50+ years** – can get complete health care **despite their immigration status**. For more information, visit: <https://www.coveredca.com/individuals-and-families/getting-covered/immigrants/>

Under the Affordable Care Act, most immigrants can get health coverage. This includes:

- Lawful permanent residents or “green card holders.”
- Lawful temporary residents.
- Persons fleeing persecution. This includes refugees and asylum seekers.
- Other immigrants. This includes those granted temporary protected status.
- Non-immigrant status holders (e.g. worker visas and student visas)

Applying for Medi-Cal does not disrupt, or change, you or your family’s immigration or citizenship status.

California Health & Wellness does not collect or report immigration status information.<sup>1</sup>

<sup>1</sup>The government does not consider regular Medi-Cal services you receive in the community as part of the public charge determination. Public charge is defined as a non-citizen who is likely to become primarily dependent on the government for support.



### **Q. Can a mother enroll her newborn in Medi-Cal?**

Yes! Be sure to tell your health care program (Medi-Cal, Medi-Cal Access Program (MCAP) or Covered California), when your baby is born so he or she can get covered right away.

For mothers who have Medi-Cal at the time of birth, call your county Medi-Cal office. The newborn will be able to get Medi-Cal until at least age one if living in California. During the first two months, coverage will be under the mother's Medi-Cal number if the newborn has not yet been enrolled into Medi-Cal.

For mothers who have Medi-Cal Access Program (MCAP) at the time of birth, call MCAP at (800) 433-2611. If living in California, the newborn will be enrolled in the Medi-Cal Access Infant Program until age one even if family income changes. The baby will also be enrolled until age two if family income is at or below the income level allowed for the program.

For Covered California, add your newborn to your plan by calling (800) 300-1506 8 a.m. to 6 p.m. Monday through Friday. or update your family information online through your Covered California account.

### **Q. What happens if I can't get Medi-Cal anymore?**

If you get a Medi-Cal Notice of Action telling you that you or a member of your household no longer qualifies for Medi-Cal you may enroll in a health plan through Covered California.

You will have 60 days from the date listed in the Medi-Cal Notice of Action to enroll in Covered California under special enrollment.

### **Q. If I am enrolled in Medi-Cal, do I have to repay the state?**

Estate recovery only affects Medi-Cal members who are 55 and older and who own assets at the time of death. Most Medi-Cal members and their heirs will owe nothing.

# Nondiscrimination Notice

California Health and Wellness follows State and Federal civil rights laws and does not discriminate, exclude people or treat them differently because of sex, race, color, religion, ancestry, national origin, ethnic group identification, age, mental disability, physical disability, medical condition, genetic information, marital status, gender, gender identity or sexual orientation.

California Health and Wellness provides:

- Free aids and services to people with disabilities to communicate better with us, such as qualified sign language interpreters and written information in other formats (large print, audio, accessible electronic formats, other formats).
- Free language services to people whose primary language is not English, such as qualified interpreters and information written in other languages.

If you need these services or to request this document in an alternative format, contact the California Health and Wellness Customer Contact Center at 1-877-658-0305 (TTY: 711), Monday through Friday, 8 a.m. to 5 p.m.

If you believe that California Health and Wellness has failed to provide these services or unlawfully discriminated in another way, you can file a grievance with California Health and Wellness by phone, in writing, in person or electronically:

- By phone: Call California Health and Wellness Plan Civil Rights Coordinator at 1-866-458-2208 (TTY: 711), Monday through Friday, 8 a.m. to 5 p.m.
- In writing: Fill out a complaint form or write a letter and send it to California Health and Wellness Plan Civil Rights Coordinator, P.O. Box 10287 Van Nuys, CA 91410-0287.
- In person: Visit your doctor's office or California Health and Wellness and say you want to file a grievance.
- Electronically: Visit California Health and Wellness's website at [www.cahealthwellness.com](http://www.cahealthwellness.com).

You can also file a civil rights complaint with the California Department of Health Care Services, Office of Civil Rights by phone, in writing or electronically:

- By phone: Call 916-440-7370. If you cannot speak or hear well, please call 711.
- In writing: Fill out a complaint form or write a letter and send it to Deputy Director, Office of Civil Rights, Department of Health Care Services, Office of Civil Rights, P.O. Box 997413, MS 0009, Sacramento, CA 95899-7413.

Complaint forms are available at [http://www.dhcs.ca.gov/Pages/Language\\_Access.aspx](http://www.dhcs.ca.gov/Pages/Language_Access.aspx).

- Electronically: Send an email to [CivilRights@dhcs.ca.gov](mailto:CivilRights@dhcs.ca.gov).

If you believe you have been discriminated against because of race, color, national origin, age, disability or sex, you can also file a civil rights complaint with the U.S. Department of Health and Human Services, Office for Civil Rights by phone, in writing or electronically:

- By phone: 1-800-368-1019 (TDD: 1-800-537-7697).
- In writing: Fill out a complaint form or send a letter to U.S. Department of Health and Human Services, 200 Independence Avenue SW, Room 509F, HHH Building, Washington, DC 20201.

