



State of California—Health and Human Services Agency
Department of Health Care Services



EDMUND G. BROWN JR.
Governor

IMPORTANT INFORMATION ON SENDING YOUR
MEDI-CAL 250 PERCENT WORKING DISABLED PROGRAM
PREMIUM PAYMENTS

Great news! You may now make your 250 Percent Working Disabled Program (WDP) payment on the internet through an electronic funds transfer (EFT). You can securely transfer your payment directly from your checking account to the Department of Health Care Services (DHCS). Before you start, make sure to have your banking/credit union account and routing number. You can contact your bank/credit union for your account information. It's easy and it's free!

To make your EFT payment, follow these steps:

**Be sure to have your bank account and routing numbers in front of you.

1. Go to the payment website at: www.paycalifornia.com.
2. Click on "California Department of Health Care Services."
3. At "DHCS Account Number," enter your Client Index Number (CIN), which can be found on your Benefits Identification Card. Click "continue."
4. Continue following the online instructions.
5. Once you schedule an EFT payment, you will be given a reference number to keep for your records.

If you do not use EFT to make your 250 Percent WDP payment, you may still send a check or money order payable to DHCS. To avoid delays, write your name and CIN on the check or money order and mail to:

Department of Health Care Services
MS 4720—Dept. 155
P.O. Box 997423
Sacramento, CA 95899-7423

CONTACT US immediately at (916) 650-0490 if you receive a notice from your County Medi-Cal office telling you that you are no longer eligible for the 250 Percent WDP, and no longer need to make monthly premium payments.

For more information regarding the EFT process and the 250 Percent WDP, visit our webpage at <http://dhcs.ca.gov/WDP>.

MC 0384 (11/11)

**MEDI-CAL
NOTICE OF ACTION
APPROVAL FOR BENEFITS
AS A 250 PERCENT WORKING
DISABLED INDIVIDUAL OR COUPLE**

(COUNTY STAMP)

Notice date: _____
Case number: _____
Worker name: _____
Worker number: _____
Worker telephone number _____
Office hours _____
Notice for: _____

We have reviewed your application/case to see if you are eligible for the 250 Percent Working Disabled program. This program allows eligible individuals and couples to pay premiums for full coverage under Medi-Cal.

We have determined that beginning ____/____/____, you meet the basic eligibility requirements for the 250 Percent Working Disabled program. However, before Medi-Cal can begin to cover your medical expenses under this program, you must pay the first month's premium.

If you already have a plastic Benefits Identification Card (BIC), this card will be used for this program. If you do not already have a BIC card, you will receive one soon. Do not throw this card away. This card is good as long as you are eligible for Medi-Cal. Take this plastic card to your doctor or other Medi-Cal provider when you request medical services.

The amount of your monthly premium is \$_____. This is based on your net nonexempt income of \$_____. We have not counted your disability income in making this determination. To continue your enrollment under this program, you must pay the monthly premium payment that is due by the fifth day of the following month. You can do this by mailing your premiums to:

Department of Health Care Services
MS 4720 – Dept. 155
P. O. Box 997423
Sacramento, CA 95899-7423

OR You may choose to pay your premiums by using the new electronic fund transfer (EFT) process. (See enclosed informational notice for more information on the EFT process).

This action is required by ALL County Welfare Directors' Letter 00-16.

Si UD necesita una tradiccion de este aviso en espanol, pongase en contacto con su oficina de bienestar del condado

PLEASE READ THE REVERSE SIDE OF THIS NOTICE

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AS A 250 PERCENT WORKING
DISABLED INDIVIDUAL OR COUPLE**

(COUNTY STAMP)

Notice date: _____
Case number: _____
Worker name: _____
Worker number: _____
Worker telephone number _____
Office hours _____
Notice for: _____

Your premium for enrollment in the 250 Percent Working Disabled program has changed to \$_____ per month beginning _____.

The amount of your monthly premium is based on your net nonexempt income of \$_____.

We have not counted your disability income in making this determination.

To continue your enrollment under this program, you must pay the monthly premium payment that is due by the fifth day of the following month. You can do this by mailing your premiums to:

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