

State of California – Health and Human Services Agency  
**Department of Health Care Services**  
P.O. Box 989009, West Sacramento, CA 95798-9850

February 2015

**Notice of Change in Medi-Cal Benefits for Pregnant Women**

Dear Beneficiary:

You are getting this letter because there is a change in Medi-Cal benefits for pregnant women and you may be eligible.

**What is the change?**

Starting in February 2015, pregnant women with income above 60 percent up to and including 138 percent of the federal poverty level (FPL), see chart below, are eligible for full-scope Medi-Cal benefits.

**2015 Federal Poverty Level**

Size of Family Unit	Estimated Monthly FPL		
	60 Percent of Poverty	100 Percent of Poverty	138 Percent of Poverty
1	591	985.00	1360
2	799	1331.67	1838
3	1007	1678.33	2317
4	1215	2025.00	2795
5	1423	2371.67	3273
6	1631	2718.33	3752
7	1839	3065.00	4230
8	2047	3411.67	4709
Each Add'l	208	346.67	479

**What are Full-Scope benefits?**

Full-scope benefits mean **all** medically necessary covered Medi-Cal services, including dental services at no cost.

You will be required to choose a Medi-Cal managed care health plan unless an exemption applies as described below. For dental benefits, women will be enrolled in Fee-for-Service (FFS) Denti-Cal unless they live in Los Angeles County, where they can choose to enroll in a dental managed care plan. Women who live in Sacramento County will be required to enroll in dental managed care health plan.

**How do I enroll in medical and dental managed care?**

The department will send you a welcome packet to explain your enrollment in the managed care health plan or how to enroll in a managed care health plan. You may also receive a new medical card with information about your managed care health plan. If you live in Sacramento or Los Angeles Counties the department will send you a Choice Packet which will inform you of your options for enrollment in dental managed care or selecting a dental managed care plan.

**What if I want to keep seeing my current doctor?**

If you are pregnant and are about to deliver your baby or are seeing a FFS Medi-Cal doctor, you may be able to stay with your current doctor for up to 12 months after enrollment in a Medi-Cal managed care health plan. This is called Continuity of Care. The managed care health plan is required to inform pregnant women about their right to continuity of care and how to get it through the welcome information packets and handbook sent to pregnant women. You can also call your current doctor and ask them if they are part of a Medi-Cal managed care health plan or call the health plan in your county.

**Do I have to pay copayments?**

No. Pregnant women will not be required to pay for services during their pregnancy and through the end of the calendar month in which the 60<sup>th</sup> day after the end of the pregnancy.

**Where can I find out more information?**

For more information, contact the Medi-Cal Managed Care Ombudsman at 1-888-452-8609, Monday through Friday, 8 a.m. to 5 p.m. PST, or send an email to [MMCDombudsmanOffice@dhcs.ca.gov](mailto:MMCDombudsmanOffice@dhcs.ca.gov) or go to our website at [http://www.dhcs.ca.gov/services/medi-cal/Pages/MediBen\\_Svcs.aspx](http://www.dhcs.ca.gov/services/medi-cal/Pages/MediBen_Svcs.aspx). You can also contact your County Eligibility Worker.