Complaint forms are available at <http://www.hhs.gov/ocr/office/file/index.html>.

- Electronically: Visit the Office for Civil Rights Complaint Portal at <https://ocrportal.hhs.gov/ocr/portal/lobby.jsf>.

**English:** If you, or someone you are helping, need language services, call 1-877-658-0305 (TTY: 711). Aids and services for people with disabilities, like accessible PDF and large print documents, are also available. These services are at no cost to you.

**Arabic:** إذا كنت أنت، أو أي شخص تساعد، بحاجة إلى الخدمات اللغوية، فاتصل بالرقم 1-877-658-0305 (TTY: 711). تتوفر أيضاً المساعدات والخدمات للأشخاص ذوي الإعاقة، مثل الملفات المنقولة (PDF) التي يمكن الوصول إليها والمستندات المطبوعة الكبيرة. تتوفر هذه الخدمات بدون تكلفة بالنسبة لك.

**Armenian:** Եթե դուք կամ որևէ մեկը, ում դուք օգնում եք, ունեն լեզվական օգնության կարիք, զանգահարեք 1-877-658-0305 (TTY` 711) հեռախոսահամարով: Հաշմանդամություն ունեցող մարդկանց համար հասանելի են օգնություն և ծառայություններ, ինչպես օրինակ՝ մատչելի PDF և մեծ տպագրությամբ փաստաթղթեր: Այս ծառայությունները ձեզ համար անվճար են:

**Cambodian:** ប្រសិនបើអ្នក ឬនរណាម្នាក់ដែលអ្នកកំពុងជួយ ត្រូវការសេវាផ្នែកភាសា សូមទូរសព្ទទៅលេខ 1-877-658-0305 (TTY: 711) ។ ជំនួយ និងសេវាកម្មផ្សេងៗសម្រាប់មនុស្សពិការ ដូចជា PDF ដែលអាចប្រើសម្រាប់មនុស្សពិការបាន និងឯកសារព្រឹត្តិការណ៍ធំៗ ក៏ត្រូវបានផ្តល់ជូនផងដែរ។ សេវាកម្មទាំងនេះមិនមានគិតតម្លៃសម្រាប់អ្នកទេ។

**Chinese:** 如果您或您正在帮助的其他人需要语言服务，请致电1-877-658-0305 (TTY: 711)。另外，还为残疾人士提供辅助和服务，例如易于读取的 PDF 和大字版文件。这些服务对您免费提供。

**Farsi:** اگر شما یا هر فرد دیگری که به او کمک می‌کنید نیاز به خدمات زبانی دارد، با شماره 1-877-658-0305 (TTY: 711) تماس بگیرید. کمک‌ها و خدماتی مانند مدارک با چاپ درشت و PDF دسترس‌پذیر نیز برای معلولان قابل عرضه است. این خدمات هزینه‌ای برای شما نخواهد داشت.

**Hindi:** यदि आपको, या जिसकी आप मदद करे हैं उसे, भाषा सेवाएँ चाहिए, तो कॉल करें 1-877-658-0305 (TTY: 711)। विकलांग लोगों के लिए सहायता और सेवाएँ, जैसे सुलभ PDF और बड़े प्रिंट वाले दस्तावेज़, भी उपलब्ध हैं। ये सेवाएँ आपके लिए मुफ्त उपलब्ध हैं।

**Hmong:** Yog hais tias koj, los sis ib tus neeg twg uas koj tab tom pab nws, xav tau cov kev pab cuam txhais lus, hu rau 1-877-658-0305 (TTY: 711). Tsis tas li ntawd, peb kuj tseem muaj cov khoom siv pab thiab cov kev pab cuam rau cov neeg xiam oob qhab tib si, xws li cov ntaub ntawv PDF uas tuaj yeem nkag cuag tau yooj yim thiab cov ntaub ntawv luam tawm uas pom tus niam ntawv loj. Cov kev pab cuam no yog muaj pab yam tsis xam nqi dab tsi rau koj them li.

**Japanese:** ご自身またはご自身がサポートしている方が言語サービスを必要とする場合は、1-877-658-0305 (TTY: 711) にお問い合わせください。障がいをお持ちの方のために、アクセシブルなPDFや大きな文字で書かれたドキュメントなどの補助・サービスも提供しています。これらのサービスは無料で提供されています。

**Korean:** 귀하 또는 귀하가 도와주고 있는 분이 언어 서비스가 필요하시면 1-877-658-0305 (TTY: 711)번으로 연락해 주십시오. 장애가 있는 분들에게 보조 자료 및 서비스(예: 액세스 가능한 PDF 및 대형 활자 인쇄본)도 제공됩니다. 이 서비스는 무료로 이용하실 수 있습니다.

