

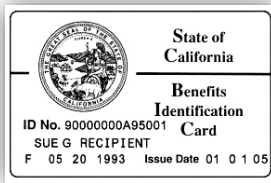


Medi-Cal: BICs, Share of Cost

Benefits Identification Card (BIC)

The first time a customer gets Medi-Cal (MC), the customer gets a Benefits Identification Card (BIC). The BIC is a plastic card the size of a credit card. It is used by medical providers at each visit to verify eligibility for Medi-Cal benefits. There is an individual BIC for each family member.

A person who stops getting Medi-Cal should keep their BIC. If the customer gets Medi-Cal later, the BIC they have can be used again. If lost, call Social Services and ask for a new card. BICs are requested by county eligibility specialists (ES); it is printed and mailed by the State in Sacramento. Sometimes a person needs proof of coverage before a BIC has arrived; the county can issue a temporary paper card.



New-to-Medi-Cal customers will receive the BIC with poppies but white BICs remain valid for those who have them.

BIC or Card from Partnership HealthPlan of California (PHC)?

A customer should carry both. The PHC Card will be used for most provider visits, however some visits and services are not under PHC and a BIC is needed. Examples include dental care, California Children's Services, and some medications.

Share of Cost (SOC)

Share of Cost (SOC) is the amount some customers must pay for health care before Medi-Cal starts to pay. A customer only needs to "meet" (pay) their SOC in months that they get health care services. A person does not need to pay any money if they do not receive any medical care. SOC is an amount owed to the health care provider, not to the State.

The SOC is a set amount based on income. The "notice of action" letter that comes when Medi-Cal is granted or changed will have a budget showing what income is used. An ES can explain further if there are questions. In-Home Support Services (IHSS) recipients with a SOC should talk to IHSS staff about how SOC works in IHSS.

Providers may allow a customer/patient to "obligate" payment instead of paying all at once. Obligating payment means the provider allows the customer to pay for the services at a later date or through an installment plan. For example, if the share of cost is \$300, a provider may be willing to take four monthly payments of \$75. Once a provider has shown the share of cost as met (because it was paid or obligated), Medi-Cal pays for medical costs.

Concerns about Share of Cost

An ES will evaluate customers for all possible programs with the aim of giving them the most beneficial program. Most Medi-Cal customers do not have a SOC; anyone with one has been fully evaluated for no share of cost Medi-cal. If a person has medical bills they are paying, they should talk to an ES; the payments might be able to be used to reduce SOC. If a person is disabled and has income from earnings (however small) they should talk to an ES about the 250% Working Disabled program.

Premiums

Two major Medi-Cal programs historically had premiums: children's programs and the 250% Working Disabled program. A premium is an amount that must be paid for an insurance plan. Medi-Cal's premiums were due monthly. Currently all premiums are set to \$0 for all the customers who would previously have paid a small amount out of pocket each month. This change helps increase access to health care even more in California. Customers who previously had to pay a premium might wonder if this change was made just for the Public Health Emergency; it is not connected and will remain a zero cost once COVID measures and programs are ended.