**Laotian:** ຖ້າທ່ານ, ຫຼື ບຸກຄົນໃດໜຶ່ງທີ່ທ່ານກຳລັງຊ່ວຍເຫຼືອ, ຕ້ອງການບໍລິການແປພາສາ, ໂທ 1-877-658-0305 (TTY: 711). ນອກນັ້ນ, ພວກເຮົາຍັງມີອຸປະກອນຊ່ວຍເຫຼືອ ແລະ ການບໍລິການສຳລັບຄົນພິການອີກດ້ວຍ, ເຊັ່ນ ເອກະສານ PDF ທີ່ສາມາດເຂົ້າເຖິງໄດ້ສະດວກ ແລະ ເອກະສານພິມຂະໜາດໃຫຍ່. ການບໍລິການເຫຼົ່ານີ້ແມ່ນມີໄວ້ຊ່ວຍເຫຼືອທ່ານໂດຍບໍ່ໄດ້ເສຍຄ່າໃດໆ.

**Mien:** Da'faanh Meih, Fai Heuc Meih Haih Tengx, Oix Janx-kaeqv waac gong, Heuc 1-877-658-0305 (TTY: 711). Jomc Caux gong Bun Yangh mienh Caux mv fungc, Oix dongh eix PDF Caux Bunh Fiev dimc, Haih yaac kungx nyei. Deix gong Haih buatc Yietc liuz maiv jaax-zinh Bieqc Meih.

**Punjabi:** ਜੇ ਤੁਹਾਨੂੰ, ਜਾਂ ਜਿਸ ਦੀ ਤੁਸੀਂ ਮਦਦ ਕਰ ਰਹੇ ਹੋ, ਨੂੰ ਭਾਸ਼ਾ ਸੇਵਾਵਾਂ ਦੀ ਜ਼ਰੂਰਤ ਹੈ, ਤਾਂ 1-877-658-0305 (TTY: 711) 'ਤੇ ਕਾਲ ਕਰੋ। ਅਪਾਰਜ ਲੋਕਾਂ ਲਈ ਸਹਾਇਤਾ ਅਤੇ ਸੇਵਾਵਾਂ, ਜਿਵੇਂ ਕਿ ਪੜ੍ਹਚਯੋਗ PDF ਅਤੇ ਵੱਡੇ ਪ੍ਰਿੰਟ ਵਾਲੇ ਦਸਤਾਵੇਜ਼, ਵੀ ਉਪਲਬਧ ਹਨ। ਇਹ ਸੇਵਾਵਾਂ ਤੁਹਾਡੇ ਲਈ ਮੁਫਤ ਹਨ।

**Russian:** Если вам или человеку, которому вы помогаете, необходимы услуги перевода, звоните по телефону 1-877-658-0305 (TTY: 711). Кроме того, мы предоставляем материалы и услуги для людей с ограниченными возможностями, например документы в специальном формате PDF или напечатанные крупным шрифтом. Эти услуги предоставляются бесплатно.

**Spanish:** Si usted o la persona a quien ayuda necesita servicios de idiomas, comuníquese al 1-877-658-0305 (TTY: 711). También hay herramientas y servicios disponibles para personas con discapacidad, como documentos en letra grande y en archivos PDF accesibles. Estos servicios no tienen ningún costo para usted.

**Tagalog:** Kung ikaw o ang taong tinutulongan mo ay kailangan ng mga serbisyo sa wika, tumawag sa 1-877-658-0305 (TTY: 711). Makakakuha rin ng mga tulong at serbisyo para sa mga taong may mga kapansanan, tulad ng naa-access na PDF at mga dokumentong malaking print. Wala kang babayaran para sa mga serbisyonng ito.

**Thai:** หากคุณหรือคนที่คุณช่วยเหลือ ต้องการบริการด้านภาษา โทร 1-877-658-0305 (TTY: 711) นอกจากนี้ยังมีความช่วยเหลือและบริการสำหรับผู้ทุพพลภาพ เช่น PDF ที่เข้าถึงได้และเอกสารที่พิมพ์ขนาดใหญ่ บริการเหล่านี้ไม่มีค่าใช้จ่ายสำหรับคุณ

**Ukrainian:** Якщо вам або людині, якій ви допомагаєте, потрібні послуги перекладу, телефонуйте на номер 1-877-658-0305 (TTY: 711). Ми також надаємо матеріали та послуги для людей з обмеженими можливостями, як-от документи в спеціальному форматі PDF або надруковані великим шрифтом. Ці послуги для вас безкоштовні.

**Vietnamese:** Nếu quý vị hoặc ai đó mà quý vị đang giúp đỡ cần dịch vụ ngôn ngữ, hãy gọi 1-877-658-0305 (TTY: 711). Chúng tôi cũng có sẵn các trợ giúp và dịch vụ dành cho người khuyết tật, như tài liệu dạng bản in khổ lớn và PDF có thể tiếp cận được. Quý vị được nhận các dịch vụ này miễn phí.

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